Tracking progress towards universal coverage for women's, children's and adolescents' health

Countdown to 2030

Maternal, Newborn & Child Survival

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Tracking progress towards universal coverage for women's, children's and adolescents' health

The 2017 Report

Countdown to 2030

Maternal, Newborn & Child Survival

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Contents

Countdown headlines for 2017

This is the first *Countdown* report in the context of the 2030 agenda for sustainable development and the Every Woman Every Child Global Strategy for Women's, Children's and Adolescent's Health (2016–2030). It synthesizes data on the current situation and trends in reproductive, maternal, newborn and child health and nutrition from a wide array of sources, including the profiles on the 81 *Countdown* priority countries, which together account for 95% of maternal deaths and 90% of deaths among children under age 5.

Countdown to 2030 builds off the strengths of *Countdown to 2015* and has evolved to best contribute to assessing progress towards universal coverage for women's, children's and adolescents' health. It has retained a partnership-based governance model with three main objectives: monitoring progress in the highest burden countries; improving the measurement of intervention coverage, equity and drivers of coverage; and strengthening capacity to collect, generate and use evidence at the regional and country levels. *Countdown*'s primary focus is the continuum of care, with some expansion into nutrition, adolescent health (currently limited to adolescent girls' reproductive health), early childhood development, quality of care and effective coverage, and conflict settings. Annexes A–H provide more detail on the *Countdown* structure, the conceptual model guiding its analyses, the technical review process that resulted in the 81 priority countries and the indicators included in the country profiles, the definitions and data sources for those indicators, and the list of *Countdown* countries considered malaria endemic and included in analyses of the malaria indicators.

The Sustainable Development Goals include ambitious targets—including ending all preventable maternal, newborn and child deaths by 2030. Neonatal and under-five mortality in the 81 *Countdown* countries rapidly declined during 2000–15. But the rate of decline must substantially accelerate for countries to reach the Sustainable Development Goals targets for neonatal mortality (12 deaths per 1,000 live births) and under-five mortality (25 deaths per 1,000 live births). The average annual rate of reduction in the 50 *Countdown* countries with the highest mortality levels will need to more than double for neonatal mortality during 2015–30 and nearly double for under-five mortality compared with 2000–15. Reaching the Sustainable Development Goal global target for maternal mortality (70 maternal deaths per 100,000 live births) will also require accelerating the annual rate of reduction.

Although the prevalence of stunting among children under age 5 has dropped considerably in the past decade, it remains 30% or higher in about half of the *Countdown* countries with available data. All major population groups have seen improvement, but stunting remains much more common among the poorest children, and the absolute gap between rich and poor children has not changed. More than half of *Countdown* countries have wasting prevalence of 5% or higher, and in 14 countries, including several affected by conflict, the prevalence is over 10%, which is a level considered a serious public health emergency in need of immediate action. The nutrition transition is well under way in *Countdown* countries, many of which face the double burden of continued high prevalence of undernutrition and growing rates of overweight and obesity among children, adolescents and women. The median prevalence of low body mass index among women ages 20 and older in the *Countdown* countries with available data is 8% (with a range of 1–24%). In 25 countries the prevalence of low body mass index is 10% or higher. The median prevalence of obesity among women ages 20 and older is 14% (with a range of 5–41%), and in 22 countries prevalence is 25% or higher.

Most of the intervention coverage indicators that *Countdown* tracks—which span the continuum of care from pregnancy prevention and planning to pregnancy to childbirth to the postnatal

period and infancy to childhood and including environmental factors—showed strong progress in recent years. Coverage increased sharply for new vaccines, use of insecticide-treated nets for malaria prevention, pregnant women living with HIV receiving antiretroviral therapy and postnatal care for mothers and for babies. Indicators that did not show large increases include demand for family planning satisfied with modern methods; four or more antenatal care visits; infant and young child feeding behaviours, including early initiation of breastfeeding and exclusive breastfeeding (used as proxies for indicators of coverage of nutrition programmes); and indicators for the treatment of childhood illnesses (such as careseeking for pneumonia and use of oral rehydration salts and zinc for diarrhoea).

In *Countdown* countries national coverage of many essential interventions is still far from universal. For example, median national coverage for countries with available data is still below 50% for demand for family planning satisfied with modern methods (48%), exclusive breastfeeding (47%), access to basic sanitation services (44%), treatment of diarrhoea with oral rehydration salts (43%) and postnatal care for babies (36%). And across *Countdown* countries demand for family planning satisfied was much lower among adolescent girls (ages 15–19) than among women ages 20 and older.

Only immunization indicators and continued breastfeeding at one year (12–15 months) have rates that average above 80% across the *Countdown* countries.

Many of the coverage indicators that *Countdown* tracks and that countries routinely monitor provide information on contact with health services but provide little information on the quality of care received. Low-quality services are unlikely to result in the expected health improvements. Assessments of healthcare inputs (such as human resources, supplies and equipment), service delivery processes (that is, the content of care provided), outcomes and impact (effective coverage) indicate major deficiencies in the quality of care in all settings. For example, a set of studies in low- and middle income countries found that coverage of antenatal care visits dropped around 30–45 percentage points when appropriate inputs needed for delivering effective services were considered—and was closer to 50 percentage points lower after factoring in appropriate processes that should take place during antenatal care visits. Addressing missed opportunities such as increasing the delivery of recommended evidence-based interventions during service contacts (such as breastfeeding counselling during postnatal care visits) and improving the quality of care provided at service contacts would help *Countdown* countries reach high coverage levels for all essential interventions across the continuum of care.

Countdown tracks inequalities in individual interventions for reproductive, maternal, newborn and child health and through the well-tested composite coverage index, which cuts across four intervention areas. Wealth-related and urban–rural inequalities in the composite coverage index are falling in most *Countdown* countries, yet variations persist. Some countries, such as Angola and Nigeria, have massive inequalities between rich and poor people, while others, such as Malawi, Swaziland and Turkmenistan, have almost none. Data on within-country inequality across geographic regions, which is very large in several *Countdown* countries, also provide critical information for programmatic action.

Viewed together, these results demonstrate the need for countries to set medium-term coverage targets (such as for 2020 and 2025) for selected indicators and to include an inequality dimension so that progress towards universal health coverage and the Sustainable Development Goal targets can be closely monitored.

Context matters in driving health outcomes. Governance and political stability directly affect the composite coverage index. Greater women's empowerment also has a positive association with the coverage of interventions. And based on 17 indicators tracked by *Countdown* that represent four main drivers of change in intervention coverage along the implementation spectrum, major gaps remain in the adoption of supportive policies and legislation; good governance (such as widescale introduction of costed national health plans or civil society engagement in planning and review processes); sufficient financing for reproductive, maternal, newborn, child and adolescent health and nutrition (including domestic financing); and adequate health system inputs (such as health workers).

Despite the data on interventions for women's, children's and adolescents' health, lack of timely data and major data gaps preclude disaggregation for better targeting of programmes and services to the populations most in need. The gaps are particularly serious for causes of death, quality of

care, nutrition programmes, adolescent health, and financial and health system inputs. The complex statistical models that are increasingly being relied on for informing progress are useful for predicting global disease burden trends, but they can mask data scarcity, and their utility for local monitoring, decisionmaking and accountability is limited. *Countdown* has prioritized regional initiatives and country case studies to enhance local capacity to generate and use data to improve women's, children's and adolescents' health while still producing regular global analyses on progress.

Key messages

- The 81 *Countdown* countries have made progress but remain far from universal coverage for most essential interventions for reproductive, maternal, newborn, child health and nutrition.
- Major investment is needed to achieve the Sustainable Development Goal targets for women's, children's and adolescents' health. Investment must be guided by reliable and timely data on intervention coverage, inequities in coverage and quality of care (including in conflict settings).
- To address the broader Sustainable Development Goal agenda, measurement improvements should focus on strengthening vital statistics, understanding drivers of intervention coverage change and generating better data on early childhood development and adolescent health.
- Strengthening country analytical capacity to collect and use data, a priority for *Countdown*, is crucial to improve monitoring and accountability for women's, children's and adolescents' health.

1. Introduction

In September 2015 the UN General Assembly adopted the Sustainable Development Goal framework, which specifies 17 global goals and 169 targets to be achieved by 2030, along with 230 indicators for monitoring progress.[1] Sustainable Development Goal 3 (ensure healthy lives and promote well-being for all at all ages) is dedicated to health and includes 13 targets. Health-related targets are also interspersed throughout the other 16 goals—for example, ending malnutrition, part of Sustainable Development Goal 2. The Sustainable Development Goal framework positions health and well-being as foundational to economic and social development and environmental protection. It emphasizes reaching universal health coverage and addressing social and environmental determinants to reduce inequalities and ensure that no one is left behind. Central to achieving this are an enabling environment and resilient health systems that can deliver high-quality services to all women and children.

The Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) was launched in 2015 to translate the broad agenda of the Sustainable Development Goals into concrete guidance on how to accelerate progress in women's, children's and adolescents' health through a multisectoral approach.[2] The Global Financing Facility was also launched in 2015 in support of Every Woman Every Child to ensure scaled and sustained financing for women's, children's and adolescents' health through country-driven investment.[3]

This report is *Countdown*'s first effort to track progress towards universal health coverage for reproductive, maternal, newborn, child and adolescent health and nutrition. The findings are based on independent analyses by and collaboration among dedicated individuals and institutions and should be used to catalyse efforts to achieve the vision of the Every Woman Every Child Global Strategy, to inform Global Financing Facility decisions and to hold the world to account for greater action for women's, children's and adolescents' health everywhere.

Countdown to 2030 builds off the strengths of *Countdown to 2015*. It has retained a multi-institutional and participatory governance structure[4] and aims to promote accountability and action through better monitoring and measurement of coverage and its key determinants and through strengthening of regional and country capacity for generating and using evidence. *Countdown* is designed to be flexible and responsive to changes in the evidence base and to tackle critical questions on how countries can best achieve universal health coverage for reproductive, maternal, newborn, child, adolescent health and nutrition as they arise.

Countdown's five priority areas of action are:

- Publishing independent high-quality comprehensive analyses of progress towards the Sustainable Development Goals that are related to reproductive, maternal, newborn, child and adolescent health and nutrition—with a focus on coverage and equity of cost-effective interventions for the main causes of maternal and child deaths.

- Providing analytic inputs to progress reports towards the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030); reports prepared by the Independent Accountability Panel; global efforts to monitor nutrition, adolescent health and early childhood development; and other global and regional reports.

- Improving the measurement of coverage of interventions, including more and better disaggregation of available data and quality of care.

- Improving the measurement and analyses of key drivers of intervention coverage, such as

governance, civil society representation and conflict settings.

- Strengthening regional and country analytical capacity to collect, analyse and use data for accountability for women's, children's and adolescents' health in the context of the Sustainable Development Goals and universal health coverage.

To address today's broader agenda, *Countdown* has expanded its indicators and analyses on the reproductive health and nutrition dimensions of the continuum of care and is undertaking more analyses on quality of care and effective coverage. For adolescent health *Countdown* is currently focusing on the reproductive health of adolescent girls and is working closely with the Lancet Standing Commission on Adolescent Health. Equity continues to be a cornerstone of *Countdown*'s work, and *Countdown* has added more stratifiers (such as ethnicity) to its analyses and begun work on double disaggregation (such as comparing coverage among urban poor people and rural poor people). In response to the multisectoral emphasis in the Sustainable Development Goals, *Countdown* has increased its work on drivers of intervention coverage, including examination of women's, children's and adolescents' health in conflict situations. *Countdown* draws on household survey data and the global databases maintained by such partners as the United Nations Children's Fund and the World Health Organization. *Countdown* is also making greater use of facility surveys and routine administrative data sources, particularly for regional and country-level work.

In recognition of the substantial yet uneven progress during the Millennium Development Goal era, *Countdown* revised its country list and now tracks the 81 countries where 90% of child deaths and 95% of maternal deaths occur. In 2015 these 81 countries were home to 3.6 billion people–47% of the world's population—and 64% of births worldwide.

Having learned from the portfolio of 10 case studies completed under *Countdown to 2015* and from a decade of preparing country profiles for its priority countries, *Countdown to 2030* has introduced a regional network approach to further devolve the effort to the country level, where action is most urgent. The networks focus on building country capacity to undertake multicountry and in-depth country research and to use the findings in shaping national policies and plans. The first network was established at the Federal University of Pelotas, Brazil, and others are being spearheaded in East and Southern Africa by the African Population and Health Research Center and in West and Central Africa by the West African Health Organization.

More information on *Countdown*, including the technical review process for selecting the 81 priority countries, the three-tiered set of indicators that *Countdown* tracks, the explanatory framework guiding *Countdown*'s work, and the data sources and methods that *Countdown* uses are included in annexes A–H and on the *Countdown* website (www.countdown2030.org), which also includes *Countdown* databases and interactive country profiles.

The 2017 report begins with a summary of results from the 81 country profiles and other data sources, and closes with two-page country profiles for each of the 81 countries. It takes a critical look at how far *Countdown* countries are from universal coverage for reproductive, maternal, newborn, child and adolescent health and nutrition and highlights possible solutions for addressing gaps. It presents levels and trends in maternal, neonatal and under-five mortality across *Countdown* countries (including changes in the causes of maternal and child deaths); the nutritional status of women, children and adolescent girls and approaches for improving their nutrition; intervention coverage across the continuum of care; inequalities in intervention coverage; and key drivers of intervention coverage. It also addresses strategies for measuring effective coverage and quality of care and examines the impact of conflict on women's, children's and adolescent's health and the many challenges in measuring intervention coverage in conflict settings. It concludes with priority recommendations on the way forward in 2018 and beyond.

2. Mortality

Survival is a key indicator of progress. The Sustainable Development Goals specify targets for neonatal, under-five and maternal mortality to be achieved by 2030, and the Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health includes five mortality indicators among its 16 core indicators for monitoring progress towards its survive–thrive–transform agenda: maternal mortality, stillbirths, neonatal mortality, under-five mortality and adolescent mortality.

Achieving the mortality targets

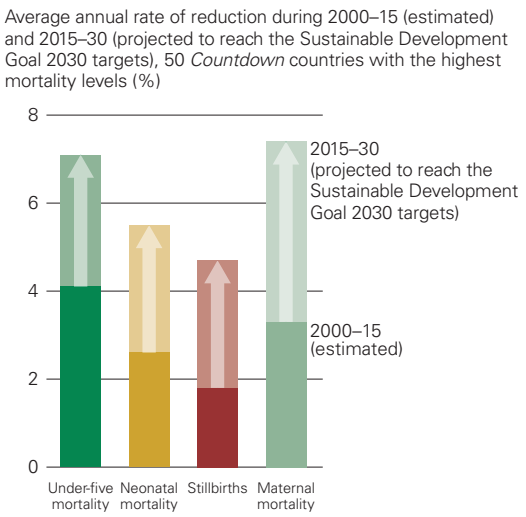
The Millennium Development Goals era saw a substantial decline in maternal and child mortality in almost all countries during 2000–15.[1] In 2015, according to the latest update of UN estimates, the unweighted average of neonatal mortality for the 81 *Countdown* countries was 24 deaths per 1,000 live births, and the unweighted average of under-five mortality for the 81 *Countdown* countries was 59 deaths per 1,000 live births.[2] But for countries to reach the Sustainable Development Goal targets for neonatal mortality (12 deaths per 1,000 live births) and under-five mortality (25 deaths per 1,000 live births), the rate of decline must accelerate, especially in the 50 *Countdown* countries with the highest mortality levels. The average annual rate of reduction in those countries will need to more than double for neonatal mortality and nearly double for under-five mortality during 2015–30 compared with 2000–15 (figure 2.1). Reaching the Every Newborn Action Plan global target for stillbirths (12 or fewer per 1,000 births)[3] and the Sustainable Development Goal global target for maternal mortality (fewer than 70 maternal deaths per 100,000 live births) by 2030 will also require accelerating the annual rate of reduction.[4]

Neonatal mortality continues to decline but at a slower pace than mortality among children ages 1–59 months. Thus the proportion of child deaths worldwide occurring in the first month of life has increased, to 46% in 2016. The slower decline in neonatal mortality has focused attention on newborn interventions and led to greater inclusion of newborn care in global and country strategies. In the 50 *Countdown* countries with the highest mortality levels the decline in stillbirth rates was even slower than the decline in neonatal mortality (see figure 2.1).[5]

The last UN update of maternal mortality levels and trends was completed in 2015 to inform the final assessment of the Millennium Development Goals, and it acknowledged the large uncertainty with the estimates because of a lack of recent data. The average annual rate of reduction in maternal mortality in the 50 *Countdown* countries with the highest maternal mortality levels was 3.3%

FIGURE 2.1

To reach the Sustainable Development Goal targets, the average annual rate of reduction during 2015–30 in the 50 highest mortality *Countdown* countries will need to more than double the rate during 2000–15 for neonatal mortality, stillbirths and maternal mortality



Source: Based on analysis of data from Alkema and others 2016; Blencowe and others 2016; UN Inter-agency Group for Child Mortality Estimation 2017.

during 2000–15 and will need to more than double to reach the 2030 target (see annex F for country estimates for the 81 *Countdown* countries).[6]

There is no global target for mortality among adolescents ages 10–19. In general, adolescent mortality is relatively low and therefore more difficult to measure in the absence of complete death registration systems. Globally, adolescent mortality has been estimated at 1.1 deaths worldwide per 1,000 adolescents ages 10–19, with a much higher rate in Sub-Saharan Africa (2.8 deaths per 1,000 adolescents ages 10–19) and large uncertainty.[7] Because the adolescent population is large, these rates translated into 1.3 million adolescent deaths in 2012. The UN Inter-agency Group on Child Mortality Estimates produced its first set of country estimates on mortality for children ages 5–14 in 2017. The median mortality among children ages 5–14 in the 81 *Countdown* countries was 11 deaths per 1,000 children age 5 (with an interquartile range of 5–16), with an estimated average annual rate of reduction of 3.5–4.5% in South Asia and Sub-Saharan Africa during 2000–15.[8]

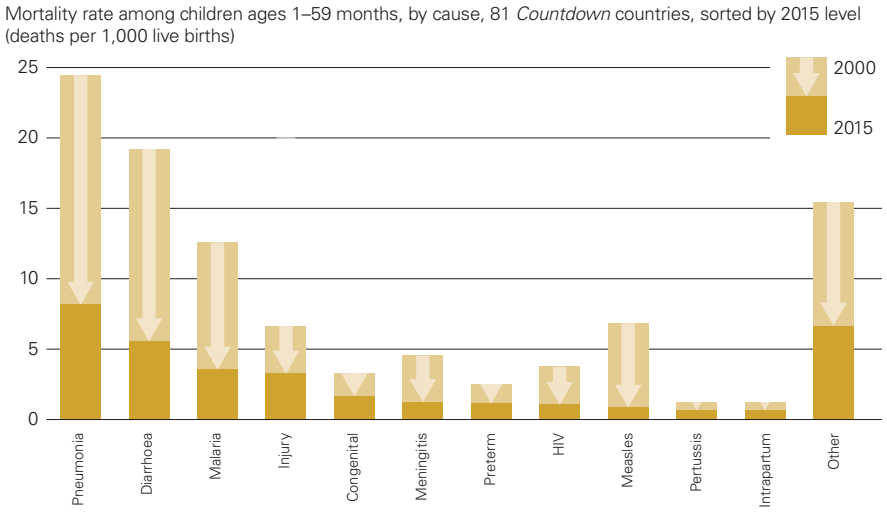
Patterns in causes of death

Without information on the causes of preventable child deaths, resources cannot be properly allocated to programmes and interventions that seek to eliminate such deaths. But in 2015 only 5 of 81 *Countdown* countries had good-quality cause of death data from national civil registration systems.[9] In 2010–14, 14 countries had national data on causes of death in childhood (mostly from verbal autopsy studies), 20 countries had subnational information only and 47 countries had no information. Assessing the leading causes of child death in *Countdown* countries thus depends heavily on statistical modelling that yields only a general picture. The leading causes of deaths in children under five years in the 81 *Countdown* countries are shown in figure 2.2 (children ages 1–59 months) and figure 2.3 (neonates), with reductions in cause-specific mortality per 1,000 live births during 2000–15. The stacked bar shows the mortality level in 2000 (the full bar), the reduction during 2000–15 (the light colouring), and the level in 2015 (the dark colouring).

Under-five mortality due to vaccine-preventable diseases such as measles declined the most in *Countdown* countries during 2000–15, and deaths due to diarrhoea, pneumonia and malaria were also more than halved (see figure 2.2).[10] The declines in neonatal mortality were less pronounced—and were nonexistent for some causes (such as congenital malformations; see figure 2.3). In 2015 the leading causes of death among children under age 5 in *Countdown* countries were preterm birth complications (17%), pneumonia (13%), intrapartum-related events (11%) and diarrhoea (10%). Undernutrition remains a major contributor to child deaths directly and indirectly—in 2013 it was an underlying cause of an estimated 45% of all child deaths.[11]

FIGURE 2.2

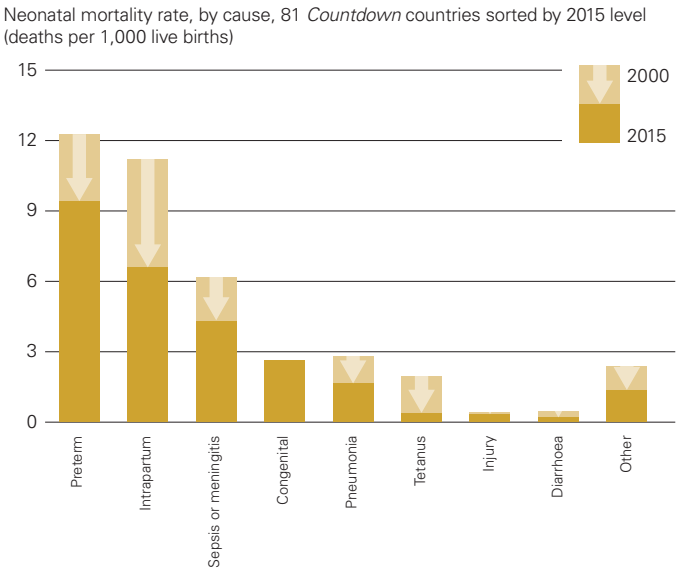
Under-five mortality due to vaccine-preventable diseases such as measles declined the most in *Countdown* countries during 2000–15



Source: Calculated for *Countdown* countries based on data from Liu and others (2015).

FIGURE 2.3

Some causes of neonatal mortality saw no declines between 2000 and 2015



Source: Calculated for *Countdown* countries based on data from Liu and others (2015).

Nearly half of stillbirths in 2009 were intrapartum deaths, which can be prevented by good-quality obstetric care.[12] The increasing rates of institutional delivery in many *Countdown* countries present a major opportunity to improve reporting on perinatal and maternal deaths and to reduce intrapartum stillbirths, maternal mortality and neonatal mortality through high-quality delivery and postnatal care.

Reliable cause-specific data are even more limited for maternal mortality than for child mortality, especially in countries with high mortality levels. Because country-level data are lacking, the *Countdown* country profiles show data on the causes of maternal deaths only for the region to which countries belong, and data on causes of death by maternal age are not yet available. For some causes, such as abortion, reliable information is particularly lacking. In 2003–09 the leading causes of maternal deaths were haemorrhage (27%), hypertension (14%), sepsis (11%), abortion (8%) and indirect causes (28%).[13]

Data on causes of death among adolescents are also sparse for *Countdown* countries—because few countries have well-functioning civil registration and vital statistics systems and because few verbal autopsy studies have been conducted. In 2012 road injury, interpersonal violence, HIV, self-harm and drowning were the major causes of death among adolescent boys, and HIV, self-harm, road injury and diarrhoeal and respiratory diseases were the major causes of death among adolescent girls.[14]

Multiple dimensions of inequality in survival

Disparities in child survival by demographic and socioeconomic characteristics are large and persistent in many *Countdown* countries. The most commonly measured inequalities in national surveys are by sex, age, place of residence (urban–rural or by administrative unit), education and wealth status. Survival differences by other characteristics such as ethnicity, race or migratory status are often poorly captured in surveys and require country-specific data collection and analyses. There is a dearth of high-quality mortality data for such populations, especially if they are relatively small.

In general, boys have a greater chance of dying before their fifth birthday than girls do, largely because of biological differences.[15] According to the UN estimates of under-five mortality for 2016, only one *Countdown* country had higher female mortality than male mortality: India.[16] In 46 *Countdown* countries with mortality data from Demographic and Health Surveys since 2010, boys were, on average, 14% more likely than girls to die before age 5, and most of the difference is due to higher mortality among boys early in life. During the first month of life, male mortality was, on average, 29% higher than female mortality.

In *Countdown* countries in South Asia female mortality remains higher than expected, having shown little improvement in the past two decades (figure 2.4). Further analysis that takes into account the impact of mortality levels on sex ratios and examines possible causal pathways—focusing on South Asian countries—will be needed.[17]

Urbanization is progressing fast in all *Countdown* countries: the proportion of the population living in urban areas was 42.9% in 2015, up from 36.9% in 2000, and is projected to reach 49.4% in 2030.[18] In 46 *Countdown* countries with mortality data from Demographic and Health Surveys since 2010, rural children were 34% more likely than urban children to die before their fifth birthday. The gap has narrowed only slightly over time (in countries with multiple data points) because rural child mortality has declined only slightly faster than urban child mortality.

The gap across household wealth status is large in the 46 *Countdown* countries with mortality data from Demographic and Health Surveys since 2010: mortality is 92% higher among children in the poorest quintile of households than among children in the wealthiest. And the past 20 years have seen little change in the mortality disadvantage among the poorest children.[19]

Data gaps

Demand for up-to-date mortality statistics is on the rise, but many countries lack such data. For example, in the latest UN interagency analysis on child mortality, death registration was a data source for only 6 *Countdown* countries since 2012, including India, which has a long running sample registration system.[20]

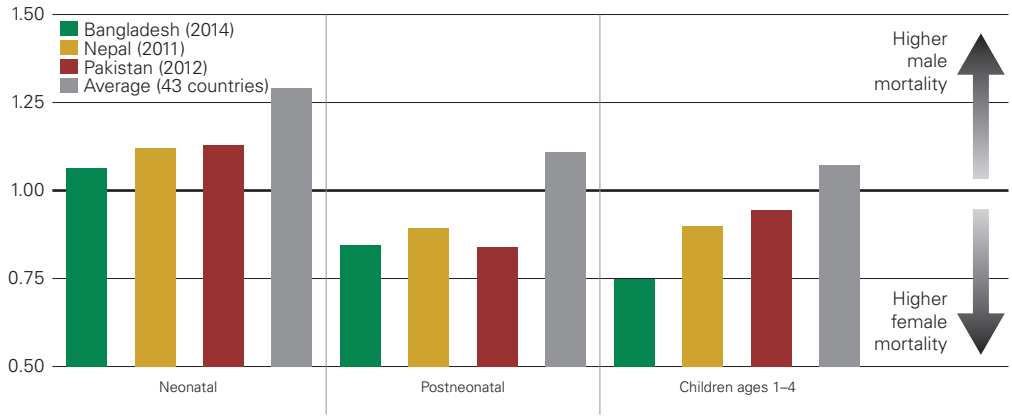
Most *Countdown* countries rely on household surveys and censuses to assess trends in child, adolescent and maternal mortality. But household surveys and censuses collect retrospective data through survival histories, which compounds the lack of recent mortality data in *Countdown* countries. Thus, global agencies often rely on extrapolation techniques to obtain mortality estimates for a recent year. For instance, the 2016 child mortality estimates by the UN Inter-agency Group for Child Mortality Estimation required an average extrapolation period of 4.5 years for under-five mortality.[21] For about 70 *Countdown* countries the latest available child mortality data point was more than five years old.

Maternal mortality levels and trends are much harder to ascertain than child mortality levels and trends because maternal deaths are much rarer than child deaths—almost 20 times rarer for the 81 *Countdown* countries. There are fewer data points over time, data collection is fraught with difficulties,

FIGURE 2.4

In *Countdown* countries in South Asia female mortality among children under age 5 remains higher than expected

Ratio of male to female mortality, selected South Asian countries and average of 43 other countries with neonatal, postneonatal and child (ages 1–4) mortality data from Demographic and Health Surveys since 2010



Note: Data from the India Family Health Survey for 2015/16 were not available at the time of publication, and the Afghanistan Demographic and Health Survey 2015 results were excluded because of the implausible results for mortality indicators.

Source: Countdown calculations based on Demographic and Health Surveys since 2010

ranges of uncertainty are large and statistical models are based heavily on covariates such as skilled birth attendant and fertility to predict trends.[22] Empirical data on stillbirths and mortality among children and adolescents ages 5–9, 10–14 and 15–19 are also lacking in many countries.[23]

Since the final Millennium Development Goal assessment in September 2015, just over a third of *Countdown* countries have published new under-five mortality data, mostly from retrospective household surveys conducted in 2015–16 or death registration prior to 2016. The estimates for 2016 show little change in the annual rate of reduction,[24] but a comprehensive account of trends following the introduction of the Sustainable Development Goals will be possible only after a few more years. It is too early to assess whether the pace of mortality is changing post-2015. Data availability is generally poorer for maternal mortality, stillbirths and adolescent mortality than for child mortality, so even greater caution is needed when interpreting estimates for these indicators.

Extrapolations and predictions are increasingly being used to satisfy demand for up-to-date mortality statistics. While these methods are useful for informing global discussions about progress and priorities, much more recent and high-quality data are needed to monitor progress, ensure accountability and guide decisionmaking. Obtaining such data will require better data collection. Countries should aim for complete civil registration and vital statistics systems (a Sustainable Development Goal target). The preferred way to begin collecting better data on mortality and cause of death is through sample registration systems, which should eventually lead to complete civil registration and vital statistics systems.[25] Regular population-based surveys with mortality data collection are still needed, covering more dimensions of inequality. Finding innovative ways to obtain mortality statistics is also critical.

Conclusion

Maternal, neonatal, child and adolescent survival features prominently in the Sustainable Development Goals and the Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health. To achieve the targets set out in these frameworks, the decline in mortality will need to accelerate in *Countdown* countries—and this will require major investment in programmes and supportive policies. Data on causes of child death suggest continuing to focus on infectious diseases and nutrition and stepping up efforts to reduce stillbirths and neonatal mortality. Large inequalities in child survival persist in many countries across wealth quintiles. Stronger referral systems and higher quality care in health facilities are needed to reduce preventable maternal deaths.

Current data are inadequate to assess whether all-cause or specific-cause mortality is changing. The availability and quality of disaggregated mortality and cause of death data need to be improved because those data are essential for strengthening monitoring and accountability and targeting effective interventions towards disadvantaged populations with disproportionately higher mortality.

3. Nutrition for all: to improve survival and enhance healthy development for this and future generations

Addressing persistent undernutrition and micronutrient deficiencies among women, children and adolescents in *Countdown* countries is critical to achieving Sustainable Development Goals 2 and 3 and the World Health Assembly 2025 global nutrition targets.[1] Preventing a rise in levels of child and adolescent overweight and obesity is also essential for reducing the risk of noncommunicable diseases and promoting optimal short- and long-term health and productivity. Recognition of the foundational role of nutrition in improving survival, health, well-being and early childhood development has greatly increased in recent years.[2] Undernutrition—including foetal growth restriction, stunting and wasting, and micronutrient deficiencies such as vitamin A, iodine, iron and zinc—along with suboptimal breastfeeding is an underlying cause of 45% of deaths among children under age 5. Poor nutrition, particularly in the first 1,000 days, also negatively affects early brain development and school achievement later in life.[3] Stunting in children under age 5 that results from chronic malnutrition, inadequate childcare practices and repeat infections is linked to other negative long-term effects in adulthood: it is associated with reduced income-earning potential and leads to short stature and small pelvis size, which puts adolescent girls and women at risk of obstructed labour and other adverse pregnancy outcomes.[4]

Mean body mass index and obesity among children and adolescents ages 5–19 has increased in most countries over the past four decades. Although more children and adolescents worldwide are moderately and severely underweight than obese today, more children and adolescents will be obese than underweight by 2022, if post-2000 trends in low- and middle-income countries continue.[5]

Maternal undernutrition contributed to around 600,000 neonatal deaths through small-for–gestational age births in 2012,[6] and iron deficiency (anaemia) during pregnancy increases the risk of maternal death. Women with high or low body mass index are at higher risk of many maternal and perinatal complications, such as preterm delivery, and obese women are at higher risk of gestational diabetes and pre-eclampsia.[7]

Regular monitoring of women's, children's and adolescents' nutritional status and coverage of nutrition interventions is key for *Countdown* countries to develop and effectively implement nutrition-related policies and programmes that coherently address all forms of malnutrition—ranging from underweight and micronutrient deficiencies to overweight and obesity. This chapter presents information on key nutritional status and other nutrition indicators for *Countdown* countries; discusses strategies for addressing malnutrition, with a focus on the health sector; and highlights major data gaps, particularly in coverage of nutrition programmes.

Nutritional status of adult women

Monitoring nutritional status is important for tracking progress in improving women's health and obstetric outcomes. In *Countdown* countries the median prevalence of low body mass index among adult women ages 20 and older is 8%, with a range of 1–24% (table 3.1). In 25 countries the prevalence of low body mass index is 10% or higher. The median prevalence of obesity is 14%, with a range of 5–41%—and in 22 countries the prevalence is 25% or higher. Modelled estimates of anaemia among women of reproductive age suggest a median percentage of 37%, with a range of 16–70%. These data indicate that many *Countdown* countries are grappling with multiple forms of malnutrition among women.

TABLE 3.1

Prevalence of key nutritional status indicators for women of reproductive age in *Countdown* countries with available data, various years

Indicator	Number of countries	Median (%)	Minimum (%)	Maximum (%)
Women ages 20 and older				
Low body mass index, 2017 (<18.5 kg/m^2)	79[a]	8	1	24
Overweight, 2017 (body mass index of 25–30 kg/m^2)	79[a]	25	17	36
Obese, 2017 (body mass index of >30 kg/m^2)	79[a]	14	5	41
Women ages 15–49				
Anaemia, 2016 (nonpregnant women: <12 g/dl; pregnant women: <11 g/dl)	81	37	16	70
Short stature, most recent year since 2012 (<145 cm)	31	2	0	25

a. Data for Sudan and South Sudan were unavailable.

Source: Body mass index: October 2017 estimates from NCD Risk Factor Collaboration (2017); anaemia: 2016 estimates from the World Health Organization Database on Anaemia (www.who.int/vmnis/database/anaemia/en/); short stature: Demographic and Health Surveys.

The need for multisectoral approaches to improve maternal and adolescent girls' nutrition

Health service delivery platforms such as antenatal care, postnatal care and family planning visits offer opportunities to reach women and adolescent girls with key nutrition interventions such as nutrition supplementation and counselling (for themselves and for their babies). Coverage of these platforms is low in many *Countdown* countries (see table 4.1 in chapter 4). And coverage of iron and folic acid supplementation during pregnancy is also low in the 36 *Countdown* countries with available data since 2012 (median coverage is 30%, with a range of 1% in Tajikistan to 82% in the Dominican Republic). The data suggest a need for countries to prioritize investment in these service delivery platforms and to ensure that these platforms offer high-quality nutrition services—including supplementation and counselling—at both the facility and community levels.

Addressing key social determinants such as delaying age at marriage and first childbirth and keeping adolescent girls enrolled in school are important for allowing girls to reach their full growth potential before their first pregnancy and improve their overall life chances—as well as the life chances of their children. Girls who stay in school also have access to nutrition interventions delivered through school-based programmes. A 2015 study in five low- and middle-income countries found that compared with children born to mothers ages 20–24, children born to mothers younger than age 19 were at greater risk of low birthweight, small size for gestational age, poor nutritional status (weight for age and height for age), lower attained schooling and higher adult glucose concentration.[8] These findings highlight the detrimental intergenerational nutrition and human capital effects associated with adolescent childbearing. In the 44 *Countdown* countries with data since 2010 the median adolescent birth rate was 93 births per 1,000 women ages 15–19, compared with 44 globally in 2015.[9] The median percentage of girls who completed upper secondary education in the 31 *Countdown* countries with data since 2010 was a paltry 9% (with a range of 1–20%). Much more needs to be done across sectors to reduce the complex social, cultural, political and economic factors that contribute to high adolescent fertility and low female secondary school completion rates in many *Countdown* countries.

Nutritional status of children under age 5

The wide range in prevalence of key child nutritional status indicators, particularly for stunting and wasting, across *Countdown* countries suggests that some countries are making strides in addressing the nutrition needs of their under-five population, while others are experiencing a crisis of child malnutrition (table 3.2, figure 3.1). In populations suffering from undernutrition,

TABLE 3.2

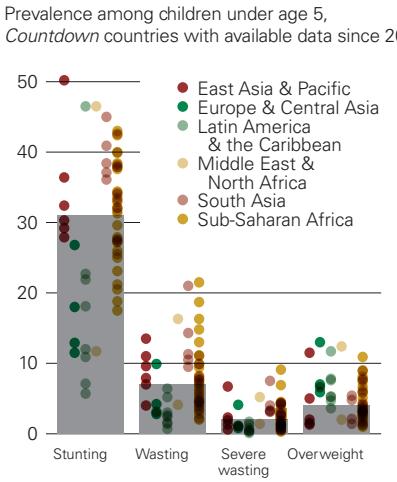
Prevalence of key nutritional status indicators for children under age 5 in *Countdown* countries with available data since 2012

Indicator	Number of countries	Median (%)	Minimum (%)	Maximum (%)
Stunting	59	31	6 (Jamaica)	50 (Timor-Leste)
Wasting	59	7	1 (Guatemala)	22 (Djibouti)
Severe wasting	57	2	0 (Guatemala)	9 (Djibouti)
Overweight	56	4	1 (Senegal)	13 (Azerbaijan)

Source: United Nations Children's Fund global databases, July 2017, based on Multiple Indicators Cluster Surveys, Demographic and Health Surveys, other national surveys and surveillance systems.

FIGURE 3.1

Some countries are experiencing low levels of child malnutrition, while others are experiencing crisis levels of child malnutrition



Source: United Nations Children's Fund global databases, July 2017, based on Multiple Indicators Cluster Surveys, Demographic and Health Surveys, other national surveys and surveillance systems.

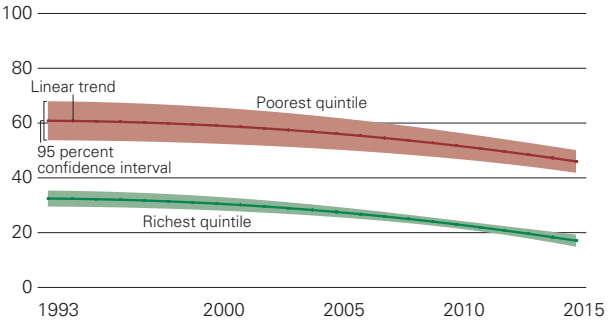
stunting is more prevalent than wasting (with a median value of 31% for stunting and 7% for wasting in *Countdown* countries). Although a stunting prevalence of 10% is a concern, a wasting prevalence of 10% indicates a serious public health emergency requiring immediate action. Because adverse consequences are compounded in children suffering from both conditions, programmes also need to identify and target such children with appropriate interventions.[10]

Although stunting levels globally have dropped considerably in the past decade,[11] around half of the *Countdown* countries with available survey data have stunting prevalence of 30% or higher. Of the 59 *Countdown* countries with available data, 36 have wasting prevalence above the World Health Assembly target of 5%—and in 14 of those countries wasting prevalence is above 10%.[12] Child overweight[13] does not yet appear to be a widespread problem in *Countdown* countries, but as noted above, the rate of increase in many *Countdown* countries is rapid.[14] Of the 56 *Countdown* countries with available data, 5 already have prevalence of over 10%, and 2 of those countries also have very high wasting prevalence (11% in Comoros and 14% in Indonesia). As *Countdown* countries continue to undergo the nutrition transition at different rates, governments must anticipate how to respond to increases in overweight while still addressing stark problems with child undernutrition. Regular monitoring of stunting, wasting, severe wasting and overweight is critical for a comprehensive picture of child malnutrition, how the picture is changing over time and how best to adjust and implement programmes and policies and create a strong regulatory environment (for example, for marketing of processed foods, food fortification and biofortification, and breastmilk substitutes) to remedy it.

National data on child nutritional status mask large subnational variations. Stunting and wasting disproportionately affect the more disadvantaged population groups within and across *Countdown* countries. A statistical model that takes into account 1993–2015 data from 53 *Countdown* countries shows that stunting prevalence is consistently higher among the poorest quintile than among the richest quintile, with no reduction in the absolute gap between rich and poor

FIGURE 3.2

Stunting prevalence is consistently higher among the poorest quintile than among the richest quintile, with no reduction in the absolute gap between rich and poor over time



Note: The analysis included 190 surveys from 53 countries that had at least two surveys with anthropometric data available. The analysis also included 18 Demographic and Health Surveys carried out between 1993 and 1999 that collected data on children under age 3 instead of children under age 5. Because stunting prevalence tends to increase with age, prevalence among children under age 5 was predicted based on linear regression of the prevalence among children under age 3 using the equation under-five % = –0.0114274 + (1.104429 * under-three %). This equation was derived from 150 Demographic and Health Surveys with data on stunting prevalence for both age groups. Trends in stunting prevalence were calculated separately for the poorest (quintile 1) and richest (quintile 5) households in each survey. Multilevel models were used to fit survey years within each country, and all *Countdown* countries were pooled together. Quadratic terms were fitted—if significant, there was evidence of nonlinearity. There was evidence of nonlinearity in both the poorest and richest groups, indicating that there was acceleration over time.

Source: Re-analysis of Demographic and Health Survey, Multiple Indicator Cluster Survey and Reproductive and Health Survey datasets by the International Center for Equity in Health, Federal University of Pelotas, Brazil.

(figure 3.2). However, the reduction of stunting accelerated over the time period among both the rich and the poor, especially in recent years.

The observed pattern of higher prevalence among the poorest quintile is similar for childhood wasting. In nearly all the *Countdown* countries with prevalence of 10% or higher, wasting prevalence tends to be higher among children in poorer households (figure 3.3). In all 10 of these countries (with data available from 2012 forward), wasting prevalence among the richest quintile exceeds the World Health Assembly target of 5%, signalling a pervasive and acute problem that needs prioritization.

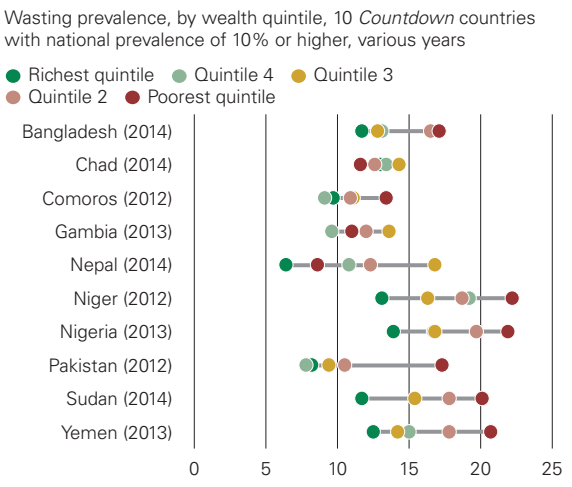
Nutrition-specific approaches to improving children's nutrition: infant and young child feeding, supplementation and fortification

The short-term, long-term and developmental benefits of exclusive breastfeeding during the first six months of life and continued breastfeeding through age 2 and beyond for both mother and child are well documented.[15] Optimum breastfeeding practices need to be complemented by adequate quantity and quality of food after six months of age to avoid stunting and wasting. And in cases of severe acute malnutrition, children need access to therapeutic feeding interventions.[16] Initiation of breastfeeding within the first hour after birth increases the likelihood that a baby will be exclusively breastfed up to the first six months of life and survive to age 5. As the rate of institutional deliveries increases in *Countdown* countries, hospital practices—such as those endorsed in the Baby Friendly Hospital Initiative that promote early initiation of breastfeeding and the International Code of Marketing of Breastmilk Substitutes—will become more important.

Rates of early initiation of breastfeeding and exclusive breastfeeding average around 50% in the *Countdown* countries with available data (see table 4.1 in chapter 4), though the range across countries is wide. Coverage of continued breastfeeding at one year is higher—86% (with a range of 31–98%). Although only around half of mothers initiated breastfeeding within one hour of childbirth, there is an encouraging positive trend in *Countdown* countries (figure 3.4). Greater investment in breastfeeding promotion and counselling programmes along with strong implementation of supportive policies—including for adequate maternity leave—is needed to continue this trend and to improve breastfeeding practices in general.

FIGURE 3.3

Wasting prevalence tends to be higher among children in poorer households

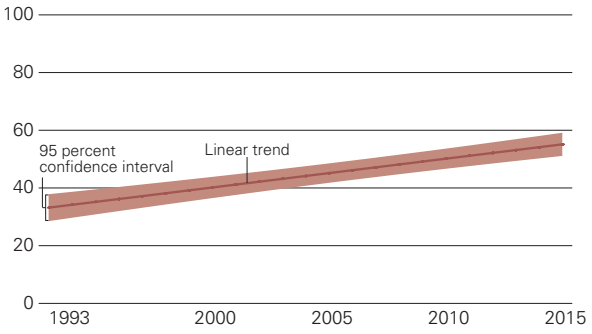


Note: Horizontal lines connect the estimates across quintiles and represent the gap between them. India is not included because 2015 data were not available at the time of publication.

Source: Re-analysis of Demographic and Health Survey, Multiple Indicator Cluster Survey and Reproductive and Health Survey datasets by the International Center for Equity in Health, Federal University of Pelotas, Brazil.

FIGURE 3.4

Although only around half of mothers initiated breastfeeding within one hour of childbirth, there is an encouraging positive trend in *Countdown* countries



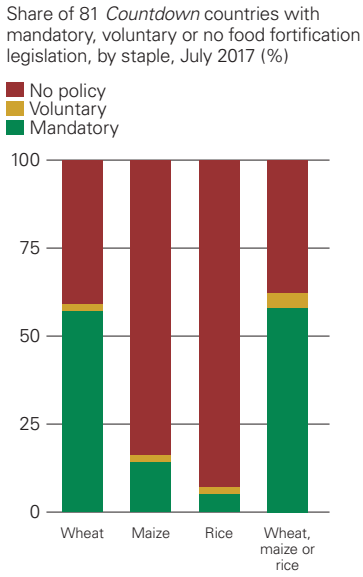
Note: The analysis is based on 226 surveys. A multilevel model was used to fit survey years within each country and then to group countries into a single model. There was no evidence of nonlinearity, indicating that there was no acceleration or deceleration in the trend over time.

Source: Re-analysis of Demographic and Health Surveys, Multiple Indicator Cluster Surveys and Reproductive and Health Survey datasets by the International Center for Equity in Health, Federal University of Pelotas, Brazil.

Other interventions proven to improve child survival and reduce the negative health and development consequences of micronutrient deficiencies include supplementation and food fortification programmes.[17] Whereas supplementation programmes are generally delivered through the health sector and targeted at specific population groups (such as children under age 5 or pregnant women), implementation of food fortification policies falls within the purview of industry and can reach the entire population. Biofortification (modification of crops) and dietary diversity programmes are largely the responsibility of the agriculture sector. The main aims of fortification programmes as part of a national nutrition strategy are to increase consumption of micronutrients in order to prevent birth defects and nutritional anaemia and to increase cognitive development, productivity and thus economic progress.[18] Twelve vitamins and minerals are used in wheat, rice and maize fortification programmes (calcium, folic acid, iron, niacin, riboflavin, selenium, thiamine, vitamin A, vitamin B6, vitamin B12, vitamin D and zinc), and one is used in salt fortification programmes (iodine). The combination of vitamins and minerals and the staples that are included in food fortification policies vary by country. Of the 81 *Countdown* countries, 58% have legislation for mandatory food fortification of at least one of the three staples (wheat, rice or maize) (figure 3.5).

FIGURE 3.5

Nearly 60% of *Countdown* countries have legislation for mandatory food fortification of at least one of the three staples



Source: Food Fortification Initiative and Global Alliance for Improved Nutrition Global Fortification Data Exchange (www.fortificationdata.org).

Many *Countdown* countries are vitamin A priority countries and have implemented vitamin A supplementation programmes. The median two-dose coverage in *Countdown* countries with available data in 2015 was 72%, with a range of 2–99% (see table 4.1 in chapter 4).

Data gaps and data needs for nutrition

The numerous data gaps and measurement challenges for nutrition include fragmentation due to poor coordination between activities that address undernutrition and those that address overweight and obesity. For example, prior to October 2017 the most recent body mass index estimates for adult women were produced in 2014 and covered only overweight and obesity rather than the full spectrum of underweight, overweight and obesity.[19] And the October 2017 estimates cover the age ranges of 5–19 and 20 and older. But out of countries that had data for children, only half had data for ages 10–14 and only 40% had data for ages 5–9. Publicly available, disaggregated data for the 20 and older age group are lacking. More research and data are needed in general on effective interventions for improving adolescent nutrition and nutrition among children ages 5–9.[20]

There is a glaring lack of data on coverage of nutrition programmes. *Countdown* tracks infant and young child feeding indicators, which capture behaviours rather than whether caregivers receive interventions to improve their feeding practices. Assessment of country progress towards the Sustainable Development Goals would be greatly enhanced if the nutrition community could develop a core set of coverage indicators for nutrition programmes and if data collection efforts rapidly incorporated them.[21]

The introduction and modification of supplementation programmes and food fortification and biofortification initiatives should be guided by the prevalence of micronutrient deficiencies and by people's diets. Although difficult to obtain, biomarker and diet recall data need to be systematically collected on a timely basis. *Countdown* endorses the 2014 and 2017 *Global Nutrition Reports* calls for a data revolution in nutrition, stressing the identification of data priorities and gaps, investment in survey capacity to ensure reliable national data and coordination of existing databases to facilitate nutrition monitoring and accountability.[22]

Conclusion

Improving women's, children's and adolescents' nutrition will require a multisectoral and multilevel response and strong political commitment—nutrition-specific interventions are only part of the solution, and much broader approaches are needed. For women to be able to successfully breastfeed, policies and laws that regulate the marketing of breastmilk substitutes and mandate adequate maternity leave and breastfeeding breaks in the workplace are critical.[23] Hospital policies and practices that promote early initiation of breastfeeding and media-based and community programmes that increase awareness of the importance of breastfeeding also create an enabling environment for breastfeeding.[24] Preventing stunting and other forms of childhood malnutrition similarly involves multiple interventions across sectors and targeted at the individual, household and society levels. Agricultural policies that create functioning food systems, fortification policies that target areas and populations affected by micronutrient deficiencies, social protection approaches such as food subsidies and cash transfer programmes that foster household food security among the poor, and therapeutic feeding programmes and vitamin and mineral supplementation all matter. Children also need access to clean water and adequate sanitation facilities to avoid diarrhoeal and other diseases that contribute to poor growth. Developing a strong information system for nutrition that fosters accountability and rational, evidence-based policy and programme development and implementation is also key to reaching Sustainable Development Goals 2 and 3.

Malnutrition cuts across the coverage, equity and drivers domains of *Countdown* and is a highly complex problem. More information on how to address it is available in *The Global Nutrition Report,*[25] which provides a platform for holding all key stakeholders from across relevant sectors, including agriculture, health, education, water and sanitation, and social protection to account for progress.

4. Coverage and effective coverage

The Sustainable Development Goal framework calls for achieving universal health coverage with high-quality services. An essential aspect of monitoring progress towards this goal is tracking coverage of key interventions for improving women's, children's and adolescents' health—which has been the primary focus of the *Countdown* initiative since it was proposed in 2003.[1]

This chapter assesses levels and trends in coverage of a core set of essential interventions across the continuum of care, highlighting gaps in these interventions and comparing progress across the 81 *Countdown* countries. Understanding country progress in improving intervention coverage requires examining how many people in need actually receive health services, so the chapter also examines the number of women and children reached—and not reached—with selected interventions. This analysis shows how population dynamics place different kinds of pressures on health systems to deliver critical services. Because interventions can result in expected health improvements only when they are delivered with a high level of quality, the chapter explores approaches to measuring effective coverage that take into account the quality of the services delivered and provide a better understanding of coverage gaps and where action needs to be prioritized.

Progress towards universal coverage for reproductive, maternal, newborn, child and adolescent health and nutrition

Although there was considerable progress in increasing intervention coverage for women's, children's and adolescent girls' health during the Millennium Development Goals era, that progress was uneven—some countries fell much further behind, and some essential interventions are still lagging. Figure 4.1 shows the median coverage level of each of eighteen interventions across the continuum of care. Table 4.1 presents information on all coverage indicators currently tracked by *Countdown* and included on the country profiles. It shows the number of countries with available data from 2012 forward for each indicator, and the median and the range in coverage.

Viewed together, figure 4.1 and table 4.1 show the following:

Major gaps in intervention coverage in the *Countdown* countries remain. Median national coverage is below 50% for postnatal care for babies (36%), exclusive breastfeeding (47%) and treatment of diarrhoea with oral rehydration salts (43%). In more than half of countries less than half the population has access to basic sanitation services. Only four immunization indicators (three doses of diphtheria-tetanus-pertussis, three doses of *Haemophilus influenzae* type b, measles and neonatal tetanus protection) and continued breastfeeding at one year of age have coverage rates above 80%.

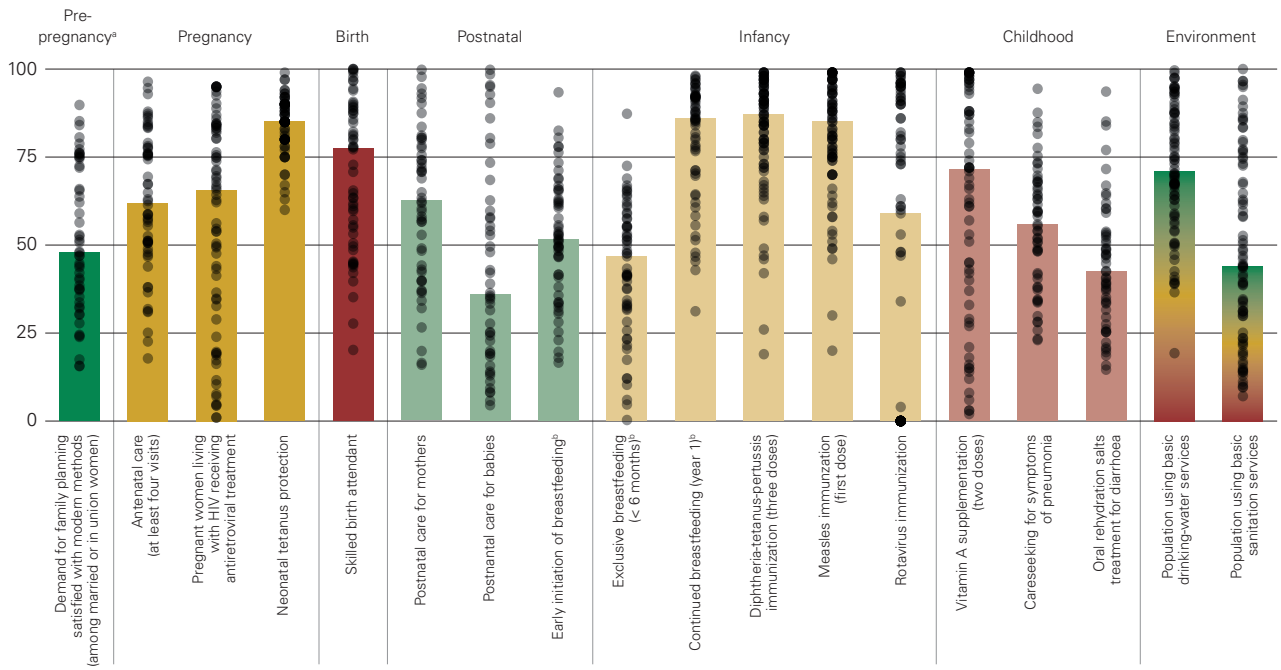
Coverage varies greatly across countries, from almost 0% to nearly 100% for interventions such as pregnant women living with HIV receiving antiretroviral therapy, postnatal care for babies, rotavirus vaccine and vitamin A supplementation. This indicates uneven progress but also shows that high-burden countries can achieve high coverage of these essential interventions.

The differences in median coverage of interventions highlight major missed opportunities. For example, although median coverage of skilled birth attendant is 77%, coverage of early initiation of breastfeeding is considerably lower (52%), suggesting that more training of skilled birth attendants on the importance of breastfeeding could boost rates of initiation of breastfeeding immediately after birth. Similarly, the gap between coverage of postnatal care for mothers (62%) and for babies (36%) could be easily remedied by combining postnatal care for mothers and babies or improving health worker training.

FIGURE 4.1

Major gaps in intervention coverage remain in *Countdown* countries

Median national coverage of interventions across the continuum of care, *Countdown* countries with available data since 2012 (%)



a. Refers to the prevention and planning of pregnancy and includes the time period prior to a first pregnancy and interpregnancy intervals as well as decisionmaking on whether to ever have a pregnancy.

b. Infant and young child feeding indicators serve as a proxy for programme coverage for which measures are not available.

Note: Includes only interventions of relevance to all *Countdown* countries. Malaria-related indicators that *Countdown* tracks are not shown but are included in table 4.1 See annex C for indicator data sources and annex D for indicator definitions.

Source: Immunization rates, World Health Organization (WHO) and United Nations Children's Fund (UNICEF); population using basic drinking water services and sanitation services, WHO and UNICEF Joint Monitoring Programme for Water Supply and Sanitation; antiretroviral treatment of pregnant women with HIV, UNICEF global database, July 2017, based on 2017 estimates from the Joint United Nations Programme on HIV/AIDS; all other indicators, UNICEF global database, July 2017, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other national surveys.

Of women in union in the *Countdown* countries with available data, 48% are able to satisfy their demand for family planning with modern methods, leaving the rest with such demand vulnerable to unwanted pregnancies. Coverage is as low as 16% in Guinea and the Democratic Republic of Congo and hovers around 25% in Benin, Chad, Equatorial Guinea, The Gambia and Mauritania. High coverage is achievable, and several *Countdown* countries have reached over 80% coverage of demand for family planning satisfied with modern methods (Dominican Republic, Indonesia, Democratic People's Republic of Korea, Swaziland and Zimbabwe).

Countdown has expanded its analyses on adolescent health to cover adolescent girls' reproductive health and nutrition. Adolescent girls, particularly those ages 10–14, can incur long-term adverse social, economic and health outcomes from early pregnancy, and sexually active adolescent girls are at increased risk of unplanned pregnancies, HIV transmission (in Sub-Saharan Africa prevalence rates are higher among adolescent girls than among adolescent boys) and poor obstetric outcomes. In the *Countdown* countries with available data family planning coverage is markedly lower among adolescent girls in union than among all women of reproductive age, though coverage does not differ considerably for key maternal health interventions (figure 4.2). (Data are unavailable for adolescents not in union.) These findings suggest that to prevent unwanted pregnancies and infection with HIV and other sexually transmitted infections, access to family planning services for adolescent girls who are in union and who are not in union should be a major focus.

The composite coverage index is a robust measure that includes a set of coverage indicators across the continuum of care (box 4.1). It enables comparison across countries and identification of countries that are falling behind. The 10 countries with the lowest coverage across all interventions (except

TABLE 4.1

Median national coverage of interventions across the continuum of care, *Countdown* countries with available data since 2012

Indicator	Number of countries with data	Median coverage (%)	Range (%)	Countries with lowest value	Countries with highest value
Pre-pregnancy[a]					
Demand for family planning satisfied with modern methods (among married or in union women)	52	48	16–90	Democratic Republic of Congo	Democratic People's Republic of Korea
Among married adolescents ages 15–19	34	28	7–86	Nigeria	Indonesia
Among married adolescents ages 15–17	29	19	3–86	Nigeria	Indonesia
Among married adolescents ages 18–19	36	30	10–87	Nigeria	Indonesia
Pregnancy					
Antenatal care (at least four visits)	58	62	18–96	Afghanistan	Turkmenistan
Among adolescent women ages 15–19	45	56	19–96	Afghanistan	Turkmenistan
Among adolescent women ages 15–17	40	52	18–93	Afghanistan	Dominican Republic
Among adolescent women ages 18–19	45	58	19–96	Afghanistan	Turkmenistan
Intermittent preventive treatment for malaria for pregnant women	34	10	0–50	Eritrea, Haiti, India, Timor-Leste, Yemen	Zambia
Pregnant women living with HIV receiving antiretroviral therapy	71	66	1–95	Jamaica, Madagascar	Benin, Namibia, Nicaragua, South Africa, Uganda
Neonatal tetanus protection	75	85	60–99	Central African Republic	Guyana
Birth					
Skilled birth attendant	58	77	20–100	Chad	Turkmenistan, Uzbekistan
Among adolescent women ages 15–19	45	71	26–100	Nigeria	Turkmenistan
Among adolescent women ages 15–17	40	74	21–100	Nigeria	Rwanda
Among adolescent women ages 18–19	45	71	28–100	Nigeria	Turkmenistan
Institutional deliveries	60	73	22–100	Chad	Botswana
Public institutions	48	59	13–99	Bangladesh	Turkmenistan
Private institutions	48	8	0–46	Tajikistan	Indonesia
Caesarean sections	57	6	1–58	Chad, Niger	Dominican Republic
Urban	49	11	3–60	Gambia	Dominican Republic
Rural	49	5	1–53	Chad, Ethiopia, Niger	Dominican Republic
Postnatal					
Postnatal care for mothers	51	62	16–100	Chad	Turkmenistan
Among adolescent women ages 15–19	45	64	14–100	Chad	Turkmenistan
Among adolescent women ages 15–17	40	61	16–97	Chad	Guyana
Among adolescent women ages 18–19	45	65	14–100	Chad	Turkmenistan
Postnantal care for babies	48	36	4–100	Chad	Turkmenistan
Early initiation of breastfeeding[b]	56	52	17–93	Guinea	Timor-Leste
Infancy					
Exclusive breastfeeding (<6 months)[b]	59	47	0–87	Chad	Rwanda
Continued breastfeeding (year 1)[b]	58	86	31–98	Dominican Republic	Nepal
Diphtheria-tetanus-pertussis immunization (three doses)	81	87	19–99	Equatorial Guinea	Bolivia, Jamaica, Morocco, Solomon Islands, Uzbekistan
Haemophilus influenzae type b immunization (three doses)	81	86	19–99	Equatorial Guinea	Bolivia, Jamaica, Morocco, Solomon Islands, Uzbekistan
Measles immunization (first dose)	81	85	20–99	South Sudan	Bolivia, Comoros, Guyana, Democratic People's Republic of Korea, Morocco, Nicaragua, Paraguay, Solomon Islands, Turkmenistan, Uzbekistan
Pneumococcal conjugate immunization (three doses)[c]	81	78	0–99		Paraguay, Uzbekistan
Rotavirus immunization[d]	81	59	0–99		Bolivia, Morocco, Uzbekistan

(continues)

TABLE 4.1 (CONTINUED)

Median national coverage of interventions across the continuum of care, *Countdown* countries with available data since 2012

Indicator	Number of countries with data	Median coverage (%)	Range (%)	Countries with lowest value	Countries with highest value
Childhood					
Vitamin A supplementation (two doses)	66	72	2–99	Gabon	Afghanistan, Burkina Faso, Bangladesh, Cameroon, Congo, Democratic People's Republic of Korea, Mozambique, Niger
Minimum dietary diversity	48	26	8–85	Guinea	Turkmenistan
Children under age 5 sleeping under insecticide-treated nets[e]	33	47	3–96	Mauritania	Niger
Malaria diagnostics in children under age 5[e]	33	23	8–52	Guinea	Malawi
Careseeking for symptoms of pneumonia	55	56	23–94	Mali	Djibouti
Oral rehydration salts treatment for diarrhoea	54	43	15–94	Madagascar	Djibouti
Oral rehydration salts and zinc treatment for diarrhoea	43	6	0–60	Dominican Republic, Gambia, Tajikistan	Bolivia
Environment					
Population using basic drinking-water services	80	71	19–100	Eritrea	Democratic People's Republic of Korea
Population using basic sanitation services	81	44	7–100	Ethiopia	Uzbekistan
Population with hand washing facilities with soap and water at home	53	23	1–98	Ethiopia	Turkmenistan
Population sleeping under insecticide-treated net or sleeping in a house sprayed by indoor residual spraying[e]	34	49	4–76	Guyana	Guinea-Bissau

a. Refers to the prevention and planning of pregnancy and includes the time period prior to a first pregnancy and interpregnancy intervals as well as decisionmaking on whether to ever have a pregnancy.

b. Infant and young child feeding indicators serve as a proxy for programme coverage for which measures are not available.

c. Coverage is considered 0 in the 19 countries that have not rolled out pneumococcal conjugate immunization or reported data: Bhutan, Chad, Comoros, Gabon, Guinea, Equatorial Guinea, Haiti, Indonesia, India, Iraq, Jamaica, Democratic People's Republic of Korea, Kyrgyzstan, Somalia, South Sudan, Suriname, Tajikistan, Turkmenistan and Timor-Leste.

d. Coverage is considered 0 in the 34 countries that have not rolled out rotavirus immunization or reported data: Afghanistan, Algeria, Azerbaijan, Bangladesh, Benin, Bhutan, Cambodia, Central African Republic, Chad, Comoros, Democratic Republic of Congo, Côte d'Ivoire, Equatorial Guinea, Gabon, Guinea, Indonesia, Jamaica, Democratic People's Republic of Korea, Kyrgyzstan, Lao PDR, Lesotho, Myanmar, Nepal, Nigeria, Pakistan, Papua New Guinea, Philippines, Solomon Islands, Somalia, South Sudan, Suriname, Timor-Leste, Turkmenistan and Uganda.

e. Analysis is restricted to the 43 countries where at least 75% of the population is at risk of malaria and 50% or more of malaria cases are due to *plasmodium falciparum*. See annex G for the list of *Countdown* countries considered malaria endemic and further analysis of the malaria indicators that *Countdown* tracks.

Note: See annex B for the *Countdown* indicator selection process, annex C for indicator data sources and annex D for indicator definitions. Indicator labels are consistent with those used in United Nations Children's Fund (UNICEF) global databases.

Source: Immunization rates, World Health Organization (WHO) and; population using basic drinking water services and sanitation services, WHO and UNICEF Joint Monitoring Programme for Water Supply and Sanitation; antiretroviral treatment of pregnant women with HIV, UNICEF global database, July 2017, based on 2017 estimates from the Joint United Nations Programme on HIV/AIDS; all other indicators, UNICEF global database, July 2017, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other national surveys. Disaggregated data for the adolescent age groups (15–19, 15–17, 18–19) are from the International Center for Equity in Health, Federal University of Pelotas, Brazil.

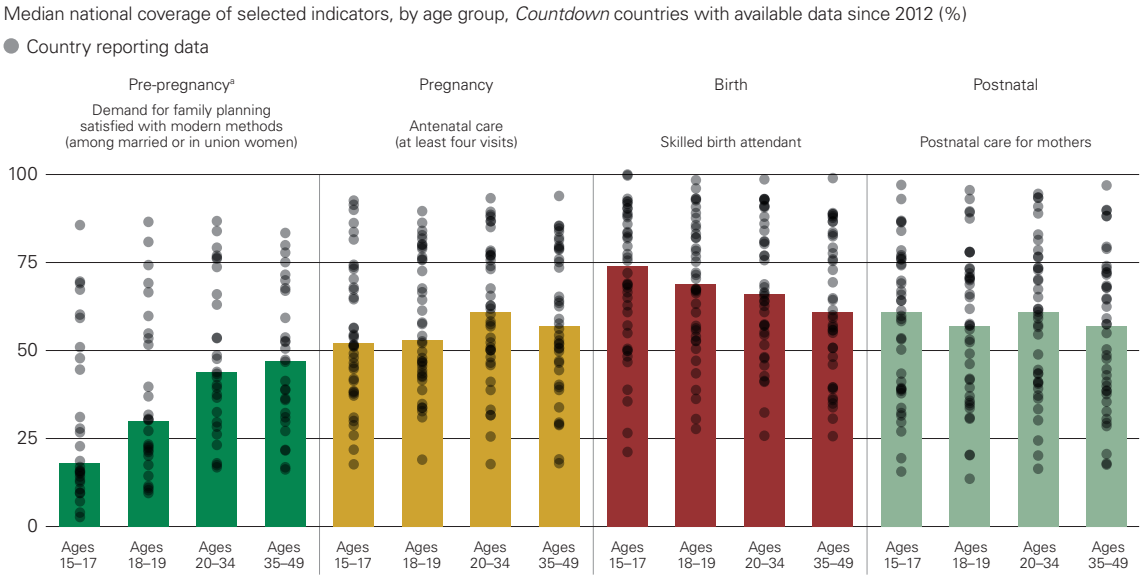
for immunizations) are Nepal, Afghanistan, Niger, Democratic Republic of Congo, Angola, Mali, Yemen, Guinea, Nigeria and Chad (table 4.2). The majority of these countries are in West and Central Africa. The 10 countries with the highest coverage levels across the continuum of care are Turkmenistan, Dominican Republic, Swaziland, Malawi, Namibia, Algeria, Kyrgyzstan, Lesotho, Indonesia and Zimbabwe. Even the top performers show low coverage for infant and young child feeding behaviours and for treatment of childhood illnesses. These findings suggest the need for greater investment in healthcare systems, particularly in West and Central Africa, and increased efforts to support breastfeeding and the prevention and treatment of diarrhoea, pneumonia and malaria. Although *Countdown* countries have seen marked reductions in child deaths due to these three diseases, further progress is needed—and is possible.

Trends in intervention coverage

Understanding country progress in achieving universal coverage requires looking at trends as well as current levels. Gains in coverage between 2005–11 and 2012–17 were achieved across almost all the interventions that *Countdown* tracks, though the increase varies by intervention (figure 4.3 and table 4.3). Coverage appears to have increased

FIGURE 4.2

Family planning coverage is markedly lower among adolescent girls in union than among all women of reproductive age, though coverage does not differ considerably for other key maternal health interventions



a. Refers to the prevention and planning of pregnancy and includes the time period prior to a first pregnancy and interpregnancy intervals as well as decisionmaking on whether to ever have a pregnancy.

Note: See annex B for the *Countdown* indicator selection process and other adolescent reproductive health indicators in family planning, HIV and HPV that are either tracked as complementary indicators to those on the country profiles and available on the *Countdown* website or identified as in need of measurement work.

Source: Re-analysis by the coverage technical working group of Demographic and Health Survey, Multiple Indicator Cluster Survey and Reproductive Health Survey datasets compiled by the International Center for Equity in Health, Federal University of Pelotas, Brazil.

more sharply for interventions that received greater political priority in the past decade. Although some *Countdown* countries have not introduced new vaccines such as pneumococcal conjugate vaccine and rotavirus, many others have rapidly scaled them up, building on well-established immunization programmes. Median coverage in countries with available data increased sharply, from zero to 78% for pneumococcal conjugate vaccine and to 59% for rotavirus.

Substantial strides were also made for malaria vector control programmes that rely on distribution of insecticide-treated nets. Median insecticide-treated net use among children under age 5 increased 35 percentage points, though coverage remains around 50%. Benin, Burkina Faso, Congo, Mali, Niger, Rwanda and Uganda saw coverage increase more than 50 percentage points. The dramatic 65 percentage point increase in pregnant women with HIV receiving antiretroviral therapy is due largely to the 2012 World Health Organization recommendation to treat all pregnant women with HIV with antiretroviral therapy and reflects rapid scale-up of the intervention.[2]

Although the median coverage for postnatal care visits for babies still lags behind postnatal care for mothers (see table 4.1), coverage increased an average of 37 percentage points over the two time periods in countries with available data. This increase is likely attributable to greater visibility of newborn health on the global landscape and country agendas in recent years, as well as improvements in measurement.[3]

Indicators that showed little change are largely those with low coverage (see figure 4.1): demand for family planning satisfied with modern methods, four or more antenatal care visits, infant and young child feeding behaviours (early initiation of breastfeeding, exclusive breastfeeding for the first six months and continued breastfeeding [year one]), and treatment of childhood illnesses.

Table 4.3 shows the percentage point change in the median coverage from the first to the second time period for each intervention and the proportion of the gap between the first measurement and 100% coverage that was closed by the time of the second measurement. Analysis of the proportion

BOX 4.1

The composite coverage index: a summary measure to identify who is being left behind

Countdown relies primarily on survey data to track numerous coverage indicators. Analysing inequalities across subgroups (such as wealth quintiles or ethnic groups) requires splitting survey samples into smaller groups, but doing so can result in small sample sizes that affect the subsequent analyses. For example, the denominator for careseeking indicators related to childhood illnesses is the number of children with a recent illness episode, which is usually small. Breaking down that number by wealth quintile or ethnicity yields an even smaller number, and the resulting estimates will lack precision because of random sampling error. In addition, the magnitude of inequality varies for each coverage indicator; some are more unequal than others.

An alternative is to calculate an index based on the average of several coverage indicators. This index will tend to be more stable, show less random variability and provide a more precise picture of overall inequality in intervention coverage. A single combined indicator also summarizes coverage of several interventions along the continuum of care, thus providing a proxy for universal coverage in reproductive, maternal, newborn, and child health and giving a better picture of inequities in coverage across population groups. Since 2008, *Countdown* has used the composite coverage index (CCI), a weighted average of the coverage of eight interventions along four stages of the continuum of care: reproductive health (demand for family planning satisfied with modern methods [FPSm]), maternal health (at least four antenatal care visits [ANC4] and skilled birth attendant [SBA]), immunization (Bacillus Calmette–Guérin [BCG], three doses of diphtheria-tetanus-pertussis [DTP3] and measles [MSL]) and management of child illness (oral rehydration salts for diarrhoea [ORS] and careseeking for children with symptoms of pneumonia [CPNM]). The index is calculated only for countries with data for all eight indicators. Each stage receives the same weight, and within each stage the indicators are equally weighted (except for the diphtheria-tetanus-pertussis vaccine, which receives a weight of two because it requires more than one dose):

$$CCI = \frac{1}{4}\left(FPSm + \frac{ANC4 + SBA}{2} + \frac{BCG + 2DTP3 + MSL}{4} + \frac{ORS + CPNM}{2}\right)$$

The composite coverage index has been extensively tested and compared with other summary indicators and has proven to be a highly valuable tool for assessing levels and trends in coverage inequalities. To keep the composite coverage index consistent with changes in the *Countdown* coverage indicators, three changes have been made (and are reflected in the formula above): family planning needs satisfied has been replaced with family planning needs satisfied with modern methods; at least one antenatal care visit with a skilled provider has been replaced with four or more antenatal care visits; and oral rehydration therapy for children with diarrhoea has been replaced with treatment of diarrhoea with oral rehydration salts. Analyses of *Countdown* countries show that the correlation between the original and revised versions of the index are very high (Pearson $r = 0.96$), though coverage values for the revised version were on average 6.6 percentage points lower than for the original version (range of –14.5 to 1.3). The difference is because the three new indicators in the revised version tend to show lower coverage levels than the ones they replaced.

Source: Wehrmeister and others 2016.

of the gap closed provides insight on trends for indicators with initially high coverage (such as immunizations). Looking only at the percentage point change would mask any relative progress achieved by the second measurement for these indicators. For example, neonatal tetanus protection, which showed an 8 percentage point increase, closed 35% of the gap in universal coverage.

Millions of women and children have been reached with lifesaving interventions—but millions have not been reached

Current coverage levels alone do not shed light on the absolute number of women and children reached—or not reached—with health services. Countries need such data for planning purposes.

Some 62 million women were attended by a skilled health provider during childbirth, 68 million infants received three doses of diphtheria-pertussis-tetanus vaccine, 23 million children with diarrhoea received oral rehydration salts and 17 million children with symptoms of pneumonia received formal care (figure 4.4). Some 248 million women in union satisfied their demand for family planning with modern methods, but 140 million could not (data not shown). And for postnatal care for babies, early initiation of breastfeeding and oral rehydration salts treatment for diarrhoea, the number of people not reached exceeds the number

TABLE 4.2

Composite coverage index value and coverage of indicators along the continuum of care, *Countdown* countries with available data since 2012, ranked by composite coverage index value (%)

Below 50% | 50–79% | 80% or higher | No data

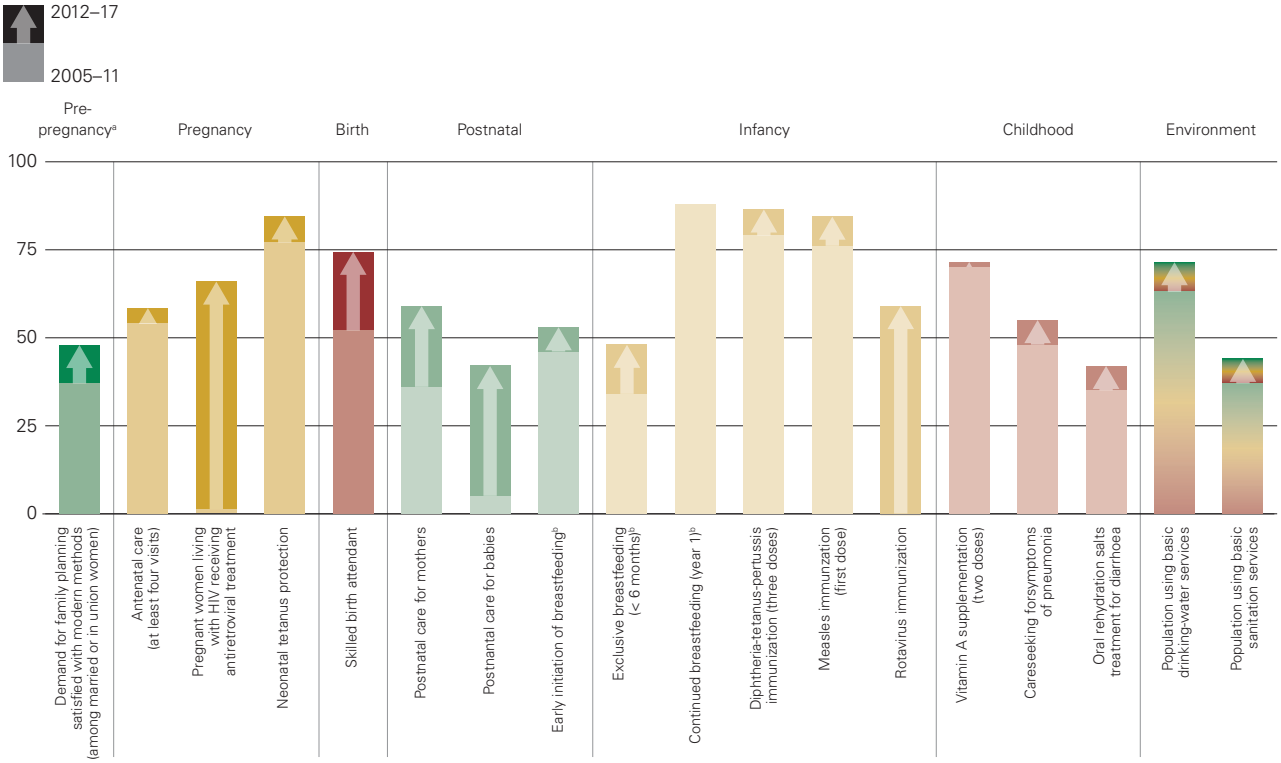
Country	Composite coverage index	Year	Source of composite coverage index data	Demand for family planning satisfied with modern methods (among married or in union women)	Antenatal care (at least four visits)	Pregnant women living with HIV receiving antiretroviral treatment	Neonatal tetanus protection	Skilled birth attendant	Postnatal care for mothers	Postnatal care for babies	Early initiation of breastfeeding	Exclusive breastfeeding (<6 months)	Continued breastfeeding (year 1)	Diphtheria-tetanus-pertussis immunization (three doses)	Measles immunization (first dose)	Rotavirus immunization	Vitamin A supplementation (two doses)	Careseeking for symptoms of pneumonia	Oral rehydration salts treatment for diarrhoea	Population using basic drinking-water services	Population using basic sanitation services
Turkmenistan	81	2015	MICS	76	96			100	100	100	73	59	64	98	99	0		59	47	94	97
Dominican Republic	79	2014	MICS	84	93	83	90	98	94	95	38	5	31	87	85	75		73	48	94	83
Swaziland	79	2014	MICS	81	76	95	90	88	88	90	48	64	48	90	89	95	43	60	84	68	58
Malawi	77	2015	DHS	75	51	84	89	90	42	60	76	61	92	84	81	81	16	78	65	67	44
Namibia	77	2013	DHS	75	62	95	88	88	69	20	71	48	64	92	85	86	62	68	72	79	34
Algeria	77	2012	MICS	77	67	49	92	97			36	26	47	91	94	0		66	25	93	87
Kyrgyzstan	76	2014	MICS	62	95			99	98	98	82	41	61	96	97	0		60	33	87	97
Lesotho	75	2014	DHS	76	74	66	85	78	62	18	65	67	71	93	90	0	67	63	53	72	44
Indonesia	75	2012	DHS	79	84	10	85	87	80	48	49	42	77	79	76	0	82	75	39	90	68
Zimbabwe	73	2015	DHS	85	76	93	80	78	57	73	58	48	91	90	95	91	45	51	40	67	39
Guyana	72	2014	MICS	52	87	66	99	86	93	95	49	23	56	97	99	96		84	42	95	86
Kenya	70	2014	DHS	76	58	80	85	62	53	36	62	61	90	89	75	74	37	66	54	58	30
Zambia	70	2013	DHS	64	56	83	85	63	63	16	66	72	92	91	93	90	93	70	64	61	31
Guatemala	69	2014	DHS	66	86	19	90	66	78	8	63	53	85	80	86	82	15	52	49	94	67
Cambodia	69	2014	DHS	56	76	75	93	89	90	79	63	65	80	90	81	0	63	69	35	75	49
Philippines	69	2013	DHS	52	84	12	90	73	72	53	50		58	86	80	0	72	64	49	91	75
Tajikistan	69	2012	DHS	51	52	84		90	80	54	50	34	77	96	97	96	97	63	60	74	95
Myanmar	68	2015	DHS	75	59	50	87	60	71	36	67	51	88	90	91	0	88	58	62	68	65
Rwanda	68	2014	DHS	66	44	82	90	91	43	19	80	87	96	98	95	98	96	54	28	57	62
Sierra Leone	67	2013	DHS	38	76	87	90	60	73	39	54	32	86	84	83	95	97	72	85	58	15
Ghana	66	2014	DHS	41	87	56	88	71	81	23	56	52	95	93	89	94	28	56	49	78	14
Bangladesh	65	2014	DHS	72	31	17	97	42	36	32	51	55	96	97	94	0	99	42	77	97	47
Tanzania	63	2015	DHS	53	51	84	90	64	34	42	51	59	92	97	90	96	87	55	45	50	24
Gambia	62	2013	DHS	24	78	54	92	57	76	6	52	47	98	95	97	95	27	68	59	80	42
Panama	61	2013	MICS	76	88			94	92	93	47	22	52	73	90	92		82	52	95	77
Liberia	60	2013	DHS	37	78	24	89	61	71	35	61	55	88	79	80	48	61	51	60	70	17
Gabon	58	2012	DHS	34	78	76	90	89	60	25	32	6	45	75	64	0	2	68	26	88	41
Sudan	57	2014	MICS	30	51	4	77	78	27	28	69	55	89	93	86	90	72	48	20	59	35
Pakistan	56	2012	DHS	47	37	4	80	55	60	43	18	38	81	72	61	0	98	64	38	89	58
Senegal	55	2015	DHS	44	47	55	91	53	74	50	30	33	97	93	93	93	29	48	32	75	48
Guinea-Bissau	55	2014	MICS	38	65	85	80	45	48	55	34	52	95	87	81	61	87	34	67	69	21
Cameroon	54	2014	MICS	40	59	74	85	65	65	68	31	28	70	85	78	80	99	28	16	65	39
Haiti	53	2012	DHS	45	67	71	88	49	32	19	47	40	82	58	53	48	21	38	53	64	31
Togo	52	2013	DHS	32	57	86	83	45	71	35	61	58	94	89	87	90	6	48	19	63	14
Comoros	52	2012	DHS	28	49		85	82	49	14	34	12	70	91	99	0	12	38	38	84	34
Nepal	50	2014	MICS		69	64	82	56	57	58	55	66	98	87	83	0	79	85	37	88	46
Afghanistan	49	2015	DHS	42	18	5	65	50	40	9	41	43	78	65	62	0	99	62	46	63	39
Niger	49	2012	DHS	35	38	19	85	40	37	13	53	23	93	67	74	61	99	59	41	46	13
Congo (Kinshasa)	47	2013	DHS	16	48	70	85	80	44	8	52	48	92	79	77	0	94	42	39	39	20
Angola	46	2015	DHS	24	61	44	78	50				38	85	64	49	53	14	49	43	41	39
Mali	45	2012	DHS	48	38	35	85	44	58	63	53	33	92	68	75	60	88	23	21	74	31
Yemen	44	2013	DHS	47	25	8	70	45	20	11	53	10	71	71	70	59	8	34	25	70	60
Guinea	41	2012	DHS	16	57	43	80	45	37	25	17	20	93	57	54	0	69	37	34	67	22
Nigeria	38	2013	DHS	32	51	20	63	35	40	14	33	17	84	49	51	0	76	34	34	67	33
Chad	29	2014	DHS	18	31	63	80	20	16	4	23	0	88	46	58	0	85	26	20	43	10

Source: Composite coverage index, calculated for each country using the most recent Demographic Health Survey or Multiple Indicator Cluster Survey. Immunization rates, World Health Organization (WHO) and United Nations Children's Fund (UNICEF); population using basic drinking water services and sanitation services, WHO and UNICEF Joint Monitoring Programme for Water Supply and Sanitation; antiretroviral treatment of pregnant women with HIV, UNICEF global database, July 2017, based on 2017 estimates from the Joint United Nations Programme on HIV/AIDS; all other indicators, UNICEF global database, July 2017, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other national surveys.

FIGURE 4.3

Gains in coverage between 2005–11 and 2012–17 were achieved across almost all the interventions that *Countdown* tracks, though the increase varies by intervention

Median national coverage of interventions across the continuum of care, *Countdown* countries with available data for 2005–11 and 2012–17 (%)



a. Refers to the prevention and planning of pregnancy and includes the time period prior to a first pregnancy and interpregnancy intervals as well as decisionmaking on whether to ever have a pregnancy.

b. Infant and young child feeding indicators serve as a proxy for programme coverage for which measures are not available.

Note: See annex C for indicator data sources and annex D for indicator definitions.

Source: Immunization rates, World Health Organization (WHO) and United Nations Children's Fund (UNICEF); population using basic drinking water services and sanitation services, WHO and UNICEF Joint Monitoring Programme for Water Supply and Sanitation; antiretroviral treatment of pregnant women with HIV, UNICEF global database, July 2017, based on 2017 estimates from the Joint United Nations Programme on HIV/AIDS; all other indicators, UNICEF global database, July 2017, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other national surveys.

reached. The millions of unreached women and children are a poignant reminder of the steep climb towards universal coverage and the imperative need to work together.

Community healthcare is an underused service delivery channel with the potential to increase coverage of key interventions among the hardest to reach in many *Countdown* countries (box 4.2).

Data availability

Increased availability of comparable coverage data over the past decades, especially in low-income countries, has greatly strengthened the evidence base for reproductive, maternal, newborn, child and adolescent health and nutrition. Survey data increased considerably for seven key coverage indicators between 2005–11 and 2012–17 (map 4.1). This trend must be continued in order to equip governments and their partners with the information needed to monitor existing programmes and to introduce new ones.

Quality of care and effective coverage of interventions for women's, children's and adolescents' health

This section first discusses measurement issues around the dimensions of the quality of care and effective coverage before describing data sources and analytical methods for capturing information on the quality of care. It then illustrates why quality-adjusted measures of coverage are more useful for planning and monitoring purposes than crude coverage measures are, using antenatal care as an example. It concludes with some next steps for improving quality of care and how it is monitored.

TABLE 4.3

Changes in median national coverage of interventions along the continuum of care and proportion of the gap in coverage closed, *Countdown* countries with available data for 2005–11 and 2012–17

Indicator	Number of countries with data	Median coverage[a] (%)		Change (percentage points)	Proportion of gap closed (%)
		2005–11	2012–17		
Pre-pregnancy[b]					
Demand for family planning satisfied with modern methods (among married or in union women)	41	37	48	11	17
Pregnancy					
Antenatal care (at least four visits)	47	54	59	5	11
Among adolescent women ages 15–19	20	46	54	8	15
Intermittent preventive treatment for malaria for pregnant women	29	3	11	8	8
Pregnant women living with HIV receiving antiretroviral therapy[c]	71	1	66	65	66
Neonatal tetanus protection	75	77	85	8	35
Birth					
Skilled birth attendant	56	52	75	23	48
Among adolescent women ages 15–19	20	52	69	17	35
Institutional deliveries	58	52	72	20	42
Public institutions	41	40	57	17	na
Private institutions	41	5	10	5	na
Caesarean sections	46	5	6	1	na
Urban	41	8	11	3	na
Rural	41	3	4	1	1
Postnatal					
Postnatal care for mothers	34	36	59	23	36
Among adolescent women ages 15–19	16	41	61	20	34
Postnantal care for babies	27	5	42	37	39
Early initiation of breastfeeding[d]	51	46	53	7	13
Infancy					
Exclusive breastfeeding (<6 months)[d]	51	34	48	14	21
Continued breastfeeding (year 1)[d]	51	88	88	0	0
Diphtheria-tetanus-pertussis immunization (three doses)[c]	81	79	87	8	38
Haemophilus influenzae type b immunization (three doses)[c]	81	0	86	86	86
Measles immunization (first dose)[c]	81	76	85	9	38
Pneumococcal conjugate immunization (three doses)[c]	81	0	78	78	78
Rotavirus immunization[c]	81	0	59	59	59
Childhood					
Vitamin A supplementation (two doses)	66	70	72	2	7
Children under age 5 sleeping under insecticide-treated nets[e]	30	16	51	35	42
Malaria diagnostics in children under age 5[e]	26	16	28	12	14
Careseeking for symptoms of pneumonia	47	48	55	7	13
Oral rehydration salts treatment for diarrhoea	49	35	42	7	11
Oral rehydration salts and zinc treatment for diarrhoea	26	0	7	7	7
Environment					
Population using basic drinking-water services[c]	79	63	72	9	24
Population using basic sanitation services[c]	80	37	44	7	11
Population sleeping under insecticide-treated net or sleeping in a house sprayed by indoor residual spraying[c,e]	24	12	50	38	43

na is not applicable.

a. Values are the median for all countries with data, and data for each country are for the earliest year available during 2005–11 and for the most recent year available during 2012–17.

b. Refers to the prevention and planning of pregnancy and includes the time period prior to a first pregnancy and interpregnancy intervals as well as decisionmaking on whether to ever have a pregnancy.

c. Coverage data are for 2005 and 2016.

d. Infant and young child feeding indicators serve as a proxy for programme coverage for which measures are not available.

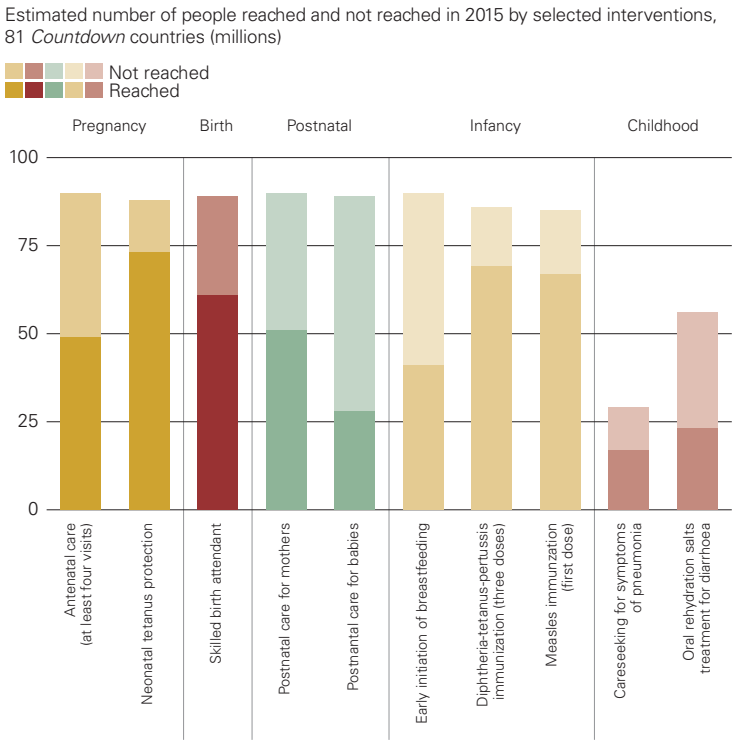
e. Analysis is restricted to the 43 countries where at least 75% of the population is at risk of malaria and 50% or more of malaria cases are due to *plasmodium falciparum*. See annex G for the list of *Countdown* countries considered malaria endemic and further analysis of the malaria indicators that *Countdown* tracks.

Note: Includes only interventions with trend data available for 10 or more countries. See annex C for indicator data sources and annex D for indicator definitions.

Source: Immunization rates, World Health Organization (WHO) and United Nations Children's Fund (UNICEF); population using basic drinking water services and sanitation services, WHO and UNICEF Joint Monitoring Programme for Water Supply and Sanitation; antiretroviral treatment of pregnant women with HIV, UNICEF global database, July 2017, based on 2017 estimates from the Joint United Nations Programme on HIV/AIDS; all other indicators, UNICEF global database, July 2017, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other national surveys. Disaggregated data for the adolescent age group (15–19) are from the International Center for Equity in Health, Federal University of Pelotas, Brazil.

FIGURE 4.4

For three interventions the estimated number of people not reached exceeds the number reached



Note: Data are not shown for demand for family planning satisfied because of the large scale difference in the numbers reached and not reached in comparison to the other interventions.

Source: Data on coverage are from the United Nations Children's Fund global database, July 2017, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other national surveys. The number of individuals reached by an intervention was calculated by multiplying the total population of a country in 2015 (from United Nations Population Division 2017b) by the most recent estimate of coverage of the intervention since 2012 and then summing the values across countries. For countries without a coverage estimate since 2012, the median coverage across countries with available data was used. To estimate the target population for married women with demand for family planning satisfied with modern methods, the total population of women ages 15–49 was multiplied by the proportion of women ages 15–49 currently married (from United Nations Population Division 2016) and the proportion of married women with demand for family planning (from household survey estimates compiled by United Nations Population Division 2017a). To estimate the target population for careseeking for symptoms of pneumonia and oral rehydration salts treatment for diarrhoea, the two-week illness prevalence (from the most recent Demographic and Health Survey and Multiple Indicator Cluster Survey in each country or the median across countries with available data for countries without a survey) was multiplied by the total population of children under age 5.

Measuring the key domains of quality of care and capturing effective coverage

Coverage of key interventions across the continuum of care has increased in many *Countdown* countries in the past decade (see table 4.3 and figure 4.3). But increases in coverage of health services will not translate into better population health outcomes unless the services provided are of adequate quality.[4] Therefore, monitoring progress towards better health and nutrition for women, children and adolescent girls also requires measures that capture the quality of services.

Quality of care is a multidimensional construct,[5] and measurement of it is often complex.[6] It is typically organized into four domains: inputs, the physical and organizational structures of healthcare settings; process, the delivery of services to clients; outcomes and impact, the benefit of services to patients or populations.[7] Measures of inputs, process, outcomes and impact are complementary and provide distinct insights into quality of care. Adequate inputs are a necessary foundation but do not guarantee that evidence-based services are delivered according to standards. Process measures provide insight into the content of services that healthcare workers provide, including outputs such as timely delivery of a required intervention, but can be onerous to collect. Outcome measures take into account patient adherence to and efficacy of treatment. Impact measures such as mortality and morbidity are the ultimate test of whether services had the intended health effect but are also affected by factors outside the health system, such as patient characteristics.[8] Effective coverage can refer to

BOX 4.2

Community healthcare programmes as a key delivery channel to hard-to-reach populations

Community healthcare programmes have been shown to increase access to essential health services and improve health outcomes among hard-to-reach populations.[1] A systematic review of randomized controlled trials found that community-based care provided through home visits during the prenatal and postnatal periods reduces neonatal mortality and stillbirth rates and greatly increases coverage of other essential newborn care practices (such as early initiation of breastfeeding, delayed bathing, clean umbilical cord care and neonatal tetanus immunization).[2] Other reviews provide evidence that integrated community case management reduces child mortality due to pneumonia by increasing careseeking and increases the uptake of oral rehydration salts and zinc for management of childhood diarrhoea episodes.[3]

Global recommendations from the World Health Organization and the United Nations Children's Fund have prompted many governments to introduce community healthcare programmes. A recent review of the Integrated Management of Newborn and Child Illnesses, including integrated community case management, found that implementation has been uneven within and across countries, with many countries reporting greater success introducing facility-based components than community-level ones.[4]

Ethiopia and Rwanda have taken bold steps in rolling out nationwide community-based programmes with deployment of community health workers in all remote areas. Both countries recorded dramatic improvements in child survival during the past decade. But despite the strong rollout of community-based programmes, the share of careseeking is considerably larger at facilities than at the community level, especially in Ethiopia, raising questions about both demand- and supply-side factors (see figure).

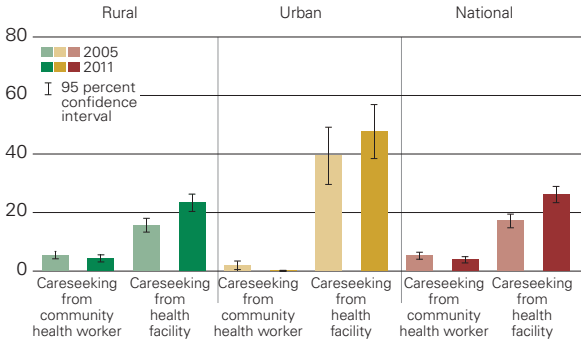
Improved documentation and assessment of community health worker programmes are needed to identify what works best at increasing use of community health worker services to prevent and treat childhood illnesses as well as other illnesses and conditions. Lessons learned can then be applied to existing programmes and to community healthcare approaches for implementation in other settings.

Notes

1. Lassi, Kumar and Bhutta 2016. 2. Gogi and Sachdev 2010. 3. Das and others 2013. 4. WHO 2016b.

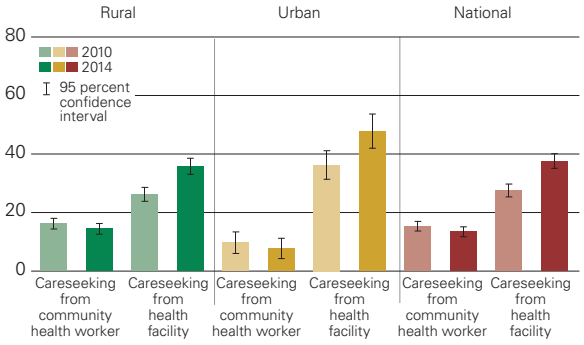
Ethiopia

Trend in coverage of careseeking for diarrhoea, fever or symptoms of pneumonia, by type of provider and place of residence (%)



Rwanda

Trend in coverage of careseeking for diarrhoea, fever or symptoms of pneumonia, by type of provider and place of residence (%)



Source: Ethiopia, Demographic and Health Surveys in 2005 and 2011; Rwanda, Demographic and Health Surveys in 2010 and 2014.

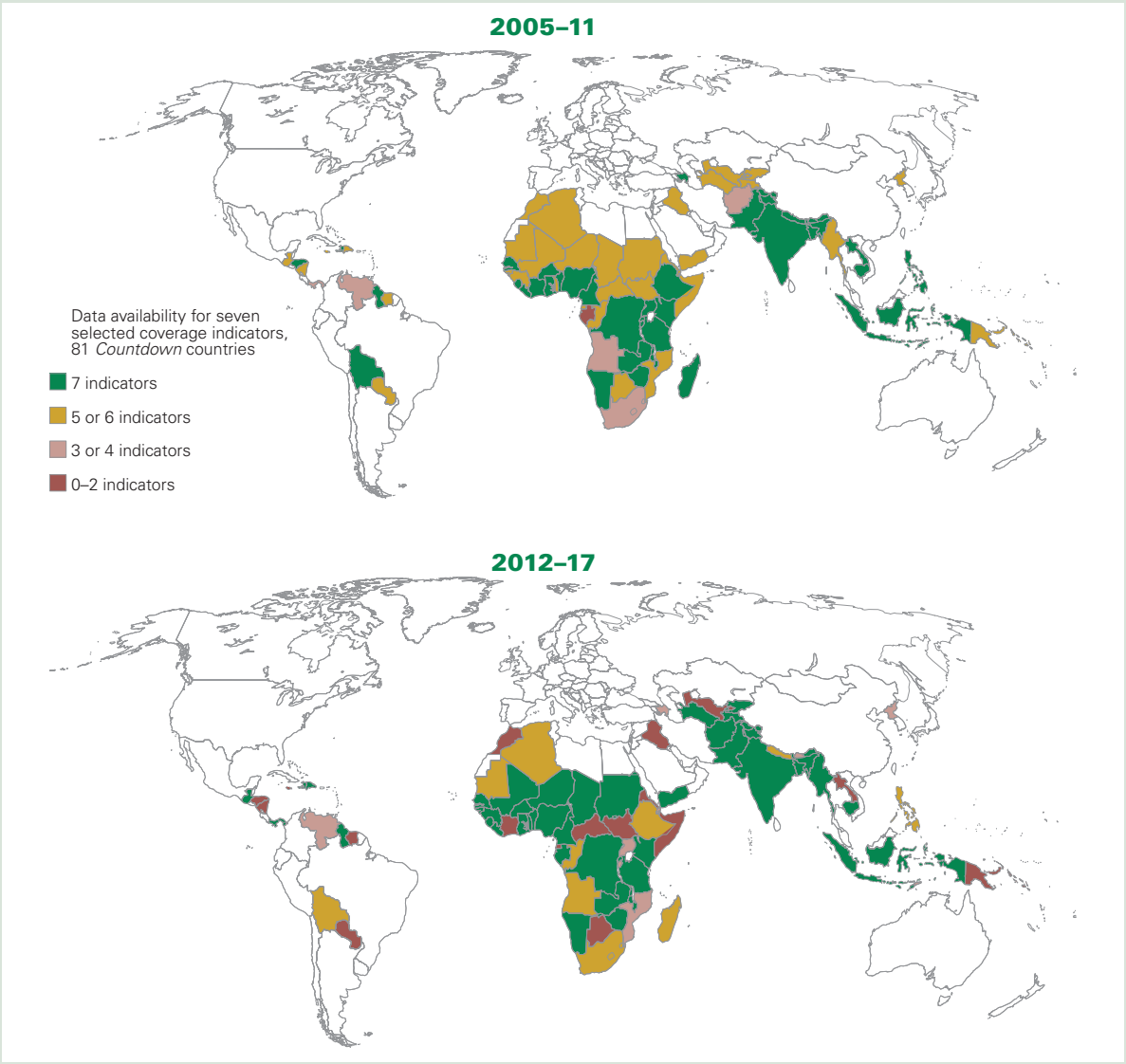
any of these domains but often refers to indicators that capture the intended health gains from services used by the population in need (outcomes and impact). Effective coverage measures are key to determining whether care delivered can improve health, to assessing whether care meets patient expectations and to promoting national accountability for health system functionality.

Although capturing information about patient satisfaction is essential for assessing the quality of care, *Countdown* currently focuses on improving measures of coverage from the service provision perspective.

Figure 4.5 summarizes a multistep hypothetical cascade of the potential losses of health benefits

MAP 4.1

Survey data increased considerably for seven key coverage indicators between 2005–11 and 2012–17



Note: The seven key coverage indicators are demand for family planning satisfied with modern methods (among married women), skilled birth attendant, postnatal care for babies, exclusive breastfeeding (<6 months), diphtheria-tetanus-pertussis immunization (three doses), oral rehydration salts treatment for diarrhoea and population using basic drinking-water services

Source: United Nations Children's Fund global database, July 2017, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other national surveys.

of interventions, which reflect quality of care issues as well as other demand- and supply-side problems. The potential losses include:

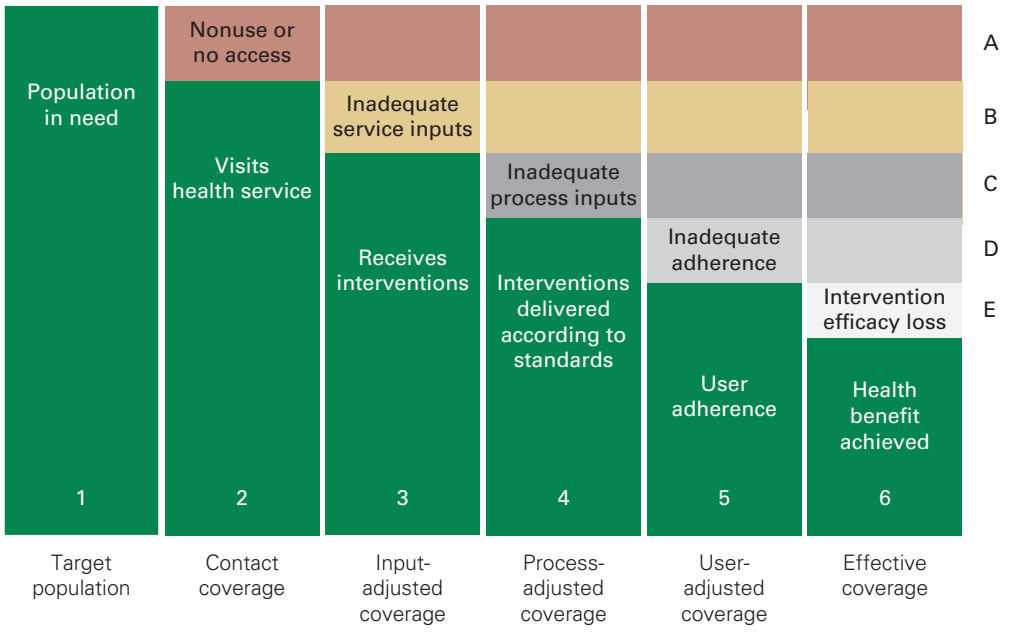
- *Nonuse or no access.* This is due mostly to lack of access to services because of physical constraints or challenges (too far or not open), to financial or other obstacles and to perceptions of poor quality of available services.

- *Inadequate service inputs.* Loss of coverage can be due to missed opportunities once a person visits a health facility or service provider (for example, the chance to vaccinate or provide other recommended services is missed because the right medicines, vaccines or equipment are not in stock).

- *Inadequate process inputs.* This occurs when the provider does not make a correct diagnosis, when the provider does not fully adhere to required standards, which could be general (for example, infection control practices or lack of respectful and timely care) or specific (for example, blood pressure not taken during antenatal care visit or baby not weighed at

FIGURE 4.5

Hypothetical cascade of the potential losses of health benefits of interventions based on aspects of health service delivery and user adherence



Source: Designed by *Countdown to 2030*.

birth despite availability of scale); or when the provider administers a harmful practice (for example, wrong treatment prescribed or unnecessary services provided).

- *Inadequate adherence.* Several interventions require patient adherence at home (for example, antiretroviral therapy, antibiotic therapy, family planning methods) to maximize the effectiveness of treatment.

- *Intervention efficacy loss.* Some treatments have variable levels of efficacy, which can change over time (for example, vaccines, family planning methods, antibiotics and uterotonics). This means that even if all service provision standards are followed, health gains will be less than 100%.

Data sources and analytical methods for measuring quality of care

Multiple, albeit imperfect, data sources can capture the cascade of potential losses of health benefits from interventions and shed light on effective coverage for selected conditions. Two types of surveys, as well as routine health facility data, can provide a basis for effective coverage calculations. Household surveys such as Demographic and Health Surveys and Multiple Indicator Cluster Surveys provide information on intervention coverage and some individual recall of the content of care received. Facility surveys such as the Service Provision Assessment and the Service Availability and Readiness Assessment capture information on health facility readiness to deliver recommended services (such as availability of diagnostics, medicines and trained and adequate numbers of staff). Some Service Provision Assessment data include direct observations of clinical visits, enabling measurement of process indicators. Geographic information in household and facility surveys enables data collected during the same timeframe to be linked, which helps yield an estimate of the likelihood that an individual received the needed services.

However, household and facility surveys have several limitations. First, the scope and validity of clinical content that can be captured through household surveys are limited,[9] and the populations captured in facility surveys are generally not representative of the population as a whole.[10] These limitations—and the challenges in aligning the two types of surveys in terms of geography and timeframe—indicate that further research is needed on how best to link available data sources, including routine data sources, to improve and increase data on effective coverage.

Evidence across *Countdown* countries suggests that the quality of care received once patients reach health services is insufficient to yield expected health gains. For example, essential interventions to be delivered during antenatal care are often provided inconsistently,[11] basic resources needed for safe and effective delivery care are often absent[12] and misdiagnosis and incorrect treatment of childhood illnesses are common.[13]

Quality gaps in antenatal care services

This subsection presents three examples of quality-adjusted coverage of antenatal care services—one with measures adjusted on the basis of available service inputs (specifically, health system readiness factors) and two with process-adjusted measures—and discusses how they compare with nonadjusted or "crude" measures.

Input-adjusted coverage

Facility surveys provide information on the availability of inputs needed for the delivery of high-quality services. Based on 20 facility surveys (Service Provision Assessments and the Service Availability and Readiness Assessments), median coverage of health facility readiness[14] in 13 *Countdown* countries in Sub-Saharan Africa was 83% for neonatal tetanus immunization, 84% for intermittent preventive treatment of malaria in pregnancy, 42% for syphilis screening, 23% for hypertension management and 85% for iron supplementation (figure 4.6).

Geographic linking of household surveys with facility assessments enables input-adjusted effective coverage measures to be produced. In 13 *Countdown* countries in Sub-Saharan Africa, household and facility surveys suggest that 93% of women had at least one antenatal care visit but that only 50% had four or more visits (figure 4.7). The median likelihood of women receiving critical interventions such as tetanus vaccination, intermittent preventive treatment of malaria in pregnancy, syphilis screening and treatment, hypertension management and iron supplementation during the visits was even lower—below 20%.

Process-adjusted coverage

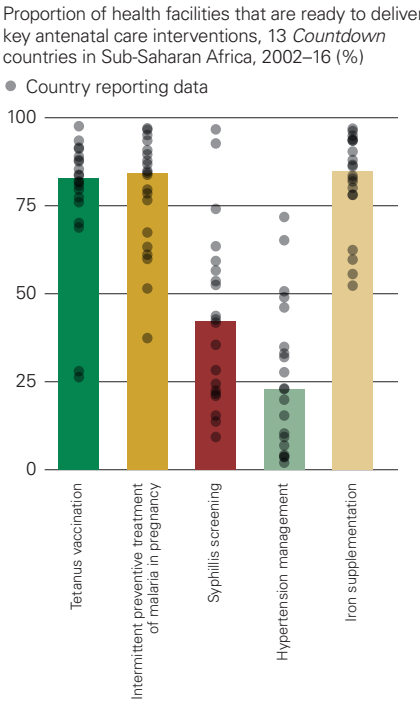
Process-adjusted coverage measures enable the identification of subnational regions that are experiencing major deficiencies in service delivery. Map 4.2 presents two maps of Nepal. The first shows subnational variations in coverage of at least four antenatal care visits (n = 2,059) based on the 2014 Multiple Indicator Cluster Survey. The second map presents data based on direct observations of clinical care (n = 1,509) on the average receipt of specific antenatal care interventions per World Health Organization guidelines from the 2015 Service Provision Assessment.

Comparing the two maps shows that there are wide variations across subnational regions in crude coverage of at least four antenatal care visits, and this pattern persists for specific interventions that are recommended for delivery during antenatal care. The second map also shows that coverage of the specific interventions is markedly lower than the crude coverage of at least four antenatal care visits in all subnational regions.

This comparison demonstrates that looking only at coverage of at least four antenatal care visits gives a distorted and overly optimistic view of coverage of the interventions recommended for delivery to pregnant women, and it illustrates the added

FIGURE 4.6

Facility surveys provide information on the availability of inputs needed for the delivery of high-quality services



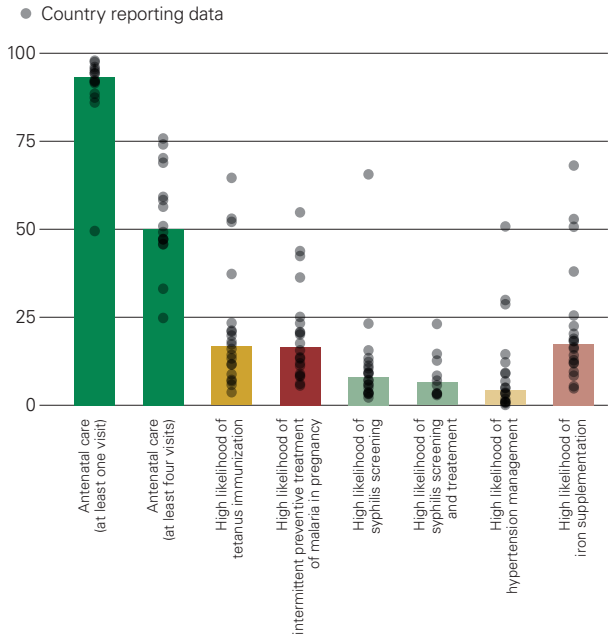
Note: Readiness is defined as having the equipment, diagnostics, medicines and commodities to deliver the intervention. Results are based on data from 20 Service Provision Assessments and Service Availability and Readiness Assessments.

Source: Kanyangarara, Munos and Walker 2017.

FIGURE 4.7

In 13 *Countdown* countries in Sub-Saharan Africa the median likelihood of women receiving critical interventions during antenatal visits was below 20%

Median coverage of at least one and at least four antenatal care visits and of likelihood of receiving selected antenatal care interventions, 13 *Countdown* countries in Sub-Saharan Africa (%)

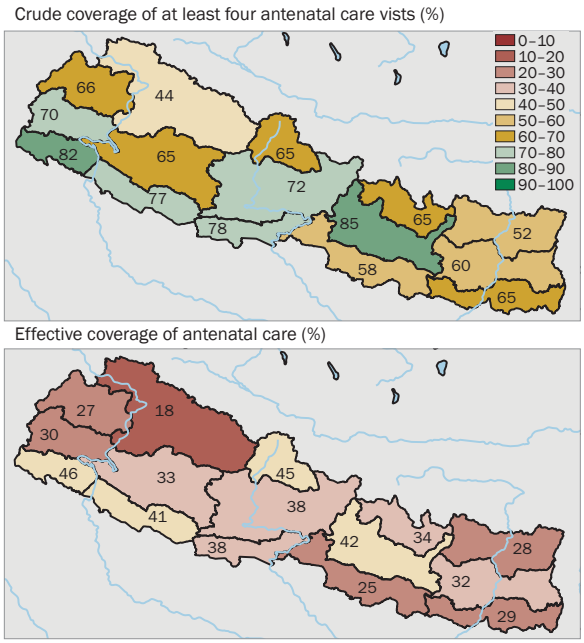


Note: Results are based on data from 20 Service Provision Assessments and Service Availability and Readiness Assessments as well as data from household surveys.

Source: Kanyangarara, Munos and Walker 2017.

MAP 4.2

In Nepal there are wide variations across subnational regions in crude coverage of at least four antenatal care visits, and this pattern persists for specific interventions that are recommended for delivery during antenatal care



Source: Nepal Multiple Indicator Cluster Survey, 2014 and 2015 Service Provision Assessment.

value of process-adjusted coverage measures for programme monitoring purposes.

Process-adjusted coverage measures can also be calculated based on answers to household survey questions on the contents of antenatal care. The drop in antenatal care attendance between the first and fourth visit has been documented in many surveys in almost all *Countdown* countries. In 41 countries average coverage of at least one antenatal care visit was 90%, but less than half of pregnant women in those countries reported receiving recommended services such as counselling on pregnancy danger signs (49%), HIV counselling and testing (35%), iron–folic acid supplementation (15%) or intermittent preventive treatment of malaria in pregnancy (11%) in malaria-endemic countries.[15] Compared with the high coverage of at least one antenatal care visit, the average gap of process-adjusted coverage across these seven recommended antenatal care interventions is 44 percentage points, with considerable variation across countries and interventions.

Next steps for quality of care

Much more work is needed to improve the quality of care and increase effective coverage of essential interventions across the continuum of care. The examples above on antenatal care make clear that assessing progress by looking only at coverage of service contacts is insufficient and masks important gaps in the quality of care that must be addressed. Major gaps in the quality of care have been identified with many other interventions such as delivery and newborn care,[16] treatment of childhood illnesses[17] and family planning. There is also evidence that poorer women not only experience lower contact coverage for antenatal care and skilled birth attendant than their wealthier counterparts, but also receive poorer quality of care.[18] Countries lack coordinated and systematic assessments that can help them understand the imperfect connection from patient contact with a service provider to expected health outcomes, which they need in order to identify priorities for improvement (for example, are bottlenecks

to high-quality care related to specific inputs such as supply chain factors or health worker practices).

Conclusion

Key messages:

- Despite strong progress in increasing coverage across many of the interventions that *Countdown* tracks, most *Countdown* countries are still far from universal coverage of those interventions. Coverage is insufficient for all interventions along the continuum of care except immunization rates.

- Although millions of women and children are being reached with lifesaving interventions, millions more are still not receiving needed care. For example, *Countdown* countries were able to provide more than 61 million women with a skilled birth attendant but 28 million women underwent childbirth without a skilled provider.

- Mounting evidence indicates that measures of service contacts such as antenatal care, delivery care and postnatal care do not accurately reflect the quality of care received, including what lifesaving interventions are actually provided during them. Studies that have adjusted coverage measures to take into consideration factors such as available health system inputs show that the gaps in coverage of interventions that can lead to expected health benefits are even larger than crude or unadjusted measures suggest.

- Better monitoring of intervention coverage and the quality of care will require investment in data collection processes and in methods to link available data sources. Options include more funding for research linking population and health facility surveys, improvements in routine data systems and support for regular population-based surveys.

Tracking progress with intervention coverage was the niche role of *Countdown to 2015* and continues to be the focus of *Countdown to 2030*. Its focus on coverage is in line with and contributes needed evidence to the monitoring of progress towards universal health coverage, as enshrined in Sustainable Development Goal 3.

Although coverage increased for many essential interventions across the continuum of care, most *Countdown* countries are still far from universal coverage of them. And despite country success in reaching millions of women and children with needed care, many millions more were not reached with lifesaving services. Governments and their partners need to increase investment in health systems to address these missed opportunities and coverage gaps. Strong evidence showing that many reproductive, maternal, newborn, child and adolescent health and nutrition interventions are not being delivered with sufficient quality also makes improving health system readiness and health worker training an imperative so that services delivered result in expected health gains for women, children and adolescents. Data availability needs to be increased to support programme monitoring and accountability, including improvements in methods to link existing data sources and in the quality of routine health facility and administrative data.

5. Equity is paramount to achieving universal health coverage

Progress towards universal health coverage must be assessed not only in terms of national averages, but also on how well such gains benefit all strata of the population—including poor people, rural inhabitants and minority groups.[1] To support such assessments, Sustainable Development Goal target 17.18 calls for disaggregating national statistics by income, gender, urban–rural residence, ethnicity and other relevant variables. *Countdown to 2015* pioneered the use of equity analyses in monitoring the health Millennium Development Goals, and *Countdown to 2030* continues to show how much can be gained from understanding the magnitude and trends in health disparities by expanding the extent of stratified analyses and building national capacity to produce such analyses.[2]

Disaggregated analyses of intervention coverage are important for ethical reasons—a human rights approach to health requires that all women and children in need receive lifesaving interventions. Such analyses are also essential for practical reasons. Better policies and programmes can be designed when the population groups that are being left behind can be identified—and thus prioritized.

This chapter uses the composite coverage index to highlight the importance of within-country inequalities (see box 4.2 in chapter 4 for how to interpret national values for the composite coverage index). The chapter also ranks *Countdown* countries according to coverage inequalities, pinpoints subgroups of women and children who are being left behind and shows how global trends in inequalities have evolved in the recent past.

Which *Countdown* countries are most unequal in reaching women and children in need of key health interventions?

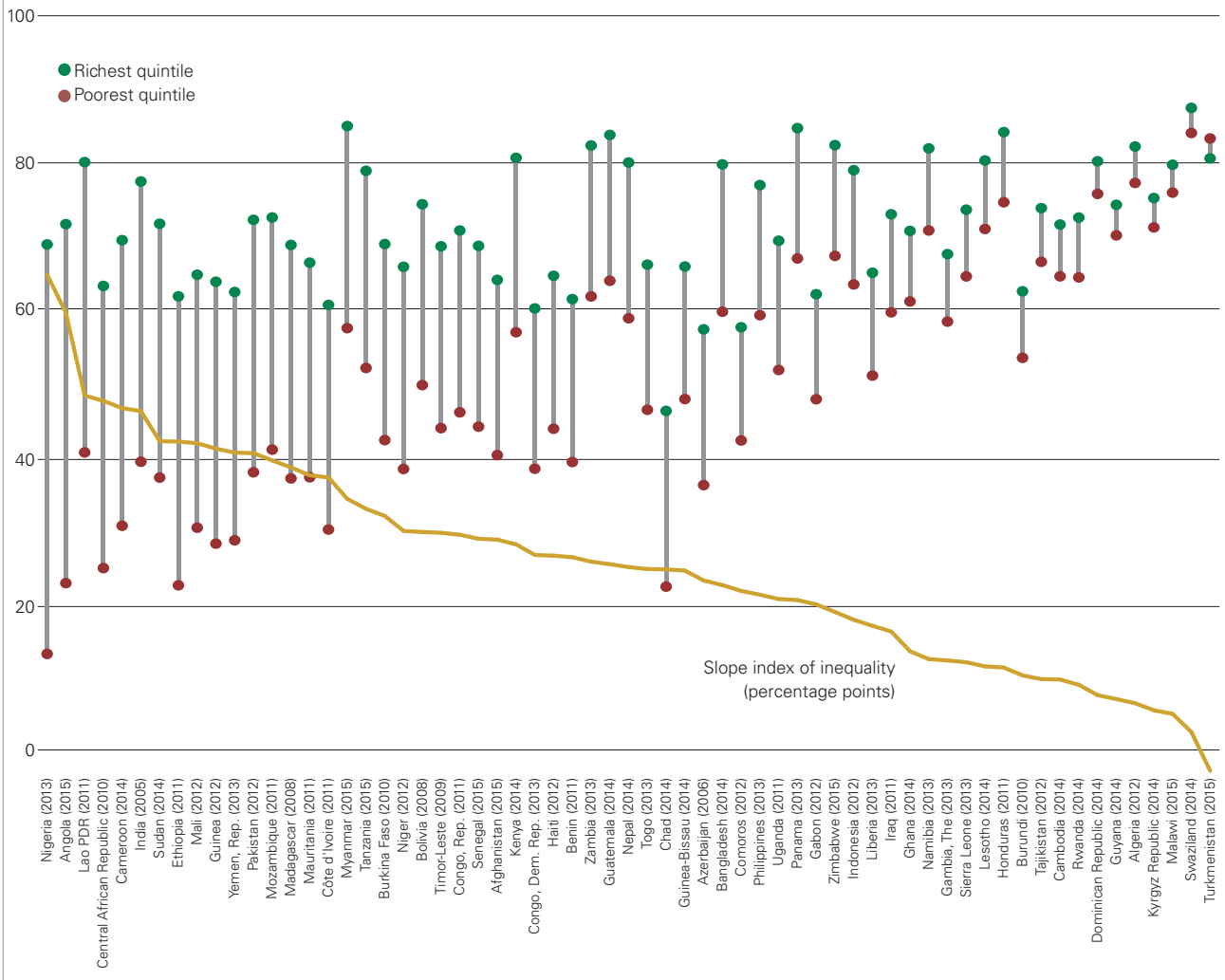
Countdown countries were ranked according to the magnitude of wealth-related inequalities in the composite coverage index. Survey data were used to classify households into wealth quintiles based on the ownership of household assets (televisions, refrigerators and the like) and on house characteristics (building materials, water supply and the like). The composite coverage index was then calculated for each quintile, and the magnitude of disparities was assessed using the slope index of inequality, which measures the difference in the composite coverage index between the top and bottom of the wealth distribution while taking into account the full distribution of wealth. The slope index of inequality provides a better measure of inequality because it is less affected by sampling variability than the difference in coverage between the richest and poorest quintiles—for example, the difference is about 28 percentage points in both Mauritania and Niger, but based on the slope index of inequality Mauritania (37 percentage points) is more inequitable than Niger (30 percentage points).

Nigeria was the most unequal country based on data since 2005, with a slope index showing a 64 percentage point difference between the top and bottom of the wealth distribution, followed by Angola, with a slope index of inequality of 59 percentage points (figure 5.1). In all 63 *Countdown* countries with available data except for Turkmenistan (where the composite coverage index was 83% for the poorest quintile and 80% for the richest quintile), the composite coverage index was higher among the richest quintile than among the poorest quintile. In 30 of these countries the slope index of inequality was greater than 20 percentage points—showing unacceptable inequality between the rich and poor. But in nine countries (Algeria, Cambodia, Dominican Republic, Guyana, Kyrgyz Republic, Malawi, Rwanda, Swaziland and Tajikistan) the slope index of inequality was below 10 percentage points—showing little inequality. All of those countries had a national composite coverage index value of 60% or higher. Chad, the only country where the composite coverage index value was below 50% in the richest quintile, had the lowest composite coverage index value and moderate inequality.

FIGURE 5.1

Nigeria was the most unequal *Countdown* country on the composite coverage index, followed by Angola

Countdown countries ranked by degree of inequality (yellow line, representing the slope index of inequality, percentage points) in the composite coverage index
Differences in coverage between the richest and poorest quintiles are also shown (the equiplots), 63 countries with available data since 2005 (%)



Note: No data were available for Bhutan, Botswana, Djibouti, Equatorial Guinea, Eritrea, Jamaica, Democratic People's Republic of Korea, Morocco, Nicaragua, Papua New Guinea, Paraguay, Solomon Islands, Somalia, South Africa, South Sudan, Suriname, Uzbekistan and RB Venezuela.

Source: Re-analysis of Demographic and Health Survey, Multiple Indicator Cluster Survey and Reproductive and Health Survey datasets by the International Center for Equity in Health, Federal University of Pelotas, Brazil.

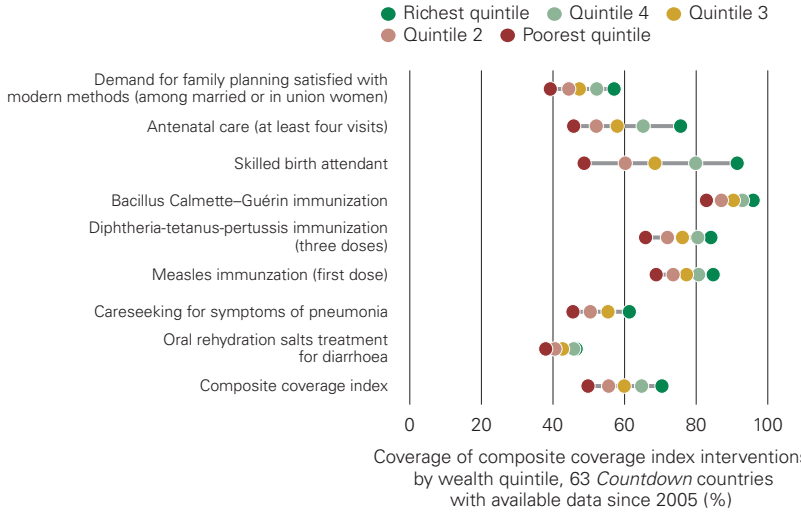
Composite coverage index values could not be calculated for 18 *Countdown* countries because they did not have a survey with a publicly available dataset since 2005. Lack of regular data collection compromises monitoring and programming. For example, Angola had not had a national reproductive, maternal, newborn and child health survey since 2001, and the 2015 results showed huge inequalities. This finding will help policymakers and managers take remedial action, but action could have been taken earlier if more surveys had been undertaken during 2001–15.

Which interventions are least equitable?

The composite coverage index includes eight indicators with variable magnitudes of inequality. Inequality tends to be lower for immunization and for oral rehydration salts for diarrhoea than for skilled birth attendant and four antenatal care visits (figure 5.2). These results confirm the findings highlighted in *Countdown to 2015* reports that interventions that can be delivered at the community level tend to be more equitable than interventions requiring access to fixed health facilities.

FIGURE 5.2

Inequality tends to be lower for immunization and for oral rehydration salts for diarrhoea than for skilled birth attendant and four antenatal care visits



Source: Re-analysis of Demographic and Health Survey, Multiple Indicator Cluster Survey and Reproductive and Health Survey datasets by the International Center for Equity in Health, Federal University of Pelotas, Brazil.

How much progress is needed to leave no one behind?

Equity analyses are useful for identifying which subgroups need stronger efforts to reach universal coverage. Table 5.1 shows the composite coverage index for 63 *Countdown* countries according to residence, age and education of the woman (or mother, for child health indicators), and family wealth quintiles.

Cells are highlighted in four colours: red (composite coverage index below 50%), dark yellow (composite coverage index 50–64%), light yellow (composite coverage index 65–79%) or green (composite coverage index 80% or higher). Cells are coded with "na" when the information is not available, either because it was not collected in the survey or because the sample size is lower than 25 observations.

Key findings from these analyses include: Rural populations tend to have much lower coverage than urban populations (in rural areas the composite coverage index was below 50% in 41% of countries, but in urban areas it was below 50% in only 2% of countries; see table 5.1). Coverage tends to be much lower among women ages 15–17 than among women ages 20–49 (for the younger group the composite coverage index was below 50% in 49% of countries, but for the older group it was below 50% in 21% of countries). The differences were marked for women's education (for uneducated women the composite coverage index was below 50% in 51% of countries, but for women with any secondary or higher education it was below 50% in only 3% of countries) and household wealth (for the poorest quintile the composite coverage index was below 50% in 51% of countries, but for the wealthiest quintile it was below 50% in only 2% of countries).

Coverage in most countries is far from desirable, even for the most advantaged population groups: 51 countries did not have a single subgroup with 80% or higher coverage. Only Panama and Swaziland had coverage of 80% or higher in more than half of the subgroups with data.

Disaggregation of coverage levels by woman's age and education and by wealth is essential for monitoring progress, identifying high-risk subgroups and developing inclusive policies and programmes. Such analyses should be complemented by examination of inequality across subnational geographic regions, which may inform focus areas for action. Ideally, surveys should have large sample sizes in order to provide representative results for small geographic areas. For example, the latest survey in Tanzania produced coverage estimates for 30 subnational regions, but the latest survey in Kenya produced coverage estimates for only 8. All else being equal, the difference in coverage rates between the best and poorest performing regions will be wider in countries with many

TABLE 5.1

Composite coverage index, by urban–rural residence, woman's age and education, and wealth quintile, 63 *Countdown* countries with available data since 2005

Below 50.0% | 50.0–64.9% | 65.0–79.9% | 80.0% or higher

		National	Residence		Woman's age[a]			Woman's education			Wealth index				
Country	Year	All	Rural	Urban	15–17	18–19	20–49	None	Primary	Secondary or more	Poorest	2nd	3rd	4th	Richest
Afghanistan	2015	50.1	46.6	60.5	38.5	41.7	50.4	47.3	59.3	64.6	39.9	45.2	45.4	55.4	63.6
Algeria	2012	76.4	74.9	77.5	na	na	na	72.1	74.8	77.9	72.5	75.8	76.4	79.4	79.9
Angola	2015	45.7	27.1	56.3	37.3	42.5	46.3	28.8	40.6	64.6	22.6	32.3	47.0	60.9	71.2
Azerbaijan	2006	46.8	41.0	52.3	na	45.9	46.8	46.7	na	47.1	35.8	43.5	50.5	47.5	56.9
Bangladesh	2014	67.9	65.3	75.5	61.9	65.6	68.6	60.6	63.0	72.0	59.3	65.7	66.8	70.7	79.2
Benin	2011	51.5	48.9	55.4	43.9	42.5	51.9	48.5	55.8	62.2	39.0	47.5	53.9	56.1	61.0
Bolivia	2008	61.7	53.7	68.1	55.6	60.2	61.9	50.8	56.4	69.7	49.4	58.0	64.1	68.8	73.8
Burkina Faso	2010	54.7	51.0	66.5	41.0	52.5	54.9	51.5	63.3	71.8	41.9	47.2	53.7	58.5	68.5
Burundi	2010	56.1	55.4	63.2	50.1	59.1	56.0	53.3	57.8	67.1	53.1	53.2	57.4	55.4	62.1
Cambodia	2014	69.4	69.3	70.5	53.1	66.1	69.6	63.9	68.4	73.0	64.1	68.3	72.2	73.2	71.2
Cameroon	2014	51.6	43.6	61.7	na	na	na	33.6	51.5	64.7	30.3	44.4	55.8	62.9	69.0
Central African Republic	2010	35.3	24.9	51.3	na	na	na	24.3	35.1	58.5	21.2	23.1	30.5	44.6	59.2
Chad	2014	28.9	25.2	43.1	27.6	27.9	29.0	22.4	35.4	48.4	22.1	25.5	26.2	27.2	45.9
Comoros	2012	52.1	49.4	58.0	37.6	53.7	52.7	47.9	51.1	58.0	41.9	48.6	54.7	61.3	57.2
Congo, Dem. Rep.	2013	43.9	40.7	52.5	45.9	47.3	47.5	37.0	41.1	52.2	35.4	40.3	40.9	48.3	56.3
Congo, Rep.	2011	58.5	48.9	64.2	51.1	63.1	58.4	44.0	51.7	63.4	45.7	55.0	59.5	64.8	70.3
Côte d'Ivoire	2011	44.1	36.4	55.6	45.1	40.4	44.4	38.2	50.6	59.5	29.8	38.9	41.9	53.5	60.2
Dominican Republic	2014	78.4	77.7	78.6	na	na	na	67.7	76.8	79.6	74.3	78.2	80.5	78.3	82.2
Ethiopia	2011	35.1	30.6	60.0	16.8	34.5	35.3	29.9	40.0	75.5	22.3	29.7	30.7	37.1	61.4
Gabon	2012	58.3	47.5	60.2	45.9	50.7	59.6	49.5	52.2	61.0	47.5	57.1	57.8	68.3	61.7
Gambia, The	2013	61.5	57.8	65.0	52.5	60.0	61.7	59.7	59.4	66.1	58.0	58.2	59.4	64.2	67.1
Ghana	2014	65.5	63.6	68.2	46.6	69.4	65.5	58.8	65.8	68.6	60.7	61.3	68.0	69.0	70.2
Guatemala	2014	72.8	69.9	77.6	66.3	68.3	73.3	65.8	70.6	80.6	63.5	68.5	74.8	79.5	83.2
Guinea	2012	41.8	35.6	58.9	35.3	41.0	42.1	37.9	49.7	61.2	27.9	35.2	40.5	48.1	63.4
Guinea-Bissau	2014	52.4	45.6	61.8	na	na	na	44.7	56.4	68.3	43.6	46.6	49.7	60.3	63.7
Guyana	2014	73.7	74.6	68.0	na	na	na	65.8	73.4	73.9	70.6	73.3	71.6	78.5	72.7
Haiti	2012	52.7	49.4	58.5	50.7	48.4	53.1	40.6	49.9	62.1	43.5	46.8	54.9	58.5	64.2
Honduras	2011	79.7	77.7	82.0	77.1	77.7	80.0	71.1	78.4	82.9	74.1	78.8	81.3	82.2	83.6
India	2005	55.4	50.8	68.4	35.6	41.8	56.2	44.4	56.6	68.7	39.0	47.3	56.9	66.3	76.9
Indonesia	2012	75.2	72.9	77.6	74.5	70.4	75.4	50.1	70.8	77.8	63.0	76.4	78.6	80.7	78.5
Iraq	2011	63.8	58.9	66.3	na	na	na	57.3	62.8	68.8	56.0	63.0	65.0	68.7	69.2
Kenya	2014	70.5	67.0	76.4	69.8	67.1	70.5	51.3	68.9	77.9	56.5	67.3	71.5	76.2	80.1
Kyrgyz Republic	2014	71.6	71.1	74.0	na	na	na	na	na	71.8	70.0	70.4	71.2	73.2	74.4
Lao PDR	2011	54.9	51.0	71.4	na	na	na	38.0	56.0	71.5	38.5	47.0	60.8	68.2	78.4
Lesotho	2014	75.3	74.1	78.4	60.5	71.5	75.8	70.1	71.4	78.5	70.5	72.0	77.5	76.1	79.8
Liberia	2013	60.3	56.6	63.6	58.2	59.2	60.4	55.4	59.3	67.5	50.7	59.4	63.9	65.3	64.6
Madagascar	2008	49.8	47.7	65.1	41.7	46.0	50.4	36.4	50.7	63.3	36.7	43.2	50.5	58.3	68.3
Malawi	2015	77.3	77.0	79.8	69.0	73.6	77.7	74.1	77.4	79.0	75.4	76.6	77.0	78.8	79.2
Mali	2012	45.2	40.5	62.4	38.6	49.9	45.1	41.8	50.5	69.5	30.1	37.4	39.1	54.3	64.3
Mauritania	2011	48.7	41.4	59.2	na	na	na	41.5	51.2	60.5	32.4	41.0	50.4	58.7	61.9
Mozambique	2011	54.7	49.0	67.2	58.1	56.4	54.4	44.7	56.4	72.6	40.6	44.8	53.5	62.3	72.1
Myanmar	2015	67.8	63.8	80.4	58.0	58.9	68.2	49.0	65.9	77.8	57.1	62.8	68.4	76.9	84.4
Namibia	2013	77.0	73.8	80.0	66.0	70.0	77.3	61.4	71.1	80.3	70.3	76.4	77.9	78.8	81.4
Nepal	2014	66.3	64.7	76.8	na	na	na	62.2	63.9	69.7	58.5	63.5	64.1	71.0	78.6
Niger	2012	48.7	45.0	67.7	40.6	47.8	49.0	45.8	58.7	70.7	38.0	44.1	44.6	49.5	65.4
Nigeria	2013	38.3	28.1	55.9	20.0	25.2	39.2	19.0	41.2	60.2	13.0	24.5	40.4	51.7	68.4
Pakistan	2012	53.6	48.7	64.7	45.8	47.9	53.7	45.0	56.3	68.8	37.6	47.9	53.5	62.0	71.7
Panama	2013	79.0	72.2	83.6	na	na	na	52.0	72.3	82.7	65.2	83.8	81.0	89.0	83.8
Philippines	2013	69.0	66.3	72.3	53.3	66.8	69.2	40.2	62.3	71.3	58.8	67.6	74.1	74.7	76.4

(continues)

TABLE 5.1 (CONTINUED)

Composite coverage index, by urban–rural residence, woman's age and education, and wealth quintile, 63 *Countdown* countries with available data since 2005

		National	Residence		Woman's age[a]			Woman's education			Wealth index				
Country	Year	All	Rural	Urban	15–17	18–19	20–49	None	Primary	Secondary or more	Poorest	2nd	3rd	4th	Richest
Rwanda	2014	68.0	67.4	71.2	71.5	70.0	68.0	63.0	68.1	74.3	63.9	68.0	68.9	69.5	72.0
Senegal	2015	55.3	50.2	63.5	40.7	48.8	55.8	50.3	62.3	67.3	43.8	51.7	57.2	60.7	68.2
Sierra Leone	2013	66.9	64.7	72.3	59.6	64.2	67.2	64.4	69.8	73.9	64.1	63.8	65.1	69.5	73.1
Sudan	2014	52.3	47.8	63.3	na	na	na	40.2	54.3	66.4	33.1	43.9	55.1	61.4	69.2
Swaziland	2014	83.3	83.2	82.8	na	na	na	80.5	77.8	85.7	80.4	83.3	83.7	82.9	85.1
Tajikistan	2012	69.4	68.3	73.1	na	65.4	69.3	64.0	58.2	70.1	66.1	66.2	73.0	70.8	73.3
Tanzania	2015	65.2	61.4	74.2	57.1	62.1	65.3	53.9	66.0	75.1	51.7	59.2	65.0	72.0	78.4
Timor-Leste	2009	55.8	53.4	63.2	na	50.3	56.0	47.9	55.5	62.5	43.5	50.1	56.0	60.5	68.1
Togo	2013	52.1	47.4	60.6	49.8	38.8	52.5	44.2	53.8	63.3	46.0	46.2	47.7	56.4	65.7
Turkmenistan	2015	79.9	80.2	79.4	na	na	na	na	na	79.9	81.8	78.4	81.0	78.5	79.9
Uganda	2011	58.3	56.4	68.8	49.4	59.3	58.3	51.9	56.2	67.9	51.4	54.5	56.0	60.6	68.9
Yemen, Rep.	2013	43.7	38.1	57.6	45.3	41.0	43.7	37.2	48.0	58.8	28.4	35.9	43.4	51.2	62.0
Zambia	2013	69.9	65.3	78.1	62.1	72.7	69.7	60.4	67.2	77.1	61.4	65.7	68.1	76.1	81.8
Zimbabwe	2015	73.6	71.1	79.7	63.5	72.8	73.7	72.0	66.1	77.0	66.9	69.1	76.4	76.6	81.8
Number of countries with data		63	63	63	45	48	48	61	60	63	63	63	63	63	63
Proportion of countries with continuum of care index of less than 50%		22.2	41.3	1.6	48.9	39.6	22.9	50.8	15.0	3.2	50.8	42.9	22.2	11.1	1.6
Median value	2013	58.3	53.7	67.2	50.1	57.6	57.3	49.5	58.4	69.5	49.4	55.0	59.4	65.3	70.3

na information is not available either because it was not collected in the survey or because the sample size is lower than 25 observations.

a. Refers to age at the time of the survey for all component variables of the composite coverage index except for antenatal care and skilled birth attendant, for which age at the time of delivery is used.

Note: No data were available for Bhutan, Botswana, Djibouti, Equatorial Guinea, Eritrea, Jamaica, Democratic People's Republic of Korea, Morocco, Nicaragua, Papua New Guinea, Paraguay, Solomon Islands, Somalia, South Africa, South Sudan, Suriname, Uzbekistan and RB Venezuela.

Source: Re-analysis of Demographic and Health Survey, Multiple Indicator Cluster Survey and Reproductive and Health Survey datasets by the International Center for Equity in Health, Federal University of Pelotas, Brazil.

subnational regions than in countries with few regions.

Huge geographic disparities exist in coverage within many countries, but the patterns vary. Figure 5.3 shows the 10 *Countdown* countries with the widest subnational geographic inequality (based on data available from 2005 through mid-2017). In Ethiopia the disparities are driven largely by the much higher coverage in Addis Ababa than in other regions, whereas in Afghanistan and Nigeria one or two regions have much lower coverage than the rest of the country does. In the 10 *Countdown* countries with the narrowest geographic inequality (figure 5.4), the composite coverage index is over 60% in all subnational regions and tends to be higher than in any of the subnational regions in the 10 countries shown in figure 5.3.

Increasing the sample size in surveys to allow fine geographical disaggregation, as well as investing in the quality and coverage of administrative data, is essential for improving geographic targeting of interventions to women and children from deprived areas.

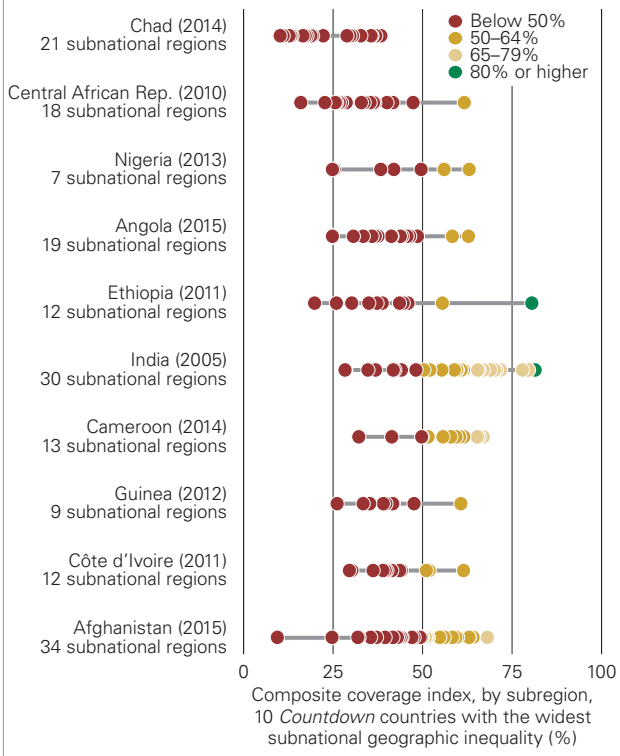
How important is inequality across ethnic groups?

Analyses of statistics disaggregated by ethnic group present important challenges. First, not every survey includes such information, sometimes because of political sensitivities. Second, the type of information on ethnicity varies: some questionnaires ask about self-assessed ethnicity; others ask about the language spoken at home. Third, the number of ethnic or language categories can vary widely from country to country, and as miscegenation occurs, the boundaries between ethnicities can become blurred.

Nevertheless, patterns in intervention coverage may become evident, as with an ongoing set of *Countdown* analyses in Latin America and the Caribbean. Virtually all coverage indicators show lower rates among indigenous populations than

FIGURE 5.3

The patterns of geographic disparity in coverage vary in the 10 *Countdown* countries with the widest subnational geographic inequality

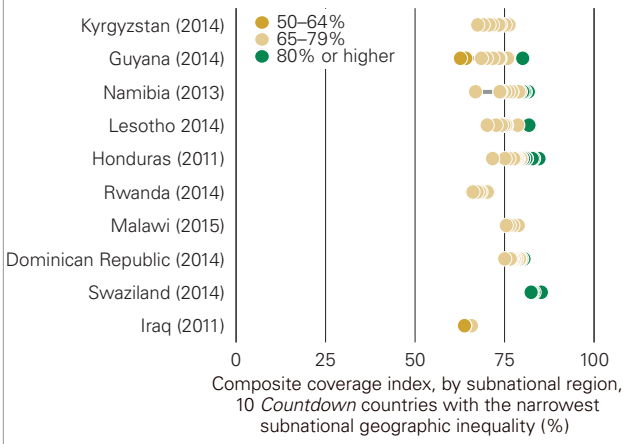


Note: See the country equity profiles at www.countdown2030.org for the names and composite coverage index values of the subnational regions in each country.

Source: Re-analysis of Demographic and Health Survey, Multiple Indicator Cluster Survey and Reproductive and Health Survey datasets by the International Center for Equity in Health, Federal University of Pelotas, Brazil.

FIGURE 5.4

In the 10 *Countdown* countries with the narrowest geographic inequality, coverage tends to be higher in most subnational regions compared with the subnational regions in the 10 countries with the widest geographic inequality shown in figure 5.3



Note: See the country equity profiles at www.countdown2030.org for the names and composite coverage index values of the subnational regions in each country.

Source: Re-analysis of Demographic and Health Survey, Multiple Indicator Cluster Survey and Reproductive and Health Survey datasets by the International Center for Equity in Health, Federal University of Pelotas, Brazil.

among nonindigenous populations. For example, in six of eight countries studied, indigenous women have markedly lower coverage of skilled birth attendant than nonindigenous women do (figure 5.5). Limited access to lifesaving interventions among indigenous populations has been a persistent problem in Latin America and the Caribbean since colonial times, and several countries have implemented programmes to address these gaps. Tracking coverage inequalities across population subgroups, including ethnic groups, within a country is essential to support effective programming and evaluation.

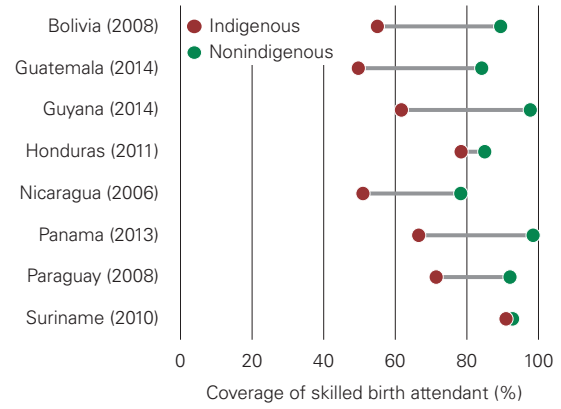
How have coverage inequalities evolved over time?

Fifty-eight *Countdown* countries have had more than one survey from 1993 to 2015, totalling 179 surveys, with 2012 being the median year for the most recent survey. This allowed for the analyses of time trends in coverage according to family wealth and place of residence, using a statistical method known as multilevel regression.

In 30 low-income *Countdown* countries the composite coverage index increased 1.1 percentage points a year from 1993 to 2015 for the poorest quintile, compared with 0.57 percentage point a year for the wealthiest quintile (figure 5.6). In 28 middle-income *Countdown* countries the difference was more marked: 0.95 percentage point a year for the poorest quintile, compared with 0.34 percentage point for the wealthiest quintile (see figure 5.6). The increase for rural women and children (1.1 percentage points in low-income countries and 0.9 percentage point in middle-income countries) was faster than the increase for urban women and children (0.6 percentage point in low-income countries and 0.5 percentage point in middle-income countries; figure 5.7). These findings suggest that the socioeconomic and urban-rural gaps in coverage are being reduced in *Countdown* countries—but there is still a long way to go to universal coverage.

FIGURE 5.5

In six of eight *Countdown* countries in Latin America and the Caribbean studied, indigenous women have markedly lower coverage of skilled birth attendant than nonindigenous women do



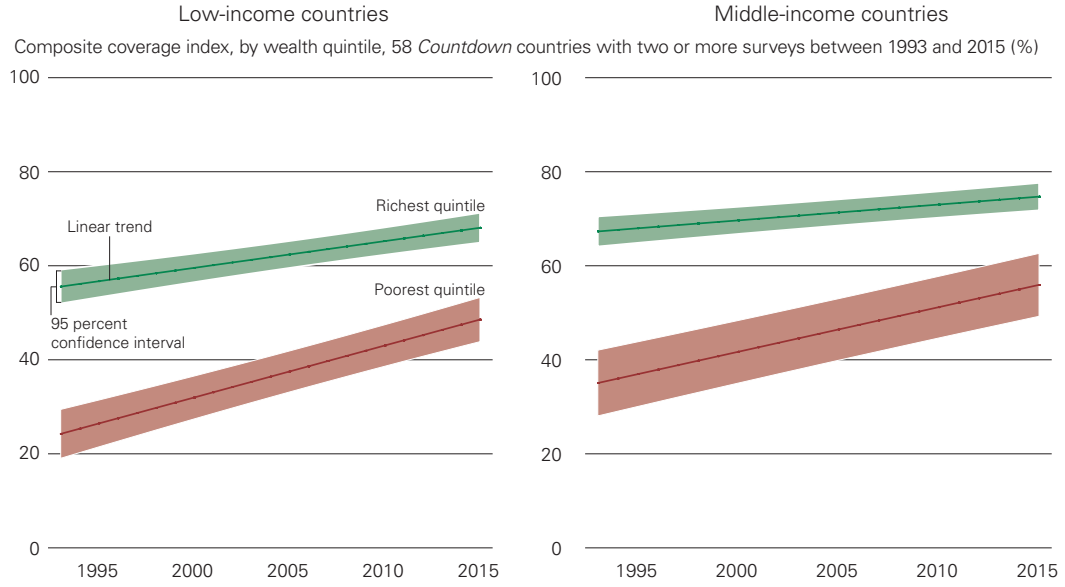
Source: Re-analysis of Demographic and Health Surveys and Multiple Indicator Cluster Surveys by the International Center for Equity in Health, Federal University of Pelotas, Brazil.

How does coverage within each wealth quintile vary by urban–rural residence?

Sample sizes for national surveys have increased over time, making finer analyses of inequality possible. One such analysis involves splitting the sample of women and children by urban-rural residence and wealth quintiles, resulting in 10 groups that can be compared. An example analysis using skilled birth attendant as the outcome shows that coverage is below 90% in rural areas more often than in urban areas for the same wealth quintile (figure 5.8). No country where urban coverage is below 90% in a wealth quintile has rural coverage of 90% or higher in the same wealth quintile. The analyses show no evidence of an urban disadvantage in coverage of skilled birth attendant. Poor people in urban areas—despite having higher coverage than poor people in rural areas—still lag behind wealthier urban residents. Similar analyses are required for mortality and nutrition outcomes for which poor people in urban areas may be at a particularly high risk.

FIGURE 5.6

In both low-income and middle-income *Countdown* countries the composite coverage index increased faster for the poorest quintile than for the wealthiest quintile

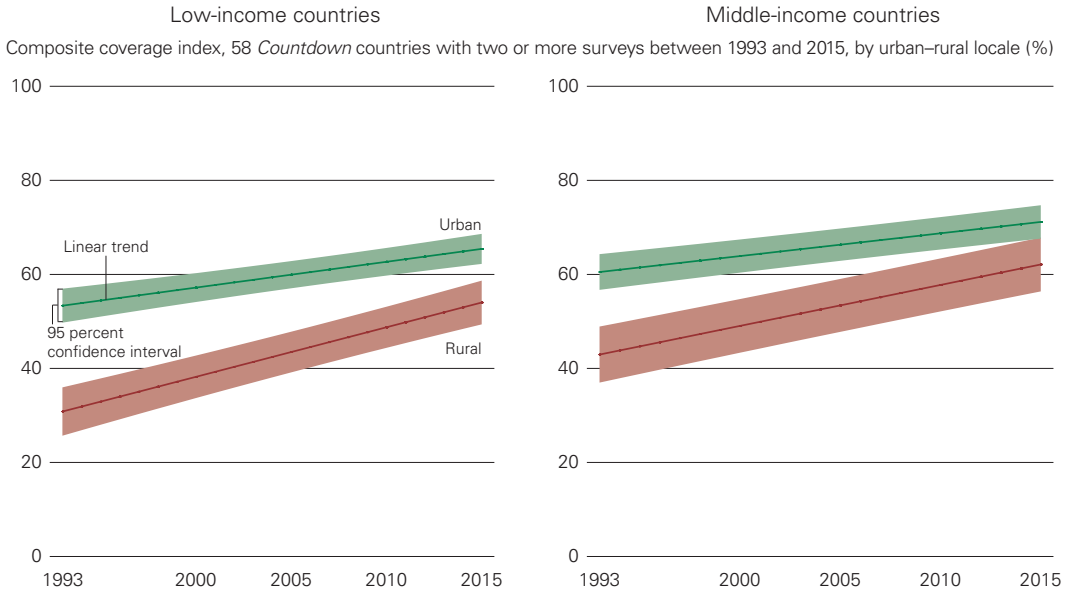


Note: The analysis is based on 179 surveys.

Source: Re-analysis of Demographic and Health Survey, Multiple Indicator Cluster Survey and Reproductive and Health Survey datasets by the International Center for Equity in Health, Federal University of Pelotas, Brazil.

FIGURE 5.7

In both low-income and middle-income *Countdown* countries the composite coverage index increased faster for rural populations than for urban populations



Note: The analysis is based on 179 surveys.

Source: Re-analysis of Demographic and Health Survey, Multiple Indicator Cluster Survey and Reproductive and Health Survey datasets by the International Center for Equity in Health, Federal University of Pelotas, Brazil.

FIGURE 5.8

Coverage of skilled birth attendant is below 90% in rural areas more often than in urban areas for women in the same wealth quintile

Skilled birth attendant coverage, by wealth quintile and urban–rural locale, 42 *Countdown* countries with available data since 2005 (%)

Note: The analysis was restricted to countries with at least 25 women in each category.

Source: Re-analysis of Demographic and Health Survey, Multiple Indicator Cluster Survey and Reproductive and Health Survey datasets by the International Center for Equity in Health, Federal University of Pelotas, Brazil.

Conclusion

In contrast to the Millennium Development Goals, the Sustainable Development Goals have placed within-country inequalities at centre stage for assessing progress. Health inequalities are pervasive—and to a certain extent, predictable. But *Countdown* countries vary in the nature and extent of inequalities. Socioeconomic inequalities, as assessed by wealth or women's education, show the widest gaps in coverage, but disparities by urban–rural residence, ethnicity and woman's age are also widespread. In recent years, increased availability of data on reproductive, maternal, newborn, child and adolescent health and nutrition has allowed new policy-relevant analyses that were not possible in the past, including analyses of time trends, assessment of ethnic group inequalities and simultaneous disaggregation by wealth and urban–rural residence. Regular monitoring of reproductive, maternal, newborn and child health interventions through an equity lens is essential for identifying groups on which efforts to reach universal coverage should be focused. Equity-sensitive monitoring is essential for policymaking and programming at the country level.

6. Women's, children's and adolescents' health in conflict situations

The world has seen a surge in violent conflicts in recent years, with the number of combat and civilian deaths rising since 2012.[1] This has resulted in a deluge of forcibly displaced people—65.6 million, or just under 1% of the world's population, at the end of 2016, 22.5 million of whom were refugees.[2] Even more people are affected by conflict but do not flee or leave their homes or places of habitual residence—in 2013 an estimated 149 million people lived in a conflict-affected area,[3] and that number has likely increased.

Thirty-two *Countdown* countries experienced at least one conflict during 2011–16, and ten of them—Afghanistan, Central African Republic, Democratic Republic of Congo, Iraq, Nigeria, Pakistan, Somalia, South Sudan, Sudan and Yemen—experienced (or are experiencing) a severe conflict.[4] Libya, Syria and Ukraine—which are not *Countdown* countries—also experienced (or are experiencing) a severe conflict.[5]

Women and children are increasingly affected by conflict, which is shifting from a primarily interstate phenomenon to an intrastate one and occurs more frequently in densely populated urban areas, with much graver implications for civilians. There are no reliable statistics on casualties due to violence and warfare for women and children,[6] but the number of civilian deaths provides a good approximation. The ratio of civilian deaths to combatant deaths—and therefore the extent to which women and children are affected—is likely to vary considerably between conflicts and even between mortality estimates for the same conflict.[7]

Most refugees and internally displaced persons are women and children. Of 29 million displaced persons in 2015, 15% were children under age 5, 37% were children ages 5–17 and 24% were women ages 18 and older.[8] The proportion that is under age 18 is likely to be higher in countries with a high fertility rate (such as the Democratic Republic of Congo or South Sudan) than in countries with a lower fertility rate (such as Syria).

Women and children suffer disproportionately from the disintegration of society and breakdown of health and other services in conflict situations (see box 6.1 for an example based on the conflict in Syria). Such situations often increase the risk of contracting diseases (for example, because of disrupted water supply and sanitation systems or lack of immunization services) and the risk of suffering from malnutrition, reduce access to and quality of pregnancy and delivery care and delay the timely treatment of illnesses. Conflict can also undermine the capacity of health systems to deliver services because of the loss or diversion of healthcare personnel and the disruption of supply chains, referral networks, communication and supervision. Warring factions have also targeted healthcare institutions and personnel in recent years.[9] Women, including adolescent girls, are also at greater risk of becoming victims of sexual violence, which is reported in almost all conflict settings[10] and has major adverse consequences for physical and mental health—such as unwanted pregnancy, HIV infection and other sexual and reproductive health problems, and post-traumatic stress disorder, as well as stigmatization and exclusion by families and communities.

The impact of conflict on women's and children's health depends on multiple factors, such as the nature of the conflict, the extent of displacement and settlement patterns, pre-existing health conditions and the level of humanitarian assistance available. Historically, most refugees and internally displaced persons have been housed in official camps set up by the United Nations Office of the High Commissioner for Refugees or other humanitarian actors. Because of special and typically externally funded humanitarian services and a focus on a specific catchment population, the coverage of key evidence-based interventions in these camps could be high. However, given the financial strain on the humanitarian system and growing numbers of people in need, it remains unclear whether camp-based populations and refugees in general will continue to benefit from

BOX 6.1

Change to reproductive, maternal, newborn and child health and the conflict in Syria

The conflict in Syria has resulted in the forced displacement of more than half of the country's 20 million people,[1] leaving 6.5 million internally displaced persons and 5.1 million refugees in neighbouring Turkey, Lebanon, Jordan, Egypt, Iraq and North Africa by 2017.[2] Women and children account for about 75% of the Syrian refugees in Egypt, Iraq, Jordan and Lebanon.[3] This forced displacement has imposed a substantial burden on health and education services in Syria and in all host countries.

There is ample evidence that the conflict has led to a widespread deterioration in what was a well-functioning and predominantly public health system in Syria, including destruction and disruption of health facilities and an exodus of health professionals. Health services are provided by opposing forces, each running parallel health systems with shifting geographic areas of coverage, which makes data collection particularly challenging. For Syrian refugees access to affordable healthcare varies greatly by host country—ranging from Lebanon's privatized and expensive system to Turkey's system in which the government has taken responsibility for healthcare delivery to Jordan's system offering government and Office of the United Nations High Commissioner for Refugees (UNHCR) health services and UNHCR refugee camps. Not surprisingly, out-of-pocket expenditure for maternal healthcare was much higher among Syrian refugees in Lebanon than in Jordan.[4]

Population movement and the corrosion of public services and infrastructure have also increased the risk of outbreaks of previously controlled diseases.[5] Structural and economic realities—more than half the population lives in poverty, with 7.9 million people having entered poverty since the conflict began[6]—increase women's and children's vulnerability to infections and poor health while reducing access to health services.[7]

Before the conflict, maternal mortality ratios and child mortality rates in Syria were estimated to be below the 2030 Sustainable Development Goal targets for maternal and child mortality,[8] and coverage of key maternal, newborn and child health interventions was high. For instance, 96% of deliveries occurred in health facilities, and 82% of infants received three doses of diphtheria-tetanus-pertussis vaccine.[9] Since 2010, no new nationally representative data have been collected because of security concerns and reduced data collection capacity. Lack of data greatly complicates the assessment of trends in mortality and coverage of maternal, newborn and child health services. The findings of small-scale, local surveys vary considerably, but a synthesis of available surveys and other data strongly suggests that coverage rates have declined considerably for several essential interventions—including birth registration, family planning, antenatal care, delivery care and immunization—both within Syria and among refugee populations in Jordan, Lebanon and Turkey.[10] Special efforts—such as Lebanon's child vaccination campaign aimed at children of Syrian refugees—may address the disadvantages that internally displaced persons and refugees face in protracted crises.[11]

Notes

1. United Nations Office of the High Commissioner for Refugees website (www.unhcr.org/syria-emergency.html). 2. Syria Regional Refugee Response Inter-agency Information Sharing Portal (http://data.unhcr.org/syrianrefugees/regional.php#_ga=2.124659594.1844532894.1500470573-1295180721.1488832340). 3. DeJong and others 2017. 4. Tappis and others 2017. 5. WHO 2016a; WHO Regional Office for the Eastern Mediterranean 2014. 6. Syrian Center for Policy Research 2013. 7. United Nations Population Fund 2015. 8. In 2010 maternal mortality was 49 deaths per 100,000 live births (with a 95% uncertainty range of 39–66; WHO, UNICEF, UNFPA, World Bank Group and United Nations Population Division 2015), and child mortality was 15 deaths per 1,000 live births (with a 95% uncertainty range of 13–18.3; UN Inter-agency Group for Child Mortality Estimation 2017. In 2005–10 total fertility was 3.2 births per woman (United Nations Population Division 2017b). 9. According to the 2009 Pan Arab Project for Family Health survey, the last before the conflict began. 10. DeJong and others 2017. 11. Ross and others 2017.

a high level of services.[11] Moreover, the familiar image of conflict-affected populations living in refugee camps is no longer the international norm, and many refugees live integrated into host communities, making it more difficult to identify them and assess and meet their needs.

The evidence of the impact of conflicts on disease burden and health service coverage, particularly for women and children, is piecemeal, mixed and often limited to beneficiaries of particular programmes (see box 6.2 for an example based on the conflict in Afghanistan). Much of the data come from more stable settings such as refugee camps in protracted conflict settings. There is definite

BOX 6.2

Measuring trends in reproductive, maternal, newborn and child health coverage in Afghanistan

Afghanistan has been in a protracted conflict for almost 35 years, which has seriously hampered poverty reduction and development, strained the fabric of society and depleted the country's coping mechanisms. For the first decade after the fall of the Taliban government in 2001, substantial investment in health, education and development yielded notable improvements despite continuing political instability and violent conflict in some parts of the country. However, over the past five years armed nonstate actors have challenged the territorial control of the government and expanded the geographic scope of the conflict. The Afghan government controls less than 60% of the country,[1] and widespread insecurity has increased internal displacement in several areas and resulted in the closing of health facilities, high turnover of health workers, numerous resignations or absences among female healthcare providers and greater limitations on travel to health facilities, especially for women and children. Health facilities and health workers are also increasingly becoming targets of violence.

A review of 11 health, nutrition and other surveys between 2003 and 2013 and other data showed dramatic increases in the coverage of several essential maternal and child health care interventions, including antenatal care (from 16% to 53%), skilled birth attendant (from 14% to 46%) and child vaccination (from about 40% to over 60%; see figure).[2] But these results should be interpreted with caution because all surveys had problems of representativeness since security issues prevented some areas of the country from being visited.

Afghanistan's 2015 Demographic and Heath Survey, the results of which should also be interpreted with caution,[3] suggested that progress in improving coverage of maternal and child health interventions stalled after 2012, illustrating the challenges of expanding access to services during the conflict.

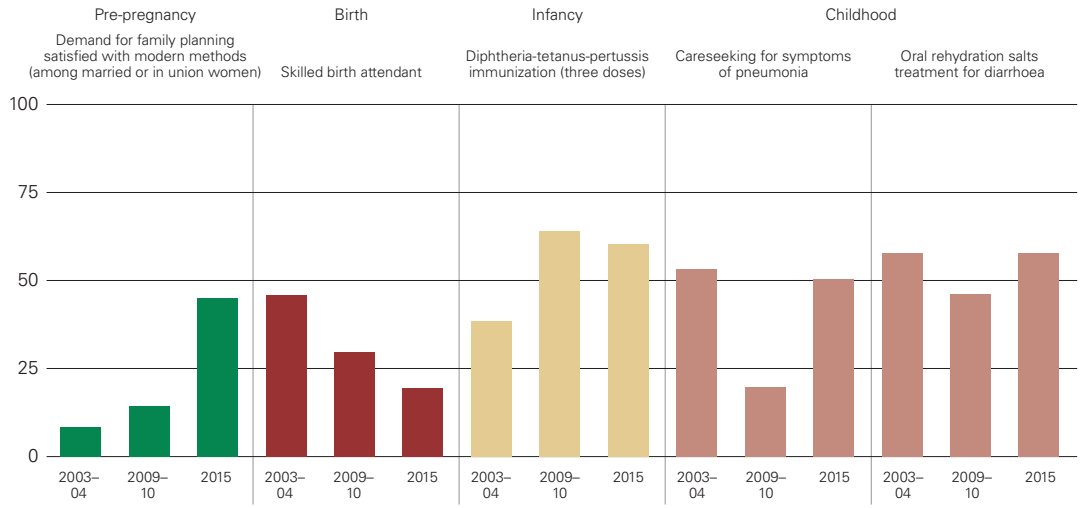
Socioeconomic development and coverage of interventions vary greatly across Afghanistan's provinces and reflect the diversity in geography and climate, cultures, patterns of human habitation, sources of income and political and food security situations. For instance, while seven provinces have skilled birth attendant rates of 60% or higher, four have rates below 20%.

Notes

1. UN OCHA 2016. 2. Akseer and others 2016. 3. There were severe problems with sample implementation in the 2015 Demographic and Health Survey due to insecurity, and over 10% of the sample clusters were not visited or replaced. The results for child mortality had a low value that was unlikely, and the results for maternal mortality were improbably high, with 70% of deaths among women ages 15–49 attributed to pregnancy-related causes, raising concerns about the quality of the data.

Coverage of several essential maternal and child health care interventions in Afghanistan increased dramatically before stalling after 2012

Trends in coverage of selected interventions for reproductive, maternal and child health, Afghanistan (%)



Source: 2003–04 and 2009–10, Multiple Indicator Cluster Surveys; 2015, Demographic and Health Surveys.

BOX 6.3

Political stability and coverage of reproductive, maternal, newborn, child and adolescent health interventions

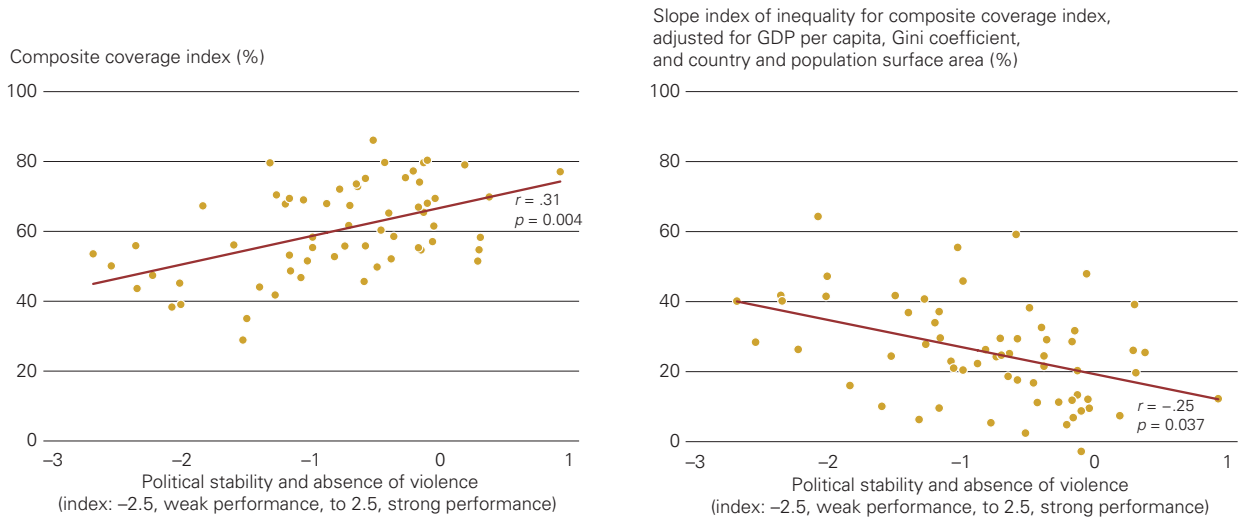
A macro-level analysis of the association between six dimensions of governance (government efficiency, control of corruption, political stability and absence of violence, regulatory quality, rule of law, and voice and accountability)[1] and the composite coverage index showed that the strongest predictor of high and equitable coverage in 59 *Countdown* countries with available data on the composite coverage index since 2005 was political stability and absence of violence (see left panel of figure). The association persisted even after statistical adjustment for GDP per capita, Gini coefficient (for income equality), and country population and surface area (see right panel of figure). None of the other dimensions of governance was associated with coverage after the statistical adjustment.[2]

Responses to effectively address the health needs of conflict-affected populations must be based on sound public health information and guided by evidence on the most cost-effective interventions. Multiple methodological challenges and data gaps in virtually all conflict settings weaken the ability to mount an effective public health response.[3] In addition, inadequate scientific evidence exists on the specific risks for women's and children's health and nutrition and on what interventions can be delivered in and are effective in humanitarian settings.[4]

Notes

1. See the website of the World Bank's Worldwide Governance indicators project (http://info.worldbank.org/governance/wgi/#home) for information on these dimensions. 2. The analysis excludes countries with extremely poor governance, such as those with extensive armed conflict, because they lack national surveys. Including these countries would likely have yielded an even stronger association. 3. Checchi and others 2017. 4. Blanchet and others 2017; Warren and others 2015.

Political stability and absence of violence is the strongest predictor of high and equitable coverage of reproductive, maternal, newborn, child and adolescent health interventions even after statistical adjustment for GDP per capita, Gini coefficient, and country population and surface area



Source: Re-analysis of Demographic and Health Survey, Multiple Indicator Cluster Survey and Reproductive and Health Survey datasets and The World Bank's Worldwide Governance indicators (http://info.worldbank.org/governance/wgi/#home) by the International Center for Equity in Health, Federal University of Pelotas, Brazil.

evidence of adverse consequences, including outbreaks of vaccine-preventable[12] and diarrhoeal diseases[13] (such as cholera in Yemen) and higher prevalence of acute malnutrition[14] and mental health problems[15] in conflict settings, but there is less clear evidence of adverse effects on national HIV trends,[16] malaria incidence and mortality,[17] respiratory disease transmission and mortality,[18] and maternal and newborn health risks. Studies from refugee camps in protracted conflict settings show encouraging results compared with the host populations—such as lower or equal maternal

mortality[19] and child malnutrition[20] and adequate intervention coverage for maternal and child health[21] and HIV treatment,[22] despite unusual and often stressful circumstances.

In an analysis of survey data from 59 *Countdown* countries with available data since 2005 the growing numbers and different types of conflict situations and their devastating health consequences, particularly for women, children and adolescents, indicate an urgent need for the global community to prioritize humanitarian settings (box 6.3). The lack of data on conflict situations is an acute problem that must be addressed—without data, countries and their partners cannot rationally plan services or monitor progress in reaching the internally displaced persons and refugees living within their borders. Better measurement and monitoring of women's, children's and adolescents' health in conflict settings are essential to mitigate the impact of displacement and violence on their access to health services and on their overall health and wellbeing.

7. Addressing the underlying drivers of universal health coverage

The Sustainable Development Goal framework prioritizes addressing broader determinants and human rights in order to improve health and development.[1] This emphasis recognizes the critical role of contextual factors in driving health outcomes and the need for multisectoral approaches to address them.[2] The Sustainable Development Goals also take into account supportive policy, legislative, regulatory and financial frameworks to ensure that healthcare systems are resilient and that essential services are affordable for all.

This chapter starts with context, describing how macro-level forces such as social, economic and political factors as well as natural disasters impact families and individual lives. It then presents how four main drivers of change—legislative frameworks, governance processes, financial investments and service delivery inputs—can result in strong health systems able to deliver universal health coverage. It concludes with opportunities for cross-sectoral actions to improve the lives of women, children and adolescents in *Countdown* countries as well as their access to high-quality care.

Context matters!

Political struggles, economic downturns, natural disasters, acute or chronic conflict (see chapter 6) and outbreaks of infectious diseases such as Ebola all negatively impact people's ability to access and pay for healthcare services.[3] Other social phenomena—rapid urbanization, technological innovation, migration and social emancipation—affect health in both good and bad ways. For example, urbanization reduces geographic barriers to healthcare, improves access to information and promises economic opportunity. In many urban slums fragile social networks, increased vulnerability to violence, poor housing conditions, scarcity of high-quality food and unregulated healthcare markets put people at high risk of poor health.[4]

Women's social status markedly affects their ability to seek care for themselves and for their children. Women's use of health services increases as their social position and economic opportunities improve,[5] and children's health and development are intricately tied to the social status of their mothers. Children of less educated and poor mothers have a higher risk of mortality, stunting and developmental delays than their more fortunate peers do.[6] Multipronged approaches to improve women's social and health status that combine health interventions with income-generation opportunities, micro-finance schemes, vocational training, cash transfers and greater political representation have been tried in diverse settings with varying degrees of success.[7] More research is needed to identify the best mix of interventions and approaches that will result in the greatest advancements for women, adolescent girls and their children in specific contexts (see box 7.1 for details on a new index that measures women's empowerment and assesses the direct relationship between it and the composite coverage index).

Four main drivers of change along the implementation spectrum

Countdown tracks 17 indicators to identify where countries are making progress and where action needs to be prioritized along the policy and programme implementation spectrum. The indicators are organized into four main drivers of change: legislative commitments, governance processes, financial investments and service delivery inputs.

Legislative commitments

Countdown tracks a set of national policies that support women's, children's and adolescents' health for which comparable data are available across countries. The policies include the legal status of abortion (box 7.2), legal conditions under which adolescents can access contraception,

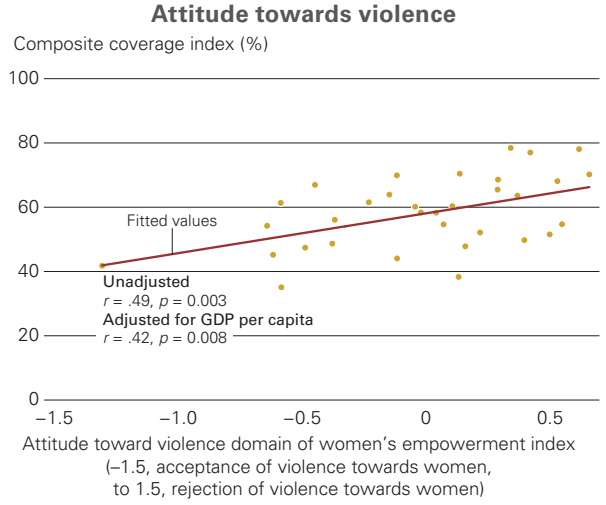
BOX 7.1

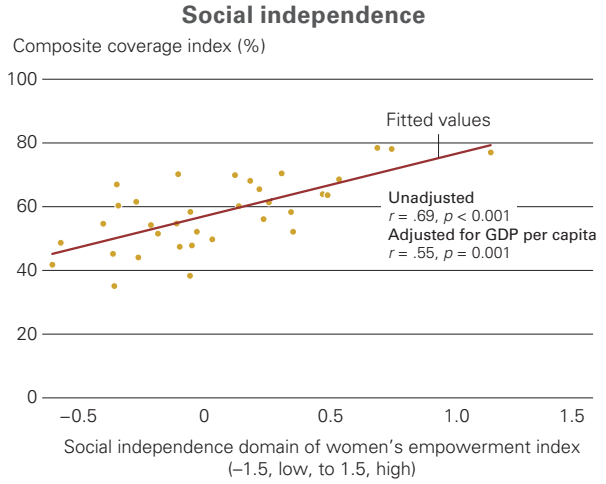
Women's empowerment and the composite coverage index

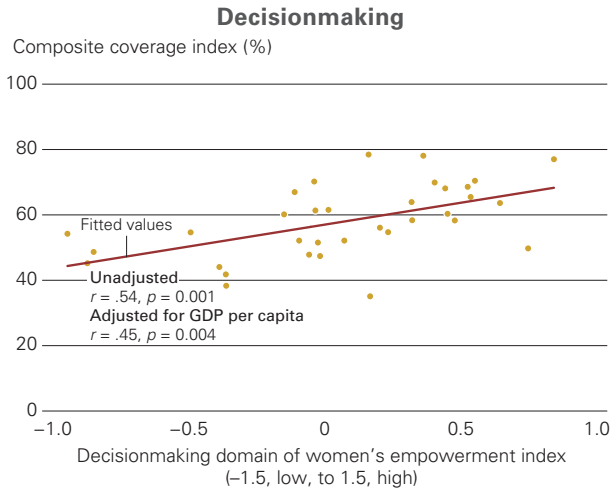
Given long-standing awareness of the link between women's empowerment with their health and the health of their children, researchers at the Federal University of Pelotas, Brazil, have developed an index that captures information on women's empowerment based on survey data. Using principal component analysis and data on 15 variables from Demographic and Health Surveys for 34 *Countdown* countries in Sub-Saharan Africa (analysing each country separately), they identified three domains: attitude towards violence, social independence and decisionmaking. The similarity of the results across countries allowed the pooling of the survey data and calculation of the three domains using the same factor loadings (variable weights) for all countries. The three domains explained 50% of the total variation in the 15 component variables in the pooled dataset. Ecological analyses with countries as the unit showed that the domains were correlated with the Gender Development Index (with a correlation coefficient of .58 for attitude to violence, .66 for social independence and .75 for decisionmaking) and that the domains were significantly correlated with several coverage indicators, including the composite coverage index (see figure), even after adjustment for GDP per capita.

Within-country analyses using women as the unit confirmed the associations in most countries. The results show a direct relationship between women's empowerment and the composite coverage index and suggest that the new index enables monitoring of women's empowerment within and between countries in Sub-Saharan Africa, assessment of trends over time and estimation of the associations between empowerment and maternal, reproductive and child health outcomes using individual-level data.

Research shows a direct relationship between women's empowerment and the composite coverage index for 34 *Countdown* countries in Sub-Saharan Africa







Source: Re-analysis of Demographic and Health Surveys by the International Center for Equity in Health, Federal University of Pelotas, Brazil.

BOX 7.2

Abortion and women's health

Complications of abortion remain a leading cause of maternal deaths.[1] Abortion (including abortion, miscarriage and ectopic pregnancy) accounts for around 7.9% of maternal deaths worldwide (with a 95% confidence interval of 4.7–13.2%), and Sub-Saharan Africa has the most maternal deaths due to abortion.[2] In 2010–14 the incidence of induced abortion in developing countries was 37 abortions per 1,000 women ages 15–44.[3] But because of widespread under-reporting, under-registration and misclassification, these data should be interpreted with caution.[4]

The legal status of abortion in countries is an important determinant of the availability of safe abortion services and postabortion care. Globally, unsafe abortion rates are higher in countries with highly restrictive abortion laws than in countries with less restrictive laws.[5] Of the 57 *Countdown* countries with 2015 data from the United Nations Population Division's policy database on the legal status of abortion, only one *Countdown* country fully restricts abortion, 31 *Countdown* countries allow abortion if the woman's life is at risk, 15 permit abortion to save the woman's life and on mental and physical health grounds and 10 allow abortion on all grounds.[6]

Information on abortion-related policies is useful not only for monitoring purposes but also for allowing women to understand the range of services that they are entitled to under the law. Many women are not aware of the legal status of abortion in their country, particularly women in countries with the highest maternal mortality.[7]

Legislation on abortion also impacts health system readiness to respond to epidemics and other events with adverse perinatal consequences, such as exposure to insufficient folate in the diet or teratogenic drugs. The Zika outbreak illustrates the complex interplay of abortion policies, women's reproductive health and rights, and health system responsiveness (see next column).

Increasing access to safe abortion services where legal and postabortion care are important for reducing deaths due to complications of abortion. A key step to eliminating unsafe abortions is reducing unintended pregnancies through a multipronged approach that includes improving access to family planning services, providing comprehensive sex education and addressing underlying determinants such as adolescent girls' access to secondary schooling. An estimated 75% of unsafe abortions could be avoided if the need for family planning were fully met.[8] Median coverage of the demand for family planning satisfied in *Countdown* countries with available data is 48%, with a range of 16–90%, indicating that substantial investment in family planning services are needed (see table 4.1 in chapter 4).

Congenital Zika Syndrome in Brazil and the interplay of abortion policies, women's reproductive health and rights, and health system responsiveness

In early 2015 an outbreak of the Zika virus was reported in Northeast Brazil, followed by an unusual increase in microcephaly cases among infants. In April 2016 the World Health Organization formally accepted evidence of a causal link between the virus and microcephaly, which is one of many birth complications related to the virus, called congenital Zika syndrome.[9]

The documented consequences of Zika virus infection generated considerable confusion and stress among women who were pregnant at the time of the outbreak or planning to become pregnant. Brazil's abortion laws are restrictive, and women have historically resorted to clandestine abortions or self-induced pregnancy termination. No legal framework allows women living in Brazil to terminate a pregnancy following confirmation of a Zika virus infection and an ultrasound showing abnormal foetal development. The options for these women are to carry the pregnancy to term and face a high risk of delivering a child with serious, irreversible congenital problems or to put their own health at risk by inducing an abortion without proper medical supervision.[10] Some evidence indicates that demand for abortion medications (mifepristone and misoprostol) increased in Brazil after the onset of the Zika epidemic.[11] Preliminary results from a June 2016 survey also showed that women in Brazil were postponing pregnancy to avoid Zika-related birth defects.[12]

Although the Zika epidemic may have faded from public memory, it has raised ethical issues around women's ability to legally access abortion services in Brazil and elsewhere, and the need for health systems to be able to rapidly respond to new threats that have serious consequences for newborn health.

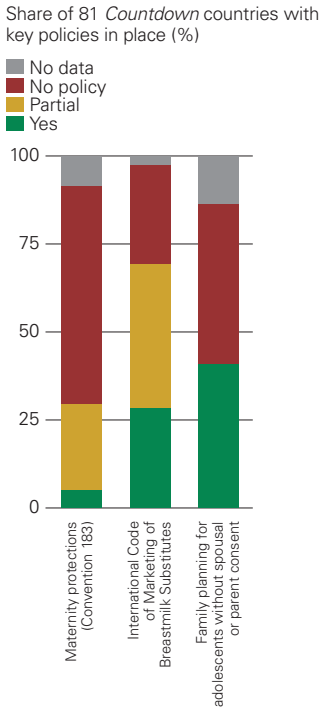
Notes

1. Alkema and others 2016; Graham and others 2016. 2. Based on modelled estimates. Åhman and Shah 2011; Say and others 2014. 3. Sedgh and others 2016. 4. Alkema and others 2016; Campbell and others 2016; Sedgh and others 2016. 5. Ganatra and others 2017; Johnson and others 2017; Singh 2009. 6. United Nations Population Division Policy Database on Fertility, Family Planning and Reproductive Health (https://esa.un.org/poppolicy/WPPDatasets/2015_WPPDataset_Fertility_FP_RH.xls,) 7. Assifi and others 2016; Coast and Murray 2016. 8. WHO 2011. 9. CDC 2016; Costello and others 2016; WHO 2016d. 10. Castro 2016. 11. Aiken and others 2016. 12. Diniz, Medeiros and Madeiro 2017.

labour laws on maternity protection, regulation against the marketing of breastmilk substitutes and legislation on food fortification (see figure 3.5 in chapter 3). Less than half of the 81 *Countdown* countries reported having legislation allowing adolescents to access family planning without spousal or parent consent, less than a third have fully adopted the international code on the marketing of breastmilk substitutes and only 5% have fully adopted legislation on maternity protection (Convention 183; figure 7.1). Further research is needed on enforcement of these and other important legislative commitments—such as laws on child marriage, girls' access to education, domestic violence and female genital mutilation. *Countdown* is working closely with the World Health Organization Policy Reference Group, which was formed in 2017, to increase the quality and quantity of information on supportive policies in the health sector and other sectors, which will enhance global and country monitoring efforts.

FIGURE 7.1

Only 5% of *Countdown* countries have fully adopted legislation on maternity protection



Source: Maternity protections (Convention 183), ILO 2013; International Code of Marketing of Breastmilk Substitutes, WHO 2016c; family planning for adolescents without spousal or parent consent, 2014 and 2016 rounds of the Global Maternal, Newborn, Child and Adolescent Health Policy Indicator Survey conducted by the World Health Organization Department of Maternal Child and Adolescent Health.

Governance processes

Good governance is essential for adopting and implementing effective policies and programmes and for ensuring that health spending aligns with health needs.[8] Numerous analyses have explored the power structures and governance processes that influence policies for reproductive, maternal, newborn, child and adolescent health in various contexts (for example, how policy issues related to reproductive, maternal, newborn and child health are framed, who the actors that support or block specific policies are, what organisational mechanisms support their review and implementation and whether funding and other service delivery inputs support their operationalization).[9] These analyses have helped explain why, for example, maternal health or integrated community case management became a priority in some countries and not in others.

Countdown tracks a set of indicators on governance processes that reflect how countries prioritize reproductive, maternal, newborn and child health: costed national plans for maternal, newborn and child health; maternal death notification and review; and civil society involvement in national planning and review processes. Only 43% of *Countdown* countries reported having a costed national plan for maternal, newborn and child health, indicating that countries and their partners need to work together to develop integrated and comprehensive costed plans for women's, children's and adolescents' health that are in line with the new Sustainable Development Goal framework (figure 7.2).

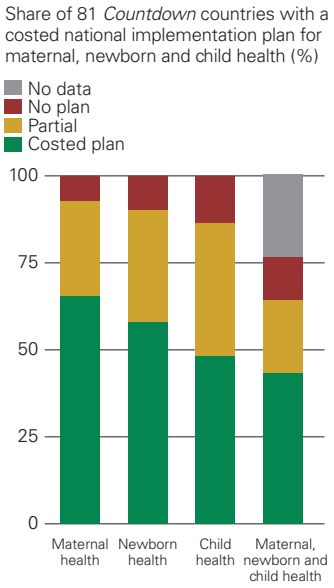
Involving civil society in national planning and review processes is critical for ensuring that policies and programmes reflect priorities on the ground and for holding governments to account for progress.[10] However, only 15 *Countdown* countries reported on this indicator in the latest (2016) World Health Organization policy survey questionnaire. Much more work is needed to determine how to accurately collect this information from both government and civil society representatives across different settings.

Financial investments

Understanding the full picture of financial resources for health requires tracking government and external expenditures as well as out-of-pocket expenditures. Such information helps determine the burden of payments for health services on households, enables comparison of resource

FIGURE 7.2

Only 43% of *Countdown* countries have a costed national plan for maternal, newborn and child health



Source: 2010, 2014 and 2016 rounds of the Global Maternal Newborn Child and Adolescent Health Policy Indicator Survey conducted by the World Health Organization Department of Maternal Child and Adolescent Health.

allocation relative to need and holds donors and governments to account for sufficiently funding the healthcare system. Domestic resource tracking has seen several advancements recently (box 7.3). Chatham House, an international think tank, recommends that governments spend at least US$86 per person whenever possible and at least 5% of GDP on health each year.[11] Of the 79 *Countdown* countries with available data, 25 meet this standard. For the 79 *Countdown* countries with available data, the median government expenditure on health per capita is $26. The Abuja Declaration calls on governments to allocate 15% of government expenditure on health, but only 6 *Countdown* countries—Dominican Republic, Ethiopia, Guatemala, Malawi, Nicaragua and Swaziland—have met or exceeded this target. Chatham House also recommends that out-of-pocket expenditure be less than 20% of total expenditure on health to avoid catastrophic expenditures for households. Only 12 of the 78 *Countdown* countries with available data meet this standard.

Countdown tracks official development assistance flows to reproductive, maternal, newborn and

BOX 7.3

Advancements in tracking domestic expenditure on reproductive, maternal, newborn and child health

Domestic expenditure, which encompasses government expenditure as well as prepaid private and out-of-pocket expenditure, is crucial to the sustainability of reproductive, maternal, newborn and child health achievements. In contrast to external expenditure, government and prepaid private funding are typically more stable over the long term and can be used both for specific programmes and for strengthening the overall health system. Minimizing out-of-pocket expenditure protects people from financial risk and reduces health inequities.

Prior to 2011, many efforts to track domestic expenditure on reproductive, maternal, newborn and child health were conducted as national health account subaccounts. However, these tracking exercises lacked comparability and comprehensiveness. National health account subaccounts were not designed to account for multiple health priority areas simultaneously, leading to double-counting of health expenditures across reproductive health, child health, HIV and malaria subaccounts.[1] And differences in accounting methods across countries and years meant rigorous cross-country comparisons and trend analyses could not be performed.[2]

The System of National Health Accounts 2011 approach was designed to address these shortcomings.[3] It has standardized guidelines for allocating expenditure across disease areas and other health priority realms, including specific definitions, and recommends embedding disease expenditure tracking into the health accounting process more generally.[4] The World Health Organization now hosts more than 30 reproductive, maternal, newborn and child health accounts that are based in the System of National Health Accounts, and 12 countries have produced full disease breakdowns.[5] The System of National Health Accounts framework has improved the ability to assess reproductive, maternal, newborn and child health financing; compare it to other funding streams; and identify investment opportunities and funding gaps.

Notes

1. WHO 2007, 2009. 2. Bhawalkar 2015; OECD, Eurostat and WHO 2011. 3. Cogswell and others 2013. 4. OECD, Eurostat and WHO 2011. 5. Based on data from the World Health Organization Global Health Expenditure Database (http://apps.who.int/nha/database/DocumentationCentre/Index/en); Cogswell and others 2013.

child health using a detailed and precise method based on manual coding of aid projects according to a predefined framework. Official development assistance and private foundation flows based on this method for 2003–13 showed similar trends for all countries and for the 75 *Countdown to 2015* countries.[12] Total official development assistance and private foundation flows to the health sector more than tripled over the period, and official development assistance and private foundation flows to reproductive, maternal, newborn and child health increased at a similar rate. Child health saw the most substantial increase in funding, followed by reproductive and sexual health and maternal and newborn health. Official development assistance and private foundation flows to the health sector and to reproductive, maternal, newborn and child health were concentrated in the 75 *Countdown to 2015* countries, and flows to reproductive, maternal, newborn and child health in *Countdown* countries increased 12% from 2012 to 2013. Targeting of official development assistance and private foundation flows to the countries with the greatest health needs improved, particularly for child health. However, funding decreased for general budget support and grew more concentrated in donor-driven project funding. Although the sustained increase in funding for reproductive, maternal, newborn and child health and the improved targeting are encouraging, forecasts for these trends are mixed, and considerable misallocation still exists.[13]

Part of the financial tracking work of *Countdown* has involved a systematic comparison of available tracking methods—*Countdown*'s method; the Partnership for Maternal, Newborn & Child Health's Muskoka method; the Organisation for Economic Co-operation and Development's reproductive, maternal, newborn and child health policy marker; and the Institute for Health Metrics and Evaluation's method. The comparison found that differences in results across methods are due to differences in underlying conceptual frameworks; in methods for apportioning aid for reproductive, maternal, newborn and child health; in definitions of reproductive, maternal, newborn and child health activities; in inclusion of different donors; and in handling of aid to unspecified recipients. The *Countdown* approach was the most precise and detailed method but is very labour intensive and difficult to replicate. Based on the findings of the methods comparison, *Countdown* now uses the Muskoka method in tracking official development assistance to reproductive, maternal, newborn and child health, overall and per capita.

Service delivery inputs

Delivering high-quality healthcare services requires a sufficient number of adequately trained healthcare workers, a strong referral network and a functioning supply chain that ensures that healthcare workers are equipped with all needed supplies and medicines. For example, efforts to increase facility births have not led to expected gains in maternal and newborn health largely because of systematic deficiencies in key service delivery inputs in many *Countdown* countries.

To monitor progress in human resources for health, *Countdown* tracks the density of doctors, nurses and midwives and how many of the seven obstetric signal functions[14] that midwives are authorized to deliver. Only 25% of *Countdown* countries meet the standard of 23 doctors, nurses and midwives per 10,000 population, which the World Health Organization considers necessary to achieve high coverage of essential health interventions in high-burden countries.[15] Only 45 of the 73 *Countdown* countries with available data authorize midwives to perform all seven signal functions. The removal of retained products of conception is authorized in the fewest countries (53), followed by assisted vaginal delivery (57).

To capture system readiness to provide emergency obstetric care, *Countdown* tracks the national availability of emergency obstetric care facilities. The median percentage of the minimum acceptable number of emergency obstetric care facilities[16] in the 30 *Countdown* countries with data since 2010 is 40% (with a range of 13% to 93%).

Countdown also tracks progress in the inclusion of key reproductive, maternal, newborn and child health commodities on country essential medicines lists and has proposed a set of indicators for monitoring the entire supply chain.[17]

Moving forward: working in and outside the universal health coverage box

Multisectoral actions are required to realize the Sustainable Development Goals universal health coverage agenda[18] and to support all women's, children's and adolescents' rights to survive, thrive and transform. Achieving universality means tackling complex social and health systems problems that are roadblocks to the delivery and uptake of affordable health services, particularly for the underserved. For example, in some *Countdown* countries many women work in the informal sector, which rarely provides them access

to health insurance. In turn, they often seek care from providers that are not well connected with the formal care sector and that tend to be inadequately trained, supervised and remunerated. Thus, the most vulnerable women are also the most likely to receive substandard care.[19]

The universal health coverage prerogative means that healthcare packages designed for women, children and adolescent girls must include curative, preventive and promotive services. However, in many countries health insurance plans exclude family planning, limiting women's and adolescent girls' ability to plan or prevent pregnancies and exercise their sexual and reproductive health rights. Decisions regarding what services to include in insurance plans and other health care delivery strategies are fundamentally political ones.[20] We have to work together to increase the use of evidence in decisionmaking and to mobilize greater political prioritization of essential reproductive, maternal, newborn and child health services.[21]

The roadmap to universal health coverage should encompass financial protection schemes and management strategies to ensure that the right services are provided at the right time—and at a high level of quality. Harmful practices that financing strategies for universal health coverage inadvertently incentivize need to be eliminated. A prime example is the rising rates of unnecessary caesarean sections conducted without medical indications in many urban settings of *Countdown* countries.[22] Another example is the misuse of antibiotics by private sector providers to treat uncomplicated diarrhoea, which directly competes with cost-effective alternatives such as oral rehydration salts and zinc and puts the world in jeopardy of antibiotic resistance.[23]

A missed opportunity to strengthen healthcare service delivery and the continuity of care in many *Countdown* countries is better use of community platforms and civil society. Communities are not homogeneous, and capacity building is needed to strengthen their ability to hold governments and healthcare providers to account for good-quality care.[24] And community health worker strategies should be based on an integrated approach to reproductive, maternal, newborn and child health rather than driven by vertical programmes.[25]

We must invest deeply in transforming health service delivery to capitalize on the opportunities provided by the Sustainable Development Goals and ensure that gains in maternal, newborn and child survival can be sustained, while working across education, labour and agriculture to ensure that women, adolescents and children are also able to thrive and transform.

8. Concluding remarks: Transforming the *Countdown* for tracking progress in the Sustainable Development Goals era

The Sustainable Development Goals call for a comprehensive and integrated health agenda, with universal health coverage at the centre of the health goal. The Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health translates the Sustainable Development Goal framework into a survive–thrive–transform framework that goes well beyond reproductive, maternal, newborn, child and adolescent health and nutrition. This first *Countdown* report in the Sustainable Development Goals era shows both how we will continue to address the unfinished "survive" agenda in the 81 highest mortality countries and how we have begun to address the broader "thrive and transform" agenda of women's, children's and adolescents' health. Three main conclusions emerge from this synthesis of data on coverage, equity and drivers from the 81 *Countdown* country profiles and other data sources.

First, coverage of many of the essential reproductive, maternal, newborn and child health and nutrition interventions that *Countdown* tracks showed substantial progress during the past decade, but many countries remain far from universal coverage. Moreover, there is growing evidence of the limited quality of services across *Countdown* countries because of a lack of basic inputs—such as adequate stock of medicine and a sufficient number of trained health workers—thus limiting the impact on women's, children's and adolescents' health outcomes.

Second, inequalities in intervention coverage between the poorest and the richest can be virtually eliminated, as several *Countdown* countries have shown. Within-country inequalities in coverage are falling in most countries, but the pace is too slow. In some countries wide poor–rich, urban–rural and geographic gaps persist for most reproductive, maternal, newborn and child health and nutrition interventions.

Third, context matters for women's, children's and adolescents' health. Improving the policy and programme implementation in *Countdown* countries includes adopting supportive policies and strategies (for example, to promote inclusiveness and effectiveness), good governance (for example, effective management of integrated and intersectoral approaches and partnerships with and regulation of the private sector), adequate financing (for example, to ensure financial protection against catastrophic health spending, protecting official development assistance flows and increasing domestic resources for women's, children's and adolescents' health) and a resilient health services delivery system (for example, a trained health workforce, a reliable supply chain system and good quality of services). More attention and better data to guide actions are overdue for addressing the health needs of the growing number of women, children and adolescents in countries affected by conflict or other humanitarian emergencies. And improving women's social status and economic opportunities must take centre stage in the years ahead to break the intergenerational cycle of poverty in many settings and to promote health and well-being in this and future generations. Further research is needed to refine a theory of how contextual factors and other underlying drivers influence health outcomes at both the micro and macro levels and to develop coordinated multisectoral strategies to address them.

The findings demonstrate the need for countries to set medium-term coverage targets (such as for 2020 and 2025), including an inequality dimension, for selected indicators across the continuum of care in order to closely monitor progress towards universal health coverage and the 2030 Sustainable Development Goals. Efforts to reach all women, children and adolescents should also be underpinned by better monitoring and measurement of the quality of services, greater use

of health facility data for local action, more attention to the number of individuals not reached, greater disaggregation of available data for improved targeting of services, use of simple understandable indexes (such as the composite coverage index) to assess progress and use of tools that link coverage data to lives saved and resource allocation.[1]

An important limitation of *Countdown*'s analysis of progress is the lack of recent data on key indicators and inequality dimensions. Despite major improvements in data availability, there are not enough recent data points to assess whether the improvement in survival and programme performance during the Millennium Development Goal era is accelerating. *Countdown* makes minimal use of predictions and aims to "let the country data speak" as much as possible. This implies that time periods rather than individual years are used to assess trends, with some variability in data collection periods across countries. *Countdown* analyses are also limited by the scarcity of information on such critical topics as coverage of reproductive, maternal, newborn, child and adolescent health and nutrition interventions in conflict settings; the quality of care for essential interventions; and subnational data on, for instance, health service inputs. Further work is ongoing to address these measurement gaps, both within and outside *Countdown*.

High-quality data are needed to track progress, inform policies and programmes and ensure accountability at the global, regional, national and local levels. The preferred way to obtain better data on mortality and cause of death is through sample registration systems, which should eventually lead to complete civil registration and vital statistics systems.[2] Population-based surveys must be conducted regularly because they are key sources of representative intervention coverage data that can be disaggregated by multiple demographic, socioeconomic and geographic dimensions. Linking population and health facility surveys is currently the best way to measure access to and quality of specific services. More research is needed on how best to capture the quality of care through linking of existing surveys and through other methods and data sources.[3] Increasing the sample size of population-based surveys to allow better geographic disaggregation and investing in the quality and coverage of administrative data are essential for improving the targeting of interventions to underserved women, children and adolescents. Health facility data, including routine reporting systems and facility surveys, can be used to improve monitoring at the local level, as long as facilities report data completely and accurately.[4] Investments are also needed to improve country capacity to use routine data for decisionmaking. Special studies are needed on how to best collect information on health needs and the coverage of essential interventions for women, children and adolescents in conflict situations. Efforts are under way by the World Health Organization to improve collection of data on policies, systems measures and governance processes, which will improve understanding of how these factors shape women's, children's and adolescents' health and well-being.

Countdown is responding to the broad agenda of the survive–thrive–transform framework in multiple ways, while preserving its core features. *Countdown* will continue to publish independent comprehensive analyses of progress towards universal health coverage of cost-effective interventions that address the main causes of maternal, neonatal and child deaths. This will include *Countdown* publications as well as analytical input into other products in support of the Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health, such as reports of the Independent Accountability Panel, the Global Nutrition Report and others.

Countdown is investing in improving the measurement of intervention coverage, including for quality of care, nutrition and equity and in conflict settings. *Countdown* also aims to improve the measurement and understanding of key drivers of coverage, such as governance and financing. *Countdown* is working with the Lancet Commission on Adolescent Health and the early childhood development community to expand analyses and contributions in these two areas. And through its regional networks, *Countdown* is focusing on strengthening regional and country analytical capacity to collect, analyse and use data on women's, children's and adolescents' health. *Countdown* is working with national public health institutions and ministries of health in its regional networks in Latin America and the Caribbean, West and Central Africa, and Eastern and Southern Africa. Each regional network includes strong leadership by regional institutions and close collaboration with UN agencies and the Health Data Collaborative to ensure systemwide approaches. In addition, *Countdown* is continuing its engagement in country-specific studies, including countries affected by conflict. It will be critical for global initiatives—notably the Global Financing Facility; Gavi, the Vaccine Alliance; and the Global Fund to Flight AIDS, Tuberculosis

and Malaria—to align their financing and implementation activities behind these efforts to strengthening country analytical capacity.

The Every Woman Every Child community should capitalize on the opportunities provided by the Sustainable Development Goals to generate greater visibility, resources and action for women's, children's and adolescents' health. This report presents compelling evidence of progress and of major persistent gaps and inequalities in the coverage of interventions across the continuum of care, justifying continued prioritization of reproductive, maternal, newborn, child and adolescent health and nutrition in the context of universal health coverage and the Sustainable Development Goals with their challenging 2030 targets. At the same time a broader and more integrated approach across sectors is needed because countries face a much wider range of challenges for women's, children's and adolescents' health and nutrition as they undergo the health and nutrition transitions. *Countdown* is a unique global platform that allows collaboration among multiple constituencies in multiple subject areas, with a focus on tracking progress, improving measurement and strengthening country evidence and analytical capacity for women's, children's and adolescents' health. Through this platform *Countdown* will continue providing needed evidence to push the survive–thrive–transform agenda forward.

Notes

Chapter 1

1. Sustainable Development Goal Framework (https://unstats.un.org/sdgs/).
2. Global Strategy (2016–2030) (www.who.int/life-course/publications/global-strategy-2016-2030/en/).
3. Global Finance Facility website (www.globalfinancingfacility.org).
4. See annex C for detailed information on *Countdown*'s governance structure.

Chapter 2

1. Alkema and others 2016; UN Inter-agency Group for Child Mortality Estimation 2017; Victora and others 2016b.
2. UN Inter-agency Group for Child Mortality Estimation 2017.
3. Blencowe and others 2016; WHO and UNICEF 2014.
4. This is a global target. There are separate country-level targets. The primary national target is that by 2030 every country should have reduced its maternal mortality ratio by at least two-thirds from its 2010 baseline. The secondary target, which applies to countries with the highest maternal mortality burdens, is that no country should have a maternal mortality ratio above 140 deaths per 100,000 live births by 2030. Alkema and others 2016; WHO 2015.
5. Blencowe and others 2016.
6. Alkema and others 2016. The last UN update of maternal mortality levels and trends was completed in 2015 to inform the final assessment of the Millennium Development Goals and acknowledged large uncertainty with the estimates because of a lack of recent data.
7. WHO 2014a.
8. UN Inter-agency Group for Child Mortality Estimation 2017.
9. Liu and others 2015.
10. Liu and others 2015.
11. Black and others 2013.
12. Cousens and others 2011.
13. Say and others 2014.
14. WHO 2014a.
15. The male to female mortality ratio varies by level of mortality (Alkema and others 2014). Therefore, the assessment of gender bias needs to take into account the expected association between male and female mortality at different levels of mortality in the absence of discrimination (Costa, da Silva and Victora 2017).
16. UN Inter-agency Group for Child Mortality Estimation 2017.
17. Alkema and others 2014.
18. United Nations Population Division 2014.
19. UN Inter-agency Group for Child Mortality Estimation 2017.
20. Data extracted from CME Info country profiles (http://childmortality.org/files_v21/download/UNIGME%20Total%20U5MR,%20IMR%20and%20NMR%20database.xlsx).
21. UN Inter-agency Group for Child Mortality Estimation 2017.
22. Alkema and others 2016.
23. Blencowe and others 2016; UN Inter-agency Group for Child Mortality Estimation 2017.
24. UN Inter-agency Group for Child Mortality Estimation 2017.
25. Hill and others 2007; WHO 2014b.

Chapter 3

1. The World Health Assembly 2025 global nutrition targets (adopted in 2012) are a 40% reduction in the number of children under age 5 who are stunted, a 50% reduction in anaemia among women of reproductive age, a 30% reduction in low birthweight, no increase in childhood overweight, an increase up to at least 50% in the rate of exclusive breastfeeding in the first six months and a reduction of childhood wasting to less than 5%.
2. Black and others 2008, 2013; Britto and others 2017.
3. Black and others 2017.
4. Black and others 2008, 2013; Graham and others 2016.
5. NCD Risk Factor Collaboration 2017.
6. Bhutta and others 2013; Lee and others 2017.
7. Campbell and others 2016.
8. Fall and others 2015.
9. World Health Organization Global Health Observatory (www.who.int/gho/maternal_health/reproductive_health/adolescent_fertility/en/).
10. Bhutta 2016; Bhutta and others 2017a.
11. UNICEF, WHO and World Bank Group 2017.
12. Bangladesh, Chad, Comoros, Djibouti, The Gambia, India, Indonesia, Mauritania, Nepal, Niger, Pakistan, Sudan, Timor-Leste and Yemen.
13. Overweight in children under age 5 is defined as weight-for-height that is two or more standard deviations above the World Health Organization child growth standards median.
14. NCD Risk Factor Collaboration 2017.
15. Black and others 2013; Victora and others 2016b.
16. UNICEF 2015.
17. Vaivada and others 2017.
18. Food Fortification Initiative website (www.ffinetwork.org/why_fortify/index.html).

19. World Health Organization Global Health Observatory (www.who.int/gho/ncd/risk_factors/overweight/en/).
20. Bhutta 2017; Bhutta and others 2017b.
21. Work on defining a standard set of indicators is under way through the United Nations Children's Fund/World Health Organization Technical and Expert Advisory Group on Nutrition Monitoring.
22. www.globalnutritionreport.org.
23. Heyman, Raub and Earle 2013.
24. Victora and others 2016a.
25. www.globalnutritionreport.org.

Chapter 4

1. Bryce and others 2003; Jones and others 2003.
2. WHO 2013.
3. Moucheraud and others 2016; WHO and UNICEF 2014.
4. Kruk, Larson and Twum-Danso 2016.
5. Many definitions of health system quality exist; the World Health Organization has defined quality as: "the extent to which health care services provided to individuals and patient populations improve desired health outcomes. In order to achieve this, health care needs to be safe, effective, timely, efficient, equitable, and people-centered" (www.who.int/maternal_child_adolescent/topics/quality-of-care/definition/en/). This definition was developed in the context of care for pregnant women and newborns but is in line with other quality definitions and applies to health services for all populations.
6. Marchant and others 2016.
7. Donabedian 1988.
8. Ng and others 2014.
9. Hodgins and D'Agostino 2014.
10. Kruk and others 2016b.
11. Marchant and others 2015.
12. Sharma and others 2015.
13. Dickson, Kinne and Moxon 2015.
14. Readiness is defined as having the equipment, diagnostics, medicines and commodities to deliver the intervention.
15. Hodgins and others 2014.
16. Kanyangarara, Munos and Walker 2017; Kruk, Larson and Twum-Danso 2016; Marchant and others 2015.
17. Mohanan and others 2015; Winter and others 2015.
18. Heredia-Pi and others 2016; Kruk and others 2016b.

Chapter 5

1. Barros and Victora 2013.
2. The disaggregated analyses produced by *Countdown* can be accessed through the Health Equity Assessment Tool (HEAT) on the World Health Organization website (www.who.int/gho/health_equity/assessment_toolkit/en/). HEAT is a software application that facilitates the assessment of within-country health inequalities and includes recent data for the vast majority of *Countdown* countries. Equity profiles for all *Countdown* countries with available data and provide in-depth analyses of inequalities are available at www.countdown2030.org.

Chapter 6

1. Gates and others 2016.
2. UNHCR 2017.
3. CRED 2013.
4. The Uppsala Conflict Data Program considers a conflict active if there are 25 or more battle-related deaths within one calendar year (http://ucdp.uu.se/#/encyclopedia). The *Countdown* research team defined a severe conflict as one that recorded more than 5,000 battle-related deaths between 2011 and 2016 (based on data from the Uppsala Conflict Data Program database); that resulted in more than 100,000 refugees, asylum seekers and internally displaced persons originating from a country in 2016; and that proved detrimental to the livelihood of civilians, especially women and children, and their reproductive, maternal, newborn, child and adolescent health needs.
5. Even though these countries are not *Countdown* countries, they will be included in *Countdown* analyses of the impact of conflict on reproductive, maternal, newborn, child and adolescent health and nutrition. This also implies use of other data sources for these countries because national household surveys are unlikely to be available.
6. The Uppsala Conflict Data Program and other databases now disaggregate data by age and sex.
7. Roberts 2010. For instance, estimates of the ratio of civilian to military deaths in Iraq during 2003–06 range from 1.3 to 1.10.
8. UNHCR 2017.
9. Safeguarding Health in Conflict Coalition 2017.
10. Stark and Ager 2011.
11. Spiegel 2017.
12. Lam, McCarthy and Brennan 2015.
13. Ramesh and others 2015.
14. Bahwere 2014.
15. Foster and Brooks-Gunn 2015.
16. Bennett and others 2015; Paxton 2016; Spiegel and others 2007.
17. Sedda, Qi and Tatem 2015.
18. Bellos and others 2010; Kimbrough and others 2012.
19. Hynes and others 2012.
20. Mason and others 2012.
21. Hynes and others 2002; Whitmill and others 2016.
22. Mendelsohn and others 2012.

Chapter 7

1. Buse and Hawkes 2015; Rasanathan and others 2017.
2. Bishai and others 2016; Ahmed and others 2016.
3. Kruk and others 2016a; Loewenson, Nolen and Wamala 2010; McCoy and others 2014; Watts and others 2015.
4. Mberu and others 2016; Rao and Peters 2015; Rashid 2011.
5. Carlson, Kordas and Murray-Kolb 2015; Ewerling and others 2017; James-Hawkins and others 2016; Na and others 2015; Richards and others 2013; Thorpe and others 2016.
6. Victora and others 2016b; Black and others 2016.
7. Bourey and others 2015; Gibbs, Jacobson and Kerr-Wilson 2017; Lagarde, Haines and Palmer 2009.
8. Farag and others 2013; Lin and others 2014; Makuta and O'Hare 2015.

9. Burchett and others 2012; George and others 2015; Shiffman and Smith 2007; Walt and Gilson 1994.
10. Rasanathan and others 2012; Scammell and others 2016.
11. Chatham House 2014.
12. Grollman and others 2017.
13. Martinez-Alvarez and others 2017.
14. The seven services are core to the delivery of basic emergency obstetric and newborn care: administration of parenteral antibiotics, administration of parenteral anticonvulsants, administration of parenteral uterotonics, removal of retained products (manual vacuum aspiration), assisted vaginal delivery, manual removal of the placenta and resuscitation of the newborn.
15. WHO Global Workforce Alliance 2014.
16. The minimum acceptable number of emergency obstetric care facilities is 5 per 500,000 people, including one comprehensive and four basic emergency obstetric facilities.
17. See the *Countdown* website (www.countdown2030.org).
18. O'Connell, Rasanathan and Chopra 2014; Witter and others 2017.
19. Haviland and others 2014; Quick, Jay and Langer 2014.
20. Yates 2010.
21. Shiffman 2014; Smith, Shiffman and Kazembe 2014.
22. Zhao and others 2017.
23. LeFevre and others 2016.
24. George and others 2016.
25. Chilundo and others 2015; Schneider, Okello and Lehmann 2016; Zulu and others 2013.

Chapter 8

1. Johns Hopkins University Lives Saved Tool (www.livessavedtool.org); UNICEF 2016.
2. Hill and others 2007; WHO 2014b.
3. Grove and others 2015; Marchant and others 2016.
4. Maina and others 2017.

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Country profiles

The information summarized in the profiles is intended to help policymakers and their partners assess progress, prioritize actions and ensure accountability for commitments to reduce maternal, newborn, and child mortality.

The following section contains profiles for the 81 *Countdown* countries:

Afghanistan
Algeria
Angola
Azerbaijan
Bangladesh
Benin
Bhutan
Bolivia
Botswana
Burkina Faso
Burundi
Cambodia
Cameroon
Central African Republic
Chad
Comoros
Congo
Congo, Democratic Republic of the
Côte d'Ivoire
Djibouti
Dominican Republic
Equatorial Guinea
Eritrea
Ethiopia
Gabon
Gambia, The
Ghana
Guatemala
Guinea
Guinea-Bissau
Guyana
Haiti
Honduras
India
Indonesia
Iraq
Jamaica
Kenya
Korea, Democratic People's Republic of
Kyrgyzstan
Lao People's Democratic Republic
Lesotho
Liberia
Madagascar
Malawi
Mali
Mauritania
Morocco
Mozambique
Myanmar
Namibia
Nepal
Nicaragua
Niger
Nigeria
Pakistan
Panama
Papua New Guinea
Paraguay
Philippines
Rwanda
Senegal
Sierra Leone
Solomon Islands
Somalia
South Africa
South Sudan
Sudan
Suriname
Swaziland
Tajikistan
Tanzania, United Republic of
Timor-Leste
Togo
Turkmenistan
Uganda
Uzbekistan
Venezuela, RB
Yemen
Zambia
Zimbabwe

The *Countdown* country profile: a tool for action

The *Countdown* country profiles present the latest evidence to assess country progress in improving women's, children's and adolescents' health. The profiles, including an interactive version of them and all associated data, can also be found on the *Countdown* website at www.countdown2030.org.

Reviewing the information

The first step in using the country profiles is to explore the range of data presented: demographics, mortality, coverage of evidence-based interventions, nutritional status and socioeconomic equity in coverage, and information on health policies, systems and financing. Key questions in reviewing the data include:

- Are trends in mortality and nutrition status moving in the right direction? Thinking of this tool as a starting point, how much progress is necessary to reach the targets for Sustainable Development Goals 2 and 3?
- How high is coverage for each intervention? Are trends moving in the right direction towards universal coverage? Are there gaps in coverage for specific interventions?
- How equitable is coverage? Are certain interventions particularly inaccessible for the poorest segment of the population?
- Are key policies and systems measures and adequate funding in place to bring coverage of key interventions to scale?

Identifying areas to accelerate progress

The second step in using the country profiles is to identify opportunities to address coverage gaps and accelerate progress in improving coverage and health outcomes across the continuum of care. Questions to ask include:

- Are the coverage data consistent with the epidemiological situation? For example:
  - If pneumonia deaths among children under age 5 are high, are coverage levels low for careseeking for symptoms of pneumonia, and what can be done to reach universal coverage? Is the percentage of child deaths due to diarrhoea consistent with the coverage levels and trends of treatment with oral rehydration salts and zinc and improved water sources and sanitation facilities?
  - Does lagging progress on reducing maternal mortality or high newborn mortality reflect low coverage of family planning, antenatal care and skilled birth attendant, and are the necessary service delivery systems and policy frameworks in place to facilitate the scale-up of these interventions?
- Do any patterns in the coverage data suggest clear action steps? For example, coverage for interventions involving treatment of an acute need (such as treatment of childhood diseases and childbirth services) is often lower than coverage for interventions delivered routinely through outreach or that can be scheduled in advance (such as vaccinations). This gap suggests that health systems need to be strengthened, for example by training and deploying adequate numbers of skilled health workers to increase access to care.
- Do the gaps and inequities in coverage along the continuum of care suggest the need to prioritize specific interventions and increasing funding for them? For example, are countries developing programmes that target poor people where disparities in coverage between the richest and poorest quintiles are wide? Is universal access to labour, childbirth and immediate postnatal care being prioritized in countries with large coverage gaps in interventions delivered around the time of birth?

Sample profile

Continuum of Care Coverage
Gaps in coverage of key interventions along the continuum of care from pregnancy planning and prevention through childhood up to age 5 should serve as a call to action for a country to prioritize these interventions.

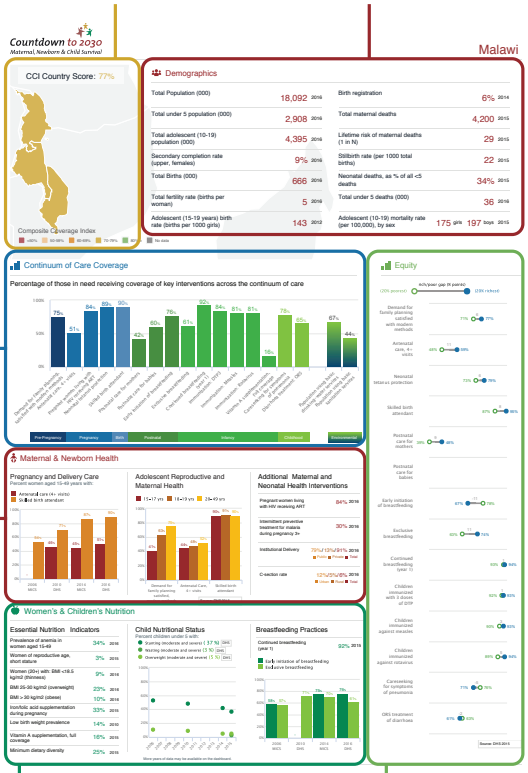
Composite Coverage Index (CCI) Country Score
Since 2008, *Countdown* has used the composite coverage index, a weighted average of the coverage of eight interventions along four stages of the continuum of care.

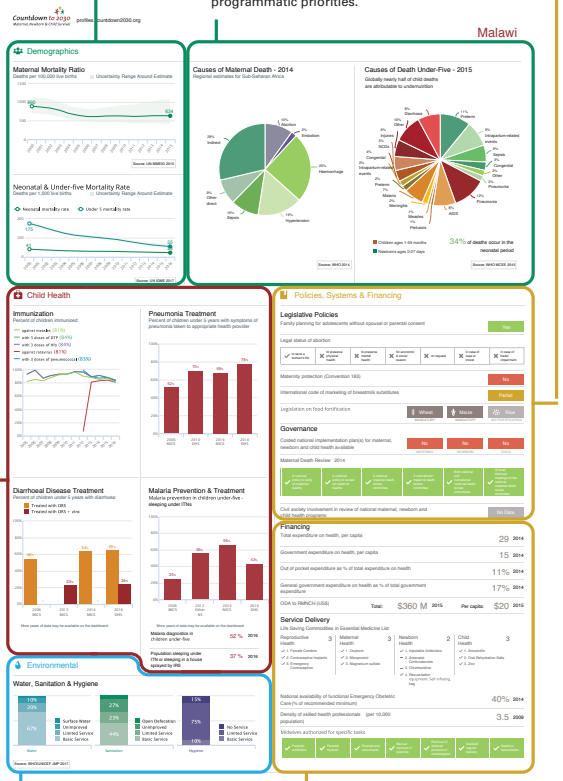
Demographics
These indicators capture information on key population characteristics, including births, birth registration, population size, fertility, mortality and stillbirths, and school completion.

Impact: Maternal Mortality Ratio and Under-Five Mortality Rate
These charts display trends over time, reflecting progress towards the Sustainable Development Goal 3 targets.

Causes of Maternal and Child Deaths
These charts provide information useful for interpreting the intervention coverage measures and identifying programmatic priorities.

Legislative Policies and Governance
These indicators show whether needed policies and plans are in place to support the introduction and scale-up of proven interventions across the continuum of care.





Women's & Children's Nutrition
While addressing persistent undernutrition among women, children and adolescents is critical for achieving Sustainable Development Goals 2 and 3, preventing a rise in child and adolescent overweight and obesity is also essential for reducing the risk of noncommunicable diseases and promoting optimal short- and long-term health and productivity.

Equity
Socioeconomic inequities in coverage highlight the need for concerted efforts to improve coverage among the poorest.

Maternal & Newborn Health
These charts show the most recent coverage levels and trends for selected reproductive, maternal, and newborn health interventions.

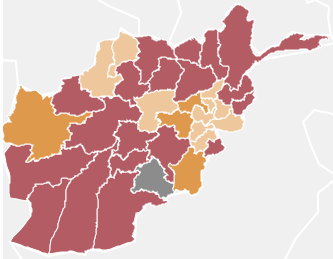
Water, Sanitation & Hygiene
Water and sanitation from improved sources are essential for reducing transmission of infectious disease.

Child Health
These charts show the most recent coverage levels and trends for selected child health interventions.

Financing and Service Delivery
These indicators provide information on health system strength and available financing for women's, children's and adolescents' health.

Afghanistan

CCI Country Score: 49%



Composite Coverage Index

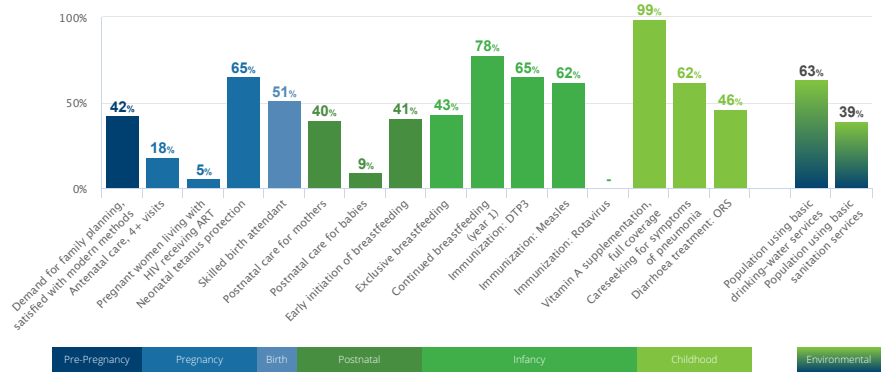
<50% | 50-59% | 60-69% | 70-79% | 80% + | No data

Demographics

Total Population (000)	34,656	2016
Total under 5 population (000)	5,233	2016
Total adolescent (10-19) population (000)	8,850	2016
Secondary completion rate (upper, females)	15%	2016
Total Births (000)	1,148	2016
Total fertility rate (births per woman)	4.6	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	90	2008
Birth registration	42%	2015
Total maternal deaths	4,300	2015
Lifetime risk of maternal deaths (1 in N)	52	2015
Stillbirth rate (per 1000 total births)	27	2015
Neonatal deaths, as % of all <5 deaths	38%	2015
Total under 5 deaths (000)	80	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	203 girls	213 boys 2015

Continuum of Care Coverage

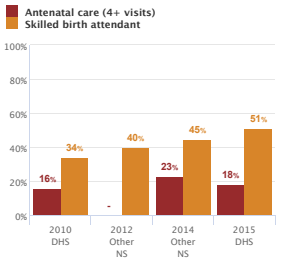
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

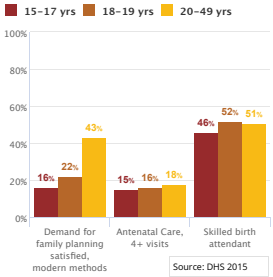
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Source: DHS 2015

Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	5%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	43%/5%/48% Public Private Total	2015
C-section rate	7%/2%/3% Urban Rural Total	2015

Women's & Children's Nutrition

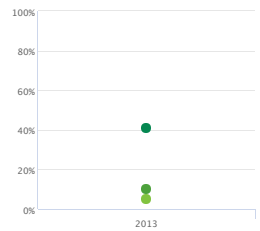
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	42%	2016
Women of reproductive age, short stature	-	-
Women (20+) with: BMI <18.5 kg/m2 (thinness)	16%	2016
BMI 25-30 kg/m2 (overweight)	19%	2016
BMI > 30 kg/m2 (obese)	8%	2016
Iron/folic acid supplementation during pregnancy	7%	2015
Low birth weight prevalence	-	-
Vitamin A supplementation, full coverage	99%	2015
Minimum dietary diversity	24%	2015

Child Nutritional Status

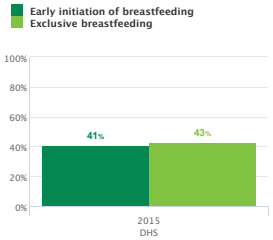
Percent children under 5 with moderate and severe:

- Stunting (41%) Other NS – 2013
- Wasting (10%) Other NS – 2013
- Overweight (5%) Other NS – 2013

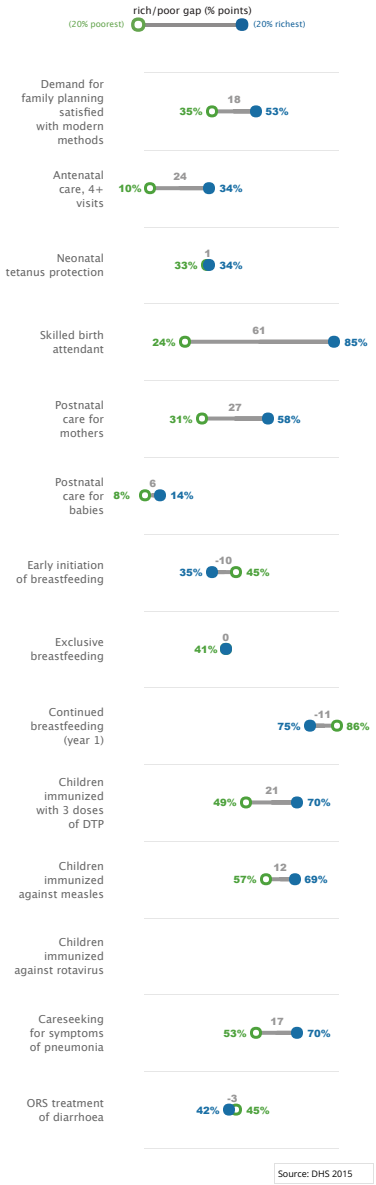


Breastfeeding Practices

Continued breastfeeding (year 1)	78%	2015



Equity

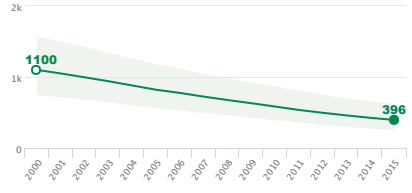


Source: DHS 2015

Afghanistan

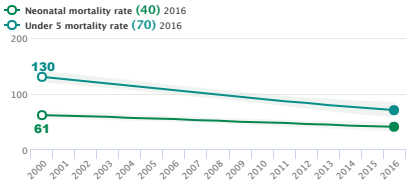
Demographics

Maternal Mortality Ratio
Deaths per 100,000 live births — Uncertainty Range Around Estimate



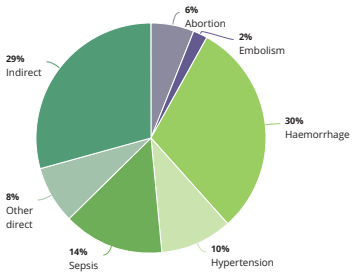
Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate
Deaths per 1,000 live births — Uncertainty Range Around Estimate



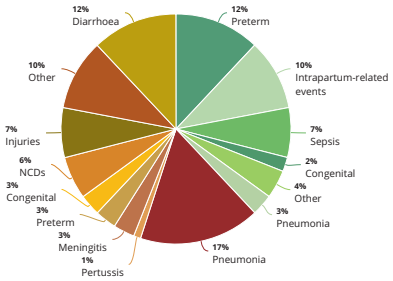
Source: UN IGME 2017

Causes of Maternal Death - 2014
Regional estimates for Southern Asia



Source: WHO 2014

Causes of Death Under-Five - 2015
Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months
Newborns ages 0-27 days

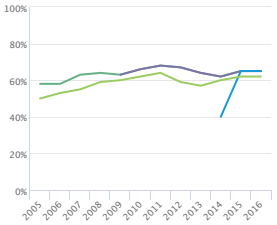
38% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

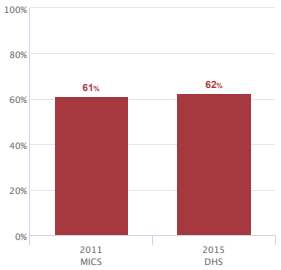
Immunization
Percent of children immunized:

- against rotavirus (–) –
- against measles (62%) 2016
- with 3 doses of DTP (65%) 2016
- with 3 doses of Hib (65%) 2016
- with 3 doses of pneumococcal (65%) 2016



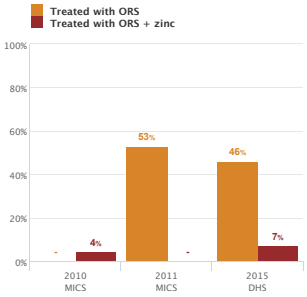
Source: WHO/UNICEF 2016 revision

Pneumonia Treatment
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider

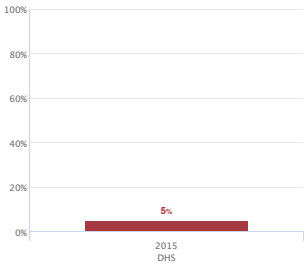


Diarrhoeal Disease Treatment
Percent of children under 5 years with diarrhoea:

- Treated with ORS
- Treated with ORS + zinc



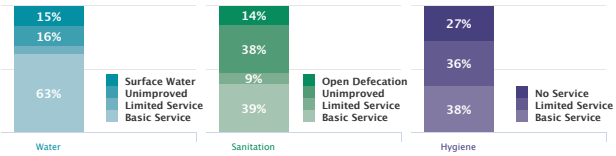
Malaria Prevention & Treatment
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	8 %	2015
Population sleeping under ITN or sleeping in a house sprayed by IRS	4 %	2015

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent: No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✗	✗

Maternity protection (Convention 183): No

International code of marketing of breastmilk substitutes: Yes

Legislation on food fortification

Wheat	Maize	Rice
VOLUNTARY	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
Yes	Yes	No

Maternal Death Review 2016

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✓

Civil society involvement in review of national maternal, newborn and child health programs: Partial

Financing

Total expenditure on health, per capita	57	2016
Government expenditure on health, per capita	20	2016
Out of pocket expenditure as % of total expenditure on health	64%	2016
General government expenditure on health as % of total government expenditure	12%	2014

ODA to RMNCH (US$) — Total: $327 M 2015 — Per capita: $10 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 3	Newborn Health 2	Child Health 3
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✓ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	✗ 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

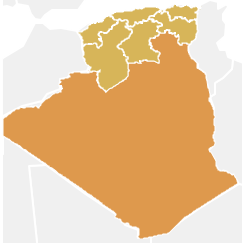
National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -
Density of skilled health professionals (per 10,000 population)	6.6 2014

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Algeria

CCI Country Score: 76%



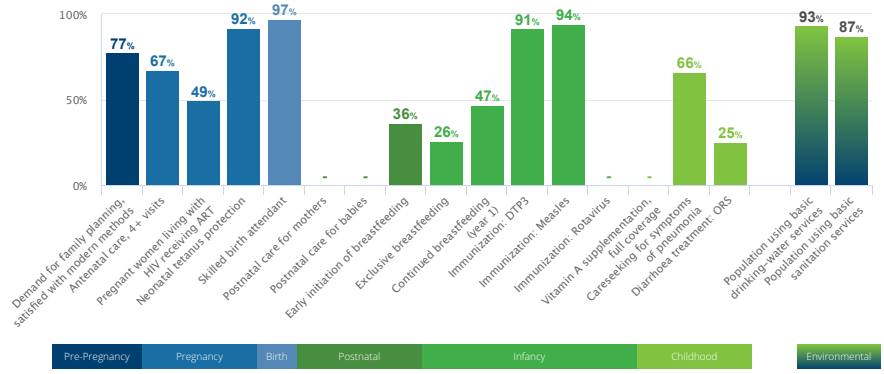
Composite Coverage Index
<50% 50-59% 60-69% 70-79% 80% + No data

Demographics

Total Population (000)	40,606	2016
Total under 5 population (000)	4,699	2016
Total adolescent (10-19) population (000)	5,971	2016
Secondary completion rate (upper, females)	47%	2016
Total Births (000)	935	2016
Total fertility rate (births per woman)	2.8	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	12	2013
Birth registration	100%	2013
Total maternal deaths	1,300	2015
Lifetime risk of maternal deaths (1 in N)	240	2015
Stillbirth rate (per 1000 total births)	19	2015
Neonatal deaths, as % of all <5 deaths	61%	2015
Total under 5 deaths (000)	24	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	39 girls 89 boys	2015

Continuum of Care Coverage

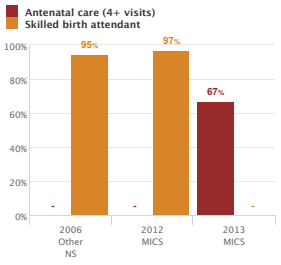
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

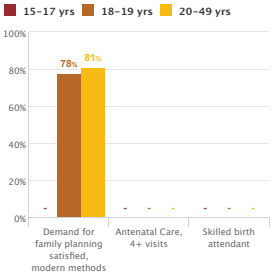
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	49%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	88%/9%/97% Public Private Total	2013
C-section rate	18%/13%/16% Urban Rural Total	2013

Women's & Children's Nutrition

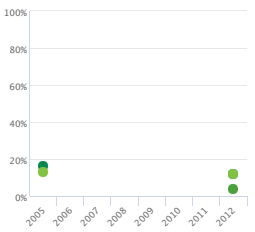
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	36%	2016
Women of reproductive age, short stature	-	-
Women (20+) with: BMI <18.5 kg/m2 (thinness)	3%	2016
BMI 25-30 kg/m2 (overweight)	32%	2016
BMI > 30 kg/m2 (obese)	36%	2016
Iron/folic acid supplementation during pregnancy	-	-
Low birth weight prevalence	6%	2006
Vitamin A supplementation, full coverage	-	-
Minimum dietary diversity	-	-

Child Nutritional Status

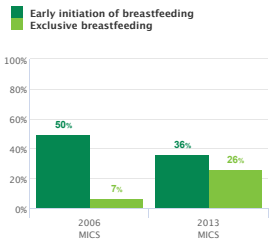
Percent children under 5 with moderate and severe:

Stunting (12%) MICS – 2012
Wasting (4%) MICS – 2012
Overweight (12%) MICS – 2012

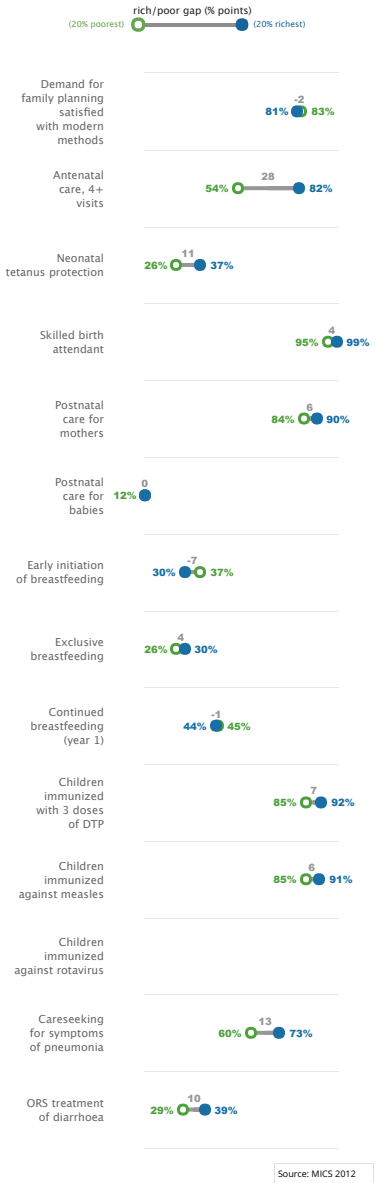


Breastfeeding Practices

Continued breastfeeding (year 1)	47%	2013



Equity

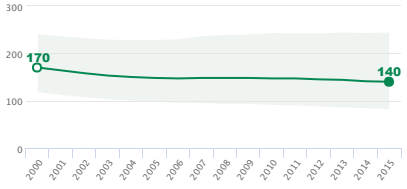


Source: MICS 2012

Algeria

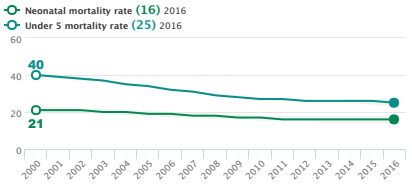
Demographics

Maternal Mortality Ratio
Deaths per 100,000 live births — Uncertainty Range Around Estimate



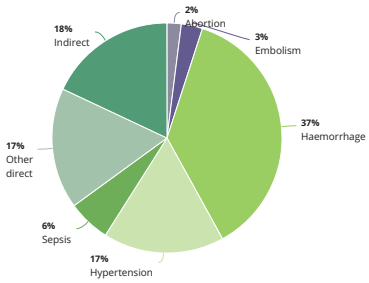
Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate
Deaths per 1,000 live births — Uncertainty Range Around Estimate



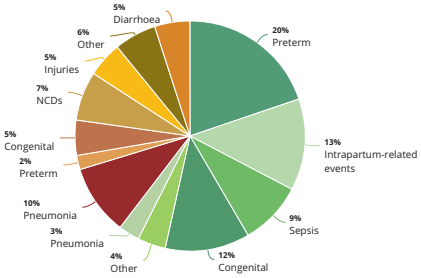
Source: UN IGME 2017

Causes of Maternal Death - 2014
Regional estimates for Northern Africa



Source: WHO 2014

Causes of Death Under-Five - 2015
Globally nearly half of child deaths are attributable to undernutrition



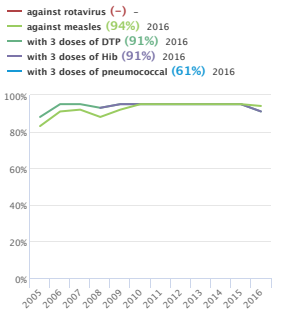
Children ages 1-59 months
Newborns ages 0-27 days

61% of deaths occur in the neonatal period

Source: WHO MCEE 2015

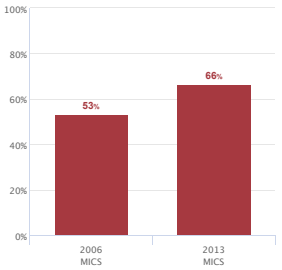
Child Health

Immunization
Percent of children immunized:

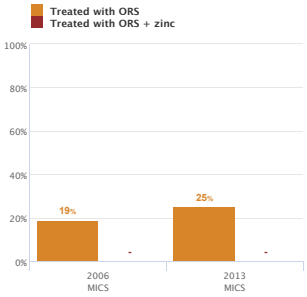


Source: WHO/UNICEF 2016 revision

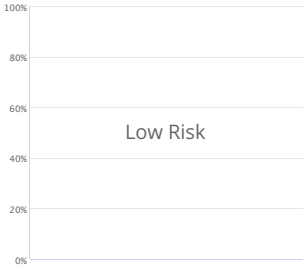
Pneumonia Treatment
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



Diarrhoeal Disease Treatment
Percent of children under 5 years with diarrhoea:



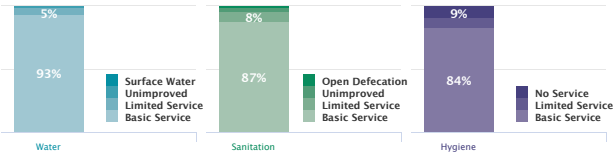
Malaria Prevention & Treatment
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	Low Risk
Population sleeping under ITN or sleeping in a house sprayed by IRS	Low Risk

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent — No Data

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✗	✗	✗	✗

Maternity protection (Convention 183) — Partial

International code of marketing of breastmilk substitutes — Partial

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
No Data	No Data	No Data

Maternal Death Review -

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
–	–	–	–	–	–

Civil society involvement in review of national maternal, newborn and child health programs — No Data

Financing

Total expenditure on health, per capita	362	2016
Government expenditure on health, per capita	263	2016
Out of pocket expenditure as % of total expenditure on health	26%	2016
General government expenditure on health as % of total government expenditure	10%	2014

ODA to RMNCH (US$) — Total: $2 M 2015 — Per capita: $0 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 0	Newborn Health 0	Child Health 0
– 1. Female Condom	– 1. Oxytocin	– 1. Injectable Antibiotics	– 1. Amoxicillin
– 2. Contraceptive Implants	– 2. Misoprostol	– 2. Antenatal Corticosteroids	– 2. Oral Rehydration Salts
– 3. Emergency Contraception	– 3. Magnesium sulfate	– 3. Chlorhexidine	– 3. Zinc
		– 4. Resuscitation equipment: Self-inflating bag	

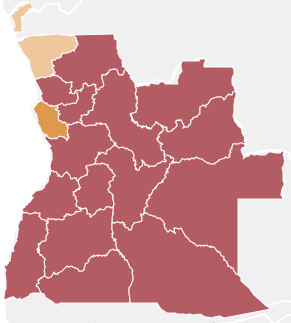
National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -
Density of skilled health professionals (per 10,000 population)	31.2 2007

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
–	–	–	–	–	–	–

Angola

CCI Country Score: 46%



Composite Coverage Index

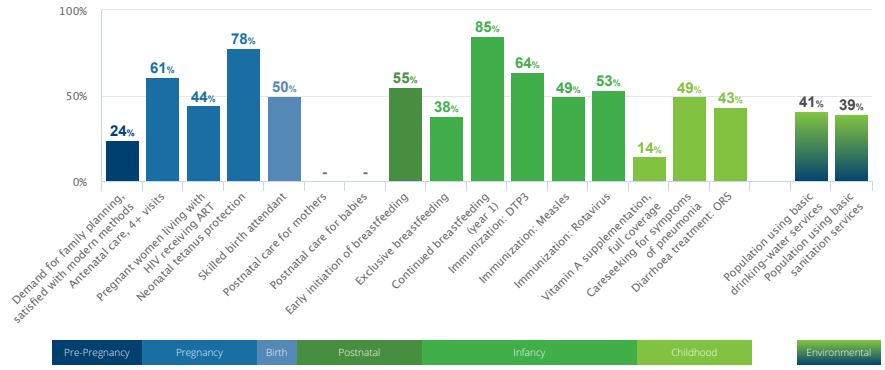
<50% | 50-59% | 60-69% | 70-79% | 80% + | No data

Demographics

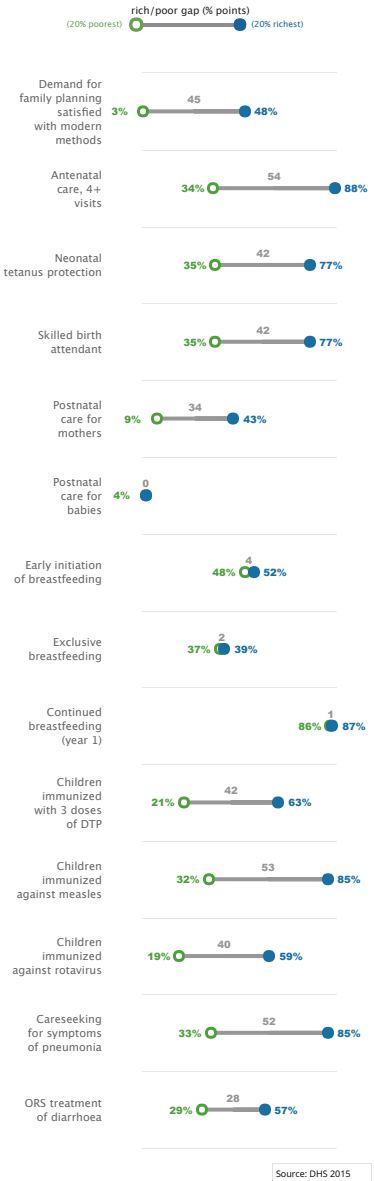
Total Population (000)	- -	Birth registration	- -
Total under 5 population (000)	- -	Total maternal deaths	- -
Total adolescent (10-19) population (000)	- -	Lifetime risk of maternal deaths (1 in N)	- -
Secondary completion rate (upper, females)	- -	Stillbirth rate (per 1000 total births)	- -
Total Births (000)	- -	Neonatal deaths, as % of all <5 deaths	- -
Total fertility rate (births per woman)	- -	Total under 5 deaths (000)	- -
Adolescent (15-19 years) birth rate (births per 1000 girls)	- -	Adolescent (10-19) mortality rate (per 100,000), by sex	NaN girls NaN boys

Continuum of Care Coverage

Percentage of those in need receiving coverage of key interventions across the continuum of care



Equity

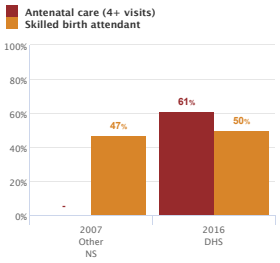


Source: DHS 2015

Maternal & Newborn Health

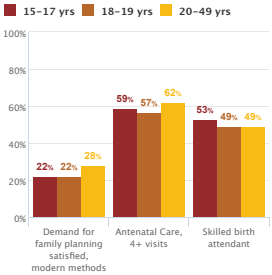
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	44%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	19%	2016
Institutional Delivery	-/-/46%	2007
	Public Private Total	
C-section rate	-/-/- -	
	Urban Rural Total	

Women's & Children's Nutrition

Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	- -	
Women of reproductive age, short stature	- -	
Women (20+) with: BMI <18.5 kg/m2 (thinness)	- -	
BMI 25-30 kg/m2 (overweight)	- -	
BMI > 30 kg/m2 (obese)	- -	
Iron/folic acid supplementation during pregnancy	32%	2015
Low birth weight prevalence	- -	
Vitamin A supplementation, full coverage	14%	2015
Minimum dietary diversity	- -	

Child Nutritional Status

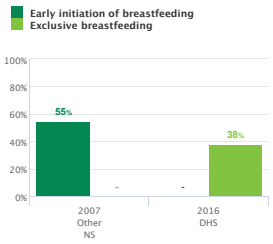
Percent children under 5 with moderate and severe:

Stunting (–)
Wasting (–)
Overweight (–)

No Data

Breastfeeding Practices

Continued breastfeeding (year 1)	85%	2016



Angola

Demographics

Maternal Mortality Ratio
Deaths per 100,000 live births — Uncertainty Range Around Estimate

No Data

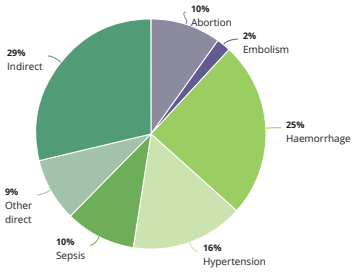
Neonatal & Under-five Mortality Rate
Deaths per 1,000 live births — Uncertainty Range Around Estimate

Neonatal mortality rate (–) undefined
Under 5 mortality rate (–) undefined

No Data

Source: -

Causes of Maternal Death - 2014
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - ---
Globally nearly half of child deaths are attributable to undernutrition

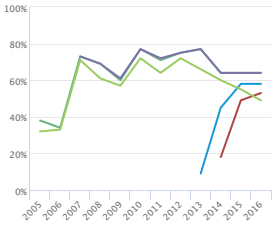
Children ages 1-59 months
Newborns ages 0-27 days

0% of deaths occur in the neonatal period

Child Health

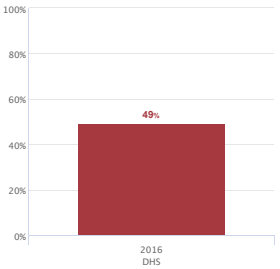
Immunization
Percent of children immunized:

- against measles (49%) 2016
- with 3 doses of DTP (64%) 2016
- with 3 doses of Hib (64%) 2016
- with 3 doses of pneumococcal (58%) 2016
- against rotavirus (53%) 2016



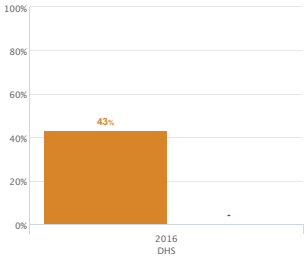
Source: WHO/UNICEF 2016 revision

Pneumonia Treatment
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider

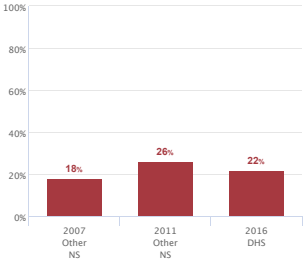


Diarrhoeal Disease Treatment
Percent of children under 5 years with diarrhoea:

Treated with ORS
Treated with ORS + zinc



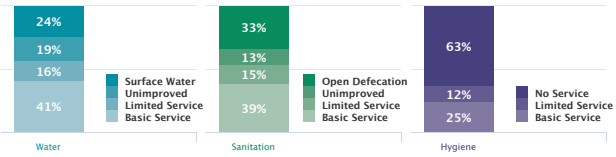
Malaria Prevention & Treatment
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	34 %	2016
Population sleeping under ITN or sleeping in a house sprayed by IRS	19 %	2011

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✗	✗

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	No

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	NO FORTIFICATION	NO FORTIFICATION

Governance

	MATERNAL	NEWBORN	CHILD
Costed national implementation plan(s) for maternal, newborn and child health available	Yes	Yes	Yes

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	–

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita			179	2014
Government expenditure on health, per capita			115	2014
Out of pocket expenditure as % of total expenditure on health			24%	2014
General government expenditure on health as % of total government expenditure			5%	2014
ODA to RMNCH (US$)	Total:	$90 M 2015	Per capita:	$3 2015

Service Delivery
Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 2	Newborn Health 2	Child Health 3
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✗ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

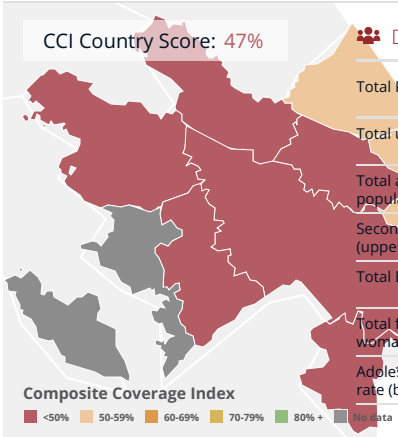
National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -
Density of skilled health professionals (per 10,000 population)	15.9 2009

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✗	✓	✓	✓	✓

Azerbaijan

CCI Country Score: 47%

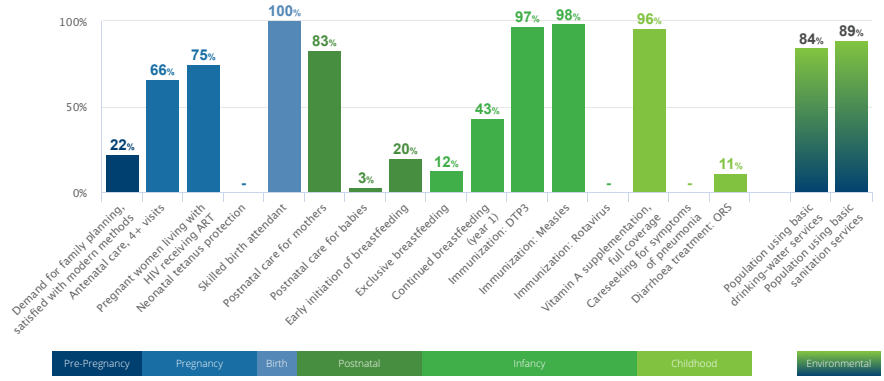


Demographics

Total Population (000)	9,725	2016
Total under 5 population (000)	891	2016
Total adolescent (10-19) population (000)	1,329	2016
Secondary completion rate (upper, females)	- -	
Total Births (000)	173	2016
Total fertility rate (births per woman)	2.1	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	47	2013
Birth registration	94%	2006
Total maternal deaths	48	2015
Lifetime risk of maternal deaths (1 in N)	1,600	2015
Stillbirth rate (per 1000 total births)	17	2015
Neonatal deaths, as % of all <5 deaths	59%	2015
Total under 5 deaths (000)	5	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	26 girls 47 boys	2015

Continuum of Care Coverage

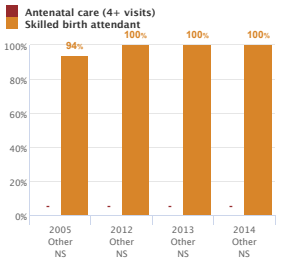
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

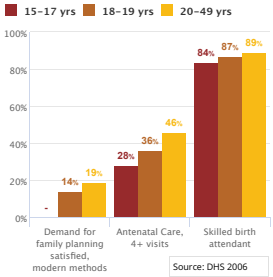
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Source: DHS 2006

Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	75%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	91%/2%/93% (Public/Private/Total)	2011
C-section rate	25%/13%/20% (Urban/Rural/Total)	2011

Women's & Children's Nutrition

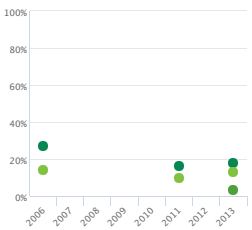
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	38%	2016
Women of reproductive age, short stature	1%	2006
Women (20+) with: BMI <18.5 kg/m2 (thinness)	3%	2016
BMI 25-30 kg/m2 (overweight)	31%	2016
BMI > 30 kg/m2 (obese)	25%	2016
Iron/folic acid supplementation during pregnancy	2%	2006
Low birth weight prevalence	10%	2006
Vitamin A supplementation, full coverage	96%	2015
Minimum dietary diversity	54%	2013

Child Nutritional Status

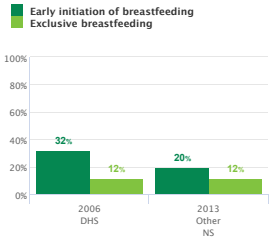
Percent children under 5 with moderate and severe:

- Stunting (18%) Other NS – 2013
- Wasting (3%) Other NS – 2013
- Overweight (13%) Other NS – 2013

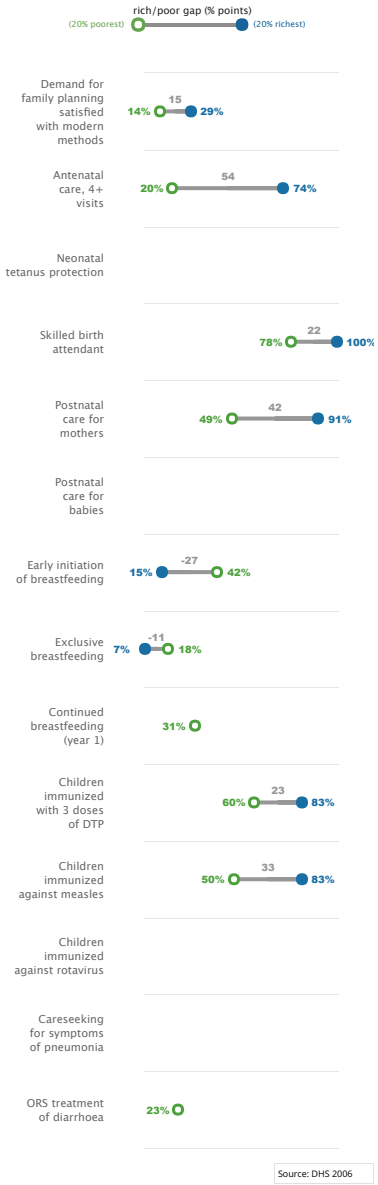


Breastfeeding Practices

Continued breastfeeding (year 1)	43%	2013



Equity

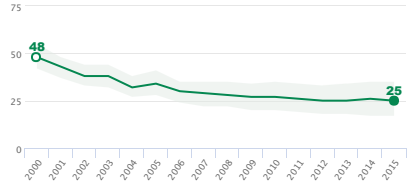


Source: DHS 2006

Demographics

Maternal Mortality Ratio

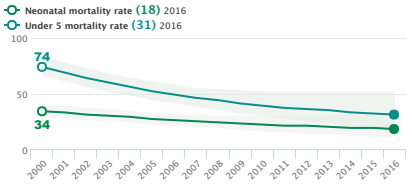
Deaths per 100,000 live births — Uncertainty Range Around Estimate



Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

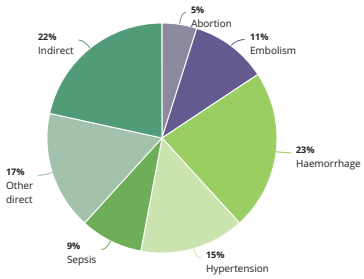
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

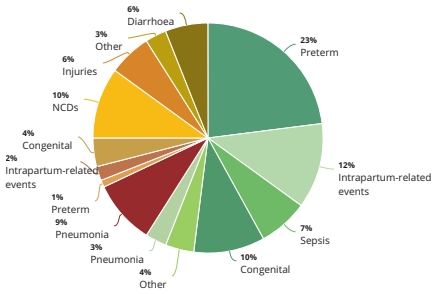
Regional estimates for Caucasus and Central Asia



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



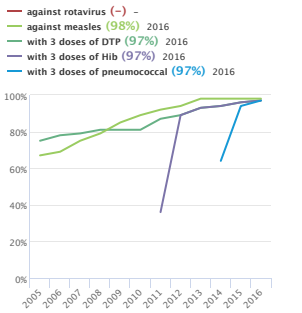
59% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

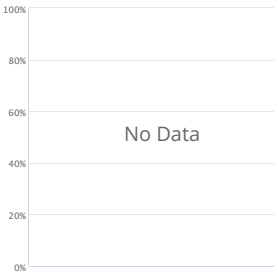
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

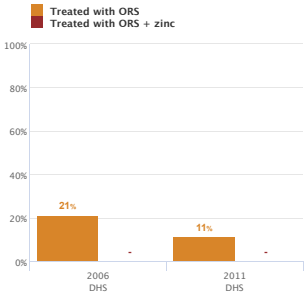
Pneumonia Treatment

Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



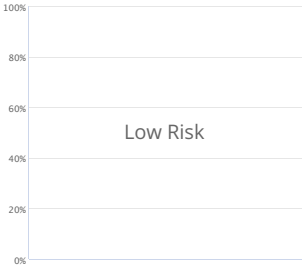
Diarrhoeal Disease Treatment

Percent of children under 5 years with diarrhoea:



Malaria Prevention & Treatment

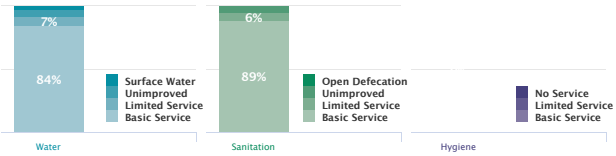
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	Low Risk
Population sleeping under ITN or sleeping in a house sprayed by IRS	Low Risk

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No
Maternity protection (Convention 183)	Yes
International code of marketing of breastmilk substitutes	Partial

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✓	✓	✓	✓

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available	MATERNAL	NEWBORN	CHILD
	Yes	Yes	Yes

Maternal Death Review 2012

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✓

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	471	2012
Government expenditure on health, per capita	96	2012
Out of pocket expenditure as % of total expenditure on health	72%	2012
General government expenditure on health as % of total government expenditure	4%	2014

ODA to RMNCH (US$) — Total: $12 M 2015 — Per capita: $1 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

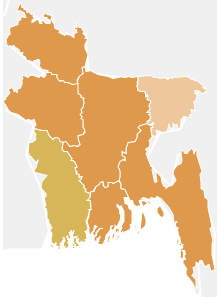
Reproductive Health 0	Maternal Health 2	Newborn Health 2	Child Health 1
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	– 2. Misoprostol	– 2. Antenatal Corticosteroids	– 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✖ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -
Density of skilled health professionals (per 10,000 population)	97.5 2014

Midwives authorized for specific tasks

✓ Parental antibiotics	✖ Parental oxytocin	✖ Parental anti-convulsants	✖ Manual removal of placenta	✖ Removal of retained products of contraception	✖ Assisted vaginal delivery	✓ Newborn resuscitation

CCI Country Score: 65%



Composite Coverage Index

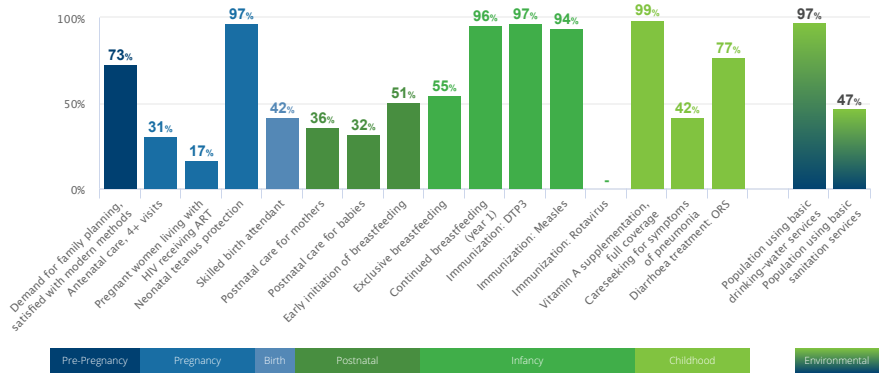
<50% 50-59% 60-69% 70-79% 80% + No data

Demographics

Total Population (000)	162,952	2016
Total under 5 population (000)	15,236	2016
Total adolescent (10-19) population (000)	32,480	2016
Secondary completion rate (upper, females)	26%	2016
Total Births (000)	3,088	2016
Total fertility rate (births per woman)	2.1	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	83	2011
Birth registration	20%	2014
Total maternal deaths	5,500	2015
Lifetime risk of maternal deaths (1 in N)	240	2015
Stillbirth rate (per 1000 total births)	25	2015
Neonatal deaths, as % of all <5 deaths	62%	2015
Total under 5 deaths (000)	106	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	56 girls 72 boys	2015

Continuum of Care Coverage

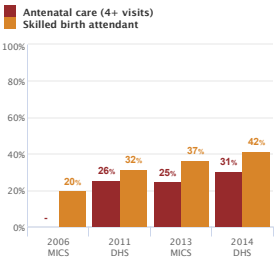
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

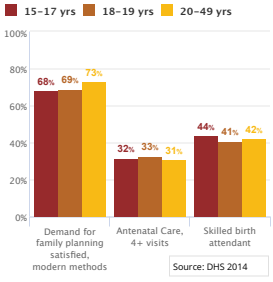
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Source: DHS 2014

Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	17%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	13%/25%/37% (Public / Private / Total)	2014
C-section rate	38%/18%/23% (Urban / Rural / Total)	2014

Women's & Children's Nutrition

Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	40%	2016
Women of reproductive age, short stature	13%	2014
Women (20+) with: BMI <18.5 kg/m2 (thinness)	23%	2016
BMI 25-30 kg/m2 (overweight)	18%	2016
BMI > 30 kg/m2 (obese)	5%	2016
Iron/folic acid supplementation during pregnancy	-	-
Low birth weight prevalence	22%	2006
Vitamin A supplementation, full coverage	99%	2015
Minimum dietary diversity	28%	2014

Child Nutritional Status

Percent children under 5 with moderate and severe:

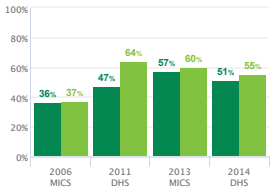
- **Stunting (36%)** DHS – 2014
- **Wasting (14%)** DHS – 2014
- **Overweight (1%)** DHS – 2014

More years of data may be available on the dashboard.

Breastfeeding Practices

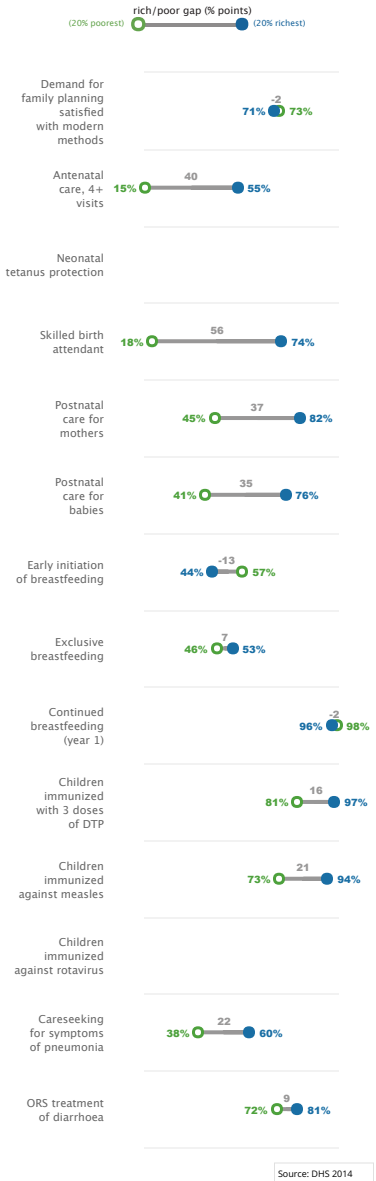
Continued breastfeeding (year 1)	96%	2014

Early initiation of breastfeeding
Exclusive breastfeeding



More years of data may be available on the dashboard.

Equity



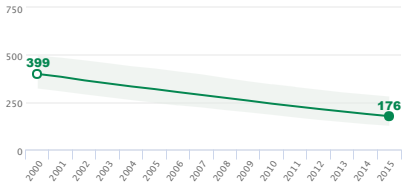
Source: DHS 2014

Bangladesh

Demographics

Maternal Mortality Ratio

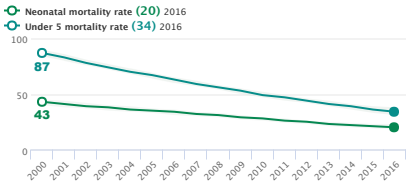
Deaths per 100,000 live births — Uncertainty Range Around Estimate



Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

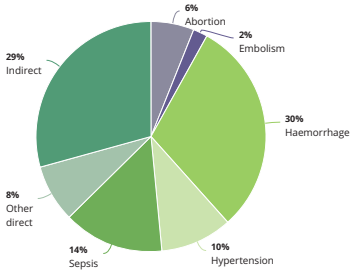
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

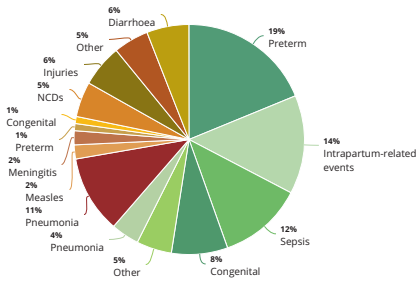
Regional estimates for Southern Asia



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months

Newborns ages 0-27 days

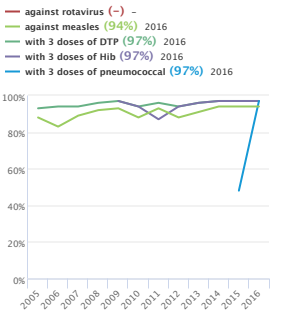
62% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

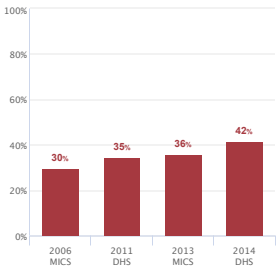
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

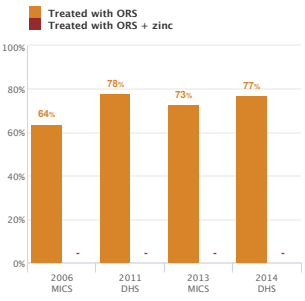
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

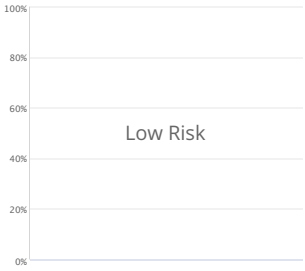
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

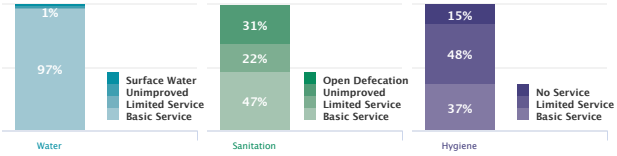
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	Low Risk
Population sleeping under ITN or sleeping in a house sprayed by IRS	Low Risk

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent — No Data

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✗	✗

Maternity protection (Convention 183) — No

International code of marketing of breastmilk substitutes — Partial

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

Yes	Yes	No
MATERNAL	NEWBORN	CHILD

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓		✗	✗

Civil society involvement in review of national maternal, newborn and child health programs — No Data

Financing

Total expenditure on health, per capita	31	2014
Government expenditure on health, per capita	9	2014
Out of pocket expenditure as % of total expenditure on health	67%	2014
General government expenditure on health as % of total government expenditure	6%	2014

ODA to RMNCH (US$) — Total: $402 M 2015 — Per capita: $2 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

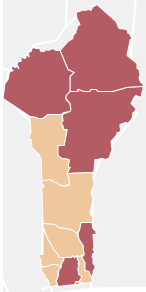
Reproductive Health 2	Maternal Health 3	Newborn Health 2	Child Health 3
✗ 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
✓ 2. Contraceptive Implants	✓ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
✓ 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

National availability of functional Emergency Obstetric Care (% of recommended minimum)	-	-
Density of skilled health professionals (per 10,000 population)	6.0	2012

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✗	✓

CCI Country Score: 52%



Composite Coverage Index

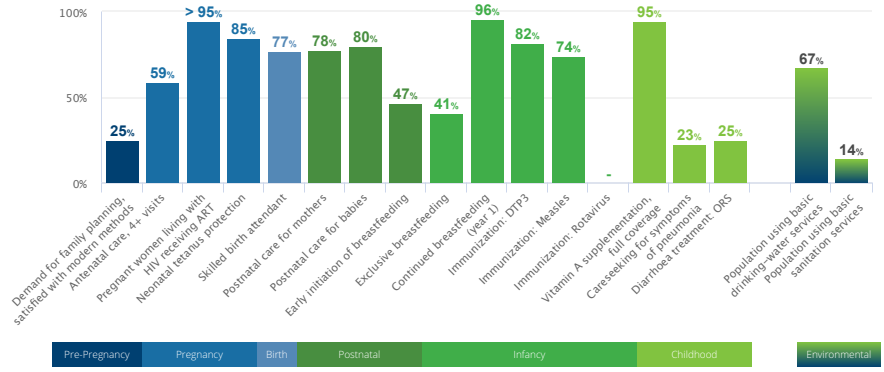
<50% | 50-59% | 60-69% | 70-79% | 80% + | No data

Demographics

Total Population (000)	10,872 2016	Birth registration	85% 2014
Total under 5 population (000)	1,775 2016	Total maternal deaths	1,600 2015
Total adolescent (10-19) population (000)	2,503 2016	Lifetime risk of maternal deaths (1 in N)	51 2015
Secondary completion rate (upper, females)	9% 2016	Stillbirth rate (per 1000 total births)	30 2015
Total Births (000)	403 2016	Neonatal deaths, as % of all <5 deaths	32% 2015
Total fertility rate (births per woman)	5 2016	Total under 5 deaths (000)	38 2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	98 2009	Adolescent (10-19) mortality rate (per 100,000), by sex	204 girls 193 boys 2015

Continuum of Care Coverage

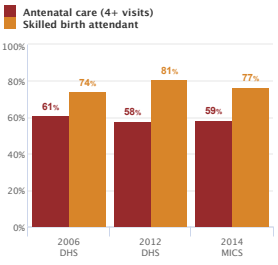
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

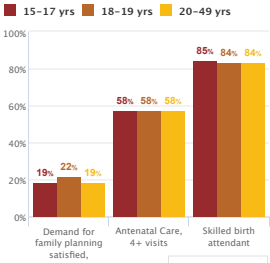
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Source: DHS 2011

Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	> 95% 2016
Intermittent preventive treatment for malaria during pregnancy 3+	13% 2014
Institutional Delivery	70%/18%/87% 2014 (Public / Private / Total)
C-section rate	8%/3%/5% 2014 (Urban / Rural / Total)

Women's & Children's Nutrition

Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	47% 2016
Women of reproductive age, short stature	2% 2011
Women (20+) with: BMI <18.5 kg/m2 (thinness)	8% 2016
BMI 25-30 kg/m2 (overweight)	24% 2016
BMI > 30 kg/m2 (obese)	15% 2016
Iron/folic acid supplementation during pregnancy	29% 2011
Low birth weight prevalence	15% 2006
Vitamin A supplementation, full coverage	95% 2015
Minimum dietary diversity	25% 2014

Child Nutritional Status

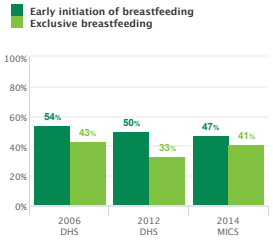
Percent children under 5 with moderate and severe:

- Stunting (34%) MICS – 2014
- Wasting (5%) MICS – 2014
- Overweight (2%) MICS – 2014

More years of data may be available on the dashboard.

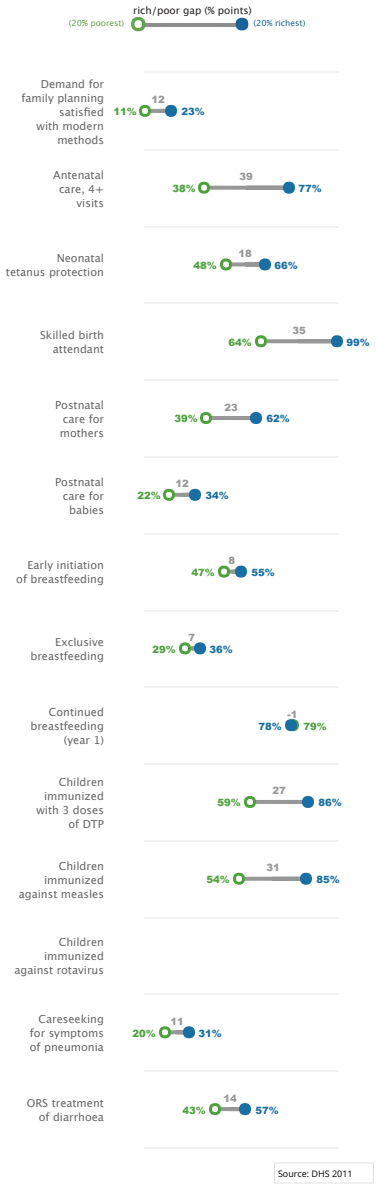
Breastfeeding Practices

Continued breastfeeding (year 1) 96% 2014



More years of data may be available on the dashboard.

Equity

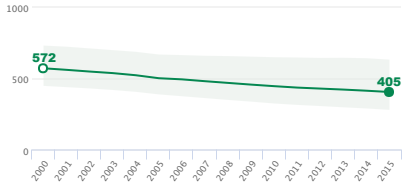


Source: DHS 2011

Benin

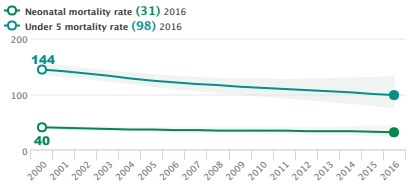
Demographics

Maternal Mortality Ratio
Deaths per 100,000 live births — Uncertainty Range Around Estimate



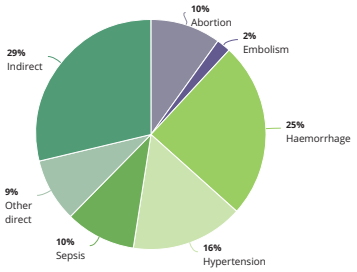
Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate
Deaths per 1,000 live births — Uncertainty Range Around Estimate



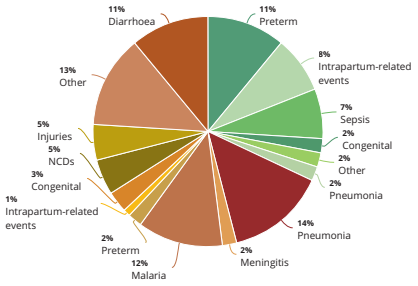
Source: UN IGME 2017

Causes of Maternal Death - 2014
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015
Globally nearly half of child deaths are attributable to undernutrition



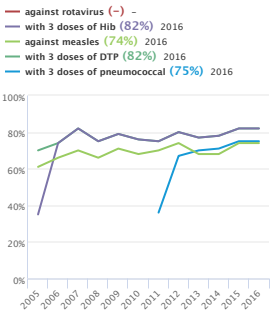
Children ages 1-59 months
Newborns ages 0-27 days

32% of deaths occur in the neonatal period

Source: WHO MCEE 2015

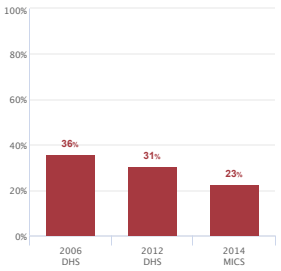
Child Health

Immunization
Percent of children immunized:



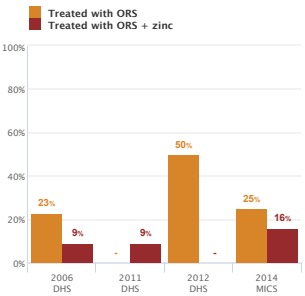
Source: WHO/UNICEF 2016 revision

Pneumonia Treatment
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



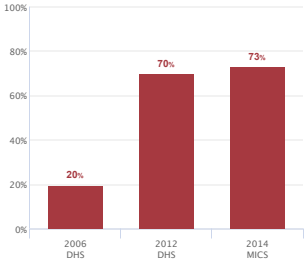
More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

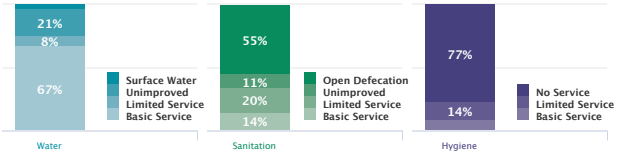
Malaria Prevention & Treatment
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	19 %	2014
Population sleeping under ITN or sleeping in a house sprayed by IRS	58 %	2014

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✗	✗	✓	✓

Maternity protection (Convention 183)	Yes
International code of marketing of breastmilk substitutes	Yes

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	NO FORTIFICATION

Governance

	Yes	Yes	Yes
Costed national implementation plan(s) for maternal, newborn and child health available	MATERNAL	NEWBORN	CHILD

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✗

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	38	2014
Government expenditure on health, per capita	19	2014
Out of pocket expenditure as % of total expenditure on health	39%	2014
General government expenditure on health as % of total government expenditure	10%	2014

ODA to RMNCH (US$) — Total: $79 M 2015 — Per capita: $8 2015

Service Delivery
Life Saving Commodities in Essential Medicine List:

Reproductive Health 3	Maternal Health 2	Newborn Health 2	Child Health 3
✓ 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
✓ 2. Contraceptive Implants	– 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
✓ 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

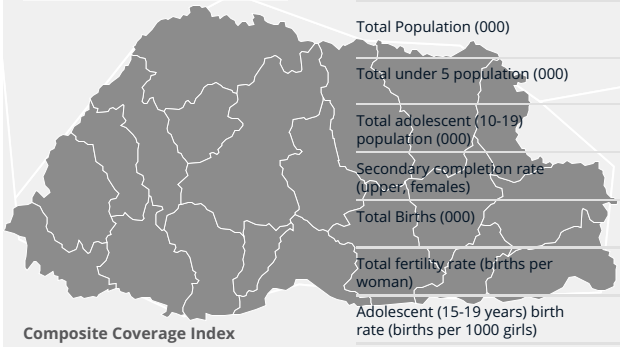
National availability of functional Emergency Obstetric Care (% of recommended minimum)	29%	2016
Density of skilled health professionals (per 10,000 population)	7.5	2013

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Bhutan

CCI Country Score: -

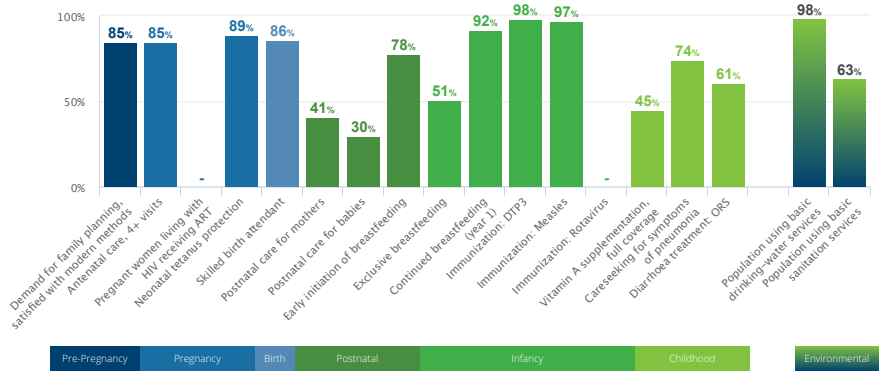


Demographics

Total Population (000)	798	2016
Total under 5 population (000)	70	2016
Total adolescent (10-19) population (000)	147	2016
Secondary completion rate (upper, females)	18%	2016
Total Births (000)	14	2016
Total fertility rate (births per woman)	2.1	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	28	2012
Birth registration	100%	2010
Total maternal deaths	20	2015
Lifetime risk of maternal deaths (1 in N)	310	2015
Stillbirth rate (per 1000 total births)	16	2015
Neonatal deaths, as % of all <5 deaths	55%	2015
Total under 5 deaths (000)	0	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	118 girls	125 boys 2015

Continuum of Care Coverage

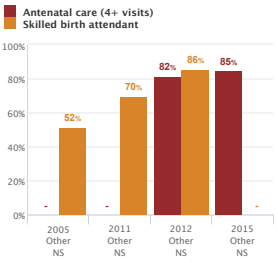
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

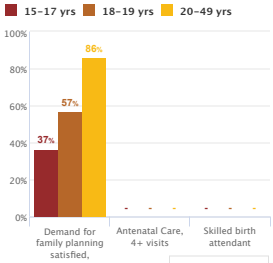
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Source: MICS 2010

Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	- -	
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	74%/0%/74%	2012
	Public Private Total	
C-section rate	18%/10%/12%	2010
	Urban Rural Total	

Women's & Children's Nutrition

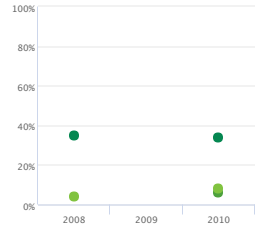
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	36%	2016
Women of reproductive age, short stature	-	-
Women (20+) with: BMI <18.5 kg/m2 (thinness)	10%	2016
BMI 25-30 kg/m2 (overweight)	22%	2016
BMI > 30 kg/m2 (obese)	9%	2016
Iron/folic acid supplementation during pregnancy	-	-
Low birth weight prevalence	10%	2010
Vitamin A supplementation, full coverage	45%	2013
Minimum dietary diversity	15%	2015

Child Nutritional Status

Percent children under 5 with moderate and severe:

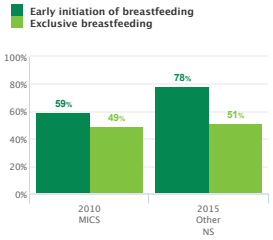
- **Stunting (34%)** MICS – 2010
- **Wasting (6%)** MICS – 2010
- **Overweight (8%)** MICS – 2010



More years of data may be available on the dashboard.

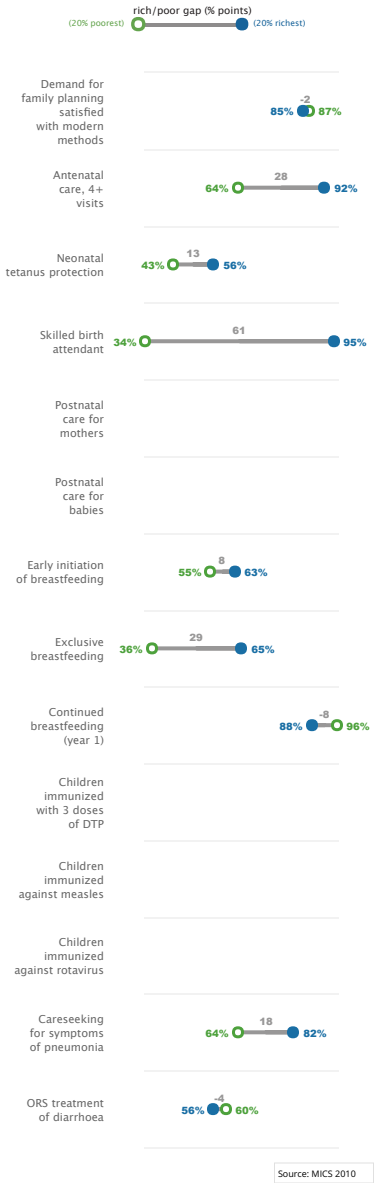
Breastfeeding Practices

Continued breastfeeding (year 1)	92%	2015



More years of data may be available on the dashboard.

Equity

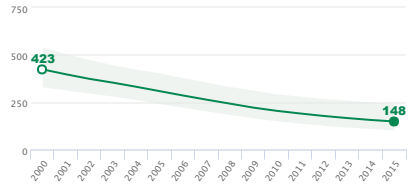


Source: MICS 2010

Bhutan

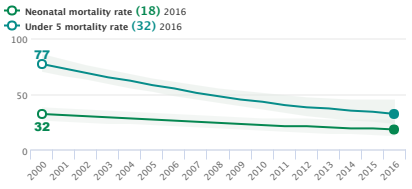
Demographics

Maternal Mortality Ratio
Deaths per 100,000 live births — Uncertainty Range Around Estimate



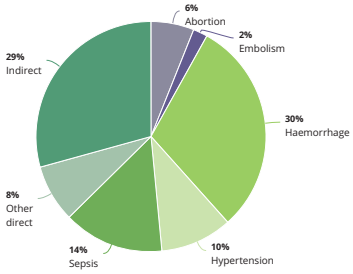
Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate
Deaths per 1,000 live births — Uncertainty Range Around Estimate



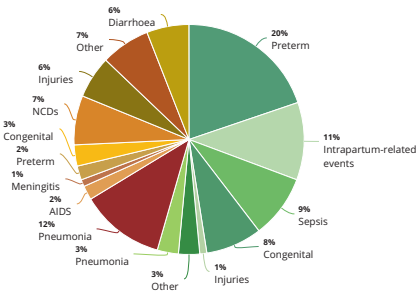
Source: UN IGME 2017

Causes of Maternal Death - 2014
Regional estimates for Southern Asia



Source: WHO 2014

Causes of Death Under-Five - 2015
Globally nearly half of child deaths are attributable to undernutrition



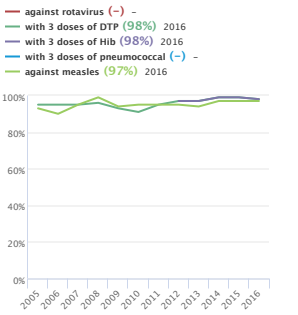
Children ages 1-59 months
Newborns ages 0-27 days

55% of deaths occur in the neonatal period

Source: WHO MCEE 2015

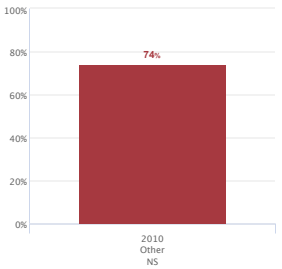
Child Health

Immunization
Percent of children immunized:



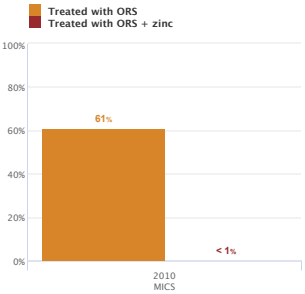
Source: WHO/UNICEF 2016 revision

Pneumonia Treatment
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



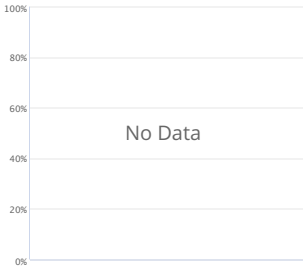
More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

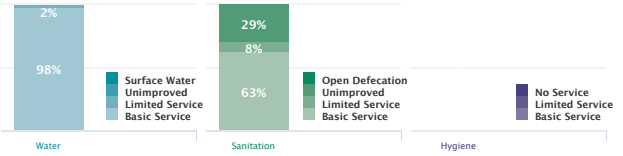
Malaria Prevention & Treatment
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	-
Population sleeping under ITN or sleeping in a house sprayed by IRS	-

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✓	✗

Maternity protection (Convention 183)	No Data
International code of marketing of breastmilk substitutes	No

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
No	No	No

Maternal Death Review 2016

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✗

Civil society involvement in review of national maternal, newborn and child health programs	Partial

Financing

Total expenditure on health, per capita	89 2016
Government expenditure on health, per capita	65 2016
Out of pocket expenditure as % of total expenditure on health	25% 2016
General government expenditure on health as % of total government expenditure	8% 2014

ODA to RMNCH (US$) Total: $5 M 2015 Per capita: $7 2015

Service Delivery
Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 3	Newborn Health 4	Child Health 3
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✓ 2. Misoprostol	✓ 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	✓ 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

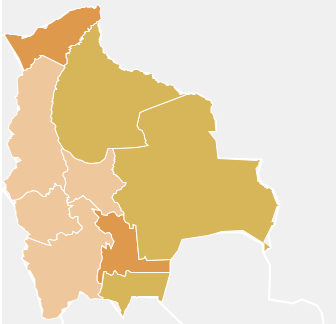
National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -
Density of skilled health professionals (per 10,000 population)	13.4 2014

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✗	✓	✓	✗	✓	✓

Bolivia (Plurinational State of)

CCI Country Score: 62%

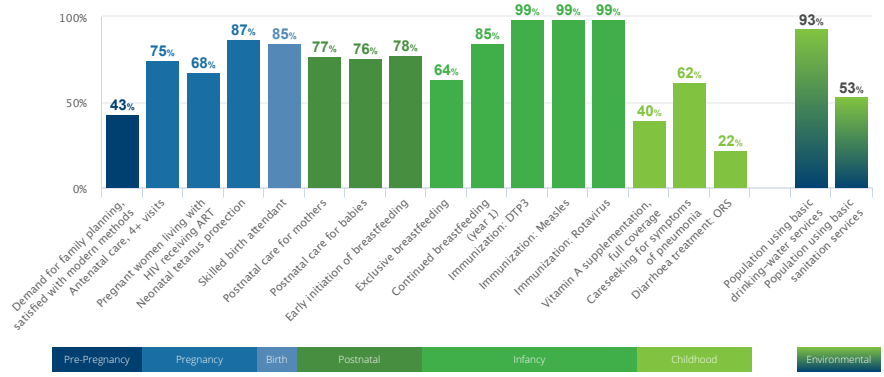


Demographics

Total Population (000)	10,888	2016
Total under 5 population (000)	1,189	2016
Total adolescent (10-19) population (000)	2,229	2016
Secondary completion rate (upper, females)	57%	2016
Total Births (000)	253	2016
Total fertility rate (births per woman)	2.9	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	89	2005
Birth registration	76%	2008
Total maternal deaths	520	2015
Lifetime risk of maternal deaths (1 in N)	160	2015
Stillbirth rate (per 1000 total births)	13	2015
Neonatal deaths, as % of all <5 deaths	51%	2015
Total under 5 deaths (000)	9	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	113 girls	163 boys 2015

Continuum of Care Coverage

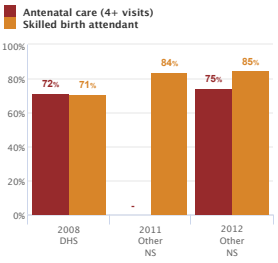
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

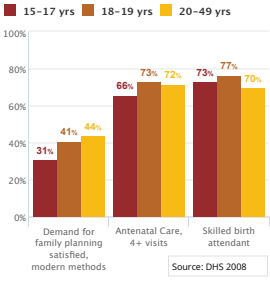
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Source: DHS 2008

Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	68%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	57%/11%/71% (Public / Private / Total)	2012
C-section rate	34%/13%/27% (Urban / Rural / Total)	2012

Women's & Children's Nutrition

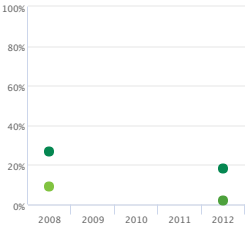
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	30%	2016
Women of reproductive age, short stature	10%	2008
Women (20+) with: BMI <18.5 kg/m2 (thinness)	1%	2016
BMI 25-30 kg/m2 (overweight)	35%	2016
BMI > 30 kg/m2 (obese)	27%	2016
Iron/folic acid supplementation during pregnancy	25%	2008
Low birth weight prevalence	6%	2008
Vitamin A supplementation, full coverage	40%	2013
Minimum dietary diversity	-	-

Child Nutritional Status

Percent children under 5 with moderate and severe:

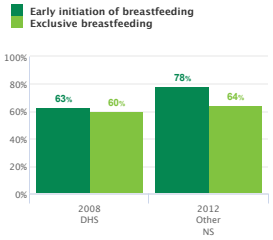
- **Stunting (18%)** Other NS – 2012
- **Wasting (2%)** Other NS – 2012
- **Overweight (9%)** DHS – 2008



More years of data may be available on the dashboard.

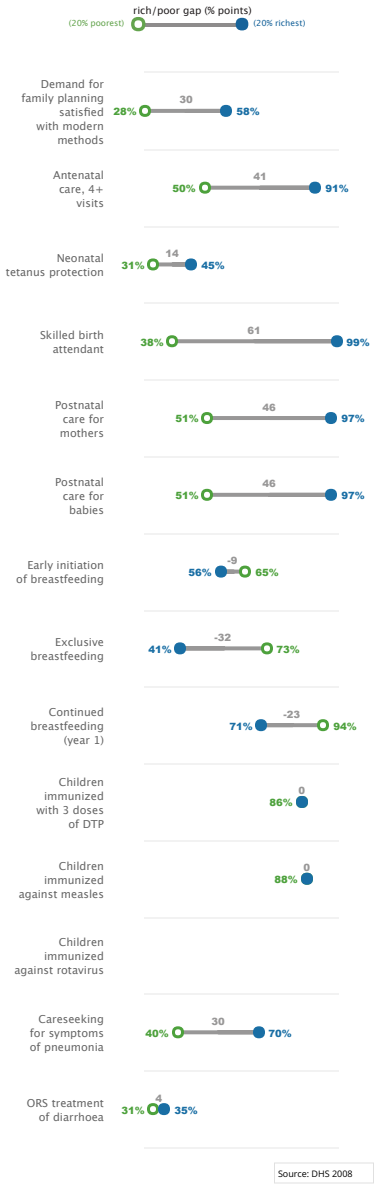
Breastfeeding Practices

Continued breastfeeding (year 1)	85%	2008



More years of data may be available on the dashboard.

Equity

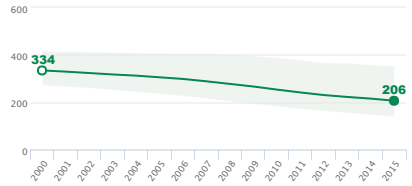


Source: DHS 2008

Bolivia (Plurinational State of)

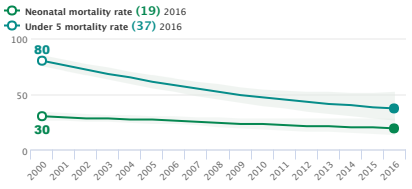
Demographics

Maternal Mortality Ratio
Deaths per 100,000 live births — Uncertainty Range Around Estimate



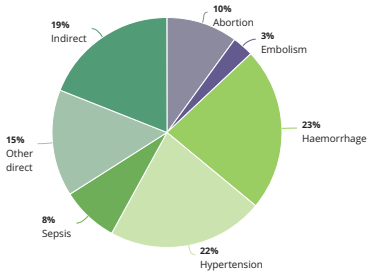
Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate
Deaths per 1,000 live births — Uncertainty Range Around Estimate



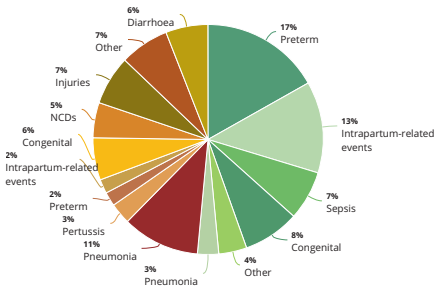
Source: UN IGME 2017

Causes of Maternal Death - 2014
Regional estimates for Latin America & Caribbean



Source: WHO 2014

Causes of Death Under-Five - 2015
Globally nearly half of child deaths are attributable to undernutrition

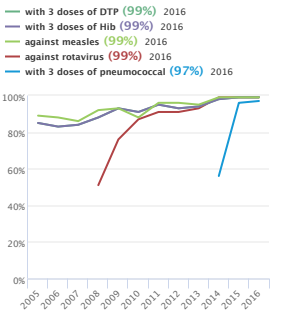


51% of deaths occur in the neonatal period

Source: WHO MCEE 2015

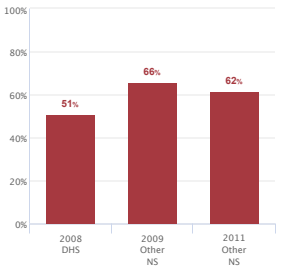
Child Health

Immunization
Percent of children immunized:



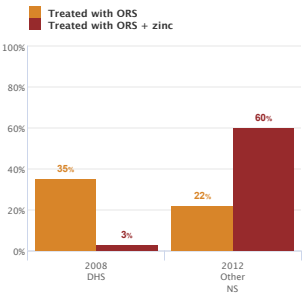
Source: WHO/UNICEF 2016 revision

Pneumonia Treatment
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



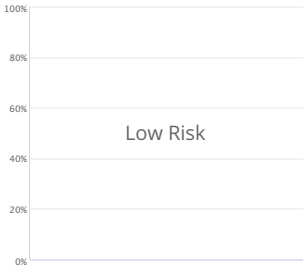
More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

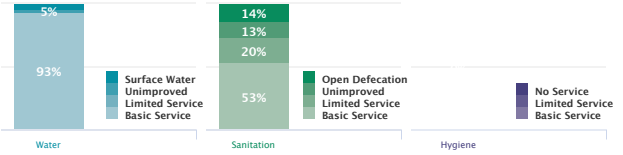
Malaria Prevention & Treatment
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	Low Risk
Population sleeping under ITN or sleeping in a house sprayed by IRS	Low Risk

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No
Maternity protection (Convention 183)	Partial
International code of marketing of breastmilk substitutes	Yes

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✗	✗	✓	✗

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

Yes	No	No Data
MATERNAL	NEWBORN	CHILD

Maternal Death Review 2016

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✗

Civil society involvement in review of national maternal, newborn and child health programs: Yes

Financing

Total expenditure on health, per capita	209	2016
Government expenditure on health, per capita	150	2016
Out of pocket expenditure as % of total expenditure on health	23%	2016
General government expenditure on health as % of total government expenditure	12%	2014

ODA to RMNCH (US$) — Total: $46 M 2015 — Per capita: $4 2015

Service Delivery
Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 3	Newborn Health 3	Child Health 3
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✓ 2. Misoprostol	✓ 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	✗ 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

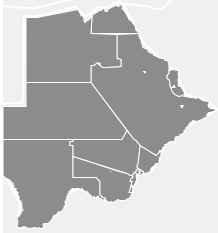
National availability of functional Emergency Obstetric Care (% of recommended minimum)	49%	2016
Density of skilled health professionals (per 10,000 population)	14.8	2011

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✗	✗	✗	✓	✗

Botswana

CCI Country Score: -



Composite Coverage Index

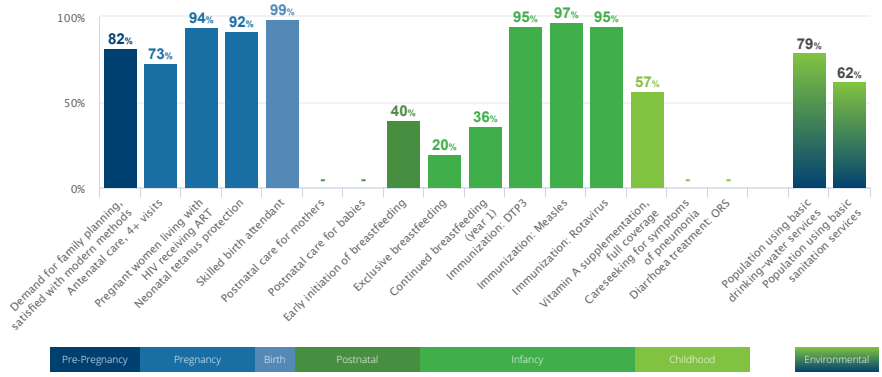
<50% 50-59% 60-69% 70-79% 80% + No data

Demographics

Total Population (000)	2,250	2016
Total under 5 population (000)	259	2016
Total adolescent (10-19) population (000)	432	2016
Secondary completion rate (upper, females)	-	-
Total Births (000)	53	2016
Total fertility rate (births per woman)	2.7	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	39	2011
Birth registration	83%	2014
Total maternal deaths	72	2015
Lifetime risk of maternal deaths (1 in N)	270	2015
Stillbirth rate (per 1000 total births)	15	2015
Neonatal deaths, as % of all <5 deaths	51%	2015
Total under 5 deaths (000)	2	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	91 girls	128 boys 2015

Continuum of Care Coverage

Percentage of those in need receiving coverage of key interventions across the continuum of care

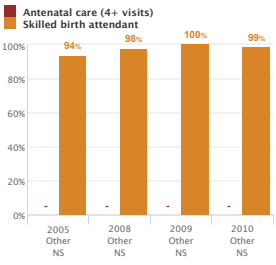


Equity

Maternal & Newborn Health

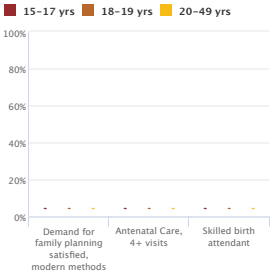
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	94%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	-/-/100%	2013
	Public Private Total	
C-section rate	-/-/- -	
	Urban Rural Total	

Women's & Children's Nutrition

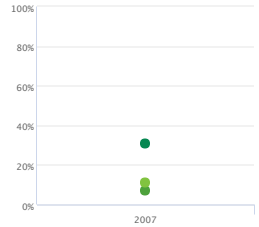
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	30%	2016
Women of reproductive age, short stature	-	-
Women (20+) with: BMI <18.5 kg/m2 (thinness)	6%	2016
BMI 25-30 kg/m2 (overweight)	28%	2016
BMI > 30 kg/m2 (obese)	31%	2016
Iron/folic acid supplementation during pregnancy	-	-
Low birth weight prevalence	13%	2007
Vitamin A supplementation, full coverage	57%	2015
Minimum dietary diversity	-	-

Child Nutritional Status

Percent children under 5 with moderate and severe:

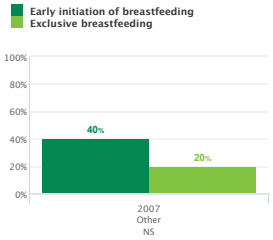
- **Stunting (31%)** Other NS – 2007
- **Wasting (7%)** Other NS – 2007
- **Overweight (11%)** Other NS – 2007



More years of data may be available on the dashboard.

Breastfeeding Practices

Continued breastfeeding (year 1)	36%	2007



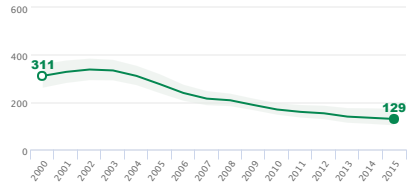
More years of data may be available on the dashboard.

Botswana

Demographics

Maternal Mortality Ratio

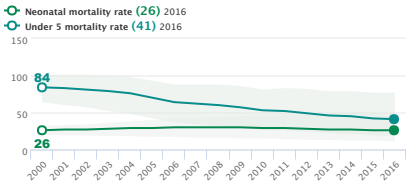
Deaths per 100,000 live births — Uncertainty Range Around Estimate



Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

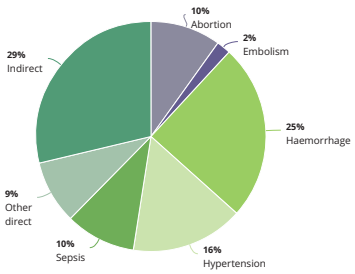
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

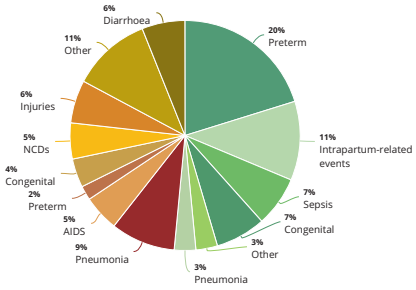
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months

Newborns ages 0-27 days

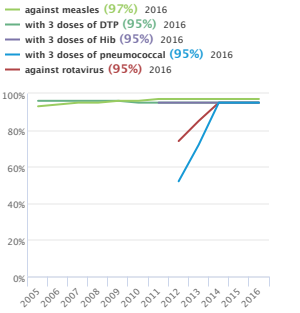
51% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

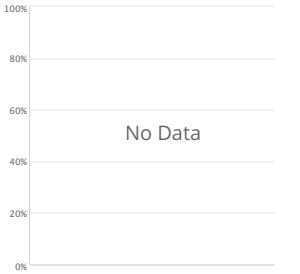
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

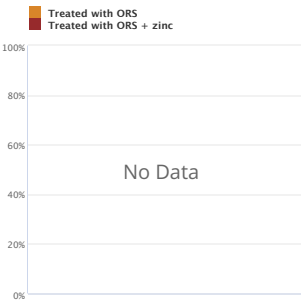
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

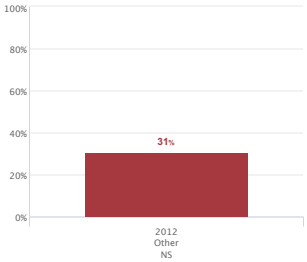
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

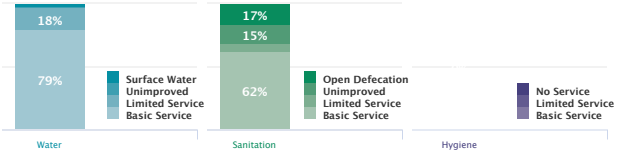
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	-	
Population sleeping under ITN or sleeping in a house sprayed by IRS	67 %	2017

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✗	✗	✓	✓

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	Yes

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
No	No	Yes

Maternal Death Review 2013

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✓

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	385	2013
Government expenditure on health, per capita	227	2013
Out of pocket expenditure as % of total expenditure on health	5%	2013
General government expenditure on health as % of total government expenditure	9%	2014

ODA to RMNCH (US$) — Total: $36 M 2015 — Per capita: $16 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health	0	Maternal Health	2	Newborn Health	2	Child Health	3
– 1. Female Condom		✓ 1. Oxytocin		✓ 1. Injectable Antibiotics		✓ 1. Amoxicillin	
– 2. Contraceptive Implants		✗ 2. Misoprostol		– 2. Antenatal Corticosteroids		✓ 2. Oral Rehydration Salts	
– 3. Emergency Contraception		✓ 3. Magnesium sulfate		– 3. Chlorhexidine		✓ 3. Zinc	
				✓ 4. Resuscitation equipment: Self-inflating bag			

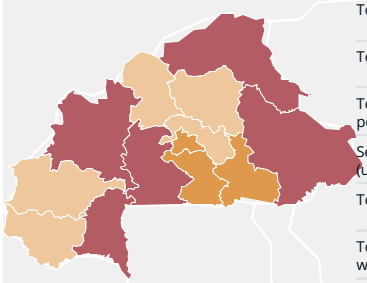
National availability of functional Emergency Obstetric Care (% of recommended minimum)	-	-
Density of skilled health professionals (per 10,000 population)	31.1	2012

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✗	✓	✗	✓

Burkina Faso

CCI Country Score: 55%



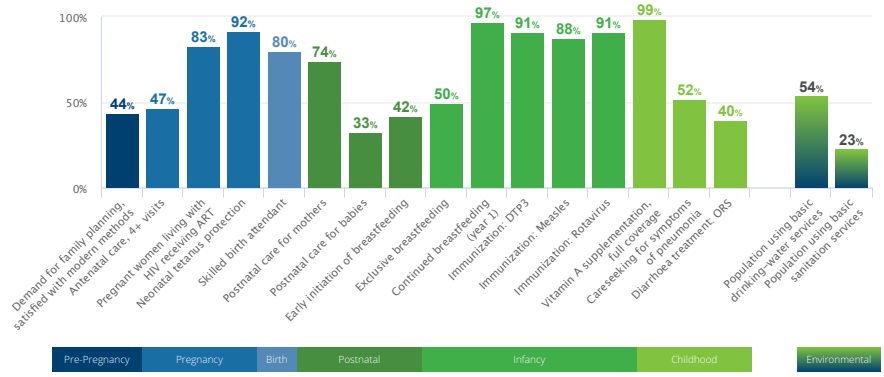
Composite Coverage Index
<50% 50-59% 60-69% 70-79% 80% + No data

Demographics

Total Population (000)	18,646	2016
Total under 5 population (000)	3,221	2016
Total adolescent (10-19) population (000)	4,442	2016
Secondary completion rate (upper, females)	2%	2016
Total Births (000)	727	2016
Total fertility rate (births per woman)	5.4	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	136	2008
Birth registration	77%	2010
Total maternal deaths	2,700	2015
Lifetime risk of maternal deaths (1 in N)	48	2015
Stillbirth rate (per 1000 total births)	21	2015
Neonatal deaths, as % of all <5 deaths	30%	2015
Total under 5 deaths (000)	60	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	247 girls	202 boys 2015

Continuum of Care Coverage

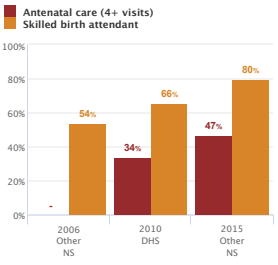
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

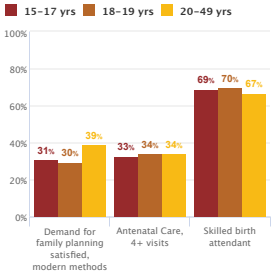
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	83%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	22%	2014
Institutional Delivery	65%/1%/66% (Public/Private/Total)	2010
C-section rate	11%/3%/4% (Urban/Rural/Total)	2015

Women's & Children's Nutrition

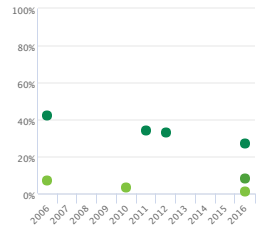
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	50%	2016
Women of reproductive age, short stature	1%	2010
Women (20+) with: BMI <18.5 kg/m2 (thinness)	12%	2016
BMI 25-30 kg/m2 (overweight)	22%	2016
BMI > 30 kg/m2 (obese)	8%	2016
Iron/folic acid supplementation during pregnancy	50%	2010
Low birth weight prevalence	14%	2010
Vitamin A supplementation, full coverage	99%	2015
Minimum dietary diversity	6%	2011

Child Nutritional Status

Percent children under 5 with moderate and severe:

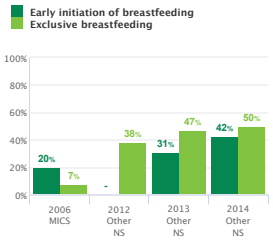
- Stunting (27%) Other NS – 2016
- Wasting (8%) Other NS – 2016
- Overweight (1%) Other NS – 2016



More years of data may be available on the dashboard.

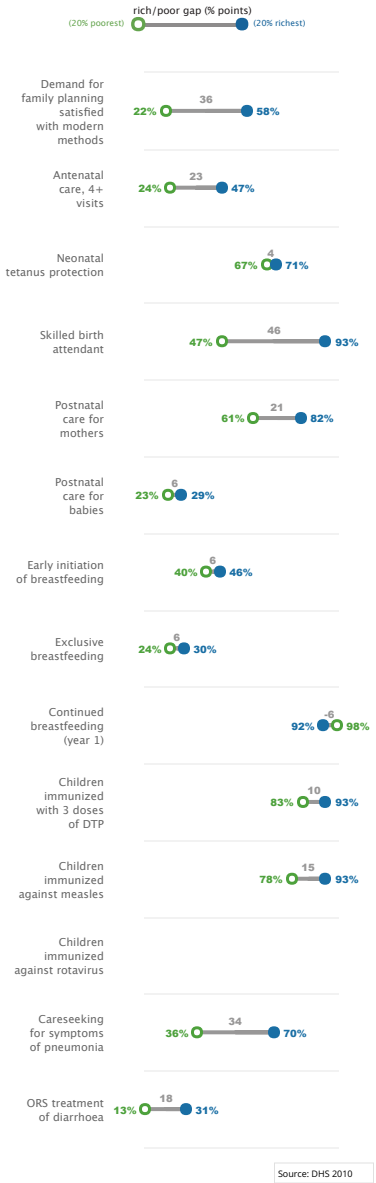
Breastfeeding Practices

Continued breastfeeding (year 1)	97%	2013



More years of data may be available on the dashboard.

Equity



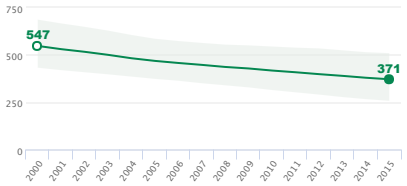
Source: DHS 2010

Burkina Faso

Demographics

Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate

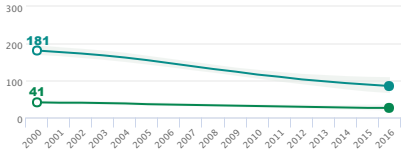


Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

Deaths per 1,000 live births — Uncertainty Range Around Estimate

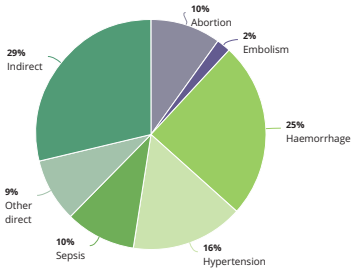
Neonatal mortality rate (26) 2016
Under 5 mortality rate (85) 2016



Source: UN IGME 2017

Causes of Maternal Death - 2014

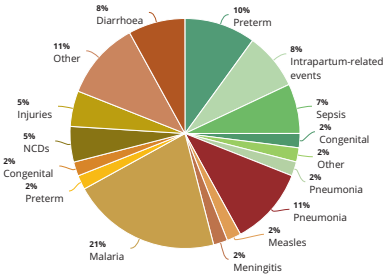
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months
Newborns ages 0-27 days

30% of deaths occur in the neonatal period

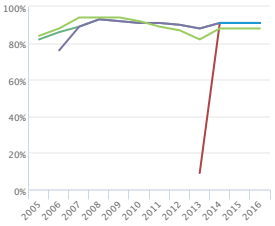
Source: WHO MCEE 2015

Child Health

Immunization

Percent of children immunized:

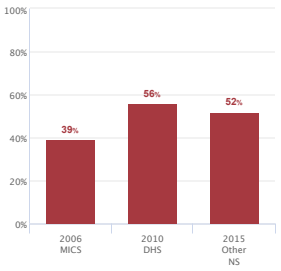
with 3 doses of DTP (91%) 2016
against measles (88%) 2016
with 3 doses of Hib (91%) 2016
against rotavirus (91%) 2016
with 3 doses of pneumococcal (91%) 2016



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider

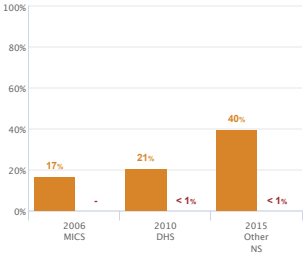


More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

Percent of children under 5 years with diarrhoea:

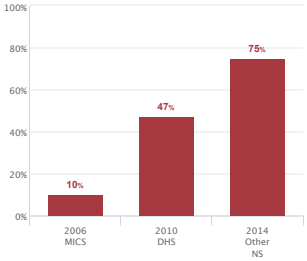
Treated with ORS
Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

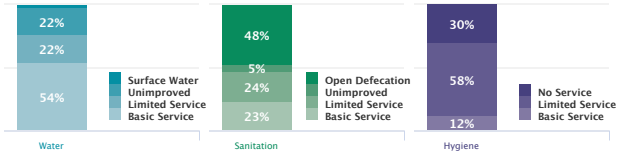
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	30 %	2014
Population sleeping under ITN or sleeping in a house sprayed by IRS	67 %	2014

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✗	✗	✓	✓

Maternity protection (Convention 183)	Partial
International code of marketing of breastmilk substitutes	Partial

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
Yes	Yes	No

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	–

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	35	2014
Government expenditure on health, per capita	18	2014
Out of pocket expenditure as % of total expenditure on health	39%	2014
General government expenditure on health as % of total government expenditure	11%	2014

ODA to RMNCH (US$) — Total: $171 M 2015 — Per capita: $9 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

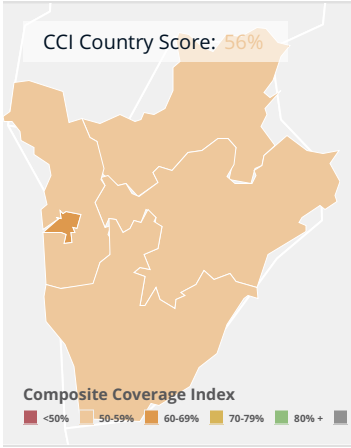
Reproductive Health 3	Maternal Health 3	Newborn Health 2	Child Health 3
✓ 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
✓ 2. Contraceptive Implants	✓ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
✓ 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

National availability of functional Emergency Obstetric Care (% of recommended minimum)	18%	2016
Density of skilled health professionals (per 10,000 population)	6.8	2012

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Burundi

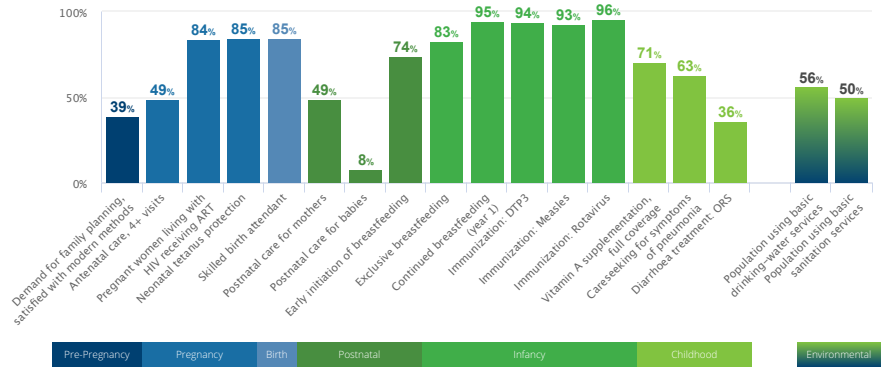


Demographics

Total Population (000)	10,524	2016
Total under 5 population (000)	1,901	2016
Total adolescent (10-19) population (000)	2,307	2016
Secondary completion rate (upper, females)	2%	2016
Total Births (000)	447	2016
Total fertility rate (births per woman)	5.7	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	65	2008
Birth registration	75%	2010
Total maternal deaths	3,500	2015
Lifetime risk of maternal deaths (1 in N)	23	2015
Stillbirth rate (per 1000 total births)	27	2015
Neonatal deaths, as % of all <5 deaths	36%	2015
Total under 5 deaths (000)	31	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	253 girls	302 boys 2015

Continuum of Care Coverage

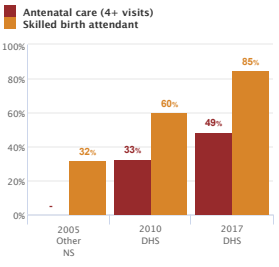
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

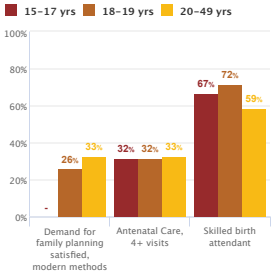
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	84%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	13%	2017
Institutional Delivery	55%/5%/60% Public Private Total	2010
C-section rate	12%/3%/4% Urban Rural Total	2010

Women's & Children's Nutrition

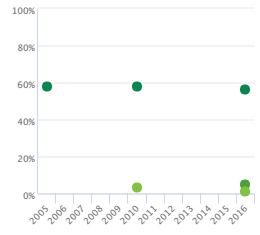
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	27%	2016
Women of reproductive age, short stature	5%	2010
Women (20+) with: BMI <18.5 kg/m2 (thinness)	11%	2016
BMI 25-30 kg/m2 (overweight)	22%	2016
BMI > 30 kg/m2 (obese)	9%	2016
Iron/folic acid supplementation during pregnancy	7%	2010
Low birth weight prevalence	13%	2010
Vitamin A supplementation, full coverage	71%	2015
Minimum dietary diversity	19%	2010

Child Nutritional Status

Percent children under 5 with moderate and severe:

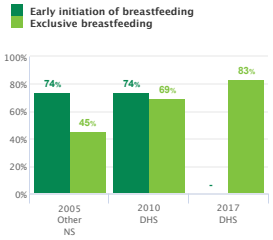
- Stunting (56%) DHS – 2016
- Wasting (5%) DHS – 2016
- Overweight (1%) DHS – 2016



More years of data may be available on the dashboard.

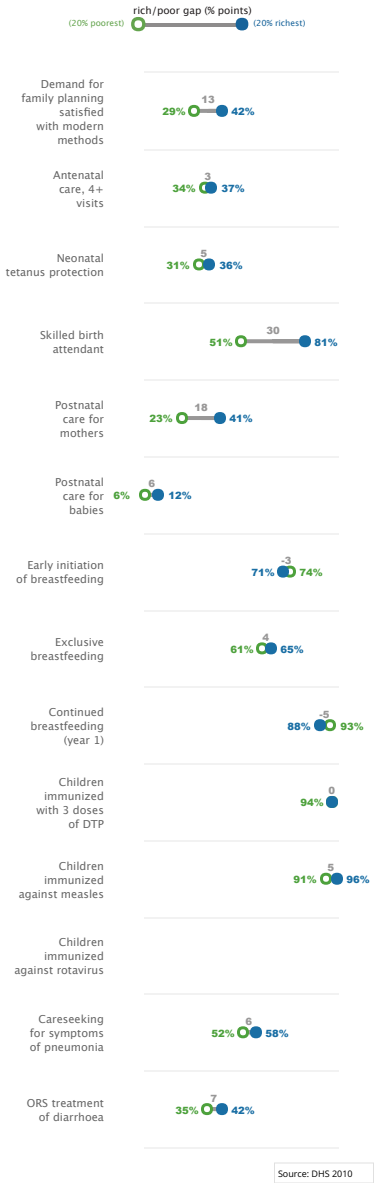
Breastfeeding Practices

Continued breastfeeding (year 1)	95%	2017



More years of data may be available on the dashboard.

Equity

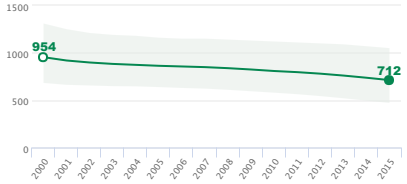


Source: DHS 2010

Demographics

Maternal Mortality Ratio

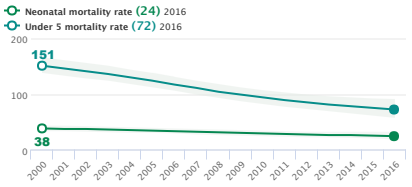
Deaths per 100,000 live births — Uncertainty Range Around Estimate



Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

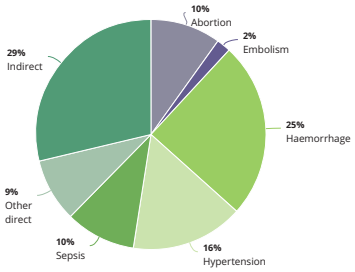
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

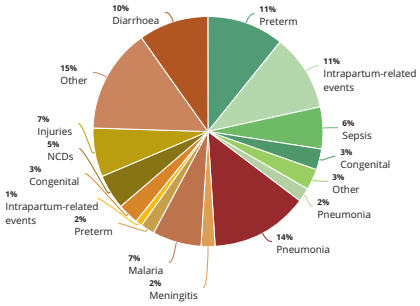
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months

Newborns ages 0-27 days

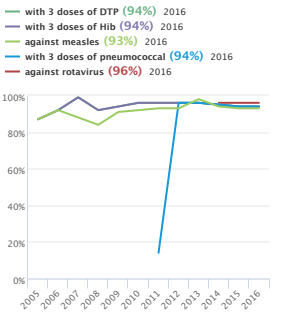
36% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

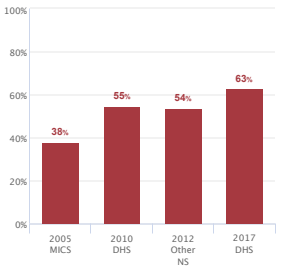
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

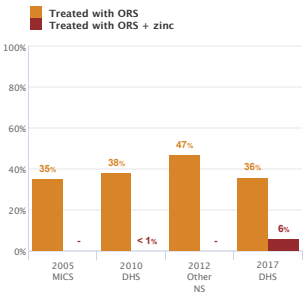
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

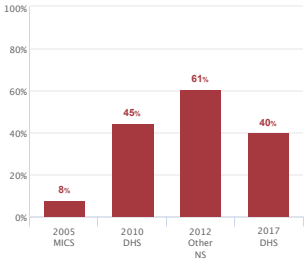
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

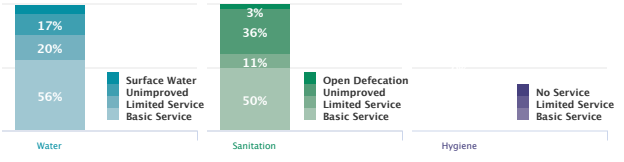
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	66 %	2017
Population sleeping under ITN or sleeping in a house sprayed by IRS	50 %	2012

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✗	✗	✓	✓

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	Partial

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	MANDATORY	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

Yes	Yes	No
MATERNAL	NEWBORN	CHILD

Maternal Death Review 2013

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✗

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	22	2013
Government expenditure on health, per capita	11	2013
Out of pocket expenditure as % of total expenditure on health	21%	2013
General government expenditure on health as % of total government expenditure	13%	2014

ODA to RMNCH (US$) Total: $86 M 2015 Per capita: $8 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 3	Newborn Health 2	Child Health 3
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✓ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

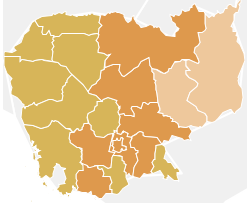
National availability of functional Emergency Obstetric Care (% of recommended minimum)	58%	2015
Density of skilled health professionals (per 10,000 population)	-	-

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Cambodia

CCI Country Score: 69%



Composite Coverage Index

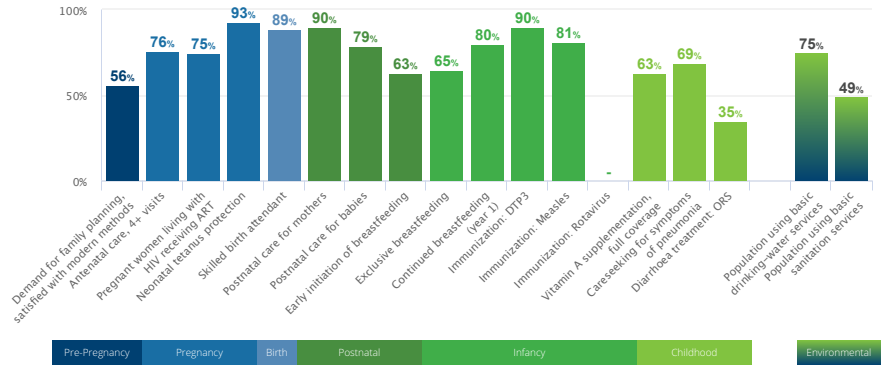
<50% | 50-59% | 60-69% | 70-79% | 80% + | No data

Demographics

Total Population (000)	15,762	2016
Total under 5 population (000)	1,761	2016
Total adolescent (10-19) population (000)	3,033	2016
Secondary completion rate (upper, females)	20%	2016
Total Births (000)	367	2016
Total fertility rate (births per woman)	2.6	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	57	2013
Birth registration	73%	2014
Total maternal deaths	590	2015
Lifetime risk of maternal deaths (1 in N)	210	2015
Stillbirth rate (per 1000 total births)	12	2015
Neonatal deaths, as % of all <5 deaths	51%	2015
Total under 5 deaths (000)	11	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	106 girls	142 boys 2015

Continuum of Care Coverage

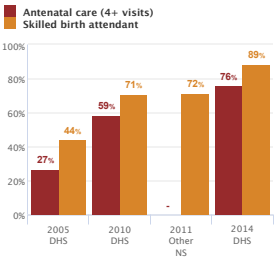
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

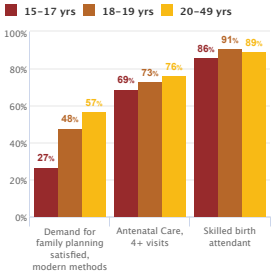
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	75%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	0%	2010
Institutional Delivery	69%/14%/83%	2014
	Public Private Total	
C-section rate	14%/5%/6%	2014
	Urban Rural Total	

Women's & Children's Nutrition

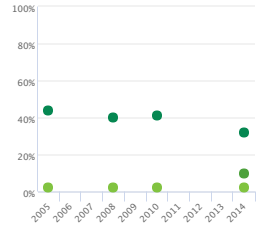
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	47%	2016
Women of reproductive age, short stature	5%	2014
Women (20+) with: BMI <18.5 kg/m2 (thinness)	14%	2016
BMI 25-30 kg/m2 (overweight)	20%	2016
BMI > 30 kg/m2 (obese)	5%	2016
Iron/folic acid supplementation during pregnancy	76%	2014
Low birth weight prevalence	11%	2010
Vitamin A supplementation, full coverage	63%	2015
Minimum dietary diversity	48%	2014

Child Nutritional Status

Percent children under 5 with moderate and severe:

- **Stunting (32%)** DHS – 2014
- **Wasting (10%)** DHS – 2014
- **Overweight (2%)** DHS – 2014

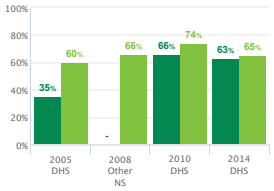


More years of data may be available on the dashboard.

Breastfeeding Practices

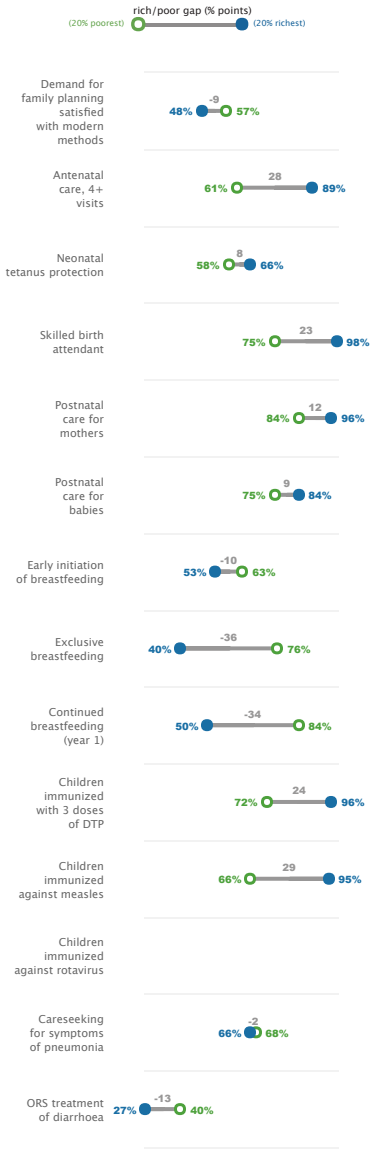
Continued breastfeeding (year 1)	80%	2014

Early initiation of breastfeeding
Exclusive breastfeeding



More years of data may be available on the dashboard.

Equity



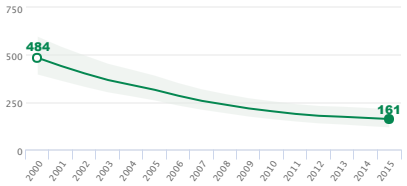
Source: DHS 2014

Cambodia

Demographics

Maternal Mortality Ratio

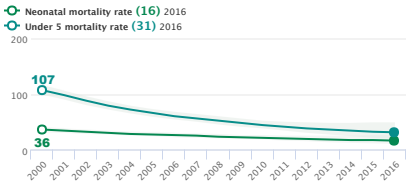
Deaths per 100,000 live births — Uncertainty Range Around Estimate



Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

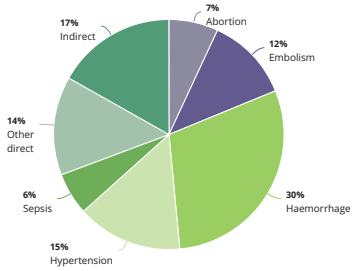
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

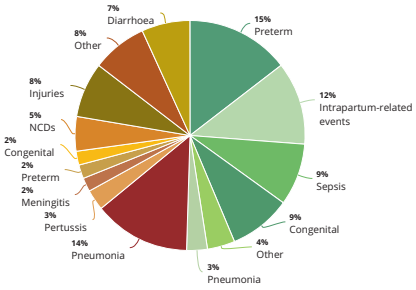
Regional estimates for South-eastern Asia



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months

Newborns ages 0-27 days

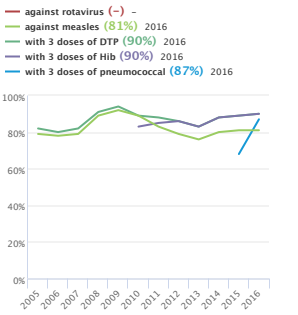
51% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

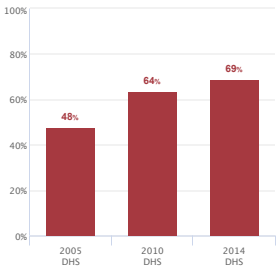
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

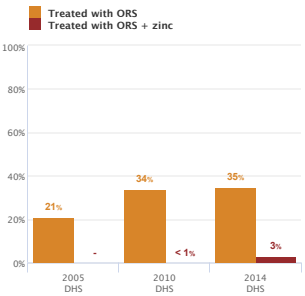
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

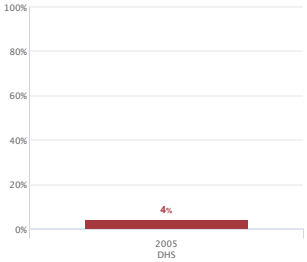
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

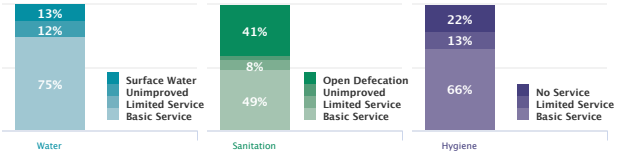
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	Low Risk	
Population sleeping under ITN or sleeping in a house sprayed by IRS	3 %	2005

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes
Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	Partial

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✓	✓	✓	✓

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
No	No	No

Maternal Death Review 2016

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✓

Civil society involvement in review of national maternal, newborn and child health programs: Yes

Financing

Total expenditure on health, per capita	61	2016
Government expenditure on health, per capita	14	2016
Out of pocket expenditure as % of total expenditure on health	74%	2016
General government expenditure on health as % of total government expenditure	6%	2014

ODA to RMNCH (US$) — Total: $130 M 2015 — Per capita: $8 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 3	Newborn Health 3	Child Health 3
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✓ 2. Misoprostol	✓ 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	✖ 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

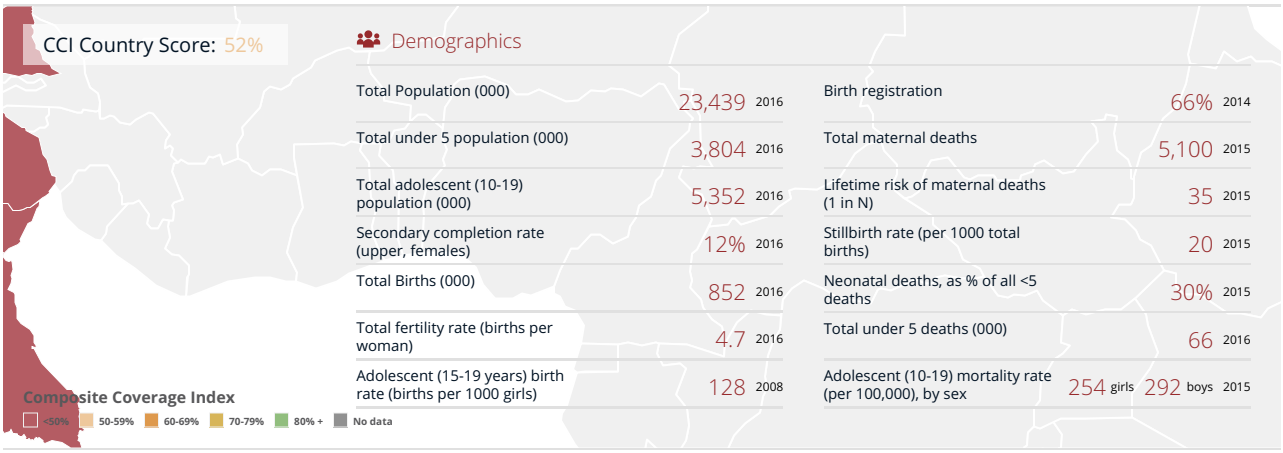
National availability of functional Emergency Obstetric Care (% of recommended minimum)	-	-
Density of skilled health professionals (per 10,000 population)	11.2	2013

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Cameroon

CCI Country Score: 52%

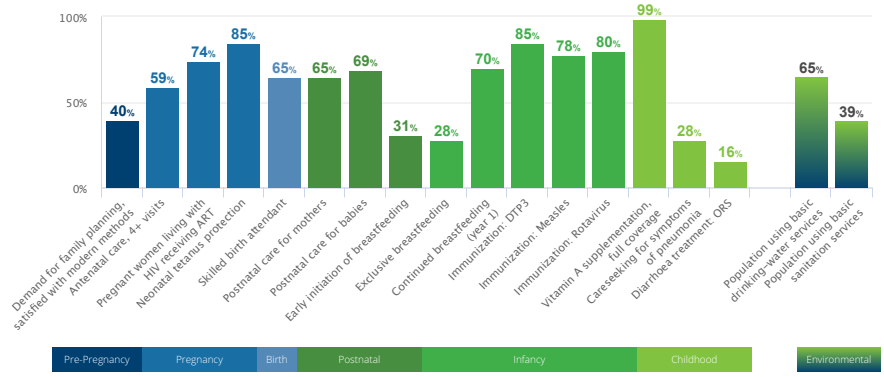


Demographics

Total Population (000)	23,439 2016	Birth registration	66% 2014
Total under 5 population (000)	3,804 2016	Total maternal deaths	5,100 2015
Total adolescent (10-19) population (000)	5,352 2016	Lifetime risk of maternal deaths (1 in N)	35 2015
Secondary completion rate (upper, females)	12% 2016	Stillbirth rate (per 1000 total births)	20 2015
Total Births (000)	852 2016	Neonatal deaths, as % of all <5 deaths	30% 2015
Total fertility rate (births per woman)	4.7 2016	Total under 5 deaths (000)	66 2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	128 2008	Adolescent (10-19) mortality rate (per 100,000), by sex	254 girls 292 boys 2015

Continuum of Care Coverage

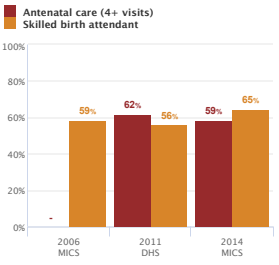
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

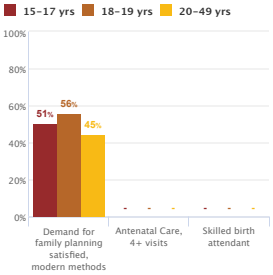
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	74% 2016
Intermittent preventive treatment for malaria during pregnancy 3+	26% 2014
Institutional Delivery	40%/21%/61% 2014 (Public / Private / Total)
C-section rate	4%/1%/2% 2014 (Urban / Rural / Total)

Women's & Children's Nutrition

Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	41% 2016
Women of reproductive age, short stature	1% 2011
Women (20+) with: BMI <18.5 kg/m2 (thinness)	6% 2016
BMI 25-30 kg/m2 (overweight)	26% 2016
BMI > 30 kg/m2 (obese)	17% 2016
Iron/folic acid supplementation during pregnancy	54% 2011
Low birth weight prevalence	11% 2006
Vitamin A supplementation, full coverage	99% 2015
Minimum dietary diversity	33% 2014

Child Nutritional Status

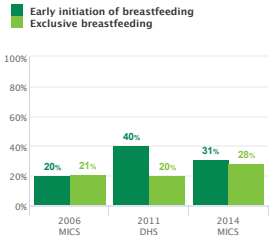
Percent children under 5 with moderate and severe:

- Stunting (32%) MICS – 2014
- Wasting (5%) MICS – 2014
- Overweight (7%) MICS – 2014

More years of data may be available on the dashboard.

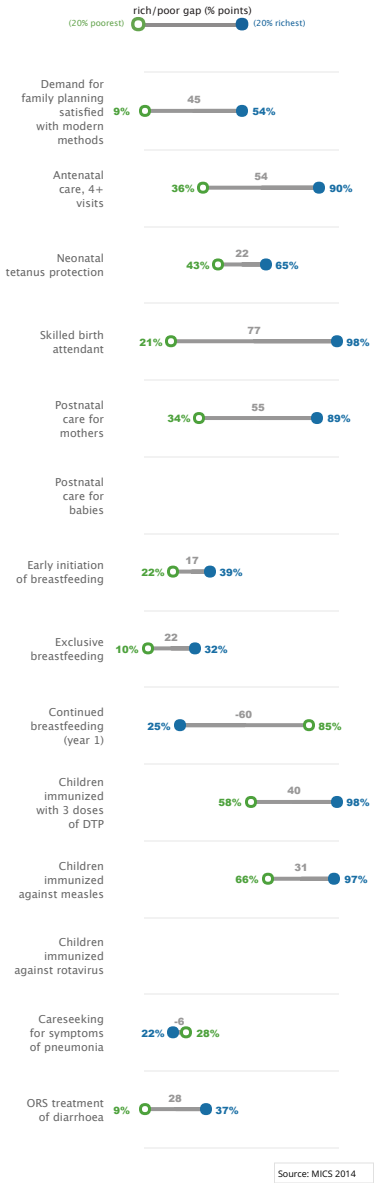
Breastfeeding Practices

Continued breastfeeding (year 1)	70% 2014



More years of data may be available on the dashboard.

Equity



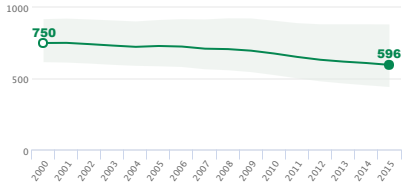
Source: MICS 2014

Cameroon

Demographics

Maternal Mortality Ratio

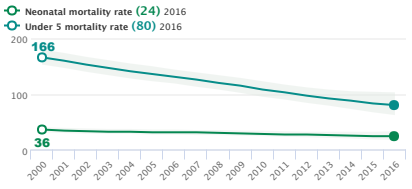
Deaths per 100,000 live births — Uncertainty Range Around Estimate



Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

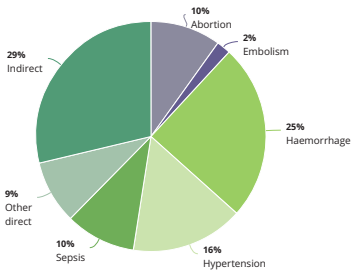
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

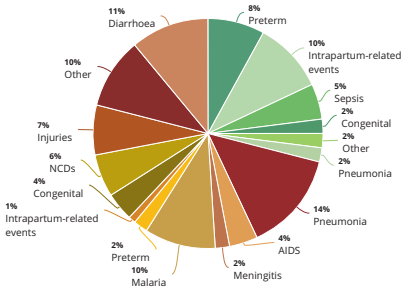
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months

Newborns ages 0-27 days

30% of deaths occur in the neonatal period

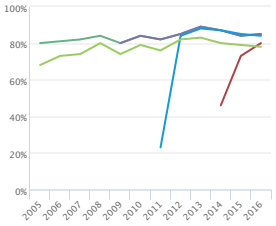
Source: WHO MCEE 2015

Child Health

Immunization

Percent of children immunized:

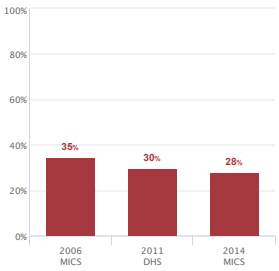
- against measles (78%) 2016
- with 3 doses of DTP (85%) 2016
- with 3 doses of Hib (85%) 2016
- with 3 doses of pneumococcal (84%) 2016
- against rotavirus (80%) 2016



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider

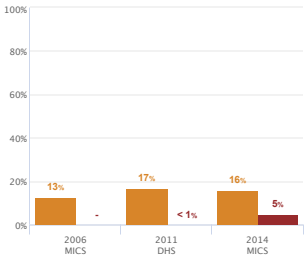


More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

Percent of children under 5 years with diarrhoea:

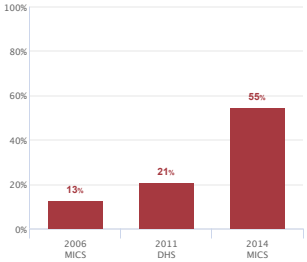
- Treated with ORS
- Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

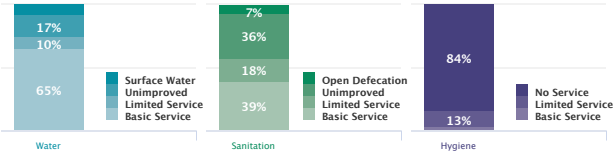
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	16 %	2014
Population sleeping under ITN or sleeping in a house sprayed by IRS	17 %	2011

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No Data

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✗	✗	✓	✗

Maternity protection (Convention 183)	Partial
International code of marketing of breastmilk substitutes	Yes

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
Yes	Yes	Yes

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✗		✗	–

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	59	2014
Government expenditure on health, per capita	13	2014
Out of pocket expenditure as % of total expenditure on health	66%	2014
General government expenditure on health as % of total government expenditure	4%	2014

ODA to RMNCH (US$) Total: $124 M 2015 Per capita: $5 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 3	Maternal Health 3	Newborn Health 2	Child Health 3
✓ 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
✓ 2. Contraceptive Implants	✓ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
✓ 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

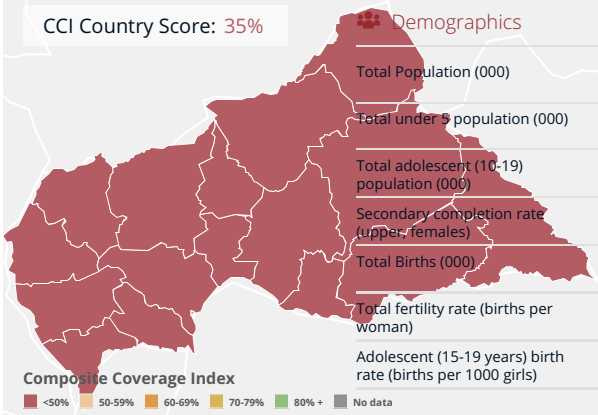
National availability of functional Emergency Obstetric Care (% of recommended minimum)	60%	2010
Density of skilled health professionals (per 10,000 population)	6.0	2010

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Central African Republic

CCI Country Score: 35%

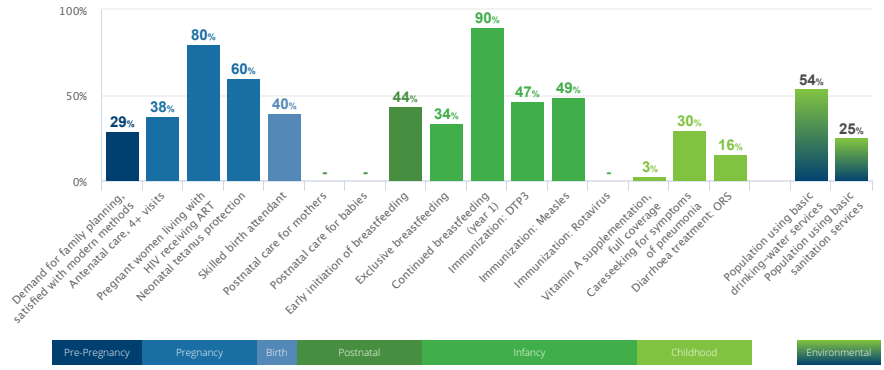


Demographics

Total Population (000)	4,595	2016
Total under 5 population (000)	730	2016
Total adolescent (10-19) population (000)	1,132	2016
Secondary completion rate (upper, females)	6%	2016
Total Births (000)	166	2016
Total fertility rate (births per woman)	4.9	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	229	2009
Birth registration	61%	2010
Total maternal deaths	1,400	2015
Lifetime risk of maternal deaths (1 in N)	27	2015
Stillbirth rate (per 1000 total births)	34	2015
Neonatal deaths, as % of all <5 deaths	33%	2015
Total under 5 deaths (000)	20	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	325 girls	398 boys 2015

Continuum of Care Coverage

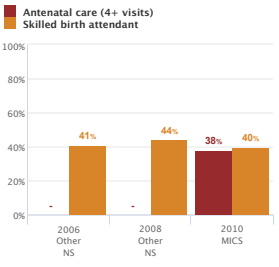
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

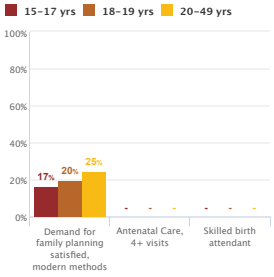
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	80%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	14%	2010
Institutional Delivery	46%/6%/53% (Public/Private/Total)	2010
C-section rate	8%/2%/5% (Urban/Rural/Total)	2010

Women's & Children's Nutrition

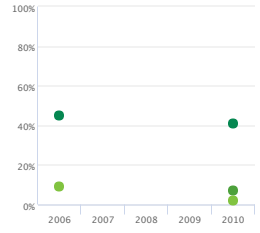
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	46%	2016
Women of reproductive age, short stature	-	-
Women (20+) with: BMI <18.5 kg/m2 (thinness)	12%	2016
BMI 25-30 kg/m2 (overweight)	23%	2016
BMI > 30 kg/m2 (obese)	11%	2016
Iron/folic acid supplementation during pregnancy	-	-
Low birth weight prevalence	14%	2010
Vitamin A supplementation, full coverage	3%	2015
Minimum dietary diversity	-	-

Child Nutritional Status

Percent children under 5 with moderate and severe:

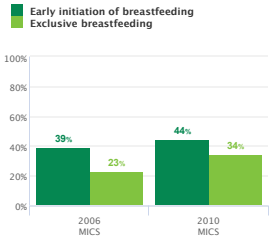
- Stunting (41%) MICS – 2010
- Wasting (7%) MICS – 2010
- Overweight (2%) MICS – 2010



More years of data may be available on the dashboard.

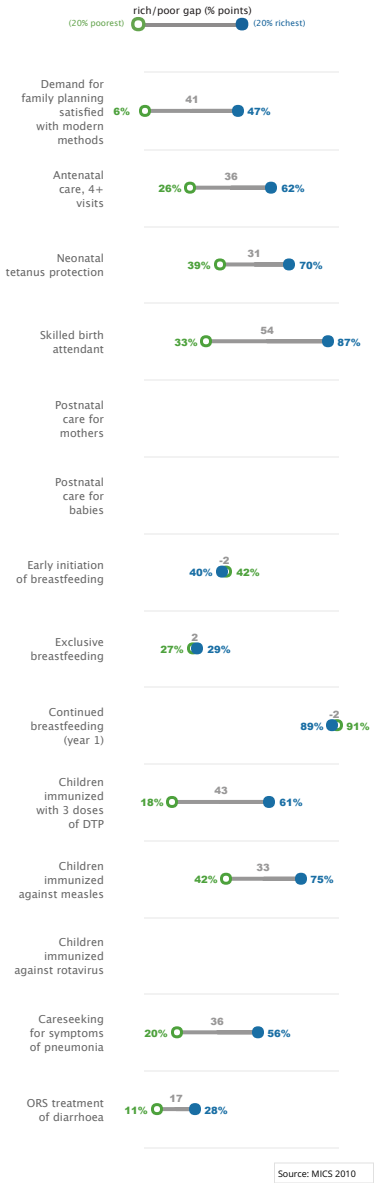
Breastfeeding Practices

Continued breastfeeding (year 1)	90%	2010



More years of data may be available on the dashboard.

Equity



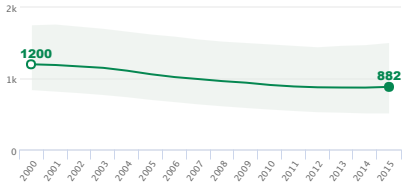
Source: MICS 2010

Central African Republic

Demographics

Maternal Mortality Ratio

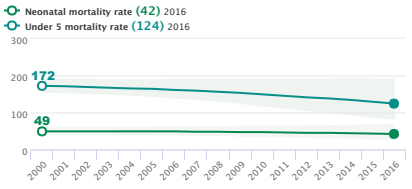
Deaths per 100,000 live births — Uncertainty Range Around Estimate



Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

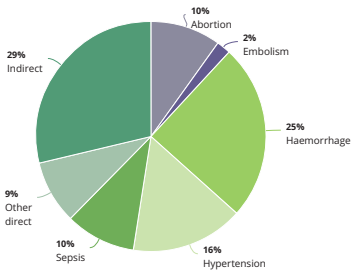
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

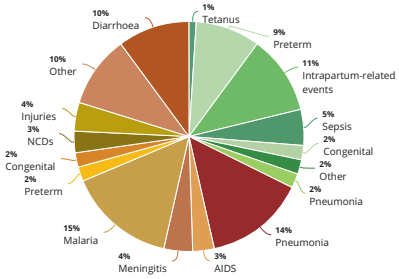
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months

Newborns ages 0-27 days

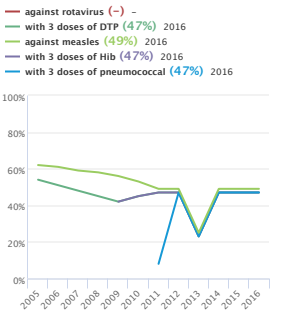
33% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

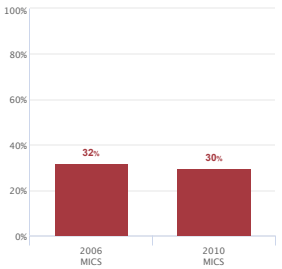
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

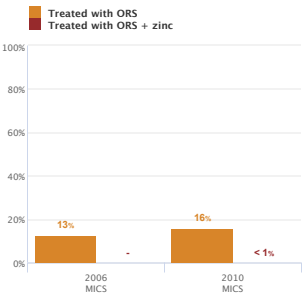
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

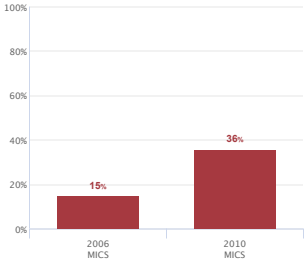
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

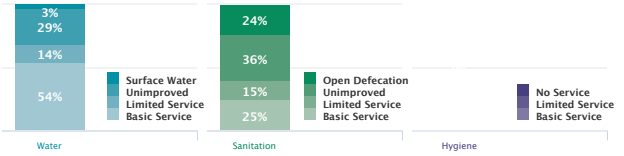
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	17 %	2010
Population sleeping under ITN or sleeping in a house sprayed by IRS	-	

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No Data
Maternity protection (Convention 183)	Partial
International code of marketing of breastmilk substitutes	No Data

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✗	✗

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
Yes	Yes	Yes

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✗		✗	–

Civil society involvement in review of national maternal, newborn and child health programs: No Data

Financing

Total expenditure on health, per capita	16	2014
Government expenditure on health, per capita	8	2014
Out of pocket expenditure as % of total expenditure on health	46%	2014
General government expenditure on health as % of total government expenditure	14%	2014

ODA to RMNCH (US$) — Total: $24 M 2015 — Per capita: $5 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 2	Newborn Health 2	Child Health 2
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✗ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✗ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

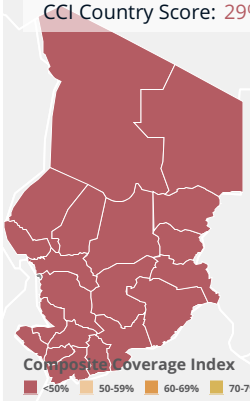
National availability of functional Emergency Obstetric Care (% of recommended minimum)	-	-
Density of skilled health professionals (per 10,000 population)	3.0	2009

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Chad

CCI Country Score: 29%

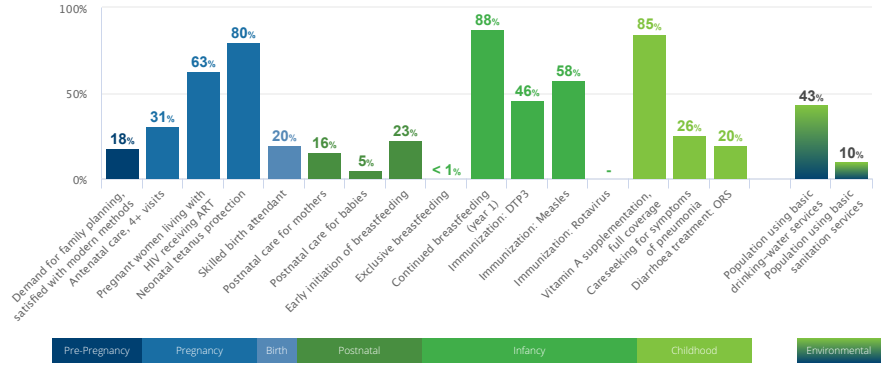


Demographics

Total Population (000)	14,453	2016
Total under 5 population (000)	2,666	2016
Total adolescent (10-19) population (000)	3,541	2016
Secondary completion rate (upper, females)	6%	2016
Total Births (000)	627	2016
Total fertility rate (births per woman)	5.9	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	203	2009
Birth registration	12%	2015
Total maternal deaths	5,400	2015
Lifetime risk of maternal deaths (1 in N)	18	2015
Stillbirth rate (per 1000 total births)	40	2015
Neonatal deaths, as % of all <5 deaths	29%	2015
Total under 5 deaths (000)	77	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	333 girls	363 boys 2015

Continuum of Care Coverage

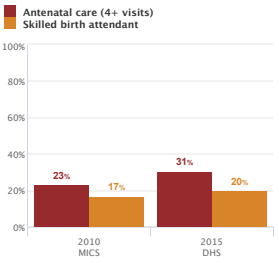
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

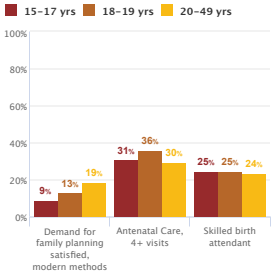
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	63%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	8%	2015
Institutional Delivery	21%/1%/22% (Public / Private / Total)	2015
C-section rate	4%/1%/1% (Urban / Rural / Total)	2015

Women's & Children's Nutrition

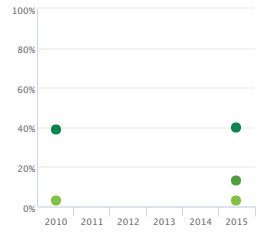
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	48%	2016
Women of reproductive age, short stature	1%	2014
Women (20+) with: BMI <18.5 kg/m2 (thinness)	13%	2016
BMI 25-30 kg/m2 (overweight)	22%	2016
BMI > 30 kg/m2 (obese)	9%	2016
Iron/folic acid supplementation during pregnancy	11%	2014
Low birth weight prevalence	20%	2010
Vitamin A supplementation, full coverage	85%	2015
Minimum dietary diversity	10%	2015

Child Nutritional Status

Percent children under 5 with moderate and severe:

- Stunting (40%) DHS – 2015
- Wasting (13%) DHS – 2015
- Overweight (3%) DHS – 2015

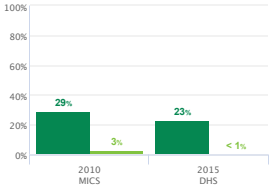


More years of data may be available on the dashboard.

Breastfeeding Practices

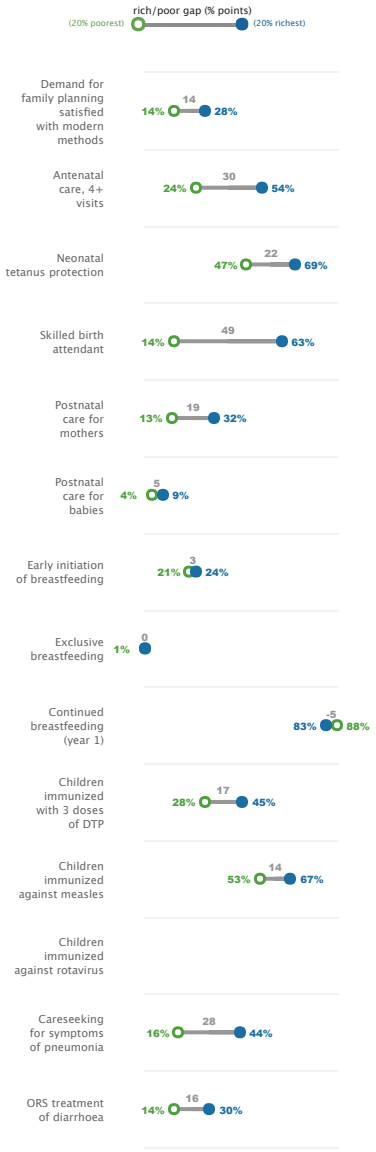
Continued breastfeeding (year 1)	88%	2015

Early initiation of breastfeeding
Exclusive breastfeeding



More years of data may be available on the dashboard.

Equity



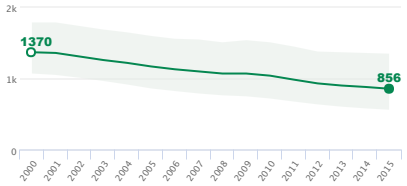
Source: DHS 2014

Chad

Demographics

Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate

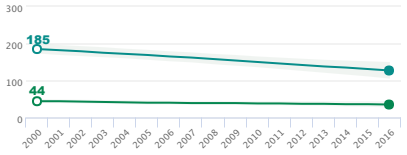


Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

Deaths per 1,000 live births — Uncertainty Range Around Estimate

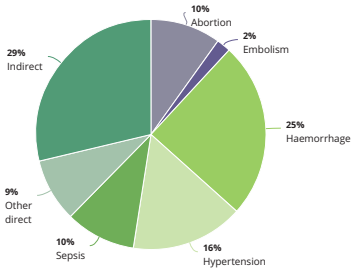
- Neonatal mortality rate (35) 2016
- Under 5 mortality rate (127) 2016



Source: UN IGME 2017

Causes of Maternal Death - 2014

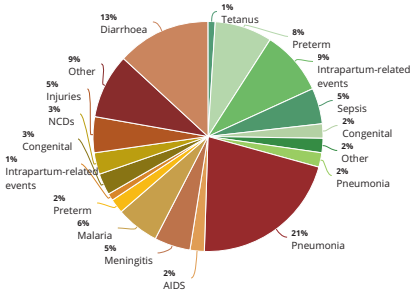
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months

Newborns ages 0-27 days

29% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

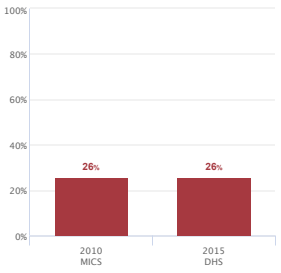
Percent of children immunized:

- against rotavirus (–) –
- with 3 doses of DTP (46%) 2016
- with 3 doses of Hib (46%) 2016
- with 3 doses of pneumococcal (–) –
- against measles (58%) 2016

Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider

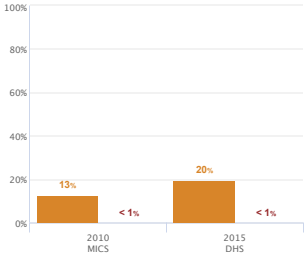


More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

Percent of children under 5 years with diarrhoea:

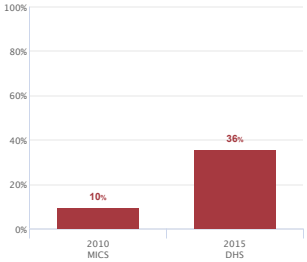
- Treated with ORS
- Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

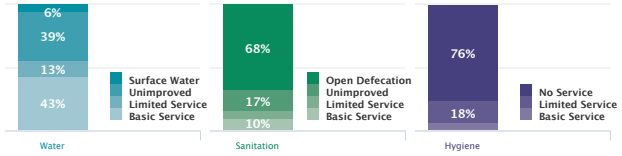
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	13 %	2015
Population sleeping under ITN or sleeping in a house sprayed by IRS	34 %	2015

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No Data

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✗	✗	✗	✓

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	No

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
Yes	Yes	Yes

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✗		✗	–

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	37	2014
Government expenditure on health, per capita	20	2014
Out of pocket expenditure as % of total expenditure on health	39%	2014
General government expenditure on health as % of total government expenditure	9%	2014

ODA to RMNCH (US$) Total: $45 M 2015 Per capita: $3 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 2	Newborn Health 2	Child Health 3
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✗ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

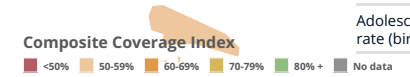
National availability of functional Emergency Obstetric Care (% of recommended minimum)	20%	2011
Density of skilled health professionals (per 10,000 population)	3.5	2013

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Comoros

CCI Country Score: 52%

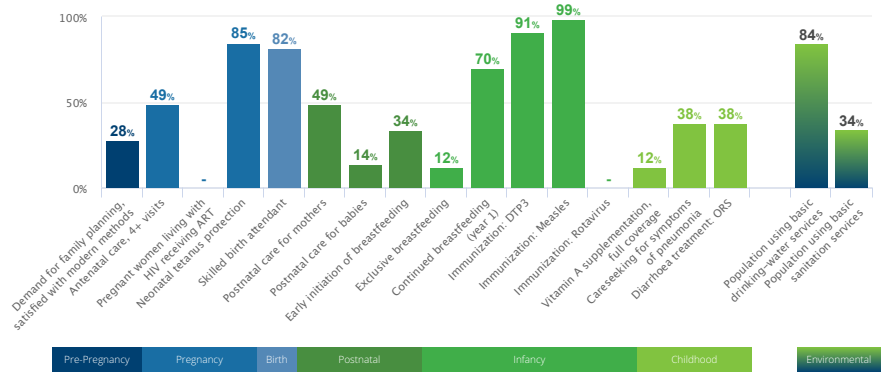


Demographics

Total Population (000)	796	2016
Total under 5 population (000)	119	2016
Total adolescent (10-19) population (000)	176	2016
Secondary completion rate (upper, females)	32%	2016
Total Births (000)	26	2016
Total fertility rate (births per woman)	4.3	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	71	2010
Birth registration	87%	2012
Total maternal deaths	88	2015
Lifetime risk of maternal deaths (1 in N)	66	2015
Stillbirth rate (per 1000 total births)	31	2015
Neonatal deaths, as % of all <5 deaths	47%	2015
Total under 5 deaths (000)	2	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	132 girls	154 boys 2015

Continuum of Care Coverage

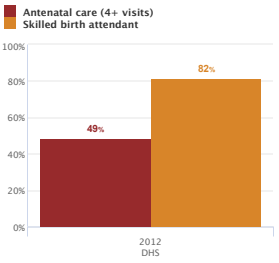
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

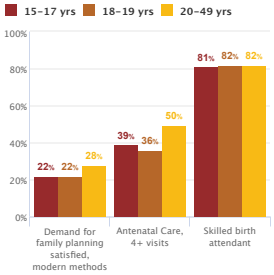
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	- -	
Intermittent preventive treatment for malaria during pregnancy 3+	10%	2012
Institutional Delivery	74%/2%/76% (Public / Private / Total)	2012
C-section rate	12%/9%/10% (Urban / Rural / Total)	2012

Women's & Children's Nutrition

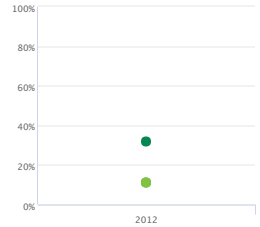
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	29%	2016
Women of reproductive age, short stature	3%	2012
Women (20+) with: BMI <18.5 kg/m2 (thinness)	8%	2016
BMI 25-30 kg/m2 (overweight)	24%	2016
BMI > 30 kg/m2 (obese)	13%	2016
Iron/folic acid supplementation during pregnancy	13%	2012
Low birth weight prevalence	-	-
Vitamin A supplementation, full coverage	12%	2015
Minimum dietary diversity	25%	2012

Child Nutritional Status

Percent children under 5 with moderate and severe:

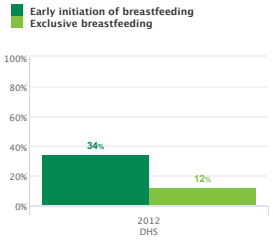
- Stunting (32%) DHS – 2012
- Wasting (11%) DHS – 2012
- Overweight (11%) DHS – 2012



More years of data may be available on the dashboard.

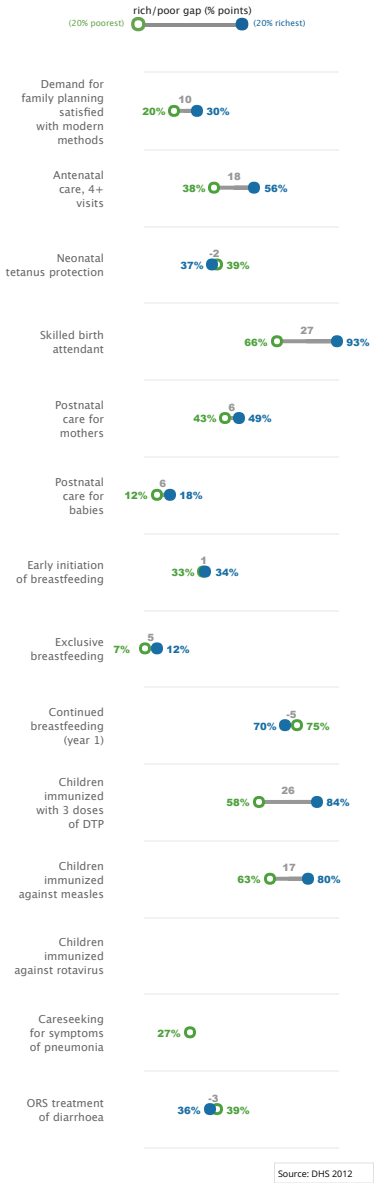
Breastfeeding Practices

Continued breastfeeding (year 1) 70% 2012



More years of data may be available on the dashboard.

Equity



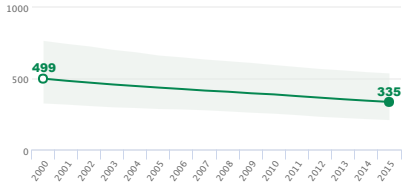
Source: DHS 2012

Comoros

Demographics

Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate

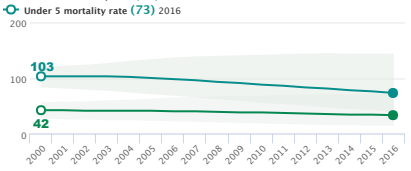


Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

Deaths per 1,000 live births — Uncertainty Range Around Estimate

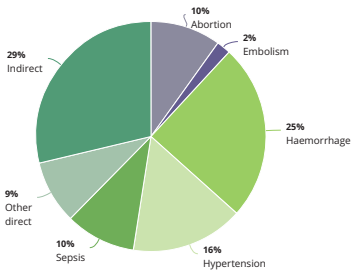
- Neonatal mortality rate (33) 2016
- Under 5 mortality rate (73) 2016



Source: UN IGME 2017

Causes of Maternal Death - 2014

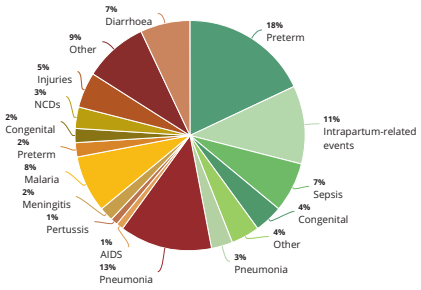
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



- Children ages 1-59 months
- Newborns ages 0-27 days

47% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

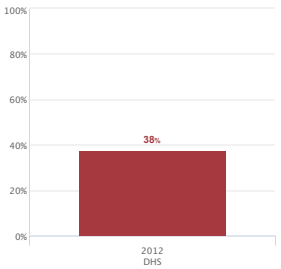
Percent of children immunized:

- against rotavirus (–) –
- with 3 doses of DTP (91%) 2016
- with 3 doses of Hib (91%) 2016
- with 3 doses of pneumococcal (–) –
- against measles (99%) 2016

Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider

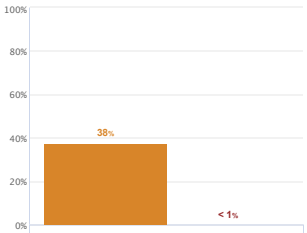


More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

Percent of children under 5 years with diarrhoea:

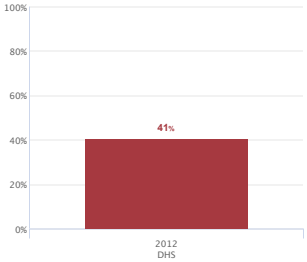
- Treated with ORS
- Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

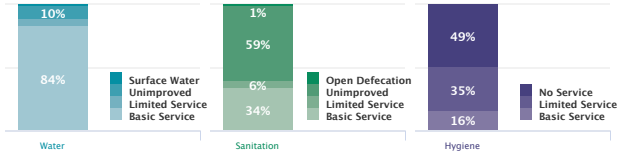
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	28 %	2012
Population sleeping under ITN or sleeping in a house sprayed by IRS	41 %	2012

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✗	✗	✗	✗

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	Partial

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
Yes	Yes	Yes

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	–	–	✗

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita		57	2014
Government expenditure on health, per capita		19	2014
Out of pocket expenditure as % of total expenditure on health		45%	2014
General government expenditure on health as % of total government expenditure		9%	2014
ODA to RMNCH (US$)	Total:	$6 M 2015	Per capita: $8 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 3	Newborn Health 2	Child Health 2
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✓ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	– 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

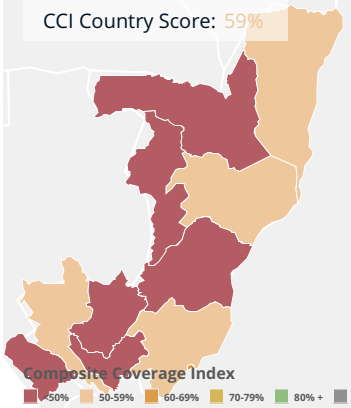
National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -
Density of skilled health professionals (per 10,000 population)	- -

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Congo

CCI Country Score: 59%

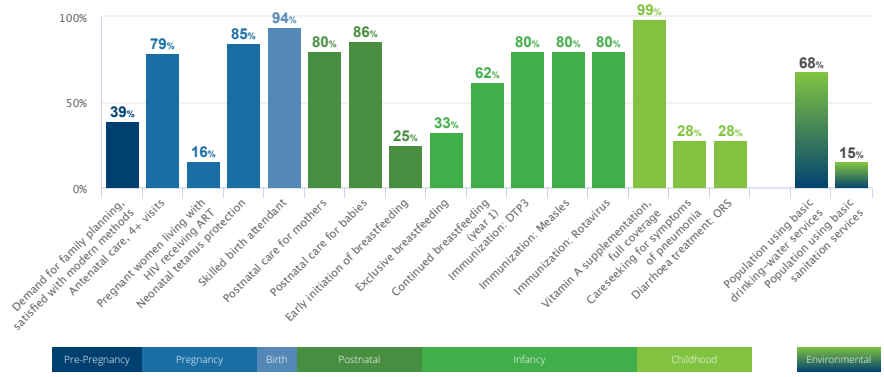


Demographics

Total Population (000)	5,126	2016
Total under 5 population (000)	824	2016
Total adolescent (10-19) population (000)	1,122	2016
Secondary completion rate (upper, females)	15%	2016
Total Births (000)	178	2016
Total fertility rate (births per woman)	4.7	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	147	2009
Birth registration	96%	2015
Total maternal deaths	740	2015
Lifetime risk of maternal deaths (1 in N)	45	2015
Stillbirth rate (per 1000 total births)	15	2015
Neonatal deaths, as % of all <5 deaths	41%	2015
Total under 5 deaths (000)	9	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	150 girls	197 boys 2015

Continuum of Care Coverage

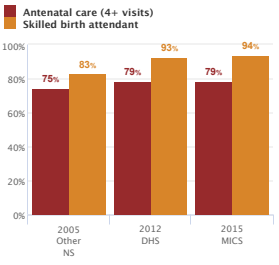
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

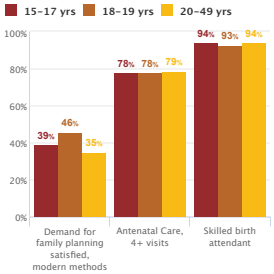
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	16%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	12%	2015
Institutional Delivery	60%/32%/92% (Public / Private / Total)	2015
C-section rate	8%/3%/5% (Urban / Rural / Total)	2015

Women's & Children's Nutrition

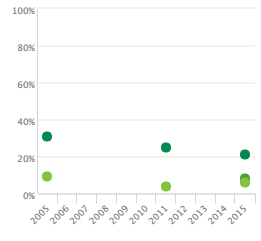
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	52%	2016
Women of reproductive age, short stature	2%	2011
Women (20+) with: BMI <18.5 kg/m2 (thinness)	11%	2016
BMI 25-30 kg/m2 (overweight)	25%	2016
BMI > 30 kg/m2 (obese)	14%	2016
Iron/folic acid supplementation during pregnancy	43%	2011
Low birth weight prevalence	13%	2005
Vitamin A supplementation, full coverage	99%	2015
Minimum dietary diversity	24%	2015

Child Nutritional Status

Percent children under 5 with moderate and severe:

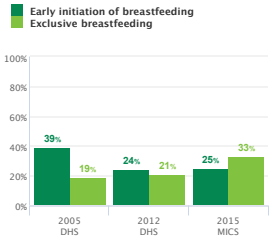
- Stunting (21%) MICS – 2015
- Wasting (8%) MICS – 2015
- Overweight (6%) MICS – 2015



More years of data may be available on the dashboard.

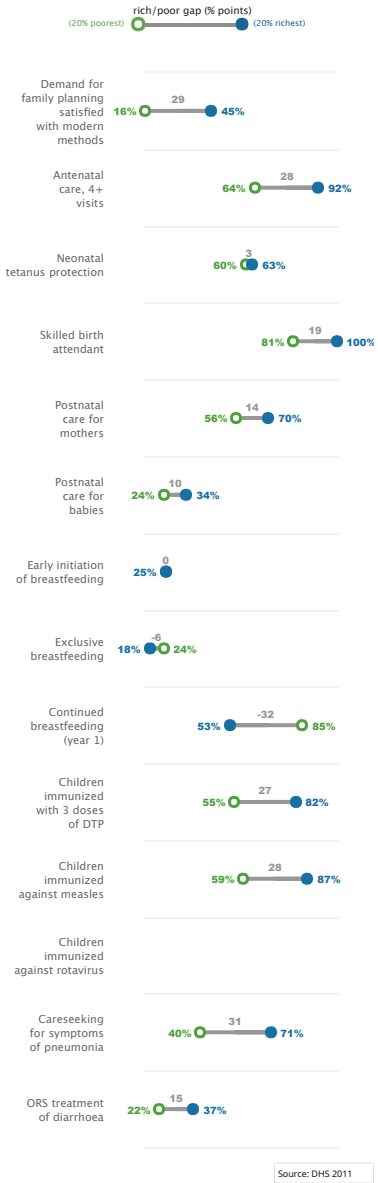
Breastfeeding Practices

Continued breastfeeding (year 1)	62%	2015



More years of data may be available on the dashboard.

Equity



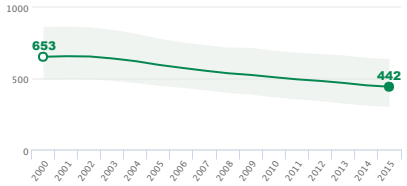
Source: DHS 2011

Congo

Demographics

Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate

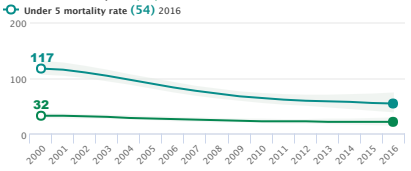


Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

Deaths per 1,000 live births — Uncertainty Range Around Estimate

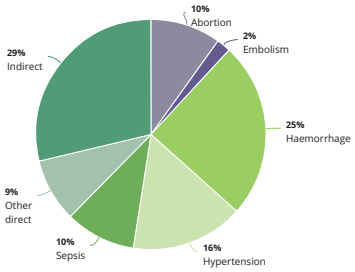
- Neonatal mortality rate (21) 2016
- Under 5 mortality rate (54) 2016



Source: UN IGME 2017

Causes of Maternal Death - 2014

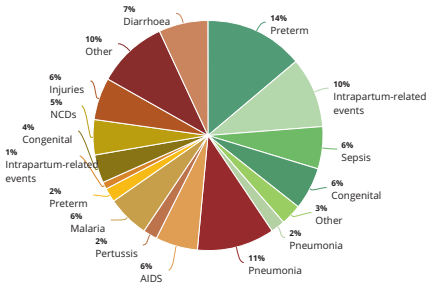
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



- Children ages 1-59 months
- Newborns ages 0-27 days

41% of deaths occur in the neonatal period

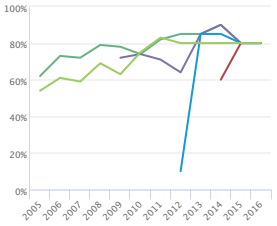
Source: WHO MCEE 2015

Child Health

Immunization

Percent of children immunized:

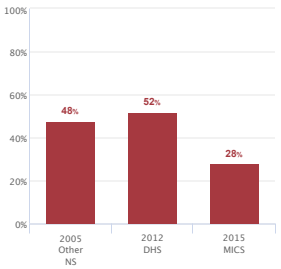
- against measles (80%) 2016
- with 3 doses of DTP (80%) 2016
- with 3 doses of Hib (80%) 2016
- with 3 doses of pneumococcal (80%) 2016
- against rotavirus (80%) 2016



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider

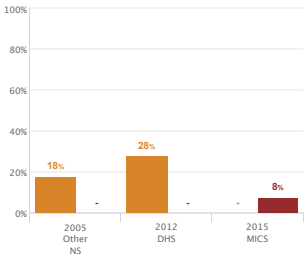


More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

Percent of children under 5 years with diarrhoea:

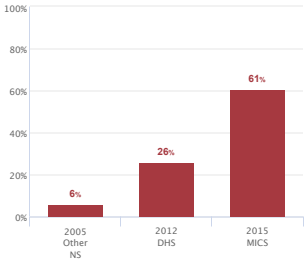
- Treated with ORS
- Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

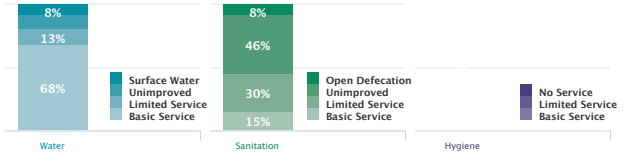
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	30 %	2015
Population sleeping under ITN or sleeping in a house sprayed by IRS	26 %	2012

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✗	✗

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	No

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
Yes	Yes	Yes

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✗

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	162	2014
Government expenditure on health, per capita	132	2014
Out of pocket expenditure as % of total expenditure on health	18%	2014
General government expenditure on health as % of total government expenditure	9%	2014

ODA to RMNCH (US$) — Total: $13 M 2015 — Per capita: $3 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health	0	Maternal Health	3	Newborn Health	2	Child Health	3
– 1. Female Condom		✓ 1. Oxytocin		✓ 1. Injectable Antibiotics		✓ 1. Amoxicillin	
– 2. Contraceptive Implants		✓ 2. Misoprostol		– 2. Antenatal Corticosteroids		✓ 2. Oral Rehydration Salts	
– 3. Emergency Contraception		✓ 3. Magnesium sulfate		– 3. Chlorhexidine		✓ 3. Zinc	
				✓ 4. Resuscitation equipment: Self-inflating bag			

National availability of functional Emergency Obstetric Care (% of recommended minimum)	87%	2016
Density of skilled health professionals (per 10,000 population)	10.5	2007

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✗	✓

Congo (Democratic Republic of the)

CCI Country Score: 47%

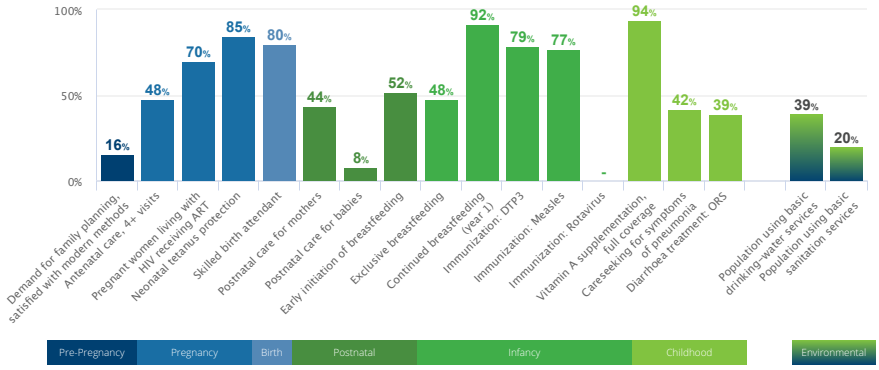
Demographics

Total Population (000)	78,736 2016	Birth registration	25% 2014
Total under 5 population (000)	14,494 2016	Total maternal deaths	22,000 2015
Total adolescent (10-19) population (000)	18,045 2016	Lifetime risk of maternal deaths (1 in N)	24 2015
Secondary completion rate (upper, females)	21% 2016	Stillbirth rate (per 1000 total births)	27 2015
Total Births (000)	3,335 2016	Neonatal deaths, as % of all <5 deaths	31% 2015
Total fertility rate (births per woman)	6.1 2016	Total under 5 deaths (000)	304 2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	135 2011	Adolescent (10-19) mortality rate (per 100,000), by sex	238 girls 266 boys 2015

Composite Coverage Index
<50% 50-59% 60-69% 70-79% 80% + No data

Continuum of Care Coverage

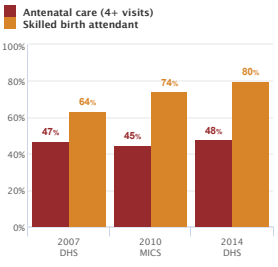
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

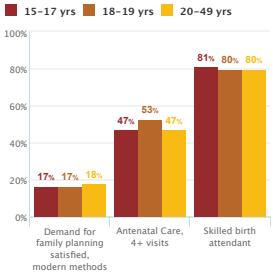
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	70% 2016
Intermittent preventive treatment for malaria during pregnancy 3+	5% 2013
Institutional Delivery	65%/15%/80% 2014 (Public / Private / Total)
C-section rate	7%/4%/5% 2014 (Urban / Rural / Total)

Women's & Children's Nutrition

Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	41% 2016
Women of reproductive age, short stature	5% 2013
Women (20+) with: BMI <18.5 kg/m2 (thinness)	13% 2016
BMI 25-30 kg/m2 (overweight)	23% 2016
BMI > 30 kg/m2 (obese)	10% 2016
Iron/folic acid supplementation during pregnancy	5% 2014
Low birth weight prevalence	10% 2010
Vitamin A supplementation, full coverage	94% 2015
Minimum dietary diversity	20% 2014

Child Nutritional Status

Percent children under 5 with moderate and severe:

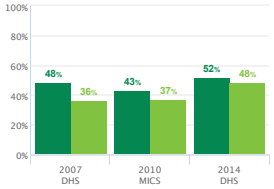
- Stunting (43%) DHS – 2013
- Wasting (8%) DHS – 2013
- Overweight (4%) DHS – 2013

More years of data may be available on the dashboard.

Breastfeeding Practices

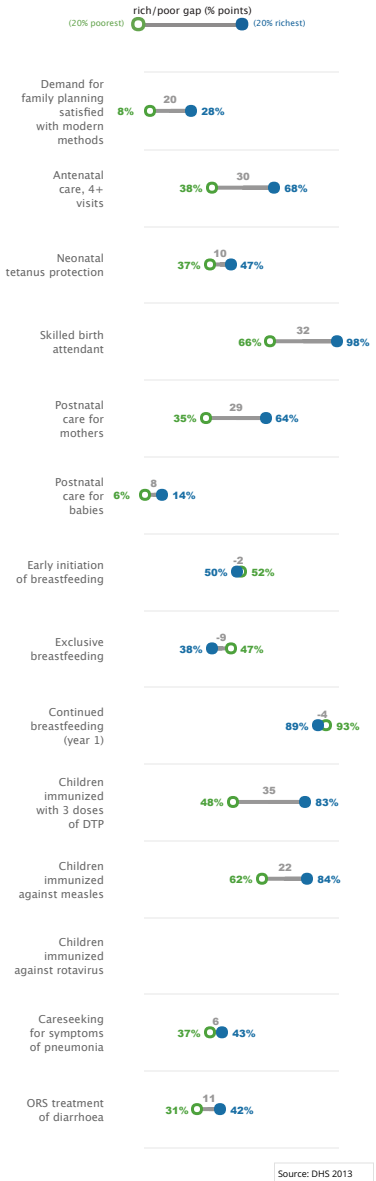
Continued breastfeeding (year 1)	92% 2014

Early initiation of breastfeeding
Exclusive breastfeeding



More years of data may be available on the dashboard.

Equity

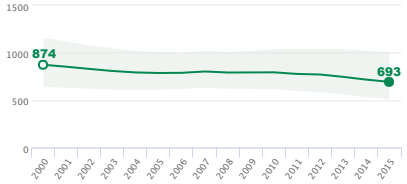


Source: DHS 2013

Congo (Democratic Republic of

Demographics

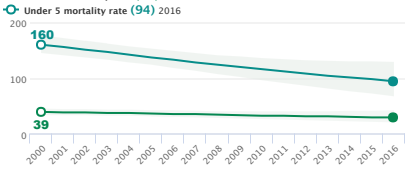
Maternal Mortality Ratio
Deaths per 100,000 live births — Uncertainty Range Around Estimate



Source: UN MMEIG 2015

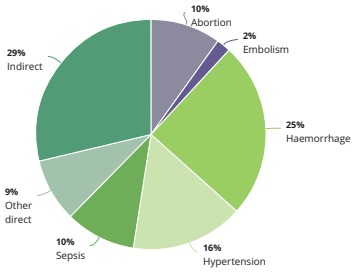
Neonatal & Under-five Mortality Rate
Deaths per 1,000 live births — Uncertainty Range Around Estimate

- Neonatal mortality rate (29) 2016
- Under 5 mortality rate (94) 2016



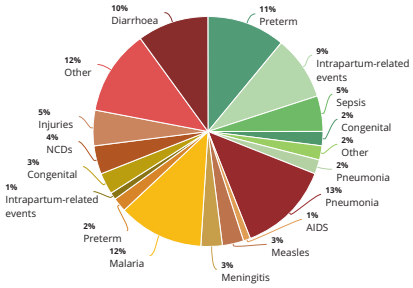
Source: UN IGME 2017

Causes of Maternal Death - 2014
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015
Globally nearly half of child deaths are attributable to undernutrition



- Children ages 1-59 months
- Newborns ages 0-27 days

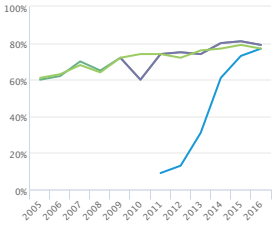
31% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

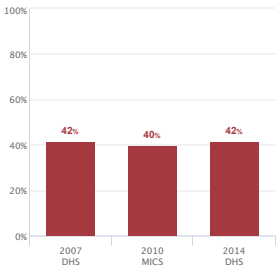
Immunization
Percent of children immunized:

- against rotavirus (–) –
- with 3 doses of DTP (79%) 2016
- against measles (77%) 2016
- with 3 doses of Hib (79%) 2016
- with 3 doses of pneumococcal (77%) 2016



Source: WHO/UNICEF 2016 revision

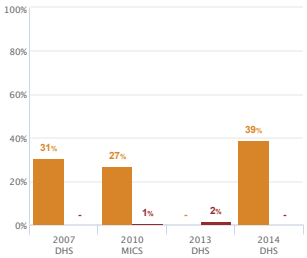
Pneumonia Treatment
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

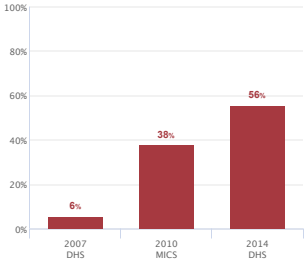
Diarrhoeal Disease Treatment
Percent of children under 5 years with diarrhoea:

- Treated with ORS
- Treated with ORS + zinc



More years of data may be available on the dashboard.

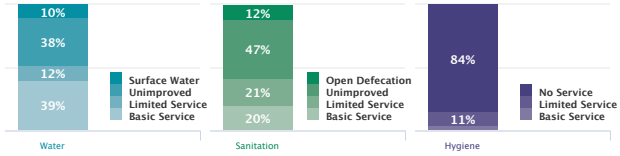
Malaria Prevention & Treatment
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	19 %	2014
Population sleeping under ITN or sleeping in a house sprayed by IRS	50 %	2014

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✗	✗

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	Partial

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
Yes	Yes	Yes

Maternal Death Review 2013

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✗		✗	–

Civil society involvement in review of national maternal, newborn and child health programs: No Data

Financing

Total expenditure on health, per capita	19	2013
Government expenditure on health, per capita	7	2013
Out of pocket expenditure as % of total expenditure on health	39%	2013
General government expenditure on health as % of total government expenditure	11%	2014

ODA to RMNCH (US$) — Total: $548 M 2015 — Per capita: $7 2015

Service Delivery
Life Saving Commodities in Essential Medicine List:

Reproductive Health 3	Maternal Health 2	Newborn Health 2	Child Health 3
✓ 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
✓ 2. Contraceptive Implants	✗ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
✓ 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

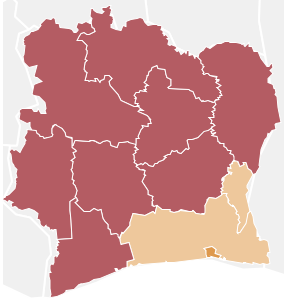
National availability of functional Emergency Obstetric Care (% of recommended minimum)	-	-
Density of skilled health professionals (per 10,000 population)	10.5	2009

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✗	✗	✓

Côte d'Ivoire

CCI Country Score: 44%



Composite Coverage Index

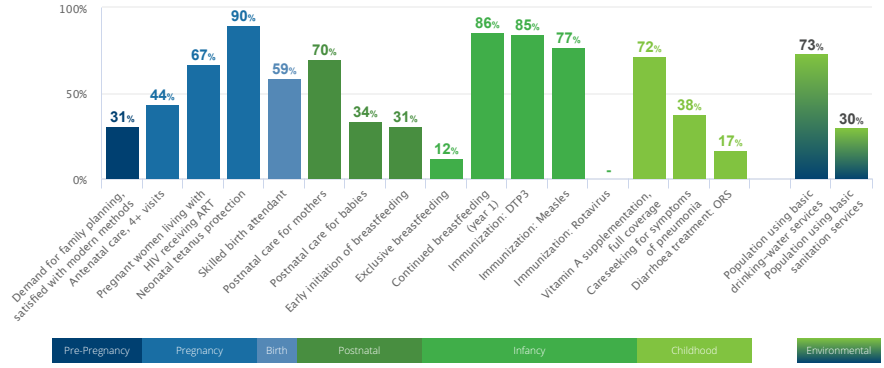
<50% 50-59% 60-69% 70-79% 80% + No data

Demographics

Total Population (000)	23,696	2016
Total under 5 population (000)	3,861	2016
Total adolescent (10-19) population (000)	5,520	2016
Secondary completion rate (upper, females)	11%	2016
Total Births (000)	874	2016
Total fertility rate (births per woman)	4.9	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	125	2009
Birth registration	65%	2012
Total maternal deaths	5,400	2015
Lifetime risk of maternal deaths (1 in N)	32	2015
Stillbirth rate (per 1000 total births)	27	2015
Neonatal deaths, as % of all <5 deaths	42%	2015
Total under 5 deaths (000)	78	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	439 girls 419 boys	2015

Continuum of Care Coverage

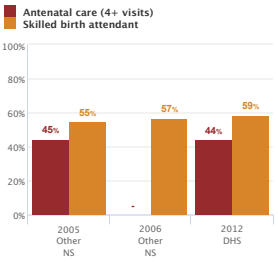
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

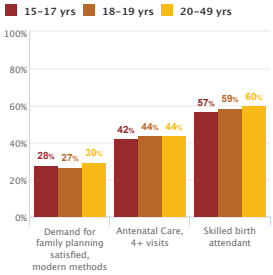
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	67%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	7%	2012
Institutional Delivery	53%/4%/57% (Public / Private / Total)	2012
C-section rate	5%/1%/3% (Urban / Rural / Total)	2012

Women's & Children's Nutrition

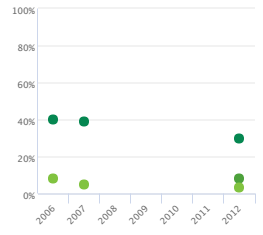
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	53%	2016
Women of reproductive age, short stature	1%	2011
Women (20+) with: BMI <18.5 kg/m2 (thinness)	7%	2016
BMI 25-30 kg/m2 (overweight)	25%	2016
BMI > 30 kg/m2 (obese)	16%	2016
Iron/folic acid supplementation during pregnancy	25%	2011
Low birth weight prevalence	17%	2006
Vitamin A supplementation, full coverage	72%	2015
Minimum dietary diversity	11%	2012

Child Nutritional Status

Percent children under 5 with moderate and severe:

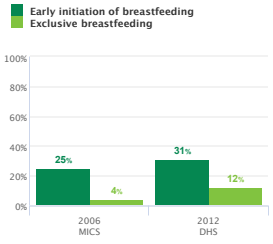
- Stunting (30%) DHS – 2012
- Wasting (8%) DHS – 2012
- Overweight (3%) DHS – 2012



More years of data may be available on the dashboard.

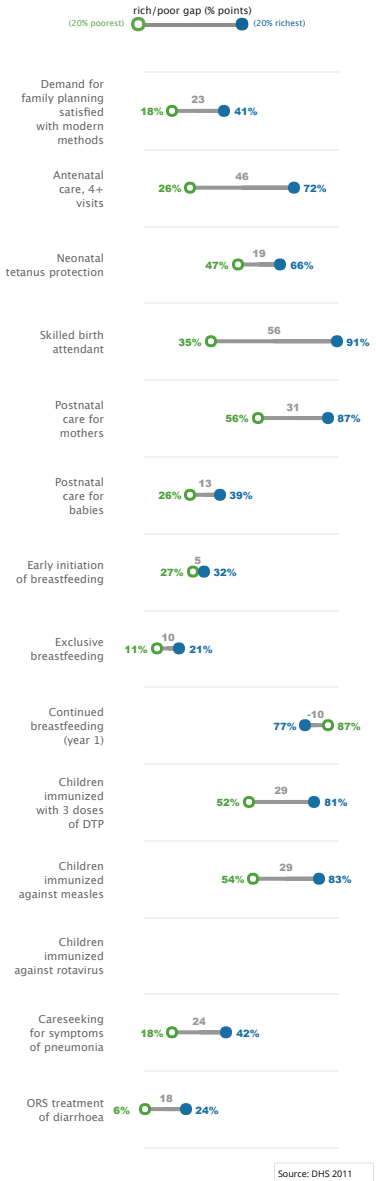
Breastfeeding Practices

Continued breastfeeding (year 1)	86%	2012



More years of data may be available on the dashboard.

Equity

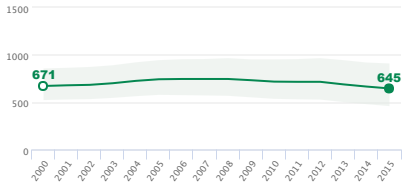


Source: DHS 2011

Côte d'Ivoire

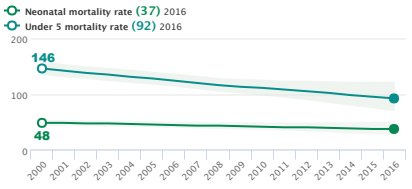
Demographics

Maternal Mortality Ratio
Deaths per 100,000 live births — Uncertainty Range Around Estimate



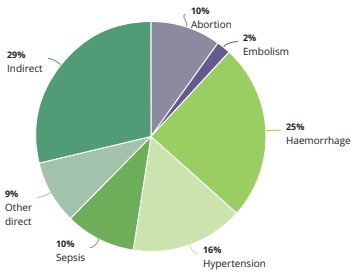
Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate
Deaths per 1,000 live births — Uncertainty Range Around Estimate



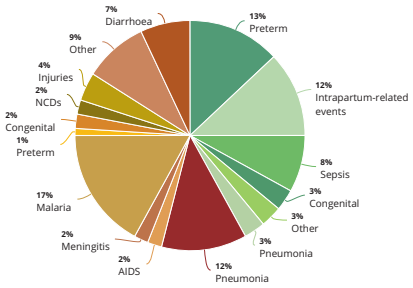
Source: UN IGME 2017

Causes of Maternal Death - 2014
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015
Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months
Newborns ages 0-27 days

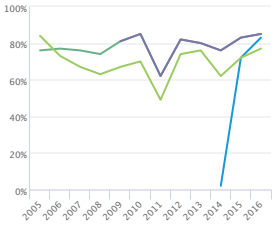
42% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

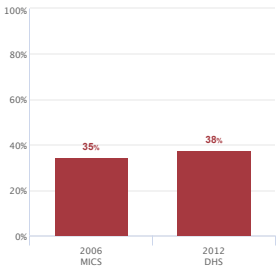
Immunization
Percent of children immunized:

- against rotavirus (–) –
- with 3 doses of DTP (85%) 2016
- against measles (77%) 2016
- with 3 doses of Hib (85%) 2016
- with 3 doses of pneumococcal (83%) 2016



Source: WHO/UNICEF 2016 revision

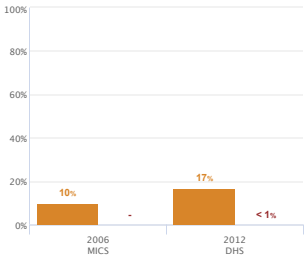
Pneumonia Treatment
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

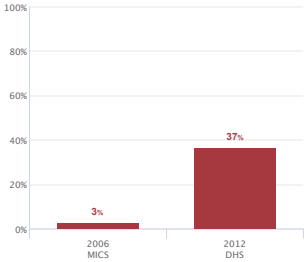
Diarrhoeal Disease Treatment
Percent of children under 5 years with diarrhoea:

- Treated with ORS
- Treated with ORS + zinc



More years of data may be available on the dashboard.

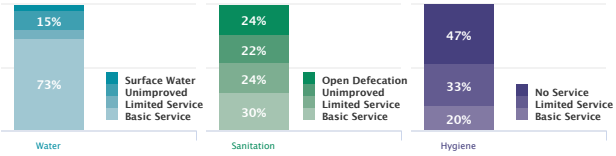
Malaria Prevention & Treatment
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	11 %	2012
Population sleeping under ITN or sleeping in a house sprayed by IRS	51 %	2016

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes
Maternity protection (Convention 183)	Partial
International code of marketing of breastmilk substitutes	Partial

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✗	✗

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
Yes	Yes	Yes

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✗	✗	✗	✗	–

Civil society involvement in review of national maternal, newborn and child health programs: No Data

Financing

Total expenditure on health, per capita	88	2014
Government expenditure on health, per capita	26	2014
Out of pocket expenditure as % of total expenditure on health	51%	2014
General government expenditure on health as % of total government expenditure	7%	2014

ODA to RMNCH (US$) — Total: $108 M 2015 — Per capita: $5 2015

Service Delivery
Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 2	Newborn Health 2	Child Health 3
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✗ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

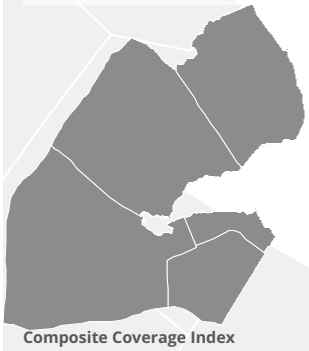
National availability of functional Emergency Obstetric Care (% of recommended minimum)	15%	2016
Density of skilled health professionals (per 10,000 population)	6.2	2008

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Djibouti

CCI Country Score: -

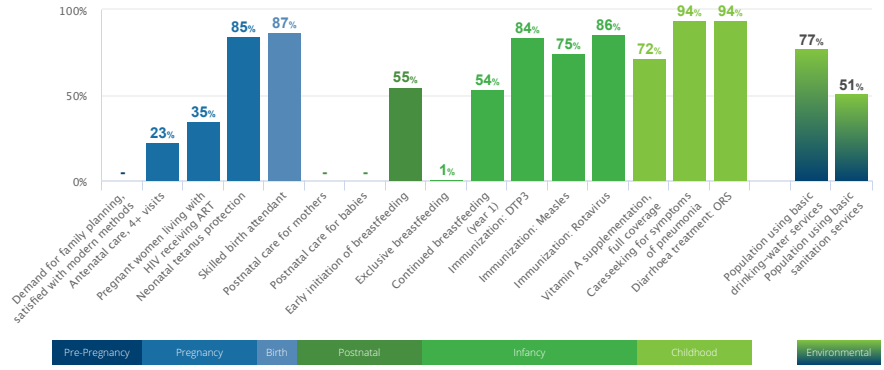


Demographics

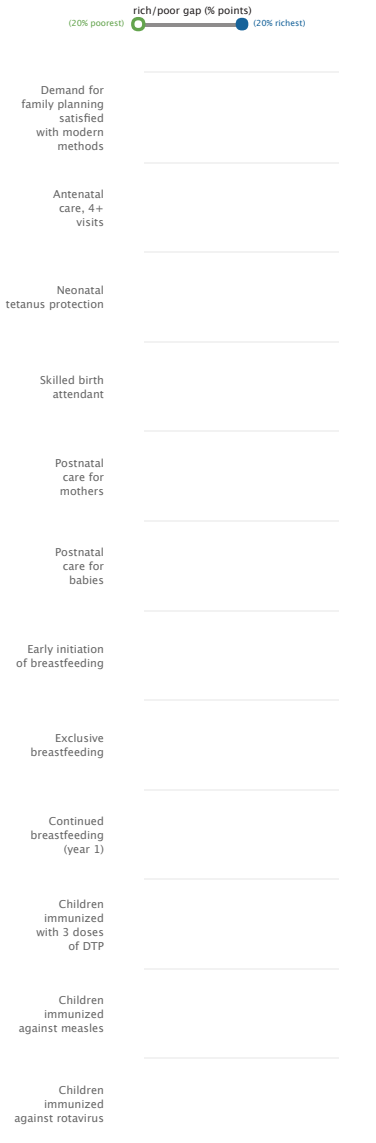
Total Population (000)	942	2016
Total under 5 population (000)	102	2016
Total adolescent (10-19) population (000)	196	2016
Secondary completion rate (upper, females)	- -	
Total Births (000)	22	2016
Total fertility rate (births per woman)	2.8	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	21	2010
Birth registration	92%	2006
Total maternal deaths	50	2015
Lifetime risk of maternal deaths (1 in N)	140	2015
Stillbirth rate (per 1000 total births)	35	2015
Neonatal deaths, as % of all <5 deaths	52%	2015
Total under 5 deaths (000)	1	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	192 girls	235 boys 2015

Continuum of Care Coverage

Percentage of those in need receiving coverage of key interventions across the continuum of care



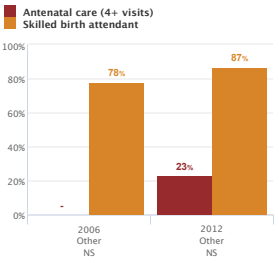
Equity



Maternal & Newborn Health

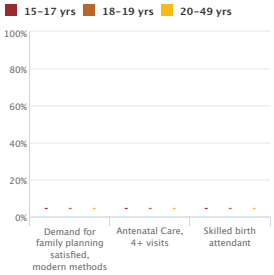
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	35%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	85%/1%/87% (Public / Private / Total)	2012
C-section rate	-/-/11% (Urban / Rural / Total)	2012

Women's & Children's Nutrition

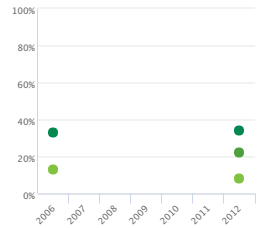
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	33%	2016
Women of reproductive age, short stature	-	-
Women (20+) with: BMI <18.5 kg/m2 (thinness)	7%	2016
BMI 25-30 kg/m2 (overweight)	27%	2016
BMI > 30 kg/m2 (obese)	19%	2016
Iron/folic acid supplementation during pregnancy	-	-
Low birth weight prevalence	10%	2006
Vitamin A supplementation, full coverage	72%	2015
Minimum dietary diversity	-	-

Child Nutritional Status

Percent children under 5 with moderate and severe:

- **Stunting (34%)** Other NS – 2012
- **Wasting (22%)** Other NS – 2012
- **Overweight (8%)** Other NS – 2012

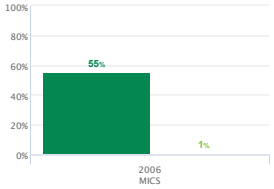


More years of data may be available on the dashboard.

Breastfeeding Practices

Continued breastfeeding (year 1)	54%	2006

Early initiation of breastfeeding
Exclusive breastfeeding



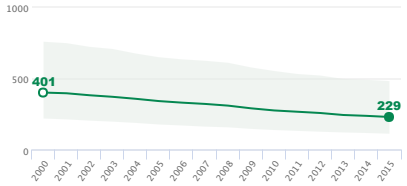
More years of data may be available on the dashboard.

Djibouti

Demographics

Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate

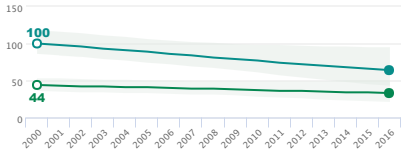


Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

Deaths per 1,000 live births — Uncertainty Range Around Estimate

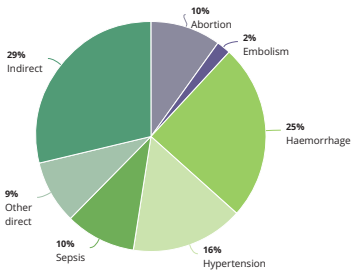
- Neonatal mortality rate (33) 2016
- Under 5 mortality rate (64) 2016



Source: UN IGME 2017

Causes of Maternal Death - 2014

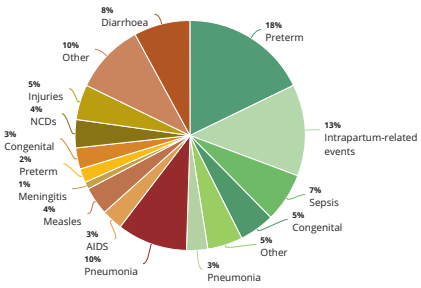
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



- Children ages 1-59 months
- Newborns ages 0-27 days

52% of deaths occur in the neonatal period

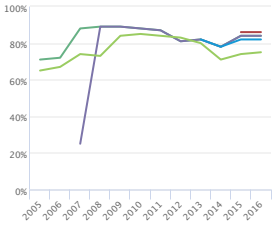
Source: WHO MCEE 2015

Child Health

Immunization

Percent of children immunized:

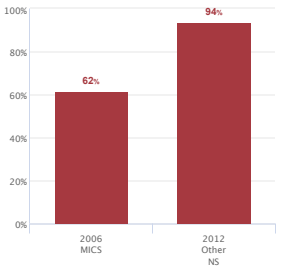
- against measles (75%) 2016
- with 3 doses of DTP (84%) 2016
- with 3 doses of Hib (84%) 2016
- with 3 doses of pneumococcal (82%) 2016
- against rotavirus (86%) 2016



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider

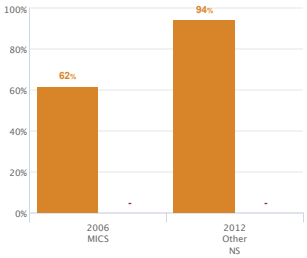


More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

Percent of children under 5 years with diarrhoea:

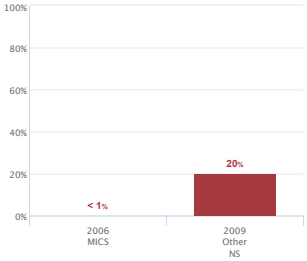
- Treated with ORS
- Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

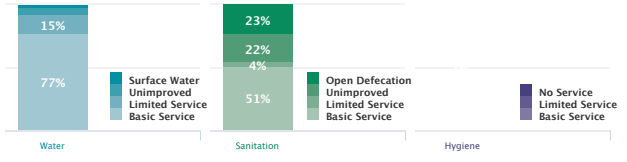
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	-
Population sleeping under ITN or sleeping in a house sprayed by IRS	-

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✗	✗

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	Partial

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
No	No	Yes

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✓

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	191	2014
Government expenditure on health, per capita	122	2014
Out of pocket expenditure as % of total expenditure on health	36%	2014
General government expenditure on health as % of total government expenditure	14%	2014

ODA to RMNCH (US$) — Total: $13 M 2015 — Per capita: $14 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 3	Newborn Health 2	Child Health 2
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✓ 2. Misoprostol	– 2. Antenatal Corticosteroids	✗ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

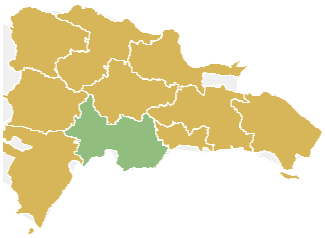
National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -
Density of skilled health professionals (per 10,000 population)	7.9 2014

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Dominican Republic

CCI Country Score: 78%



Composite Coverage Index

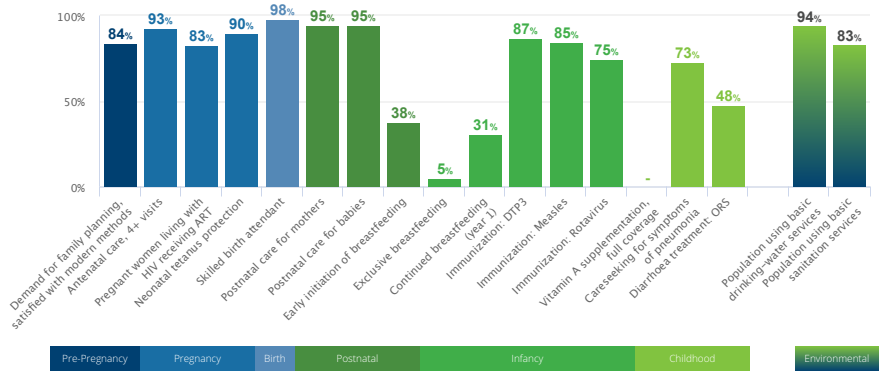
<50% | 50-59% | 60-69% | 70-79% | 80% + | No data

Demographics

Total Population (000)	10,649	2016
Total under 5 population (000)	1,060	2016
Total adolescent (10-19) population (000)	2,015	2016
Secondary completion rate (upper, females)	66%	2016
Total Births (000)	215	2016
Total fertility rate (births per woman)	2.4	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	90	2011
Birth registration	88%	2014
Total maternal deaths	200	2015
Lifetime risk of maternal deaths (1 in N)	400	2015
Stillbirth rate (per 1000 total births)	11	2015
Neonatal deaths, as % of all <5 deaths	70%	2015
Total under 5 deaths (000)	7	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	45 girls	97 boys 2015

Continuum of Care Coverage

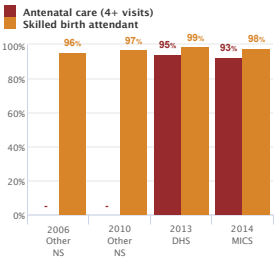
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

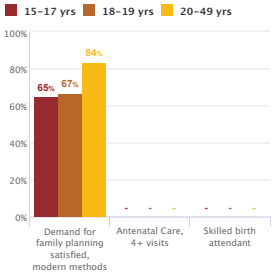
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	83%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	69%/29%/98%	2014
	Public Private Total	
C-section rate	60%/53%/58%	2014
	Urban Rural Total	

Women's & Children's Nutrition

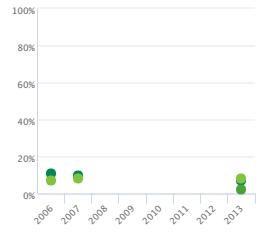
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	30%	2016
Women of reproductive age, short stature	2%	2013
Women (20+) with: BMI <18.5 kg/m2 (thinness)	3%	2016
BMI 25-30 kg/m2 (overweight)	32%	2016
BMI > 30 kg/m2 (obese)	35%	2016
Iron/folic acid supplementation during pregnancy	82%	2013
Low birth weight prevalence	11%	2007
Vitamin A supplementation, full coverage	-	-
Minimum dietary diversity	69%	2014

Child Nutritional Status

Percent children under 5 with moderate and severe:

- **Stunting (7%)** DHS – 2013
- **Wasting (2%)** DHS – 2013
- **Overweight (8%)** DHS – 2013

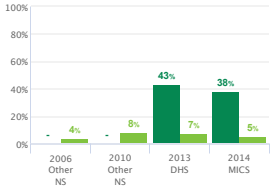


More years of data may be available on the dashboard.

Breastfeeding Practices

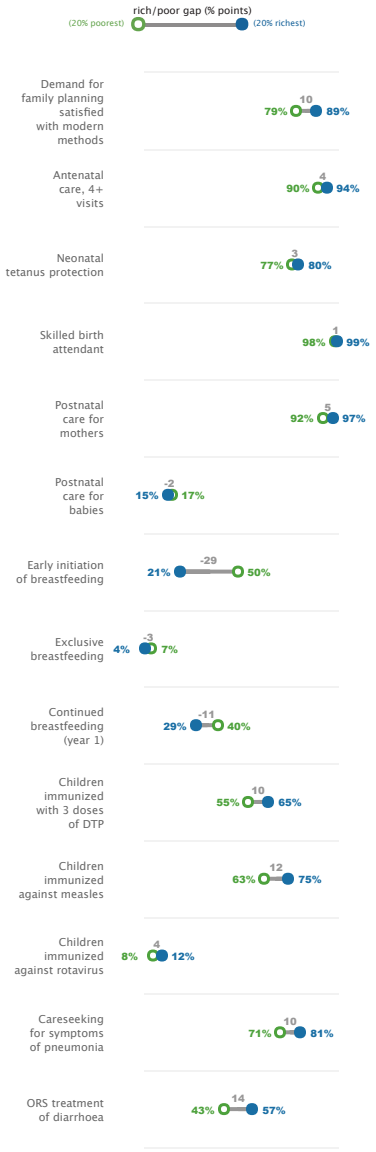
Continued breastfeeding (year 1)	31%	2014

Early initiation of breastfeeding
Exclusive breastfeeding



More years of data may be available on the dashboard.

Equity



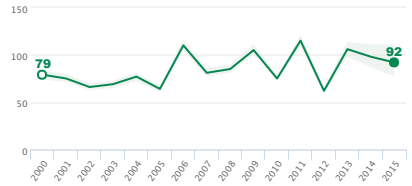
Source: MICS 2014

Dominican Republic

Demographics

Maternal Mortality Ratio

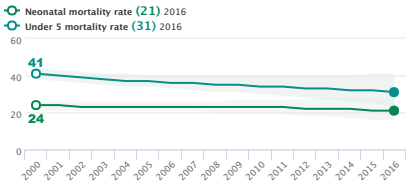
Deaths per 100,000 live births — Uncertainty Range Around Estimate



Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

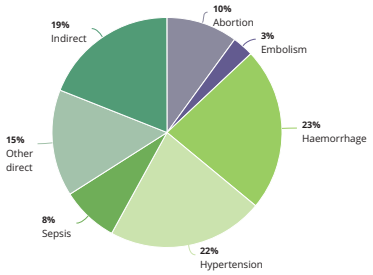
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

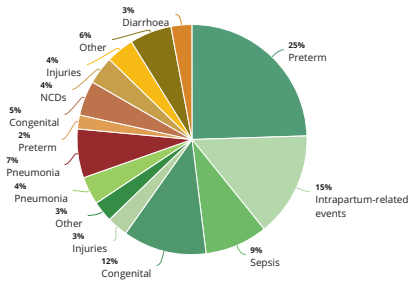
Regional estimates for Latin America & Caribbean



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months

Newborns ages 0-27 days

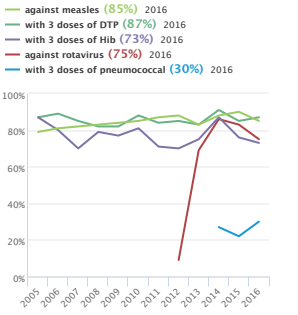
70% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

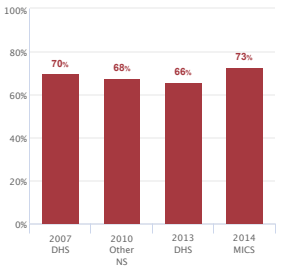
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

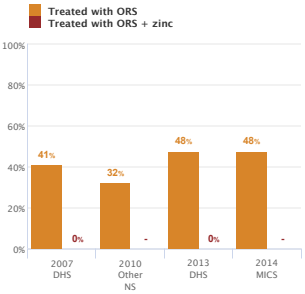
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

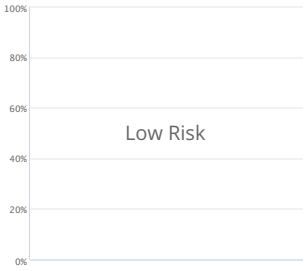
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

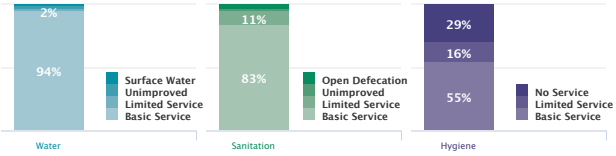
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	Low Risk
Population sleeping under ITN or sleeping in a house sprayed by IRS	Low Risk

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✗	✗

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	No

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	VOLUNTARY	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
No	No	No

Maternal Death Review 2016

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✓

Civil society involvement in review of national maternal, newborn and child health programs	Partial

Financing

Total expenditure on health, per capita	269	2016	
Government expenditure on health, per capita	180	2016	
Out of pocket expenditure as % of total expenditure on health	21%	2016	
General government expenditure on health as % of total government expenditure	17%	2014	
ODA to RMNCH (US$)	Total: $14 M	2015	Per capita: $1 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 3	Newborn Health 4	Child Health 1
1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
2. Contraceptive Implants	✓ 2. Misoprostol	✓ 2. Antenatal Corticosteroids	2. Oral Rehydration Salts
3. Emergency Contraception	✓ 3. Magnesium sulfate	✓ 3. Chlorhexidine	3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -
Density of skilled health professionals (per 10,000 population)	28.3 2011

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
—	—	—	—	—	—	—

Equatorial Guinea

CCI Country Score: -

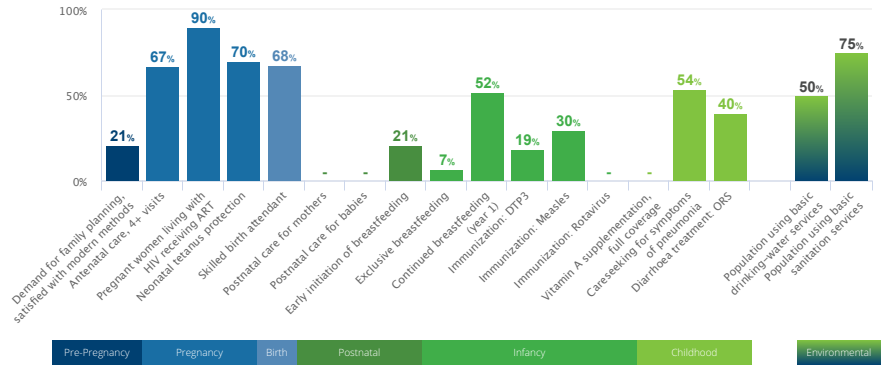
Composite Coverage Index
<50% 50-59% 60-69% 70-79% 80% + No data

Demographics

Total Population (000)	1,221 2016	Birth registration	54% 2011
Total under 5 population (000)	182 2016	Total maternal deaths	100 2015
Total adolescent (10-19) population (000)	231 2016	Lifetime risk of maternal deaths (1 in N)	61 2015
Secondary completion rate (upper, females)	- -	Stillbirth rate (per 1000 total births)	16 2015
Total Births (000)	42 2016	Neonatal deaths, as % of all <5 deaths	36% 2015
Total fertility rate (births per woman)	4.7 2016	Total under 5 deaths (000)	4 2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	177 2008	Adolescent (10-19) mortality rate (per 100,000), by sex	226 girls 263 boys 2015

Continuum of Care Coverage

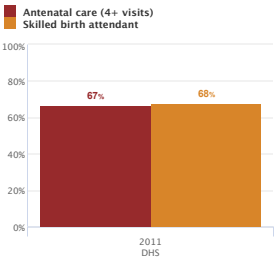
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

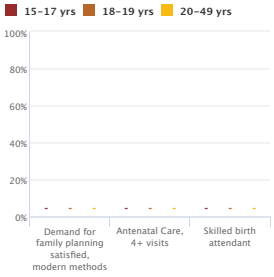
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	90% 2016
Intermittent preventive treatment for malaria during pregnancy 3+	24% 2011
Institutional Delivery	59%/8%/67% 2011 (Public / Private / Total)
C-section rate	9%/4%/7% 2011 (Urban / Rural / Total)

Women's & Children's Nutrition

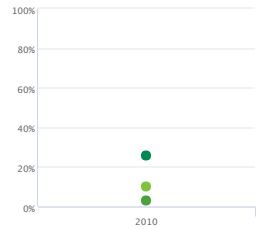
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	44% 2016
Women of reproductive age, short stature	- -
Women (20+) with: BMI <18.5 kg/m2 (thinness)	10% 2016
BMI 25-30 kg/m2 (overweight)	24% 2016
BMI > 30 kg/m2 (obese)	13% 2016
Iron/folic acid supplementation during pregnancy	- -
Low birth weight prevalence	- -
Vitamin A supplementation, full coverage	- -
Minimum dietary diversity	37% 2011

Child Nutritional Status

Percent children under 5 with moderate and severe:

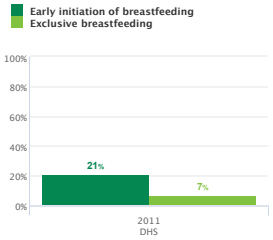
- Stunting (26%) DHS – 2010
- Wasting (3%) DHS – 2010
- Overweight (10%) DHS – 2010



More years of data may be available on the dashboard.

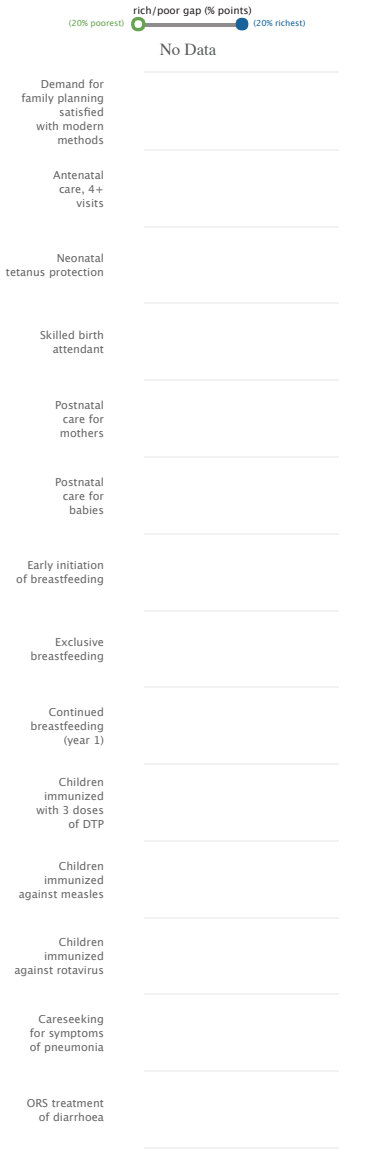
Breastfeeding Practices

Continued breastfeeding (year 1)	52% 2011



More years of data may be available on the dashboard.

Equity

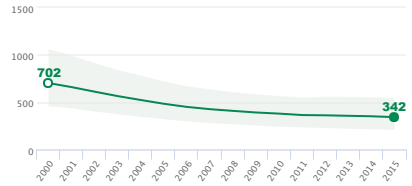


Equatorial Guinea

Demographics

Maternal Mortality Ratio

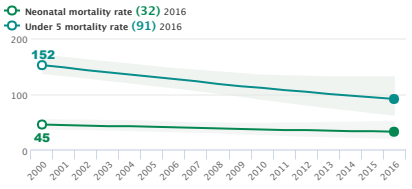
Deaths per 100,000 live births — Uncertainty Range Around Estimate



Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

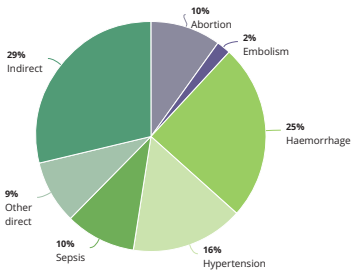
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

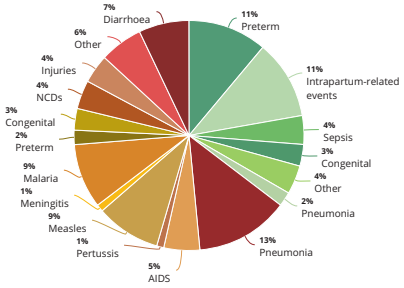
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months
Newborns ages 0-27 days

35% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

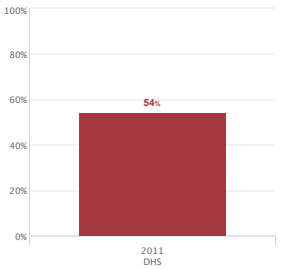
Percent of children immunized:

- against rotavirus (–) –
- with 3 doses of DTP (19%) 2016
- with 3 doses of Hib (19%) 2016
- with 3 doses of pneumococcal (–) –
- against measles (30%) 2016

Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider

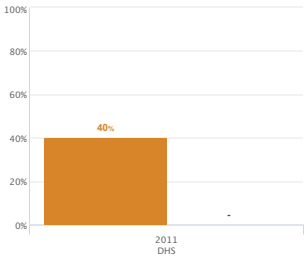


More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

Percent of children under 5 years with diarrhoea:

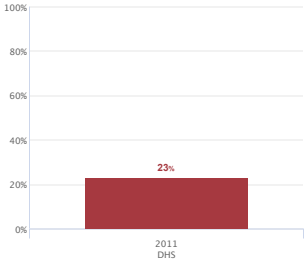
- Treated with ORS
- Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

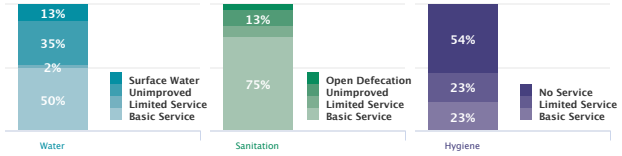
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	46 %	2011
Population sleeping under ITN or sleeping in a house sprayed by IRS	-	

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent: Yes

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✗	✗	✗	✗

Maternity protection (Convention 183): Partial

International code of marketing of breastmilk substitutes: No Data

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
No	No	No

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✗	✗	✗	–

Civil society involvement in review of national maternal, newborn and child health programs: No Data

Financing

Total expenditure on health, per capita	663	2014
Government expenditure on health, per capita	511	2014
Out of pocket expenditure as % of total expenditure on health	20%	2014
General government expenditure on health as % of total government expenditure	7%	2014
ODA to RMNCH (US$)	Total: $2 M 2015	Per capita: $2 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 3	Newborn Health 2	Child Health 2
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	– 1. Amoxicillin
– 2. Contraceptive Implants	✓ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -
Density of skilled health professionals (per 10,000 population)	- -

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Eritrea

CCI Country Score: -

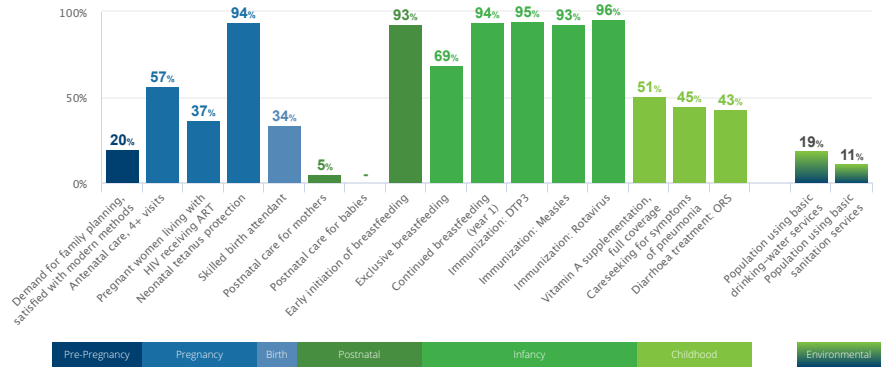
Composite Coverage Index
<50% 50-59% 60-69% 70-79% 80% + No data

Demographics

Total Population (000)	4,955	2016
Total under 5 population (000)	744	2016
Total adolescent (10-19) population (000)	1,123	2016
Secondary completion rate (upper, females)	-	-
Total Births (000)	160	2016
Total fertility rate (births per woman)	4.1	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	-	-
Birth registration	-	-
Total maternal deaths	880	2015
Lifetime risk of maternal deaths (1 in N)	43	2015
Stillbirth rate (per 1000 total births)	23	2015
Neonatal deaths, as % of all <5 deaths	39%	2015
Total under 5 deaths (000)	7	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	78 girls 104 boys	2015

Continuum of Care Coverage

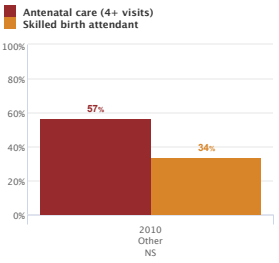
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

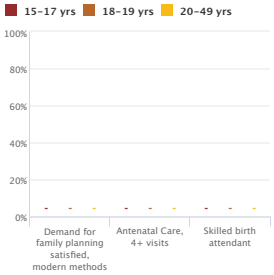
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	37%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	-	-
Institutional Delivery	32%/1%/34% (Public/Private/Total)	2010
C-section rate	6%/2%/3% (Urban/Rural/Total)	2010

Women's & Children's Nutrition

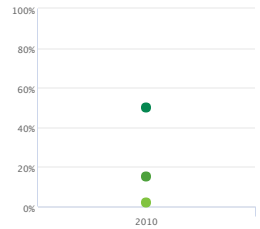
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	38%	2016
Women of reproductive age, short stature	-	-
Women (20+) with: BMI <18.5 kg/m2 (thinness)	17%	2016
BMI 25-30 kg/m2 (overweight)	21%	2016
BMI > 30 kg/m2 (obese)	8%	2016
Iron/folic acid supplementation during pregnancy	-	-
Low birth weight prevalence	-	-
Vitamin A supplementation, full coverage	51%	2015
Minimum dietary diversity	-	-

Child Nutritional Status

Percent children under 5 with moderate and severe:

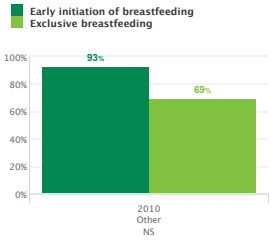
- Stunting (50%) Other NS – 2010
- Wasting (15%) Other NS – 2010
- Overweight (2%) Other NS – 2010



More years of data may be available on the dashboard.

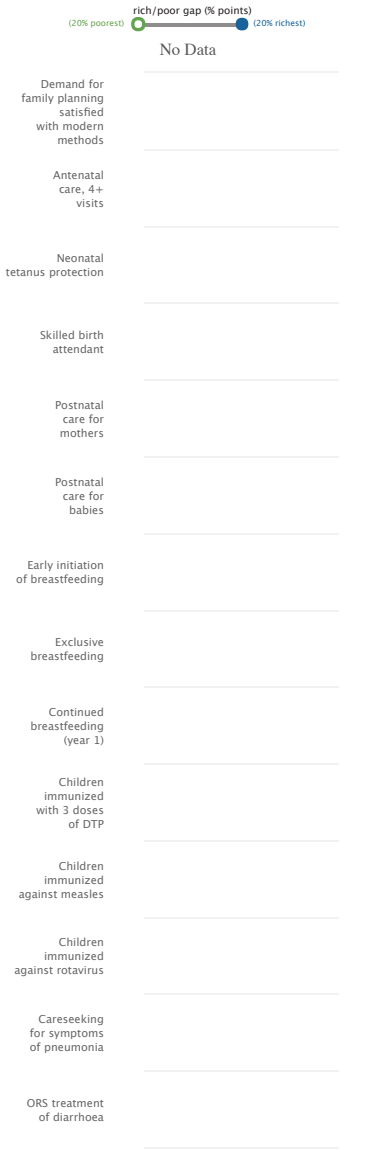
Breastfeeding Practices

Continued breastfeeding (year 1)	94%	2010



More years of data may be available on the dashboard.

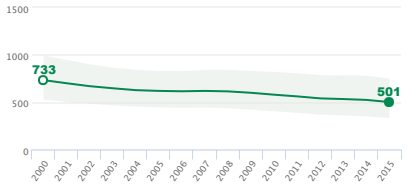
Equity



Eritrea

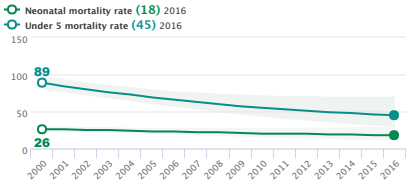
Demographics

Maternal Mortality Ratio
Deaths per 100,000 live births — Uncertainty Range Around Estimate



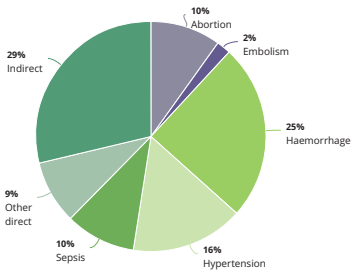
Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate
Deaths per 1,000 live births — Uncertainty Range Around Estimate



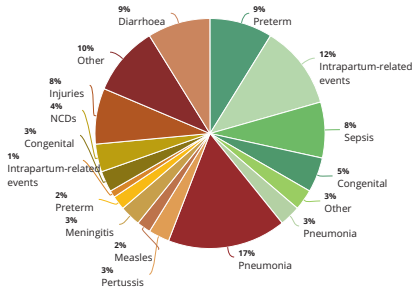
Source: UN IGME 2017

Causes of Maternal Death - 2014
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015
Globally nearly half of child deaths are attributable to undernutrition



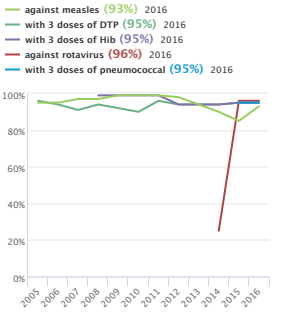
Children ages 1-59 months
Newborns ages 0-27 days

39% of deaths occur in the neonatal period

Source: WHO MCEE 2015

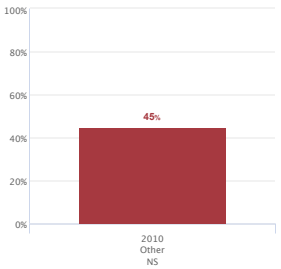
Child Health

Immunization
Percent of children immunized:



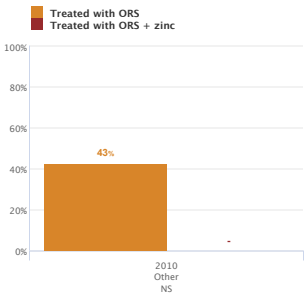
Source: WHO/UNICEF 2016 revision

Pneumonia Treatment
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



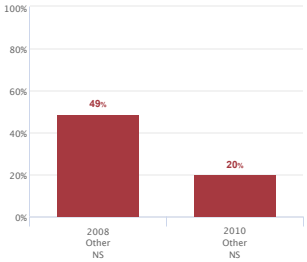
More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

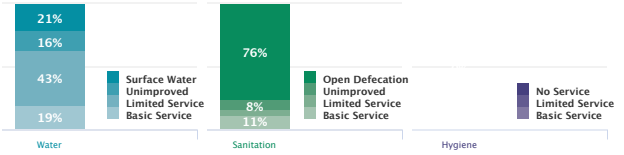
Malaria Prevention & Treatment
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	-
Population sleeping under ITN or sleeping in a house sprayed by IRS	-

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✗	✗	✓	✓

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	No

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	NO FORTIFICATION	NO FORTIFICATION

Governance

	MATERNAL	NEWBORN	CHILD
Costed national implementation plan(s) for maternal, newborn and child health available	Yes	Yes	Yes

Maternal Death Review 2013

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✗

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	25	2013
Government expenditure on health, per capita	12	2013
Out of pocket expenditure as % of total expenditure on health	54%	2013
General government expenditure on health as % of total government expenditure	4%	2014

ODA to RMNCH (US$) — Total: $16 M 2015 — Per capita: $3 2015

Service Delivery
Life Saving Commodities in Essential Medicine List:

Reproductive Health	0	Maternal Health	3	Newborn Health	2	Child Health	3
– 1. Female Condom		✓ 1. Oxytocin		✓ 1. Injectable Antibiotics		✓ 1. Amoxicillin	
– 2. Contraceptive Implants		✓ 2. Misoprostol		– 2. Antenatal Corticosteroids		✓ 2. Oral Rehydration Salts	
– 3. Emergency Contraception		✓ 3. Magnesium sulfate		– 3. Chlorhexidine		✓ 3. Zinc	
				✓ 4. Resuscitation equipment: Self-inflating bag			

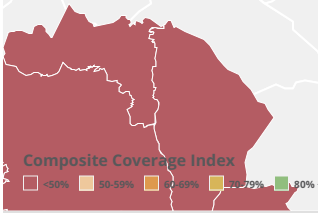
National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -
Density of skilled health professionals (per 10,000 population)	- -

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Ethiopia

CCI Country Score: 35%

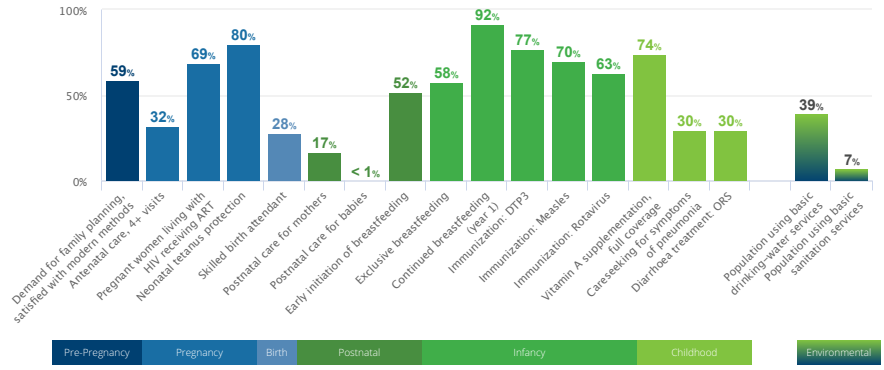


Demographics

Total Population (000)	102,403	2016
Total under 5 population (000)	15,177	2016
Total adolescent (10-19) population (000)	25,175	2016
Secondary completion rate (upper, females)	12%	2016
Total Births (000)	3,258	2016
Total fertility rate (births per woman)	4.2	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	71	2013
Birth registration	7%	2005
Total maternal deaths	11,000	2015
Lifetime risk of maternal deaths (1 in N)	64	2015
Stillbirth rate (per 1000 total births)	30	2015
Neonatal deaths, as % of all <5 deaths	48%	2015
Total under 5 deaths (000)	187	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	163 girls	220 boys 2015

Continuum of Care Coverage

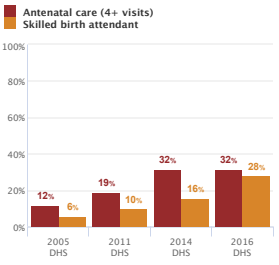
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

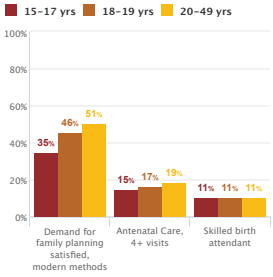
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	69%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	0%	2005
Institutional Delivery	15%/2%/26% (Public / Private / Total)	2016
C-section rate	11%/1%/2% (Urban / Rural / Total)	2014

Women's & Children's Nutrition

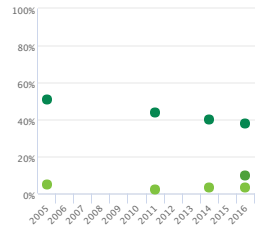
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	23%	2016
Women of reproductive age, short stature	3%	2011
Women (20+) with: BMI <18.5 kg/m2 (thinness)	14%	2016
BMI 25-30 kg/m2 (overweight)	22%	2016
BMI > 30 kg/m2 (obese)	7%	2016
Iron/folic acid supplementation during pregnancy	0%	2011
Low birth weight prevalence	20%	2005
Vitamin A supplementation, full coverage	74%	2015
Minimum dietary diversity	5%	2011

Child Nutritional Status

Percent children under 5 with moderate and severe:

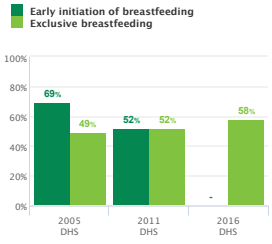
- Stunting (38%) DHS – 2016
- Wasting (10%) DHS – 2016
- Overweight (3%) DHS – 2016



More years of data may be available on the dashboard.

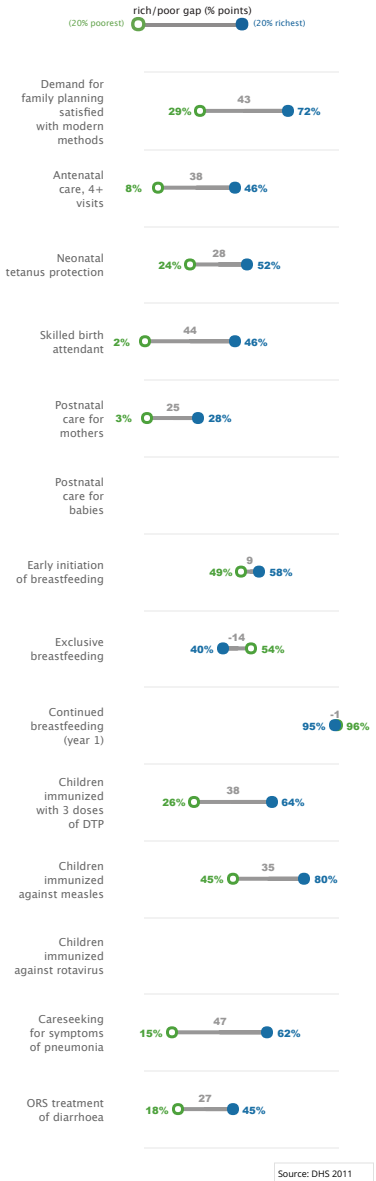
Breastfeeding Practices

Continued breastfeeding (year 1)	92%	2016



More years of data may be available on the dashboard.

Equity



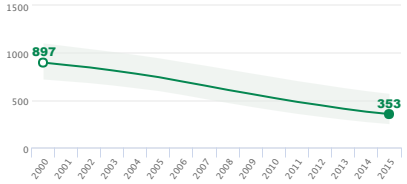
Source: DHS 2011

Ethiopia

Demographics

Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate

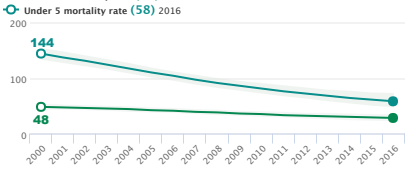


Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

Deaths per 1,000 live births — Uncertainty Range Around Estimate

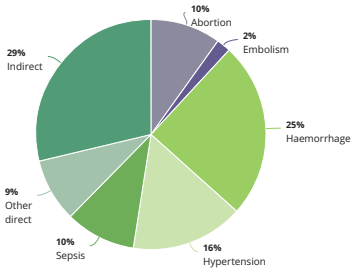
- Neonatal mortality rate (28) 2016
- Under 5 mortality rate (58) 2016



Source: UN IGME 2017

Causes of Maternal Death - 2014

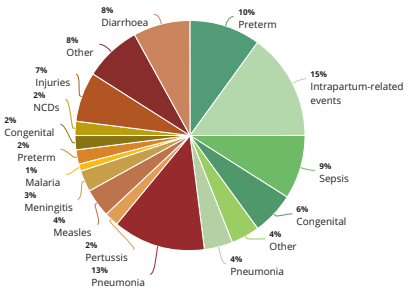
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



- Children ages 1-59 months
- Newborns ages 0-27 days

48% of deaths occur in the neonatal period

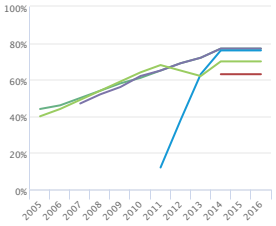
Source: WHO MCEE 2015

Child Health

Immunization

Percent of children immunized:

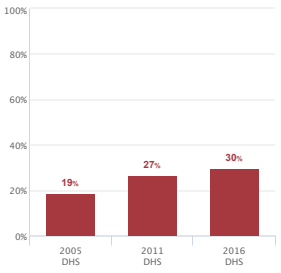
- against measles (70%) 2016
- with 3 doses of DTP (77%) 2016
- with 3 doses of Hib (77%) 2016
- with 3 doses of pneumococcal (76%) 2016
- against rotavirus (63%) 2016



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider

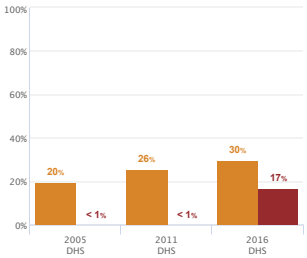


More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

Percent of children under 5 years with diarrhoea:

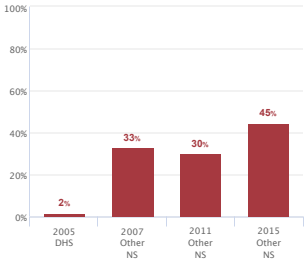
- Treated with ORS
- Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

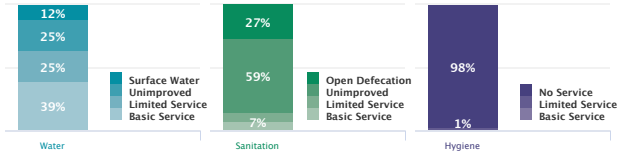
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	17 %	2015
Population sleeping under ITN or sleeping in a house sprayed by IRS	56 %	2015

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✗	✗	✓	✓

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	No

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	NO FORTIFICATION	NO FORTIFICATION

Governance

	MATERNAL	NEWBORN	CHILD
Costed national implementation plan(s) for maternal, newborn and child health available	Yes	Yes	Yes

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✗	✗	✗	–

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	27	2014
Government expenditure on health, per capita	16	2014
Out of pocket expenditure as % of total expenditure on health	32%	2014
General government expenditure on health as % of total government expenditure	16%	2014

ODA to RMNCH (US$) — Total: $683 M 2015 — Per capita: $7 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 3	Maternal Health 3	Newborn Health 2	Child Health 3
✓ 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
✓ 2. Contraceptive Implants	✓ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
✓ 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

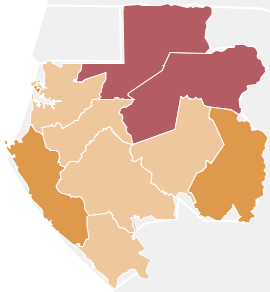
National availability of functional Emergency Obstetric Care (% of recommended minimum)	40%	2017
Density of skilled health professionals (per 10,000 population)	2.8	2009

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Gabon

CCI Country Score: 58%



Composite Coverage Index

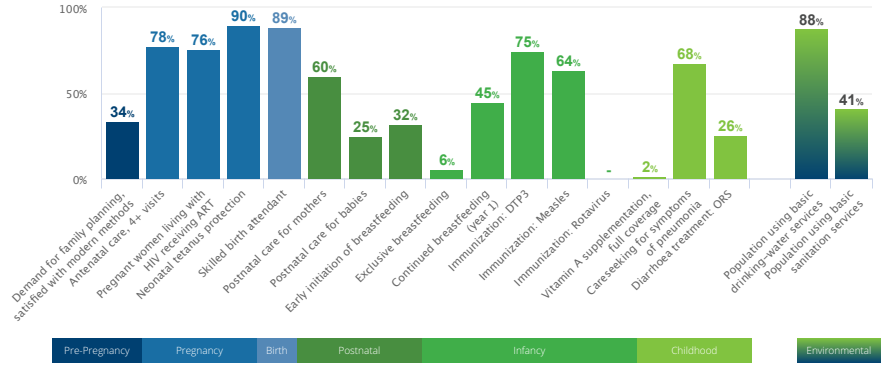
<50% | 50-59% | 60-69% | 70-79% | 80% + | No data

Demographics

Total Population (000)	1,980	2016	Birth registration	90%	2012
Total under 5 population (000)	274	2016	Total maternal deaths	150	2015
Total adolescent (10-19) population (000)	386	2016	Lifetime risk of maternal deaths (1 in N)	85	2015
Secondary completion rate (upper, females)	11%	2016	Stillbirth rate (per 1000 total births)	14	2015
Total Births (000)	58	2016	Neonatal deaths, as % of all <5 deaths	46%	2015
Total fertility rate (births per woman)	3.8	2016	Total under 5 deaths (000)	3	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	115	2009	Adolescent (10-19) mortality rate (per 100,000), by sex	126 girls	167 boys 2015

Continuum of Care Coverage

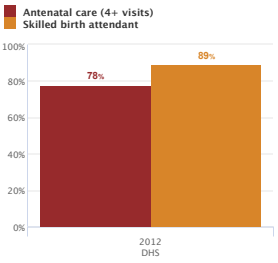
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

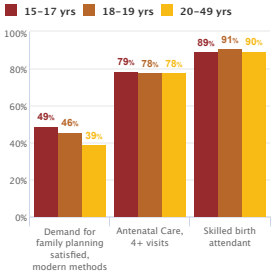
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	76%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	1%	2012
Institutional Delivery	59%/31%/90% (Public / Private / Total)	2012
C-section rate	11%/6%/10% (Urban / Rural / Total)	2012

Women's & Children's Nutrition

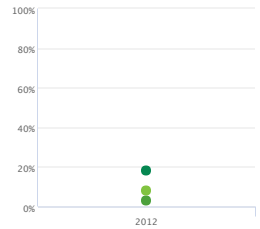
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	59%	2016
Women of reproductive age, short stature	1%	2012
Women (20+) with: BMI <18.5 kg/m2 (thinness)	7%	2016
BMI 25-30 kg/m2 (overweight)	27%	2016
BMI > 30 kg/m2 (obese)	21%	2016
Iron/folic acid supplementation during pregnancy	57%	2012
Low birth weight prevalence	-	-
Vitamin A supplementation, full coverage	2%	2012
Minimum dietary diversity	-	-

Child Nutritional Status

Percent children under 5 with moderate and severe:

- Stunting (18%) DHS – 2012
- Wasting (3%) DHS – 2012
- Overweight (8%) DHS – 2012

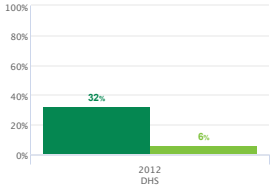


More years of data may be available on the dashboard.

Breastfeeding Practices

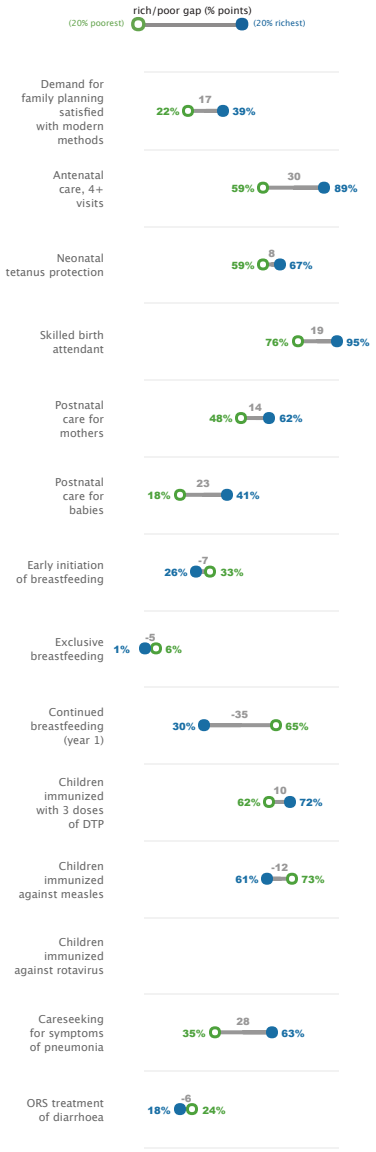
Continued breastfeeding (year 1)	45%	2012

Early initiation of breastfeeding
Exclusive breastfeeding



More years of data may be available on the dashboard.

Equity



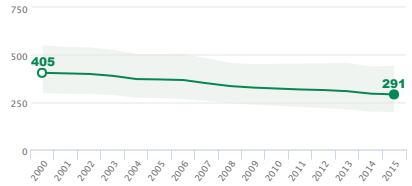
Source: DHS 2012

Gabon

Demographics

Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate

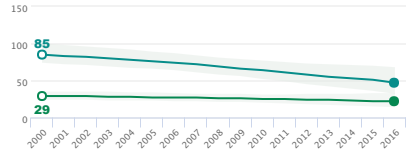


Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

Deaths per 1,000 live births — Uncertainty Range Around Estimate

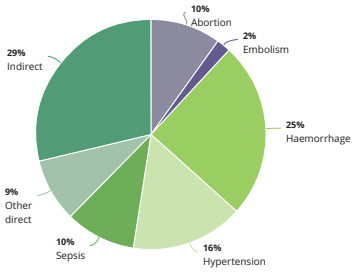
Neonatal mortality rate (22) 2016
Under 5 mortality rate (47) 2016



Source: UN IGME 2017

Causes of Maternal Death - 2014

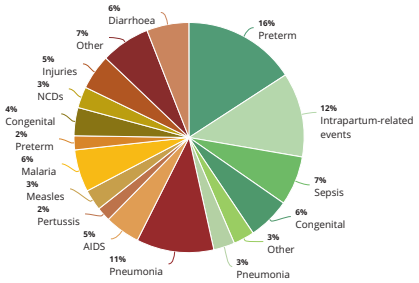
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months
Newborns ages 0-27 days

46% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

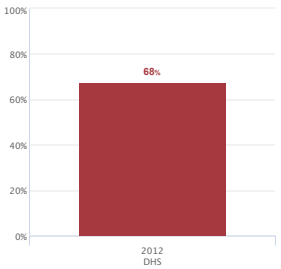
Percent of children immunized:

against rotavirus (–) –
with 3 doses of DTP (75%) 2016
with 3 doses of Hib (75%) 2016
with 3 doses of pneumococcal (–) –
against measles (64%) 2016

Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider

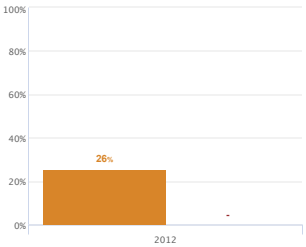


More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

Percent of children under 5 years with diarrhoea:

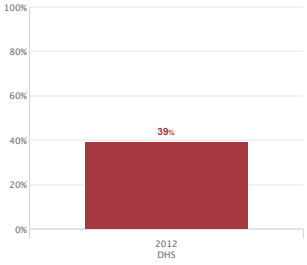
Treated with ORS
Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

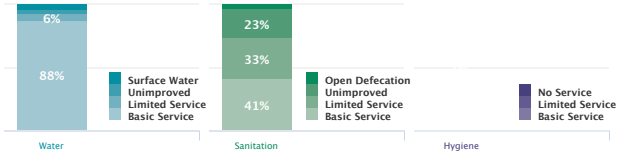
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	-	
Population sleeping under ITN or sleeping in a house sprayed by IRS	30 %	2012

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✗	✗

Maternity protection (Convention 183)	Partial
International code of marketing of breastmilk substitutes	Yes

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
No	No	No

Maternal Death Review 2013

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✗	✗	✓	✗	–

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	321	2013
Government expenditure on health, per capita	220	2013
Out of pocket expenditure as % of total expenditure on health	22%	2013
General government expenditure on health as % of total government expenditure	7%	2014
ODA to RMNCH (US$) Total:	$4 M	2015
Per capita:	$2	2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 3	Newborn Health 2	Child Health 2
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	– 1. Amoxicillin
– 2. Contraceptive Implants	✓ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

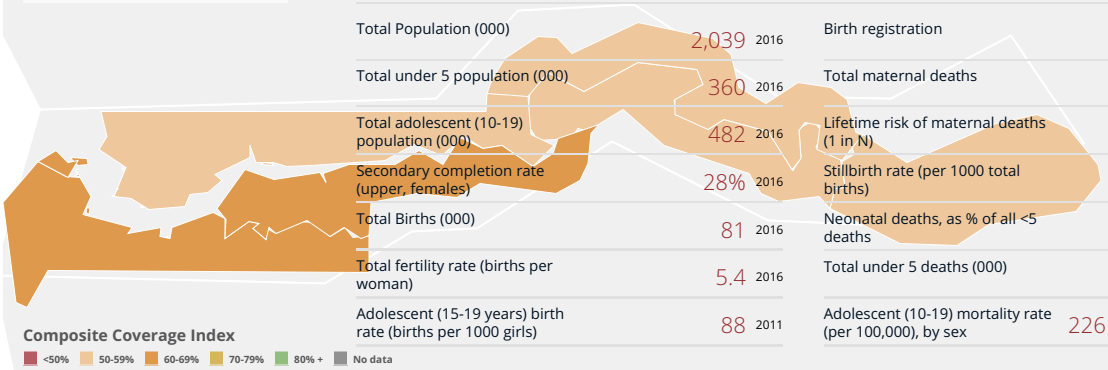
National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -
Density of skilled health professionals (per 10,000 population)	- -

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✗	✗	✓

Gambia

CCI Country Score: 62%

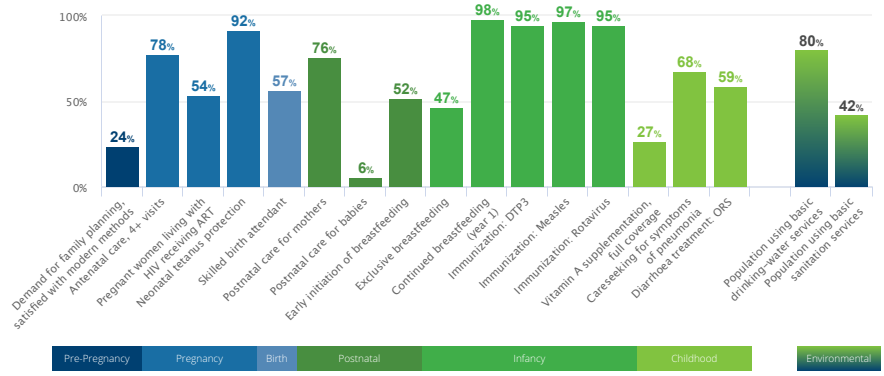


Demographics

Total Population (000)	2,039	2016
Total under 5 population (000)	360	2016
Total adolescent (10-19) population (000)	482	2016
Secondary completion rate (upper, females)	28%	2016
Total Births (000)	81	2016
Total fertility rate (births per woman)	5.4	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	88	2011
Birth registration	72%	2013
Total maternal deaths	590	2015
Lifetime risk of maternal deaths (1 in N)	24	2015
Stillbirth rate (per 1000 total births)	24	2015
Neonatal deaths, as % of all <5 deaths	45%	2015
Total under 5 deaths (000)	5	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	226 girls	223 boys 2015

Continuum of Care Coverage

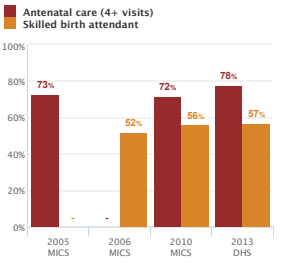
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

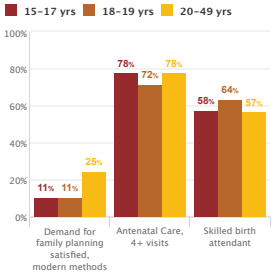
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	54%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	6%	2013
Institutional Delivery	57%/6%/63% (Public/Private/Total)	2013
C-section rate	3%/1%/2% (Urban/Rural/Total)	2013

Women's & Children's Nutrition

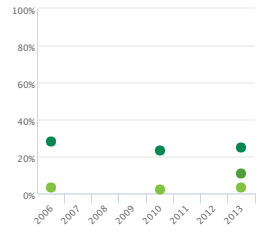
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	58%	2016
Women of reproductive age, short stature	0%	2013
Women (20+) with: BMI <18.5 kg/m2 (thinness)	9%	2016
BMI 25-30 kg/m2 (overweight)	25%	2016
BMI > 30 kg/m2 (obese)	15%	2016
Iron/folic acid supplementation during pregnancy	45%	2013
Low birth weight prevalence	10%	2010
Vitamin A supplementation, full coverage	27%	2015
Minimum dietary diversity	13%	2013

Child Nutritional Status

Percent children under 5 with moderate and severe:

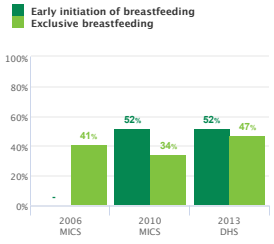
- Stunting (25%) DHS – 2013
- Wasting (11%) DHS – 2013
- Overweight (3%) DHS – 2013



More years of data may be available on the dashboard.

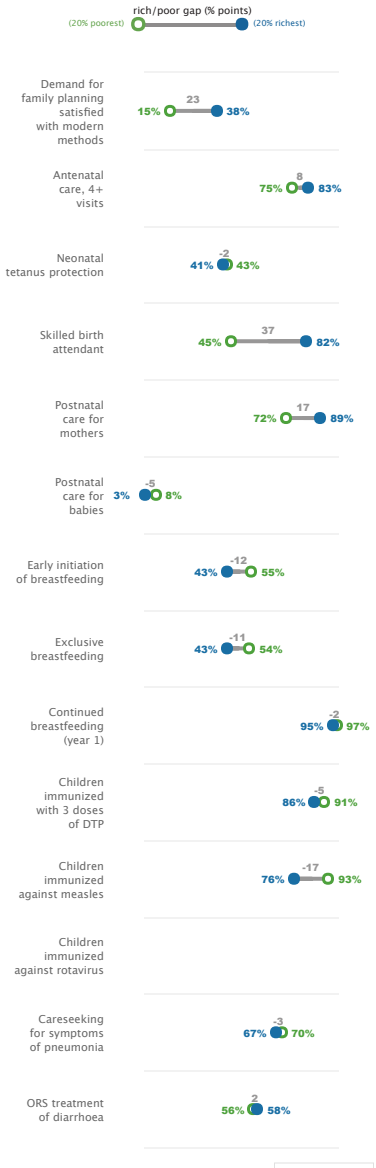
Breastfeeding Practices

Continued breastfeeding (year 1)	98%	2013



More years of data may be available on the dashboard.

Equity

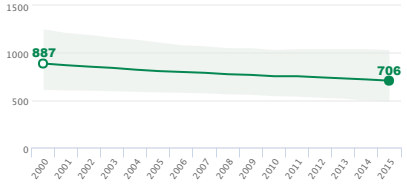


Source: DHS 2013

Demographics

Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate

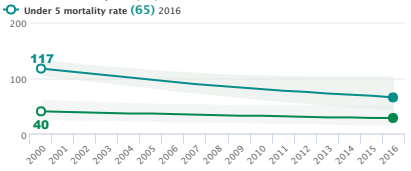


Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

Deaths per 1,000 live births — Uncertainty Range Around Estimate

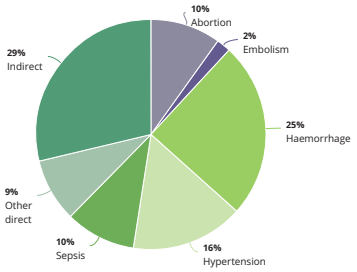
- Neonatal mortality rate (28) 2016
- Under 5 mortality rate (65) 2016



Source: UN IGME 2017

Causes of Maternal Death - 2014

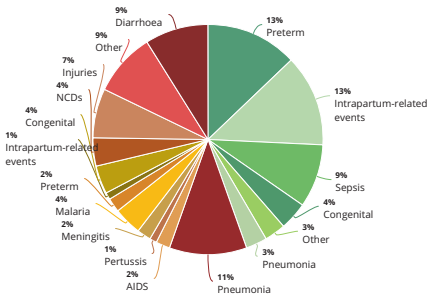
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months

Newborns ages 0-27 days

45% of deaths occur in the neonatal period

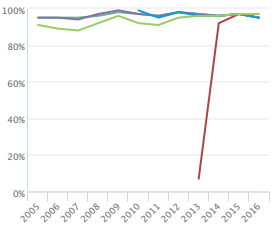
Source: WHO MCEE 2015

Child Health

Immunization

Percent of children immunized:

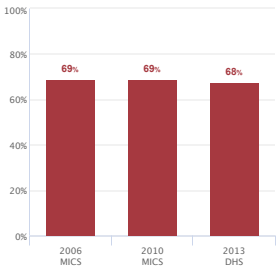
- against measles (97%) 2016
- with 3 doses of DTP (95%) 2016
- with 3 doses of Hib (95%) 2016
- with 3 doses of pneumococcal (95%) 2016
- against rotavirus (95%) 2016



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider

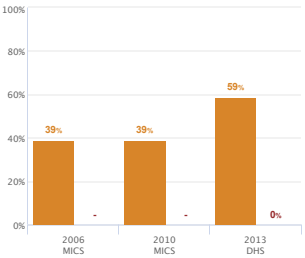


More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

Percent of children under 5 years with diarrhoea:

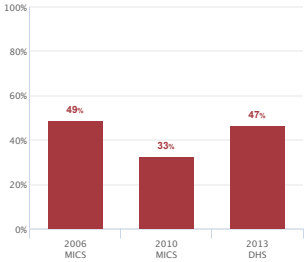
- Treated with ORS
- Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

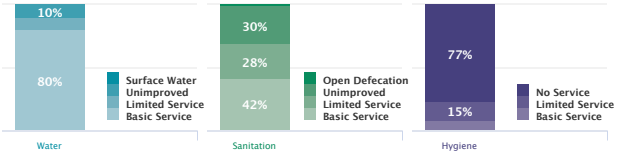
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	36 %	2013
Population sleeping under ITN or sleeping in a house sprayed by IRS	58 %	2013

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✗	✗	✗	✗

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	Yes

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	NO FORTIFICATION	NO FORTIFICATION

Governance

	MATERNAL	NEWBORN	CHILD
Costed national implementation plan(s) for maternal, newborn and child health available	Yes	Yes	Yes

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✗	✗	✓

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita			31	2014
Government expenditure on health, per capita			21	2014
Out of pocket expenditure as % of total expenditure on health			17%	2014
General government expenditure on health as % of total government expenditure			15%	2014
ODA to RMNCH (US$)	Total:	$26 M 2015	Per capita:	$13 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health	0	Maternal Health	3	Newborn Health	2	Child Health	3
		✓ 1. Oxytocin		✓ 1. Injectable Antibiotics		✓ 1. Amoxicillin	
– 1. Female Condom		✓ 2. Misoprostol		– 2. Antenatal Corticosteroids		✓ 2. Oral Rehydration Salts	
– 2. Contraceptive Implants		✓ 3. Magnesium sulfate		– 3. Chlorhexidine		✓ 3. Zinc	
– 3. Emergency Contraception				✓ 4. Resuscitation equipment: Self-inflating bag			

National availability of functional Emergency Obstetric Care (% of recommended minimum)	50%	2012
Density of skilled health professionals (per 10,000 population)	10.0	2008

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Ghana

CCI Country Score: 65%

Demographics

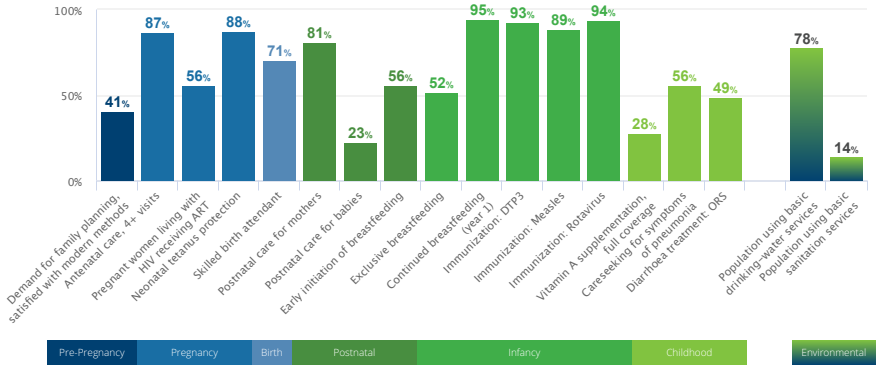
Total Population (000)	28,207	2016
Total under 5 population (000)	4,085	2016
Total adolescent (10-19) population (000)	6,110	2016
Secondary completion rate (upper, females)	35%	2016
Total Births (000)	876	2016
Total fertility rate (births per woman)	4	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	65	2013
Birth registration	71%	2014
Total maternal deaths	2,800	2015
Lifetime risk of maternal deaths (1 in N)	74	2015
Stillbirth rate (per 1000 total births)	23	2015
Neonatal deaths, as % of all <5 deaths	47%	2015
Total under 5 deaths (000)	51	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	196 girls 226 boys	2015

Composite Coverage Index

<50% 50-59% 60-69% 70-79% 80% + No data

Continuum of Care Coverage

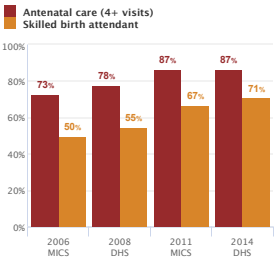
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

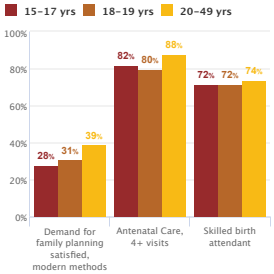
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	56%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	39%	2014
Institutional Delivery	65%/8%/73% (Public/Private/Total)	2014
C-section rate	19%/8%/13% (Urban/Rural/Total)	2014

Women's & Children's Nutrition

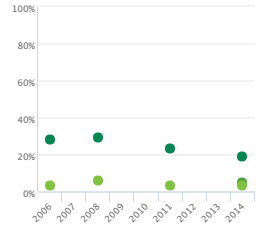
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	46%	2016
Women of reproductive age, short stature	1%	2014
Women (20+) with: BMI <18.5 kg/m2 (thinness)	7%	2016
BMI 25-30 kg/m2 (overweight)	25%	2016
BMI > 30 kg/m2 (obese)	17%	2016
Iron/folic acid supplementation during pregnancy	59%	2014
Low birth weight prevalence	11%	2011
Vitamin A supplementation, full coverage	28%	2015
Minimum dietary diversity	28%	2014

Child Nutritional Status

Percent children under 5 with moderate and severe:

- Stunting (19%) DHS – 2014
- Wasting (5%) DHS – 2014
- Overweight (3%) DHS – 2014

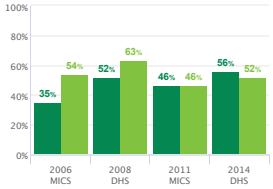


More years of data may be available on the dashboard.

Breastfeeding Practices

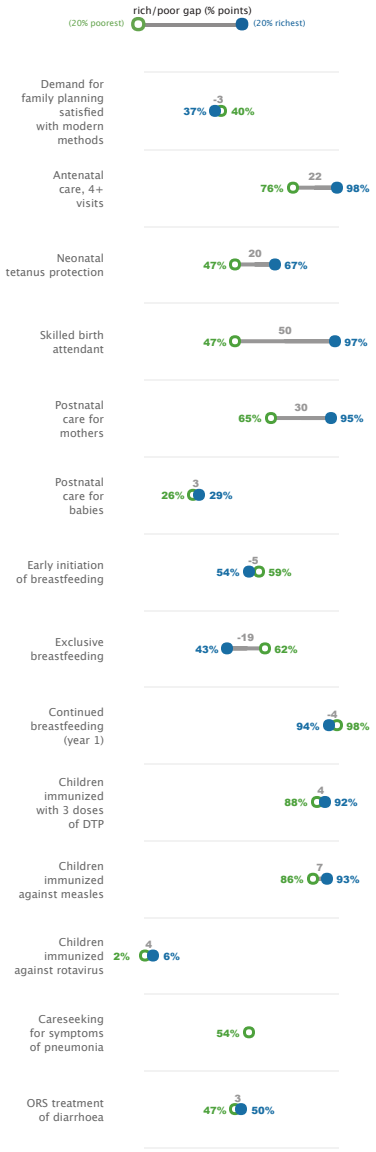
Continued breastfeeding (year 1)	95%	2014

Early initiation of breastfeeding
Exclusive breastfeeding



More years of data may be available on the dashboard.

Equity



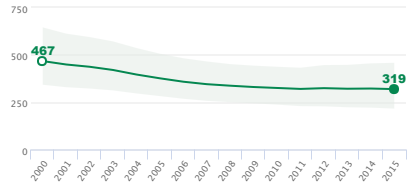
Source: DHS 2014

Ghana

Demographics

Maternal Mortality Ratio

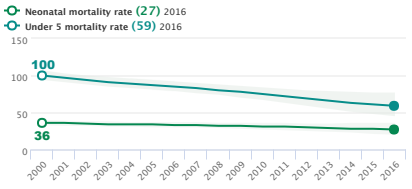
Deaths per 100,000 live births — Uncertainty Range Around Estimate



Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

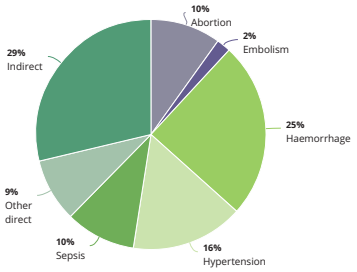
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

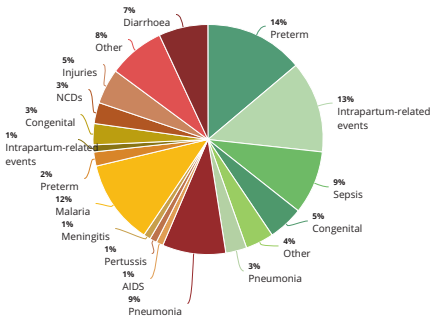
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



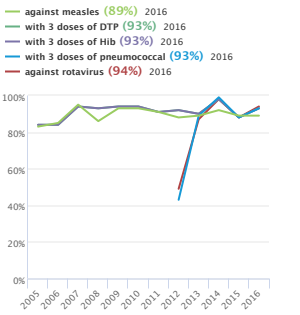
47% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

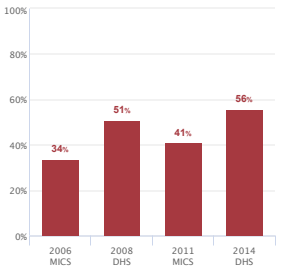
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

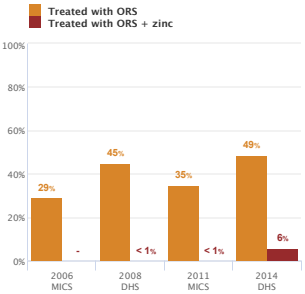
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

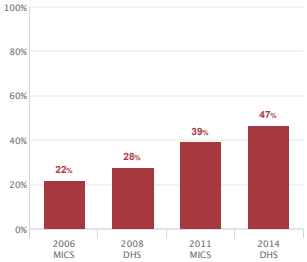
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

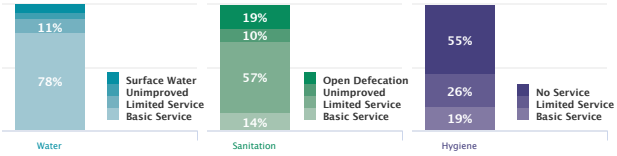
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	34 %	2014
Population sleeping under ITN or sleeping in a house sprayed by IRS	44 %	2014

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes
Maternity protection (Convention 183)	Partial
International code of marketing of breastmilk substitutes	Yes

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✗	✗	✓	✓

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

Yes	No	No
MATERNAL	NEWBORN	CHILD

Maternal Death Review 2011

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✗	✓	✗	–

Civil society involvement in review of national maternal, newborn and child health programs: No Data

Financing

Total expenditure on health, per capita	58	2011
Government expenditure on health, per capita	35	2011
Out of pocket expenditure as % of total expenditure on health	27%	2011
General government expenditure on health as % of total government expenditure	7%	2014

ODA to RMNCH (US$) — Total: $313 M 2015 — Per capita: $11 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 3	Maternal Health 2	Newborn Health 1	Child Health 2
✓ 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
✓ 2. Contraceptive Implants	– 2. Misoprostol	– 2. Antenatal Corticosteroids	– 2. Oral Rehydration Salts
✓ 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		– 4. Resuscitation equipment: Self-inflating bag	

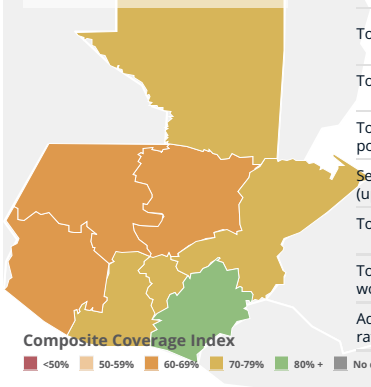
National availability of functional Emergency Obstetric Care (% of recommended minimum)	37%	2011
Density of skilled health professionals (per 10,000 population)	10.2	2010

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Guatemala

CCI Country Score: 69%

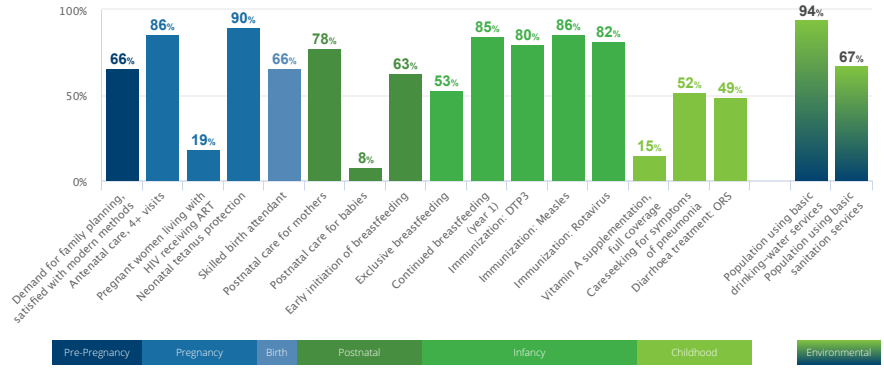


Demographics

Total Population (000)	16,582	2016
Total under 5 population (000)	2,023	2016
Total adolescent (10-19) population (000)	3,816	2016
Secondary completion rate (upper, females)	- -	
Total Births (000)	419	2016
Total fertility rate (births per woman)	3	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	92	2011
Birth registration	97%	2009
Total maternal deaths	380	2015
Lifetime risk of maternal deaths (1 in N)	330	2015
Stillbirth rate (per 1000 total births)	12	2015
Neonatal deaths, as % of all <5 deaths	46%	2015
Total under 5 deaths (000)	12	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	68 girls 128 boys	2015

Continuum of Care Coverage

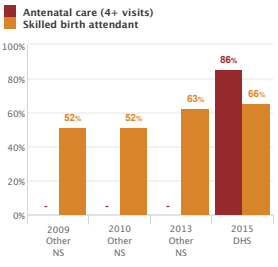
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

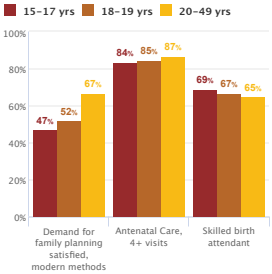
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	19%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	57%/9%/65% Public Private Total	2015
C-section rate	38%/20%/26% Urban Rural Total	2015

Women's & Children's Nutrition

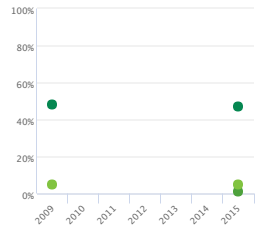
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	16%	2016
Women of reproductive age, short stature	25%	2014
Women (20+) with: BMI <18.5 kg/m2 (thinness)	2%	2016
BMI 25-30 kg/m2 (overweight)	34%	2016
BMI > 30 kg/m2 (obese)	27%	2016
Iron/folic acid supplementation during pregnancy	29%	2014
Low birth weight prevalence	- -	
Vitamin A supplementation, full coverage	15%	2015
Minimum dietary diversity	63%	2015

Child Nutritional Status

Percent children under 5 with moderate and severe:

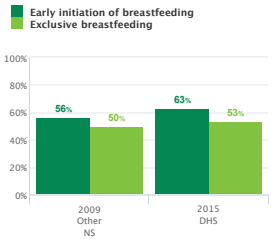
- Stunting (47%) DHS – 2015
- Wasting (1%) DHS – 2015
- Overweight (5%) DHS – 2015



More years of data may be available on the dashboard.

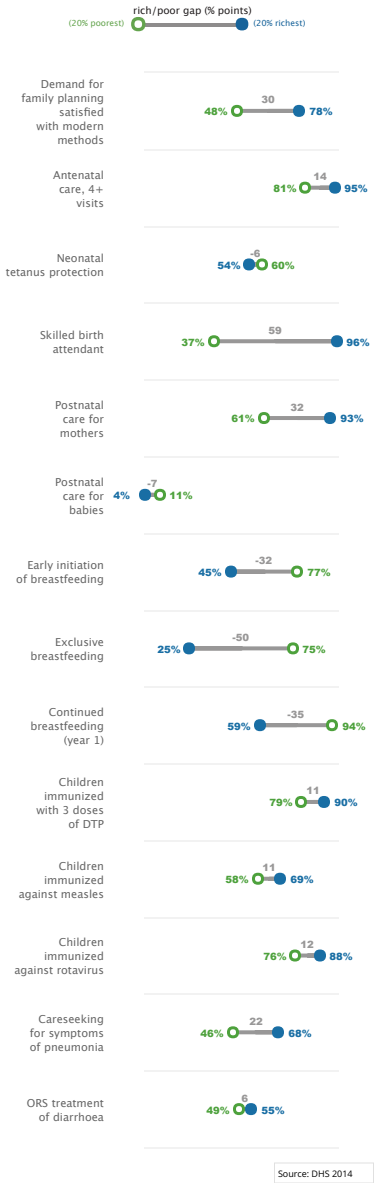
Breastfeeding Practices

Continued breastfeeding (year 1)	85%	2015



More years of data may be available on the dashboard.

Equity



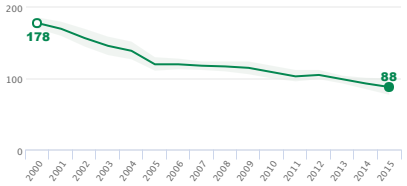
Source: DHS 2014

Guatemala

Demographics

Maternal Mortality Ratio

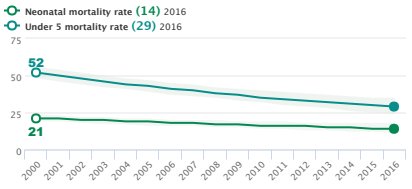
Deaths per 100,000 live births — Uncertainty Range Around Estimate



Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

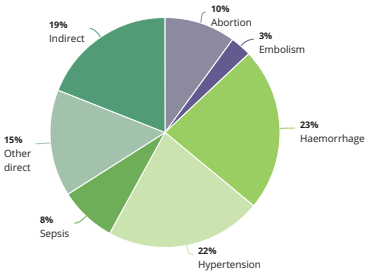
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

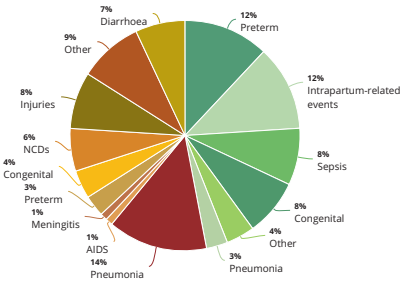
Regional estimates for Latin America & Caribbean



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months

Newborns ages 0-27 days

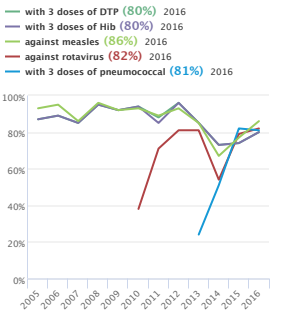
46% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

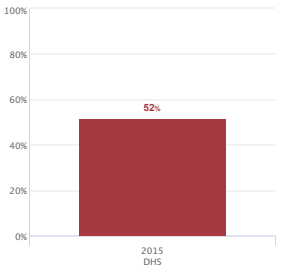
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

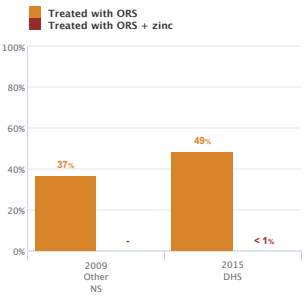
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

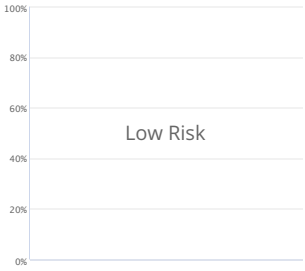
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

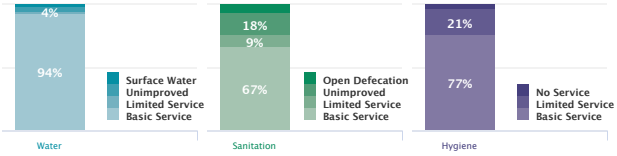
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	Low Risk
Population sleeping under ITN or sleeping in a house sprayed by IRS	Low Risk

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✗	✗

Maternity protection (Convention 183)	Partial
International code of marketing of breastmilk substitutes	Yes

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	MANDATORY	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
No	No	No

Maternal Death Review 2016

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✓

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita		233	2016
Government expenditure on health, per capita		88	2016
Out of pocket expenditure as % of total expenditure on health		52%	2016
General government expenditure on health as % of total government expenditure		18%	2014
ODA to RMNCH (US$)	Total: $91 M 2015	Per capita: $6	2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 3	Newborn Health 4	Child Health 3
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✓ 2. Misoprostol	✓ 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	✓ 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

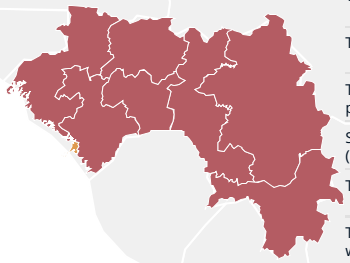
National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -
Density of skilled health professionals (per 10,000 population)	17.6 2009

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✗	✓	✗	✓	✗	✗	✓

Guinea

CCI Country Score: 41%



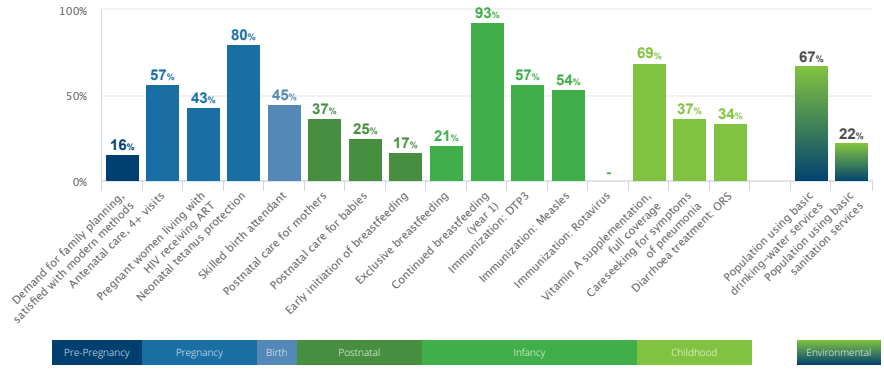
Composite Coverage Index
<50% 50-59% 60-69% 70-79% 80% + No data

Demographics

Total Population (000)	12,396	2016
Total under 5 population (000)	1,983	2016
Total adolescent (10-19) population (000)	2,854	2016
Secondary completion rate (upper, females)	10%	2016
Total Births (000)	447	2016
Total fertility rate (births per woman)	4.9	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	154	2010
Birth registration	58%	2012
Total maternal deaths	3,100	2015
Lifetime risk of maternal deaths (1 in N)	29	2015
Stillbirth rate (per 1000 total births)	21	2015
Neonatal deaths, as % of all <5 deaths	34%	2015
Total under 5 deaths (000)	39	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	261 girls	250 boys 2015

Continuum of Care Coverage

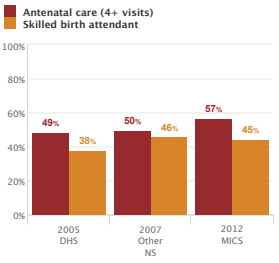
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

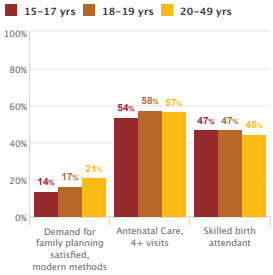
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	43%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	9%	2012
Institutional Delivery	36%/5%/40% (Public / Private / Total)	2012
C-section rate	6%/1%/2% (Urban / Rural / Total)	2012

Women's & Children's Nutrition

Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	51%	2016
Women of reproductive age, short stature	1%	2012
Women (20+) with: BMI <18.5 kg/m2 (thinness)	10%	2016
BMI 25-30 kg/m2 (overweight)	23%	2016
BMI > 30 kg/m2 (obese)	12%	2016
Iron/folic acid supplementation during pregnancy	42%	2012
Low birth weight prevalence	12%	2005
Vitamin A supplementation, full coverage	69%	2015
Minimum dietary diversity	8%	2012

Child Nutritional Status

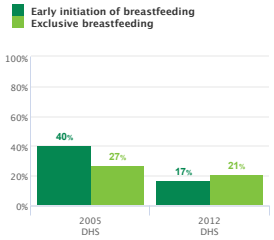
Percent children under 5 with moderate and severe:

- Stunting (31%) MICS – 2012
- Wasting (10%) MICS – 2012
- Overweight (4%) MICS – 2012

More years of data may be available on the dashboard.

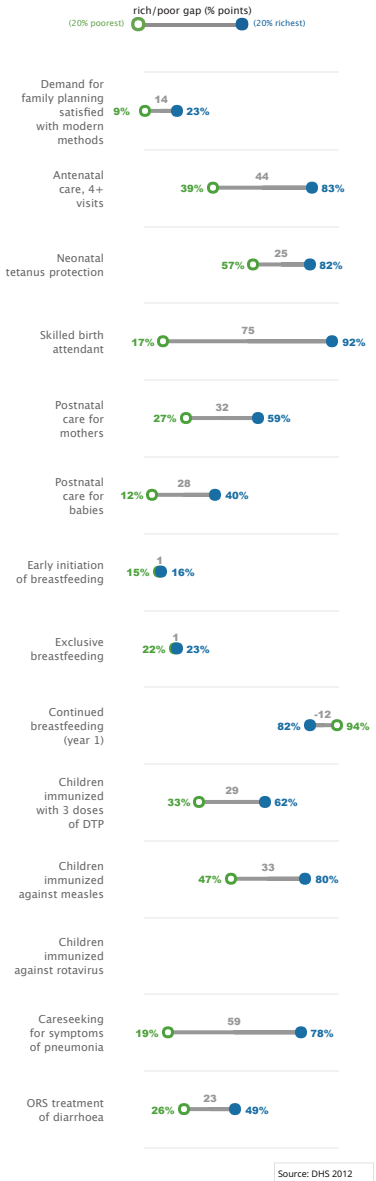
Breastfeeding Practices

Continued breastfeeding (year 1): 93% 2012



More years of data may be available on the dashboard.

Equity

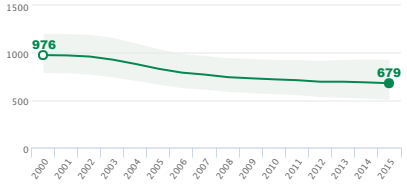


Source: DHS 2012

Demographics

Maternal Mortality Ratio

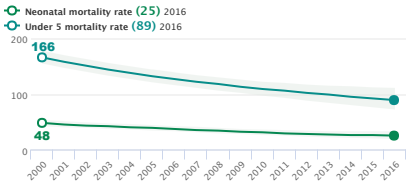
Deaths per 100,000 live births — Uncertainty Range Around Estimate



Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

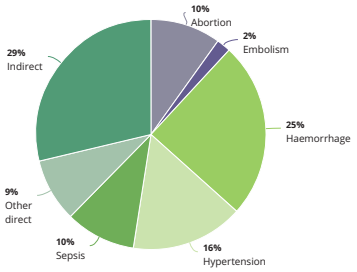
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

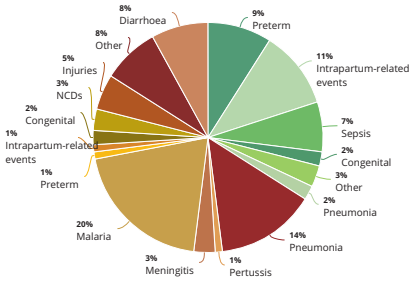
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months
Newborns ages 0-27 days

34% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

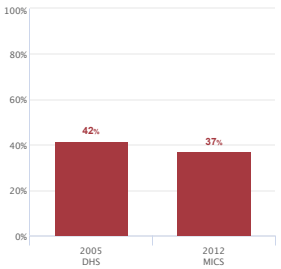
Percent of children immunized:

- against rotavirus (–) –
- with 3 doses of DTP (57%) 2016
- with 3 doses of Hib (57%) 2016
- with 3 doses of pneumococcal (–) –
- against measles (54%) 2016

Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider

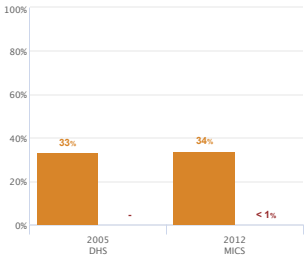


More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

Percent of children under 5 years with diarrhoea:

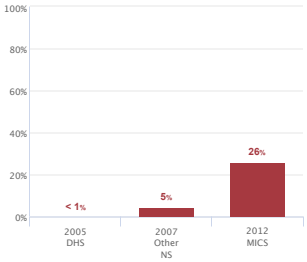
- Treated with ORS
- Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

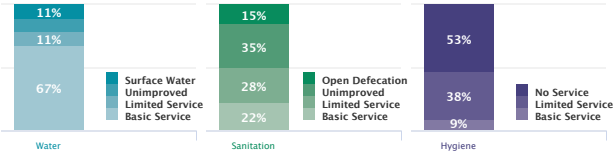
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	9 %	2012
Population sleeping under ITN or sleeping in a house sprayed by IRS	64 %	2016

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✗	✗	✓	✓

Maternity protection (Convention 183)	Partial
International code of marketing of breastmilk substitutes	Partial

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
No Data	No Data	No Data

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✗	–	–	–	–	–

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	30	2014
Government expenditure on health, per capita	15	2014
Out of pocket expenditure as % of total expenditure on health	45%	2014
General government expenditure on health as % of total government expenditure	9%	2014
ODA to RMNCH (US$)	Total: $123 M 2015	Per capita: $10 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 3	Maternal Health 3	Newborn Health 2	Child Health 3
✓ 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
✓ 2. Contraceptive Implants	✓ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
✓ 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

National availability of functional Emergency Obstetric Care (% of recommended minimum)	13%	2013
Density of skilled health professionals (per 10,000 population)	-	-

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Guinea-Bissau

CCI Country Score: 52%

Demographics

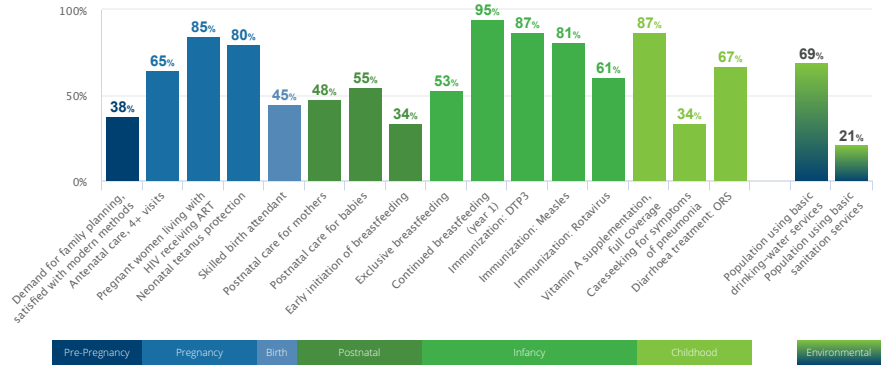
Total Population (000)	1,816	2016	Birth registration	24%	2014
Total under 5 population (000)	291	2016	Total maternal deaths	370	2015
Total adolescent (10-19) population (000)	403	2016	Lifetime risk of maternal deaths (1 in N)	38	2015
Secondary completion rate (upper, females)	8%	2016	Stillbirth rate (per 1000 total births)	37	2015
Total Births (000)	66	2016	Neonatal deaths, as % of all <5 deaths	44%	2015
Total fertility rate (births per woman)	4.6	2016	Total under 5 deaths (000)	6	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	137	2009	Adolescent (10-19) mortality rate (per 100,000), by sex	251 girls	246 boys 2015

Composite Coverage Index

<50% | 50-59% | 60-69% | 70-79% | 80% + | No data

Continuum of Care Coverage

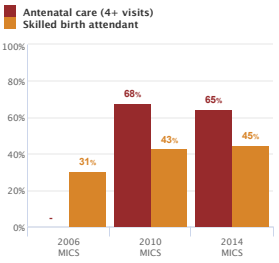
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

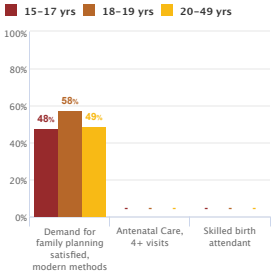
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	85%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	19%	2014
Institutional Delivery	43%/2%/44% (Public / Private / Total)	2014
C-section rate	8%/2%/4% (Urban / Rural / Total)	2014

Women's & Children's Nutrition

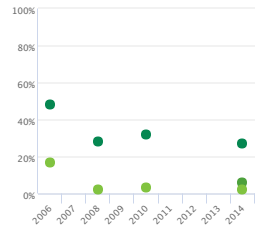
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	44%	2016
Women of reproductive age, short stature	-	-
Women (20+) with: BMI <18.5 kg/m2 (thinness)	9%	2016
BMI 25-30 kg/m2 (overweight)	24%	2016
BMI > 30 kg/m2 (obese)	14%	2016
Iron/folic acid supplementation during pregnancy	-	-
Low birth weight prevalence	11%	2010
Vitamin A supplementation, full coverage	87%	2015
Minimum dietary diversity	13%	2014

Child Nutritional Status

Percent children under 5 with moderate and severe:

- Stunting (27%) MICS – 2014
- Wasting (6%) MICS – 2014
- Overweight (2%) MICS – 2014

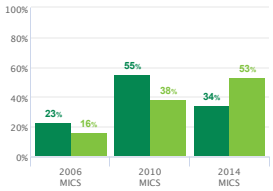


More years of data may be available on the dashboard.

Breastfeeding Practices

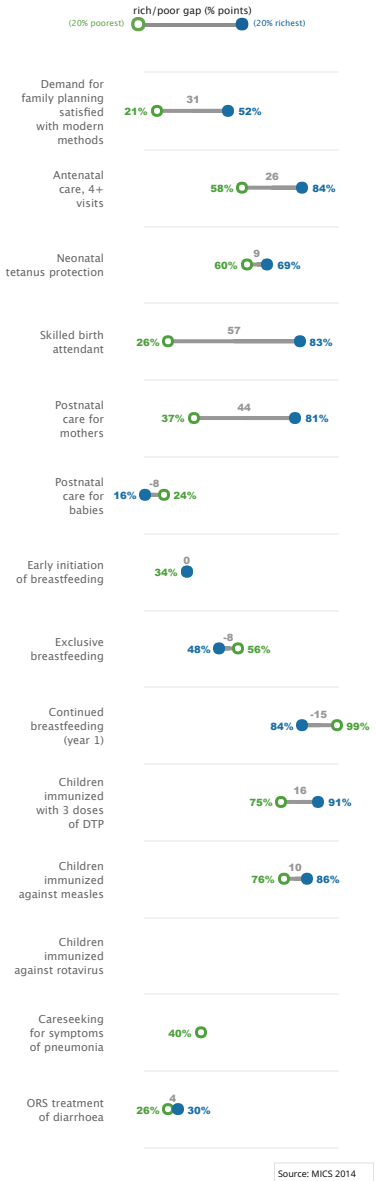
Continued breastfeeding (year 1)	95%	2014

Early initiation of breastfeeding
Exclusive breastfeeding



More years of data may be available on the dashboard.

Equity



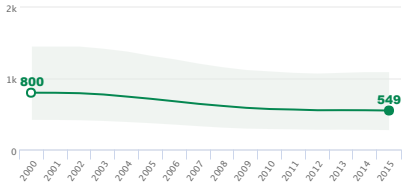
Source: MICS 2014

Guinea-Bissau

Demographics

Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate

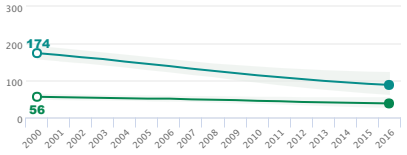


Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

Deaths per 1,000 live births — Uncertainty Range Around Estimate

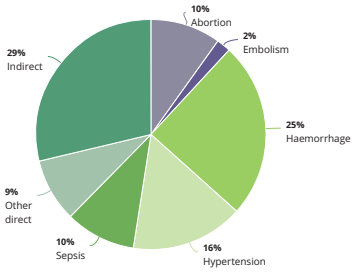
- Neonatal mortality rate (38) 2016
- Under 5 mortality rate (88) 2016



Source: UN IGME 2017

Causes of Maternal Death - 2014

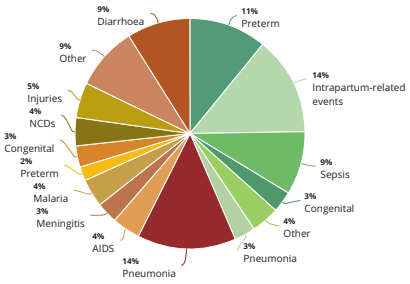
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



- Children ages 1-59 months
- Newborns ages 0-27 days

44% of deaths occur in the neonatal period

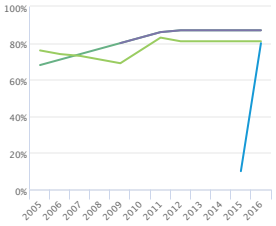
Source: WHO MCEE 2015

Child Health

Immunization

Percent of children immunized:

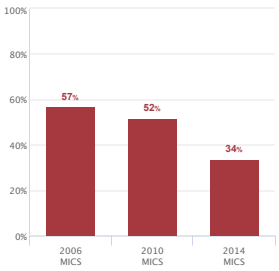
- with 3 doses of DTP (87%) 2016
- against measles (81%) 2016
- with 3 doses of Hib (87%) 2016
- with 3 doses of pneumococcal (80%) 2016
- against rotavirus (61%) 2016



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider

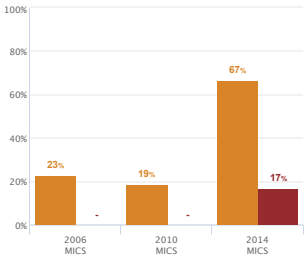


More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

Percent of children under 5 years with diarrhoea:

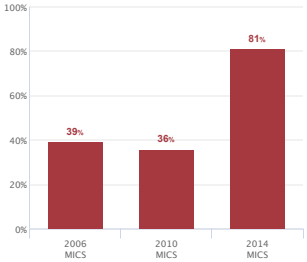
- Treated with ORS
- Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

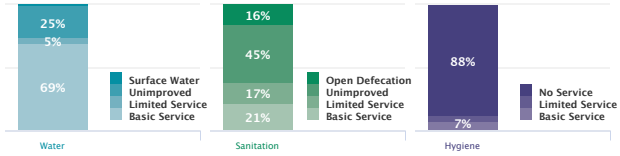
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	23 %	2014
Population sleeping under ITN or sleeping in a house sprayed by IRS	76 %	2014

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No Data

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✗	✗

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	Partial

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

No Data	No	Yes
MATERNAL	NEWBORN	CHILD

Maternal Death Review 2011

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✗	✗	✗	✗	✗	–

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	37	2011
Government expenditure on health, per capita	8	2011
Out of pocket expenditure as % of total expenditure on health	49%	2011
General government expenditure on health as % of total government expenditure	8%	2014
ODA to RMNCH (US$)	Total: $25 M 2015	Per capita: $14 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

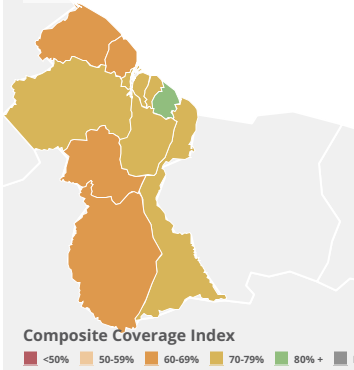
Reproductive Health	0	Maternal Health	2	Newborn Health	1	Child Health	2
– 1. Female Condom		✓ 1. Oxytocin		✓ 1. Injectable Antibiotics		✓ 1. Amoxicillin	
– 2. Contraceptive Implants		– 2. Misoprostol		– 2. Antenatal Corticosteroids		– 2. Oral Rehydration Salts	
– 3. Emergency Contraception		✓ 3. Magnesium sulfate		– 3. Chlorhexidine		✓ 3. Zinc	
				✗ 4. Resuscitation equipment: Self-inflating bag			

National availability of functional Emergency Obstetric Care (% of recommended minimum)	-	-
Density of skilled health professionals (per 10,000 population)	7.3	2009

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

CCI Country Score: 74%

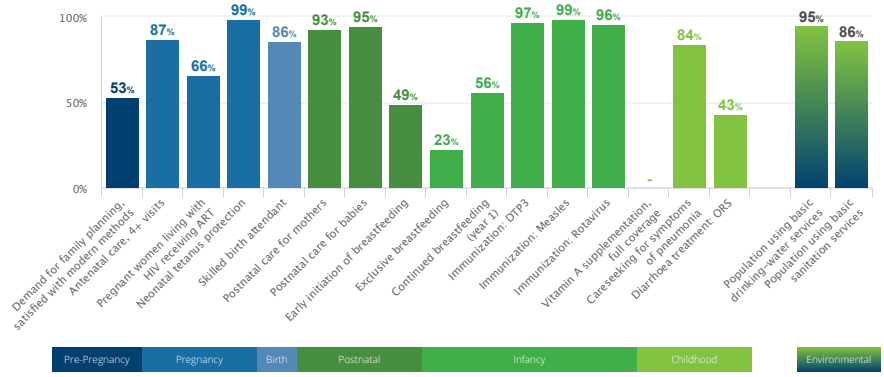


Demographics

Total Population (000)	773	2016
Total under 5 population (000)	76	2016
Total adolescent (10-19) population (000)	161	2016
Secondary completion rate (upper, females)	64%	2016
Total Births (000)	16	2016
Total fertility rate (births per woman)	2.5	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	97	2006
Birth registration	89%	2014
Total maternal deaths	34	2015
Lifetime risk of maternal deaths (1 in N)	170	2015
Stillbirth rate (per 1000 total births)	17	2015
Neonatal deaths, as % of all <5 deaths	61%	2015
Total under 5 deaths (000)	1	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	70 girls	133 boys 2015

Continuum of Care Coverage

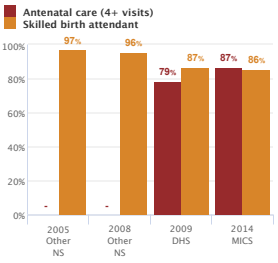
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

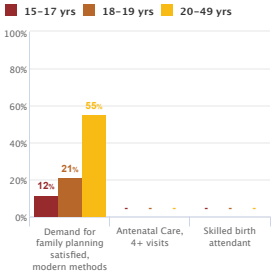
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	66%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	0%	2009
Institutional Delivery	79%/14%/93% (Public/Private/Total)	2014
C-section rate	29%/13%/17% (Urban/Rural/Total)	2014

Women's & Children's Nutrition

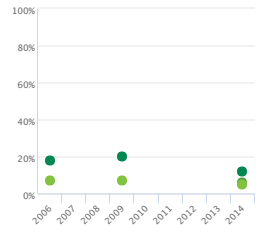
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	32%	2016
Women of reproductive age, short stature	3%	2009
Women (20+) with: BMI <18.5 kg/m2 (thinness)	4%	2016
BMI 25-30 kg/m2 (overweight)	30%	2016
BMI > 30 kg/m2 (obese)	28%	2016
Iron/folic acid supplementation during pregnancy	34%	2009
Low birth weight prevalence	14%	2009
Vitamin A supplementation, full coverage	-	-
Minimum dietary diversity	65%	2014

Child Nutritional Status

Percent children under 5 with moderate and severe:

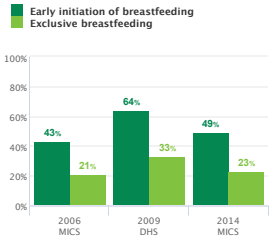
- Stunting (12%) MICS – 2014
- Wasting (6%) MICS – 2014
- Overweight (5%) MICS – 2014



More years of data may be available on the dashboard.

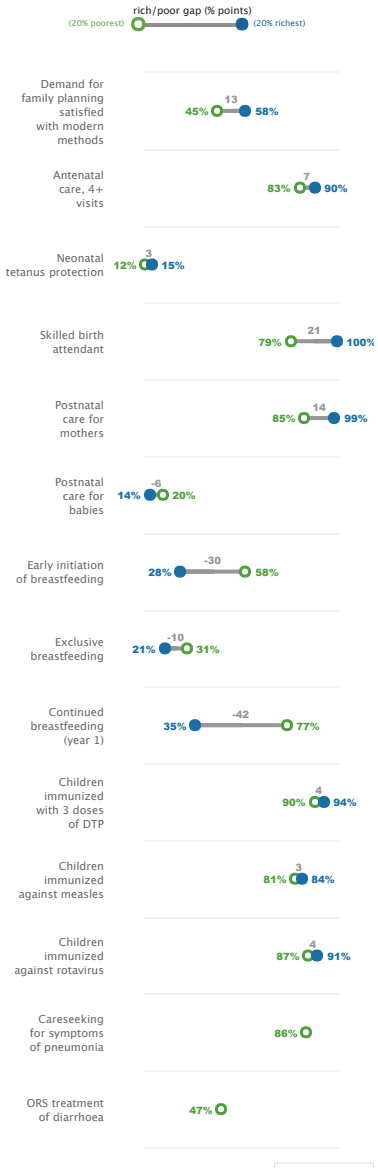
Breastfeeding Practices

Continued breastfeeding (year 1) 56% 2014



More years of data may be available on the dashboard.

Equity

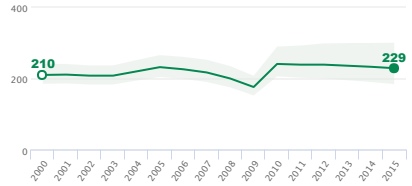


Source: MICS 2014

Guyana

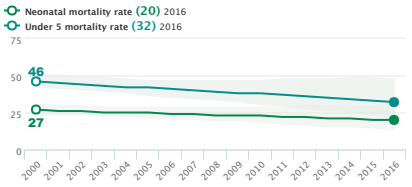
Demographics

Maternal Mortality Ratio
Deaths per 100,000 live births — Uncertainty Range Around Estimate



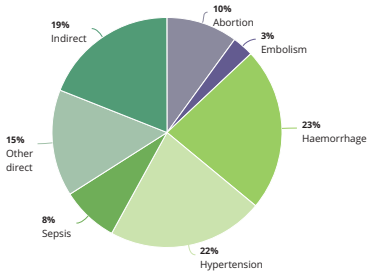
Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate
Deaths per 1,000 live births — Uncertainty Range Around Estimate



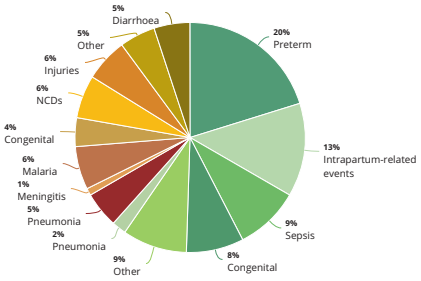
Source: UN IGME 2017

Causes of Maternal Death - 2014
Regional estimates for Latin America & Caribbean



Source: WHO 2014

Causes of Death Under-Five - 2015
Globally nearly half of child deaths are attributable to undernutrition



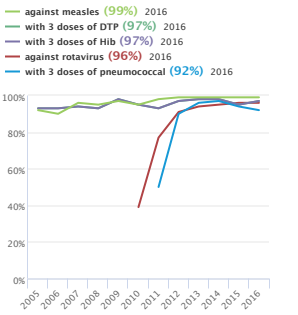
Children ages 1-59 months
Newborns ages 0-27 days

61% of deaths occur in the neonatal period

Source: WHO MCEE 2015

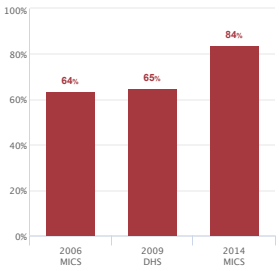
Child Health

Immunization
Percent of children immunized:



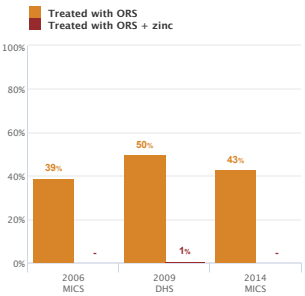
Source: WHO/UNICEF 2016 revision

Pneumonia Treatment
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



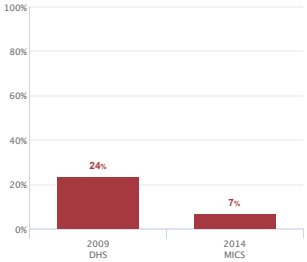
More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

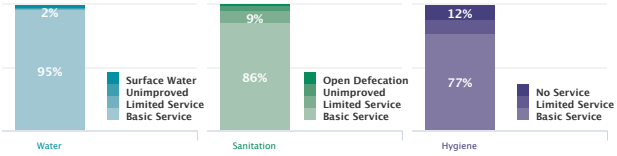
Malaria Prevention & Treatment
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	12 %	2014
Population sleeping under ITN or sleeping in a house sprayed by IRS	4 %	2014

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✓	✓	✓	✓

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	No

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available	Yes (MATERNAL)	Yes (NEWBORN)	Yes (CHILD)

Maternal Death Review 2016

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✗	✗	✓

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	222	2016
Government expenditure on health, per capita	132	2016
Out of pocket expenditure as % of total expenditure on health	37%	2016
General government expenditure on health as % of total government expenditure	9%	2014
ODA to RMNCH (US$) Total:	$5 M	2015
Per capita:	$7	2015

Service Delivery
Life Saving Commodities in Essential Medicine List:

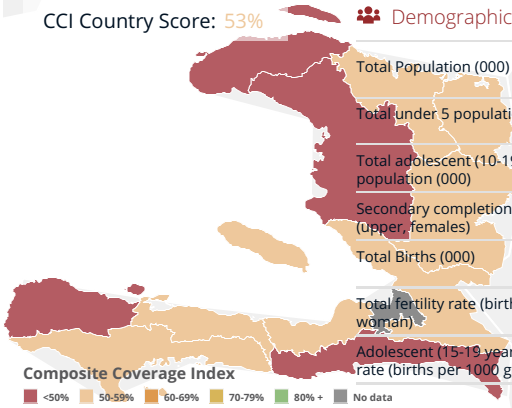
Reproductive Health 0	Maternal Health 3	Newborn Health 3	Child Health 2
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✓ 2. Misoprostol	✓ 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✗ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

National availability of functional Emergency Obstetric Care (% of recommended minimum)	-	-
Density of skilled health professionals (per 10,000 population)	7.4	2010

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✗	✗	✗	✓

CCI Country Score: 53%



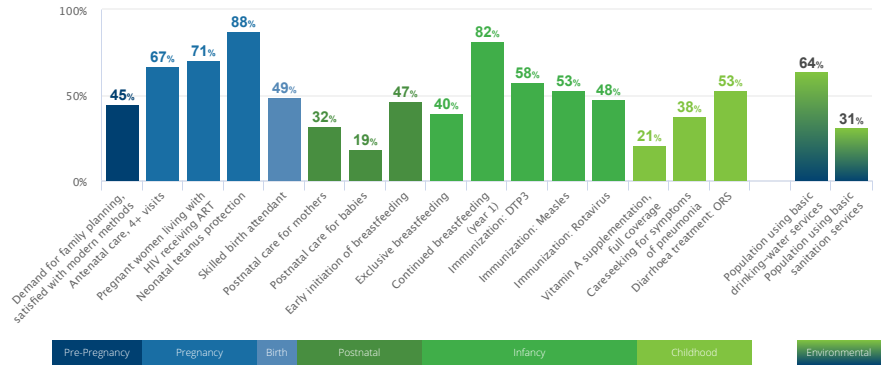
Demographics

Total Population (000)	10,847	2016
Total under 5 population (000)	1,233	2016
Total adolescent (10-19) population (000)	2,291	2016
Secondary completion rate (upper, females)	9%	2016
Total Births (000)	262	2016
Total fertility rate (births per woman)	2.9	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	65	2009

Birth registration	80%	2012
Total maternal deaths	950	2015
Lifetime risk of maternal deaths (1 in N)	90	2015
Stillbirth rate (per 1000 total births)	25	2015
Neonatal deaths, as % of all <5 deaths	37%	2015
Total under 5 deaths (000)	17	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	167 girls	225 boys 2015

Continuum of Care Coverage

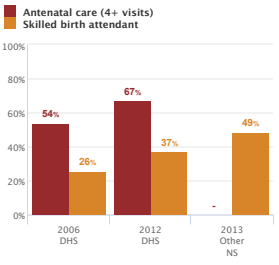
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

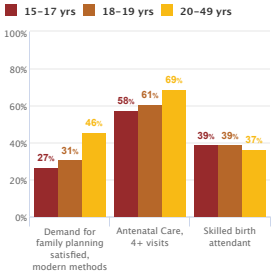
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	71%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	21%/15%/36% (Public / Private / Total)	2012
C-section rate	10%/3%/6% (Urban / Rural / Total)	2012

Women's & Children's Nutrition

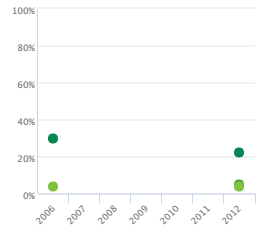
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	46%	2016
Women of reproductive age, short stature	1%	2012
Women (20+) with: BMI <18.5 kg/m2 (thinness)	5%	2016
BMI 25-30 kg/m2 (overweight)	32%	2016
BMI > 30 kg/m2 (obese)	28%	2016
Iron/folic acid supplementation during pregnancy	30%	2012
Low birth weight prevalence	23%	2012
Vitamin A supplementation, full coverage	21%	2015
Minimum dietary diversity	29%	2012

Child Nutritional Status

Percent children under 5 with moderate and severe:

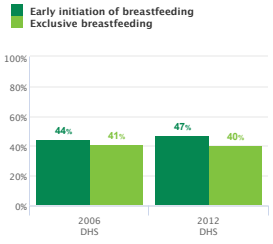
- Stunting (22%) DHS – 2012
- Wasting (5%) DHS – 2012
- Overweight (4%) DHS – 2012



More years of data may be available on the dashboard.

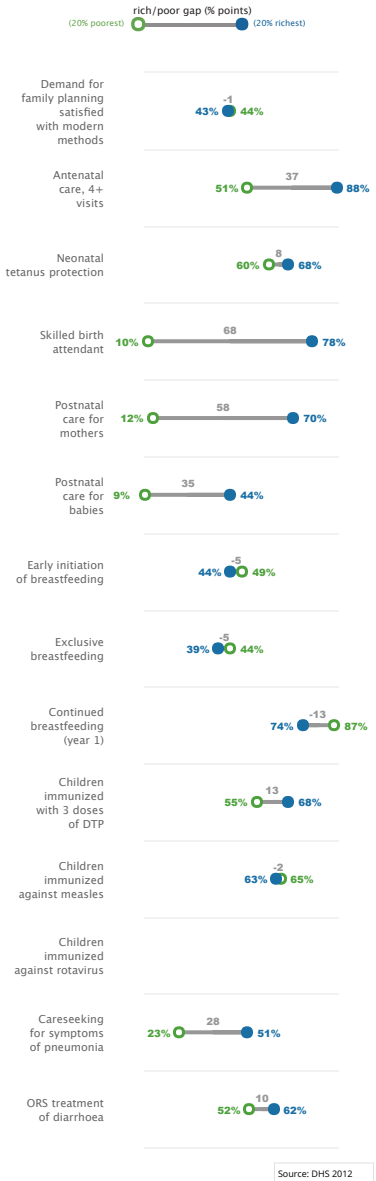
Breastfeeding Practices

Continued breastfeeding (year 1)	82%	2012



More years of data may be available on the dashboard.

Equity

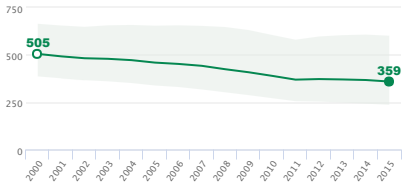


Source: DHS 2012

Demographics

Maternal Mortality Ratio

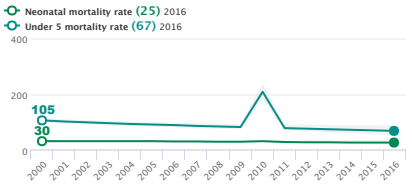
Deaths per 100,000 live births — Uncertainty Range Around Estimate



Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

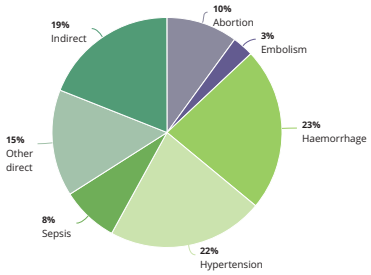
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

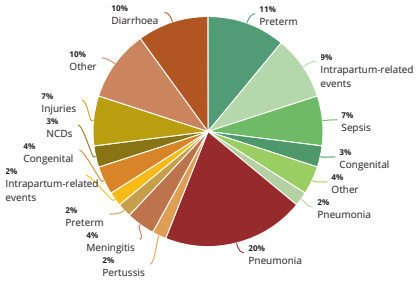
Regional estimates for Latin America & Caribbean



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months

Newborns ages 0-27 days

37% of deaths occur in the neonatal period

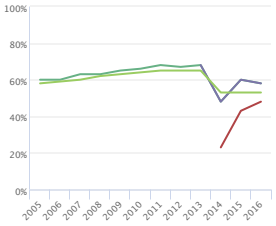
Source: WHO MCEE 2015

Child Health

Immunization

Percent of children immunized:

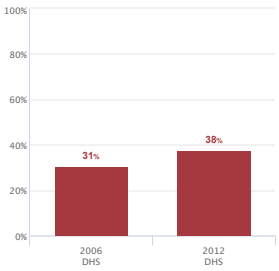
- with 3 doses of DTP (58%) 2016
- with 3 doses of Hib (58%) 2016
- against rotavirus (48%) 2016
- with 3 doses of pneumococcal (–) –
- against measles (53%) 2016



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider

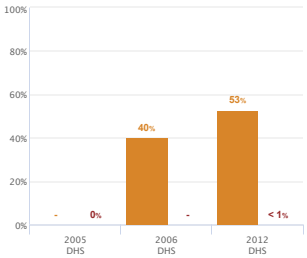


More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

Percent of children under 5 years with diarrhoea:

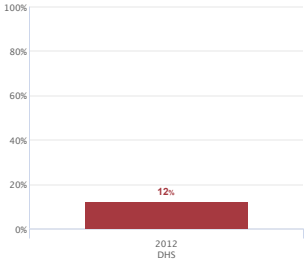
- Treated with ORS
- Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

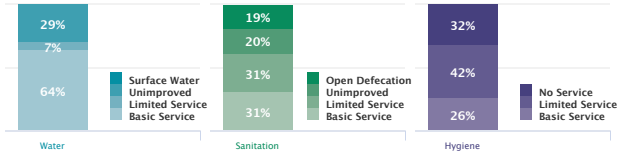
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	12 %	2012
Population sleeping under ITN or sleeping in a house sprayed by IRS	8 %	2012

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✗	✗

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	No

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

Yes	No	No
MATERNAL	NEWBORN	CHILD

Maternal Death Review 2016

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✗	✗	✗	–

Civil society involvement in review of national maternal, newborn and child health programs: No Data

Financing

Total expenditure on health, per capita	61	2016
Government expenditure on health, per capita	13	2016
Out of pocket expenditure as % of total expenditure on health	35%	2016
General government expenditure on health as % of total government expenditure	6%	2014

ODA to RMNCH (US$) — Total: $222 M 2015 — Per capita: $21 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 3	Newborn Health 2	Child Health 3
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✓ 2. Misoprostol	✗ 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	✗ 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

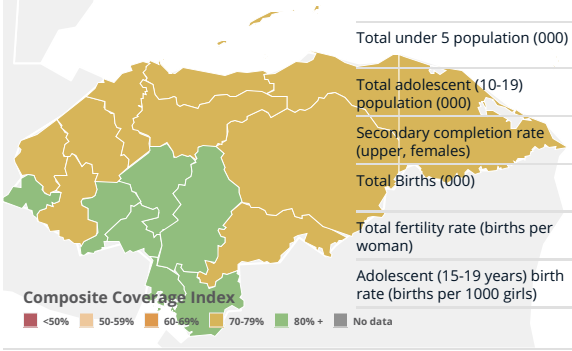
National availability of functional Emergency Obstetric Care (% of recommended minimum)	25%	2016
Density of skilled health professionals (per 10,000 population)	-	-

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Honduras

CCI Country Score: 80%

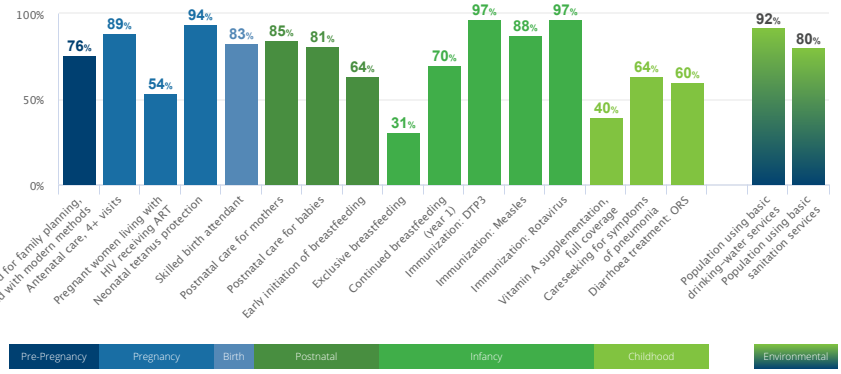


Demographics

Total Population (000)	9,113	2016
Total under 5 population (000)	951	2016
Total adolescent (10-19) population (000)	1,997	2016
Secondary completion rate (upper, females)	33%	2016
Total Births (000)	198	2016
Total fertility rate (births per woman)	2.5	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	99	2009
Birth registration	94%	2012
Total maternal deaths	220	2015
Lifetime risk of maternal deaths (1 in N)	300	2015
Stillbirth rate (per 1000 total births)	13	2015
Neonatal deaths, as % of all <5 deaths	54%	2015
Total under 5 deaths (000)	4	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	73 girls	98 boys 2015

Continuum of Care Coverage

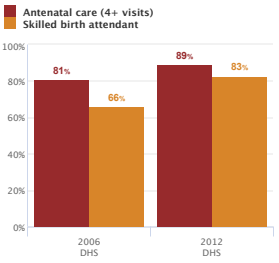
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

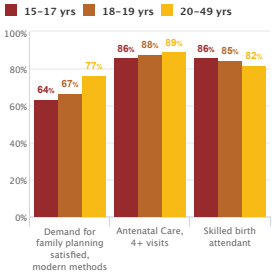
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	54%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	78%/5%/83%	2012
	Public Private Total	
C-section rate	25%/13%/19%	2012
	Urban Rural Total	

Women's & Children's Nutrition

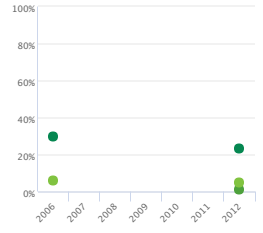
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	18%	2016
Women of reproductive age, short stature	8%	2011
Women (20+) with: BMI <18.5 kg/m2 (thinness)	2%	2016
BMI 25-30 kg/m2 (overweight)	33%	2016
BMI > 30 kg/m2 (obese)	28%	2016
Iron/folic acid supplementation during pregnancy	37%	2011
Low birth weight prevalence	-	-
Vitamin A supplementation, full coverage	40%	2005
Minimum dietary diversity	68%	2012

Child Nutritional Status

Percent children under 5 with moderate and severe:

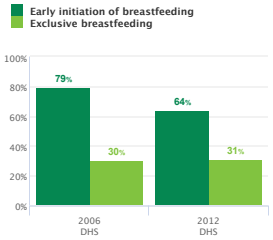
- Stunting (23%) DHS – 2012
- Wasting (1%) DHS – 2012
- Overweight (5%) DHS – 2012



More years of data may be available on the dashboard.

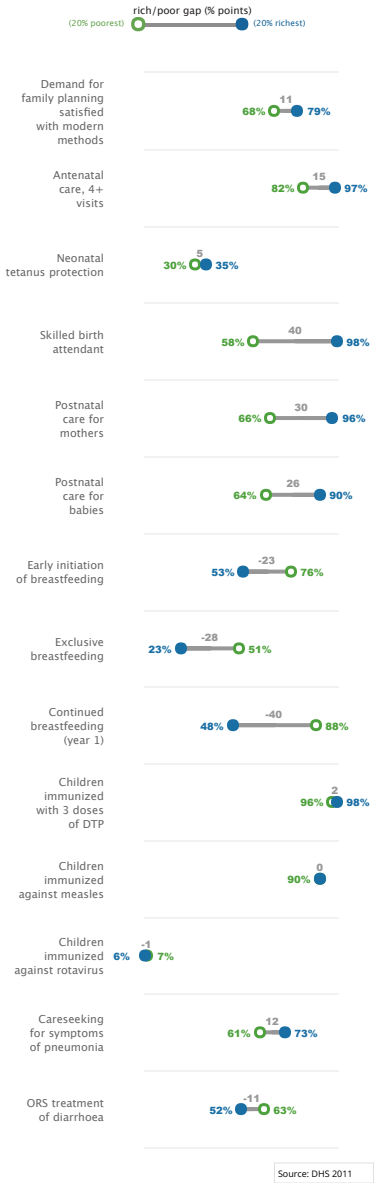
Breastfeeding Practices

Continued breastfeeding (year 1)	70%	2012



More years of data may be available on the dashboard.

Equity



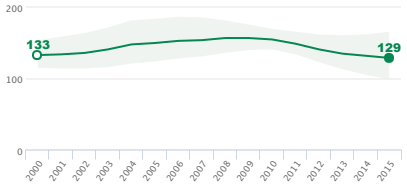
Source: DHS 2011

Honduras

Demographics

Maternal Mortality Ratio

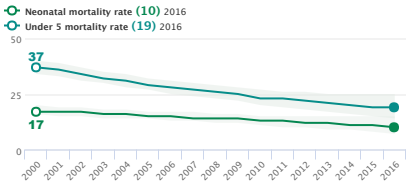
Deaths per 100,000 live births — Uncertainty Range Around Estimate



Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

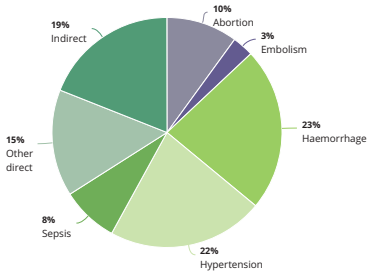
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

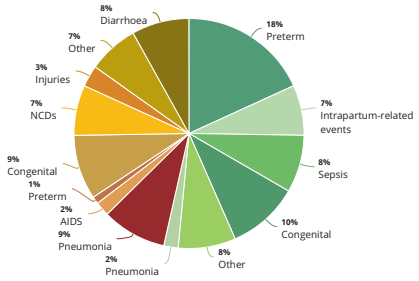
Regional estimates for Latin America & Caribbean



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months

Newborns ages 0-27 days

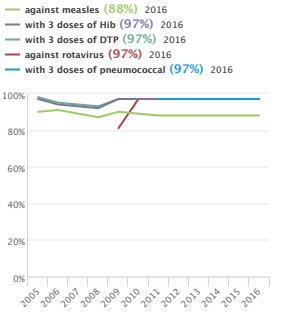
53% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

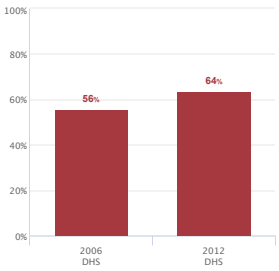
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

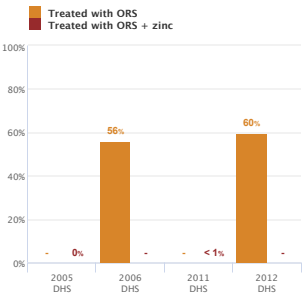
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

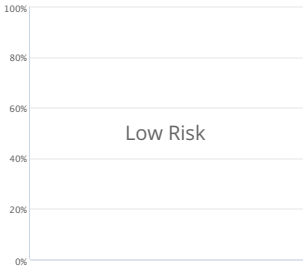
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

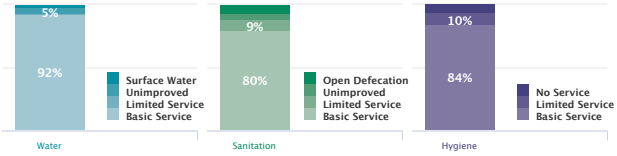
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	Low Risk
Population sleeping under ITN or sleeping in a house sprayed by IRS	Low Risk

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✗	✗

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	Partial

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
Yes	Yes	Yes

Maternal Death Review 2012

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✓

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita		212	2012
Government expenditure on health, per capita		108	2012
Out of pocket expenditure as % of total expenditure on health		43%	2012
General government expenditure on health as % of total government expenditure		15%	2014
ODA to RMNCH (US$)	Total: $52 M 2015	Per capita: $6	2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

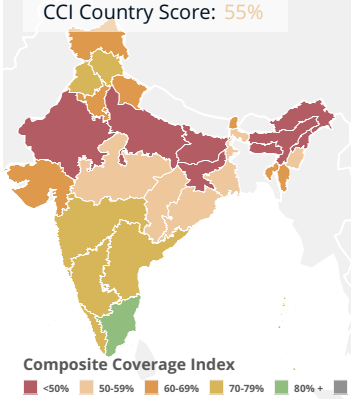
Reproductive Health 0	Maternal Health 2	Newborn Health 2	Child Health 1
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	– 2. Misoprostol	– 2. Antenatal Corticosteroids	– 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✗ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -
Density of skilled health professionals (per 10,000 population)	15.2 2005

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✗	✗	✗	✓	✓

India

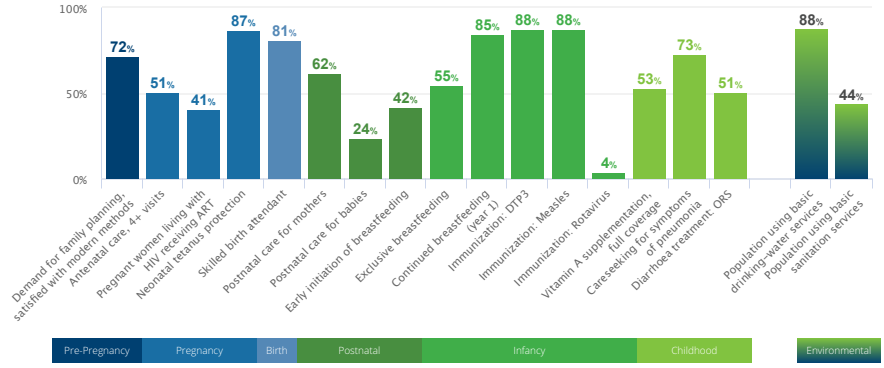


Demographics

Total Population (000)	1,324,171	2016
Total under 5 population (000)	119,998	2016
Total adolescent (10-19) population (000)	251,133	2016
Secondary completion rate (upper, females)	21%	2016
Total Births (000)	25,197	2016
Total fertility rate (births per woman)	2.3	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	39	2009
Birth registration	72%	2014
Total maternal deaths	45,000	2015
Lifetime risk of maternal deaths (1 in N)	220	2015
Stillbirth rate (per 1000 total births)	23	2015
Neonatal deaths, as % of all <5 deaths	58%	2015
Total under 5 deaths (000)	1,081	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	94 girls 86 boys	2015

Continuum of Care Coverage

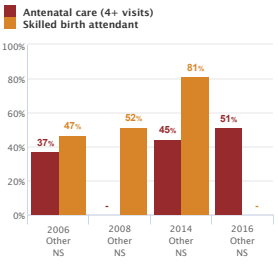
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

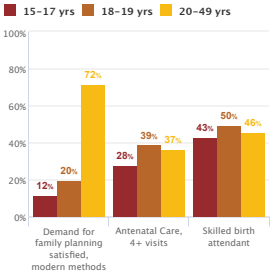
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	41%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	-/-/79% (Public / Private / Total)	2014
C-section rate	28%/13%/17% (Urban / Rural / Total)	2016

Women's & Children's Nutrition

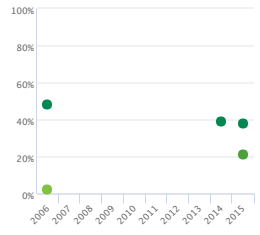
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	51%	2016
Women of reproductive age, short stature	11%	2005
Women (20+) with: BMI <18.5 kg/m2 (thinness)	24%	2016
BMI 25-30 kg/m2 (overweight)	17%	2016
BMI > 30 kg/m2 (obese)	5%	2016
Iron/folic acid supplementation during pregnancy	30%	2016
Low birth weight prevalence	-	-
Vitamin A supplementation, full coverage	53%	2015
Minimum dietary diversity	22%	2014

Child Nutritional Status

Percent children under 5 with moderate and severe:

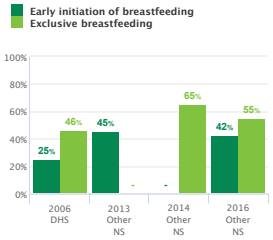
- Stunting (38%) DHS – 2015
- Wasting (21%) DHS – 2015
- Overweight (2%) DHS – 2006



More years of data may be available on the dashboard.

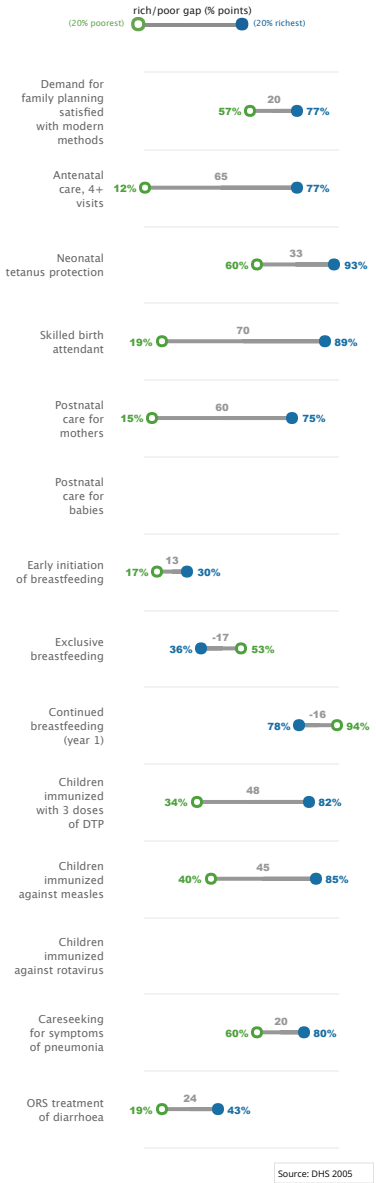
Breastfeeding Practices

Continued breastfeeding (year 1)	85%	2014



More years of data may be available on the dashboard.

Equity

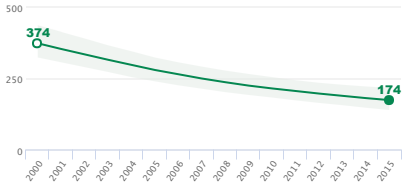


Source: DHS 2005

Demographics

Maternal Mortality Ratio

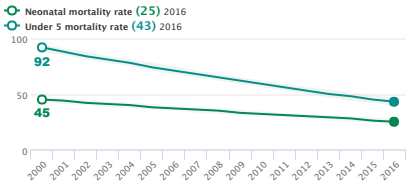
Deaths per 100,000 live births — Uncertainty Range Around Estimate



Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

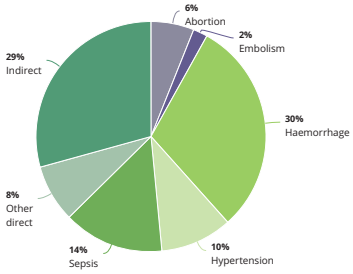
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

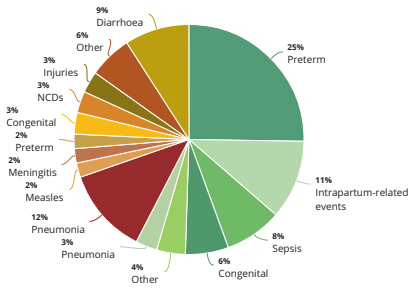
Regional estimates for Southern Asia



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months
Newborns ages 0-27 days

58% of deaths occur in the neonatal period

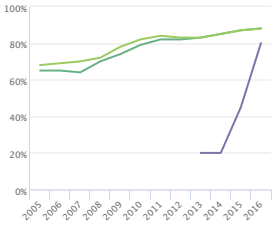
Source: WHO MCEE 2015

Child Health

Immunization

Percent of children immunized:

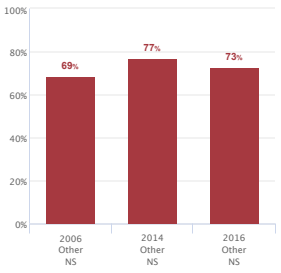
- with 3 doses of DTP (88%) 2016
- with 3 doses of Hib (80%) 2016
- against rotavirus (4%) 2016
- with 3 doses of pneumococcal (–) –
- against measles (88%) 2016



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider

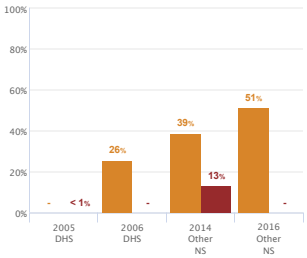


More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

Percent of children under 5 years with diarrhoea:

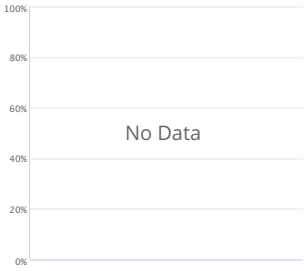
- Treated with ORS
- Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

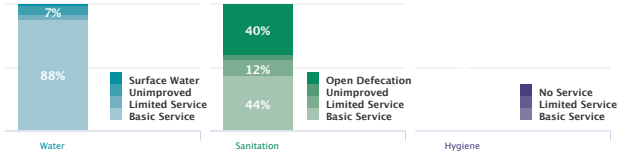
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	15 %	2014
Population sleeping under ITN or sleeping in a house sprayed by IRS	-	

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✓	✗	✓	✓

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	Yes

Legislation on food fortification

Wheat	Maize	Rice
VOLUNTARY	NO FORTIFICATION	VOLUNTARY

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
Yes	Yes	Yes

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✗	✓	✗	–

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	75	2014
Government expenditure on health, per capita	23	2014
Out of pocket expenditure as % of total expenditure on health	62%	2014
General government expenditure on health as % of total government expenditure	5%	2014

ODA to RMNCH (US$) — Total: $586 M 2015 — Per capita: $0 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

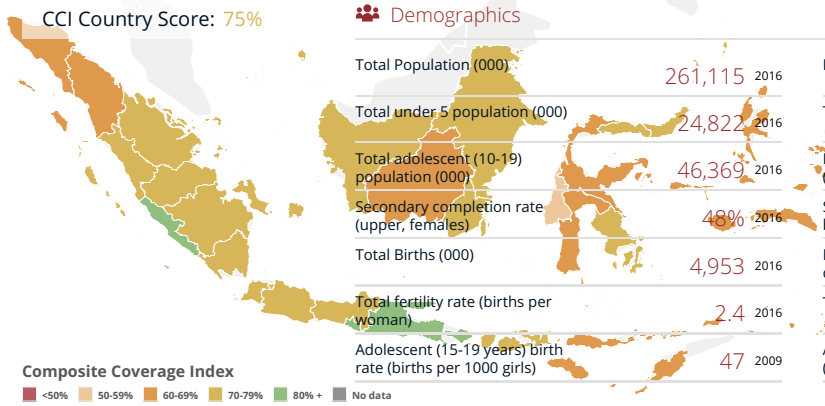
Reproductive Health 0	Maternal Health 3	Newborn Health 2	Child Health 3
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✓ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -
Density of skilled health professionals (per 10,000 population)	27.5 2014

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	–	✓

CCI Country Score: 75%

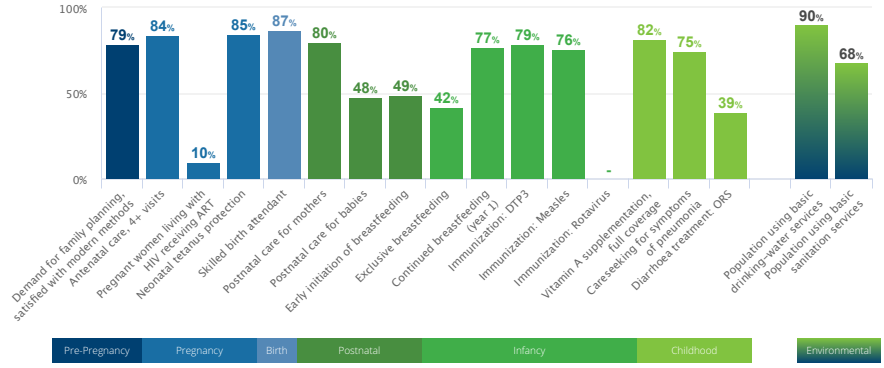


Demographics

Total Population (000)	261,115	2016
Total under 5 population (000)	24,822	2016
Total adolescent (10-19) population (000)	46,369	2016
Secondary completion rate (upper, females)	48%	2016
Total Births (000)	4,953	2016
Total fertility rate (births per woman)	2.4	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	47	2009
Birth registration	69%	2013
Total maternal deaths	6,400	2015
Lifetime risk of maternal deaths (1 in N)	320	2015
Stillbirth rate (per 1000 total births)	13	2015
Neonatal deaths, as % of all <5 deaths	50%	2015
Total under 5 deaths (000)	131	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	71 girls	93 boys 2015

Continuum of Care Coverage

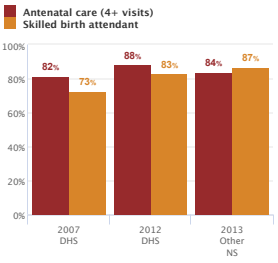
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

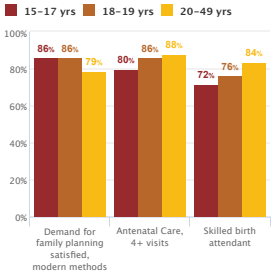
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	10%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	17%/46%/80% (Public / Private / Total)	2016
C-section rate	17%/8%/12% (Urban / Rural / Total)	2012

Women's & Children's Nutrition

Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	29%	2016
Women of reproductive age, short stature	-	-
Women (20+) with: BMI <18.5 kg/m2 (thinness)	12%	2016
BMI 25-30 kg/m2 (overweight)	23%	2016
BMI > 30 kg/m2 (obese)	9%	2016
Iron/folic acid supplementation during pregnancy	33%	2012
Low birth weight prevalence	9%	2007
Vitamin A supplementation, full coverage	82%	2015
Minimum dietary diversity	58%	2012

Child Nutritional Status

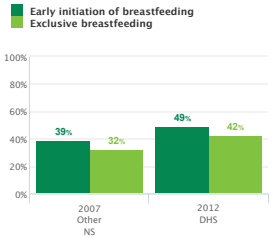
Percent children under 5 with moderate and severe:

- **Stunting (36%)** Other NS – 2013
- **Wasting (14%)** Other NS – 2013
- **Overweight (12%)** Other NS – 2013

More years of data may be available on the dashboard.

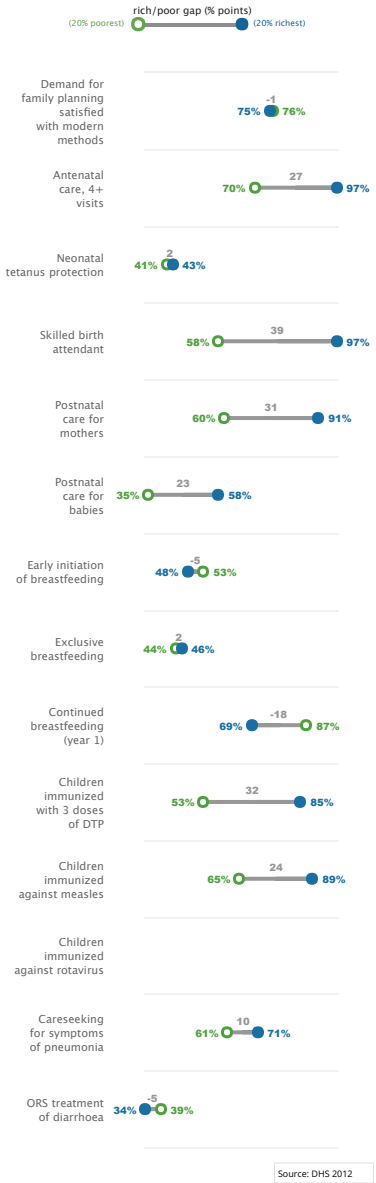
Breastfeeding Practices

Continued breastfeeding (year 1)	77%	2012



More years of data may be available on the dashboard.

Equity



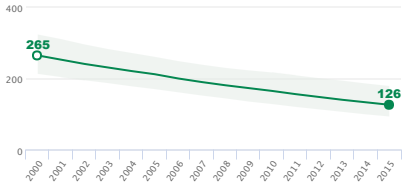
Source: DHS 2012

Indonesia

Demographics

Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate

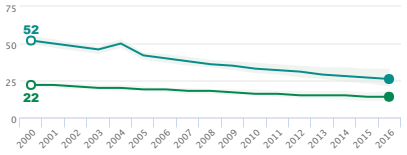


Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

Deaths per 1,000 live births — Uncertainty Range Around Estimate

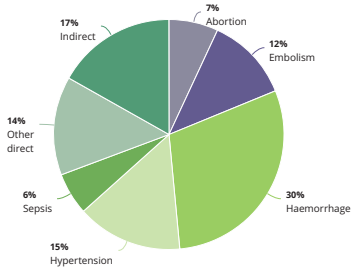
Neonatal mortality rate (14) 2016
Under 5 mortality rate (26) 2016



Source: UN IGME 2017

Causes of Maternal Death - 2014

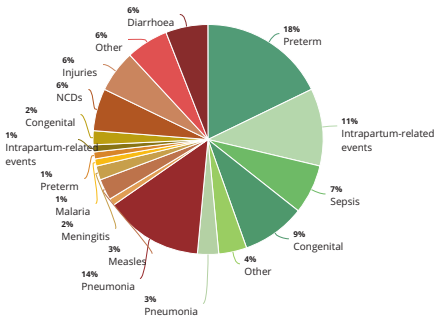
Regional estimates for South-eastern Asia



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months
Newborns ages 0-27 days

50% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

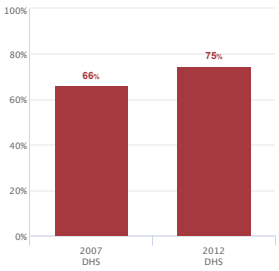
Percent of children immunized:

against rotavirus (–) –
with 3 doses of DTP (79%) 2016
with 3 doses of Hib (79%) 2016
with 3 doses of pneumococcal (–) –
against measles (76%) 2016

Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider

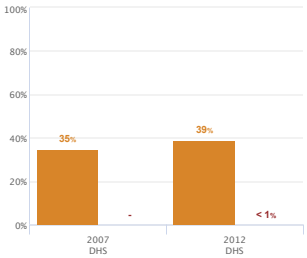


More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

Percent of children under 5 years with diarrhoea:

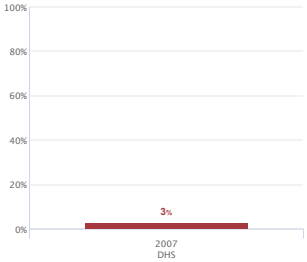
Treated with ORS
Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

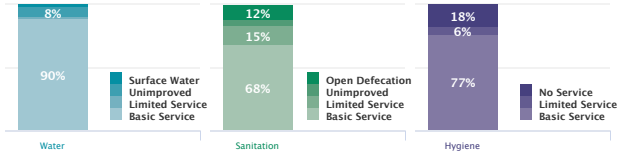
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	Low Risk	
Population sleeping under ITN or sleeping in a house sprayed by IRS	2 %	2007

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✓	✓

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	Partial

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
Yes	Yes	No

Maternal Death Review 2016

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✗	✓	✗	–

Civil society involvement in review of national maternal, newborn and child health programs	Yes

Financing

Total expenditure on health, per capita	99	2016
Government expenditure on health, per capita	38	2016
Out of pocket expenditure as % of total expenditure on health	47%	2016
General government expenditure on health as % of total government expenditure	6%	2014

ODA to RMNCH (US$) Total: $147 M 2015 Per capita: $1 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

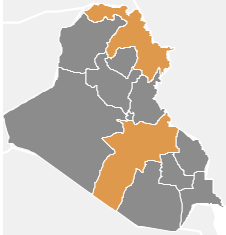
Reproductive Health 0	Maternal Health 2	Newborn Health 3	Child Health 3
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✗ 2. Misoprostol	✓ 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	✗ 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

National availability of functional Emergency Obstetric Care (% of recommended minimum)	-	-
Density of skilled health professionals (per 10,000 population)	15.7	2012

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✗	✓	✓	✗	✗	✓	✓

CCI Country Score: 64%



Composite Coverage Index

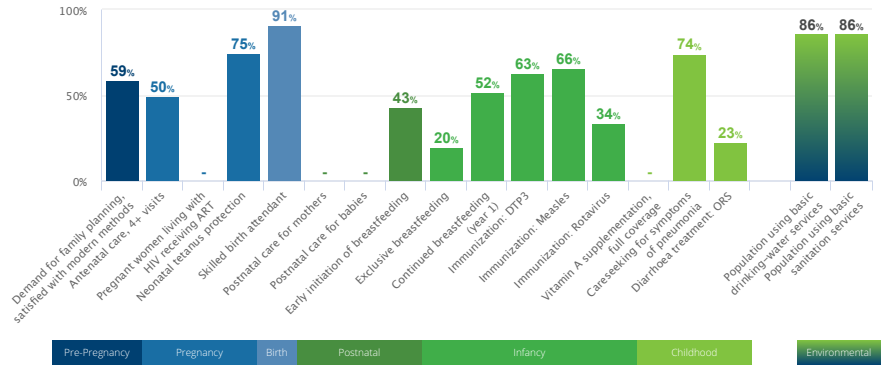
<50% 50-59% 60-69% 70-79% 80% + No data

Demographics

Total Population (000)	37,203	2016
Total under 5 population (000)	5,738	2016
Total adolescent (10-19) population (000)	8,217	2016
Secondary completion rate (upper, females)	32%	2016
Total Births (000)	1,232	2016
Total fertility rate (births per woman)	4.4	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	68	2006
Birth registration	99%	2011
Total maternal deaths	620	2015
Lifetime risk of maternal deaths (1 in N)	420	2015
Stillbirth rate (per 1000 total births)	16	2015
Neonatal deaths, as % of all <5 deaths	58%	2015
Total under 5 deaths (000)	38	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	129 girls 186 boys	2015

Continuum of Care Coverage

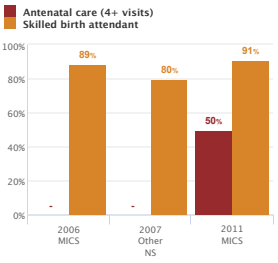
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

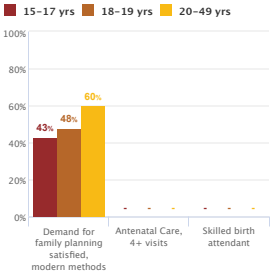
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	- -
Intermittent preventive treatment for malaria during pregnancy 3+	- -
Institutional Delivery	68%/9%/77% 2011 (Public / Private / Total)
C-section rate	25%/16%/22% 2011 (Urban / Rural / Total)

Women's & Children's Nutrition

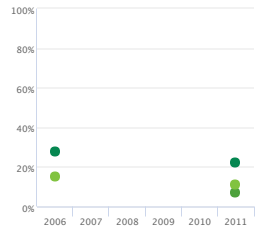
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	29%	2016
Women of reproductive age, short stature	-	-
Women (20+) with: BMI <18.5 kg/m2 (thinness)	2%	2016
BMI 25-30 kg/m2 (overweight)	32%	2016
BMI > 30 kg/m2 (obese)	38%	2016
Iron/folic acid supplementation during pregnancy	-	-
Low birth weight prevalence	13%	2011
Vitamin A supplementation, full coverage	-	-
Minimum dietary diversity	-	-

Child Nutritional Status

Percent children under 5 with moderate and severe:

- Stunting (22%) MICS – 2011
- Wasting (7%) MICS – 2011
- Overweight (11%) MICS – 2011

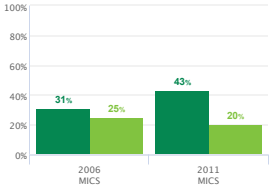


More years of data may be available on the dashboard.

Breastfeeding Practices

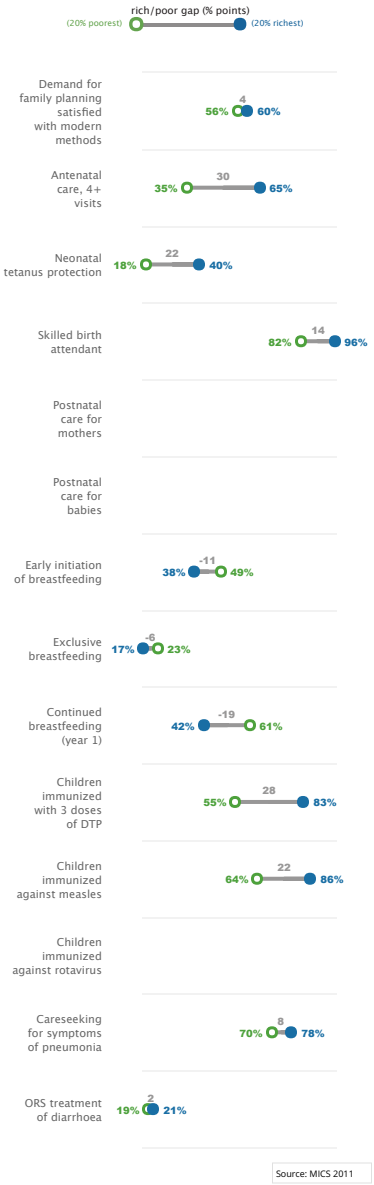
Continued breastfeeding (year 1) 52% 2011

Early initiation of breastfeeding
Exclusive breastfeeding



More years of data may be available on the dashboard.

Equity



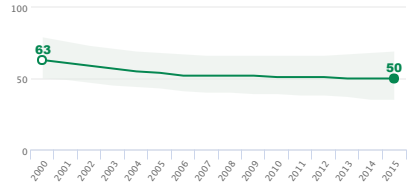
Source: MICS 2011

Iraq

Demographics

Maternal Mortality Ratio

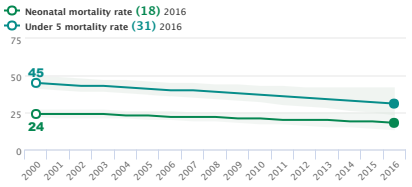
Deaths per 100,000 live births — Uncertainty Range Around Estimate



Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

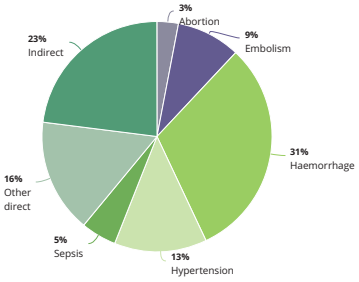
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

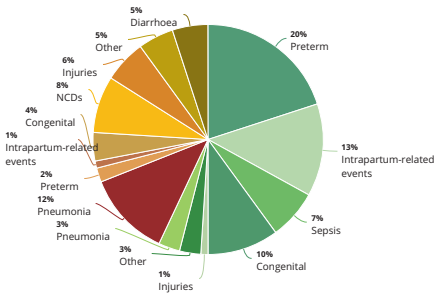
Regional estimates for Western Asia



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months

Newborns ages 0-27 days

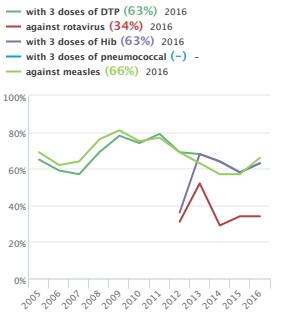
58% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

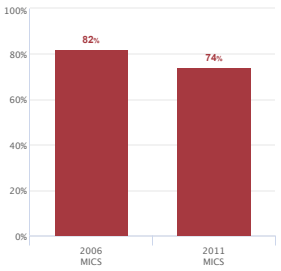
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

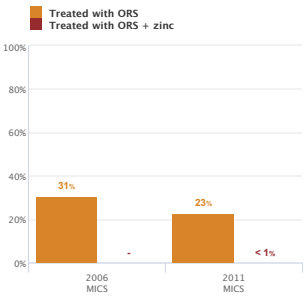
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

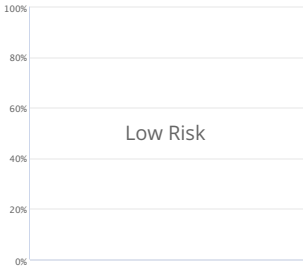
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

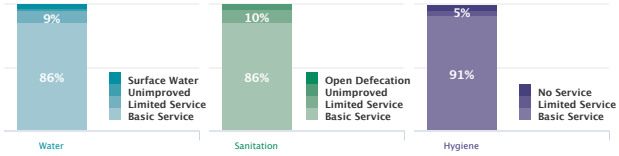
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	Low Risk
Population sleeping under ITN or sleeping in a house sprayed by IRS	Low Risk

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✗	✗

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	Partial

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
No	No	No

Maternal Death Review 2016

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✓

Civil society involvement in review of national maternal, newborn and child health programs	Yes

Financing

Total expenditure on health, per capita	292	2016	
Government expenditure on health, per capita	176	2016	
Out of pocket expenditure as % of total expenditure on health	40%	2016	
General government expenditure on health as % of total government expenditure	6%	2014	
ODA to RMNCH (US$)	Total: $18 M	2015	Per capita: $1 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 3	Newborn Health 3	Child Health 3
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✓ 2. Misoprostol	✓ 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	✗ 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

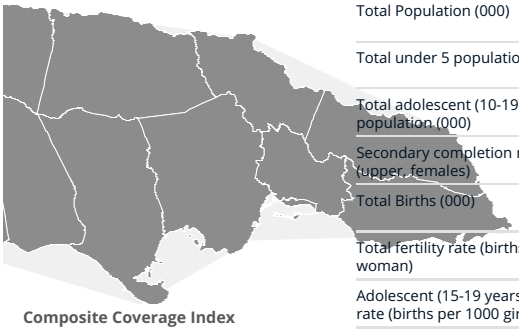
National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -
Density of skilled health professionals (per 10,000 population)	26.6 2014

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✗	✗	✓

Jamaica

CCI Country Score: -



Composite Coverage Index

<50% | 50-59% | 60-69% | 70-79% | 80% + | No data

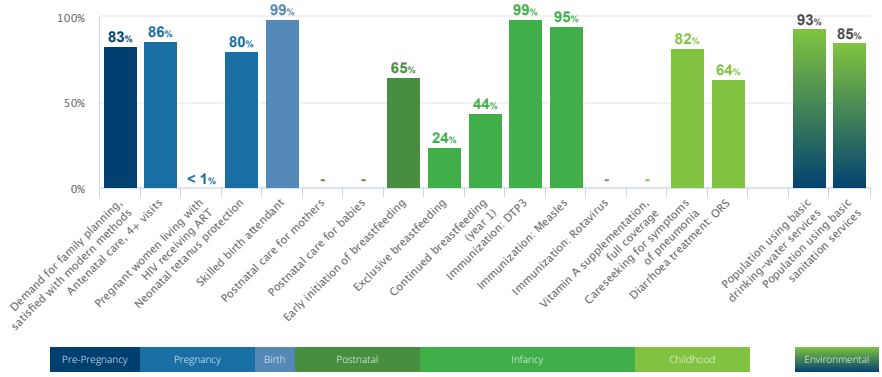
Demographics

Total Population (000)	2,881	2016
Total under 5 population (000)	205	2016
Total adolescent (10-19) population (000)	506	2016
Secondary completion rate (upper, females)	83%	2016
Total Births (000)	48	2016
Total fertility rate (births per woman)	2	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	72	2007

Birth registration	100%	2012
Total maternal deaths	43	2015
Lifetime risk of maternal deaths (1 in N)	520	2015
Stillbirth rate (per 1000 total births)	19	2015
Neonatal deaths, as % of all <5 deaths	74%	2015
Total under 5 deaths (000)	1	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	36 girls	60 boys 2015

Continuum of Care Coverage

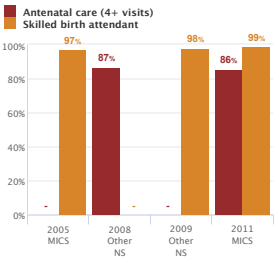
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

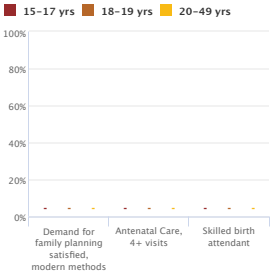
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	< 1%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	90%/8%/99%	2011
	Public Private Total	
C-section rate	25%/17%/21%	2011
	Urban Rural Total	

Women's & Children's Nutrition

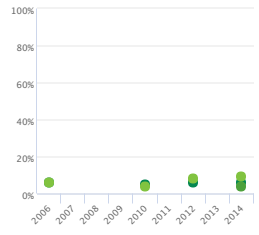
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	23%	2016
Women of reproductive age, short stature	-	-
Women (20+) with: BMI <18.5 kg/m2 (thinness)	3%	2016
BMI 25-30 kg/m2 (overweight)	30%	2016
BMI > 30 kg/m2 (obese)	35%	2016
Iron/folic acid supplementation during pregnancy	-	-
Low birth weight prevalence	11%	2011
Vitamin A supplementation, full coverage	-	-
Minimum dietary diversity	-	-

Child Nutritional Status

Percent children under 5 with moderate and severe:

- Stunting (6%) Other NS – 2014
- Wasting (4%) Other NS – 2014
- Overweight (9%) Other NS – 2014

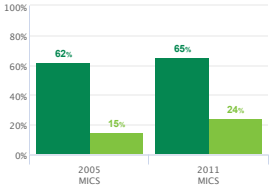


More years of data may be available on the dashboard.

Breastfeeding Practices

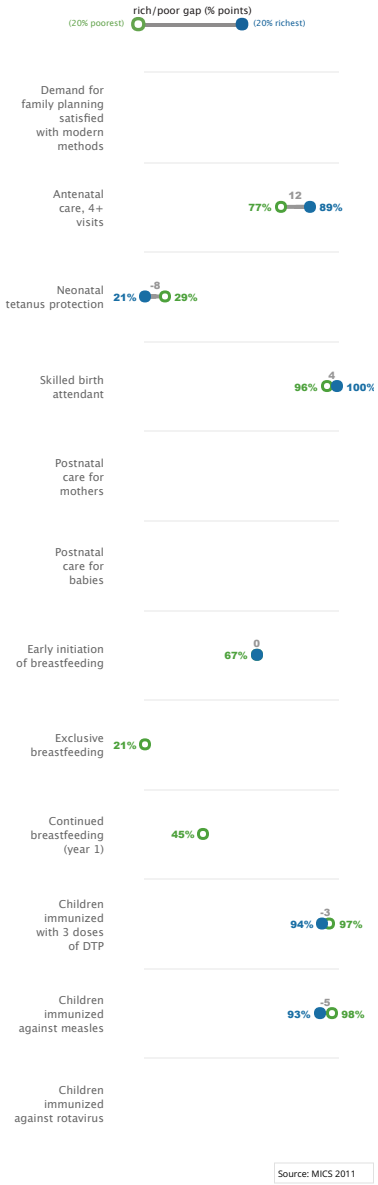
Continued breastfeeding (year 1)	44%	2011

Early initiation of breastfeeding
Exclusive breastfeeding



More years of data may be available on the dashboard.

Equity

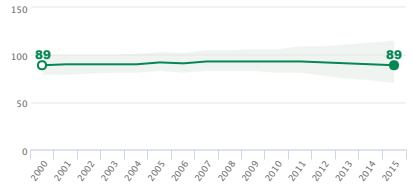


Source: MICS 2011

Demographics

Maternal Mortality Ratio

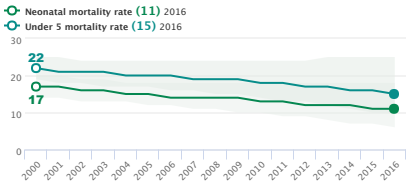
Deaths per 100,000 live births — Uncertainty Range Around Estimate



Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

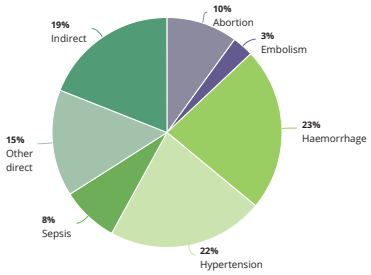
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

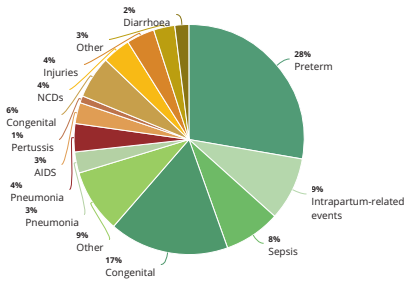
Regional estimates for Latin America & Caribbean



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months
Newborns ages 0-27 days

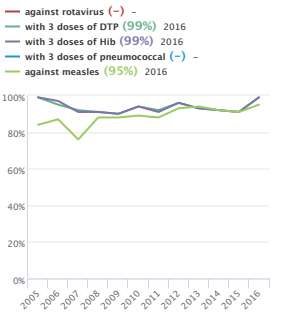
74% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

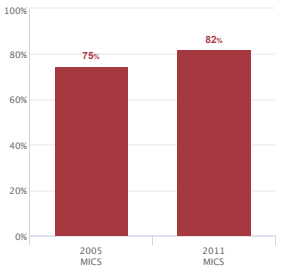
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

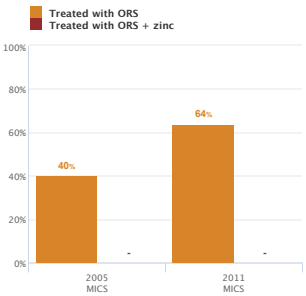
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

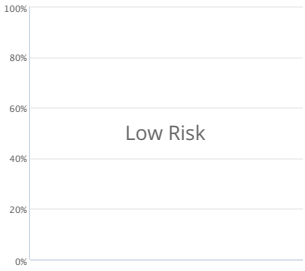
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

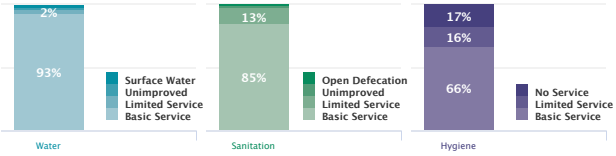
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	Low Risk
Population sleeping under ITN or sleeping in a house sprayed by IRS	Low Risk

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✗	✗	✗	✗

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	No

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
No	No	No

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✗

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita		266	2014
Government expenditure on health, per capita		139	2014
Out of pocket expenditure as % of total expenditure on health		28%	2014
General government expenditure on health as % of total government expenditure		8%	2014
ODA to RMNCH (US$)	Total:	$8 M 2015	Per capita: $3 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 3	Newborn Health 2	Child Health 2
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✓ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✗ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

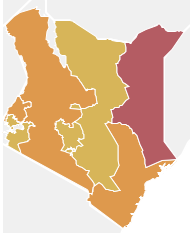
National availability of functional Emergency Obstetric Care (% of recommended minimum)	93%	2016
Density of skilled health professionals (per 10,000 population)	14.8	2008

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✗	✗	✗	✓

Kenya

CCI Country Score: 70%



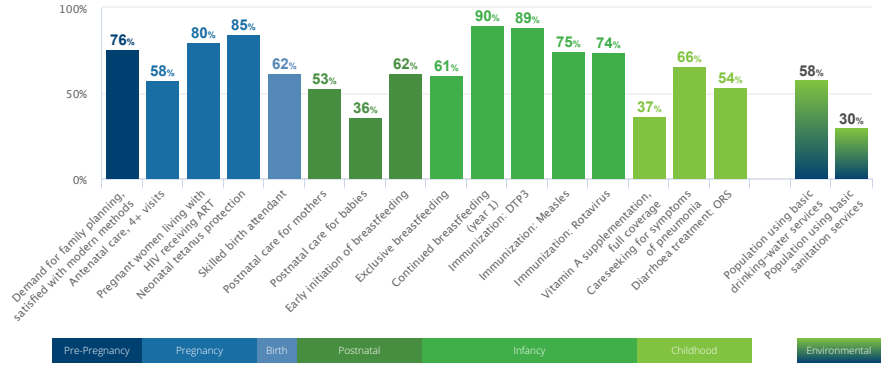
Composite Coverage Index
<50% 50-59% 60-69% 70-79% 80% + No data

Demographics

Total Population (000)	48,462	2016
Total under 5 population (000)	7,023	2016
Total adolescent (10-19) population (000)	11,368	2016
Secondary completion rate (upper, females)	38%	2016
Total Births (000)	1,520	2016
Total fertility rate (births per woman)	3.9	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	101	2013
Birth registration	67%	2014
Total maternal deaths	8,000	2015
Lifetime risk of maternal deaths (1 in N)	42	2015
Stillbirth rate (per 1000 total births)	23	2015
Neonatal deaths, as % of all <5 deaths	46%	2015
Total under 5 deaths (000)	74	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	180 girls	234 boys 2015

Continuum of Care Coverage

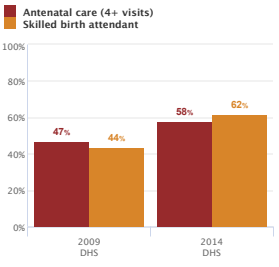
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

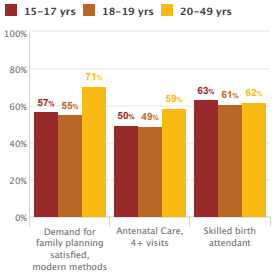
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	80%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	22%	2015
Institutional Delivery	46%/15%/61% Public Private Total	2014
C-section rate	15%/5%/9% Urban Rural Total	2014

Women's & Children's Nutrition

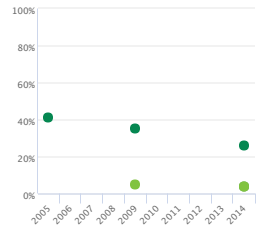
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	27%	2016
Women of reproductive age, short stature	1%	2014
Women (20+) with: BMI <18.5 kg/m2 (thinness)	9%	2016
BMI 25-30 kg/m2 (overweight)	24%	2016
BMI > 30 kg/m2 (obese)	12%	2016
Iron/folic acid supplementation during pregnancy	8%	2014
Low birth weight prevalence	-	-
Vitamin A supplementation, full coverage	37%	2015
Minimum dietary diversity	41%	2014

Child Nutritional Status

Percent children under 5 with moderate and severe:

- Stunting (26%) DHS – 2014
- Wasting (4%) DHS – 2014
- Overweight (4%) DHS – 2014

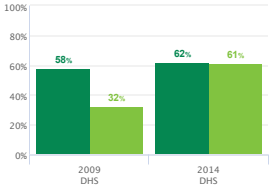


More years of data may be available on the dashboard.

Breastfeeding Practices

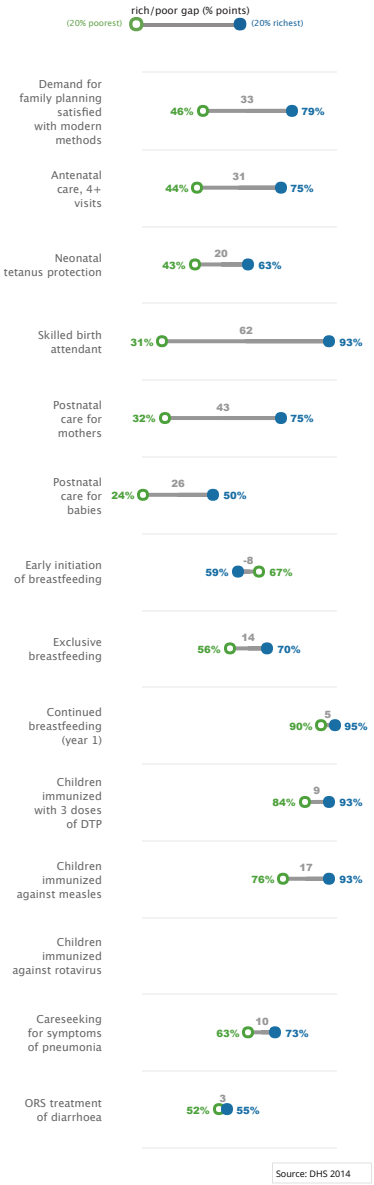
Continued breastfeeding (year 1) 90% 2014

Early initiation of breastfeeding
Exclusive breastfeeding



More years of data may be available on the dashboard.

Equity

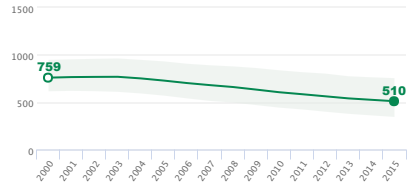


Source: DHS 2014

Demographics

Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate

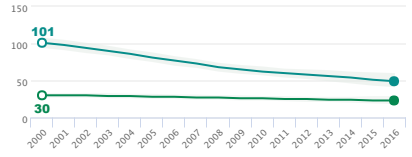


Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

Deaths per 1,000 live births — Uncertainty Range Around Estimate

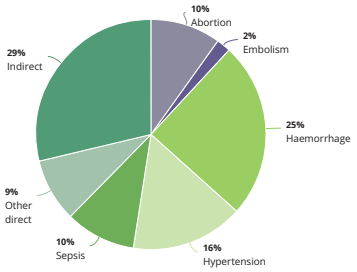
- Neonatal mortality rate (23) 2016
- Under 5 mortality rate (49) 2016



Source: UN IGME 2017

Causes of Maternal Death - 2014

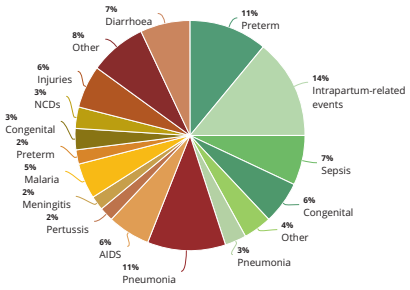
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



- Children ages 1-59 months
- Newborns ages 0-27 days

46% of deaths occur in the neonatal period

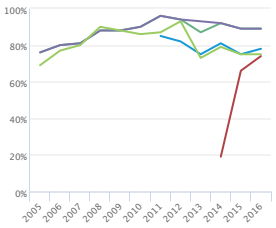
Source: WHO MCEE 2015

Child Health

Immunization

Percent of children immunized:

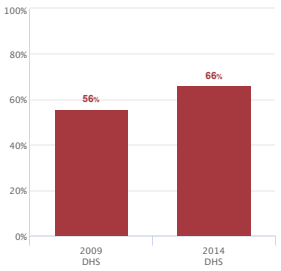
- against measles (75%) 2016
- with 3 doses of DTP (89%) 2016
- with 3 doses of Hib (89%) 2016
- with 3 doses of pneumococcal (78%) 2016
- against rotavirus (74%) 2016



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider

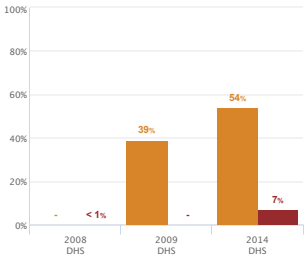


More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

Percent of children under 5 years with diarrhoea:

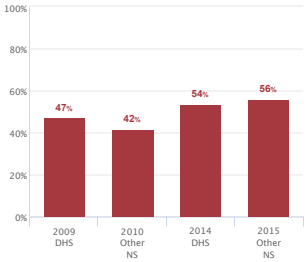
- Treated with ORS
- Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

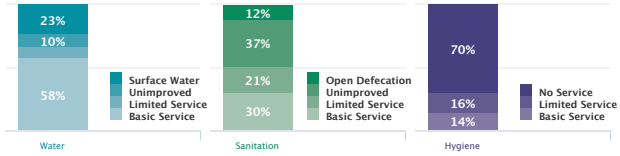
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	39 %	2015
Population sleeping under ITN or sleeping in a house sprayed by IRS	48 %	2015

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✗	✗	✗	✗

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	Yes

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	MANDATORY	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

Yes	No Data	No Data
MATERNAL	NEWBORN	CHILD

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✗	✓	✗	–

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	78	2014
Government expenditure on health, per capita	48	2014
Out of pocket expenditure as % of total expenditure on health	26%	2014
General government expenditure on health as % of total government expenditure	13%	2014

ODA to RMNCH (US$) Total: $595 M 2015 Per capita: $13 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 2	Maternal Health 2	Newborn Health 2	Child Health 3
✓ 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
✗ 2. Contraceptive Implants	✗ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
✓ 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

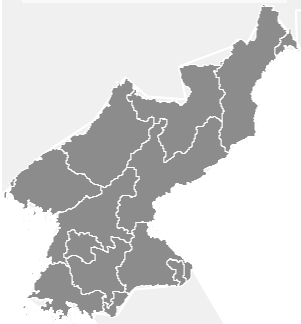
National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -	
Density of skilled health professionals (per 10,000 population)	10.7	2013

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Korea (Democratic People's Republic of)

CCI Country Score: -



Composite Coverage Index

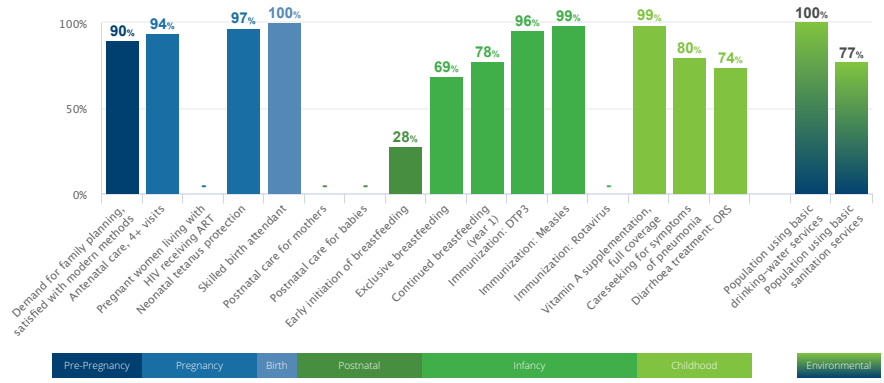
<50% 50-59% 60-69% 70-79% 80% + No data

Demographics

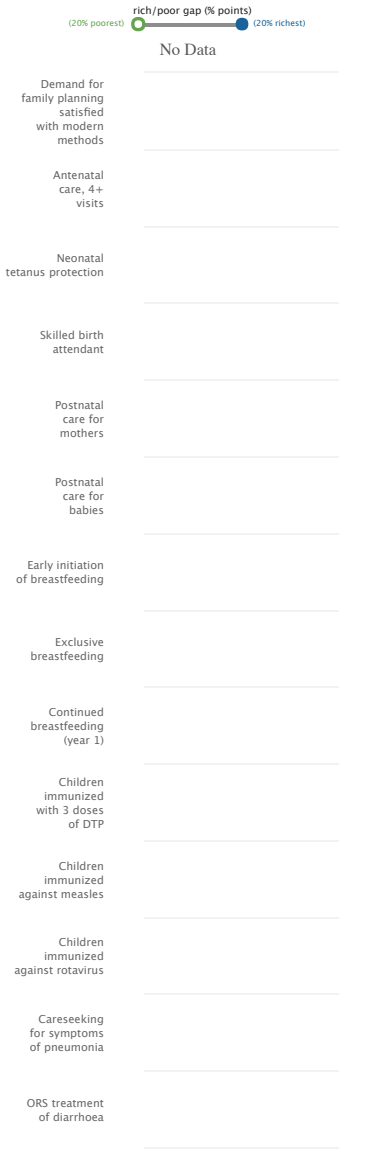
Total Population (000)	25,369	2016
Total under 5 population (000)	1,726	2016
Total adolescent (10-19) population (000)	3,795	2016
Secondary completion rate (upper, females)	- -	
Total Births (000)	351	2016
Total fertility rate (births per woman)	1.9	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	1	2008
Birth registration	100%	2009
Total maternal deaths	300	2015
Lifetime risk of maternal deaths (1 in N)	660	2015
Stillbirth rate (per 1000 total births)	14	2015
Neonatal deaths, as % of all <5 deaths	55%	2015
Total under 5 deaths (000)	7	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	68 girls 79 boys	2015

Continuum of Care Coverage

Percentage of those in need receiving coverage of key interventions across the continuum of care



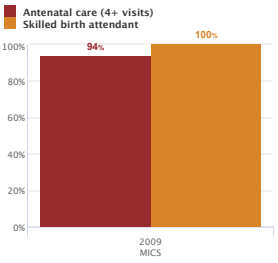
Equity



Maternal & Newborn Health

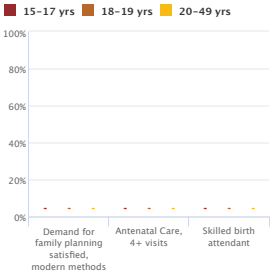
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	- -	
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	95%/0%/95% (Public/Private/Total)	2009
C-section rate	15%/9%/13% (Urban/Rural/Total)	2009

Women's & Children's Nutrition

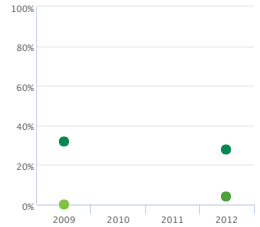
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	32%	2016
Women of reproductive age, short stature	-	-
Women (20+) with: BMI <18.5 kg/m2 (thinness)	8%	2016
BMI 25-30 kg/m2 (overweight)	24%	2016
BMI > 30 kg/m2 (obese)	8%	2016
Iron/folic acid supplementation during pregnancy	-	-
Low birth weight prevalence	6%	2009
Vitamin A supplementation, full coverage	99%	2015
Minimum dietary diversity	27%	2012

Child Nutritional Status

Percent children under 5 with moderate and severe:

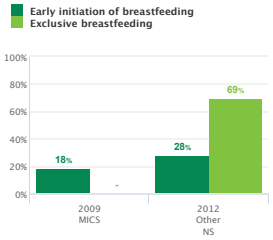
- Stunting (28%) Other NS – 2012
- Wasting (4%) Other NS – 2012
- Overweight (0%) MICS – 2009



More years of data may be available on the dashboard.

Breastfeeding Practices

Continued breastfeeding (year 1)	78%	2012



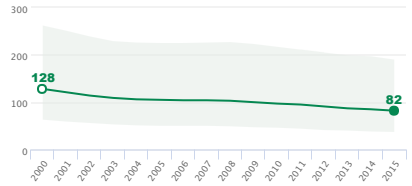
More years of data may be available on the dashboard.

Korea (Democratic People's

Demographics

Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate

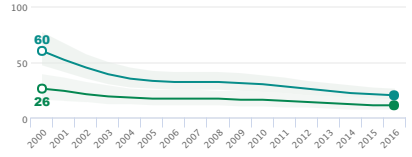


Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

Deaths per 1,000 live births — Uncertainty Range Around Estimate

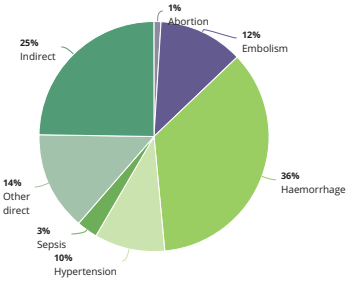
Neonatal mortality rate (11) 2016
Under 5 mortality rate (20) 2016



Source: UN IGME 2017

Causes of Maternal Death - 2014

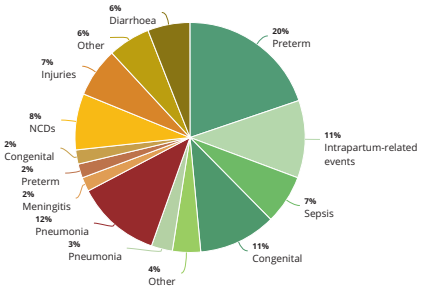
Regional estimates for Eastern Asia



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months
Newborns ages 0-27 days

55% of deaths occur in the neonatal period

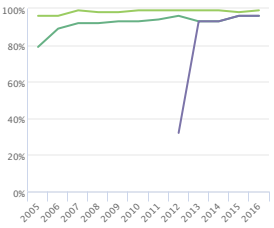
Source: WHO MCEE 2015

Child Health

Immunization

Percent of children immunized:

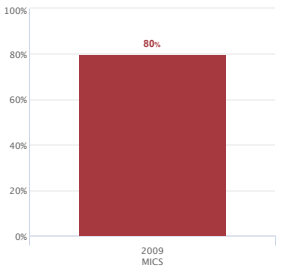
against rotavirus (–) –
with 3 doses of DTP (96%) 2016
with 3 doses of Hib (96%) 2016
with 3 doses of pneumococcal (–) –
against measles (99%) 2016



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider

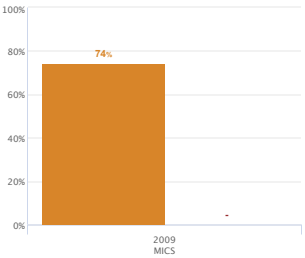


More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

Percent of children under 5 years with diarrhoea:

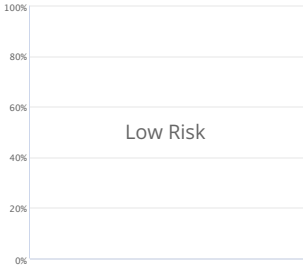
Treated with ORS
Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

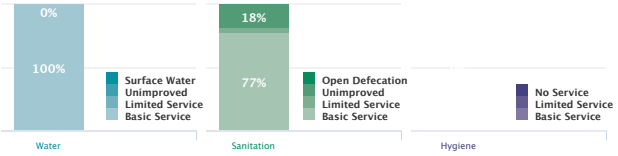
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	Low Risk
Population sleeping under ITN or sleeping in a house sprayed by IRS	Low Risk

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent: No Data

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✓	✓	✓	✓

Maternity protection (Convention 183): No

International code of marketing of breastmilk substitutes: No

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
No Data	No Data	No Data

Maternal Death Review 2016

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✗	✗	✓

Civil society involvement in review of national maternal, newborn and child health programs: No Data

Financing

Total expenditure on health, per capita	- -
Government expenditure on health, per capita	- -
Out of pocket expenditure as % of total expenditure on health	- -
General government expenditure on health as % of total government expenditure	- -

ODA to RMNCH (US$) Total: $16 M 2015 Per capita: $1 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 0	Newborn Health 0	Child Health 0
1. Female Condom	1. Oxytocin	1. Injectable Antibiotics	1. Amoxicillin
2. Contraceptive Implants	2. Misoprostol	2. Antenatal Corticosteroids	2. Oral Rehydration Salts
3. Emergency Contraception	3. Magnesium sulfate	3. Chlorhexidine	3. Zinc
		4. Resuscitation equipment: Self-inflating bag	

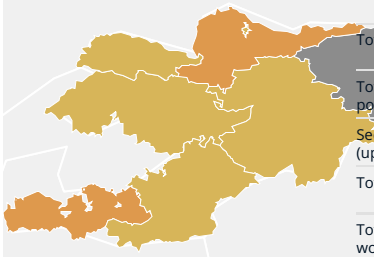
National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -
Density of skilled health professionals (per 10,000 population)	68.7 2011

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
–	–	–	–	–	–	–

Kyrgyzstan

CCI Country Score: 72%

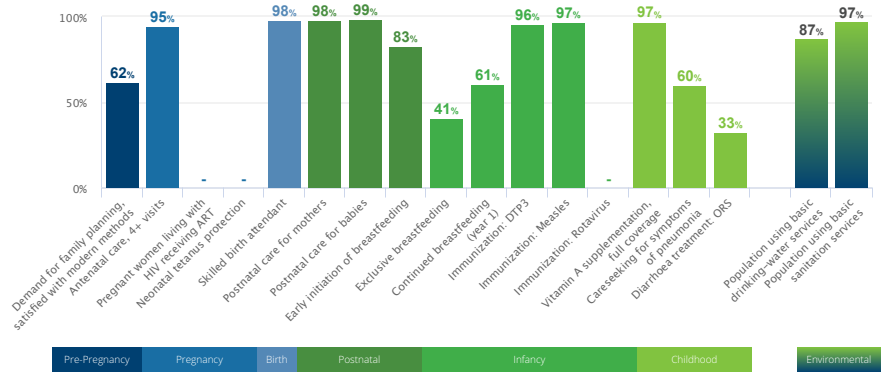


Demographics

Total Population (000)	5,956	2016
Total under 5 population (000)	760	2016
Total adolescent (10-19) population (000)	984	2016
Secondary completion rate (upper, females)	85%	2016
Total Births (000)	150	2016
Total fertility rate (births per woman)	3	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	42	2012
Birth registration	98%	2014
Total maternal deaths	120	2015
Lifetime risk of maternal deaths (1 in N)	390	2015
Stillbirth rate (per 1000 total births)	10	2015
Neonatal deaths, as % of all <5 deaths	54%	2015
Total under 5 deaths (000)	3	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	39 girls	56 boys 2015

Continuum of Care Coverage

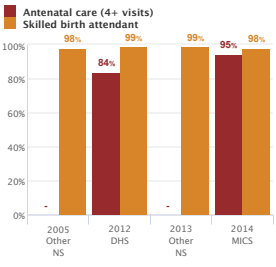
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

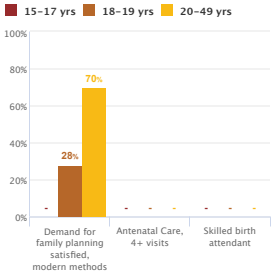
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	- -	
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	97%/1%/98%	2014
	Public Private Total	
C-section rate	10%/7%/7%	2014
	Urban Rural Total	

Women's & Children's Nutrition

Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	36%	2016
Women of reproductive age, short stature	1%	2012
Women (20+) with: BMI <18.5 kg/m2 (thinness)	4%	2016
BMI 25-30 kg/m2 (overweight)	31%	2016
BMI > 30 kg/m2 (obese)	19%	2016
Iron/folic acid supplementation during pregnancy	2%	2012
Low birth weight prevalence	6%	2012
Vitamin A supplementation, full coverage	97%	2010
Minimum dietary diversity	51%	2014

Child Nutritional Status

Percent children under 5 with moderate and severe:

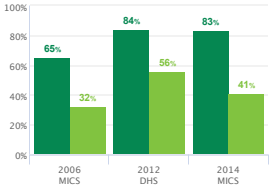
- Stunting (13%) MICS – 2014
- Wasting (3%) MICS – 2014
- Overweight (7%) MICS – 2014

More years of data may be available on the dashboard.

Breastfeeding Practices

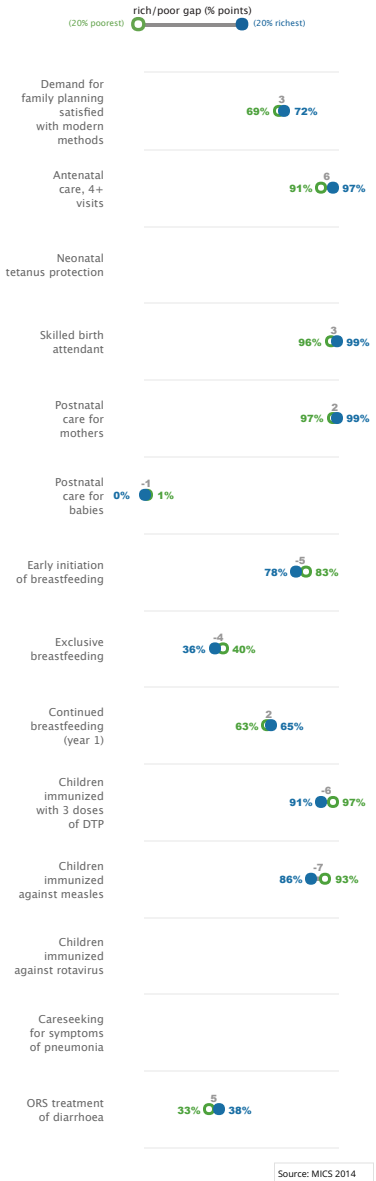
Continued breastfeeding (year 1)	61%	2014

Early initiation of breastfeeding
Exclusive breastfeeding



More years of data may be available on the dashboard.

Equity

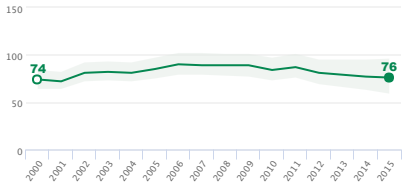


Source: MICS 2014

Kyrgyzstan

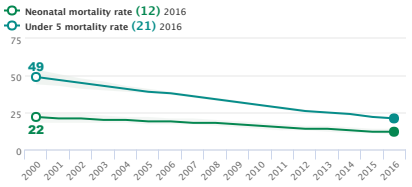
Demographics

Maternal Mortality Ratio
Deaths per 100,000 live births — Uncertainty Range Around Estimate



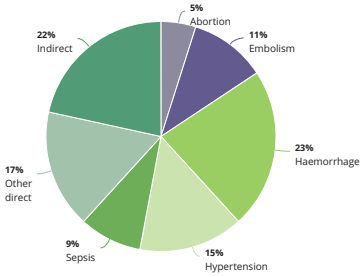
Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate
Deaths per 1,000 live births — Uncertainty Range Around Estimate



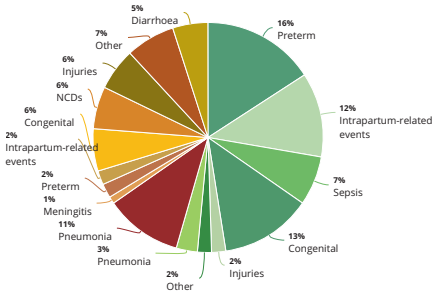
Source: UN IGME 2017

Causes of Maternal Death - 2014
Regional estimates for Caucasus and Central Asia



Source: WHO 2014

Causes of Death Under-Five - 2015
Globally nearly half of child deaths are attributable to undernutrition

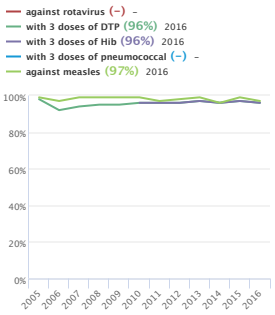


54% of deaths occur in the neonatal period

Source: WHO MCEE 2015

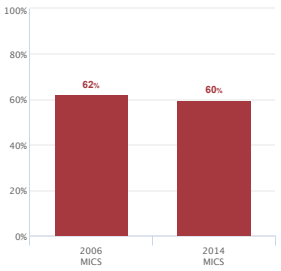
Child Health

Immunization
Percent of children immunized:



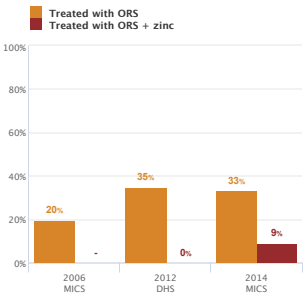
Source: WHO/UNICEF 2016 revision

Pneumonia Treatment
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



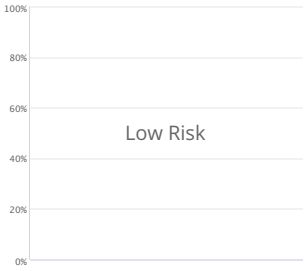
More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

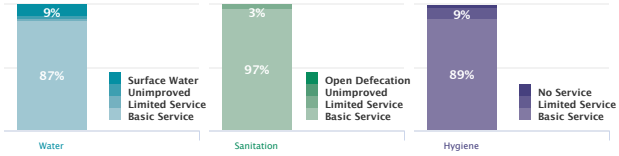
Malaria Prevention & Treatment
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	Low Risk
Population sleeping under ITN or sleeping in a house sprayed by IRS	Low Risk

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✓	✓	✓	✓

Maternity protection (Convention 183)	Partial
International code of marketing of breastmilk substitutes	Partial

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available	Yes (MATERNAL)	Yes (NEWBORN)	No (CHILD)

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✗	✓	✓	✓	✗

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	82	2014
Government expenditure on health, per capita	46	2014
Out of pocket expenditure as % of total expenditure on health	39%	2014
General government expenditure on health as % of total government expenditure	12%	2014

ODA to RMNCH (US$) — Total: $25 M 2015 — Per capita: $4 2015

Service Delivery
Life Saving Commodities in Essential Medicine List:

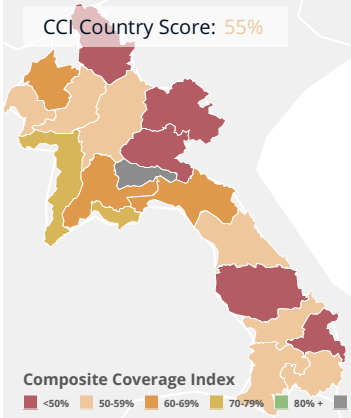
Reproductive Health 0	Maternal Health 3	Newborn Health 2	Child Health 1
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✓ 2. Misoprostol	– 2. Antenatal Corticosteroids	✗ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✗ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

National availability of functional Emergency Obstetric Care (% of recommended minimum)	-	-
Density of skilled health professionals (per 10,000 population)	77.1	2014

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✗	✓

Lao People's Democratic Republic

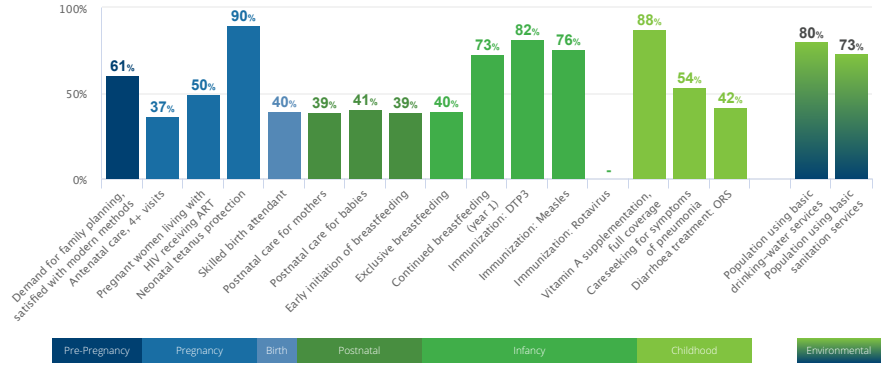


Demographics

Total Population (000)	6,758	2016
Total under 5 population (000)	766	2016
Total adolescent (10-19) population (000)	1,430	2016
Secondary completion rate (upper, females)	24%	2016
Total Births (000)	162	2016
Total fertility rate (births per woman)	2.7	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	94	2010
Birth registration	75%	2012
Total maternal deaths	350	2015
Lifetime risk of maternal deaths (1 in N)	150	2015
Stillbirth rate (per 1000 total births)	24	2015
Neonatal deaths, as % of all <5 deaths	45%	2015
Total under 5 deaths (000)	10	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	98 girls 116 boys	2015

Continuum of Care Coverage

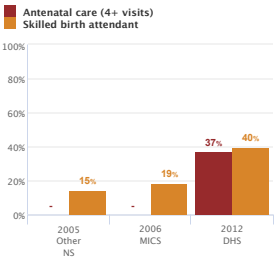
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

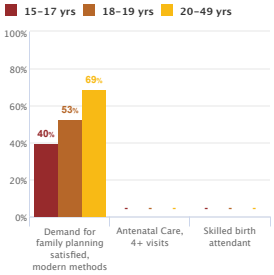
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	50%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	37%/1%/38% (Public / Private / Total)	2012
C-section rate	10%/2%/4% (Urban / Rural / Total)	2012

Women's & Children's Nutrition

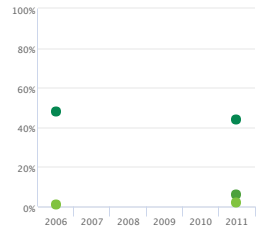
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	40%	2016
Women of reproductive age, short stature	-	-
Women (20+) with: BMI <18.5 kg/m2 (thinness)	11%	2016
BMI 25-30 kg/m2 (overweight)	22%	2016
BMI > 30 kg/m2 (obese)	7%	2016
Iron/folic acid supplementation during pregnancy	-	-
Low birth weight prevalence	-	-
Vitamin A supplementation, full coverage	88%	2015
Minimum dietary diversity	-	-

Child Nutritional Status

Percent children under 5 with moderate and severe:

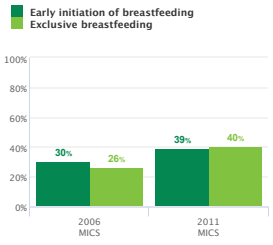
- Stunting (44%) DHS – 2011
- Wasting (6%) DHS – 2011
- Overweight (2%) DHS – 2011



More years of data may be available on the dashboard.

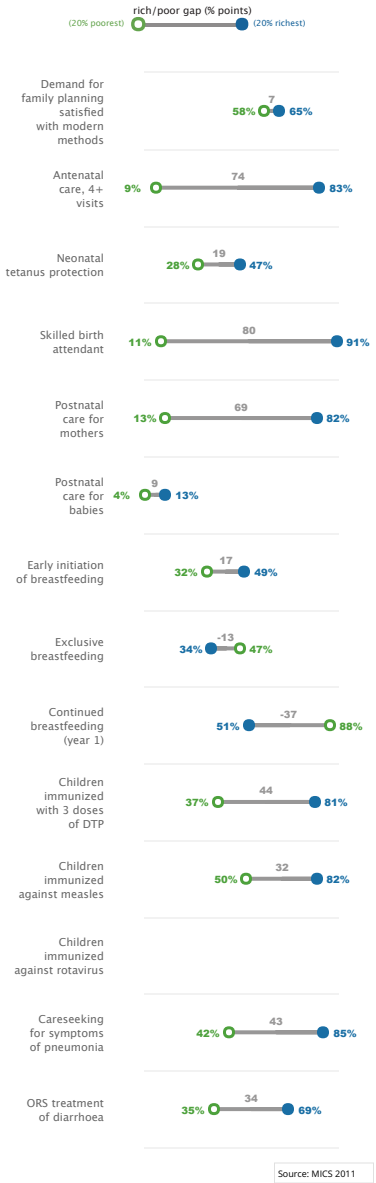
Breastfeeding Practices

Continued breastfeeding (year 1)	73%	2011



More years of data may be available on the dashboard.

Equity

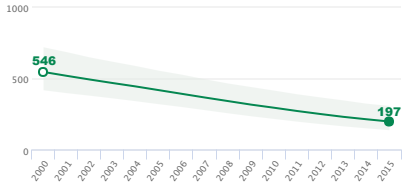


Source: MICS 2011

Lao People's Democratic Republic

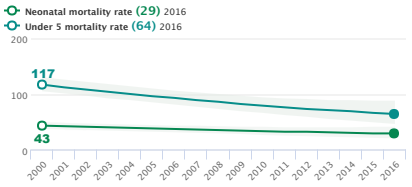
Demographics

Maternal Mortality Ratio
Deaths per 100,000 live births — Uncertainty Range Around Estimate



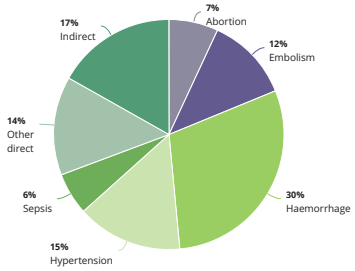
Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate
Deaths per 1,000 live births — Uncertainty Range Around Estimate



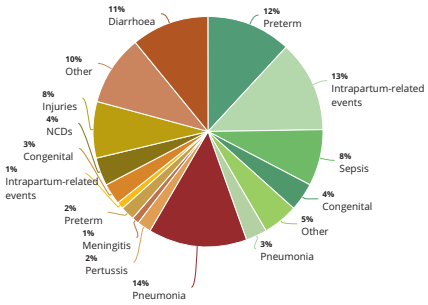
Source: UN IGME 2017

Causes of Maternal Death - 2014
Regional estimates for South-eastern Asia



Source: WHO 2014

Causes of Death Under-Five - 2015
Globally nearly half of child deaths are attributable to undernutrition

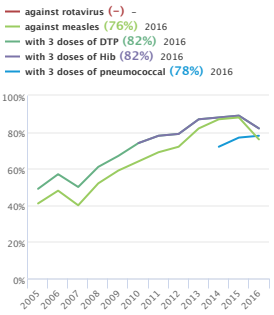


45% of deaths occur in the neonatal period

Source: WHO MCEE 2015

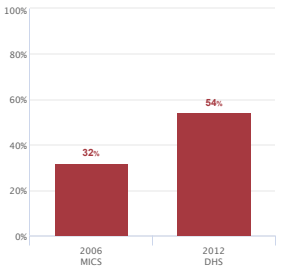
Child Health

Immunization
Percent of children immunized:



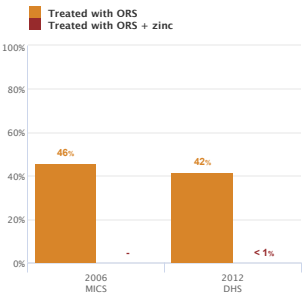
Source: WHO/UNICEF 2016 revision

Pneumonia Treatment
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



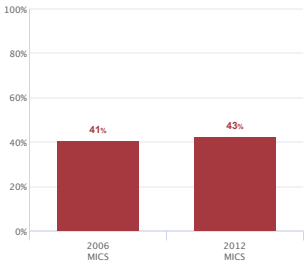
More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

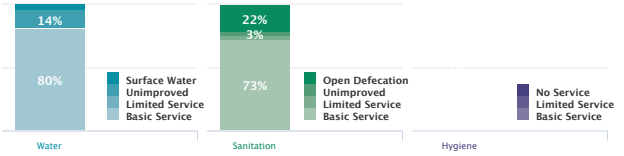
Malaria Prevention & Treatment
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	9 %	2012
Population sleeping under ITN or sleeping in a house sprayed by IRS	Low Risk	

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✗	✗

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	Partial

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
Yes	Yes	Yes

Maternal Death Review 2016

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✓

Civil society involvement in review of national maternal, newborn and child health programs	Yes

Financing

Total expenditure on health, per capita	33	2016
Government expenditure on health, per capita	16	2016
Out of pocket expenditure as % of total expenditure on health	39%	2016
General government expenditure on health as % of total government expenditure	3%	2014
ODA to RMNCH (US$) Total:	$67 M	2015
Per capita:	$10	2015

Service Delivery
Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 3	Newborn Health 3	Child Health 3
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✓ 2. Misoprostol	✗ 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	✓ 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

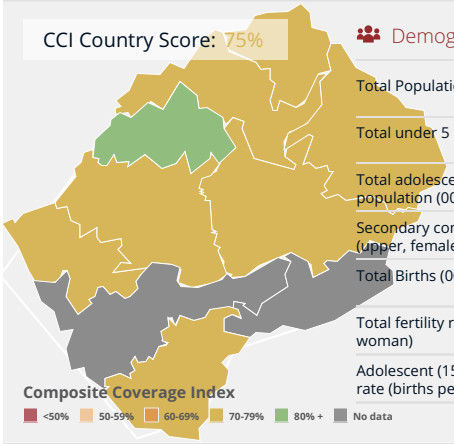
National availability of functional Emergency Obstetric Care (% of recommended minimum)	46%	2011
Density of skilled health professionals (per 10,000 population)	10.4	2012

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✗	✓	✗	✓	✓	✓	✓

Lesotho

CCI Country Score: 75%

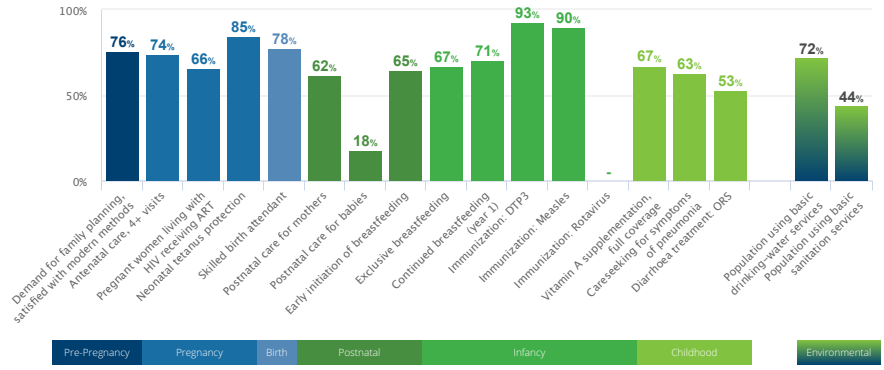


Demographics

Total Population (000)	2,204	2016
Total under 5 population (000)	286	2016
Total adolescent (10-19) population (000)	492	2016
Secondary completion rate (upper, females)	27%	2016
Total Births (000)	61	2016
Total fertility rate (births per woman)	3.1	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	94	2013
Birth registration	43%	2014
Total maternal deaths	300	2015
Lifetime risk of maternal deaths (1 in N)	61	2015
Stillbirth rate (per 1000 total births)	20	2015
Neonatal deaths, as % of all <5 deaths	37%	2015
Total under 5 deaths (000)	6	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	173 girls	212 boys 2015

Continuum of Care Coverage

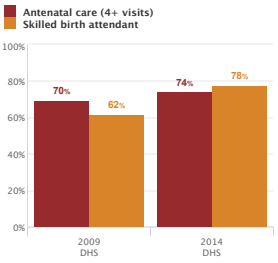
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

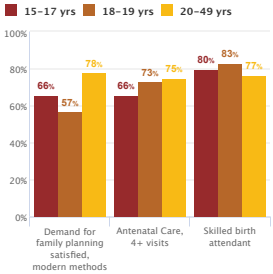
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	66%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	70%/7%/77%	2014
	Public Private Total	
C-section rate	12%/9%/10%	2014
	Urban Rural Total	

Women's & Children's Nutrition

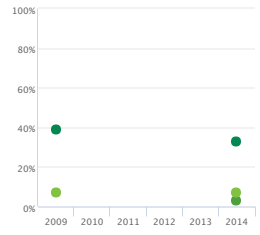
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	27%	2016
Women of reproductive age, short stature	1%	2014
Women (20+) with: BMI <18.5 kg/m2 (thinness)	4%	2016
BMI 25-30 kg/m2 (overweight)	28%	2016
BMI > 30 kg/m2 (obese)	28%	2016
Iron/folic acid supplementation during pregnancy	51%	2014
Low birth weight prevalence	11%	2009
Vitamin A supplementation, full coverage	67%	2014
Minimum dietary diversity	23%	2014

Child Nutritional Status

Percent children under 5 with moderate and severe:

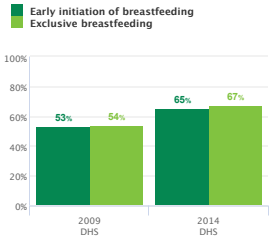
- Stunting (33%) DHS – 2014
- Wasting (3%) DHS – 2014
- Overweight (7%) DHS – 2014



More years of data may be available on the dashboard.

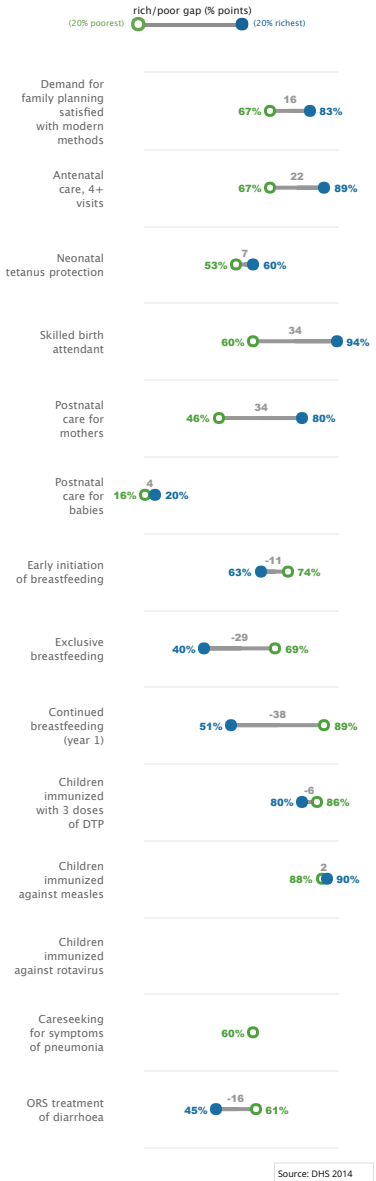
Breastfeeding Practices

Continued breastfeeding (year 1)	71%	2014



More years of data may be available on the dashboard.

Equity

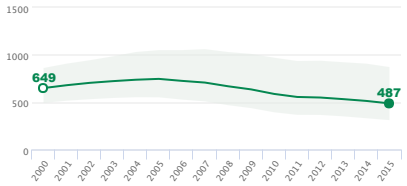


Source: DHS 2014

Demographics

Maternal Mortality Ratio

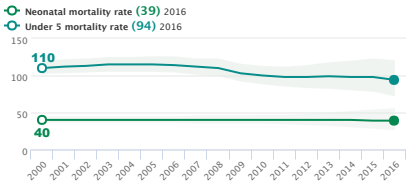
Deaths per 100,000 live births — Uncertainty Range Around Estimate



Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

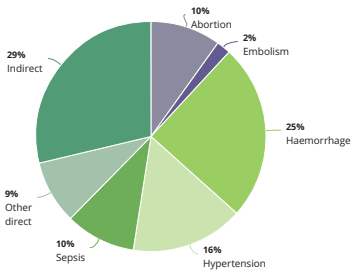
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

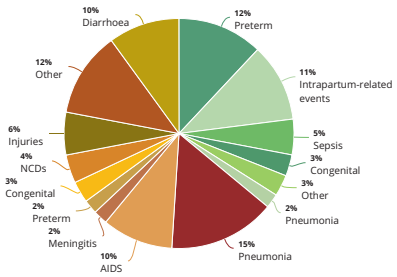
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months
Newborns ages 0-27 days

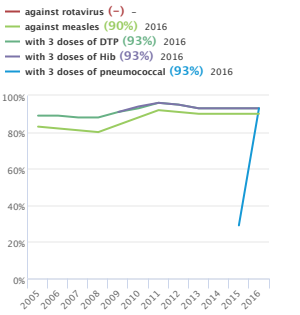
37% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

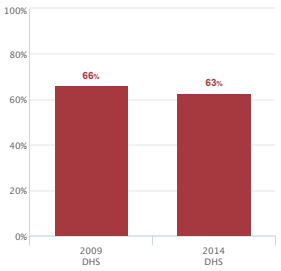
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

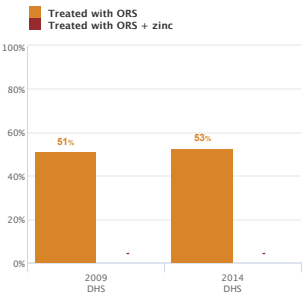
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

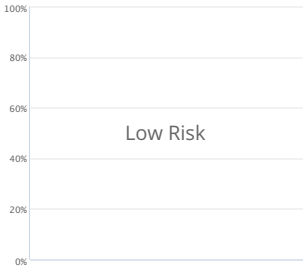
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

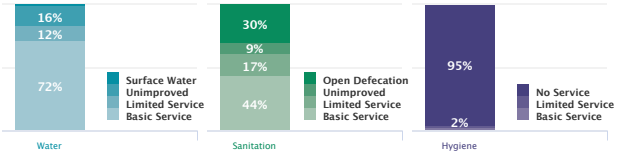
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	Low Risk
Population sleeping under ITN or sleeping in a house sprayed by IRS	Low Risk

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✗	✗

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	No

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	NO FORTIFICATION	NO FORTIFICATION

Governance

	MATERNAL	NEWBORN	CHILD
Costed national implementation plan(s) for maternal, newborn and child health available	Yes	Yes	No

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✗

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita		105	2014
Government expenditure on health, per capita		80	2014
Out of pocket expenditure as % of total expenditure on health		16%	2014
General government expenditure on health as % of total government expenditure		13%	2014
ODA to RMNCH (US$)	Total: $29 M 2015	Per capita: $13	2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 2	Newborn Health 2	Child Health 3
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✗ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

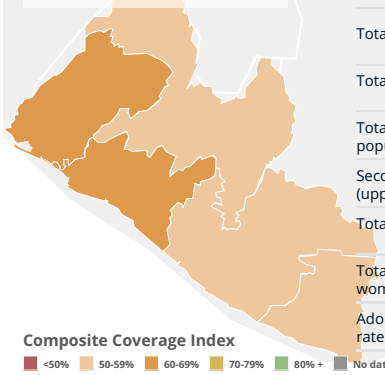
National availability of functional Emergency Obstetric Care (% of recommended minimum)	31%	2015
Density of skilled health professionals (per 10,000 population)	-	-

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✗	✗	✗	✓

Liberia

CCI Country Score: 60%

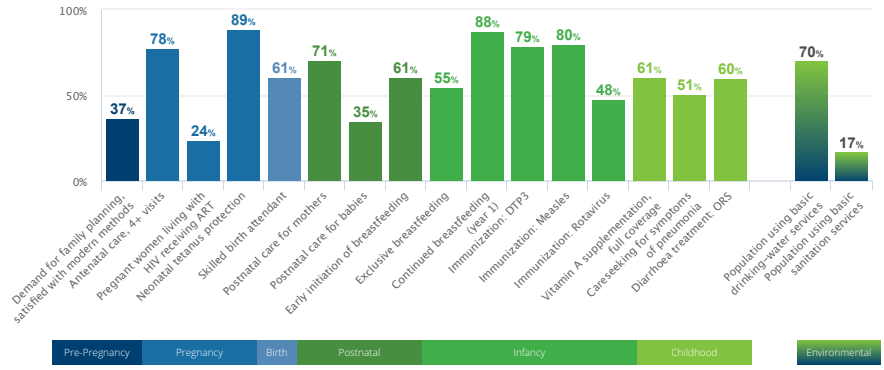


Demographics

Total Population (000)	4,614	2016
Total under 5 population (000)	715	2016
Total adolescent (10-19) population (000)	1,072	2016
Secondary completion rate (upper, females)	9%	2016
Total Births (000)	159	2016
Total fertility rate (births per woman)	4.6	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	147	2010
Birth registration	25%	2013
Total maternal deaths	1,100	2015
Lifetime risk of maternal deaths (1 in N)	28	2015
Stillbirth rate (per 1000 total births)	21	2015
Neonatal deaths, as % of all <5 deaths	35%	2015
Total under 5 deaths (000)	10	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	185 girls	215 boys 2015

Continuum of Care Coverage

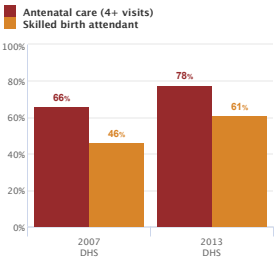
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

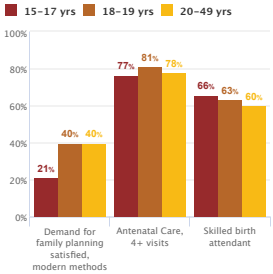
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	24%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	17%	2013
Institutional Delivery	43%/13%/56% Public Private Total	2013
C-section rate	5%/3%/4% Urban Rural Total	2013

Women's & Children's Nutrition

Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	35%	2016
Women of reproductive age, short stature	2%	2013
Women (20+) with: BMI <18.5 kg/m2 (thinness)	8%	2016
BMI 25-30 kg/m2 (overweight)	25%	2016
BMI > 30 kg/m2 (obese)	15%	2016
Iron/folic acid supplementation during pregnancy	21%	2013
Low birth weight prevalence	14%	2007
Vitamin A supplementation, full coverage	61%	2015
Minimum dietary diversity	11%	2013

Child Nutritional Status

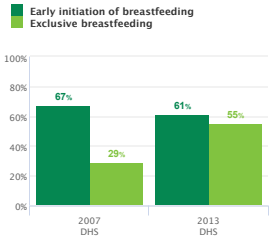
Percent children under 5 with moderate and severe:

- Stunting (32%) DHS – 2013
- Wasting (6%) DHS – 2013
- Overweight (3%) DHS – 2013

More years of data may be available on the dashboard.

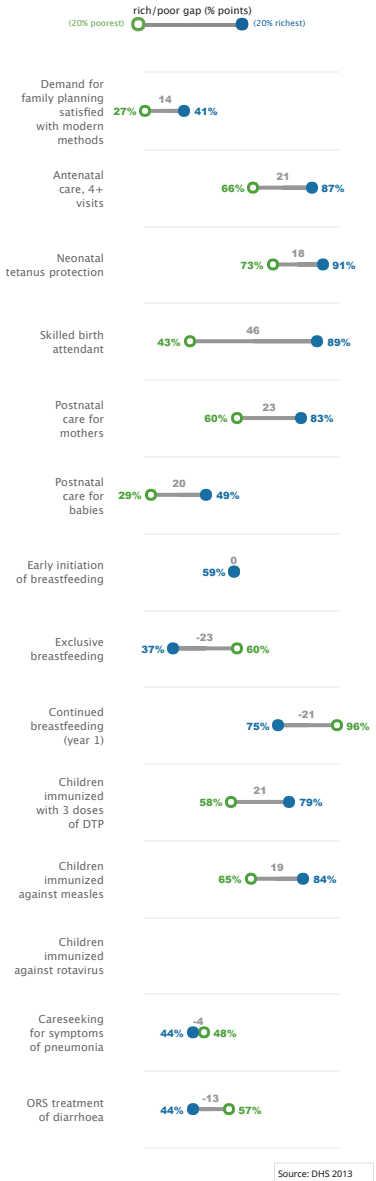
Breastfeeding Practices

Continued breastfeeding (year 1)	88%	2013



More years of data may be available on the dashboard.

Equity

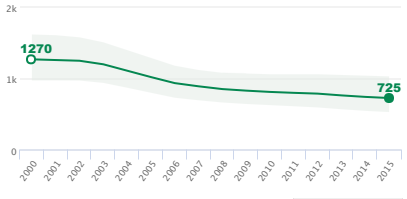


Source: DHS 2013

Demographics

Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate

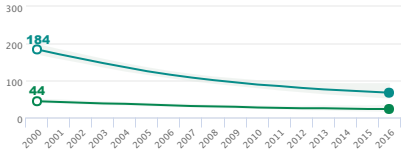


Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

Deaths per 1,000 live births — Uncertainty Range Around Estimate

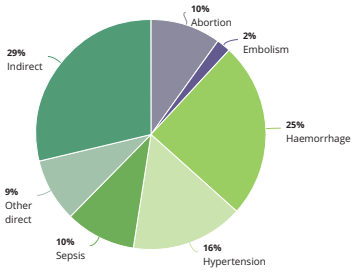
- Neonatal mortality rate (23) 2016
- Under 5 mortality rate (67) 2016



Source: UN IGME 2017

Causes of Maternal Death - 2014

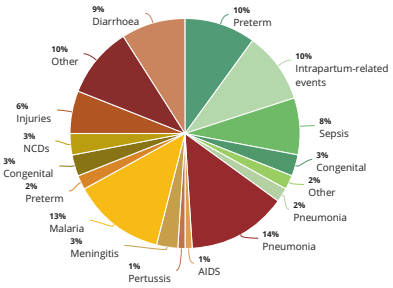
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



- Children ages 1-59 months
- Newborns ages 0-27 days

35% of deaths occur in the neonatal period

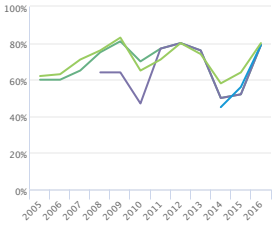
Source: WHO MCEE 2015

Child Health

Immunization

Percent of children immunized:

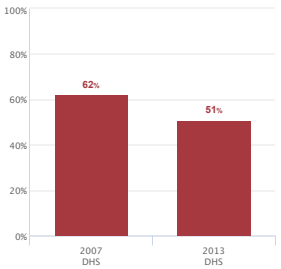
- with 3 doses of DTP (79%) 2016
- against measles (80%) 2016
- with 3 doses of Hib (79%) 2016
- with 3 doses of pneumococcal (79%) 2016
- against rotavirus (48%) 2016



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider

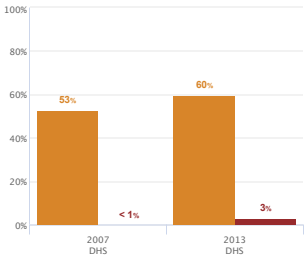


More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

Percent of children under 5 years with diarrhoea:

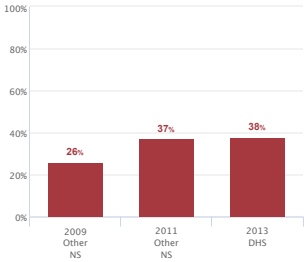
- Treated with ORS
- Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

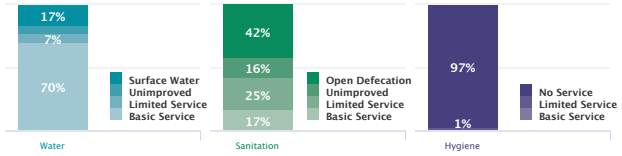
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	42 %	2013
Population sleeping under ITN or sleeping in a house sprayed by IRS	38 %	2013

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No
Maternity protection (Convention 183)	No Data
International code of marketing of breastmilk substitutes	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✗	✗	✓	✓

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
Yes	Yes	Yes

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✓

Civil society involvement in review of national maternal, newborn and child health programs: No Data

Financing

Total expenditure on health, per capita	46	2014
Government expenditure on health, per capita	15	2014
Out of pocket expenditure as % of total expenditure on health	31%	2014
General government expenditure on health as % of total government expenditure	12%	2014

ODA to RMNCH (US$) — Total: $180 M 2015 — Per capita: $40 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 3	Newborn Health 2	Child Health 3
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✓ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

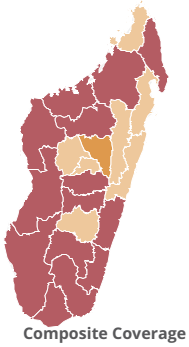
National availability of functional Emergency Obstetric Care (% of recommended minimum)	27%	2011
Density of skilled health professionals (per 10,000 population)	2.8	2008

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Madagascar

CCI Country Score: 50%



Composite Coverage Index

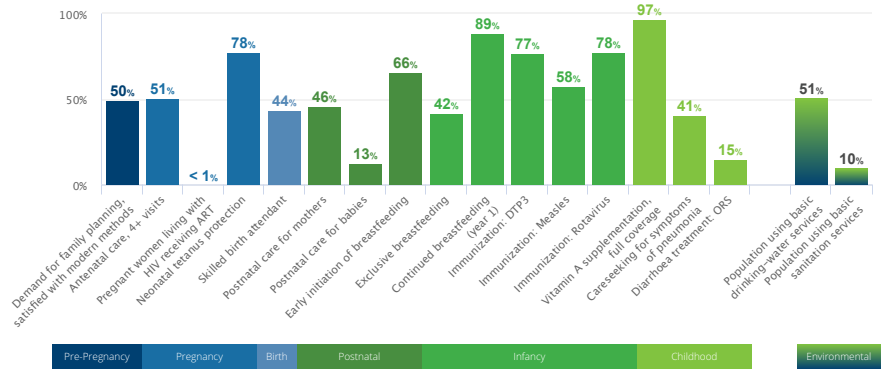
<50% 50-59% 60-69% 70-79% 80% + No data

Demographics

Total Population (000)	24,895	2016
Total under 5 population (000)	3,769	2016
Total adolescent (10-19) population (000)	5,870	2016
Secondary completion rate (upper, females)	6%	2016
Total Births (000)	827	2016
Total fertility rate (births per woman)	4.2	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	147	2006
Birth registration	83%	2013
Total maternal deaths	2,900	2015
Lifetime risk of maternal deaths (1 in N)	60	2015
Stillbirth rate (per 1000 total births)	18	2015
Neonatal deaths, as % of all <5 deaths	40%	2015
Total under 5 deaths (000)	37	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	155 girls	185 boys 2015

Continuum of Care Coverage

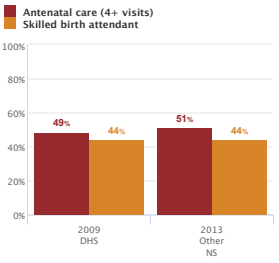
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

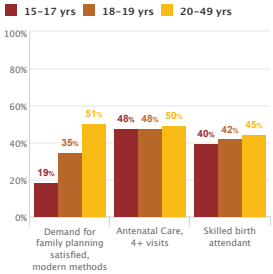
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	< 1%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	10%	2016
Institutional Delivery	33%/3%/38% Public Private Total	2013
C-section rate	7%/1%/2% Urban Rural Total	2013

Women's & Children's Nutrition

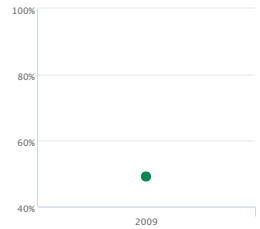
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	37%	2016
Women of reproductive age, short stature	7%	2008
Women (20+) with: BMI <18.5 kg/m2 (thinness)	14%	2016
BMI 25-30 kg/m2 (overweight)	23%	2016
BMI > 30 kg/m2 (obese)	8%	2016
Iron/folic acid supplementation during pregnancy	8%	2008
Low birth weight prevalence	-	-
Vitamin A supplementation, full coverage	97%	2015
Minimum dietary diversity	31%	2013

Child Nutritional Status

Percent children under 5 with moderate and severe:

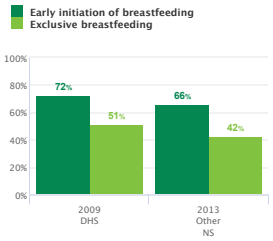
Stunting (49%) DHS – 2009
Wasting (–)
Overweight (–)



More years of data may be available on the dashboard.

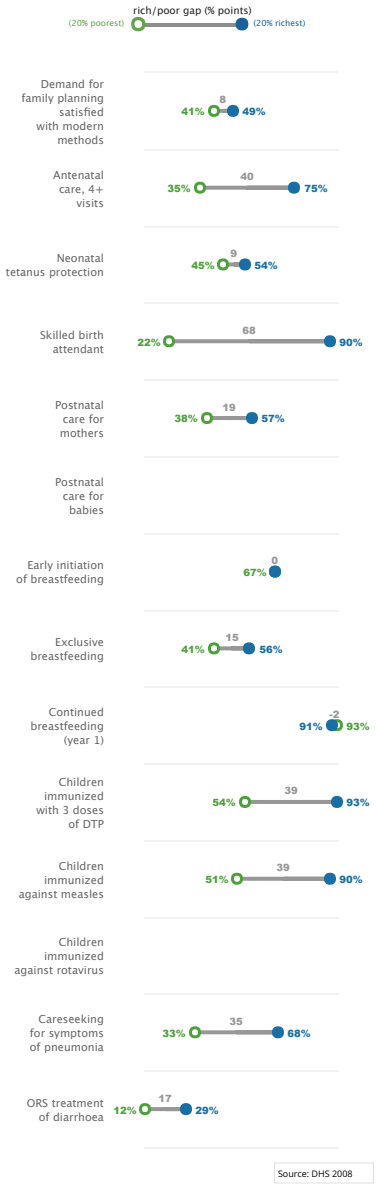
Breastfeeding Practices

Continued breastfeeding (year 1)	89%	2013



More years of data may be available on the dashboard.

Equity

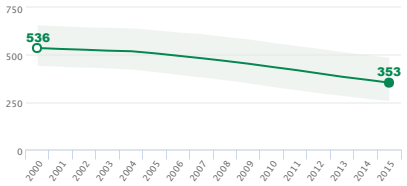


Source: DHS 2008

Demographics

Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate

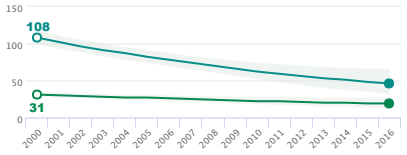


Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

Deaths per 1,000 live births — Uncertainty Range Around Estimate

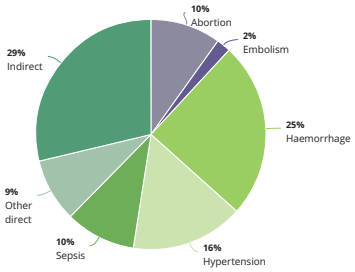
Neonatal mortality rate (19) 2016
Under 5 mortality rate (46) 2016



Source: UN IGME 2017

Causes of Maternal Death - 2014

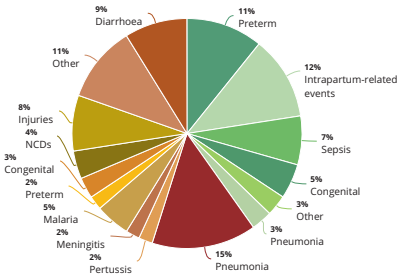
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months
Newborns ages 0-27 days

40% of deaths occur in the neonatal period

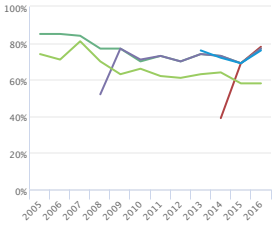
Source: WHO MCEE 2015

Child Health

Immunization

Percent of children immunized:

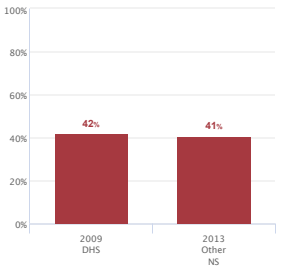
against measles (58%) 2016
with 3 doses of DTP (77%) 2016
with 3 doses of Hib (77%) 2016
with 3 doses of pneumococcal (76%) 2016
against rotavirus (78%) 2016



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider

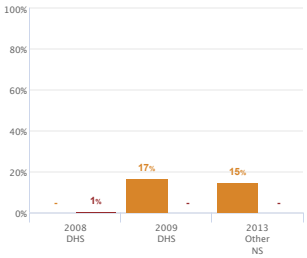


More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

Percent of children under 5 years with diarrhoea:

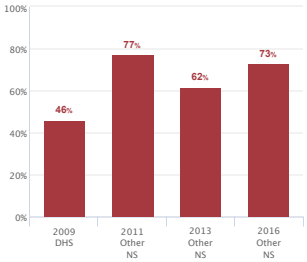
Treated with ORS
Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

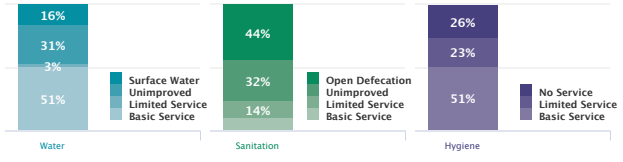
Malaria prevention in children under-five - sleeping under ITNs



Malaria diagnostics in children under-five	16 %	2016
Population sleeping under ITN or sleeping in a house sprayed by IRS	71 %	2016

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent: No Data

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✗	✗

Maternity protection (Convention 183): No

International code of marketing of breastmilk substitutes: Yes

Legislation on food fortification: Wheat — NO FORTIFICATION; Maize — NO FORTIFICATION; Rice — NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available: Yes (MATERNAL); Yes (NEWBORN); No Data (CHILD)

Maternal Death Review 2013

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✗	✓		✗	✗

Civil society involvement in review of national maternal, newborn and child health programs: No Data

Financing

Total expenditure on health, per capita	14	2013
Government expenditure on health, per capita	7	2013
Out of pocket expenditure as % of total expenditure on health	41%	2013
General government expenditure on health as % of total government expenditure	10%	2014

ODA to RMNCH (US$) — Total: $154 M 2015 — Per capita: $6 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

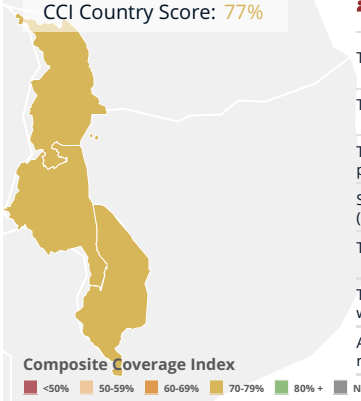
Reproductive Health 0	Maternal Health 2	Newborn Health 2	Child Health 3
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✗ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

National availability of functional Emergency Obstetric Care (% of recommended minimum)	14%	2016
Density of skilled health professionals (per 10,000 population)	3.6	2012

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

CCI Country Score: 77%

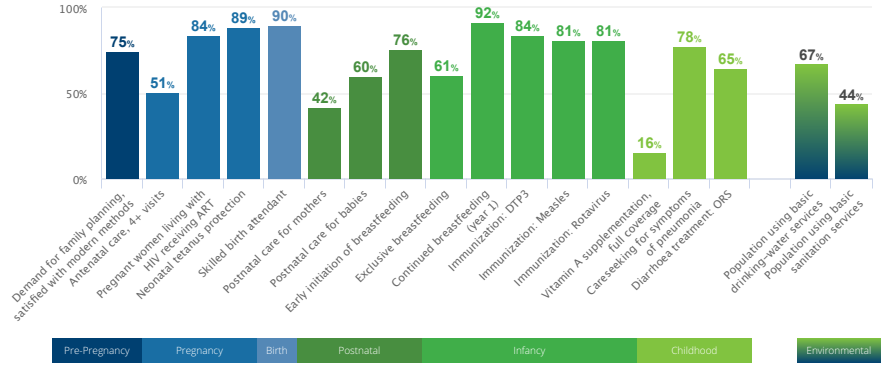


Demographics

Total Population (000)	18,092	2016
Total under 5 population (000)	2,908	2016
Total adolescent (10-19) population (000)	4,395	2016
Secondary completion rate (upper, females)	9%	2016
Total Births (000)	666	2016
Total fertility rate (births per woman)	4.6	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	143	2012
Birth registration	6%	2014
Total maternal deaths	4,200	2015
Lifetime risk of maternal deaths (1 in N)	29	2015
Stillbirth rate (per 1000 total births)	22	2015
Neonatal deaths, as % of all <5 deaths	34%	2015
Total under 5 deaths (000)	36	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	175 girls	197 boys 2015

Continuum of Care Coverage

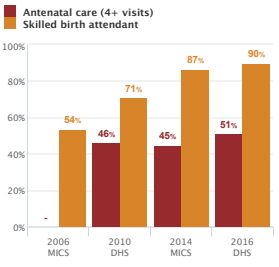
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

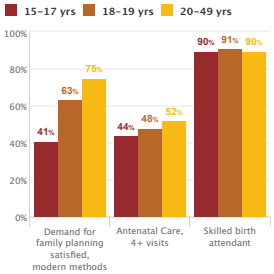
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	84%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	30%	2016
Institutional Delivery	79%/13%/91% Public Private Total	2016
C-section rate	12%/5%/6% Urban Rural Total	2016

Women's & Children's Nutrition

Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	34%	2016
Women of reproductive age, short stature	3%	2015
Women (20+) with: BMI <18.5 kg/m2 (thinness)	9%	2016
BMI 25-30 kg/m2 (overweight)	23%	2016
BMI > 30 kg/m2 (obese)	10%	2016
Iron/folic acid supplementation during pregnancy	33%	2015
Low birth weight prevalence	14%	2010
Vitamin A supplementation, full coverage	16%	2015
Minimum dietary diversity	25%	2015

Child Nutritional Status

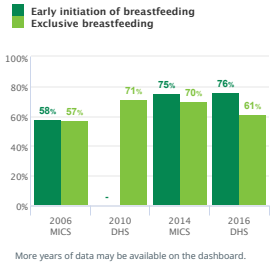
Percent children under 5 with moderate and severe:

- Stunting (37%) DHS – 2015
- Wasting (3%) DHS – 2015
- Overweight (5%) DHS – 2015

More years of data may be available on the dashboard.

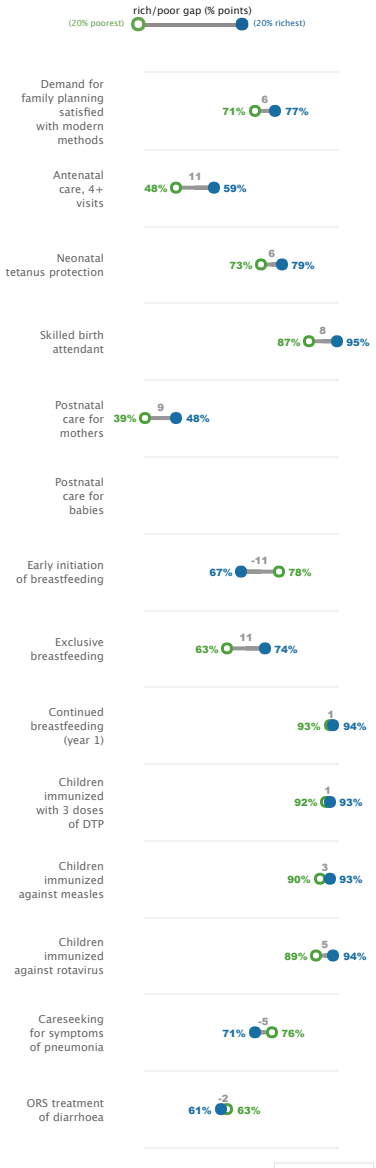
Breastfeeding Practices

Continued breastfeeding (year 1)	92%	2015



More years of data may be available on the dashboard.

Equity

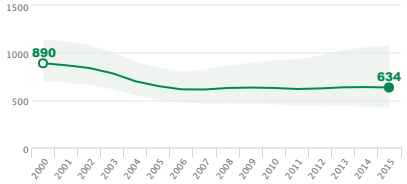


Source: DHS 2015

Demographics

Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate

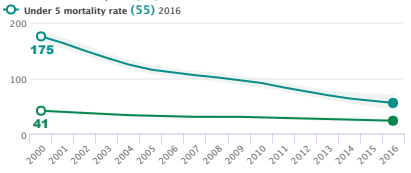


Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

Deaths per 1,000 live births — Uncertainty Range Around Estimate

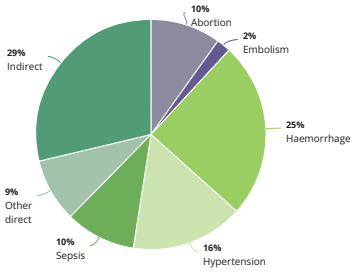
Neonatal mortality rate (23) 2016
Under 5 mortality rate (55) 2016



Source: UN IGME 2017

Causes of Maternal Death - 2014

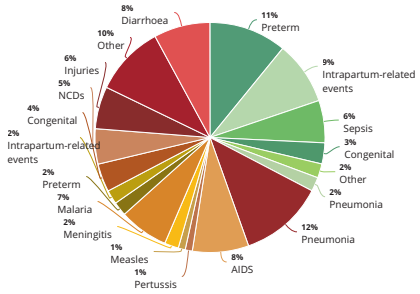
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months
Newborns ages 0-27 days

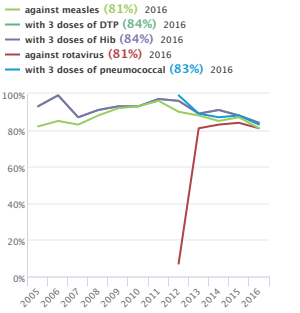
34% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

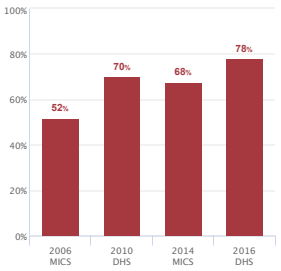
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

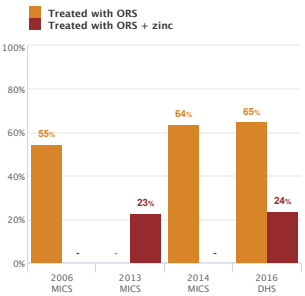
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

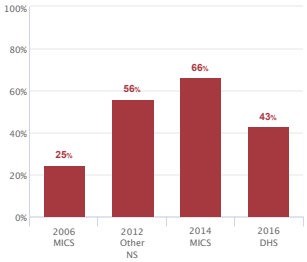
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

Malaria prevention in children under-five - sleeping under ITNs

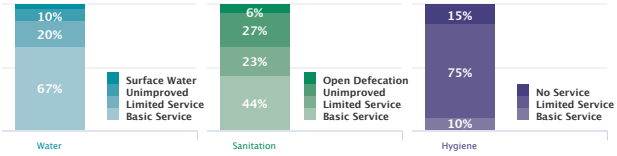


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	52 %	2016
Population sleeping under ITN or sleeping in a house sprayed by IRS	37 %	2016

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes
Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	Partial

Legal status of abortion

✓ to save a woman's life	✗ to preserve physical health	✗ to preserve mental health	✗ for economic & social reason	✗ on request	✗ in case of rape or incest	✗ in case of foetal impairment

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	MANDATORY	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

No	No	No
MATERNAL	NEWBORN	CHILD

Maternal Death Review 2014

✓ A national policy to notify all maternal deaths	✓ A national policy to review all maternal deaths	✓ A national maternal death review committee	✓ A subnational maternal death review committee	✓ Both national and subnational maternal death review committees	✓ At least biannual meetings of the national maternal death review committee

Civil society involvement in review of national maternal, newborn and child health programs: No Data

Financing

Total expenditure on health, per capita	29	2014
Government expenditure on health, per capita	15	2014
Out of pocket expenditure as % of total expenditure on health	11%	2014
General government expenditure on health as % of total government expenditure	17%	2014

ODA to RMNCH (US$) — Total: $360 M 2015 — Per capita: $20 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 3	Maternal Health 3	Newborn Health 2	Child Health 3
✓ 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
✓ 2. Contraceptive Implants	✓ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
✓ 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

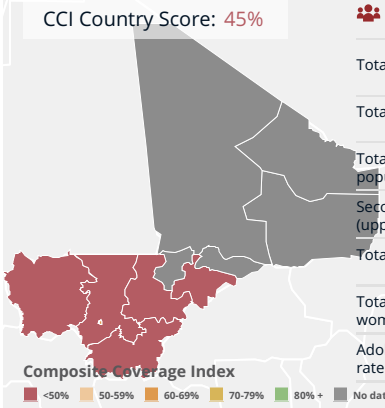
National availability of functional Emergency Obstetric Care (% of recommended minimum)	40%	2014
Density of skilled health professionals (per 10,000 population)	3.5	2009

Midwives authorized for specific tasks

✓ Parental antibiotics	✓ Parental oxytocin	✓ Parental anti-convulsants	✓ Manual removal of placenta	✓ Removal of retained products of contraception	✓ Assisted vaginal delivery	✓ Newborn resuscitation

Mali

CCI Country Score: 45%



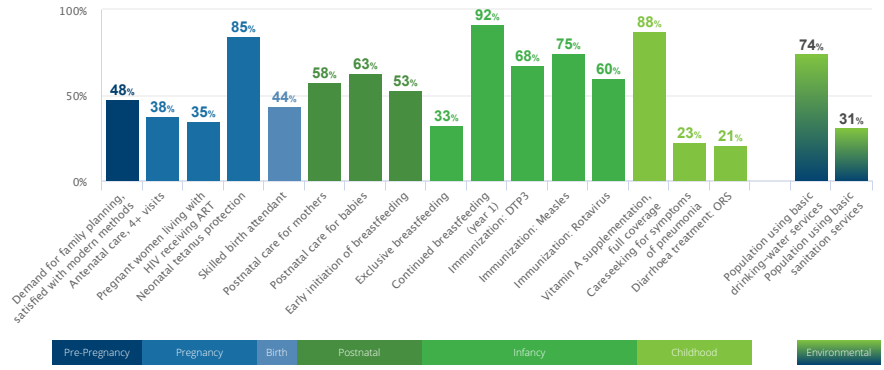
Demographics

Total Population (000)	17,995	2016
Total under 5 population (000)	3,332	2016
Total adolescent (10-19) population (000)	4,294	2016
Secondary completion rate (upper, females)	5%	2016
Total Births (000)	770	2016
Total fertility rate (births per woman)	6.1	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	178	2010

Birth registration	87%	2015
Total maternal deaths	4,400	2015
Lifetime risk of maternal deaths (1 in N)	27	2015
Stillbirth rate (per 1000 total births)	33	2015
Neonatal deaths, as % of all <5 deaths	33%	2015
Total under 5 deaths (000)	82	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	260 girls	205 boys 2015

Continuum of Care Coverage

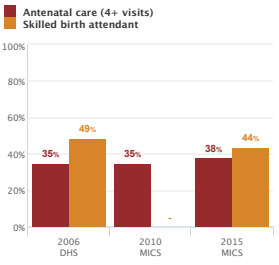
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

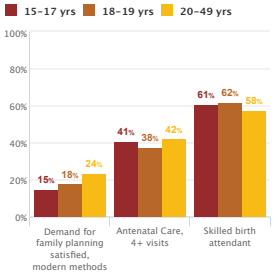
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	35%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	18%	2015
Institutional Delivery	60%/4%/65%	2015
	Public Private Total	
C-section rate	4%/2%/2%	2015
	Urban Rural Total	

Women's & Children's Nutrition

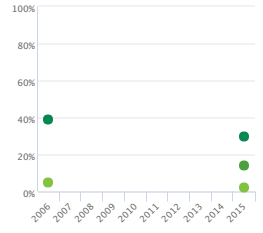
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	51%	2016
Women of reproductive age, short stature	1%	2012
Women (20+) with: BMI <18.5 kg/m2 (thinness)	9%	2016
BMI 25-30 kg/m2 (overweight)	23%	2016
BMI > 30 kg/m2 (obese)	13%	2016
Iron/folic acid supplementation during pregnancy	18%	2012
Low birth weight prevalence	18%	2010
Vitamin A supplementation, full coverage	88%	2015
Minimum dietary diversity	14%	2015

Child Nutritional Status

Percent children under 5 with moderate and severe:

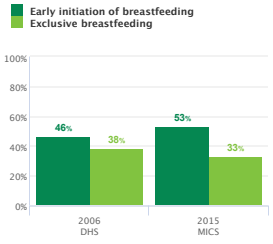
- Stunting (30%) DHS – 2015
- Wasting (14%) DHS – 2015
- Overweight (2%) DHS – 2015



More years of data may be available on the dashboard.

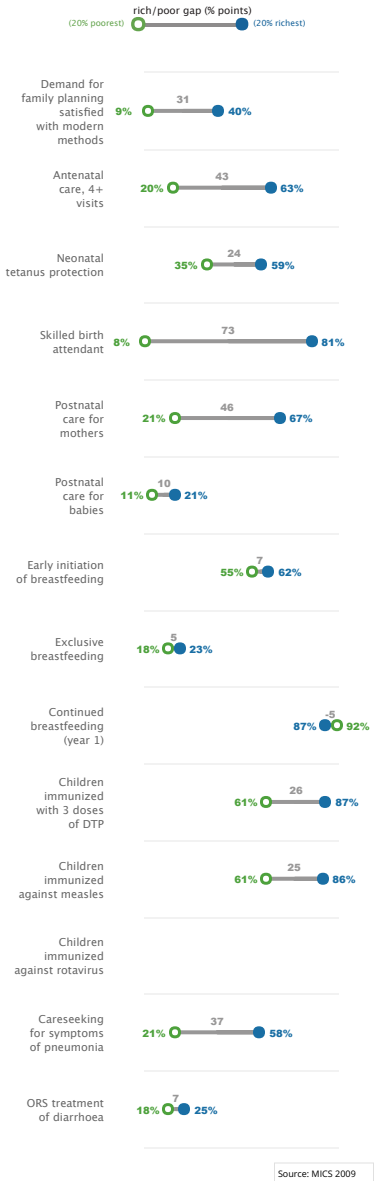
Breastfeeding Practices

Continued breastfeeding (year 1)	92%	2015



More years of data may be available on the dashboard.

Equity

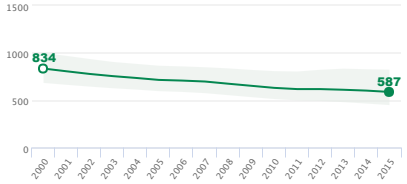


Source: MICS 2009

Demographics

Maternal Mortality Ratio

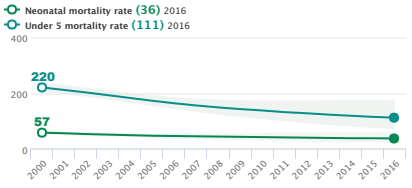
Deaths per 100,000 live births — Uncertainty Range Around Estimate



Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

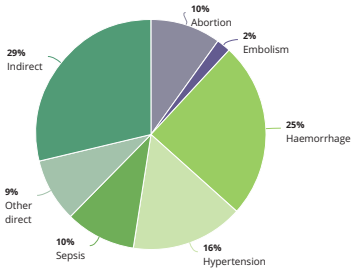
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

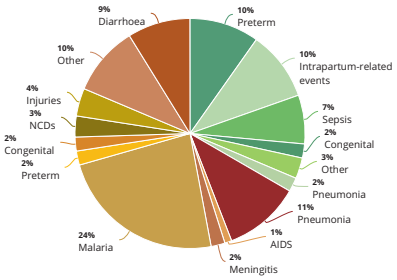
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months
Newborns ages 0-27 days

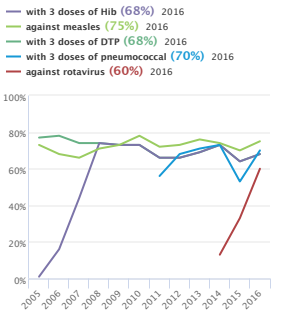
33% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

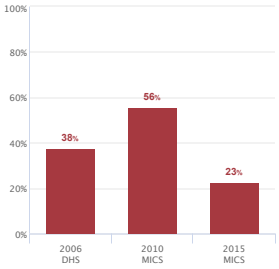
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

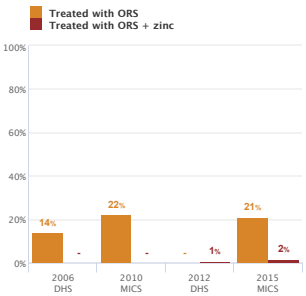
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

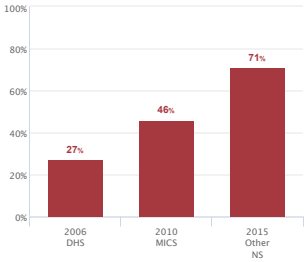
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

Malaria prevention in children under-five - sleeping under ITNs

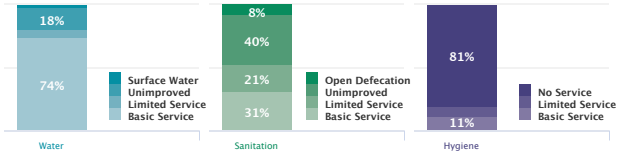


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	19 %	2015
Population sleeping under ITN or sleeping in a house sprayed by IRS	66 %	2015

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✓	✗

Maternity protection (Convention 183)	Yes
International code of marketing of breastmilk substitutes	Partial

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
Yes	Yes	Yes

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	–

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	49	2014
Government expenditure on health, per capita	14	2014
Out of pocket expenditure as % of total expenditure on health	46%	2014
General government expenditure on health as % of total government expenditure	7%	2014

ODA to RMNCH (US$) — Total: $189 M 2015 — Per capita: $11 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 2	Maternal Health 3	Newborn Health 2	Child Health 3
✓ 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
✗ 2. Contraceptive Implants	✓ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
✓ 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

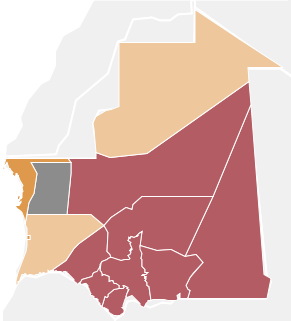
National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -	
Density of skilled health professionals (per 10,000 population)	5.3	2010

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Mauritania

CCI Country Score: 49%

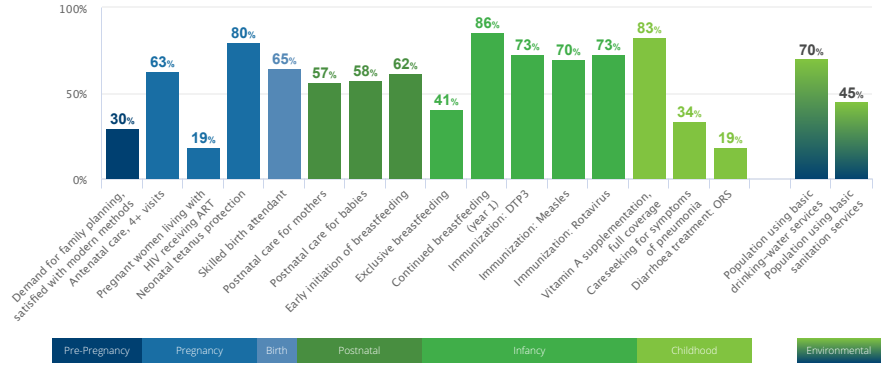


Demographics

Total Population (000)	4,301	2016
Total under 5 population (000)	655	2016
Total adolescent (10-19) population (000)	940	2016
Secondary completion rate (upper, females)	10%	2016
Total Births (000)	147	2016
Total fertility rate (births per woman)	4.7	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	71	2011
Birth registration	66%	2015
Total maternal deaths	810	2015
Lifetime risk of maternal deaths (1 in N)	36	2015
Stillbirth rate (per 1000 total births)	27	2015
Neonatal deaths, as % of all <5 deaths	42%	2015
Total under 5 deaths (000)	12	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	143 girls	139 boys 2015

Continuum of Care Coverage

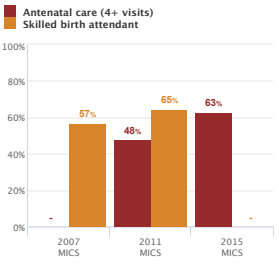
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

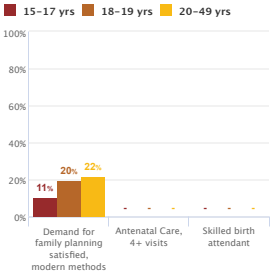
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	19%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	11%	2015
Institutional Delivery	62%/2%/69% (Public ■ Private ■ Total)	2015
C-section rate	18%/4%/5% (Urban ■ Rural ■ Total)	2015

Women's & Children's Nutrition

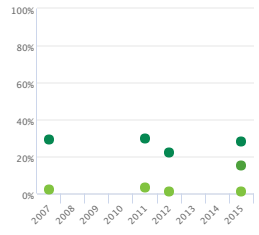
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	37%	2016
Women of reproductive age, short stature	-	-
Women (20+) with: BMI <18.5 kg/m2 (thinness)	7%	2016
BMI 25-30 kg/m2 (overweight)	25%	2016
BMI > 30 kg/m2 (obese)	19%	2016
Iron/folic acid supplementation during pregnancy	-	-
Low birth weight prevalence	35%	2011
Vitamin A supplementation, full coverage	83%	2015
Minimum dietary diversity	34%	2015

Child Nutritional Status

Percent children under 5 with moderate and severe:

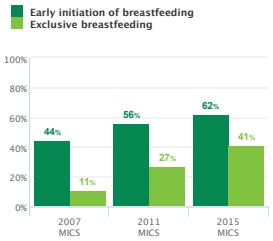
- Stunting (28%) MICS – 2015
- Wasting (15%) MICS – 2015
- Overweight (1%) MICS – 2015



More years of data may be available on the dashboard.

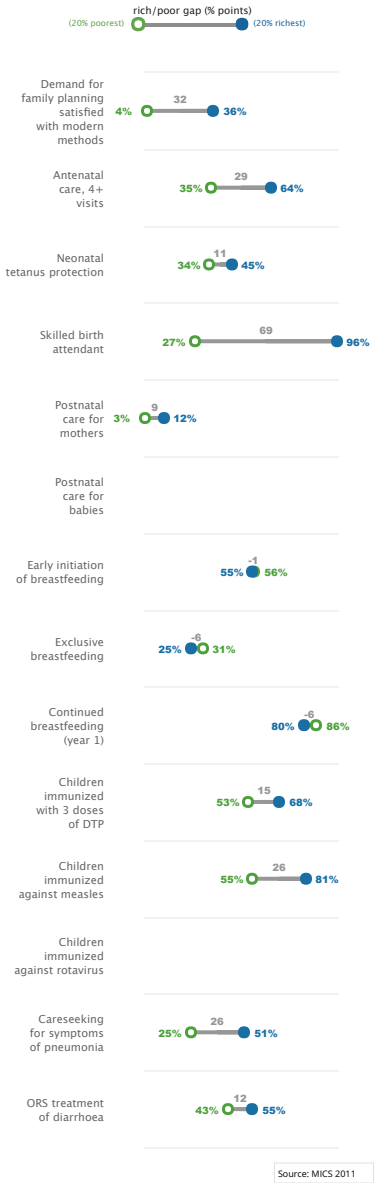
Breastfeeding Practices

Continued breastfeeding (year 1)	86%	2015



More years of data may be available on the dashboard.

Equity

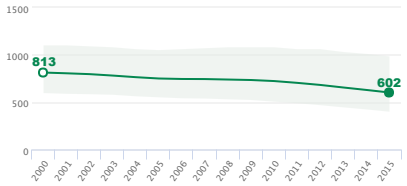


Source: MICS 2011

Mauritania

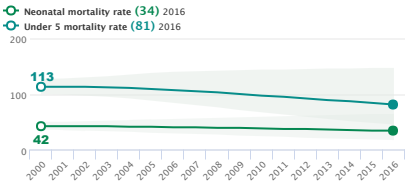
Demographics

Maternal Mortality Ratio
Deaths per 100,000 live births — Uncertainty Range Around Estimate



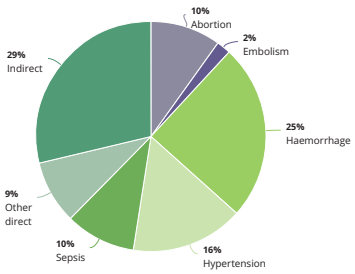
Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate
Deaths per 1,000 live births — Uncertainty Range Around Estimate



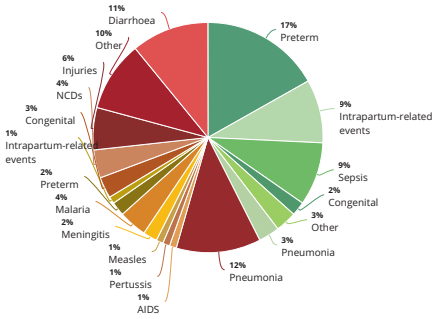
Source: UN IGME 2017

Causes of Maternal Death - 2014
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015
Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months
Newborns ages 0-27 days

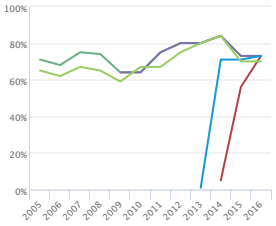
42% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

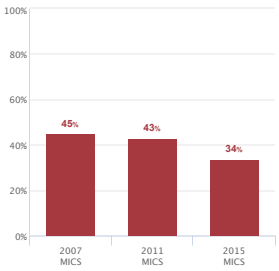
Immunization
Percent of children immunized:

- against measles (70%) 2016
- with 3 doses of DTP (73%) 2016
- with 3 doses of Hib (73%) 2016
- with 3 doses of pneumococcal (73%) 2016
- against rotavirus (73%) 2016



Source: WHO/UNICEF 2016 revision

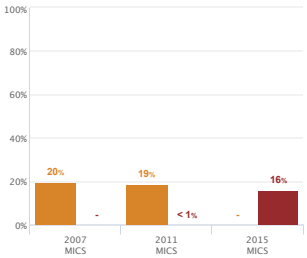
Pneumonia Treatment
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

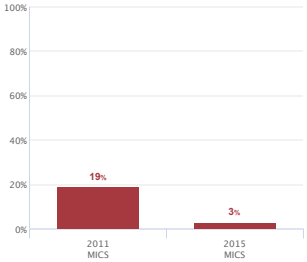
Diarrhoeal Disease Treatment
Percent of children under 5 years with diarrhoea:

- Treated with ORS
- Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment
Malaria prevention in children under-five - sleeping under ITNs

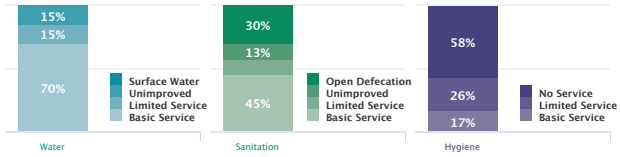


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	13 %	2015
Population sleeping under ITN or sleeping in a house sprayed by IRS	-	

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No Data

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✗	✗

Maternity protection (Convention 183)	Partial
International code of marketing of breastmilk substitutes	No

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
No	No	Yes

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✗	✗	✗	✗	✗	–

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	49	2014
Government expenditure on health, per capita	24	2014
Out of pocket expenditure as % of total expenditure on health	44%	2014
General government expenditure on health as % of total government expenditure	6%	2014

ODA to RMNCH (US$) — Total: $20 M 2015 — Per capita: $5 2015

Service Delivery
Life Saving Commodities in Essential Medicine List:

Reproductive Health 1	Maternal Health 0	Newborn Health 0	Child Health 0
✓ 1. Female Condom	– 1. Oxytocin	– 1. Injectable Antibiotics	– 1. Amoxicillin
✗ 2. Contraceptive Implants	– 2. Misoprostol	– 2. Antenatal Corticosteroids	– 2. Oral Rehydration Salts
✗ 3. Emergency Contraception	– 3. Magnesium sulfate	– 3. Chlorhexidine	– 3. Zinc
		– 4. Resuscitation equipment: Self-inflating bag	

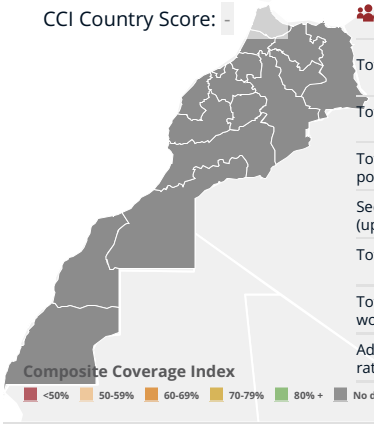
National availability of functional Emergency Obstetric Care (% of recommended minimum)	29%	2012
Density of skilled health professionals (per 10,000 population)	7.8	2009

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Morocco

CCI Country Score: -

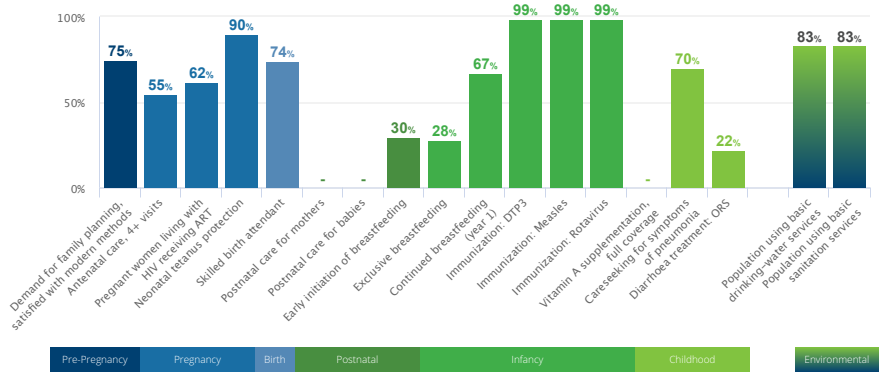


Demographics

Total Population (000)	35,277	2016
Total under 5 population (000)	3,508	2016
Total adolescent (10-19) population (000)	5,967	2016
Secondary completion rate (upper, females)	- -	
Total Births (000)	703	2016
Total fertility rate (births per woman)	2.5	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	32	2008
Birth registration	94%	2011
Total maternal deaths	850	2015
Lifetime risk of maternal deaths (1 in N)	320	2015
Stillbirth rate (per 1000 total births)	25	2015
Neonatal deaths, as % of all <5 deaths	64%	2015
Total under 5 deaths (000)	19	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	25 girls 36 boys	2015

Continuum of Care Coverage

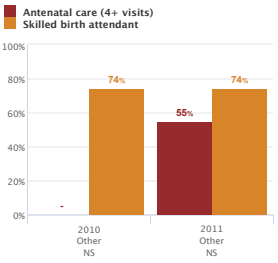
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

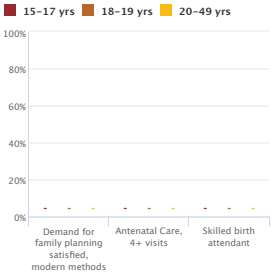
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	62%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	-/-/73% (Public / Private / Total)	2011
C-section rate	19%/11%/16% (Urban / Rural / Total)	2011

Women's & Children's Nutrition

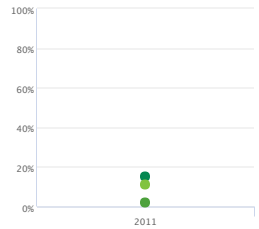
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	37%	2016
Women of reproductive age, short stature	-	-
Women (20+) with: BMI <18.5 kg/m2 (thinness)	3%	2016
BMI 25-30 kg/m2 (overweight)	33%	2016
BMI > 30 kg/m2 (obese)	33%	2016
Iron/folic acid supplementation during pregnancy	-	-
Low birth weight prevalence	-	-
Vitamin A supplementation, full coverage	-	-
Minimum dietary diversity	-	-

Child Nutritional Status

Percent children under 5 with moderate and severe:

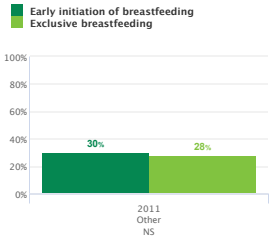
- **Stunting (15%)** Other NS – 2011
- **Wasting (2%)** Other NS – 2011
- **Overweight (11%)** Other NS – 2011



More years of data may be available on the dashboard.

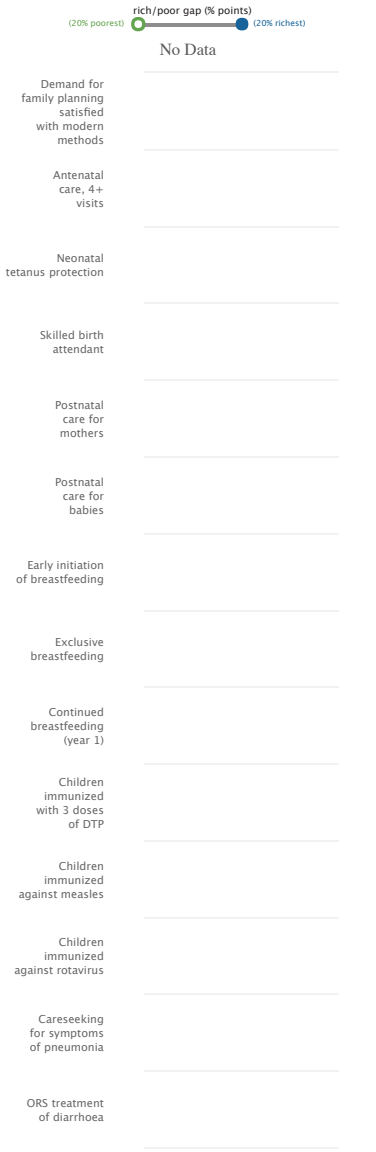
Breastfeeding Practices

Continued breastfeeding (year 1)	67%	2011



More years of data may be available on the dashboard.

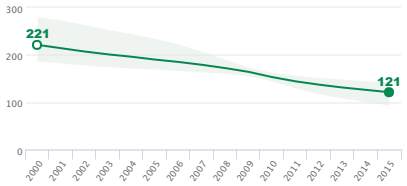
Equity



Demographics

Maternal Mortality Ratio

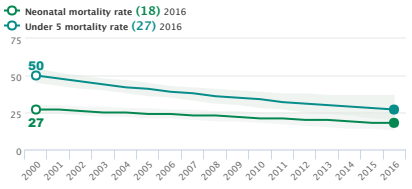
Deaths per 100,000 live births — Uncertainty Range Around Estimate



Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

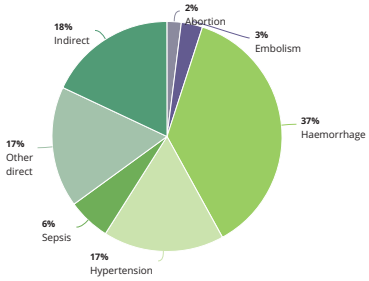
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

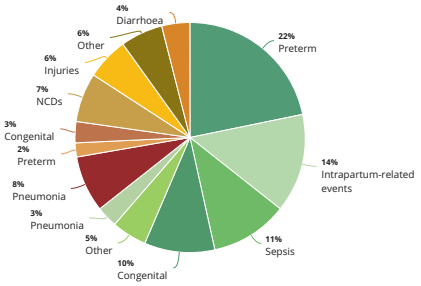
Regional estimates for Northern Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months

Newborns ages 0-27 days

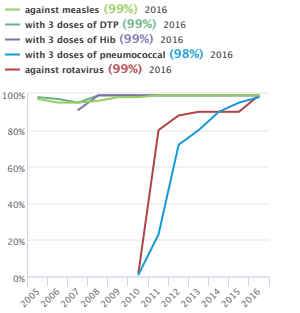
64% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

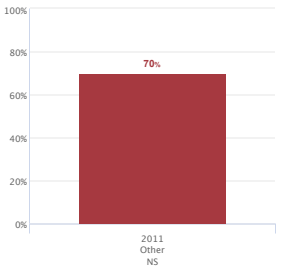
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

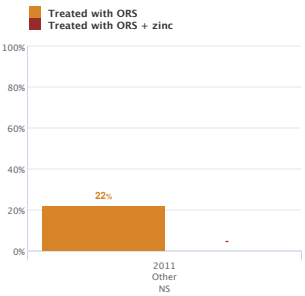
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

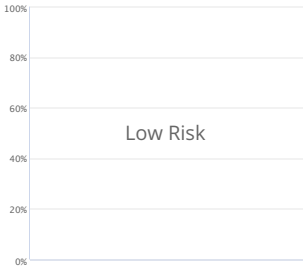
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

Malaria prevention in children under-five - sleeping under ITNs

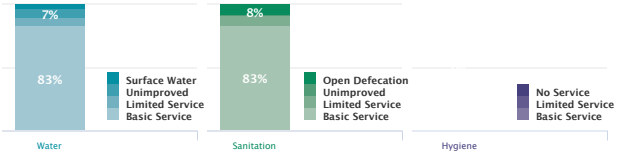


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	Low Risk
Population sleeping under ITN or sleeping in a house sprayed by IRS	Low Risk

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✗	✗	✗	✗

Maternity protection (Convention 183)	Yes
International code of marketing of breastmilk substitutes	No

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available	Yes (MATERNAL)	Yes (NEWBORN)	Yes (CHILD)

Maternal Death Review 2016

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✗

Civil society involvement in review of national maternal, newborn and child health programs	Partial

Financing

Total expenditure on health, per capita	190	2016
Government expenditure on health, per capita	64	2016
Out of pocket expenditure as % of total expenditure on health	58%	2016
General government expenditure on health as % of total government expenditure	6%	2014

ODA to RMNCH (US$) — Total: $37 M 2015 — Per capita: $1 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

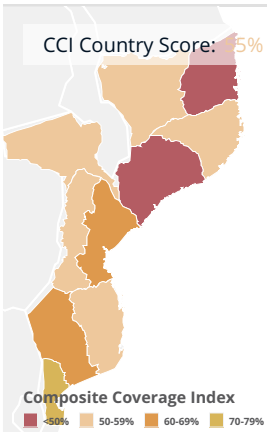
Reproductive Health 0	Maternal Health 3	Newborn Health 3	Child Health 1
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✓ 2. Misoprostol	✓ 2. Antenatal Corticosteroids	– 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	✗ 3. Chlorhexidine	– 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

National availability of functional Emergency Obstetric Care (% of recommended minimum)	-	-
Density of skilled health professionals (per 10,000 population)	14.9	2014

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Mozambique

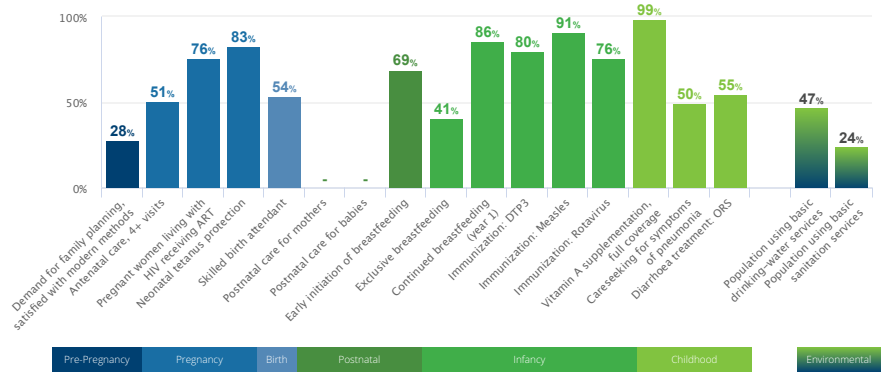


Demographics

Total Population (000)	28,829	2016
Total under 5 population (000)	4,950	2016
Total adolescent (10-19) population (000)	6,858	2016
Secondary completion rate (upper, females)	4%	2016
Total Births (000)	1,125	2016
Total fertility rate (births per woman)	5.2	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	166	2009
Birth registration	48%	2011
Total maternal deaths	5,300	2015
Lifetime risk of maternal deaths (1 in N)	40	2015
Stillbirth rate (per 1000 total births)	19	2015
Neonatal deaths, as % of all <5 deaths	35%	2015
Total under 5 deaths (000)	78	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	272 girls	286 boys 2015

Continuum of Care Coverage

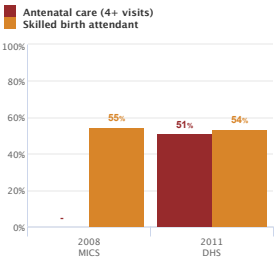
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

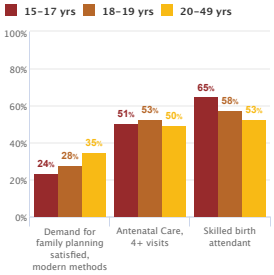
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	76%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	9%	2011
Institutional Delivery	55%/0%/55% Public Private Total	2011
C-section rate	9%/2%/4% Urban Rural Total	2011

Women's & Children's Nutrition

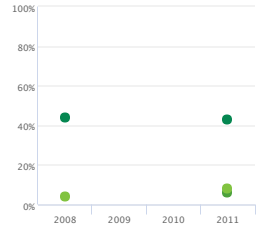
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	51%	2016
Women of reproductive age, short stature	4%	2011
Women (20+) with: BMI <18.5 kg/m2 (thinness)	10%	2016
BMI 25-30 kg/m2 (overweight)	24%	2016
BMI > 30 kg/m2 (obese)	11%	2016
Iron/folic acid supplementation during pregnancy	26%	2011
Low birth weight prevalence	17%	2011
Vitamin A supplementation, full coverage	99%	2015
Minimum dietary diversity	30%	2011

Child Nutritional Status

Percent children under 5 with moderate and severe:

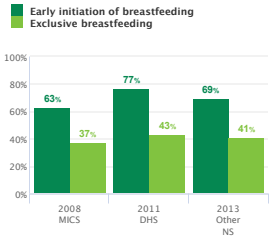
- Stunting (43%) DHS – 2011
- Wasting (6%) DHS – 2011
- Overweight (8%) DHS – 2011



More years of data may be available on the dashboard.

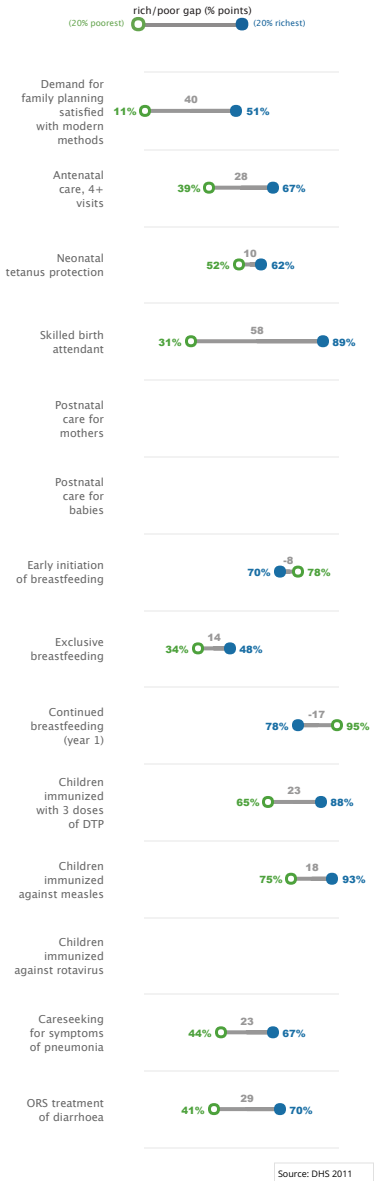
Breastfeeding Practices

Continued breastfeeding (year 1)	86%	2013



More years of data may be available on the dashboard.

Equity

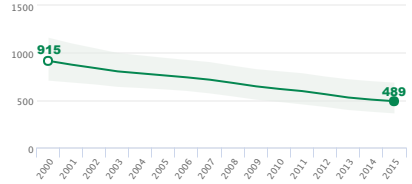


Source: DHS 2011

Demographics

Maternal Mortality Ratio

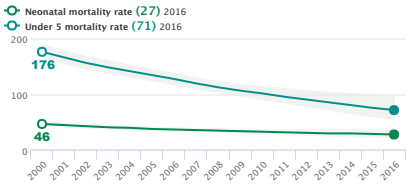
Deaths per 100,000 live births — Uncertainty Range Around Estimate



Source: UN MMEIG 2015

Neonatal & Under-five Mortality Rate

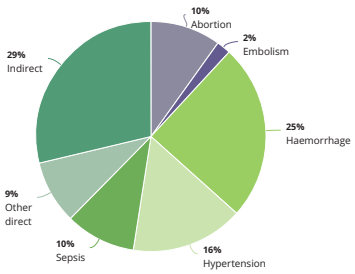
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

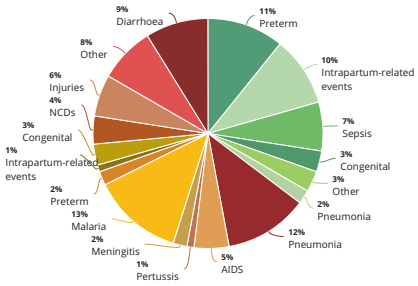
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months
Newborns ages 0-27 days

35% of deaths occur in the neonatal period

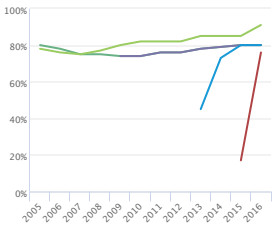
Source: WHO MCEE 2015

Child Health

Immunization

Percent of children immunized:

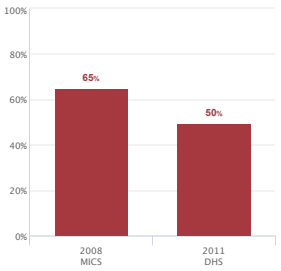
- against measles (91%) 2016
- with 3 doses of DTP (80%) 2016
- with 3 doses of Hib (80%) 2016
- with 3 doses of pneumococcal (80%) 2016
- against rotavirus (76%) 2016



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider

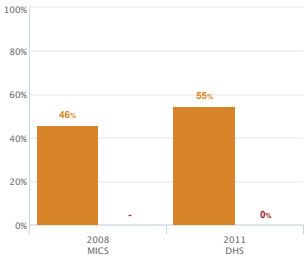


More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

Percent of children under 5 years with diarrhoea:

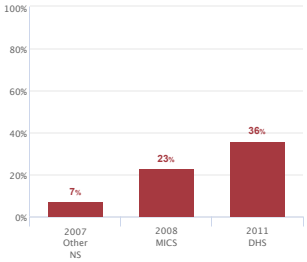
- Treated with ORS
- Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

Malaria prevention in children under-five - sleeping under ITNs

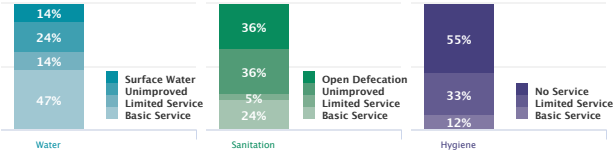


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	30 %	2011
Population sleeping under ITN or sleeping in a house sprayed by IRS	44 %	2011

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✗	✗	✓	✓

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	Yes

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	MANDATORY	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
No	No	No

Maternal Death Review 2013

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✗	✗	✓

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	42	2013
Government expenditure on health, per capita	24	2013
Out of pocket expenditure as % of total expenditure on health	9%	2013
General government expenditure on health as % of total government expenditure	9%	2014

ODA to RMNCH (US$) — Total: $396 M 2015 — Per capita: $14 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 3	Maternal Health 3	Newborn Health 2	Child Health 3
✓ 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
✓ 2. Contraceptive Implants	✓ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
✓ 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

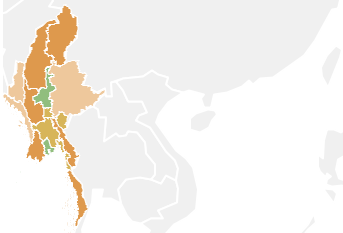
National availability of functional Emergency Obstetric Care (% of recommended minimum)	25%	2012
Density of skilled health professionals (per 10,000 population)	4.6	2013

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Myanmar

CCI Country Score: 67%



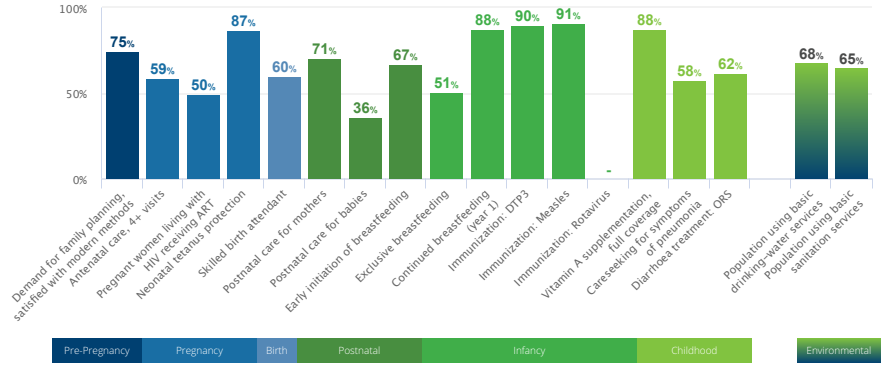
Composite Coverage Index
<50% 50-59% 60-69% 70-79% 80% + No data

Demographics

Total Population (000)	52,885	2016
Total under 5 population (000)	4,538	2016
Total adolescent (10-19) population (000)	10,090	2016
Secondary completion rate (upper, females)	18%	2016
Total Births (000)	942	2016
Total fertility rate (births per woman)	2.2	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	17	2006
Birth registration	72%	2010
Total maternal deaths	-	-
Lifetime risk of maternal deaths (1 in N)	-	-
Stillbirth rate (per 1000 total births)	20	2015
Neonatal deaths, as % of all <5 deaths	52%	2015
Total under 5 deaths (000)	48	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	94 girls	130 boys 2015

Continuum of Care Coverage

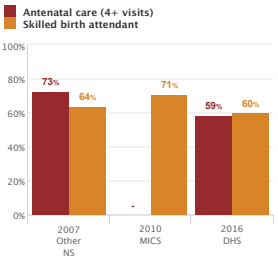
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

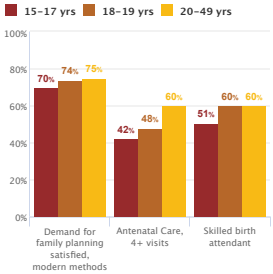
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	50%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	-	-
Institutional Delivery	31%/6%/37%	2016
	Public Private Total	
C-section rate	36%/12%/17%	2016
	Urban Rural Total	

Women's & Children's Nutrition

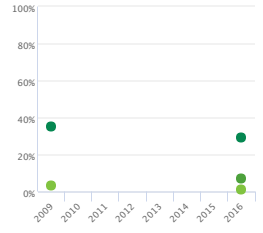
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	46%	2016
Women of reproductive age, short stature	6%	2015
Women (20+) with: BMI <18.5 kg/m2 (thinness)	14%	2016
BMI 25-30 kg/m2 (overweight)	21%	2016
BMI > 30 kg/m2 (obese)	8%	2016
Iron/folic acid supplementation during pregnancy	59%	2015
Low birth weight prevalence	-	-
Vitamin A supplementation, full coverage	88%	2015
Minimum dietary diversity	25%	2016

Child Nutritional Status

Percent children under 5 with moderate and severe:

- Stunting (29%) DHS – 2016
- Wasting (7%) DHS – 2016
- Overweight (1%) DHS – 2016

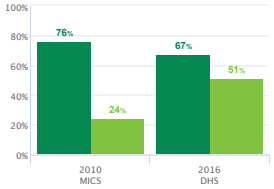


More years of data may be available on the dashboard.

Breastfeeding Practices

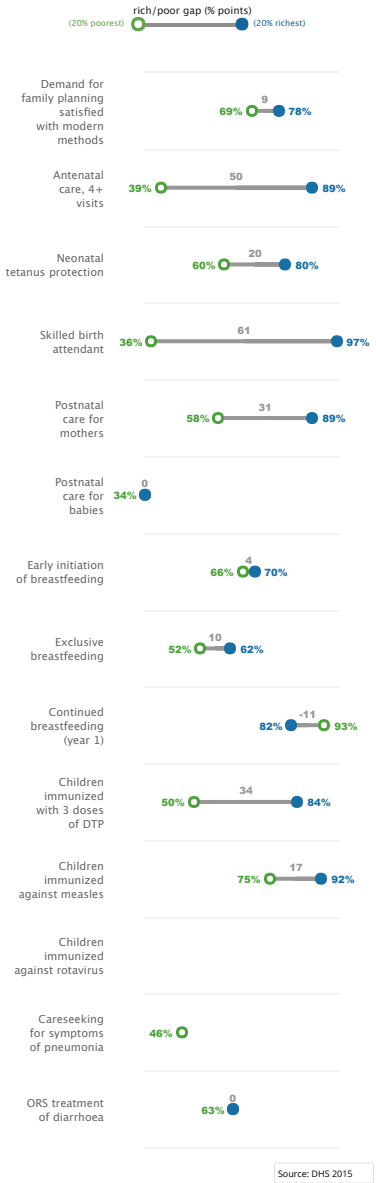
Continued breastfeeding (year 1)	88%	2016

Early initiation of breastfeeding
Exclusive breastfeeding



More years of data may be available on the dashboard.

Equity



Source: DHS 2015

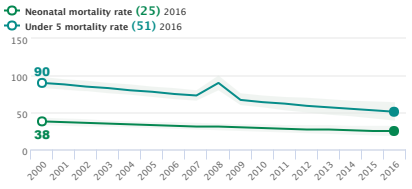
Myanmar

Demographics

Maternal Mortality Ratio
Deaths per 100,000 live births — Uncertainty Range Around Estimate

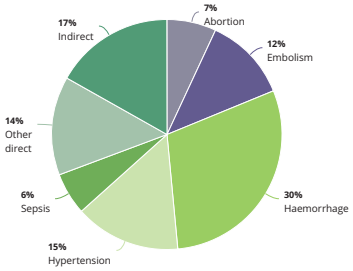
No Data

Neonatal & Under-five Mortality Rate
Deaths per 1,000 live births — Uncertainty Range Around Estimate



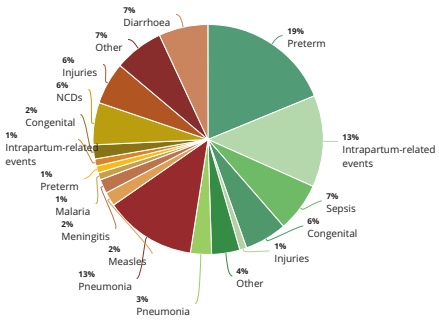
Source: UN IGME 2017

Causes of Maternal Death - 2014
Regional estimates for South-eastern Asia



Source: WHO 2014

Causes of Death Under-Five - 2015
Globally nearly half of child deaths are attributable to undernutrition

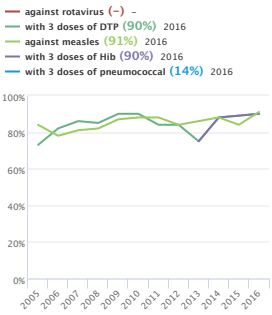


52% of deaths occur in the neonatal period

Source: WHO MCEE 2015

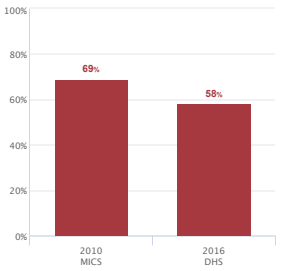
Child Health

Immunization
Percent of children immunized:



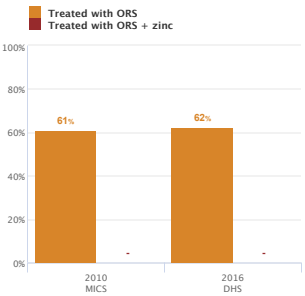
Source: WHO/UNICEF 2016 revision

Pneumonia Treatment
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



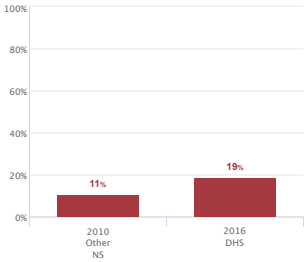
More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment
Malaria prevention in children under-five - sleeping under ITNs

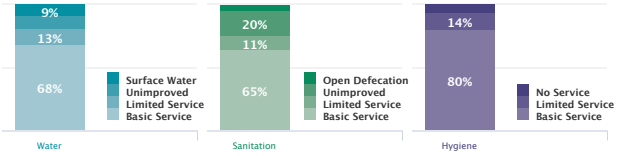


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	3 %	2016
Population sleeping under ITN or sleeping in a house sprayed by IRS	-	

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✗	✗

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	Partial

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
Yes	Yes	Yes

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✗

Civil society involvement in review of national maternal, newborn and child health programs	Yes

Financing

Total expenditure on health, per capita	20	2014
Government expenditure on health, per capita	9	2014
Out of pocket expenditure as % of total expenditure on health	51%	2014
General government expenditure on health as % of total government expenditure	4%	2014
ODA to RMNCH (US$)	Total: $165 M 2015	Per capita: $3 2015

Service Delivery
Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 3	Newborn Health 4	Child Health 2
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✗ 1. Amoxicillin
– 2. Contraceptive Implants	✓ 2. Misoprostol	✓ 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	✓ 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

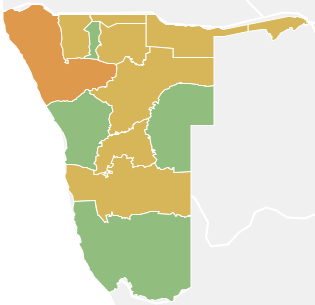
National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -
Density of skilled health professionals (per 10,000 population)	15.0 2012

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✗	✗	✓

Namibia

CCI Country Score: 77%



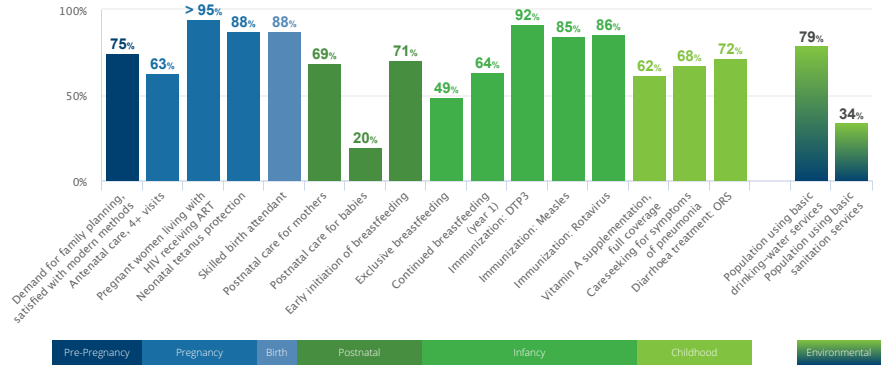
Composite Coverage Index
<50% 50-59% 60-69% 70-79% 80% + No data

Demographics

Total Population (000)	2,480	2016
Total under 5 population (000)	344	2016
Total adolescent (10-19) population (000)	541	2016
Secondary completion rate (upper, females)	39%	2016
Total Births (000)	72	2016
Total fertility rate (births per woman)	3.4	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	78	2011
Birth registration	87%	2013
Total maternal deaths	190	2015
Lifetime risk of maternal deaths (1 in N)	100	2015
Stillbirth rate (per 1000 total births)	11	2015
Neonatal deaths, as % of all <5 deaths	36%	2015
Total under 5 deaths (000)	3	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	71 girls 114 boys	2015

Continuum of Care Coverage

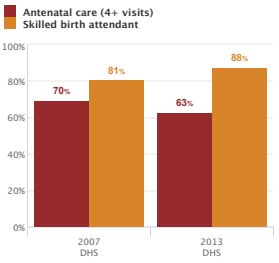
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

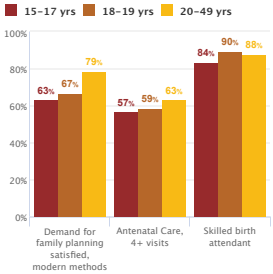
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	> 95%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	3%	2013
Institutional Delivery	82%/5%/87% (Public/Private/Total)	2013
C-section rate	21%/9%/14% (Urban/Rural/Total)	2013

Women's & Children's Nutrition

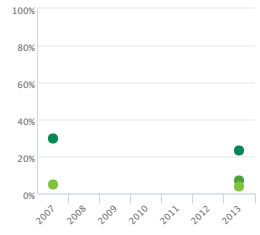
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	23%	2016
Women of reproductive age, short stature	1%	2013
Women (20+) with: BMI <18.5 kg/m2 (thinness)	8%	2016
BMI 25-30 kg/m2 (overweight)	27%	2016
BMI > 30 kg/m2 (obese)	26%	2016
Iron/folic acid supplementation during pregnancy	39%	2013
Low birth weight prevalence	-	-
Vitamin A supplementation, full coverage	62%	2013
Minimum dietary diversity	31%	2013

Child Nutritional Status

Percent children under 5 with moderate and severe:

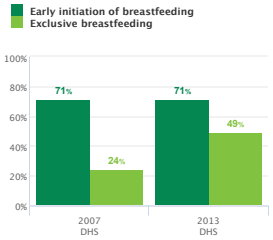
- Stunting (23%) DHS – 2013
- Wasting (7%) DHS – 2013
- Overweight (4%) DHS – 2013



More years of data may be available on the dashboard.

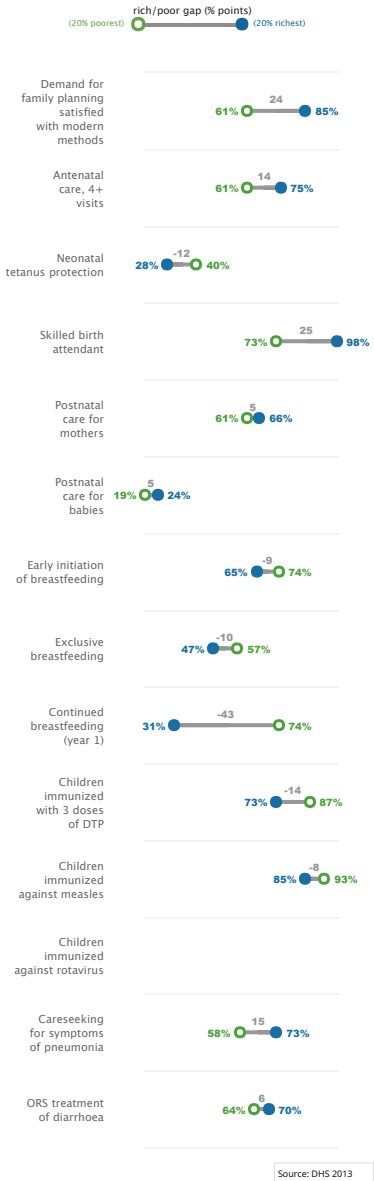
Breastfeeding Practices

Continued breastfeeding (year 1)	64%	2013



More years of data may be available on the dashboard.

Equity

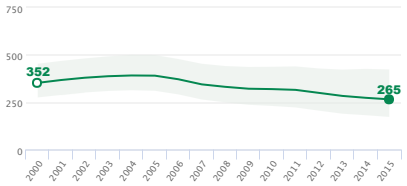


Source: DHS 2013

Demographics

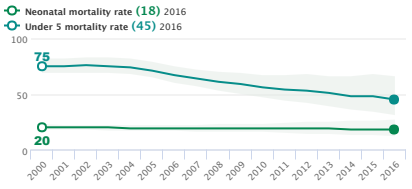
Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate



Neonatal & Under-five Mortality Rate

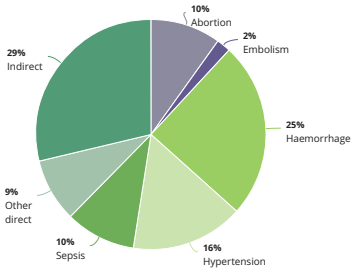
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

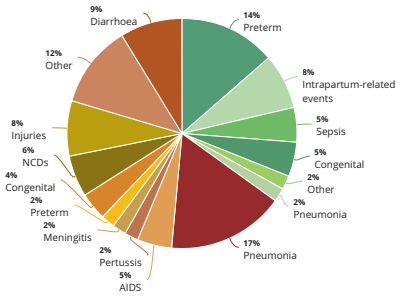
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months

Newborns ages 0-27 days

36% of deaths occur in the neonatal period

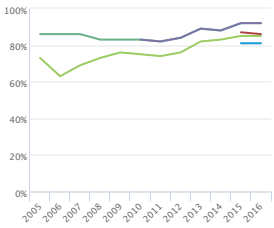
Source: WHO MCEE 2015

Child Health

Immunization

Percent of children immunized:

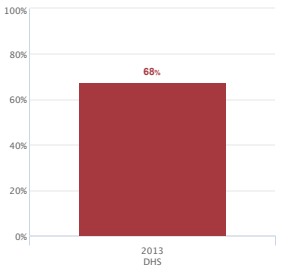
- against measles (85%) 2016
- with 3 doses of DTP (92%) 2016
- with 3 doses of Hib (92%) 2016
- with 3 doses of pneumococcal (81%) 2016
- against rotavirus (86%) 2016



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider

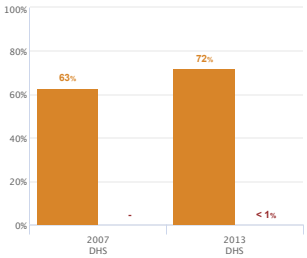


More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

Percent of children under 5 years with diarrhoea:

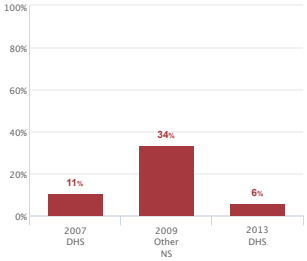
- Treated with ORS
- Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

Malaria prevention in children under-five - sleeping under ITNs

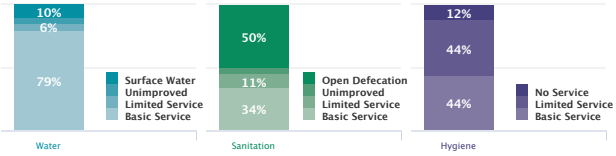


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	22 %	2013
Population sleeping under ITN or sleeping in a house sprayed by IRS	23 %	2014

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✗	✗	✓	✓

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	No

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	NO FORTIFICATION	NO FORTIFICATION

Governance

	MATERNAL	NEWBORN	CHILD
Costed national implementation plan(s) for maternal, newborn and child health available	Yes	Yes	No

Maternal Death Review 2013

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✗	✓	✓	✓	✓	✗

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	201	2013
Government expenditure on health, per capita	201	2013
Out of pocket expenditure as % of total expenditure on health	-	-
General government expenditure on health as % of total government expenditure	9%	2014

ODA to RMNCH (US$) Total: $42 M 2015 Per capita: $17 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 2	Newborn Health 2	Child Health 3
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✗ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

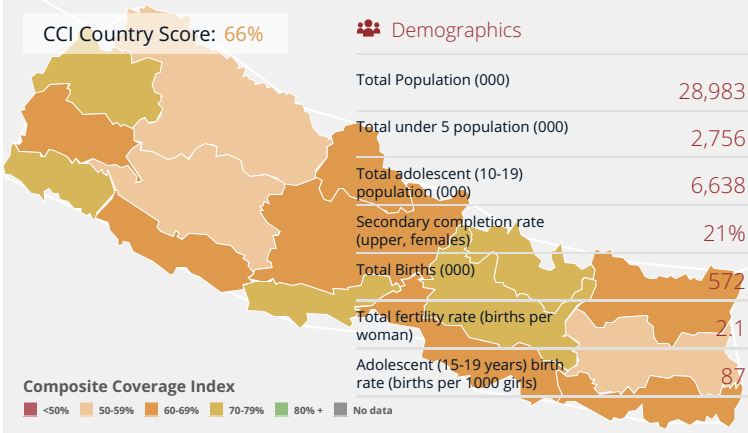
National availability of functional Emergency Obstetric Care (% of recommended minimum)	20%	2016
Density of skilled health professionals (per 10,000 population)	31.3	2007

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✗	✗	✗	✗	✓

Nepal

CCI Country Score: 66%

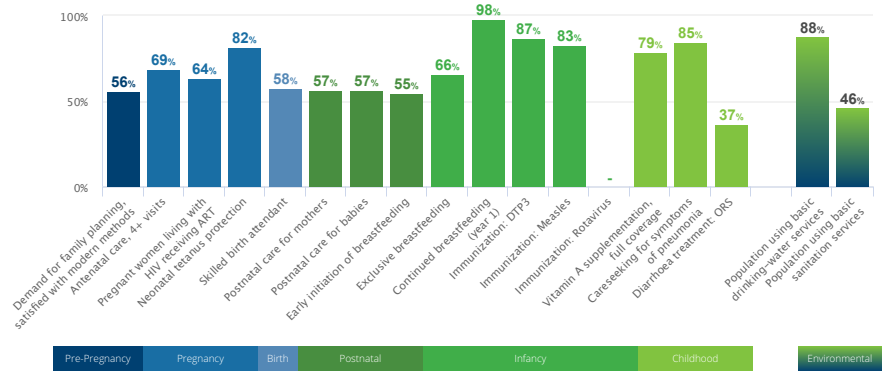


Demographics

Total Population (000)	28,983	2016
Total under 5 population (000)	2,756	2016
Total adolescent (10-19) population (000)	6,638	2016
Secondary completion rate (upper, females)	21%	2016
Total Births (000)	572	2016
Total fertility rate (births per woman)	2.1	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	87	2008
Birth registration	58%	2014
Total maternal deaths	1,500	2015
Lifetime risk of maternal deaths (1 in N)	150	2015
Stillbirth rate (per 1000 total births)	18	2015
Neonatal deaths, as % of all <5 deaths	62%	2015
Total under 5 deaths (000)	20	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	76 girls 104 boys	2015

Continuum of Care Coverage

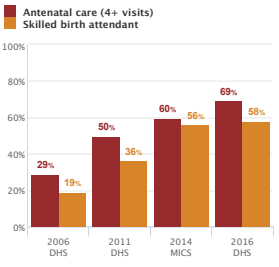
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

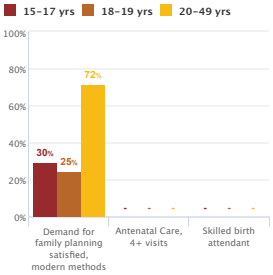
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	64%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	43%/11%/57% (Public/Private/Total)	2016
C-section rate	12%/6%/9% (Urban/Rural/Total)	2016

Women's & Children's Nutrition

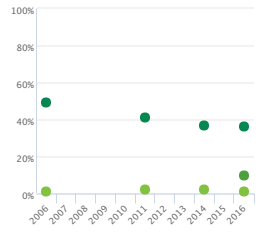
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	35%	2016
Women of reproductive age, short stature	12%	2011
Women (20+) with: BMI <18.5 kg/m2 (thinness)	17%	2016
BMI 25-30 kg/m2 (overweight)	18%	2016
BMI > 30 kg/m2 (obese)	6%	2016
Iron/folic acid supplementation during pregnancy	56%	2011
Low birth weight prevalence	18%	2011
Vitamin A supplementation, full coverage	79%	2015
Minimum dietary diversity	37%	2014

Child Nutritional Status

Percent children under 5 with moderate and severe:

- Stunting (36%) DHS – 2016
- Wasting (10%) DHS – 2016
- Overweight (1%) DHS – 2016

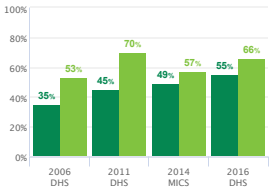


More years of data may be available on the dashboard.

Breastfeeding Practices

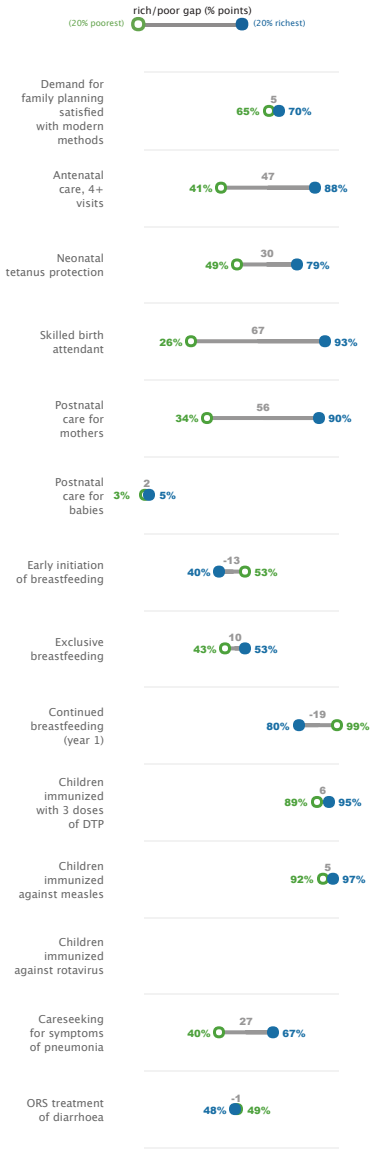
Continued breastfeeding (year 1)	98%	2016

Early initiation of breastfeeding
Exclusive breastfeeding



More years of data may be available on the dashboard.

Equity



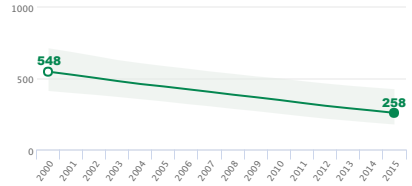
Source: MICS 2014

Nepal

Demographics

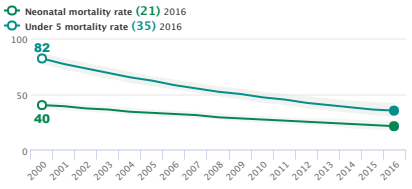
Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate



Neonatal & Under-five Mortality Rate

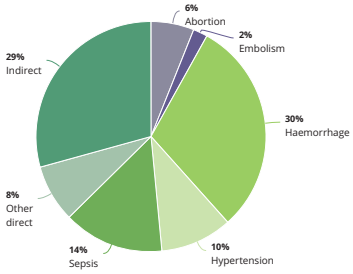
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

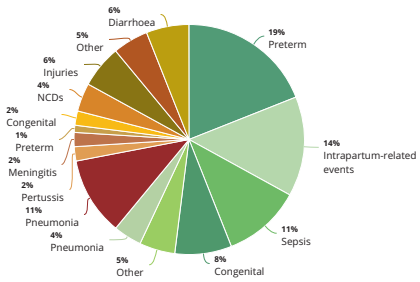
Regional estimates for Southern Asia



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months

Newborns ages 0-27 days

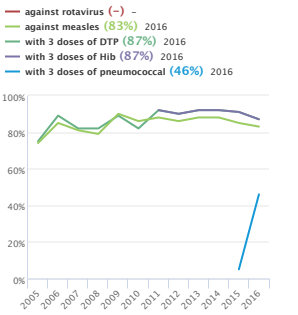
61% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

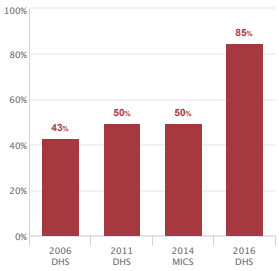
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

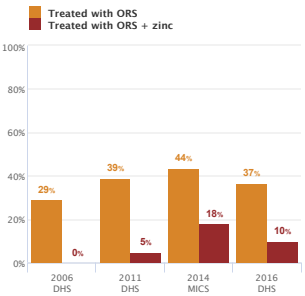
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

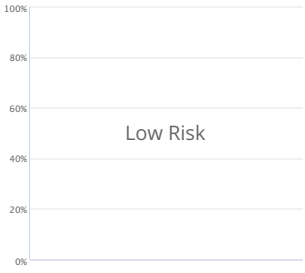
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

Malaria prevention in children under-five - sleeping under ITNs

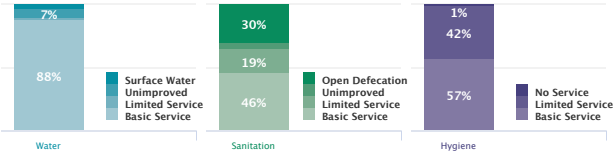


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	5 %	2014
Population sleeping under ITN or sleeping in a house sprayed by IRS	Low Risk	

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✓	✓	✓	✓

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	Yes

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
No Data	No Data	No Data

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓		✗	✗

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	40	2014
Government expenditure on health, per capita	16	2014
Out of pocket expenditure as % of total expenditure on health	48%	2014
General government expenditure on health as % of total government expenditure	11%	2014

ODA to RMNCH (US$) Total: $164 M 2015 Per capita: $6 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 3	Maternal Health 3	Newborn Health 2	Child Health 3
✓ 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
✓ 2. Contraceptive Implants	✓ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
✓ 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

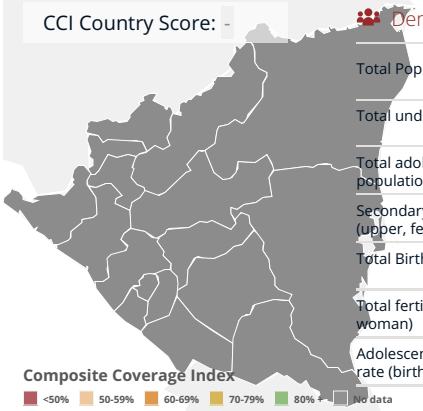
National availability of functional Emergency Obstetric Care (% of recommended minimum)	82%	2016
Density of skilled health professionals (per 10,000 population)	-	-

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Nicaragua

CCI Country Score: -

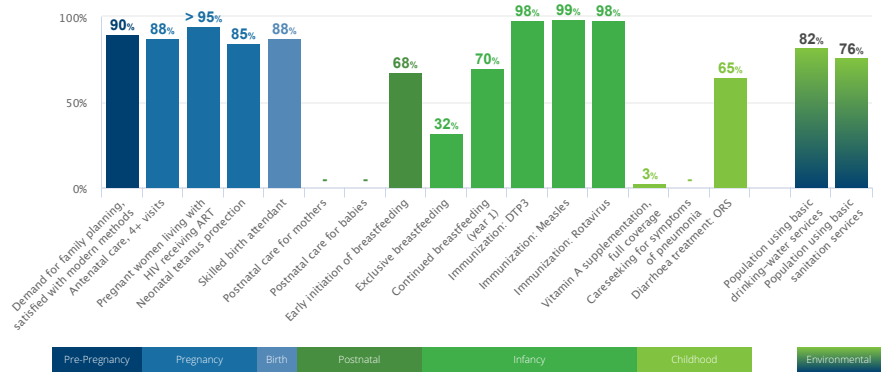


Demographics

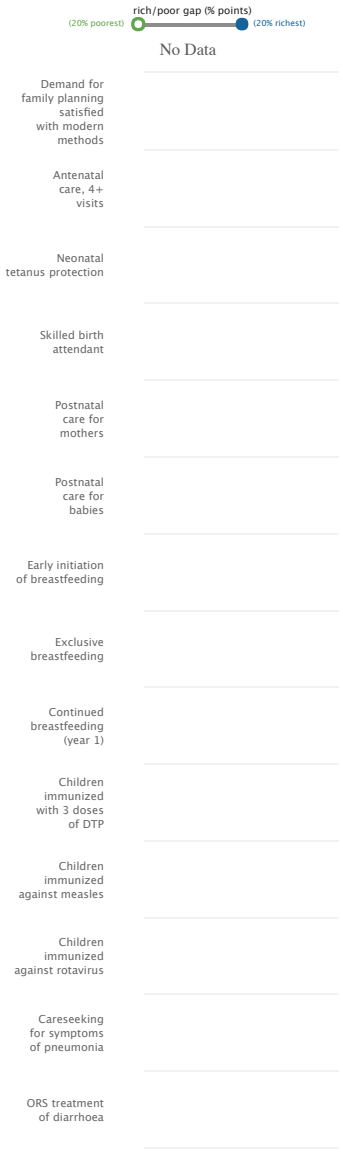
Total Population (000)	6,150	2016
Total under 5 population (000)	597	2016
Total adolescent (10-19) population (000)	1,202	2016
Secondary completion rate (upper, females)	- -	
Total Births (000)	120	2016
Total fertility rate (births per woman)	2.2	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	92	2010
Birth registration	85%	2012
Total maternal deaths	180	2015
Lifetime risk of maternal deaths (1 in N)	270	2015
Stillbirth rate (per 1000 total births)	7	2015
Neonatal deaths, as % of all <5 deaths	44%	2015
Total under 5 deaths (000)	2	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	47 girls 76 boys	2015

Continuum of Care Coverage

Percentage of those in need receiving coverage of key interventions across the continuum of care



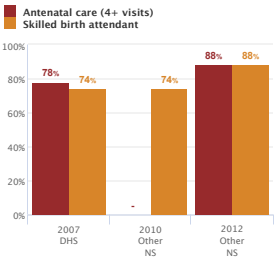
Equity



Maternal & Newborn Health

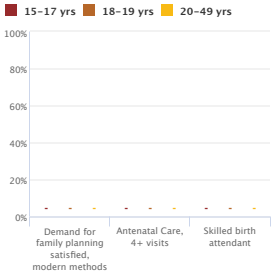
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	> 95%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	-/-/71% (Public / Private / Total)	2013
C-section rate	39%/20%/30% (Urban / Rural / Total)	2012

Women's & Children's Nutrition

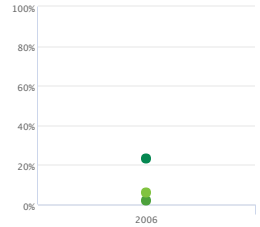
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	16%	2016
Women of reproductive age, short stature	-	-
Women (20+) with: BMI <18.5 kg/m2 (thinness)	2%	2016
BMI 25-30 kg/m2 (overweight)	33%	2016
BMI > 30 kg/m2 (obese)	30%	2016
Iron/folic acid supplementation during pregnancy	-	-
Low birth weight prevalence	8%	2011
Vitamin A supplementation, full coverage	3%	2015
Minimum dietary diversity	-	-

Child Nutritional Status

Percent children under 5 with moderate and severe:

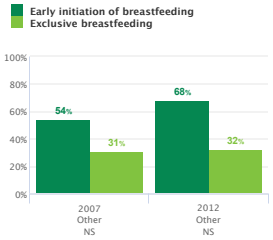
- Stunting (23%) DHS – 2006
- Wasting (2%) DHS – 2006
- Overweight (6%) DHS – 2006



More years of data may be available on the dashboard.

Breastfeeding Practices

Continued breastfeeding (year 1)	70%	2012



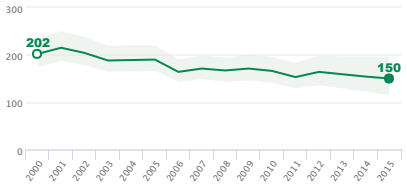
More years of data may be available on the dashboard.

Nicaragua

Demographics

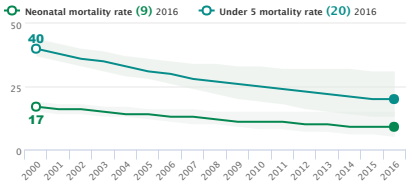
Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate



Neonatal & Under-five Mortality Rate

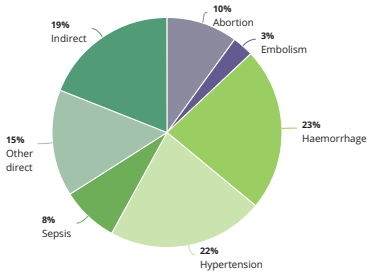
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

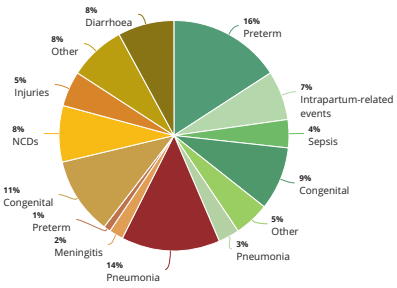
Regional estimates for Latin America & Caribbean



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months

Newborns ages 0-27 days

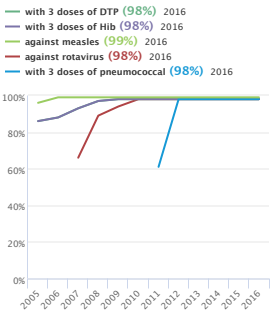
44% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

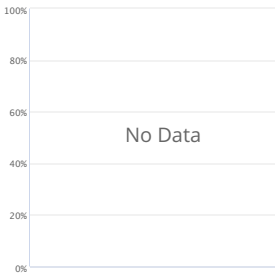
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

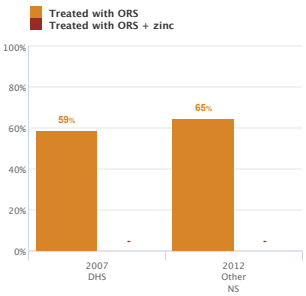
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

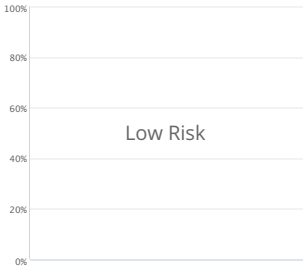
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

Malaria prevention in children under-five - sleeping under ITNs

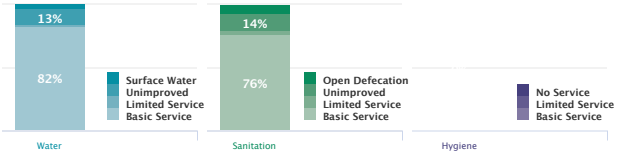


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	Low Risk
Population sleeping under ITN or sleeping in a house sprayed by IRS	Low Risk

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✗	✗	✗	✗	✗	✗	✗

Maternity protection (Convention 183)	Partial
International code of marketing of breastmilk substitutes	Partial

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	MANDATORY

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
No	No Data	No Data

Maternal Death Review -

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
–	–	–	–	–	–

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	177	2010
Government expenditure on health, per capita	100	2010
Out of pocket expenditure as % of total expenditure on health	38%	2010
General government expenditure on health as % of total government expenditure	24%	2014

ODA to RMNCH (US$) Total: $61 M 2015 Per capita: $10 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 2	Newborn Health 1	Child Health 2
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	– 2. Misoprostol	– 2. Antenatal Corticosteroids	– 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✗ 4. Resuscitation equipment: Self-inflating bag	

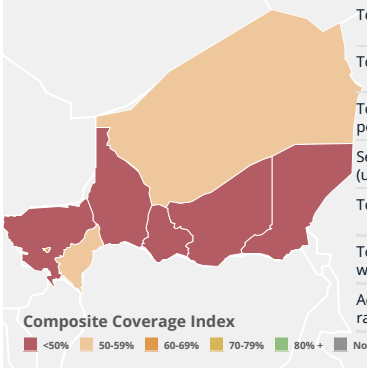
National availability of functional Emergency Obstetric Care (% of recommended minimum)	-	-
Density of skilled health professionals (per 10,000 population)	23.0	2014

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
–	–	–	–	–	–	✗

Niger

CCI Country Score: 49%

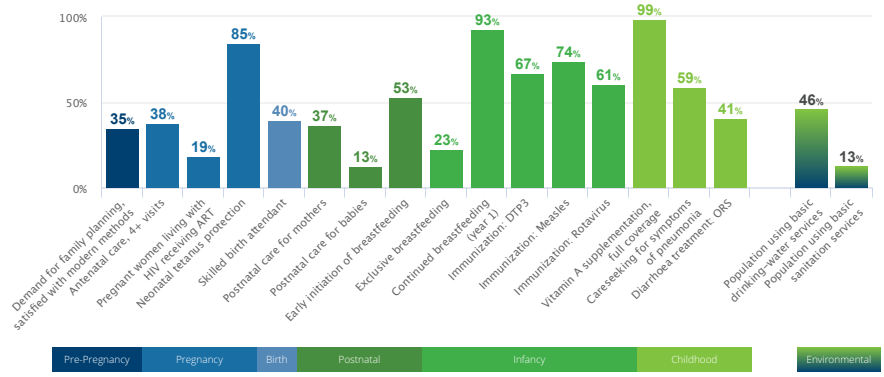


Demographics

Total Population (000)	20,673	2016
Total under 5 population (000)	4,218	2016
Total adolescent (10-19) population (000)	4,927	2016
Secondary completion rate (upper, females)	1%	2016
Total Births (000)	999	2016
Total fertility rate (births per woman)	7.2	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	210	2009
Birth registration	64%	2012
Total maternal deaths	5,400	2015
Lifetime risk of maternal deaths (1 in N)	23	2015
Stillbirth rate (per 1000 total births)	37	2015
Neonatal deaths, as % of all <5 deaths	29%	2015
Total under 5 deaths (000)	86	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	170 girls	148 boys 2015

Continuum of Care Coverage

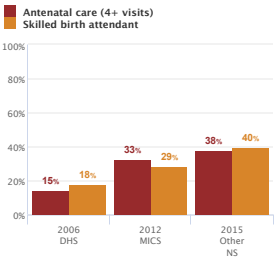
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

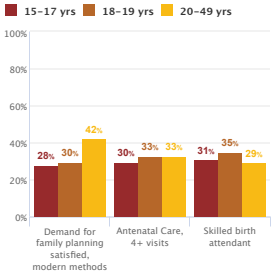
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	19%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	9%	2012
Institutional Delivery	29%/1%/59% Public Private Total	2015
C-section rate	5%/1%/1% Urban Rural Total	2012

Women's & Children's Nutrition

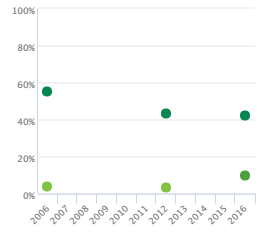
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	49%	2016
Women of reproductive age, short stature	1%	2012
Women (20+) with: BMI <18.5 kg/m2 (thinness)	12%	2016
BMI 25-30 kg/m2 (overweight)	22%	2016
BMI > 30 kg/m2 (obese)	9%	2016
Iron/folic acid supplementation during pregnancy	29%	2012
Low birth weight prevalence	27%	2006
Vitamin A supplementation, full coverage	99%	2015
Minimum dietary diversity	10%	2012

Child Nutritional Status

Percent children under 5 with moderate and severe:

- **Stunting (42%)** Other NS – 2016
- **Wasting (10%)** Other NS – 2016
- **Overweight (3%)** DHS – 2012

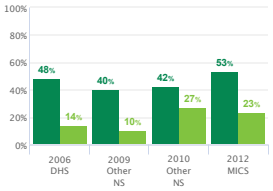


More years of data may be available on the dashboard.

Breastfeeding Practices

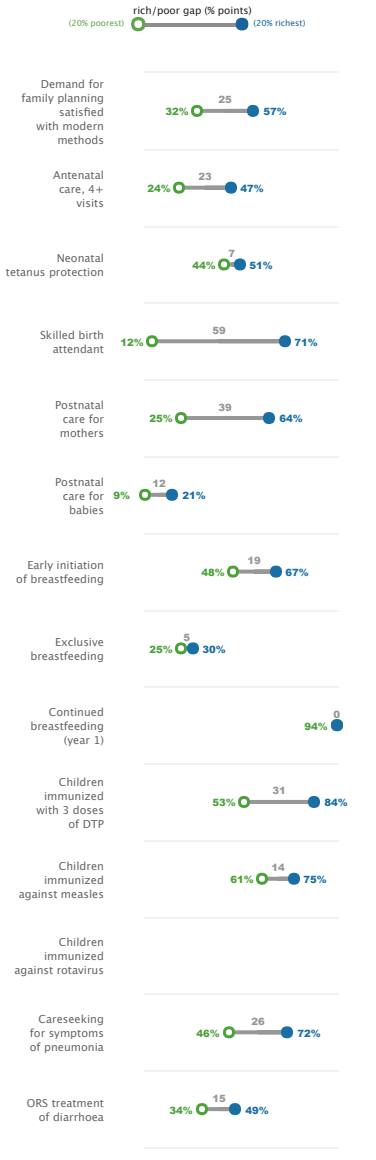
Continued breastfeeding (year 1)	93%	2012

Early initiation of breastfeeding
Exclusive breastfeeding



More years of data may be available on the dashboard.

Equity

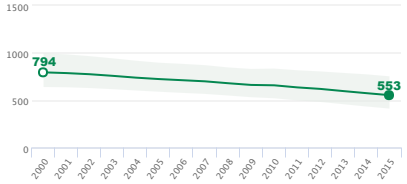


Source: DHS 2012

Demographics

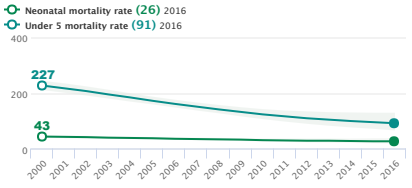
Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate



Neonatal & Under-five Mortality Rate

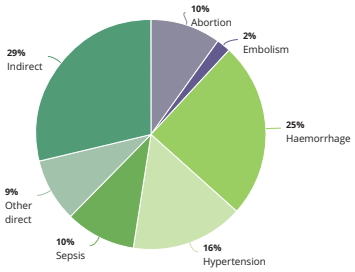
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

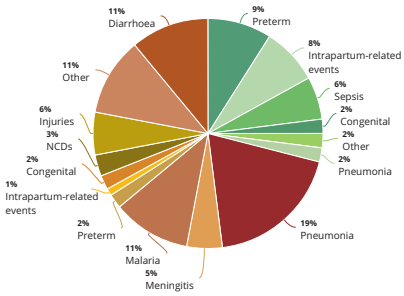
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months

Newborns ages 0-27 days

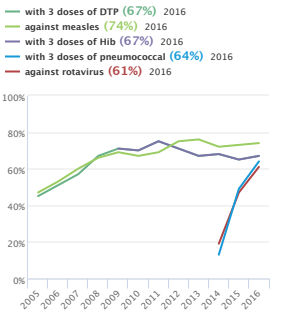
29% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

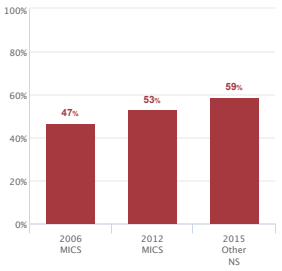
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

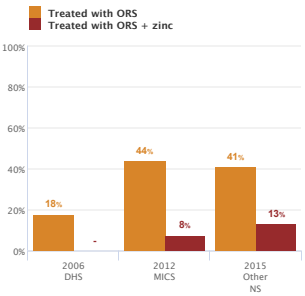
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

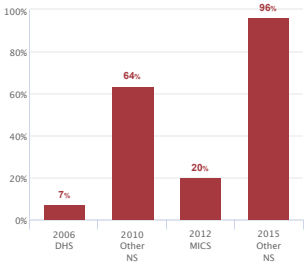
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

Malaria prevention in children under-five - sleeping under ITNs

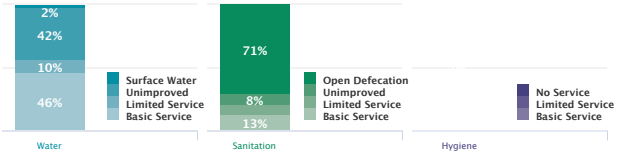


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	14 %	2012
Population sleeping under ITN or sleeping in a house sprayed by IRS	14 %	2012

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✗	✗	✗	✓

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	Partial

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
Yes	Yes	Yes

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✓

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	25	2014
Government expenditure on health, per capita	10	2014
Out of pocket expenditure as % of total expenditure on health	55%	2014
General government expenditure on health as % of total government expenditure	6%	2014

ODA to RMNCH (US$) Total: $102 M 2015 Per capita: $5 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 2	Maternal Health 3	Newborn Health 2	Child Health 3
✓ 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
✗ 2. Contraceptive Implants	✓ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
✓ 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

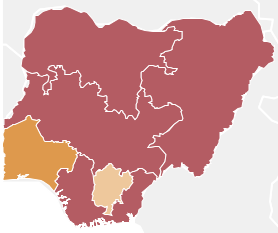
National availability of functional Emergency Obstetric Care (% of recommended minimum)	51%	2016
Density of skilled health professionals (per 10,000 population)	1.6	2008

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Nigeria

CCI Country Score: 38%



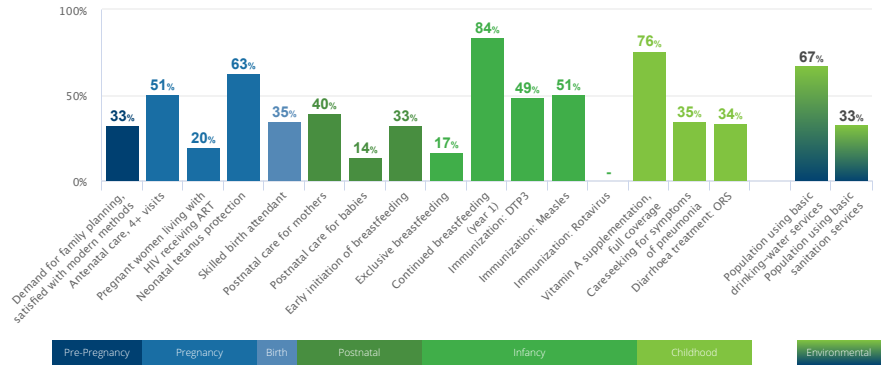
Composite Coverage Index
<50% 50-59% 60-69% 70-79% 80% + No data

Demographics

Total Population (000)	185,990	2016
Total under 5 population (000)	31,802	2016
Total adolescent (10-19) population (000)	42,291	2016
Secondary completion rate (upper, females)	42%	2016
Total Births (000)	7,240	2016
Total fertility rate (births per woman)	5.5	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	123	2010
Birth registration	30%	2013
Total maternal deaths	58,000	2015
Lifetime risk of maternal deaths (1 in N)	22	2015
Stillbirth rate (per 1000 total births)	43	2015
Neonatal deaths, as % of all <5 deaths	32%	2015
Total under 5 deaths (000)	733	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	340 girls	340 boys 2015

Continuum of Care Coverage

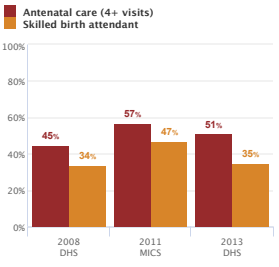
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

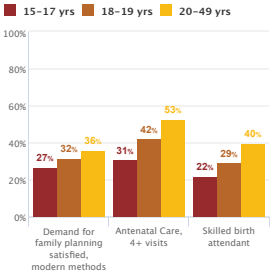
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	20%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	19%	2015
Institutional Delivery	23%/13%/36% Public Private Total	2013
C-section rate	4%/1%/2% Urban Rural Total	2013

Women's & Children's Nutrition

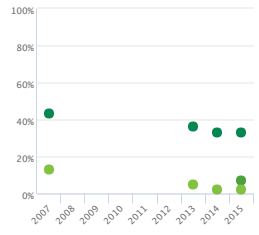
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	50%	2016
Women of reproductive age, short stature	2%	2013
Women (20+) with: BMI <18.5 kg/m2 (thinness)	9%	2016
BMI 25-30 kg/m2 (overweight)	24%	2016
BMI > 30 kg/m2 (obese)	14%	2016
Iron/folic acid supplementation during pregnancy	21%	2013
Low birth weight prevalence	15%	2011
Vitamin A supplementation, full coverage	76%	2015
Minimum dietary diversity	19%	2013

Child Nutritional Status

Percent children under 5 with moderate and severe:

- **Stunting (33%)** Other NS – 2015
- **Wasting (7%)** Other NS – 2015
- **Overweight (2%)** Other NS – 2015

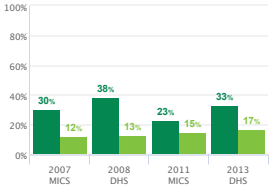


More years of data may be available on the dashboard.

Breastfeeding Practices

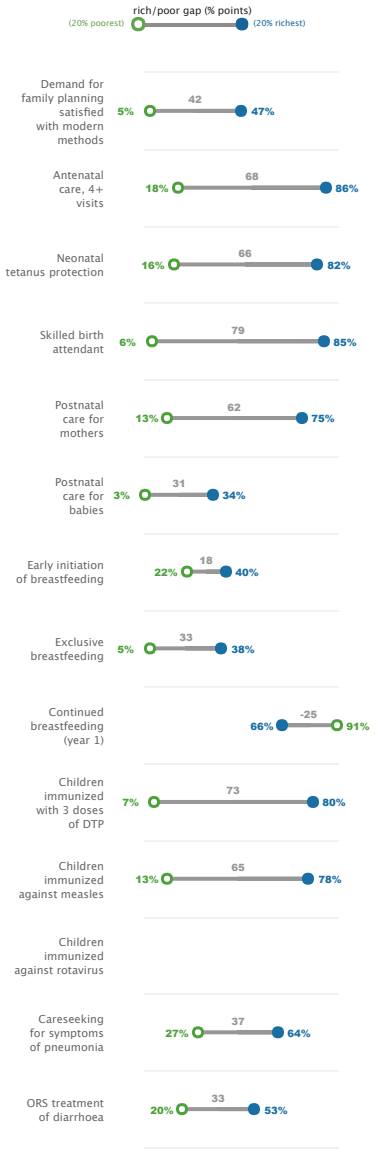
Continued breastfeeding (year 1)	84%	2013

Early initiation of breastfeeding
Exclusive breastfeeding



More years of data may be available on the dashboard.

Equity

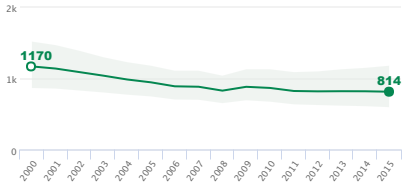


Source: DHS 2013

Nigeria

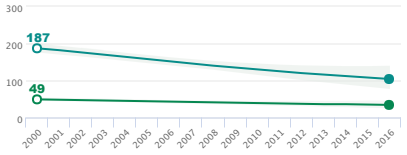
Demographics

Maternal Mortality Ratio
Deaths per 100,000 live births — Uncertainty Range Around Estimate



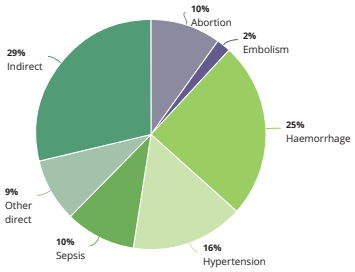
Neonatal & Under-five Mortality Rate
Deaths per 1,000 live births — Uncertainty Range Around Estimate

- Neonatal mortality rate (34) 2016
- Under 5 mortality rate (104) 2016



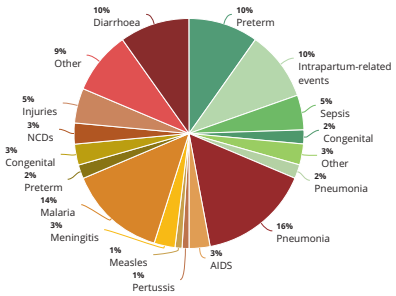
Source: UN IGME 2017

Causes of Maternal Death - 2014
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015
Globally nearly half of child deaths are attributable to undernutrition



- Children ages 1-59 months
- Newborns ages 0-27 days

32% of deaths occur in the neonatal period

Source: WHO MCEE 2015

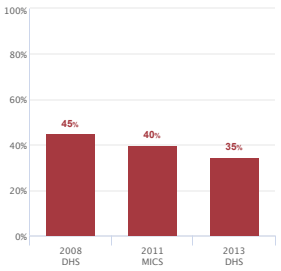
Child Health

Immunization
Percent of children immunized:

- against rotavirus (–) –
- with 3 doses of DTP (49%) 2016
- against measles (51%) 2016
- with 3 doses of Hib (49%) 2016
- with 3 doses of pneumococcal (26%) 2016

Source: WHO/UNICEF 2016 revision

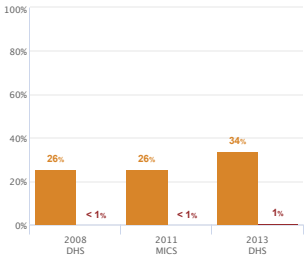
Pneumonia Treatment
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

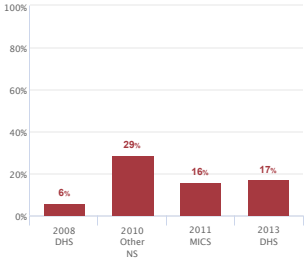
Diarrhoeal Disease Treatment
Percent of children under 5 years with diarrhoea:

- Treated with ORS
- Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment
Malaria prevention in children under-five - sleeping under ITNs

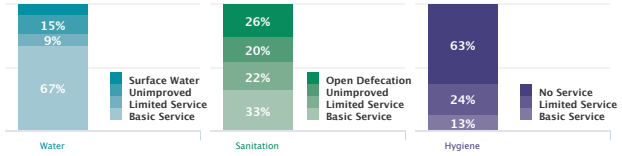


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	11 %	2013
Population sleeping under ITN or sleeping in a house sprayed by IRS	38 %	2015

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes
Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	Partial

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✗	✗	✗	✗

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	MANDATORY	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
Yes	Yes	Yes

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✓

Civil society involvement in review of national maternal, newborn and child health programs: No Data

Financing

Total expenditure on health, per capita	118	2014
Government expenditure on health, per capita	30	2014
Out of pocket expenditure as % of total expenditure on health	72%	2014
General government expenditure on health as % of total government expenditure	8%	2014
ODA to RMNCH (US$)	Total: $1060 M	2015
	Per capita: $6	2015

Service Delivery
Life Saving Commodities in Essential Medicine List:

Reproductive Health 2	Maternal Health 3	Newborn Health 2	Child Health 3
✗ 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
✓ 2. Contraceptive Implants	✓ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
✓ 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

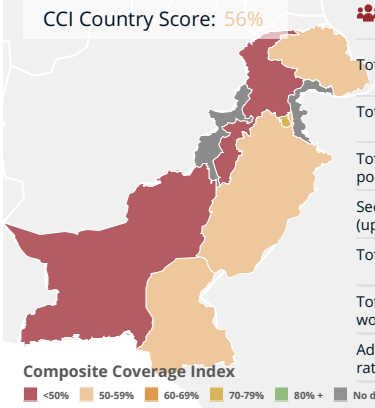
National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -	
Density of skilled health professionals (per 10,000 population)	18.3	2009

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Pakistan

CCI Country Score: 56%

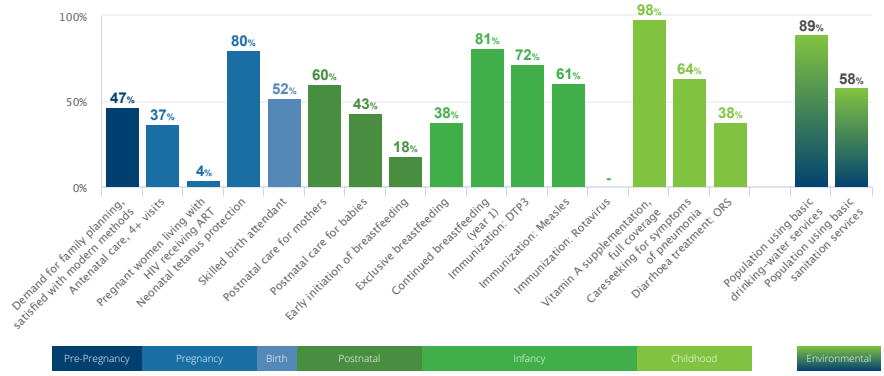


Demographics

Total Population (000)	193,203	2016
Total under 5 population (000)	24,963	2016
Total adolescent (10-19) population (000)	39,177	2016
Secondary completion rate (upper, females)	32%	2016
Total Births (000)	5,452	2016
Total fertility rate (births per woman)	3.5	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	48	2010
Birth registration	34%	2013
Total maternal deaths	9,700	2015
Lifetime risk of maternal deaths (1 in N)	140	2015
Stillbirth rate (per 1000 total births)	43	2015
Neonatal deaths, as % of all <5 deaths	57%	2015
Total under 5 deaths (000)	424	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	79 girls 97 boys	2015

Continuum of Care Coverage

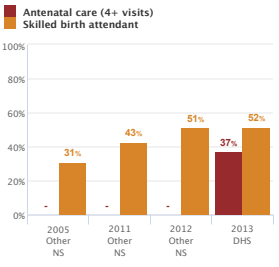
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

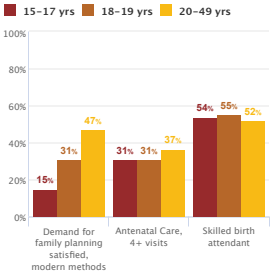
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	4%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	15%/34%/48% Public Private Total	2013
C-section rate	24%/10%/14% Urban Rural Total	2013

Women's & Children's Nutrition

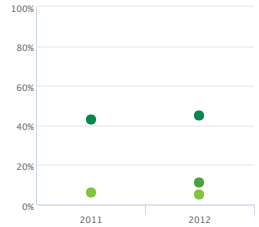
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	52%	2016
Women of reproductive age, short stature	5%	2012
Women (20+) with: BMI <18.5 kg/m2 (thinness)	14%	2016
BMI 25-30 kg/m2 (overweight)	21%	2016
BMI > 30 kg/m2 (obese)	12%	2016
Iron/folic acid supplementation during pregnancy	22%	2012
Low birth weight prevalence	-	-
Vitamin A supplementation, full coverage	98%	2015
Minimum dietary diversity	22%	2013

Child Nutritional Status

Percent children under 5 with moderate and severe:

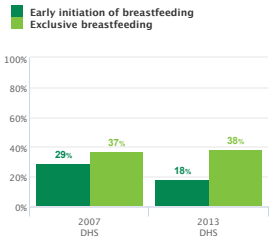
- **Stunting (45%)** DHS – 2012
- **Wasting (11%)** DHS – 2012
- **Overweight (5%)** DHS – 2012



More years of data may be available on the dashboard.

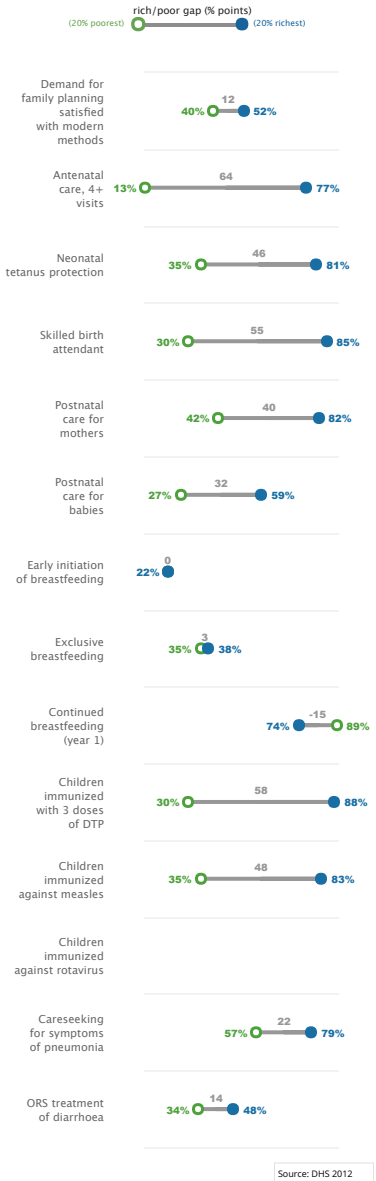
Breastfeeding Practices

Continued breastfeeding (year 1)	81%	2013



More years of data may be available on the dashboard.

Equity

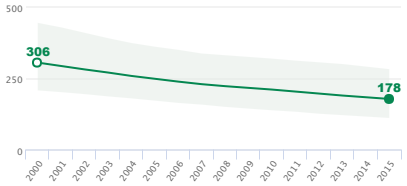


Source: DHS 2012

Demographics

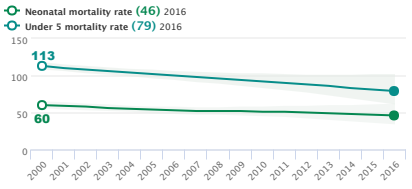
Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate



Neonatal & Under-five Mortality Rate

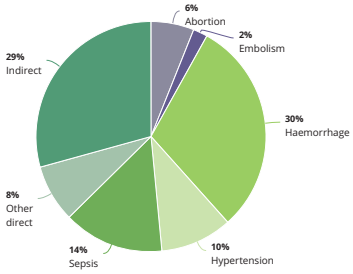
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

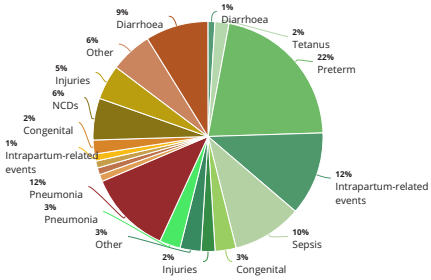
Regional estimates for Southern Asia



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months

Newborns ages 0-27 days

57% of deaths occur in the neonatal period

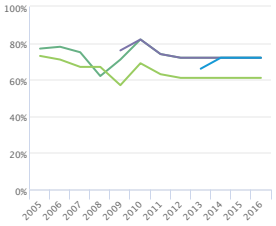
Source: WHO MCEE 2015

Child Health

Immunization

Percent of children immunized:

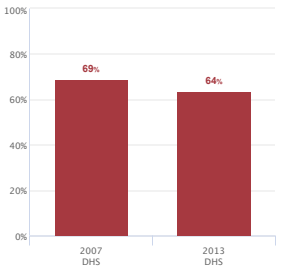
- against rotavirus (–) –
- against measles (61%) 2016
- with 3 doses of DTP (72%) 2016
- with 3 doses of Hib (72%) 2016
- with 3 doses of pneumococcal (72%) 2016



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider

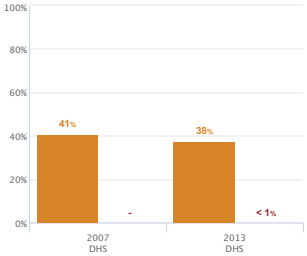


More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

Percent of children under 5 years with diarrhoea:

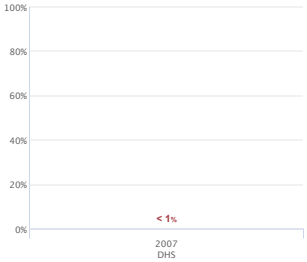
- Treated with ORS
- Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

Malaria prevention in children under-five - sleeping under ITNs

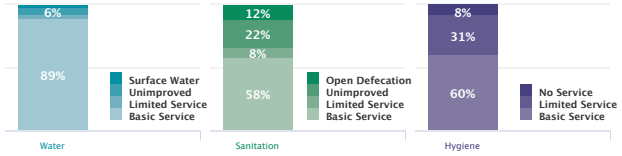


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	Low Risk
Population sleeping under ITN or sleeping in a house sprayed by IRS	Low Risk

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✗	✗	✗	✗

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	Yes

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
No	No	No

Maternal Death Review 2016

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✗	✓	✗	–

Civil society involvement in review of national maternal, newborn and child health programs	Partial

Financing

Total expenditure on health, per capita	36	2016
Government expenditure on health, per capita	13	2016
Out of pocket expenditure as % of total expenditure on health	56%	2016
General government expenditure on health as % of total government expenditure	5%	2014

ODA to RMNCH (US$) Total: $446 M 2015 Per capita: $2 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 2	Maternal Health 3	Newborn Health 4	Child Health 3
✗ 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
✓ 2. Contraceptive Implants	✓ 2. Misoprostol	✓ 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
✓ 3. Emergency Contraception	✓ 3. Magnesium sulfate	✓ 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

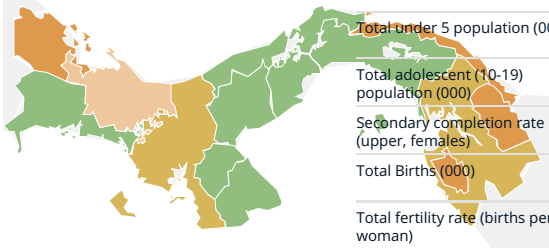
National availability of functional Emergency Obstetric Care (% of recommended minimum)	-	-
Density of skilled health professionals (per 10,000 population)	14.1	2014

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Panama

CCI Country Score: 79%

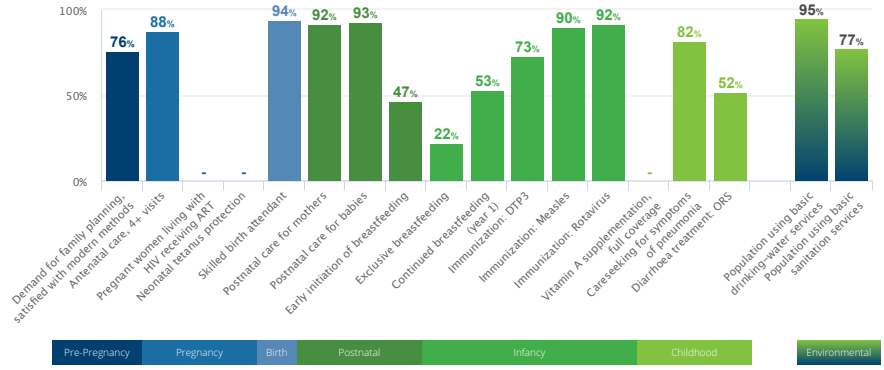


Demographics

Total Population (000)	4,034	2016
Total under 5 population (000)	388	2016
Total adolescent (10-19) population (000)	702	2016
Secondary completion rate (upper, females)	68%	2016
Total Births (000)	79	2016
Total fertility rate (births per woman)	2.5	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	89	2012
Birth registration	96%	2013
Total maternal deaths	71	2015
Lifetime risk of maternal deaths (1 in N)	420	2015
Stillbirth rate (per 1000 total births)	6	2015
Neonatal deaths, as % of all <5 deaths	57%	2015
Total under 5 deaths (000)	1	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	43 girls 120 boys	2015

Continuum of Care Coverage

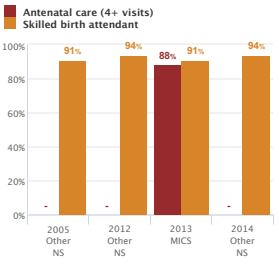
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

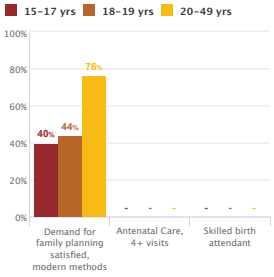
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	- -	
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	85%/7%/91% (Public/Private/Total)	2013
C-section rate	34%/18%/28% (Urban/Rural/Total)	2013

Women's & Children's Nutrition

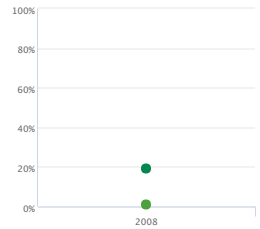
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	23%	2016
Women of reproductive age, short stature	-	-
Women (20+) with: BMI <18.5 kg/m2 (thinness)	2%	2016
BMI 25-30 kg/m2 (overweight)	34%	2016
BMI > 30 kg/m2 (obese)	29%	2016
Iron/folic acid supplementation during pregnancy	-	-
Low birth weight prevalence	8%	2011
Vitamin A supplementation, full coverage	-	-
Minimum dietary diversity	-	-

Child Nutritional Status

Percent children under 5 with moderate and severe:

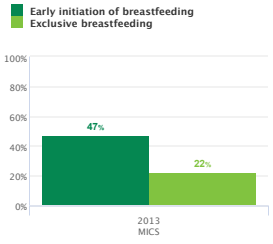
- Stunting (19%) Other NS – 2008
- Wasting (1%) Other NS – 2008
- Overweight (–)



More years of data may be available on the dashboard.

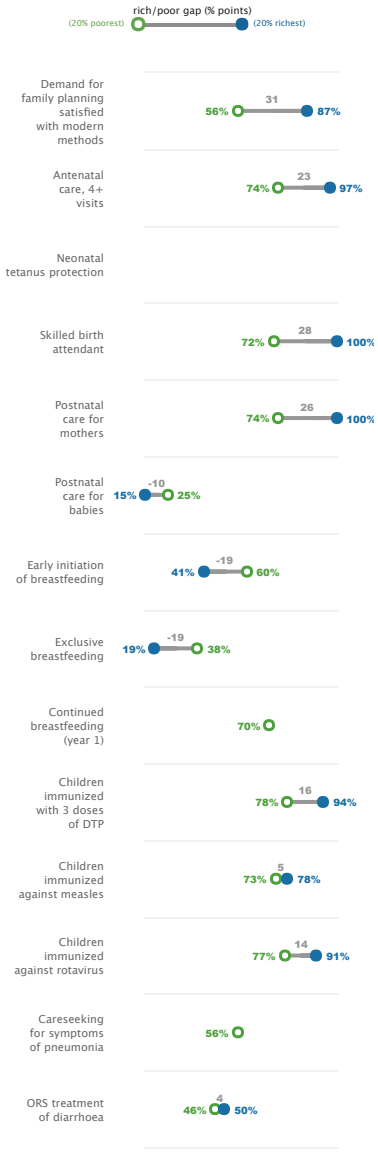
Breastfeeding Practices

Continued breastfeeding (year 1)	53%	2013



More years of data may be available on the dashboard.

Equity

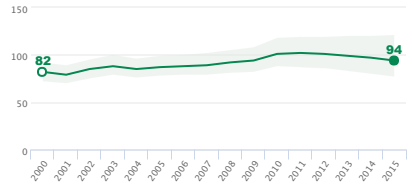


Source: MICS 2013

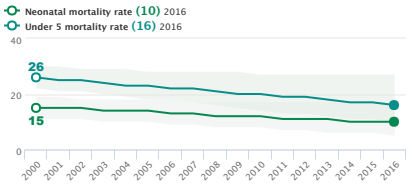
Panama

Demographics

Maternal Mortality Ratio
Deaths per 100,000 live births — Uncertainty Range Around Estimate

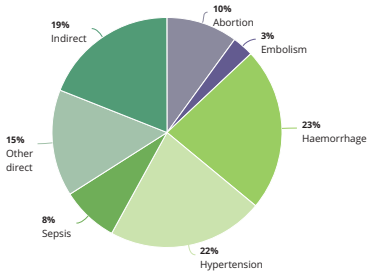


Neonatal & Under-five Mortality Rate
Deaths per 1,000 live births — Uncertainty Range Around Estimate



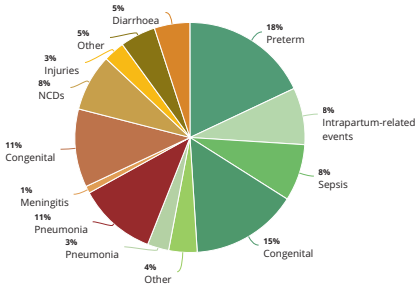
Source: UN IGME 2017

Causes of Maternal Death - 2014
Regional estimates for Latin America & Caribbean



Source: WHO 2014

Causes of Death Under-Five - 2015
Globally nearly half of child deaths are attributable to undernutrition



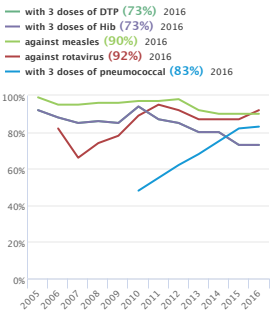
Children ages 1-59 months
Newborns ages 0-27 days

56% of deaths occur in the neonatal period

Source: WHO MCEE 2015

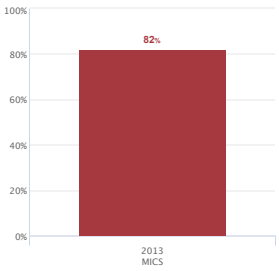
Child Health

Immunization
Percent of children immunized:



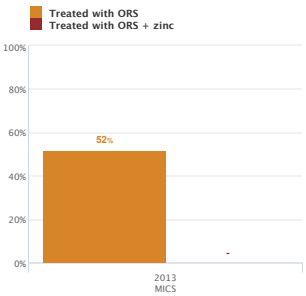
Source: WHO/UNICEF 2016 revision

Pneumonia Treatment
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



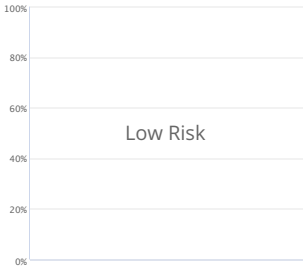
More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment
Malaria prevention in children under-five - sleeping under ITNs

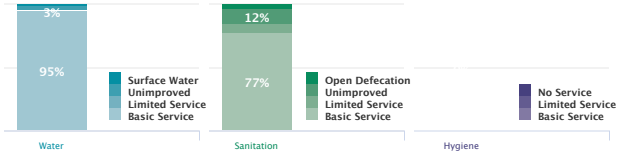


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	Low Risk
Population sleeping under ITN or sleeping in a house sprayed by IRS	Low Risk

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✓	✓

Maternity protection (Convention 183)	Partial
International code of marketing of breastmilk substitutes	Yes

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	MANDATORY

Governance

Costed national implementation plan(s) for maternal, newborn and child health available	No (MATERNAL)	No (NEWBORN)	No (CHILD)

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✓

Civil society involvement in review of national maternal, newborn and child health programs	Yes

Financing

Total expenditure on health, per capita	959	2014
Government expenditure on health, per capita	702	2014
Out of pocket expenditure as % of total expenditure on health	22%	2014
General government expenditure on health as % of total government expenditure	15%	2014

ODA to RMNCH (US$) — Total: $3 M 2015 — Per capita: $1 2015

Service Delivery
Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 3	Newborn Health 4	Child Health 2
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✓ 2. Misoprostol	✓ 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	✓ 3. Chlorhexidine	✗ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

National availability of functional Emergency Obstetric Care (% of recommended minimum)	53%	2016
Density of skilled health professionals (per 10,000 population)	38.5	2013

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✗	✗	✓

Papua New Guinea

CCI Country Score: -

Composite Coverage Index

<50% | 50-59% | 60-69% | 70-79% | 80% + | No data

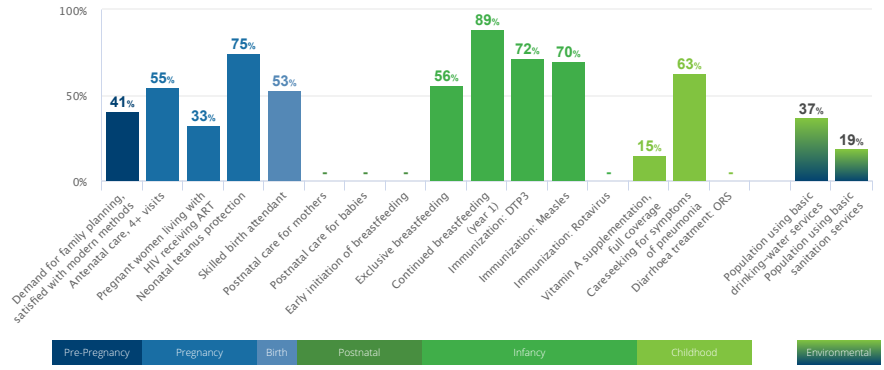
Demographics

Total Population (000)	8,085	2016
Total under 5 population (000)	1,033	2016
Total adolescent (10-19) population (000)	1,760	2016
Secondary completion rate (upper, females)	- -	
Total Births (000)	223	2016
Total fertility rate (births per woman)	3.7	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	- -	

Birth registration	- -	
Total maternal deaths	460	2015
Lifetime risk of maternal deaths (1 in N)	120	2015
Stillbirth rate (per 1000 total births)	16	2015
Neonatal deaths, as % of all <5 deaths	43%	2015
Total under 5 deaths (000)	12	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	98 girls 133 boys	2015

Continuum of Care Coverage

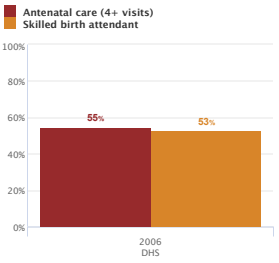
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

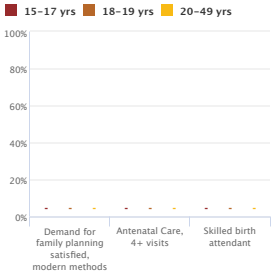
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	33%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	-/-/43%	2013
C-section rate	-/-/- -	

Institutional Delivery: Public | Private | Total

C-section rate: Urban | Rural | Total

Women's & Children's Nutrition

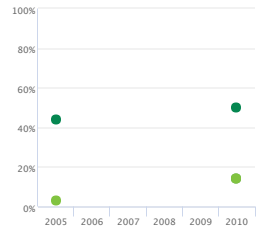
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	37%	2016
Women of reproductive age, short stature	-	-
Women (20+) with: BMI <18.5 kg/m2 (thinness)	3%	2016
BMI 25-30 kg/m2 (overweight)	33%	2016
BMI > 30 kg/m2 (obese)	27%	2016
Iron/folic acid supplementation during pregnancy	-	-
Low birth weight prevalence	11%	2005
Vitamin A supplementation, full coverage	15%	2012
Minimum dietary diversity	-	-

Child Nutritional Status

Percent children under 5 with moderate and severe:

- **Stunting (50%)** Other NS – 2010
- **Wasting (14%)** Other NS – 2010
- **Overweight (14%)** Other NS – 2010

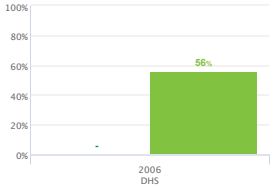


More years of data may be available on the dashboard.

Breastfeeding Practices

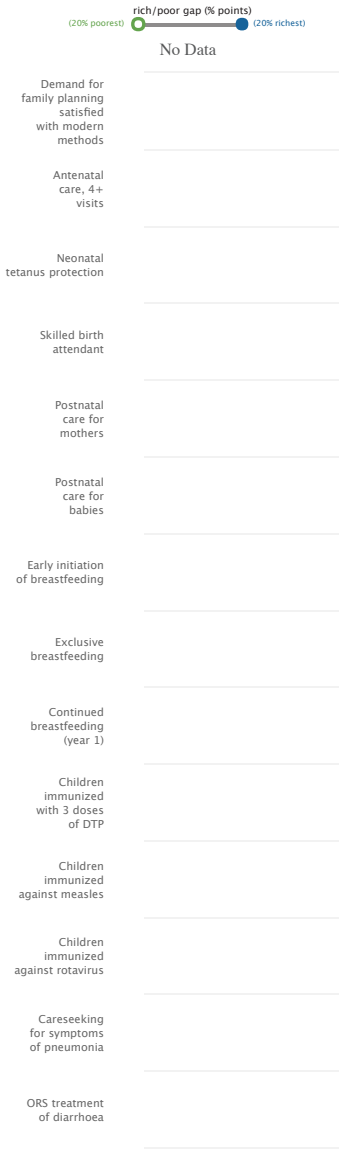
Continued breastfeeding (year 1)	89%	2006

Early initiation of breastfeeding
Exclusive breastfeeding



More years of data may be available on the dashboard.

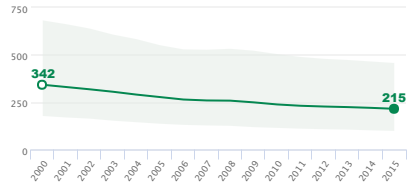
Equity



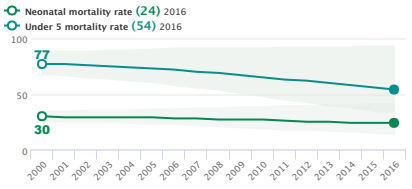
Papua New Guinea

Demographics

Maternal Mortality Ratio
Deaths per 100,000 live births — Uncertainty Range Around Estimate

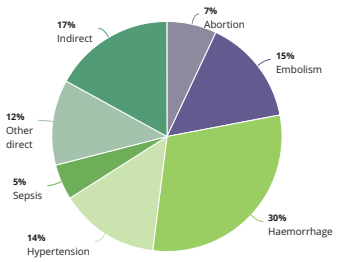


Neonatal & Under-five Mortality Rate
Deaths per 1,000 live births — Uncertainty Range Around Estimate



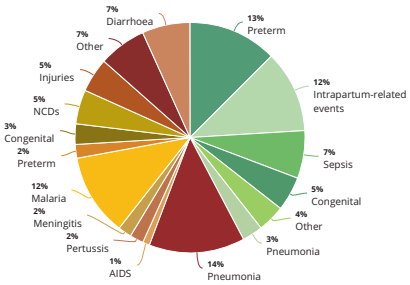
Source: UN IGME 2017

Causes of Maternal Death - 2014
Regional estimates for Oceania



Source: WHO 2014

Causes of Death Under-Five - 2015
Globally nearly half of child deaths are attributable to undernutrition



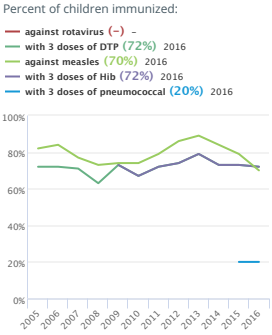
Children ages 1-59 months
Newborns ages 0-27 days

43% of deaths occur in the neonatal period

Source: WHO MCEE 2015

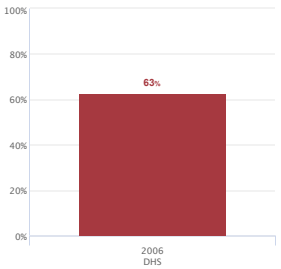
Child Health

Immunization
Percent of children immunized:



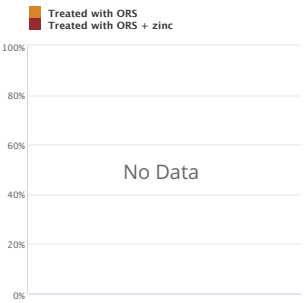
Source: WHO/UNICEF 2016 revision

Pneumonia Treatment
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

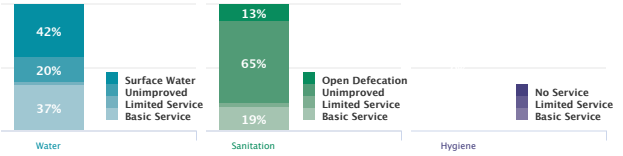
Malaria Prevention & Treatment
Malaria prevention in children under-five - sleeping under ITNs

More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	Low Risk
Population sleeping under ITN or sleeping in a house sprayed by IRS	Low Risk

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✗	✗

Maternity protection (Convention 183)	Partial
International code of marketing of breastmilk substitutes	Partial

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	NO FORTIFICATION	MANDATORY

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
Yes	Yes	No

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✗	✗	✗	–

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita		92	2014
Government expenditure on health, per capita		75	2014
Out of pocket expenditure as % of total expenditure on health		10%	2014
General government expenditure on health as % of total government expenditure		10%	2014
ODA to RMNCH (US$)	Total: $76 M 2015	Per capita: $10	2015

Service Delivery
Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 2	Newborn Health 2	Child Health 3
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	– 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

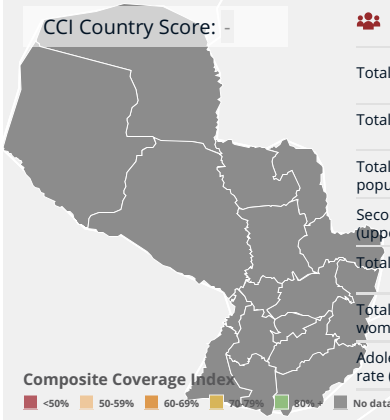
National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -
Density of skilled health professionals (per 10,000 population)	5.9 2010

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	–	✓	✓

Paraguay

CCI Country Score: -

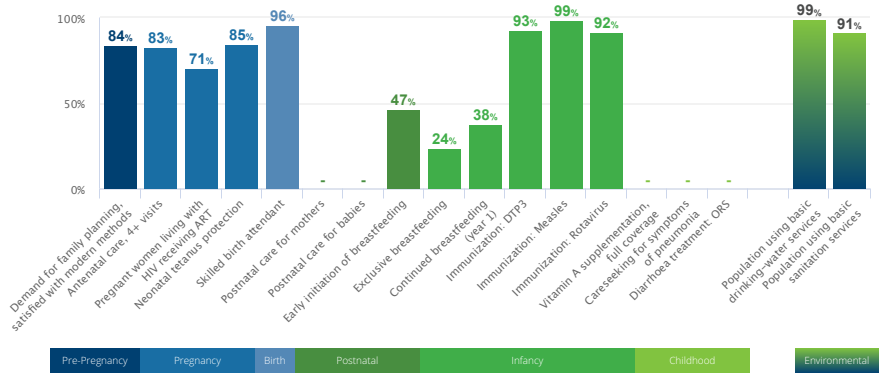


Demographics

Total Population (000)	6,725	2016
Total under 5 population (000)	672	2016
Total adolescent (10-19) population (000)	1,336	2016
Secondary completion rate (upper, females)	- -	
Total Births (000)	141	2016
Total fertility rate (births per woman)	2.5	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	63	2007
Birth registration	85%	2014
Total maternal deaths	190	2015
Lifetime risk of maternal deaths (1 in N)	270	2015
Stillbirth rate (per 1000 total births)	13	2015
Neonatal deaths, as % of all <5 deaths	53%	2015
Total under 5 deaths (000)	3	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	63 girls 93 boys	2015

Continuum of Care Coverage

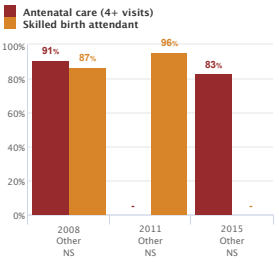
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

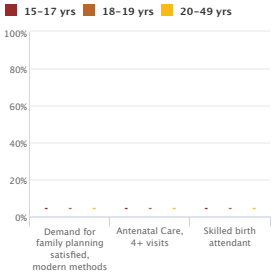
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	71%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	-/-/97%	2015
C-section rate	-/-/49%	2015

Institutional Delivery: Public, Private, Total

C-section rate: Urban, Rural, Total

Women's & Children's Nutrition

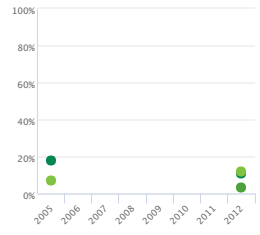
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	23%	2016
Women of reproductive age, short stature	-	-
Women (20+) with: BMI <18.5 kg/m2 (thinness)	2%	2016
BMI 25-30 kg/m2 (overweight)	30%	2016
BMI > 30 kg/m2 (obese)	24%	2016
Iron/folic acid supplementation during pregnancy	-	-
Low birth weight prevalence	6%	2009
Vitamin A supplementation, full coverage	-	-
Minimum dietary diversity	-	-

Child Nutritional Status

Percent children under 5 with moderate and severe:

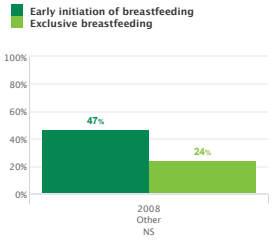
- **Stunting (11%)** Other NS – 2012
- **Wasting (3%)** Other NS – 2012
- **Overweight (12%)** Other NS – 2012



More years of data may be available on the dashboard.

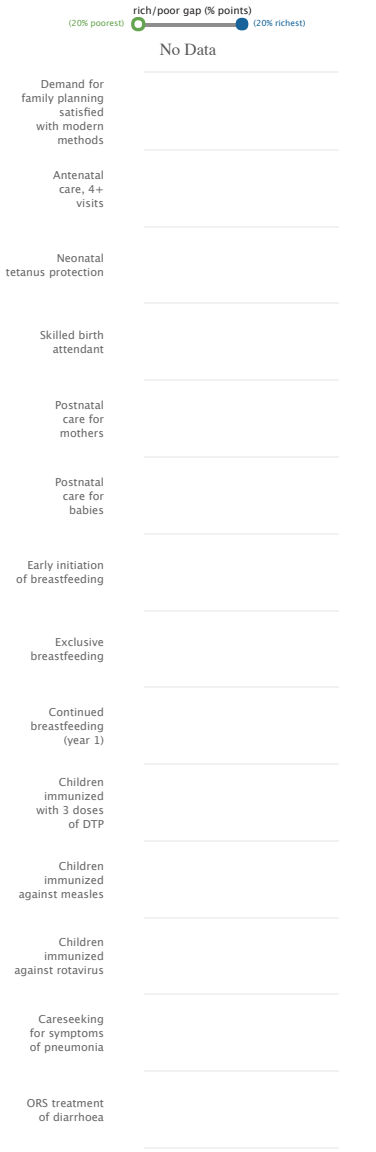
Breastfeeding Practices

Continued breastfeeding (year 1)	38%	2008



More years of data may be available on the dashboard.

Equity

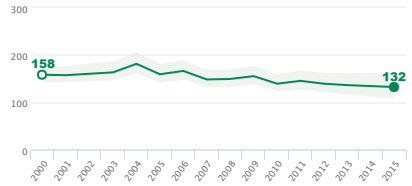


Paraguay

Demographics

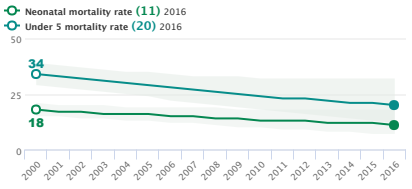
Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate



Neonatal & Under-five Mortality Rate

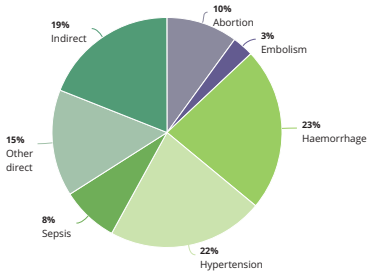
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

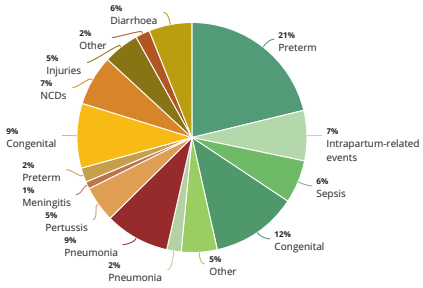
Regional estimates for Latin America & Caribbean



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months
Newborns ages 0-27 days

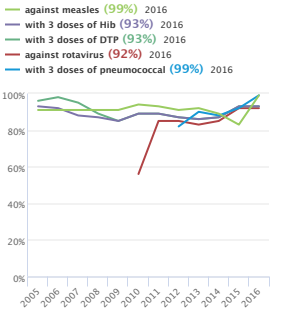
53% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

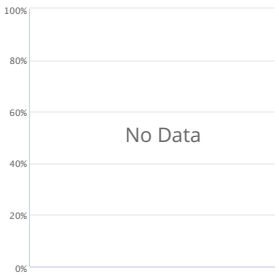
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

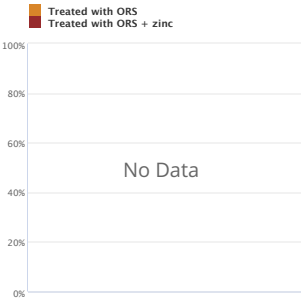
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

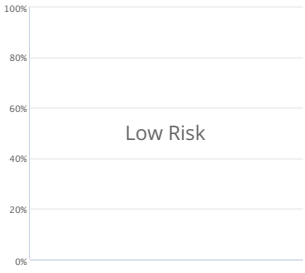
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

Malaria prevention in children under-five - sleeping under ITNs

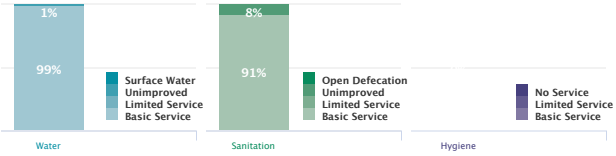


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	Low Risk
Population sleeping under ITN or sleeping in a house sprayed by IRS	Low Risk

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✗	✗

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	Partial

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
No	No	No Data

Maternal Death Review 2016

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✓

Civil society involvement in review of national maternal, newborn and child health programs	Yes

Financing

Total expenditure on health, per capita			464	2016
Government expenditure on health, per capita			213	2016
Out of pocket expenditure as % of total expenditure on health			49%	2016
General government expenditure on health as % of total government expenditure			12%	2014
ODA to RMNCH (US$)	Total:	$7 M 2015	Per capita:	$1 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

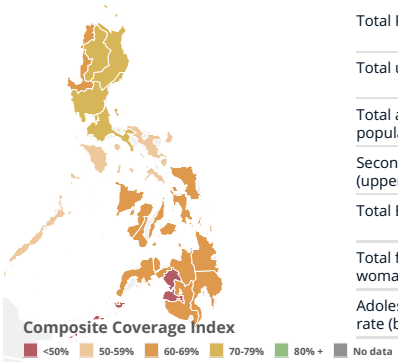
Reproductive Health 0	Maternal Health 2	Newborn Health 4	Child Health 2
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✗ 2. Misoprostol	✓ 2. Antenatal Corticosteroids	– 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	✓ 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -
Density of skilled health professionals (per 10,000 population)	23.3 2012

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

CCI Country Score: 69%

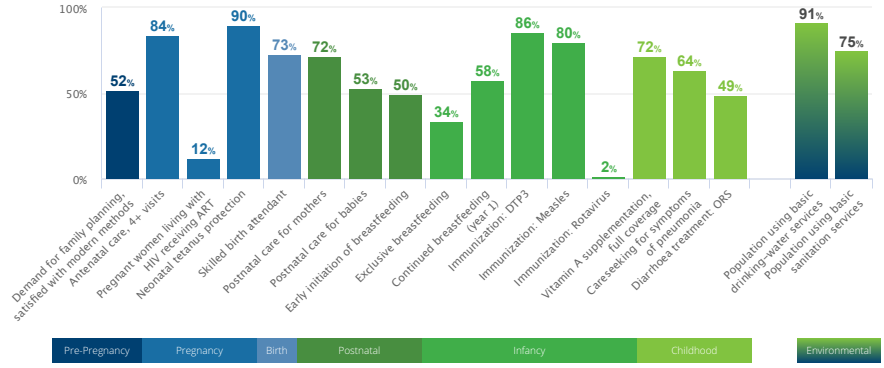


Demographics

Total Population (000)	103,320	2016
Total under 5 population (000)	11,530	2016
Total adolescent (10-19) population (000)	20,750	2016
Secondary completion rate (upper, females)	76%	2016
Total Births (000)	2,399	2016
Total fertility rate (births per woman)	2.9	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	59	2011
Birth registration	90%	2010
Total maternal deaths	2,700	2015
Lifetime risk of maternal deaths (1 in N)	280	2015
Stillbirth rate (per 1000 total births)	11	2015
Neonatal deaths, as % of all <5 deaths	45%	2015
Total under 5 deaths (000)	64	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	56 girls 93 boys	2015

Continuum of Care Coverage

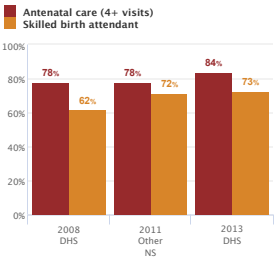
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

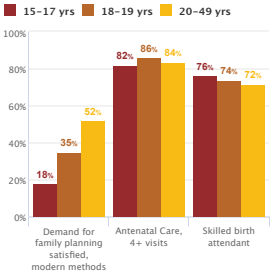
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	12%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	43%/19%/61% Public Private Total	2013
C-section rate	11%/8%/9% Urban Rural Total	2013

Women's & Children's Nutrition

Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	16%	2016
Women of reproductive age, short stature	-	-
Women (20+) with: BMI <18.5 kg/m2 (thinness)	13%	2016
BMI 25-30 kg/m2 (overweight)	22%	2016
BMI > 30 kg/m2 (obese)	8%	2016
Iron/folic acid supplementation during pregnancy	47%	2013
Low birth weight prevalence	21%	2008
Vitamin A supplementation, full coverage	72%	2015
Minimum dietary diversity	-	-

Child Nutritional Status

Percent children under 5 with moderate and severe:

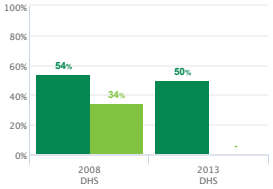
Stunting (33%) Other NS – 2015
Wasting (7%) Other NS – 2015
Overweight (4%) Other NS – 2015

More years of data may be available on the dashboard.

Breastfeeding Practices

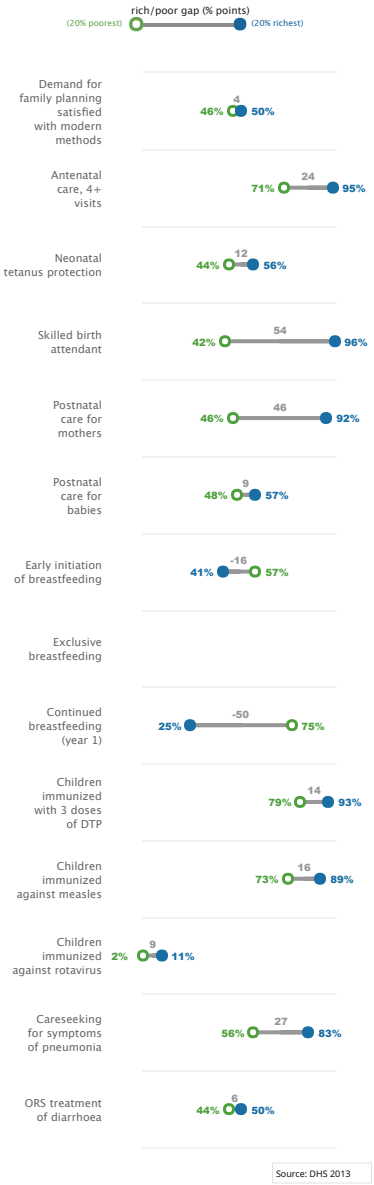
Continued breastfeeding (year 1) 58% 2013

Early initiation of breastfeeding
Exclusive breastfeeding



More years of data may be available on the dashboard.

Equity



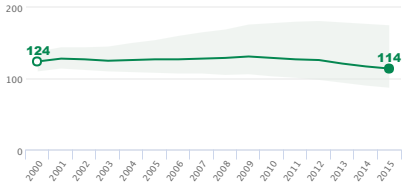
Source: DHS 2013

Philippines

Demographics

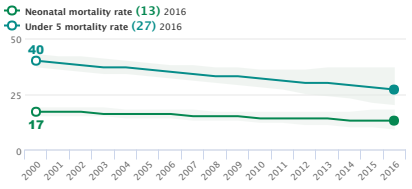
Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate



Neonatal & Under-five Mortality Rate

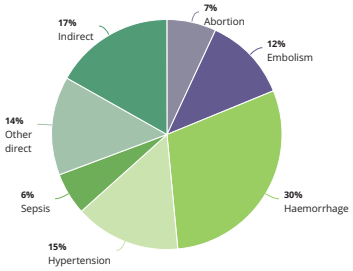
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

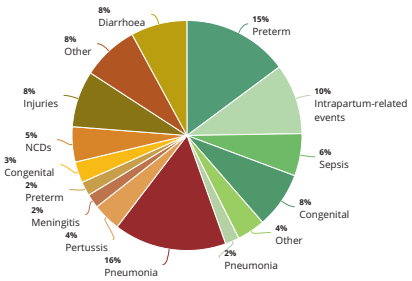
Regional estimates for South-eastern Asia



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



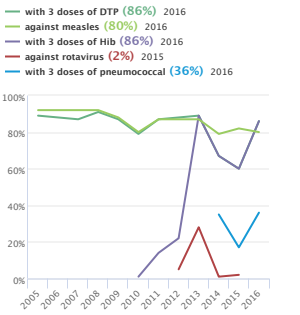
45% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

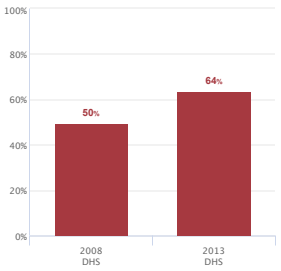
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

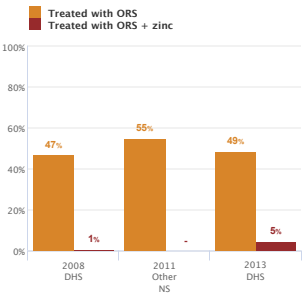
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

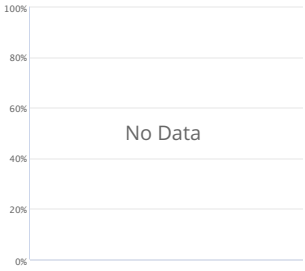
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

Malaria prevention in children under-five - sleeping under ITNs

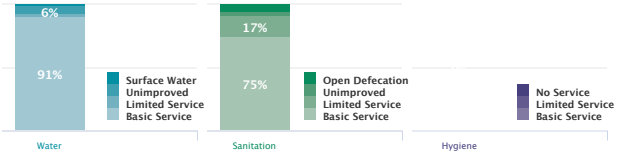


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	-
Population sleeping under ITN or sleeping in a house sprayed by IRS	-

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✗	✗

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	Yes

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	MANDATORY

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

Yes	No Data	No Data
MATERNAL	NEWBORN	CHILD

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✗	✗	✗

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita		135	2014
Government expenditure on health, per capita		46	2014
Out of pocket expenditure as % of total expenditure on health		54%	2014
General government expenditure on health as % of total government expenditure		10%	2014
ODA to RMNCH (US$)	Total: $85 M 2015	Per capita: $1	2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 2	Newborn Health 2	Child Health 3
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✗ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

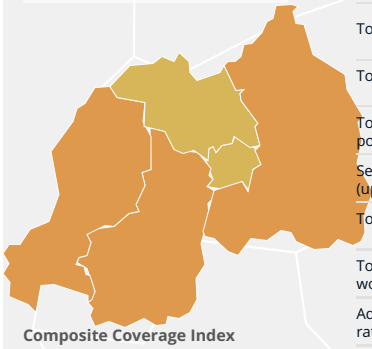
National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -
Density of skilled health professionals (per 10,000 population)	- -

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✗

Rwanda

CCI Country Score: 68%

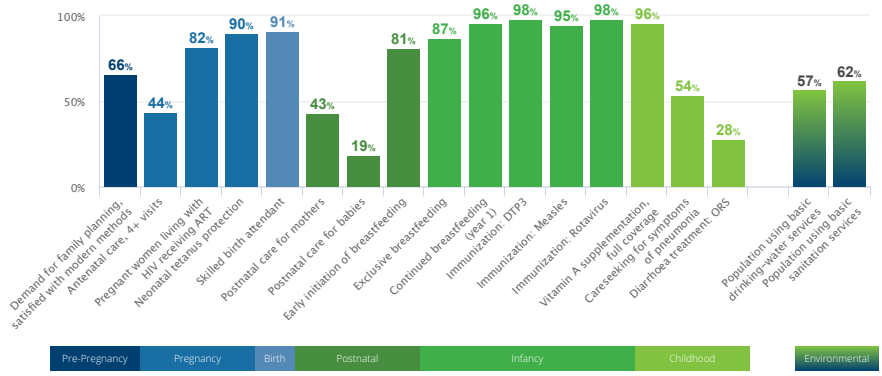


Demographics

Total Population (000)	11,918	2016
Total under 5 population (000)	1,740	2016
Total adolescent (10-19) population (000)	2,685	2016
Secondary completion rate (upper, females)	16%	2016
Total Births (000)	371	2016
Total fertility rate (births per woman)	3.9	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	41	2008
Birth registration	56%	2015
Total maternal deaths	1,100	2015
Lifetime risk of maternal deaths (1 in N)	85	2015
Stillbirth rate (per 1000 total births)	17	2015
Neonatal deaths, as % of all <5 deaths	44%	2015
Total under 5 deaths (000)	14	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	93 girls	288 boys 2015

Continuum of Care Coverage

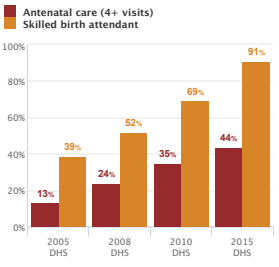
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

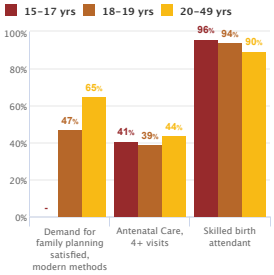
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	82%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	3%	2008
Institutional Delivery	90%/1%/91%	2015
	Public Private Total	
C-section rate	22%/11%/13%	2015
	Urban Rural Total	

Women's & Children's Nutrition

Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	22%	2016
Women of reproductive age, short stature	3%	2014
Women (20+) with: BMI <18.5 kg/m2 (thinness)	7%	2016
BMI 25-30 kg/m2 (overweight)	25%	2016
BMI > 30 kg/m2 (obese)	10%	2016
Iron/folic acid supplementation during pregnancy	3%	2014
Low birth weight prevalence	7%	2010
Vitamin A supplementation, full coverage	96%	2015
Minimum dietary diversity	30%	2015

Child Nutritional Status

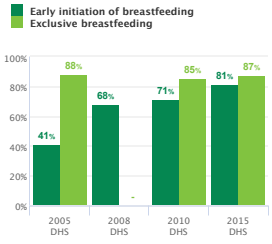
Percent children under 5 with moderate and severe:

- Stunting (38%) DHS – 2015
- Wasting (2%) DHS – 2015
- Overweight (8%) DHS – 2015

More years of data may be available on the dashboard.

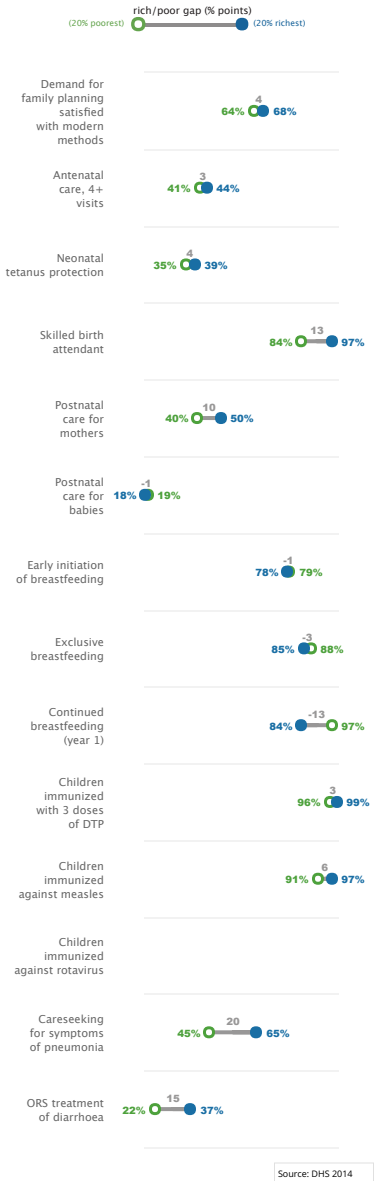
Breastfeeding Practices

Continued breastfeeding (year 1)	96%	2015



More years of data may be available on the dashboard.

Equity

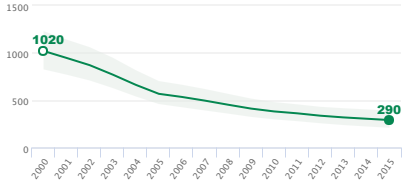


Source: DHS 2014

Demographics

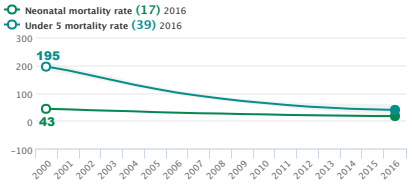
Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate



Neonatal & Under-five Mortality Rate

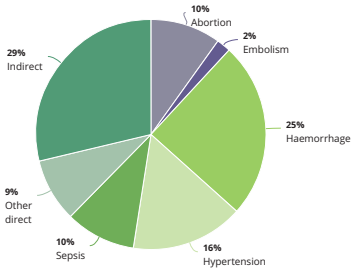
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

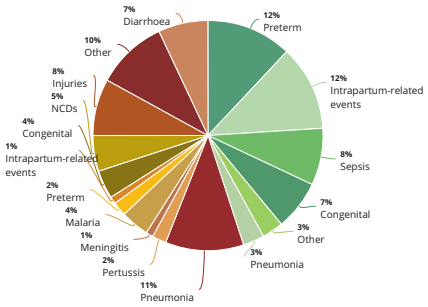
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months

Newborns ages 0-27 days

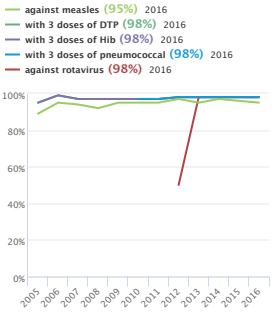
44% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

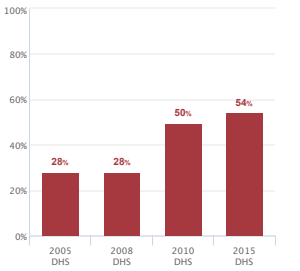
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

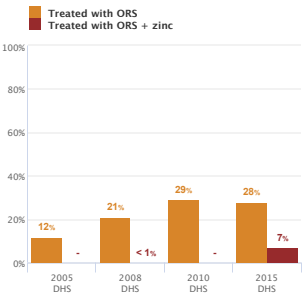
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

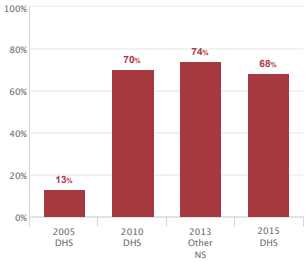
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

Malaria prevention in children under-five - sleeping under ITNs

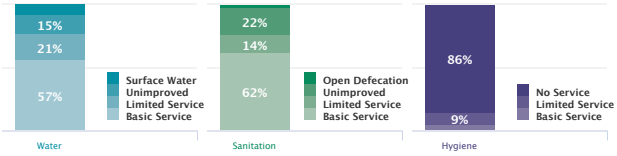


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	36 %	2015
Population sleeping under ITN or sleeping in a house sprayed by IRS	61 %	2015

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✗	✗	✓	✓

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	Partial

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	VOLUNTARY	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
Yes	Yes	Yes

Maternal Death Review 2013

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✓

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	52	2013
Government expenditure on health, per capita	20	2013
Out of pocket expenditure as % of total expenditure on health	28%	2013
General government expenditure on health as % of total government expenditure	10%	2014

ODA to RMNCH (US$) Total: $184 M 2015 Per capita: $16 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 3	Newborn Health 2	Child Health 3
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✓ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

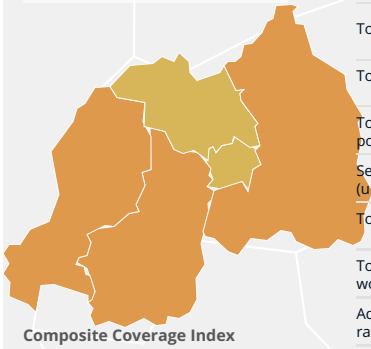
National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -
Density of skilled health professionals (per 10,000 population)	7.3 2010

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✗	✓	✓

Senegal

CCI Country Score: 55%

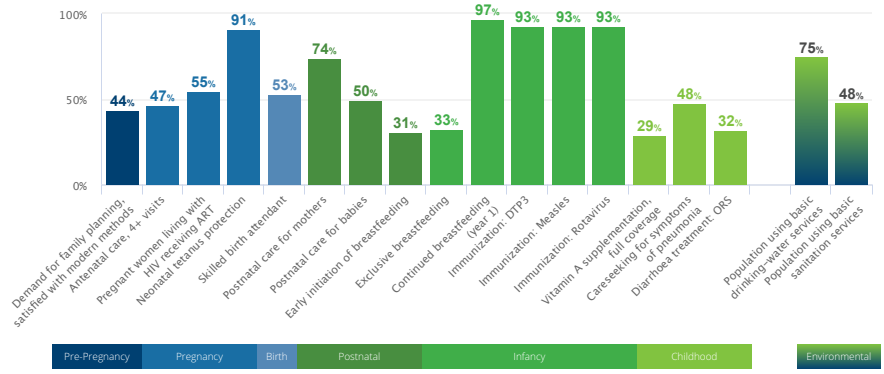


Demographics

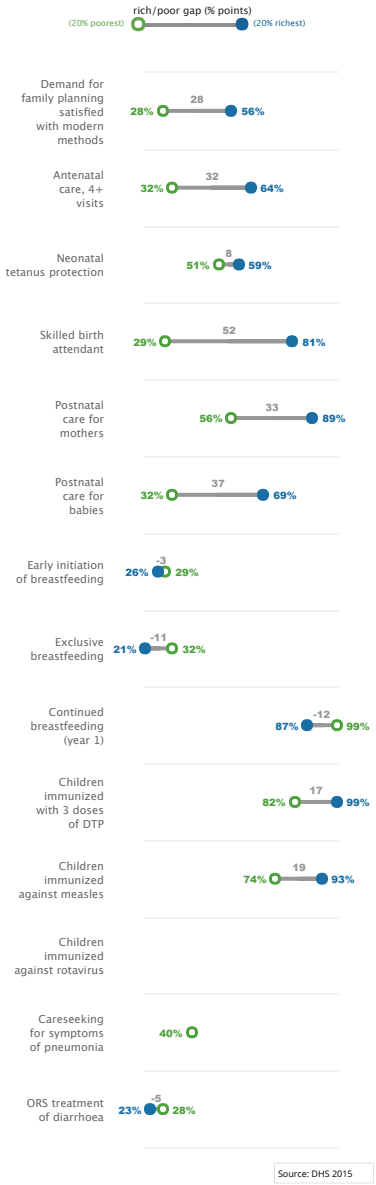
Total Population (000)	15,412	2016
Total under 5 population (000)	2,544	2016
Total adolescent (10-19) population (000)	3,474	2016
Secondary completion rate (upper, females)	6%	2016
Total Births (000)	549	2016
Total fertility rate (births per woman)	4.8	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	80	2011
Birth registration	73%	2014
Total maternal deaths	1,800	2015
Lifetime risk of maternal deaths (1 in N)	61	2015
Stillbirth rate (per 1000 total births)	25	2015
Neonatal deaths, as % of all <5 deaths	44%	2015
Total under 5 deaths (000)	25	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	104 girls 135 boys	2015

Continuum of Care Coverage

Percentage of those in need receiving coverage of key interventions across the continuum of care



Equity

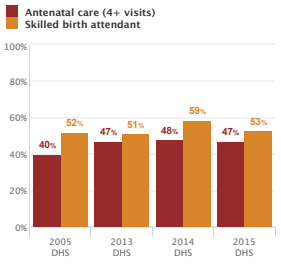


Source: DHS 2015

Maternal & Newborn Health

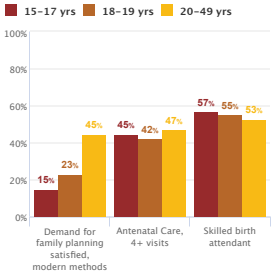
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	55%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	11%	2015
Institutional Delivery	71%/4%/75% (Public / Private / Total)	2015
C-section rate	7%/3%/5% (Urban / Rural / Total)	2015

Women's & Children's Nutrition

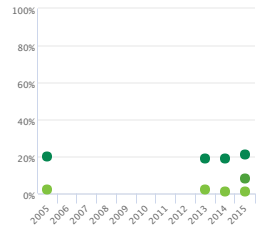
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	50%	2016
Women of reproductive age, short stature	0%	2010
Women (20+) with: BMI <18.5 kg/m2 (thinness)	10%	2016
BMI 25-30 kg/m2 (overweight)	24%	2016
BMI > 30 kg/m2 (obese)	13%	2016
Iron/folic acid supplementation during pregnancy	47%	2014
Low birth weight prevalence	-	-
Vitamin A supplementation, full coverage	29%	2015
Minimum dietary diversity	19%	2015

Child Nutritional Status

Percent children under 5 with moderate and severe:

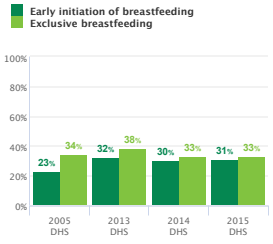
- Stunting (21%) DHS – 2015
- Wasting (8%) DHS – 2015
- Overweight (1%) DHS – 2015



More years of data may be available on the dashboard.

Breastfeeding Practices

Continued breastfeeding (year 1)	97%	2015



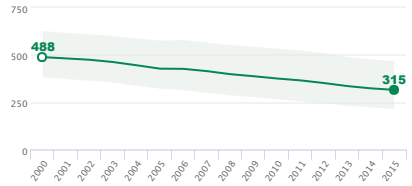
More years of data may be available on the dashboard.

Senegal

Demographics

Maternal Mortality Ratio

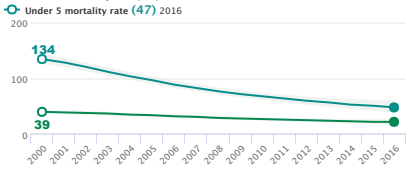
Deaths per 100,000 live births — Uncertainty Range Around Estimate



Neonatal & Under-five Mortality Rate

Deaths per 1,000 live births — Uncertainty Range Around Estimate

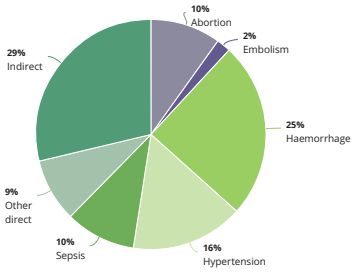
- Neonatal mortality rate (21) 2016
- Under 5 mortality rate (47) 2016



Source: UN IGME 2017

Causes of Maternal Death - 2014

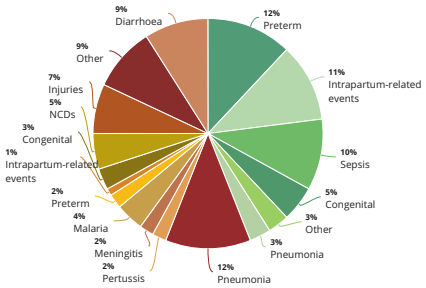
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months

Newborns ages 0-27 days

45% of deaths occur in the neonatal period

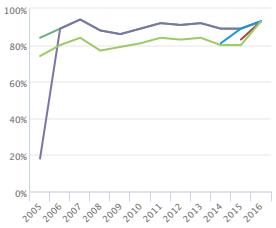
Source: WHO MCEE 2015

Child Health

Immunization

Percent of children immunized:

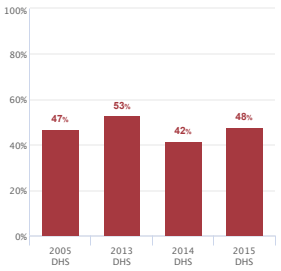
- with 3 doses of Hib (93%) 2016
- against measles (93%) 2016
- with 3 doses of DTP (93%) 2016
- with 3 doses of pneumococcal (93%) 2016
- against rotavirus (93%) 2016



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider

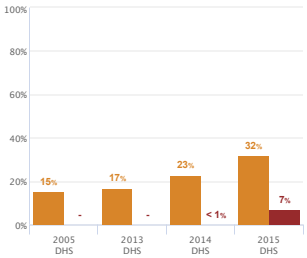


More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

Percent of children under 5 years with diarrhoea:

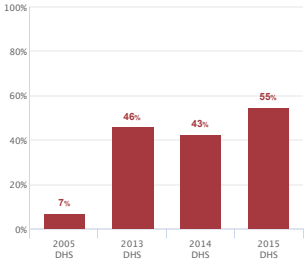
- Treated with ORS
- Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

Malaria prevention in children under-five - sleeping under ITNs

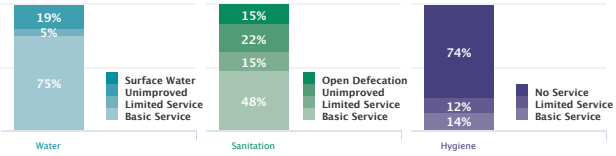


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	10 %	2015
Population sleeping under ITN or sleeping in a house sprayed by IRS	55 %	2015

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✗	✗

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	Partial

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
Yes	Yes	Yes

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✓

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	50	2014
Government expenditure on health, per capita	26	2014
Out of pocket expenditure as % of total expenditure on health	37%	2014
General government expenditure on health as % of total government expenditure	8%	2014
ODA to RMNCH (US$)	Total: $151 M 2015	Per capita: $10 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 3	Maternal Health 3	Newborn Health 2	Child Health 3
✓ 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
✓ 2. Contraceptive Implants	✓ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
✓ 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

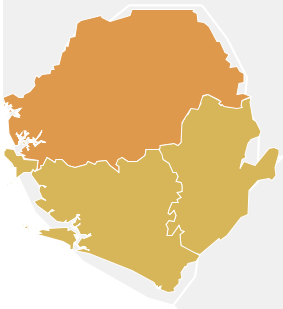
National availability of functional Emergency Obstetric Care (% of recommended minimum)	28%	2016
Density of skilled health professionals (per 10,000 population)	4.9	2008

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Sierra Leone

CCI Country Score: 67%



Composite Coverage Index

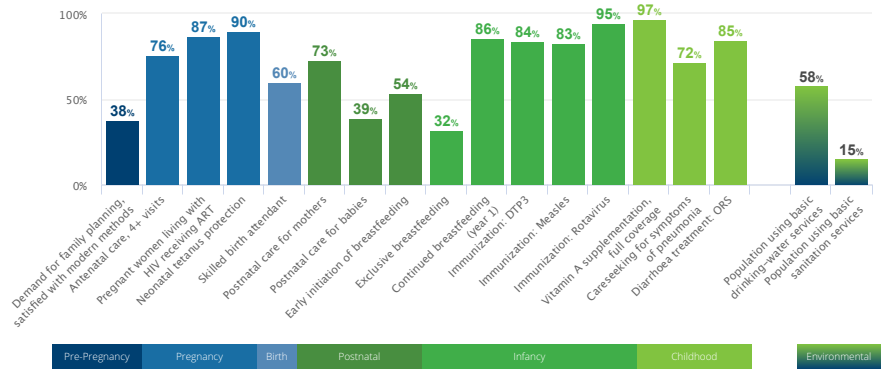
<50% | 50-59% | 60-69% | 70-79% | 80% + | No data

Demographics

Total Population (000)	7,396	2016
Total under 5 population (000)	1,141	2016
Total adolescent (10-19) population (000)	1,747	2016
Secondary completion rate (upper, females)	16%	2016
Total Births (000)	259	2016
Total fertility rate (births per woman)	4.5	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	131	2011
Birth registration	77%	2013
Total maternal deaths	3,100	2015
Lifetime risk of maternal deaths (1 in N)	17	2015
Stillbirth rate (per 1000 total births)	24	2015
Neonatal deaths, as % of all <5 deaths	29%	2015
Total under 5 deaths (000)	29	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	406 girls 418 boys	2015

Continuum of Care Coverage

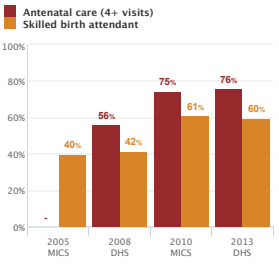
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

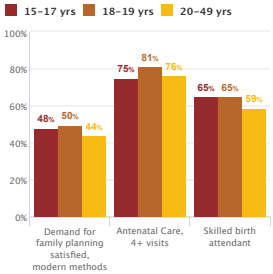
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	87%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	20%	2013
Institutional Delivery	52%/2%/54% (Public / Private / Total)	2013
C-section rate	5%/2%/3% (Urban / Rural / Total)	2013

Women's & Children's Nutrition

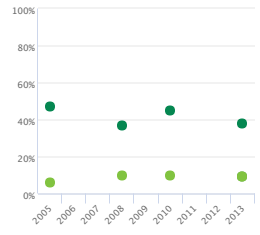
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	48%	2016
Women of reproductive age, short stature	2%	2013
Women (20+) with: BMI <18.5 kg/m2 (thinness)	9%	2016
BMI 25-30 kg/m2 (overweight)	23%	2016
BMI > 30 kg/m2 (obese)	14%	2016
Iron/folic acid supplementation during pregnancy	30%	2013
Low birth weight prevalence	11%	2010
Vitamin A supplementation, full coverage	97%	2015
Minimum dietary diversity	16%	2013

Child Nutritional Status

Percent children under 5 with moderate and severe:

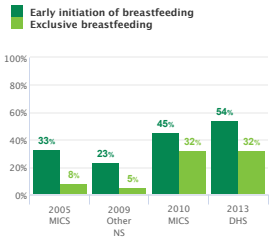
- Stunting (38%) DHS – 2013
- Wasting (9%) DHS – 2013
- Overweight (9%) DHS – 2013



More years of data may be available on the dashboard.

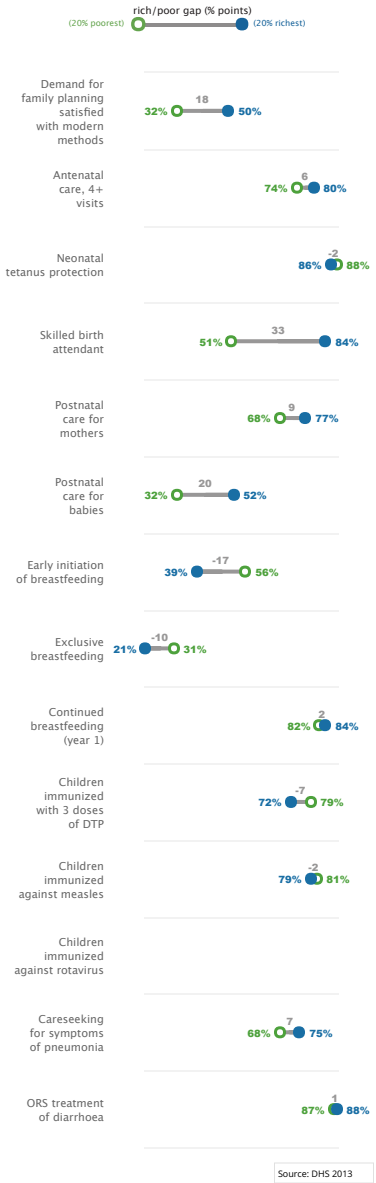
Breastfeeding Practices

Continued breastfeeding (year 1) 86% 2013



More years of data may be available on the dashboard.

Equity

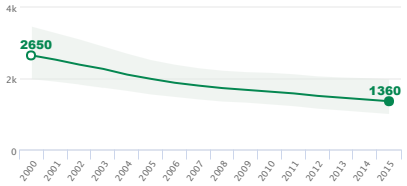


Source: DHS 2013

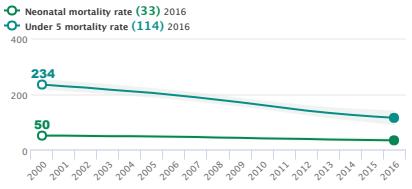
Sierra Leone

Demographics

Maternal Mortality Ratio
Deaths per 100,000 live births — Uncertainty Range Around Estimate

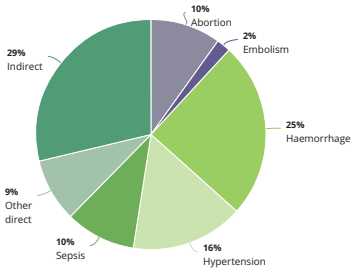


Neonatal & Under-five Mortality Rate
Deaths per 1,000 live births — Uncertainty Range Around Estimate



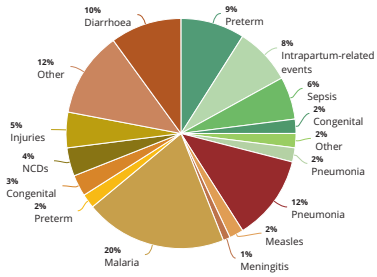
Source: UN IGME 2017

Causes of Maternal Death - 2014
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015
Globally nearly half of child deaths are attributable to undernutrition



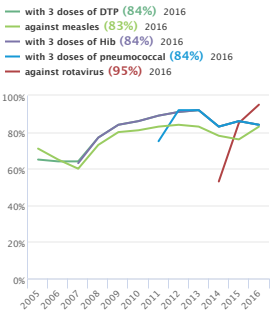
Children ages 1-59 months
Newborns ages 0-27 days

29% of deaths occur in the neonatal period

Source: WHO MCEE 2015

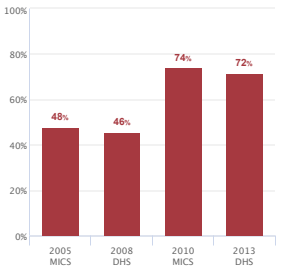
Child Health

Immunization
Percent of children immunized:



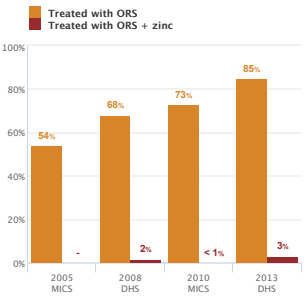
Source: WHO/UNICEF 2016 revision

Pneumonia Treatment
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



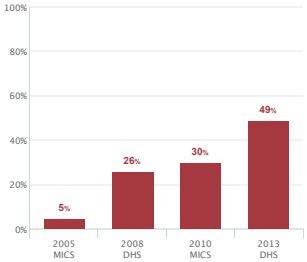
More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment
Malaria prevention in children under-five - sleeping under ITNs

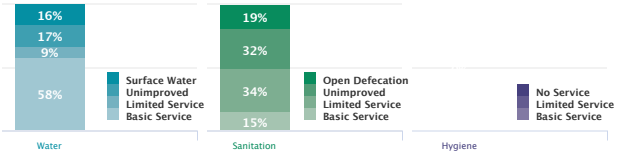


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	40 %	2013
Population sleeping under ITN or sleeping in a house sprayed by IRS	45 %	2013

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No
Maternity protection (Convention 183)	No Data
International code of marketing of breastmilk substitutes	No

Legal status of abortion

✓ to save a woman's life	✓ to preserve physical health	✓ to preserve mental health	✗ for economic & social reason	✗ on request	✗ in case of rape or incest	✗ in case of foetal impairment

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

Yes	Yes	Yes
MATERNAL	NEWBORN	CHILD

Maternal Death Review 2014

✓ A national policy to notify all maternal deaths	✓ A national policy to review all maternal deaths	✓ A national maternal death review committee	✓ A subnational maternal death review committee	✓ Both national and subnational maternal death review committees	✓ At least biannual meetings of the national maternal death review committee

Civil society involvement in review of national maternal, newborn and child health programs: No Data

Financing

Total expenditure on health, per capita	86	2014
Government expenditure on health, per capita	15	2014
Out of pocket expenditure as % of total expenditure on health	61%	2014
General government expenditure on health as % of total government expenditure	11%	2014

ODA to RMNCH (US$) — Total: $146 M 2015 — Per capita: $20 2015

Service Delivery
Life Saving Commodities in Essential Medicine List:

Reproductive Health 3	Maternal Health 2	Newborn Health 2	Child Health 3
✓ 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
✓ 2. Contraceptive Implants	✗ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
✓ 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

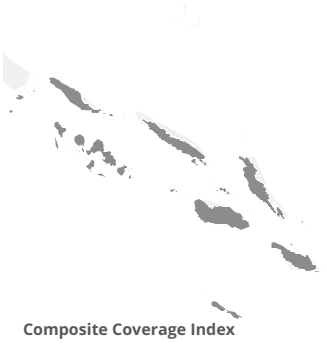
National availability of functional Emergency Obstetric Care (% of recommended minimum)	-	-
Density of skilled health professionals (per 10,000 population)	3.4	2010

Midwives authorized for specific tasks

✓ Parental antibiotics	✓ Parental oxytocin	✓ Parental anti-convulsants	✓ Manual removal of placenta	✓ Removal of retained products of contraception	✓ Assisted vaginal delivery	✓ Newborn resuscitation

Solomon Islands

CCI Country Score: -



Composite Coverage Index

<50% 50-59% 60-69% 70-79% 80% + No data

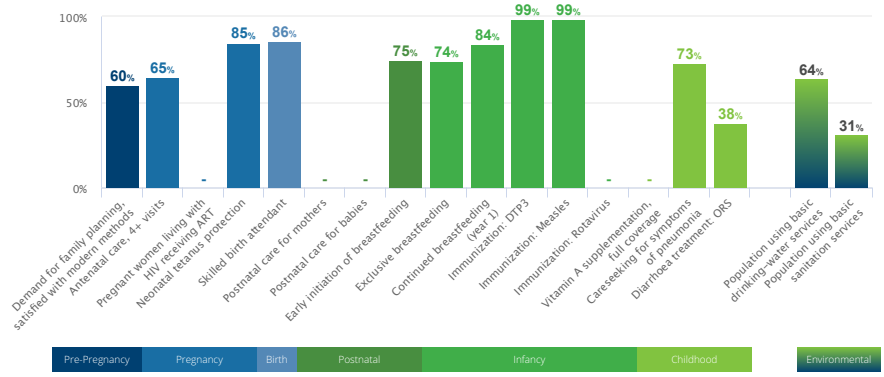
Demographics

Total Population (000)	599	2016
Total under 5 population (000)	83	2016
Total adolescent (10-19) population (000)	137	2016
Secondary completion rate (upper, females)	-	-
Total Births (000)	17	2016
Total fertility rate (births per woman)	3.9	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	62	2008

Birth registration	-	-
Total maternal deaths	19	2015
Lifetime risk of maternal deaths (1 in N)	220	2015
Stillbirth rate (per 1000 total births)	18	2015
Neonatal deaths, as % of all <5 deaths	43%	2015
Total under 5 deaths (000)	0	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	74 girls 98 boys	2015

Continuum of Care Coverage

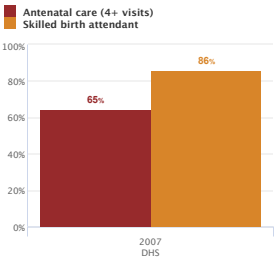
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

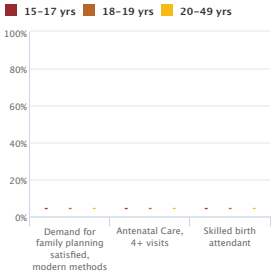
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	- -	
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	79%/6%/85% Public Private Total	2007
C-section rate	8%/6%/6% Urban Rural Total	2007

Women's & Children's Nutrition

Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	39%	2016
Women of reproductive age, short stature	-	-
Women (20+) with: BMI <18.5 kg/m2 (thinness)	2%	2016
BMI 25-30 kg/m2 (overweight)	34%	2016
BMI > 30 kg/m2 (obese)	28%	2016
Iron/folic acid supplementation during pregnancy	-	-
Low birth weight prevalence	13%	2007
Vitamin A supplementation, full coverage	-	-
Minimum dietary diversity	-	-

Child Nutritional Status

Percent children under 5 with moderate and severe:

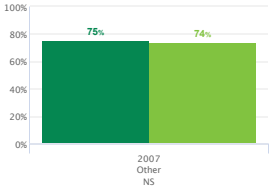
Stunting (32%) Other NS – 2015
Wasting (8%) Other NS – 2015
Overweight (4%) Other NS – 2015

More years of data may be available on the dashboard.

Breastfeeding Practices

Continued breastfeeding (year 1)	84%	2007

Early initiation of breastfeeding
Exclusive breastfeeding



More years of data may be available on the dashboard.

Equity

rich/poor gap (% points)
(20% poorest) (20% richest)

No Data

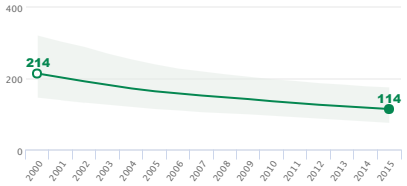
Demand for family planning satisfied with modern methods
Antenatal care, 4+ visits
Neonatal tetanus protection
Skilled birth attendant
Postnatal care for mothers
Postnatal care for babies
Early initiation of breastfeeding
Exclusive breastfeeding
Continued breastfeeding (year 1)
Children immunized with 3 doses of DTP
Children immunized against measles
Children immunized against rotavirus
Careseeking for symptoms of pneumonia
ORS treatment of diarrhoea

Solomon Islands

Demographics

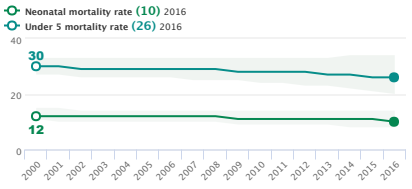
Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate



Neonatal & Under-five Mortality Rate

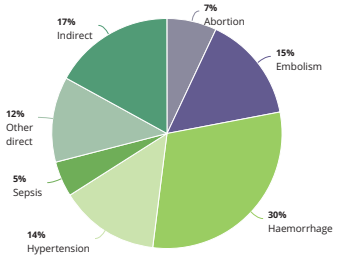
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

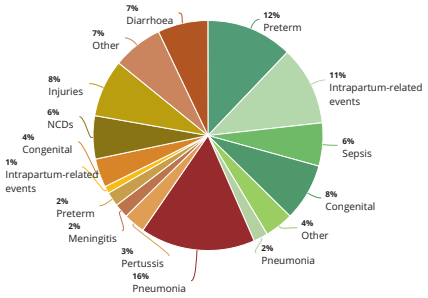
Regional estimates for Oceania



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months

Newborns ages 0-27 days

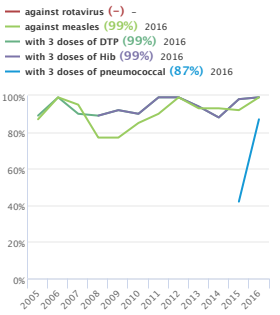
43% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

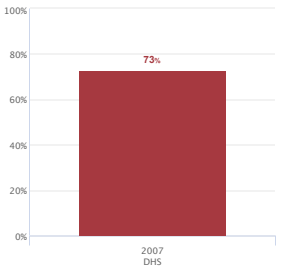
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

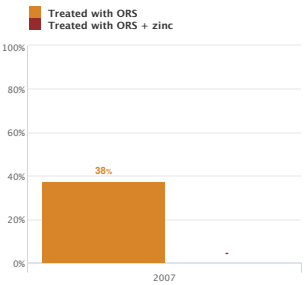
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

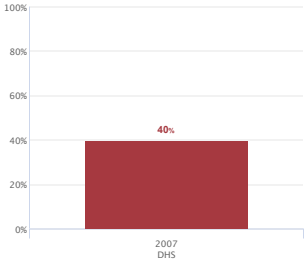
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

Malaria prevention in children under-five - sleeping under ITNs

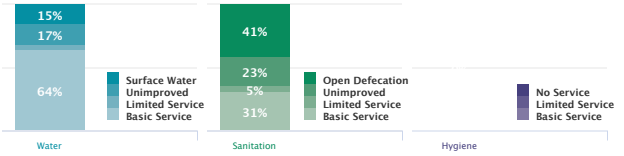


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	Low Risk
Population sleeping under ITN or sleeping in a house sprayed by IRS	Low Risk

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent: No Data

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✗	✗

Maternity protection (Convention 183): No

International code of marketing of breastmilk substitutes: Partial

Legislation on food fortification: Wheat (MANDATORY); Maize (NO FORTIFICATION); Rice (NO FORTIFICATION)

Governance

Costed national implementation plan(s) for maternal, newborn and child health available: No (MATERNAL); No (NEWBORN); No (CHILD)

Maternal Death Review 2016

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✗	✗	✗	✓	✗	–

Civil society involvement in review of national maternal, newborn and child health programs: No Data

Financing

Total expenditure on health, per capita	102	2016
Government expenditure on health, per capita	94	2016
Out of pocket expenditure as % of total expenditure on health	5%	2016
General government expenditure on health as % of total government expenditure	13%	2014

ODA to RMNCH (US$) — Total: $16 M 2015 — Per capita: $27 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 3	Newborn Health 4	Child Health 3
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✓ 2. Misoprostol	✓ 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	✓ 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -
Density of skilled health professionals (per 10,000 population)	22.1 2011

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Somalia

CCI Country Score: -

Composite Coverage Index

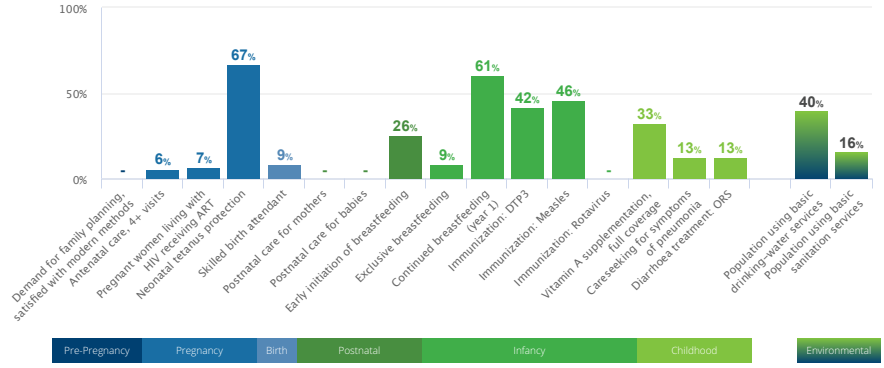
<50% | 50-59% | 60-69% | 70-79% | 80% + | No data

Demographics

Total Population (000)	14,318	2016
Total under 5 population (000)	2,617	2016
Total adolescent (10-19) population (000)	3,426	2016
Secondary completion rate (upper, females)	- -	
Total Births (000)	623	2016
Total fertility rate (births per woman)	6.3	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	123	2005
Birth registration	3%	2006
Total maternal deaths	3,400	2015
Lifetime risk of maternal deaths (1 in N)	22	2015
Stillbirth rate (per 1000 total births)	36	2015
Neonatal deaths, as % of all <5 deaths	29%	2015
Total under 5 deaths (000)	79	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	309 girls 344 boys	2015

Continuum of Care Coverage

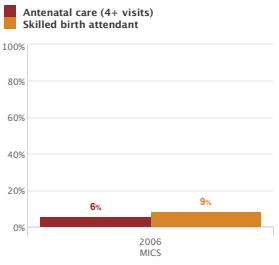
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

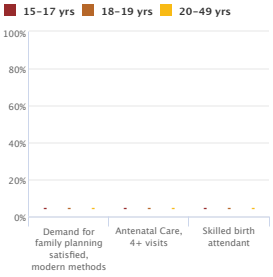
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	7%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	0%	2006
Institutional Delivery	5%/4%/9% (Public / Private / Total)	2006
C-section rate	-/-/- - (Urban / Rural / Total)	

Women's & Children's Nutrition

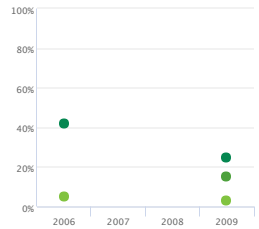
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	44%	2016
Women of reproductive age, short stature	-	-
Women (20+) with: BMI <18.5 kg/m2 (thinness)	9%	2016
BMI 25-30 kg/m2 (overweight)	24%	2016
BMI > 30 kg/m2 (obese)	13%	2016
Iron/folic acid supplementation during pregnancy	-	-
Low birth weight prevalence	-	-
Vitamin A supplementation, full coverage	33%	2015
Minimum dietary diversity	-	-

Child Nutritional Status

Percent children under 5 with moderate and severe:

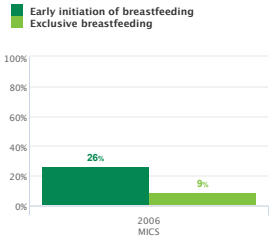
- **Stunting (25%)** Other NS – 2009
- **Wasting (15%)** Other NS – 2009
- **Overweight (3%)** Other NS – 2009



More years of data may be available on the dashboard.

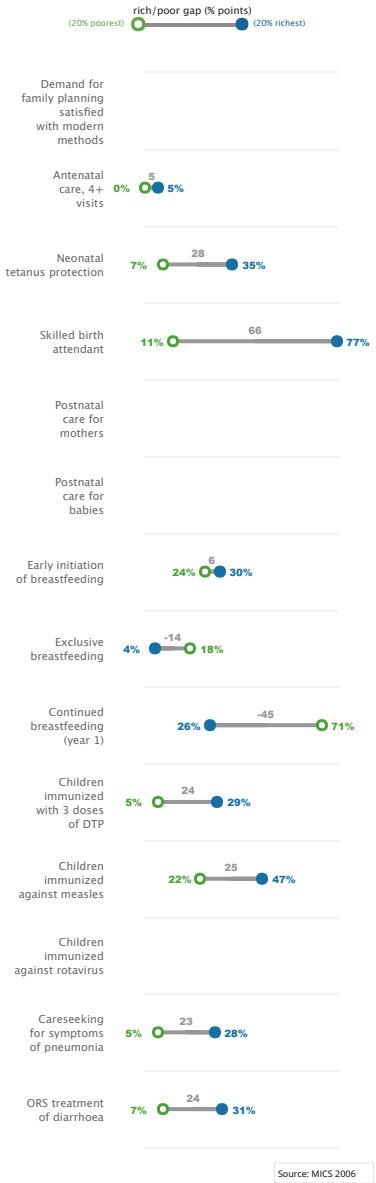
Breastfeeding Practices

Continued breastfeeding (year 1)	61%	2009



More years of data may be available on the dashboard.

Equity



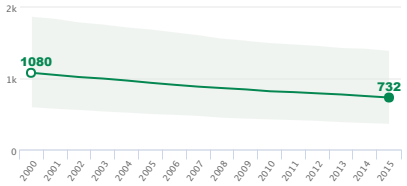
Source: MICS 2006

Somalia

Demographics

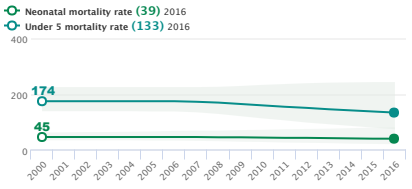
Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate



Neonatal & Under-five Mortality Rate

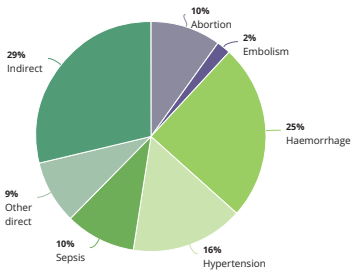
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

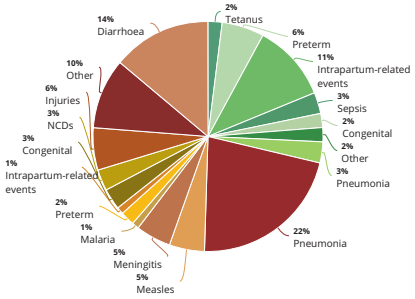
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months

Newborns ages 0-27 days

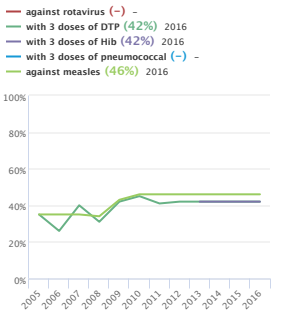
29% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

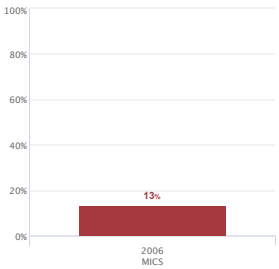
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

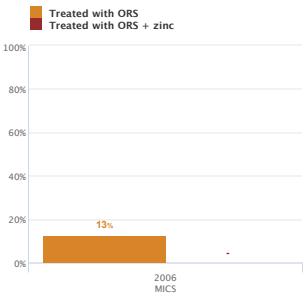
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

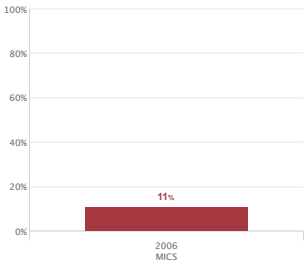
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

Malaria prevention in children under-five - sleeping under ITNs

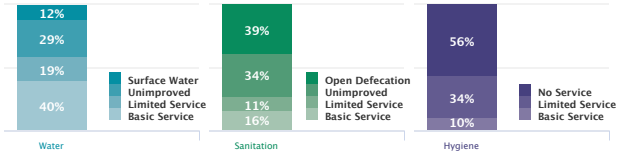


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	-
Population sleeping under ITN or sleeping in a house sprayed by IRS	-

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✗	✗

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	No

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
Yes	Yes	Yes

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✗	✗	✗	✗	✗	–

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	- -
Government expenditure on health, per capita	- -
Out of pocket expenditure as % of total expenditure on health	- -
General government expenditure on health as % of total government expenditure	- -

ODA to RMNCH (US$) Total: $68 M 2015 Per capita: $5 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 3	Newborn Health 2	Child Health 3
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✓ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

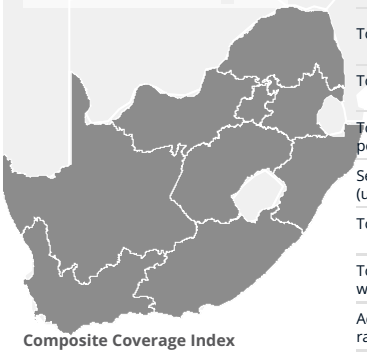
National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -
Density of skilled health professionals (per 10,000 population)	1.1 2014

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

South Africa

CCI Country Score: -



Composite Coverage Index

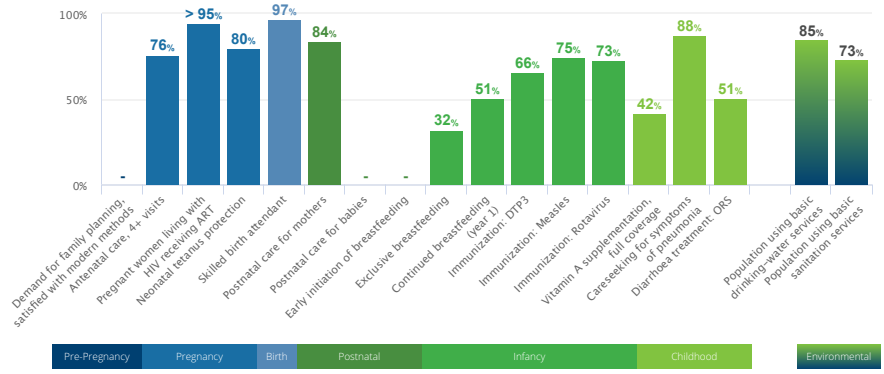
<50% | 50-59% | 60-69% | 70-79% | 80% + | No data

Demographics

Total Population (000)	56,015	2016
Total under 5 population (000)	5,705	2016
Total adolescent (10-19) population (000)	10,347	2016
Secondary completion rate (upper, females)	55%	2016
Total Births (000)	1,173	2016
Total fertility rate (births per woman)	2.5	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	54	2007
Birth registration	85%	2012
Total maternal deaths	1,500	2015
Lifetime risk of maternal deaths (1 in N)	300	2015
Stillbirth rate (per 1000 total births)	17	2015
Neonatal deaths, as % of all <5 deaths	27%	2015
Total under 5 deaths (000)	51	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	98 girls 157 boys	2015

Continuum of Care Coverage

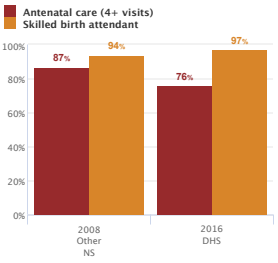
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

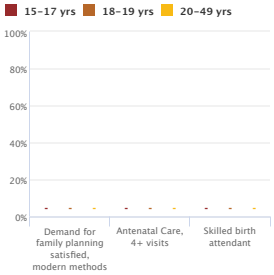
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	> 95%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	-/-/96%	2016
	Public Private Total	
C-section rate	-/-/26%	2016
	Urban Rural Total	

Women's & Children's Nutrition

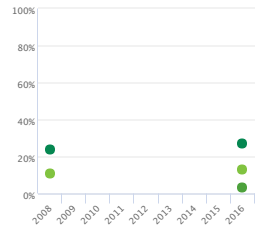
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	26%	2016
Women of reproductive age, short stature	-	-
Women (20+) with: BMI <18.5 kg/m2 (thinness)	3%	2016
BMI 25-30 kg/m2 (overweight)	26%	2016
BMI > 30 kg/m2 (obese)	41%	2016
Iron/folic acid supplementation during pregnancy	-	-
Low birth weight prevalence	-	-
Vitamin A supplementation, full coverage	42%	2013
Minimum dietary diversity	-	-

Child Nutritional Status

Percent children under 5 with moderate and severe:

- **Stunting (27%)** DHS – 2016
- **Wasting (3%)** DHS – 2016
- **Overweight (13%)** DHS – 2016

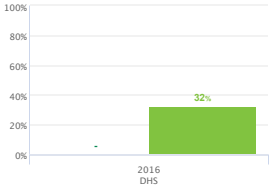


More years of data may be available on the dashboard.

Breastfeeding Practices

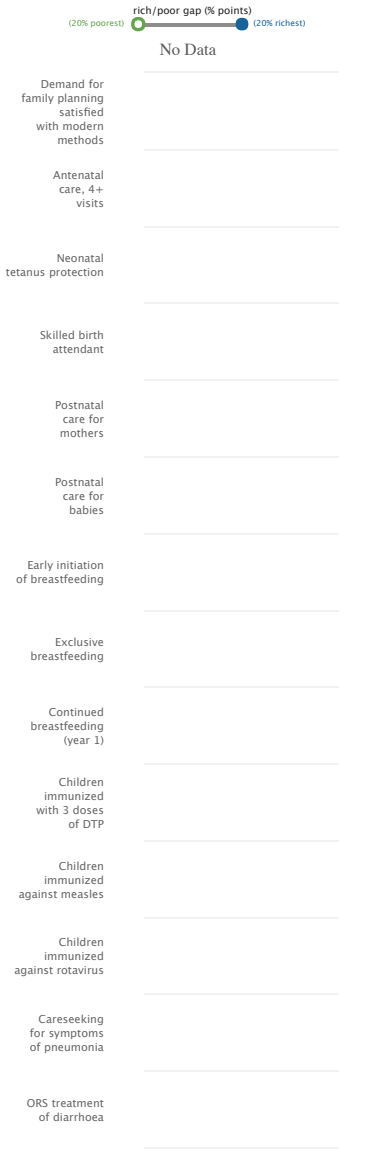
Continued breastfeeding (year 1)	51%	2016

Early initiation of breastfeeding
Exclusive breastfeeding



More years of data may be available on the dashboard.

Equity

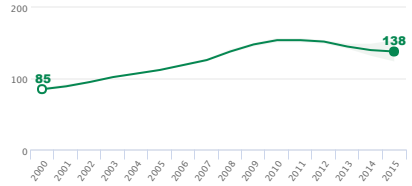


South Africa

Demographics

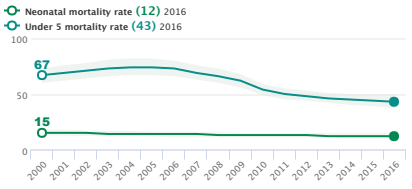
Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate



Neonatal & Under-five Mortality Rate

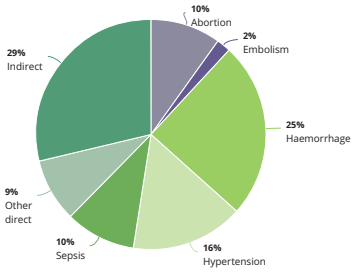
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

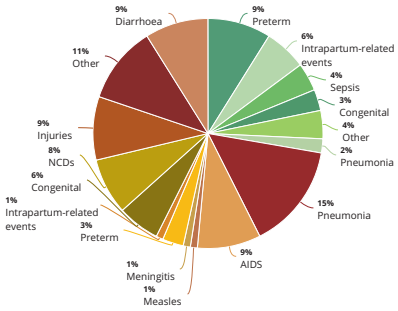
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



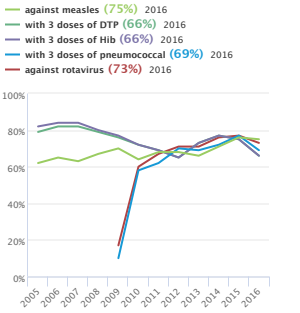
27% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

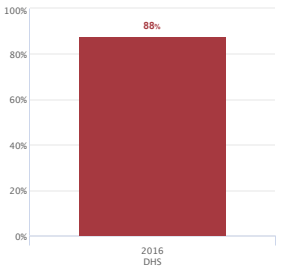
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

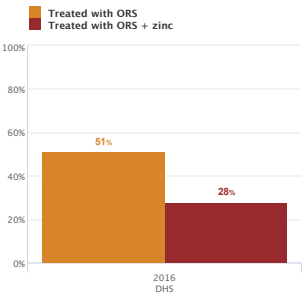
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

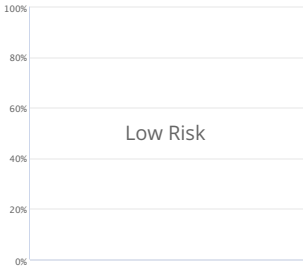
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

Malaria prevention in children under-five - sleeping under ITNs

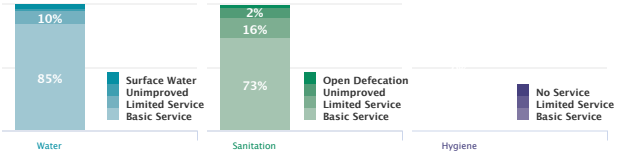


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	Low Risk
Population sleeping under ITN or sleeping in a house sprayed by IRS	Low Risk

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes
Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	Yes

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✓	✓	✓	✓

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	MANDATORY	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

Yes	Yes	Yes
MATERNAL	NEWBORN	CHILD

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✓

Civil society involvement in review of national maternal, newborn and child health programs: No Data

Financing

Total expenditure on health, per capita	570	2014
Government expenditure on health, per capita	275	2014
Out of pocket expenditure as % of total expenditure on health	6%	2014
General government expenditure on health as % of total government expenditure	14%	2014

ODA to RMNCH (US$) — Total: $280 M 2015 — Per capita: $5 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health	0	Maternal Health	3	Newborn Health	2	Child Health	3
– 1. Female Condom		✓ 1. Oxytocin		✓ 1. Injectable Antibiotics		✓ 1. Amoxicillin	
– 2. Contraceptive Implants		✓ 2. Misoprostol		– 2. Antenatal Corticosteroids		✓ 2. Oral Rehydration Salts	
– 3. Emergency Contraception		✓ 3. Magnesium sulfate		– 3. Chlorhexidine		✓ 3. Zinc	
				✓ 4. Resuscitation equipment: Self-inflating bag			

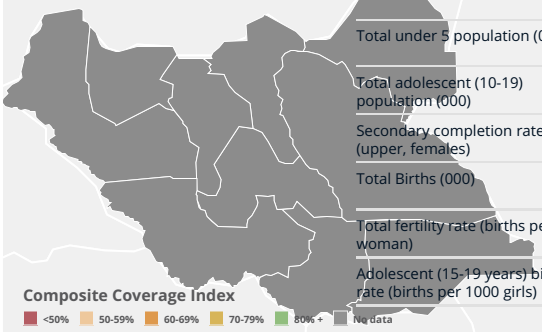
National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -
Density of skilled health professionals (per 10,000 population)	58.8 2015

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

South Sudan

CCI Country Score: -



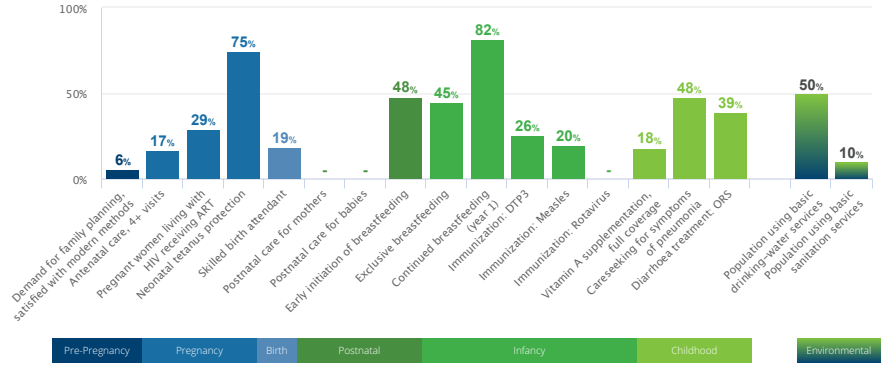
Demographics

Total Population (000)	12,231	2016
Total under 5 population (000)	1,925	2016
Total adolescent (10-19) population (000)	2,838	2016
Secondary completion rate (upper, females)	4%	2016
Total Births (000)	440	2016
Total fertility rate (births per woman)	4.9	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	158	2008

Birth registration	35%	2010
Total maternal deaths	3,500	2015
Lifetime risk of maternal deaths (1 in N)	26	2015
Stillbirth rate (per 1000 total births)	30	2015
Neonatal deaths, as % of all <5 deaths	43%	2015
Total under 5 deaths (000)	38	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	275 girls	309 boys 2015

Continuum of Care Coverage

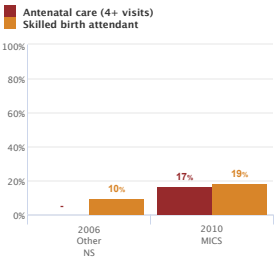
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

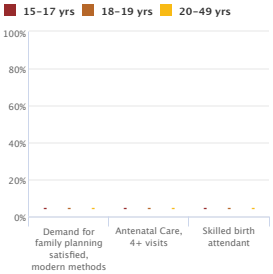
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	29%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	5%	2010
Institutional Delivery	9%/3%/12% (Public / Private / Total)	2010
C-section rate	1%/0%/1% (Urban / Rural / Total)	2010

Women's & Children's Nutrition

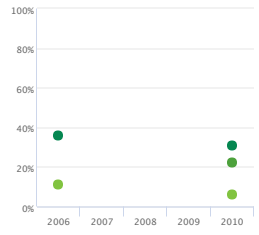
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	34%	2016
Women of reproductive age, short stature	-	-
Women (20+) with: BMI <18.5 kg/m2 (thinness)	-	-
BMI 25-30 kg/m2 (overweight)	-	-
BMI > 30 kg/m2 (obese)	-	-
Iron/folic acid supplementation during pregnancy	-	-
Low birth weight prevalence	-	-
Vitamin A supplementation, full coverage	18%	2014
Minimum dietary diversity	-	-

Child Nutritional Status

Percent children under 5 with moderate and severe:

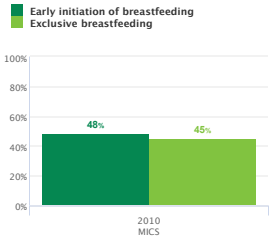
- Stunting (31%) MICS – 2010
- Wasting (22%) MICS – 2010
- Overweight (6%) MICS – 2010



More years of data may be available on the dashboard.

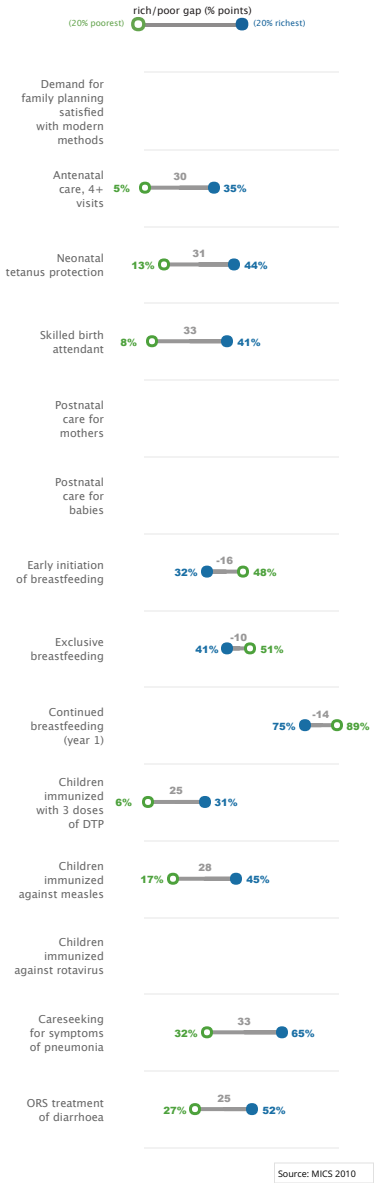
Breastfeeding Practices

Continued breastfeeding (year 1)	82%	2010



More years of data may be available on the dashboard.

Equity

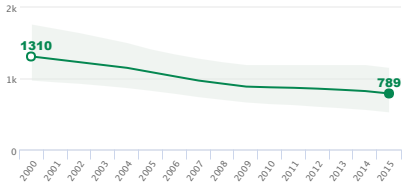


Source: MICS 2010

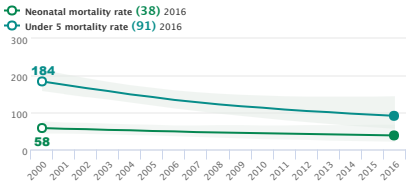
South Sudan

Demographics

Maternal Mortality Ratio
Deaths per 100,000 live births — Uncertainty Range Around Estimate

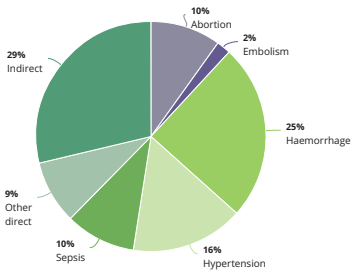


Neonatal & Under-five Mortality Rate
Deaths per 1,000 live births — Uncertainty Range Around Estimate



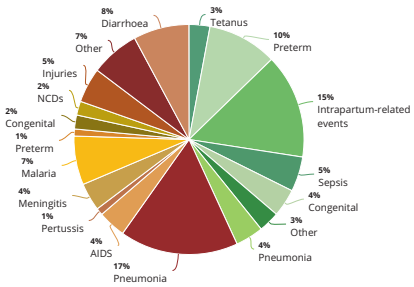
Source: UN IGME 2017

Causes of Maternal Death - 2014
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015
Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months
Newborns ages 0-27 days

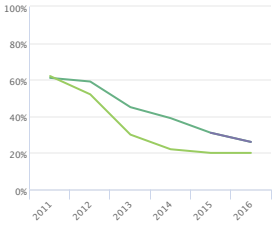
43% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

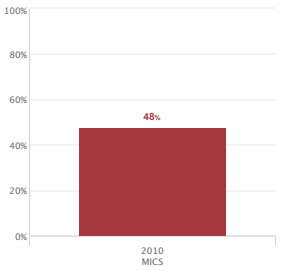
Immunization
Percent of children immunized:

- against rotavirus (–) –
- with 3 doses of DTP (26%) 2016
- with 3 doses of Hib (26%) 2016
- with 3 doses of pneumococcal (–) –
- against measles (20%) 2016



Source: WHO/UNICEF 2016 revision

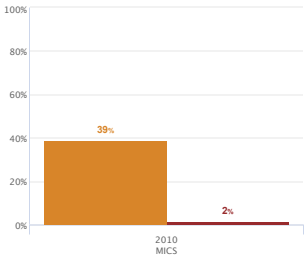
Pneumonia Treatment
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

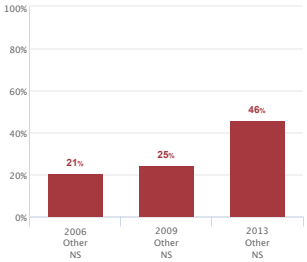
Diarrhoeal Disease Treatment
Percent of children under 5 years with diarrhoea:

- Treated with ORS
- Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment
Malaria prevention in children under-five - sleeping under ITNs

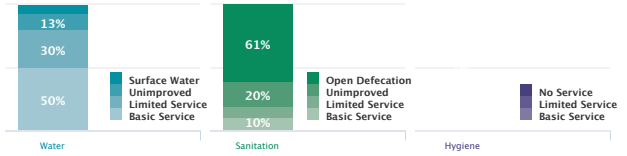


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	28 %	2013
Population sleeping under ITN or sleeping in a house sprayed by IRS	-	

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No
Maternity protection (Convention 183)	No Data
International code of marketing of breastmilk substitutes	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✗	✗

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
No	No	No

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✗	✓	✗		✗	–

Civil society involvement in review of national maternal, newborn and child health programs: No Data

Financing

Total expenditure on health, per capita	30	2014
Government expenditure on health, per capita	12	2014
Out of pocket expenditure as % of total expenditure on health	54%	2014
General government expenditure on health as % of total government expenditure	4%	2014
ODA to RMNCH (US$)	Total: $222 M 2015	Per capita: $19 2015

Service Delivery
Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 2	Newborn Health 1	Child Health 2
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	– 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	– 3. Zinc
		– 4. Resuscitation equipment: Self-inflating bag	

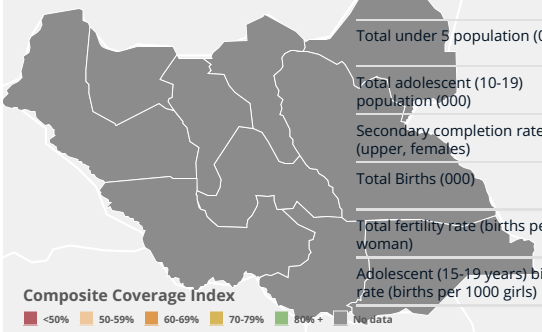
National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -
Density of skilled health professionals (per 10,000 population)	- -

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✗	✗	✗	✗	✓

Sudan

CCI Country Score: 52%

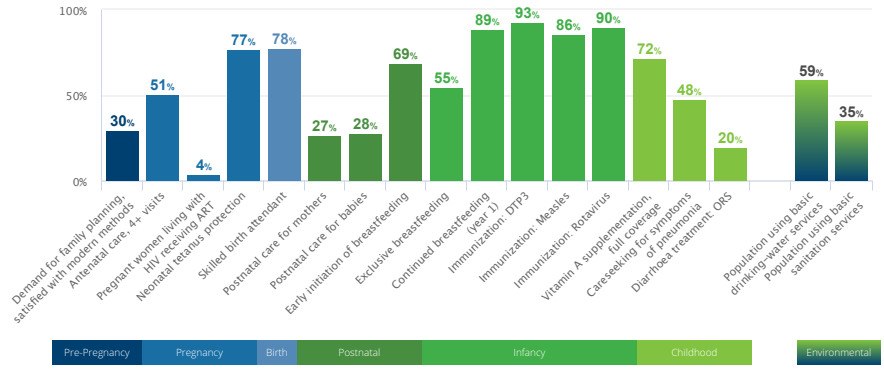


Demographics

Total Population (000)	39,579	2016
Total under 5 population (000)	5,940	2016
Total adolescent (10-19) population (000)	9,264	2016
Secondary completion rate (upper, females)	29%	2016
Total Births (000)	1,305	2016
Total fertility rate (births per woman)	4.5	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	102	2010
Birth registration	67%	2014
Total maternal deaths	4,100	2015
Lifetime risk of maternal deaths (1 in N)	72	2015
Stillbirth rate (per 1000 total births)	24	2015
Neonatal deaths, as % of all <5 deaths	43%	2015
Total under 5 deaths (000)	83	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	172 girls	206 boys 2015

Continuum of Care Coverage

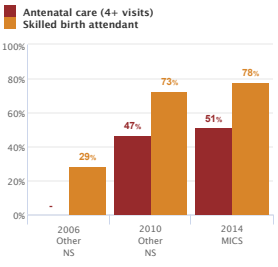
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

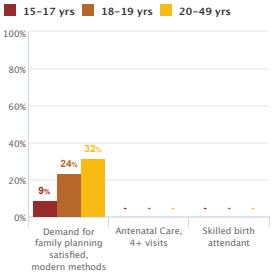
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	4%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	0%	2010
Institutional Delivery	26%/2%/28% (Public/Private/Total)	2014
C-section rate	15%/7%/9% (Urban/Rural/Total)	2014

Women's & Children's Nutrition

Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	31%	2016
Women of reproductive age, short stature	-	-
Women (20+) with: BMI <18.5 kg/m2 (thinness)	8%	2016
BMI 25-30 kg/m2 (overweight)	24%	2016
BMI > 30 kg/m2 (obese)	13%	2016
Iron/folic acid supplementation during pregnancy	-	-
Low birth weight prevalence	-	-
Vitamin A supplementation, full coverage	72%	2015
Minimum dietary diversity	28%	2014

Child Nutritional Status

Percent children under 5 with moderate and severe:

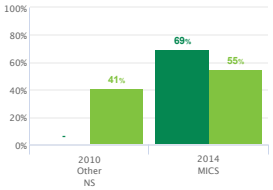
- **Stunting (38%)** MICS – 2014
- **Wasting (16%)** MICS – 2014
- **Overweight (3%)** MICS – 2014

More years of data may be available on the dashboard.

Breastfeeding Practices

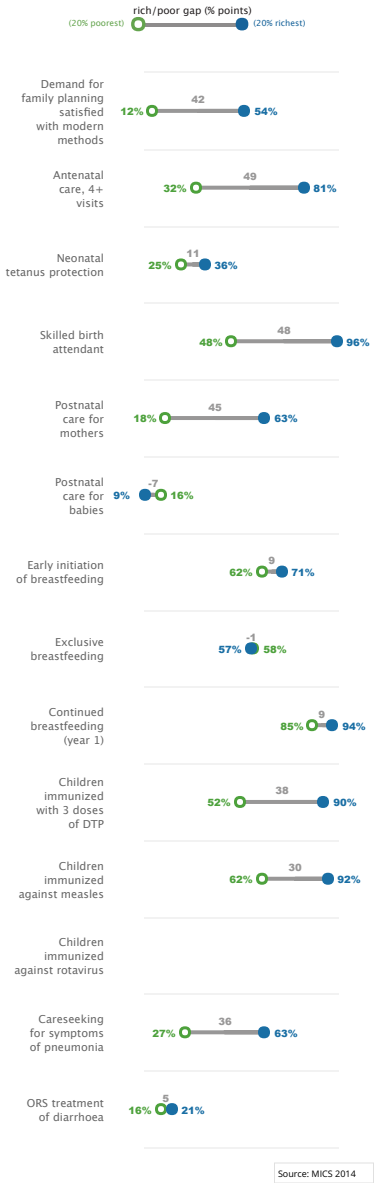
Continued breastfeeding (year 1)	89%	2014

Early initiation of breastfeeding
Exclusive breastfeeding



More years of data may be available on the dashboard.

Equity



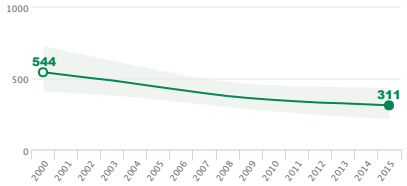
Source: MICS 2014

Sudan

Demographics

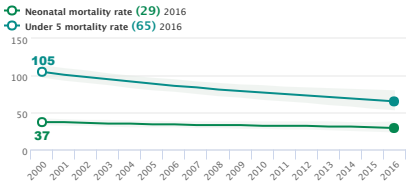
Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate



Neonatal & Under-five Mortality Rate

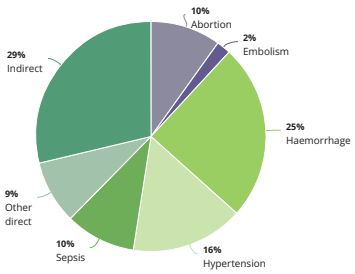
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

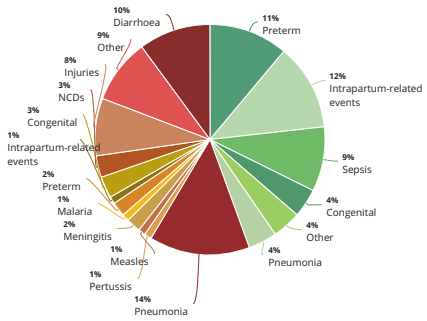
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months
Newborns ages 0-27 days

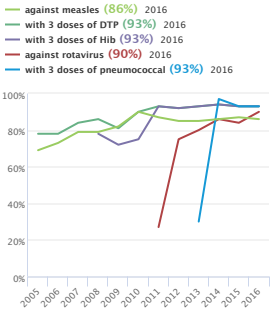
43% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

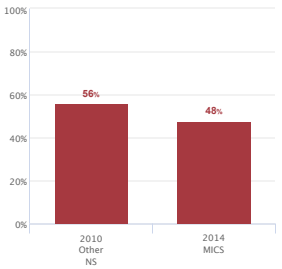
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

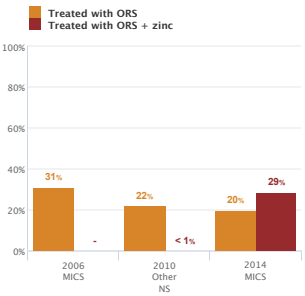
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

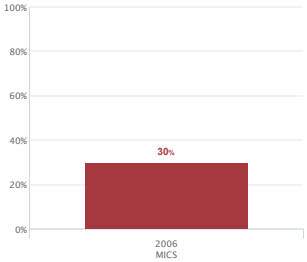
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

Malaria prevention in children under-five - sleeping under ITNs

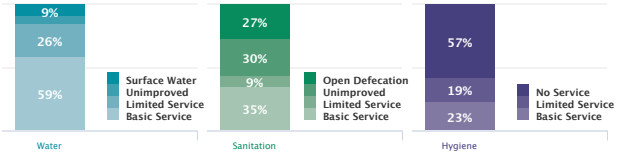


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	57 %	2010
Population sleeping under ITN or sleeping in a house sprayed by IRS	-	

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✓	✗

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	Partial

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
Yes	Yes	Yes

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✓

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	130	2014
Government expenditure on health, per capita	28	2014
Out of pocket expenditure as % of total expenditure on health	76%	2014
General government expenditure on health as % of total government expenditure	12%	2014

ODA to RMNCH (US$) — Total: $106 M 2015 — Per capita: $3 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health	0	Maternal Health	3	Newborn Health	2	Child Health	3
– 1. Female Condom		✓ 1. Oxytocin		✓ 1. Injectable Antibiotics		✓ 1. Amoxicillin	
– 2. Contraceptive Implants		✓ 2. Misoprostol		– 2. Antenatal Corticosteroids		✓ 2. Oral Rehydration Salts	
– 3. Emergency Contraception		✓ 3. Magnesium sulfate		– 3. Chlorhexidine		✓ 3. Zinc	
				✓ 4. Resuscitation equipment: Self-inflating bag			

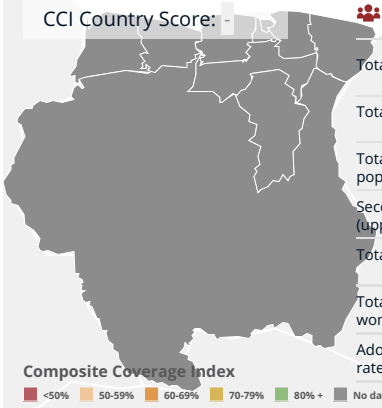
National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -
Density of skilled health professionals (per 10,000 population)	42.2 2014

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✗	✓	✓	✗	✗	✓

Suriname

CCI Country Score: -

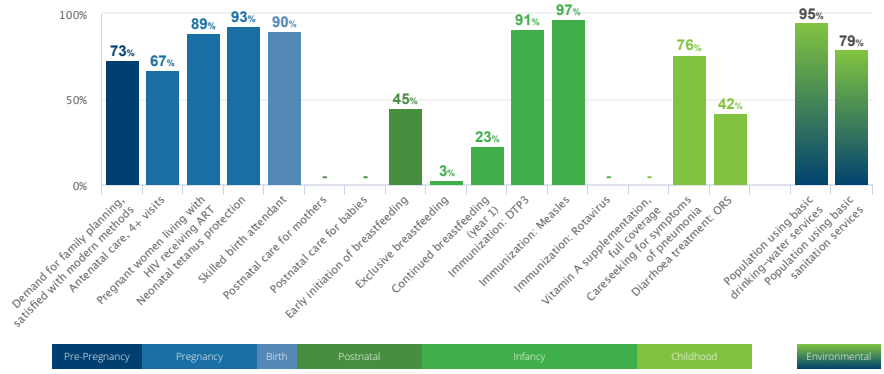


Demographics

Total Population (000)	558	2016
Total under 5 population (000)	50	2016
Total adolescent (10-19) population (000)	99	2016
Secondary completion rate (upper, females)	22%	2016
Total Births (000)	10	2016
Total fertility rate (births per woman)	2.4	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	66	2007
Birth registration	99%	2010
Total maternal deaths	15	2015
Lifetime risk of maternal deaths (1 in N)	270	2015
Stillbirth rate (per 1000 total births)	19	2015
Neonatal deaths, as % of all <5 deaths	54%	2015
Total under 5 deaths (000)	0	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	69 girls	83 boys 2015

Continuum of Care Coverage

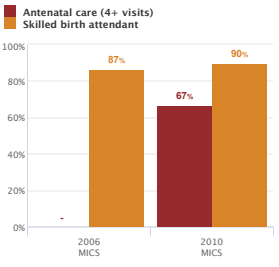
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

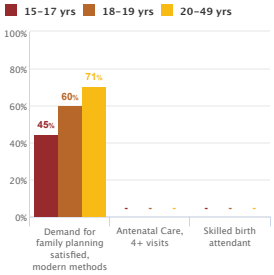
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	89%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	72%/21%/92% (Public / Private / Total)	2010
C-section rate	22%/14%/19% (Urban / Rural / Total)	2010

Women's & Children's Nutrition

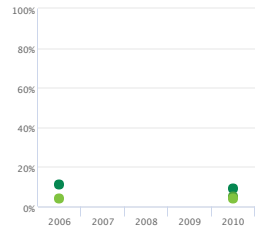
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	24%	2016
Women of reproductive age, short stature	-	-
Women (20+) with: BMI <18.5 kg/m2 (thinness)	3%	2016
BMI 25-30 kg/m2 (overweight)	31%	2016
BMI > 30 kg/m2 (obese)	35%	2016
Iron/folic acid supplementation during pregnancy	-	-
Low birth weight prevalence	14%	2010
Vitamin A supplementation, full coverage	-	-
Minimum dietary diversity	-	-

Child Nutritional Status

Percent children under 5 with moderate and severe:

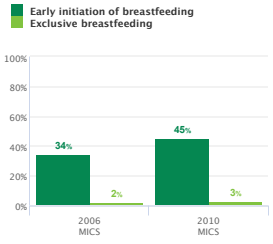
- **Stunting (9%)** MICS – 2010
- **Wasting (5%)** MICS – 2010
- **Overweight (4%)** MICS – 2010



More years of data may be available on the dashboard.

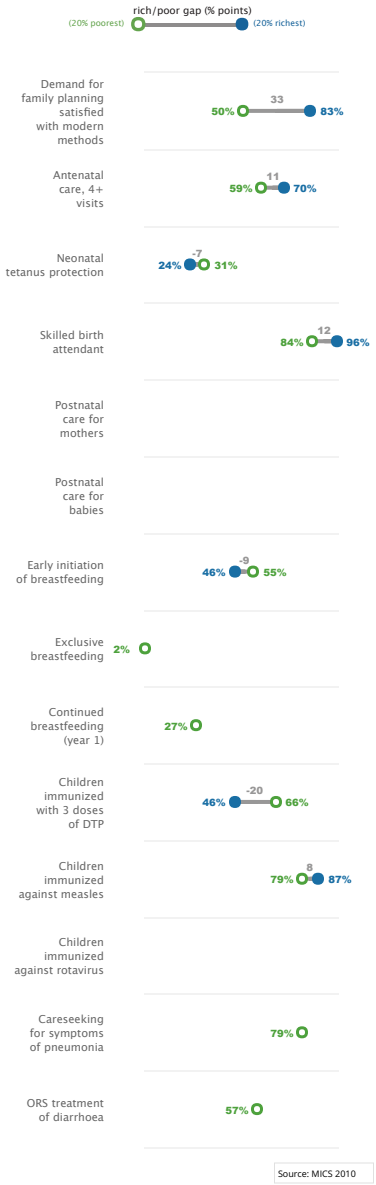
Breastfeeding Practices

Continued breastfeeding (year 1)	23%	2010



More years of data may be available on the dashboard.

Equity



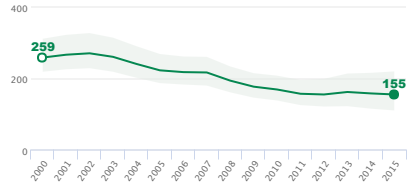
Source: MICS 2010

Suriname

Demographics

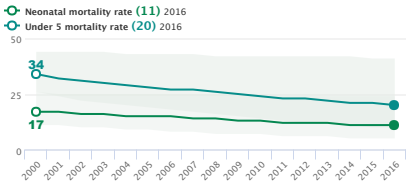
Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate



Neonatal & Under-five Mortality Rate

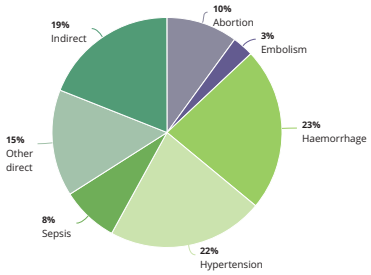
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

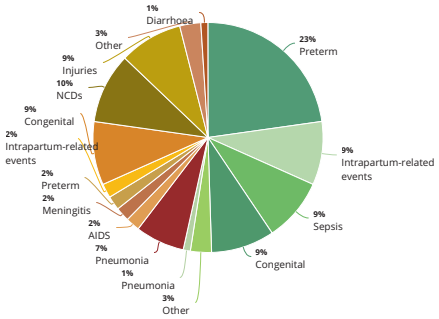
Regional estimates for Latin America & Caribbean



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



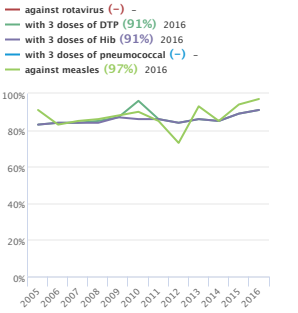
54% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

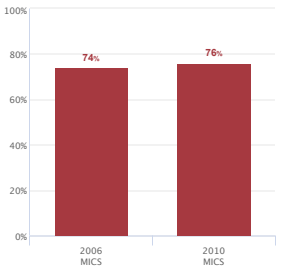
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

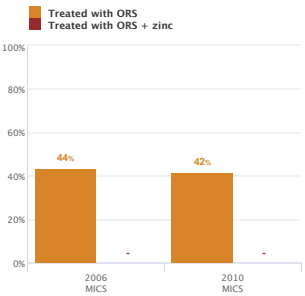
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

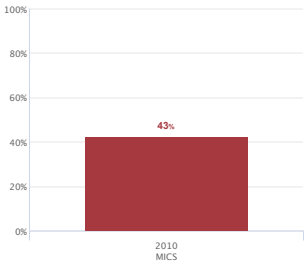
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

Malaria prevention in children under-five - sleeping under ITNs

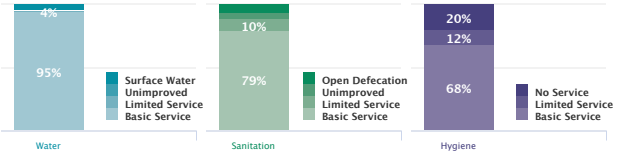


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	15 %	2010
Population sleeping under ITN or sleeping in a house sprayed by IRS	Low Risk	

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes
Maternity protection (Convention 183)	No Data
International code of marketing of breastmilk substitutes	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✗	✗

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

Yes	Yes	No
MATERNAL	NEWBORN	CHILD

Maternal Death Review 2016

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✗	✗	✓

Civil society involvement in review of national maternal, newborn and child health programs: Partial

Financing

Total expenditure on health, per capita	589	2016
Government expenditure on health, per capita	304	2016
Out of pocket expenditure as % of total expenditure on health	11%	2016
General government expenditure on health as % of total government expenditure	12%	2014

ODA to RMNCH (US$) — Total: $4 M 2015 — Per capita: $7 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 3	Newborn Health 3	Child Health 2
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✓ 2. Misoprostol	– 2. Antenatal Corticosteroids	– 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	✓ 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

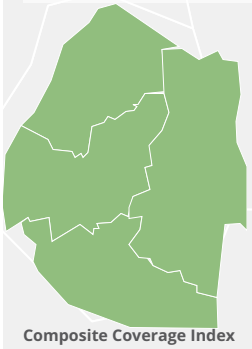
National availability of functional Emergency Obstetric Care (% of recommended minimum)	87%	2016
Density of skilled health professionals (per 10,000 population)	-	-

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✗	✗	✓	✗

Swaziland

CCI Country Score: 83%

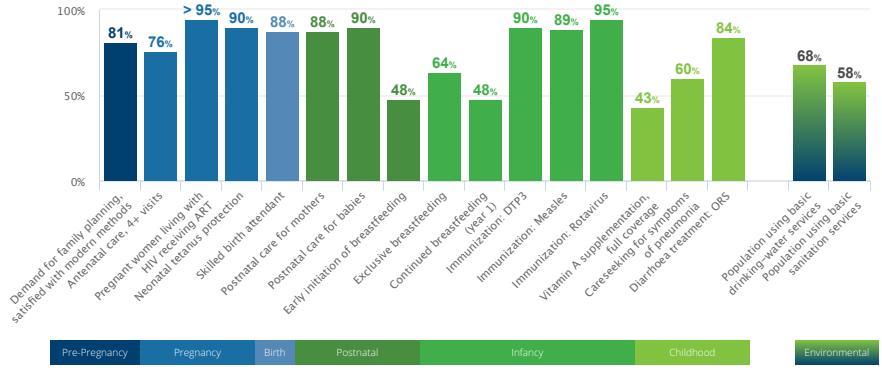


Demographics

Total Population (000)	1,343	2016	Birth registration	54% 2014
Total under 5 population (000)	180	2016	Total maternal deaths	150 2015
Total adolescent (10-19) population (000)	303	2016	Lifetime risk of maternal deaths (1 in N)	76 2015
Secondary completion rate (upper, females)	29%	2016	Stillbirth rate (per 1000 total births)	12 2015
Total Births (000)	39	2016	Neonatal deaths, as % of all <5 deaths	23% 2015
Total fertility rate (births per woman)	3.1	2016	Total under 5 deaths (000)	3 2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	89	2009	Adolescent (10-19) mortality rate (per 100,000), by sex	175 girls 202 boys 2015

Continuum of Care Coverage

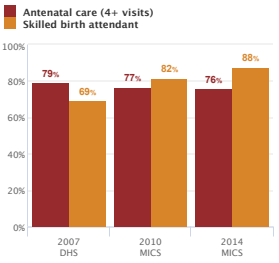
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

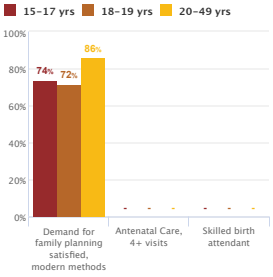
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	95%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	1%	2010
Institutional Delivery	59%/28%/88% Public Private Total	2014
C-section rate	15%/11%/12% Urban Rural Total	2014

Women's & Children's Nutrition

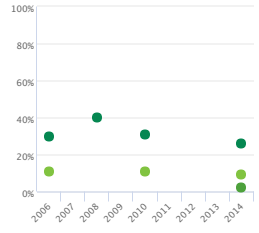
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	27%	2016
Women of reproductive age, short stature	1%	2006
Women (20+) with: BMI <18.5 kg/m2 (thinness)	5%	2016
BMI 25-30 kg/m2 (overweight)	27%	2016
BMI > 30 kg/m2 (obese)	27%	2016
Iron/folic acid supplementation during pregnancy	34%	2007
Low birth weight prevalence	9%	2010
Vitamin A supplementation, full coverage	43%	2014
Minimum dietary diversity	62%	2014

Child Nutritional Status

Percent children under 5 with moderate and severe:

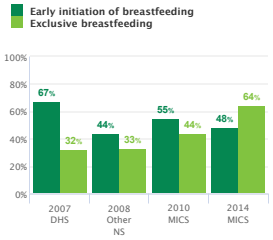
- Stunting (26%) MICS – 2014
- Wasting (2%) MICS – 2014
- Overweight (9%) MICS – 2014



More years of data may be available on the dashboard.

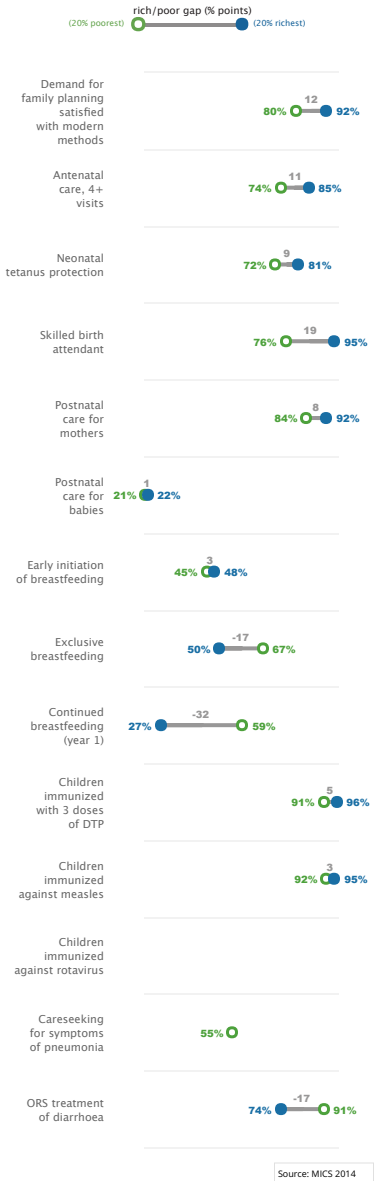
Breastfeeding Practices

Continued breastfeeding (year 1) 48% 2014



More years of data may be available on the dashboard.

Equity



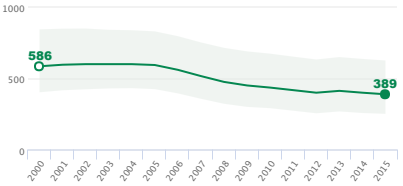
Source: MICS 2014

Swaziland

Demographics

Maternal Mortality Ratio

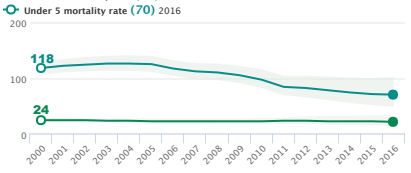
Deaths per 100,000 live births — Uncertainty Range Around Estimate



Neonatal & Under-five Mortality Rate

Deaths per 1,000 live births — Uncertainty Range Around Estimate

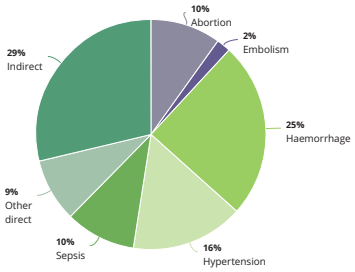
- Neonatal mortality rate (21) 2016
- Under 5 mortality rate (70) 2016



Source: UN IGME 2017

Causes of Maternal Death - 2014

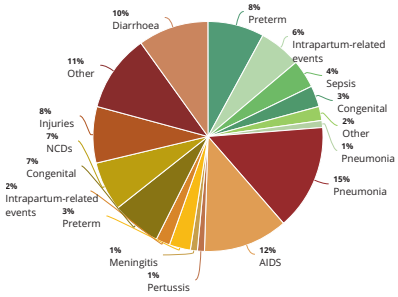
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



- Children ages 1-59 months
- Newborns ages 0-27 days

23% of deaths occur in the neonatal period

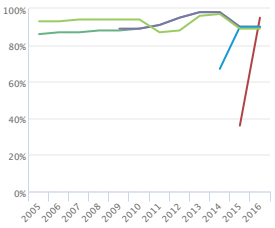
Source: WHO MCEE 2015

Child Health

Immunization

Percent of children immunized:

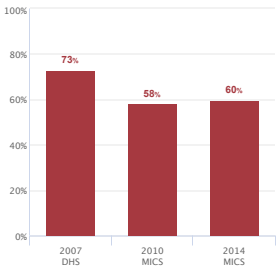
- with 3 doses of DTP (90%) 2016
- against measles (89%) 2016
- with 3 doses of Hib (90%) 2016
- with 3 doses of pneumococcal (90%) 2016
- against rotavirus (95%) 2016



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider

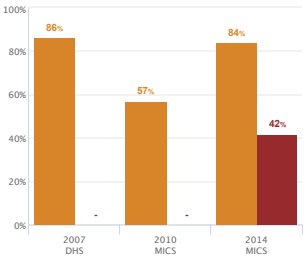


More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

Percent of children under 5 years with diarrhoea:

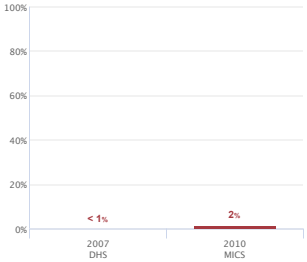
- Treated with ORS
- Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

Malaria prevention in children under-five - sleeping under ITNs

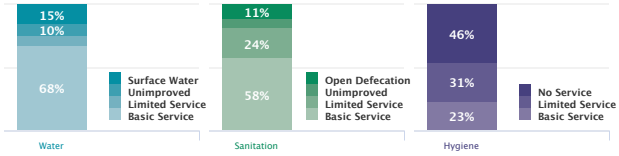


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	14 %	2010
Population sleeping under ITN or sleeping in a house sprayed by IRS	0 %	2007

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✗	✗	✗	✓

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	No

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	NO FORTIFICATION	NO FORTIFICATION

Governance

	MATERNAL	NEWBORN	CHILD
Costed national implementation plan(s) for maternal, newborn and child health available	No	No	No

Maternal Death Review 2013

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✗	✓	✗	✗	✓

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	248	2013
Government expenditure on health, per capita	188	2013
Out of pocket expenditure as % of total expenditure on health	10%	2013
General government expenditure on health as % of total government expenditure	17%	2014

ODA to RMNCH (US$) — Total: $32 M 2015 — Per capita: $24 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health (0)	Maternal Health (3)	Newborn Health (2)	Child Health (3)
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✓ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

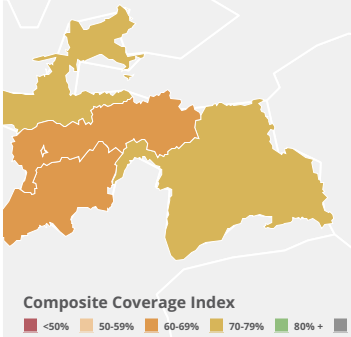
National availability of functional Emergency Obstetric Care (% of recommended minimum)	-	-
Density of skilled health professionals (per 10,000 population)	15.3	2009

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Tajikistan

CCI Country Score: 69%

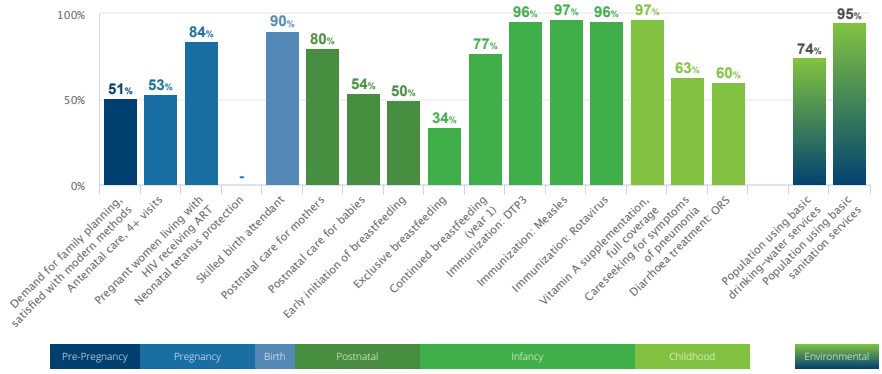


Demographics

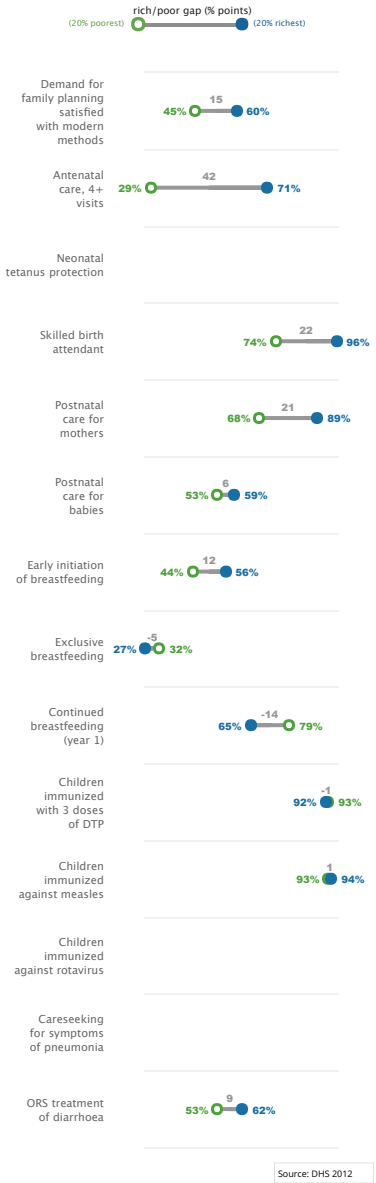
Total Population (000)	8,735	2016
Total under 5 population (000)	1,183	2016
Total adolescent (10-19) population (000)	1,714	2016
Secondary completion rate (upper, females)	50%	2016
Total Births (000)	252	2016
Total fertility rate (births per woman)	3.4	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	47	2010
Birth registration	88%	2012
Total maternal deaths	82	2015
Lifetime risk of maternal deaths (1 in N)	790	2015
Stillbirth rate (per 1000 total births)	14	2015
Neonatal deaths, as % of all <5 deaths	47%	2015
Total under 5 deaths (000)	11	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	39 girls 58 boys	2015

Continuum of Care Coverage

Percentage of those in need receiving coverage of key interventions across the continuum of care



Equity

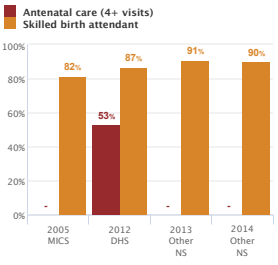


Source: DHS 2012

Maternal & Newborn Health

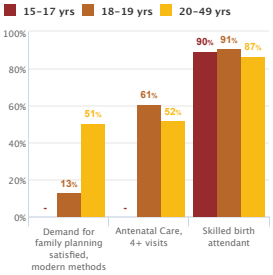
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	84%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	77%/0%/77% Public Private Total	2012
C-section rate	6%/4%/4% Urban Rural Total	2012

Women's & Children's Nutrition

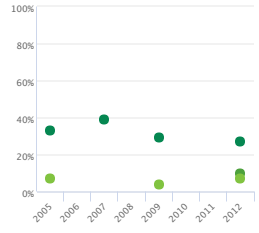
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	31%	2016
Women of reproductive age, short stature	1%	2012
Women (20+) with: BMI <18.5 kg/m2 (thinness)	4%	2016
BMI 25-30 kg/m2 (overweight)	30%	2016
BMI > 30 kg/m2 (obese)	17%	2016
Iron/folic acid supplementation during pregnancy	1%	2012
Low birth weight prevalence	10%	2005
Vitamin A supplementation, full coverage	97%	2015
Minimum dietary diversity	40%	2012

Child Nutritional Status

Percent children under 5 with moderate and severe:

- **Stunting (27%)** DHS – 2012
- **Wasting (10%)** DHS – 2012
- **Overweight (7%)** DHS – 2012

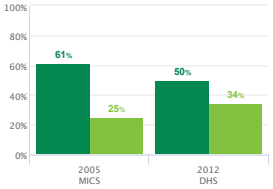


More years of data may be available on the dashboard.

Breastfeeding Practices

Continued breastfeeding (year 1)	77%	2012

Early initiation of breastfeeding
Exclusive breastfeeding

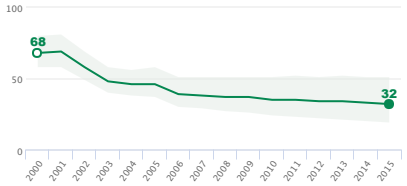


More years of data may be available on the dashboard.

Tajikistan

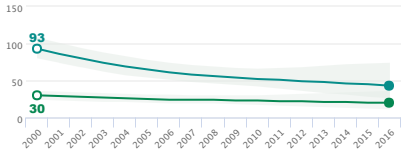
Demographics

Maternal Mortality Ratio
Deaths per 100,000 live births — Uncertainty Range Around Estimate



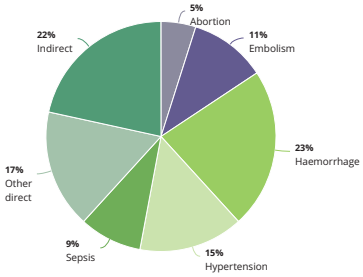
Neonatal & Under-five Mortality Rate
Deaths per 1,000 live births — Uncertainty Range Around Estimate

- Neonatal mortality rate (20) 2016
- Under 5 mortality rate (43) 2016



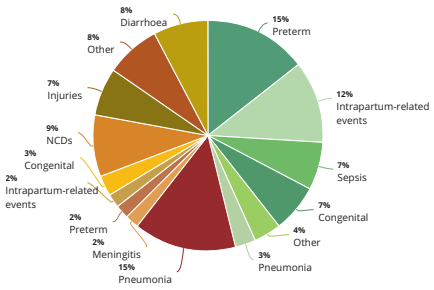
Source: UN IGME 2017

Causes of Maternal Death - 2014
Regional estimates for Caucasus and Central Asia



Source: WHO 2014

Causes of Death Under-Five - 2015
Globally nearly half of child deaths are attributable to undernutrition



- Children ages 1-59 months
- Newborns ages 0-27 days

47% of deaths occur in the neonatal period

Source: WHO MCEE 2015

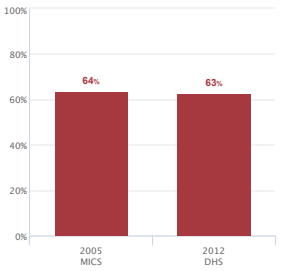
Child Health

Immunization
Percent of children immunized:

- with 3 doses of DTP (96%) 2016
- with 3 doses of Hib (97%) 2016
- against rotavirus (96%) 2016
- with 3 doses of pneumococcal (–) –
- against measles (97%) 2016

Source: WHO/UNICEF 2016 revision

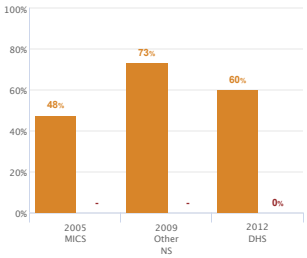
Pneumonia Treatment
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

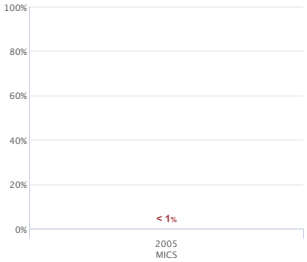
Diarrhoeal Disease Treatment
Percent of children under 5 years with diarrhoea:

- Treated with ORS
- Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment
Malaria prevention in children under-five - sleeping under ITNs

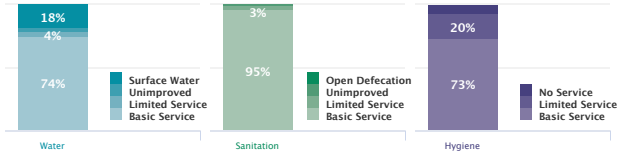


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	Low Risk
Population sleeping under ITN or sleeping in a house sprayed by IRS	Low Risk

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✓	✓	✓	✓

Maternity protection (Convention 183)	Partial
International code of marketing of breastmilk substitutes	Partial

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
No	No	No

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✗	✗	✓

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita		76	2014
Government expenditure on health, per capita		22	2014
Out of pocket expenditure as % of total expenditure on health		62%	2014
General government expenditure on health as % of total government expenditure		7%	2014
ODA to RMNCH (US$)	Total:	$22 M 2015	Per capita: $3 2015

Service Delivery
Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 2	Newborn Health 2	Child Health 2
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✗ 2. Misoprostol	– 2. Antenatal Corticosteroids	– 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

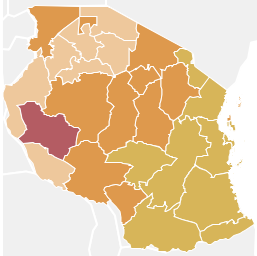
National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -
Density of skilled health professionals (per 10,000 population)	64.4 2014

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✗	✗	✓	✓

Tanzania

CCI Country Score: 63%



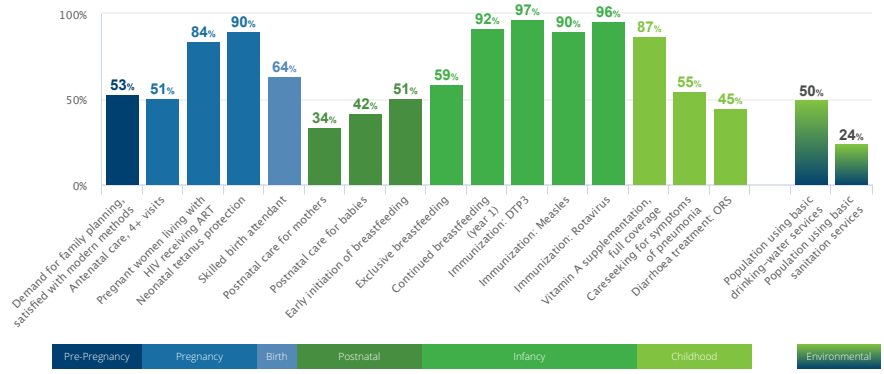
Composite Coverage Index
<50% 50-59% 60-69% 70-79% 80% + No data

Demographics

Total Population (000)	55,572	2016
Total under 5 population (000)	9,655	2016
Total adolescent (10-19) population (000)	12,927	2016
Secondary completion rate (upper, females)	27%	2016
Total Births (000)	2,127	2016
Total fertility rate (births per woman)	5	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	128	2007
Birth registration	26%	2016
Total maternal deaths	8,200	2015
Lifetime risk of maternal deaths (1 in N)	45	2015
Stillbirth rate (per 1000 total births)	22	2015
Neonatal deaths, as % of all <5 deaths	39%	2015
Total under 5 deaths (000)	117	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	202 girls	254 boys 2015

Continuum of Care Coverage

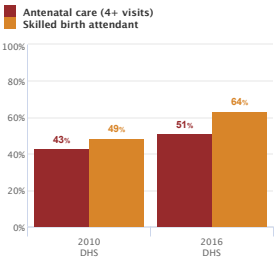
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

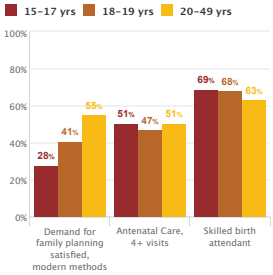
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	84%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	8%	2016
Institutional Delivery	51%/12%/63% (Public/Private/Total)	2016
C-section rate	12%/4%/6% (Urban/Rural/Total)	2016

Women's & Children's Nutrition

Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	37%	2016
Women of reproductive age, short stature	3%	2015
Women (20+) with: BMI <18.5 kg/m2 (thinness)	10%	2016
BMI 25-30 kg/m2 (overweight)	23%	2016
BMI > 30 kg/m2 (obese)	13%	2016
Iron/folic acid supplementation during pregnancy	21%	2016
Low birth weight prevalence	8%	2010
Vitamin A supplementation, full coverage	87%	2015
Minimum dietary diversity	26%	2015

Child Nutritional Status

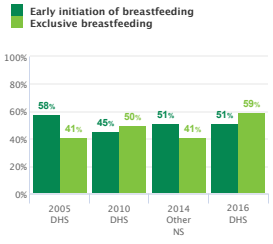
Percent children under 5 with moderate and severe:

- Stunting (34%) DHS – 2015
- Wasting (5%) DHS – 2015
- Overweight (4%) DHS – 2015

More years of data may be available on the dashboard.

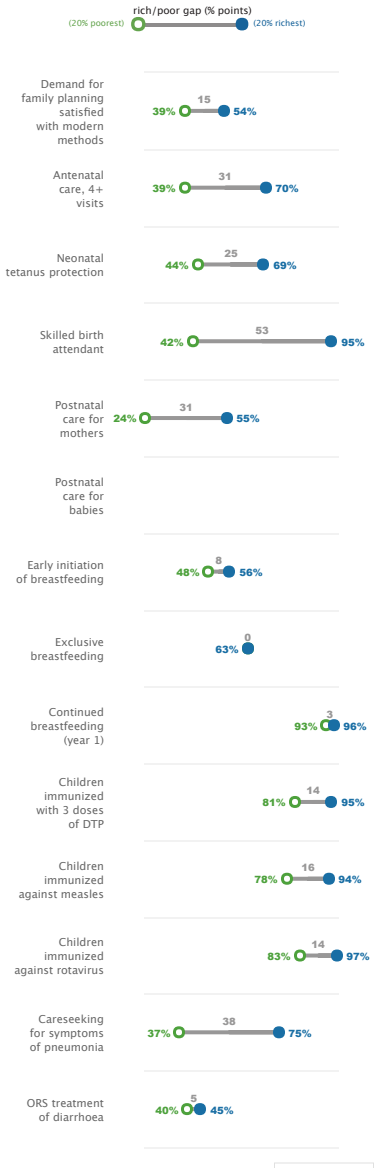
Breastfeeding Practices

Continued breastfeeding (year 1)	92%	2015



More years of data may be available on the dashboard.

Equity

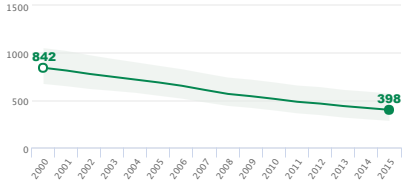


Source: DHS 2015

Demographics

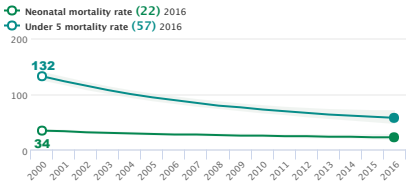
Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate



Neonatal & Under-five Mortality Rate

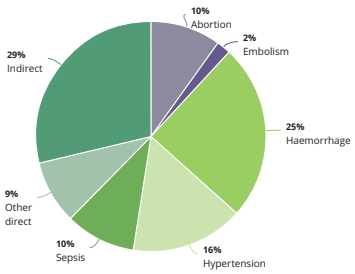
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

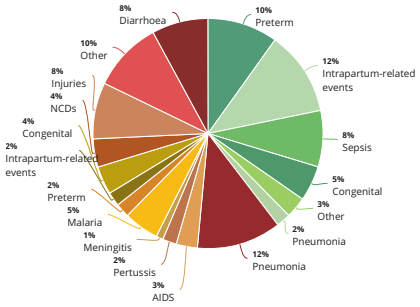
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months
Newborns ages 0-27 days

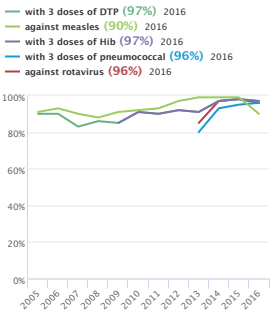
39% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

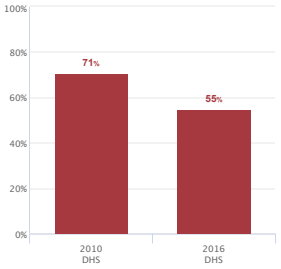
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

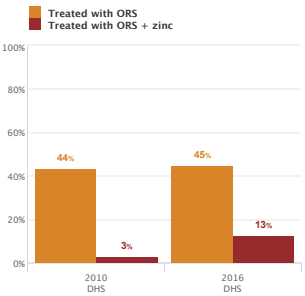
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

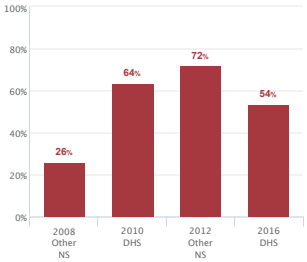
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

Malaria prevention in children under-five - sleeping under ITNs

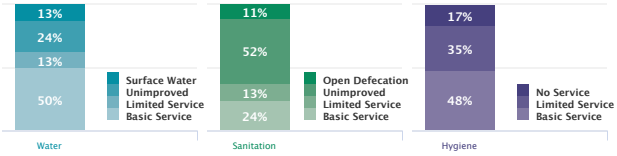


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	25 %	2012
Population sleeping under ITN or sleeping in a house sprayed by IRS	51 %	2016

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✗	✗	✗	✗

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	Yes

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	MANDATORY	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
Yes	Yes	Yes

Maternal Death Review 2013

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✗

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	52	2013
Government expenditure on health, per capita	24	2013
Out of pocket expenditure as % of total expenditure on health	23%	2013
General government expenditure on health as % of total government expenditure	12%	2014

ODA to RMNCH (US$) Total: $594 M 2015 Per capita: $11 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 2	Maternal Health 3	Newborn Health 2	Child Health 3
✓ 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
✗ 2. Contraceptive Implants	✓ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
✓ 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

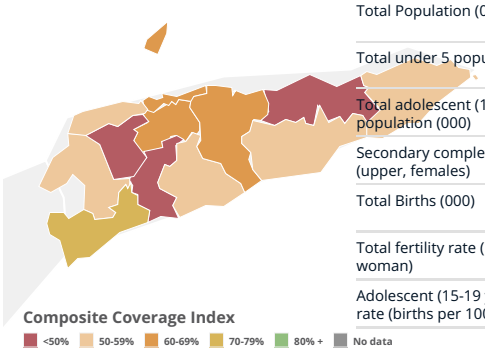
National availability of functional Emergency Obstetric Care (% of recommended minimum)	-	-
Density of skilled health professionals (per 10,000 population)	4.6	2012

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Timor-Leste

CCI Country Score: 56%

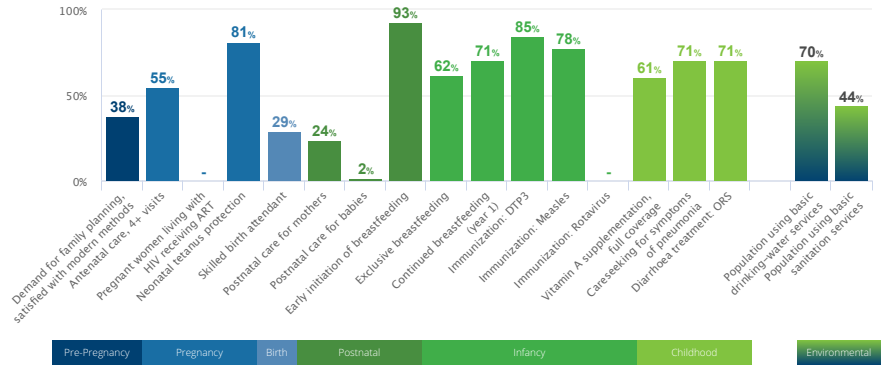


Demographics

Total Population (000)	1,269	2016
Total under 5 population (000)	206	2016
Total adolescent (10-19) population (000)	318	2016
Secondary completion rate (upper, females)	29%	2016
Total Births (000)	44	2016
Total fertility rate (births per woman)	5.5	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	54	2007
Birth registration	55%	2010
Total maternal deaths	94	2015
Lifetime risk of maternal deaths (1 in N)	82	2015
Stillbirth rate (per 1000 total births)	18	2015
Neonatal deaths, as % of all <5 deaths	44%	2015
Total under 5 deaths (000)	2	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	75 girls	100 boys 2015

Continuum of Care Coverage

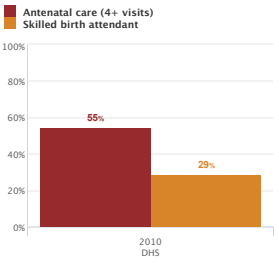
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

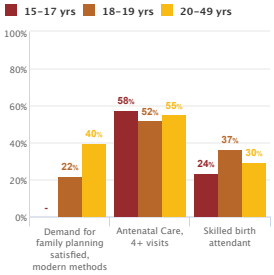
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	- -	
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	21%/1%/22%	2010
	Public Private Total	
C-section rate	4%/1%/2%	2010
	Urban Rural Total	

Women's & Children's Nutrition

Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	41%	2016
Women of reproductive age, short stature	15%	2009
Women (20+) with: BMI <18.5 kg/m2 (thinness)	18%	2016
BMI 25-30 kg/m2 (overweight)	20%	2016
BMI > 30 kg/m2 (obese)	5%	2016
Iron/folic acid supplementation during pregnancy	16%	2009
Low birth weight prevalence	-	-
Vitamin A supplementation, full coverage	61%	2015
Minimum dietary diversity	-	-

Child Nutritional Status

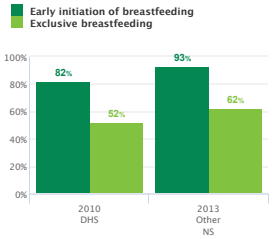
Percent children under 5 with moderate and severe:

- **Stunting (50%)** Other NS – 2013
- **Wasting (11%)** Other NS – 2013
- **Overweight (2%)** Other NS – 2013

More years of data may be available on the dashboard.

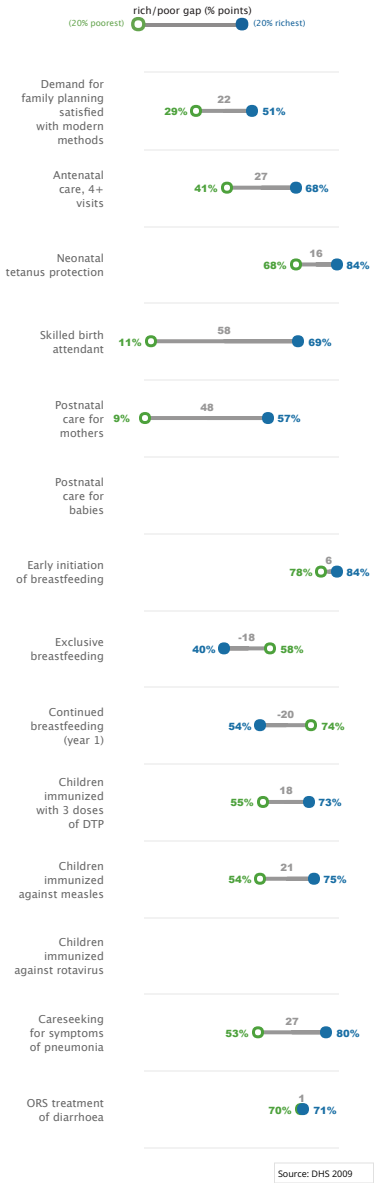
Breastfeeding Practices

Continued breastfeeding (year 1)	71%	2010



More years of data may be available on the dashboard.

Equity

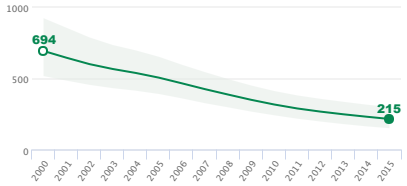


Source: DHS 2009

Demographics

Maternal Mortality Ratio

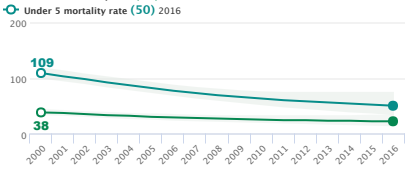
Deaths per 100,000 live births — Uncertainty Range Around Estimate



Neonatal & Under-five Mortality Rate

Deaths per 1,000 live births — Uncertainty Range Around Estimate

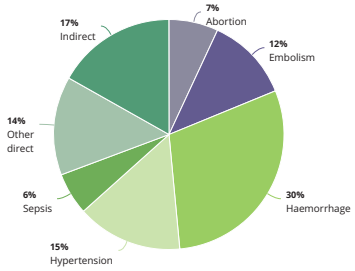
- Neonatal mortality rate (22) 2016
- Under 5 mortality rate (50) 2016



Source: UN IGME 2017

Causes of Maternal Death - 2014

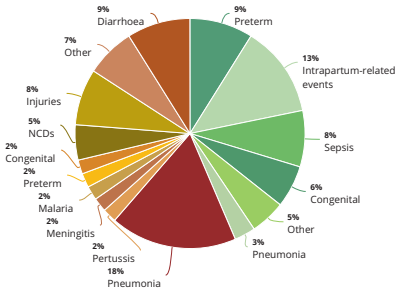
Regional estimates for South-eastern Asia



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



- Children ages 1-59 months
- Newborns ages 0-27 days

44% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

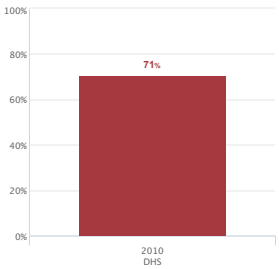
Percent of children immunized:

- against rotavirus (–) –
- with 3 doses of DTP (85%) 2016
- with 3 doses of Hib (85%) 2016
- with 3 doses of pneumococcal (–) –
- against measles (78%) 2016

Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider

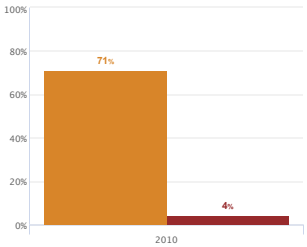


More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

Percent of children under 5 years with diarrhoea:

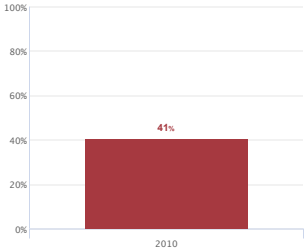
- Treated with ORS
- Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

Malaria prevention in children under-five - sleeping under ITNs

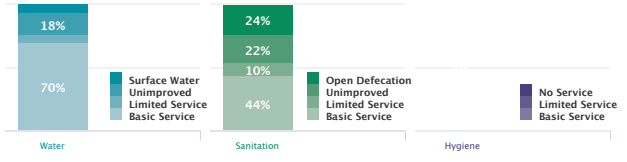


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	-	
Population sleeping under ITN or sleeping in a house sprayed by IRS	29 %	2010

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✗	✗

Maternity protection (Convention 183)	No Data
International code of marketing of breastmilk substitutes	No

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
No	No	No

Maternal Death Review 2016

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✓

Civil society involvement in review of national maternal, newborn and child health programs	Yes

Financing

Total expenditure on health, per capita	57	2016
Government expenditure on health, per capita	52	2016
Out of pocket expenditure as % of total expenditure on health	10%	2016
General government expenditure on health as % of total government expenditure	2%	2014
ODA to RMNCH (US$)	Total: $26 M 2015	Per capita: $21 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 3	Newborn Health 4	Child Health 3
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✓ 2. Misoprostol	✓ 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	✓ 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

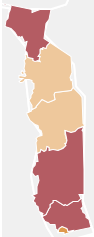
National availability of functional Emergency Obstetric Care (% of recommended minimum)	68%	2015
Density of skilled health professionals (per 10,000 population)	12.7	2011

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Togo

CCI Country Score: 52%



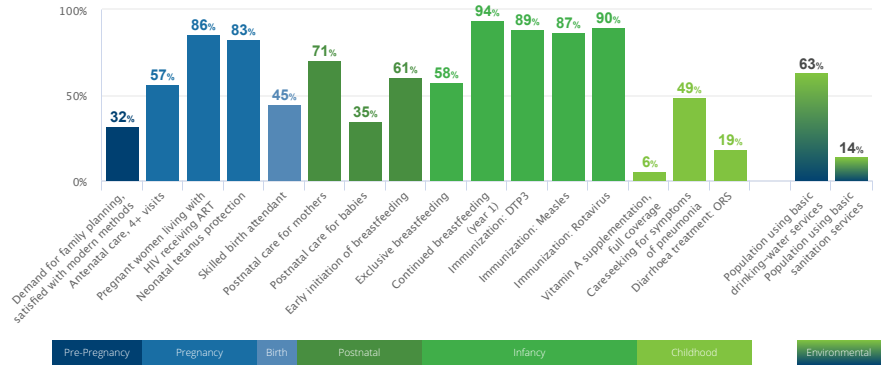
Composite Coverage Index
<50% 50-59% 60-69% 70-79% 80% + No data

Demographics

Total Population (000)	7,606	2016
Total under 5 population (000)	1,176	2016
Total adolescent (10-19) population (000)	1,717	2016
Secondary completion rate (upper, females)	10%	2016
Total Births (000)	259	2016
Total fertility rate (births per woman)	4.5	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	77	2011
Birth registration	78%	2014
Total maternal deaths	940	2015
Lifetime risk of maternal deaths (1 in N)	58	2015
Stillbirth rate (per 1000 total births)	34	2015
Neonatal deaths, as % of all <5 deaths	34%	2015
Total under 5 deaths (000)	19	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	219 girls 231 boys	2015

Continuum of Care Coverage

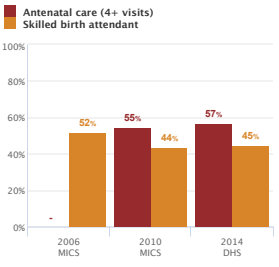
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

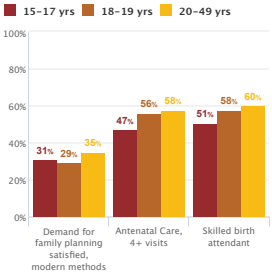
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	86%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	19%	2014
Institutional Delivery	61%/12%/73% Public Private Total	2014
C-section rate	12%/3%/7% Urban Rural Total	2014

Women's & Children's Nutrition

Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	49%	2016
Women of reproductive age, short stature	1%	2013
Women (20+) with: BMI <18.5 kg/m2 (thinness)	9%	2016
BMI 25-30 kg/m2 (overweight)	24%	2016
BMI > 30 kg/m2 (obese)	13%	2016
Iron/folic acid supplementation during pregnancy	37%	2013
Low birth weight prevalence	11%	2010
Vitamin A supplementation, full coverage	6%	2015
Minimum dietary diversity	20%	2014

Child Nutritional Status

Percent children under 5 with moderate and severe:

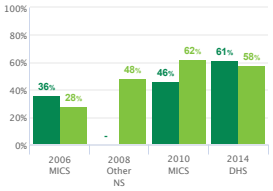
- Stunting (28%) DHS – 2014
- Wasting (7%) DHS – 2014
- Overweight (2%) DHS – 2014

More years of data may be available on the dashboard.

Breastfeeding Practices

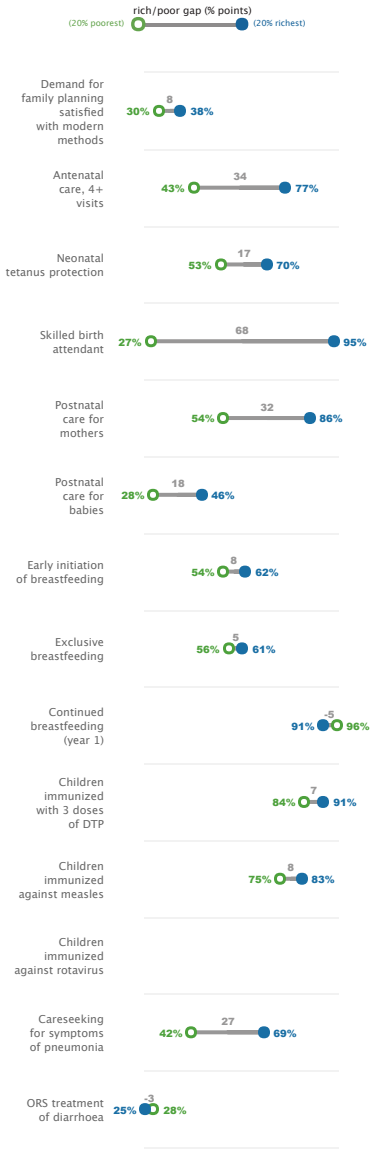
Continued breastfeeding (year 1)	94%	2014

Early initiation of breastfeeding
Exclusive breastfeeding



More years of data may be available on the dashboard.

Equity

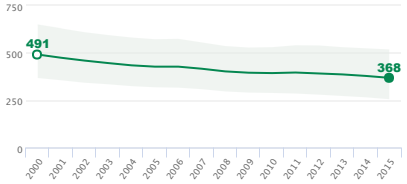


Source: DHS 2013

Demographics

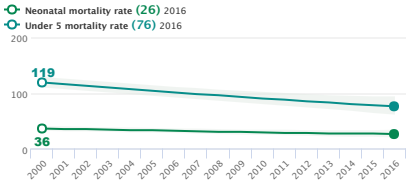
Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate



Neonatal & Under-five Mortality Rate

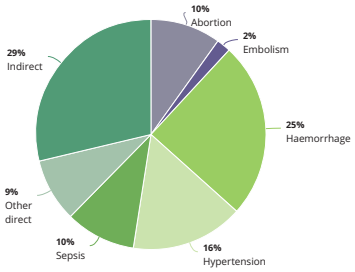
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

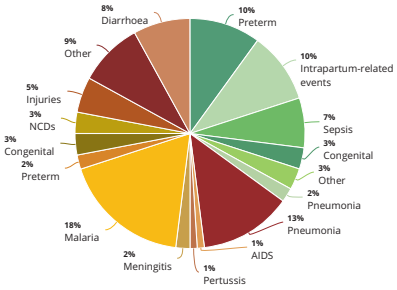
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months
Newborns ages 0-27 days

34% of deaths occur in the neonatal period

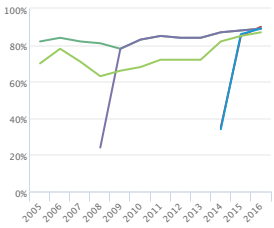
Source: WHO MCEE 2015

Child Health

Immunization

Percent of children immunized:

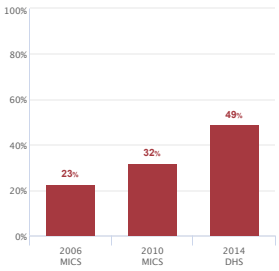
- against measles (87%) 2016
- with 3 doses of DTP (89%) 2016
- with 3 doses of Hib (89%) 2016
- with 3 doses of pneumococcal (89%) 2016
- against rotavirus (90%) 2016



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider

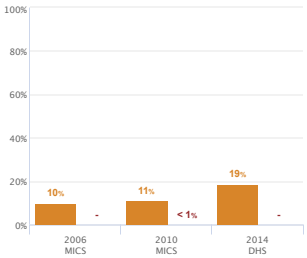


More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

Percent of children under 5 years with diarrhoea:

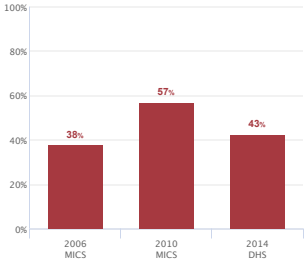
- Treated with ORS
- Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

Malaria prevention in children under-five - sleeping under ITNs

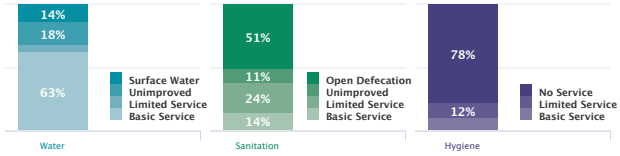


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	24 %	2014
Population sleeping under ITN or sleeping in a house sprayed by IRS	34 %	2014

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✗	✗	✓	✓

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	No

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

Yes	No	No
MATERNAL	NEWBORN	CHILD

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✗	✓	✗	–

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	34	2014
Government expenditure on health, per capita	13	2014
Out of pocket expenditure as % of total expenditure on health	46%	2014
General government expenditure on health as % of total government expenditure	8%	2014

ODA to RMNCH (US$) — Total: $24 M 2015 — Per capita: $3 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health	0	Maternal Health	3	Newborn Health	2	Child Health	2
– 1. Female Condom		✓ 1. Oxytocin		✓ 1. Injectable Antibiotics		✓ 1. Amoxicillin	
– 2. Contraceptive Implants		✓ 2. Misoprostol		– 2. Antenatal Corticosteroids		✓ 2. Oral Rehydration Salts	
– 3. Emergency Contraception		✓ 3. Magnesium sulfate		– 3. Chlorhexidine		✗ 3. Zinc	
				✓ 4. Resuscitation equipment: Self-inflating bag			

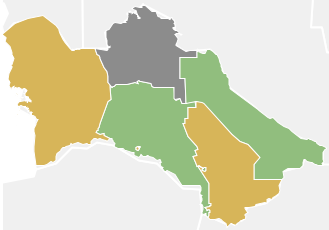
National availability of functional Emergency Obstetric Care (% of recommended minimum)	45%	2016
Density of skilled health professionals (per 10,000 population)	3.6	2008

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Turkmenistan

CCI Country Score: 80%



Composite Coverage Index

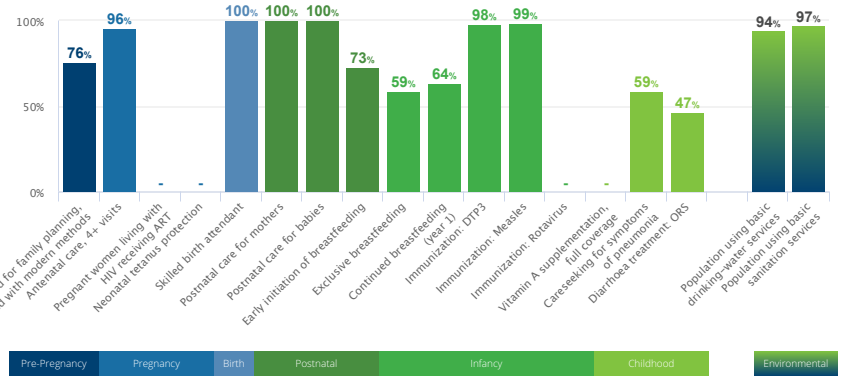
<50% 50-59% 60-69% 70-79% 80% + No data

Demographics

Total Population (000)	5,663	2016
Total under 5 population (000)	709	2016
Total adolescent (10-19) population (000)	950	2016
Secondary completion rate (upper, females)	80%	2016
Total Births (000)	143	2016
Total fertility rate (births per woman)	2.9	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	21	2006
Birth registration	100%	2016
Total maternal deaths	47	2015
Lifetime risk of maternal deaths (1 in N)	940	2015
Stillbirth rate (per 1000 total births)	17	2015
Neonatal deaths, as % of all <5 deaths	44%	2015
Total under 5 deaths (000)	7	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	70 girls 95 boys	2015

Continuum of Care Coverage

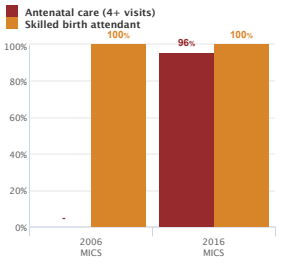
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

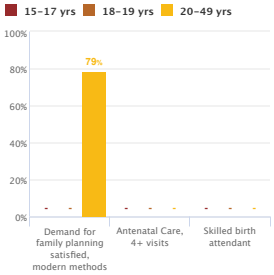
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	- -	
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	99%/0%/100%	2016
	Public Private Total	
C-section rate	-/-/6%	2016
	Urban Rural Total	

Women's & Children's Nutrition

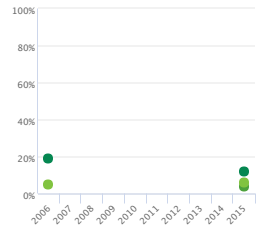
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	33%	2016
Women of reproductive age, short stature	-	-
Women (20+) with: BMI <18.5 kg/m2 (thinness)	4%	2016
BMI 25-30 kg/m2 (overweight)	31%	2016
BMI > 30 kg/m2 (obese)	22%	2016
Iron/folic acid supplementation during pregnancy	-	-
Low birth weight prevalence	5%	2011
Vitamin A supplementation, full coverage	-	-
Minimum dietary diversity	85%	2016

Child Nutritional Status

Percent children under 5 with moderate and severe:

- Stunting (12%) MICS – 2015
- Wasting (4%) MICS – 2015
- Overweight (6%) MICS – 2015

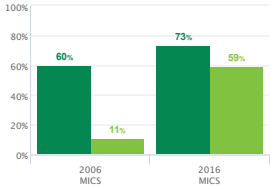


More years of data may be available on the dashboard.

Breastfeeding Practices

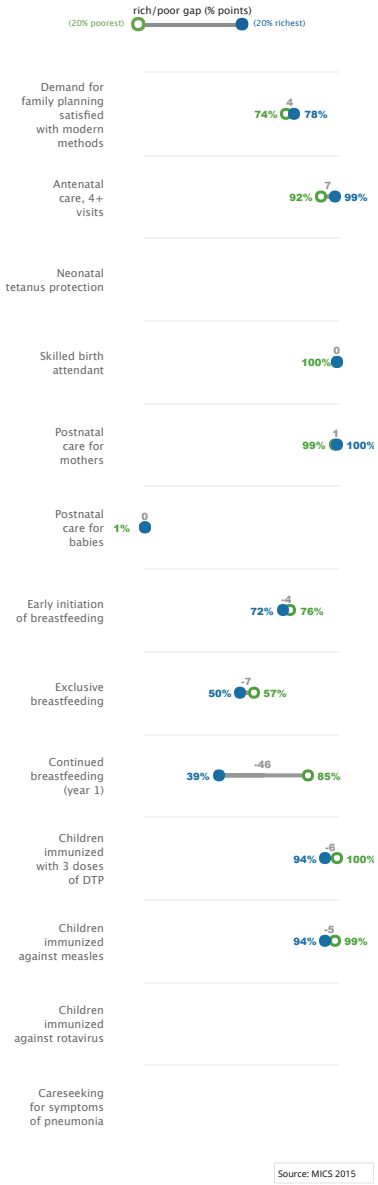
Continued breastfeeding (year 1) 64% 2016

Early initiation of breastfeeding
Exclusive breastfeeding



More years of data may be available on the dashboard.

Equity



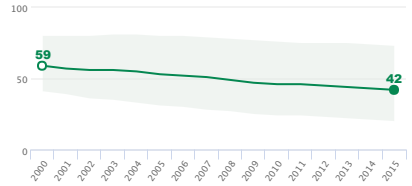
Source: MICS 2015

Turkmenistan

Demographics

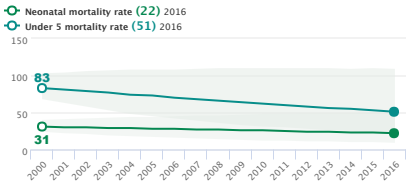
Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate



Neonatal & Under-five Mortality Rate

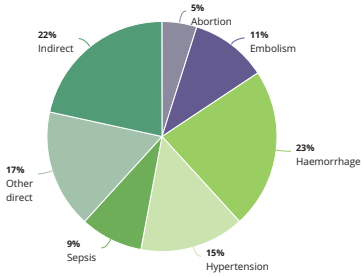
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

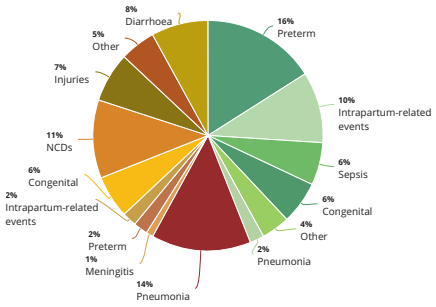
Regional estimates for Caucasus and Central Asia



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months

Newborns ages 0-27 days

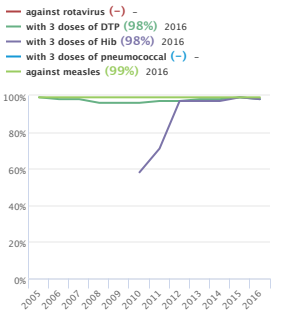
44% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

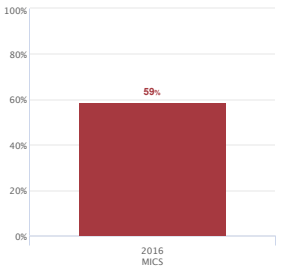
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

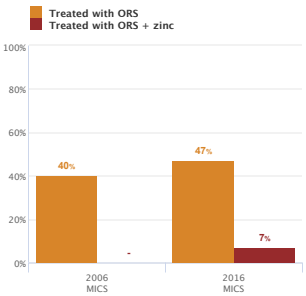
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

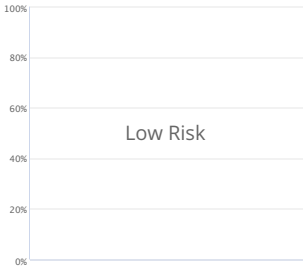
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

Malaria prevention in children under-five - sleeping under ITNs

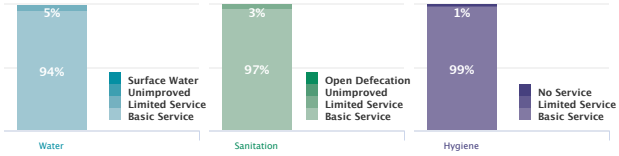


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	Low Risk
Population sleeping under ITN or sleeping in a house sprayed by IRS	Low Risk

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✓	✓	✓	✓

Maternity protection (Convention 183)	No Data
International code of marketing of breastmilk substitutes	Partial

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available	Yes (MATERNAL)	Yes (NEWBORN)	No (CHILD)

Maternal Death Review -

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
–	–	–	–	–	–

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	187	2010
Government expenditure on health, per capita	122	2010
Out of pocket expenditure as % of total expenditure on health	35%	2010
General government expenditure on health as % of total government expenditure	9%	2014

ODA to RMNCH (US$) Total: $2 M 2015 Per capita: $0 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 2	Newborn Health 2	Child Health 0
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✗ 1. Amoxicillin
– 2. Contraceptive Implants	– 2. Misoprostol	– 2. Antenatal Corticosteroids	– 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✗ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

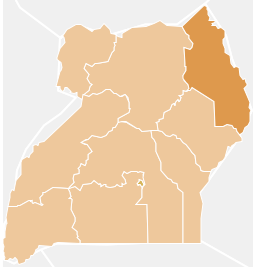
National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -
Density of skilled health professionals (per 10,000 population)	68.5 2014

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	–	–	–	–

Uganda

CCI Country Score: 58%



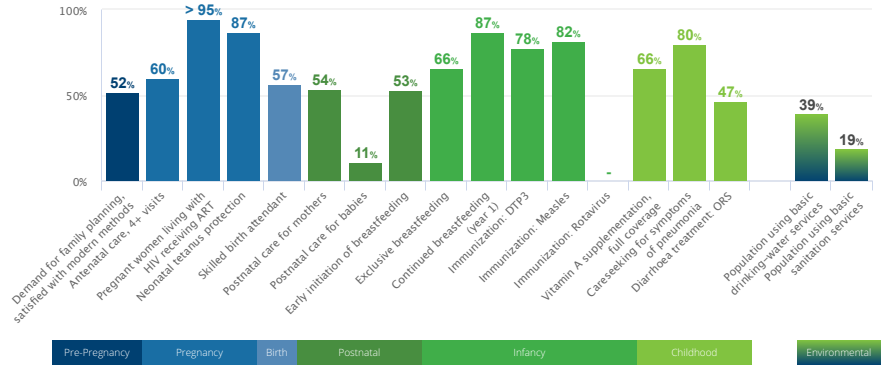
Composite Coverage Index
<50% 50-59% 60-69% 70-79% 80% + No data

Demographics

Total Population (000)	41,488	2016
Total under 5 population (000)	7,699	2016
Total adolescent (10-19) population (000)	10,257	2016
Secondary completion rate (upper, females)	13%	2016
Total Births (000)	1,753	2016
Total fertility rate (births per woman)	5.6	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	140	2013
Birth registration	30%	2011
Total maternal deaths	5,700	2015
Lifetime risk of maternal deaths (1 in N)	47	2015
Stillbirth rate (per 1000 total births)	21	2015
Neonatal deaths, as % of all <5 deaths	35%	2015
Total under 5 deaths (000)	90	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	203 girls	243 boys 2015

Continuum of Care Coverage

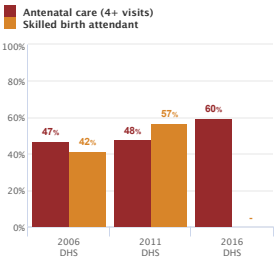
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

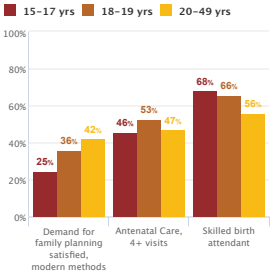
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	> 95%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	17%	2016
Institutional Delivery	44%/13%/57% Public Private Total	2011
C-section rate	14%/4%/5% Urban Rural Total	2011

Women's & Children's Nutrition

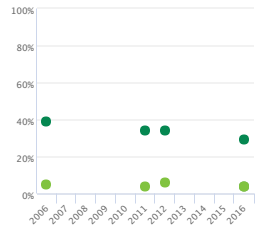
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	29%	2016
Women of reproductive age, short stature	2%	2011
Women (20+) with: BMI <18.5 kg/m2 (thinness)	10%	2016
BMI 25-30 kg/m2 (overweight)	23%	2016
BMI > 30 kg/m2 (obese)	9%	2016
Iron/folic acid supplementation during pregnancy	4%	2011
Low birth weight prevalence	12%	2011
Vitamin A supplementation, full coverage	66%	2014
Minimum dietary diversity	13%	2011

Child Nutritional Status

Percent children under 5 with moderate and severe:

- Stunting (29%) DHS – 2016
- Wasting (4%) DHS – 2016
- Overweight (4%) DHS – 2016

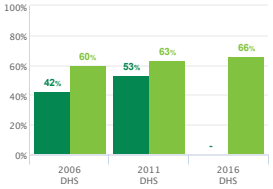


More years of data may be available on the dashboard.

Breastfeeding Practices

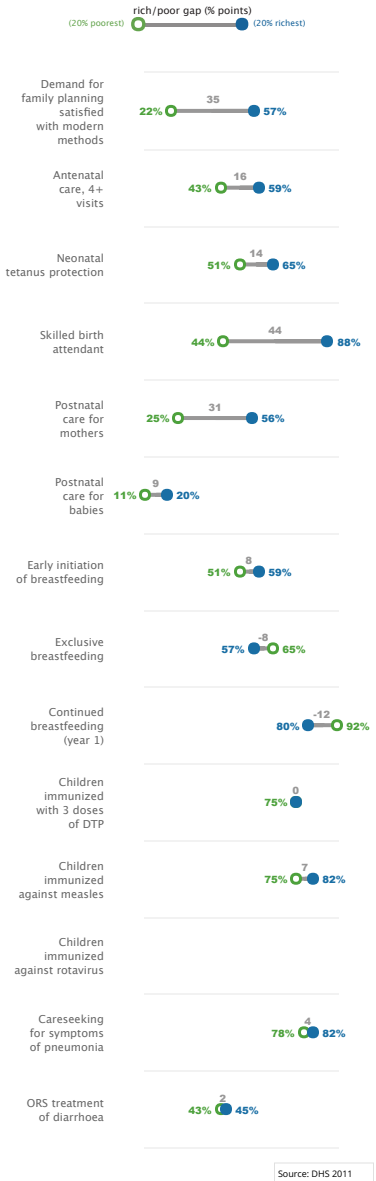
Continued breastfeeding (year 1)	87%	2016

Early initiation of breastfeeding
Exclusive breastfeeding



More years of data may be available on the dashboard.

Equity



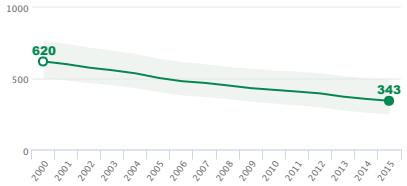
Source: DHS 2011

Uganda

Demographics

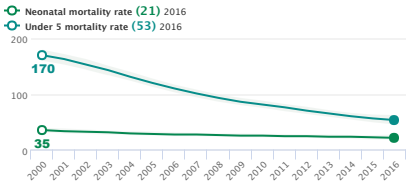
Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate



Neonatal & Under-five Mortality Rate

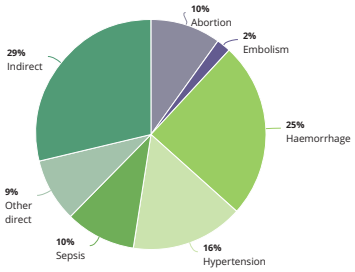
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

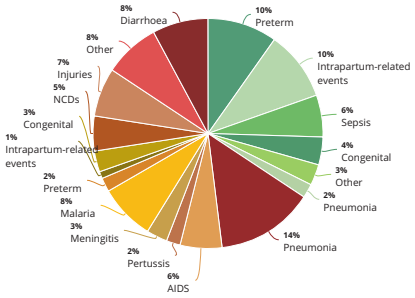
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months

Newborns ages 0-27 days

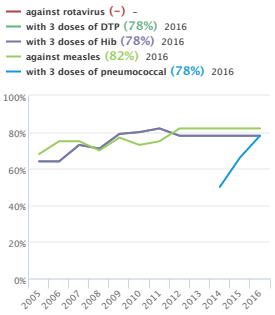
35% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

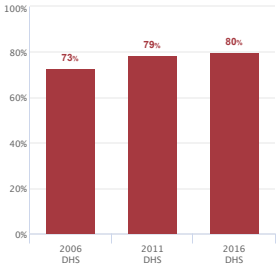
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

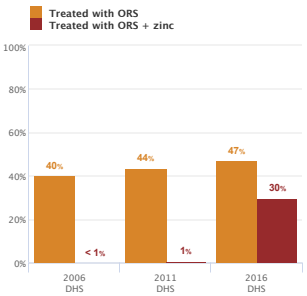
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

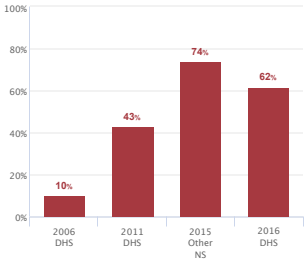
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

Malaria prevention in children under-five - sleeping under ITNs

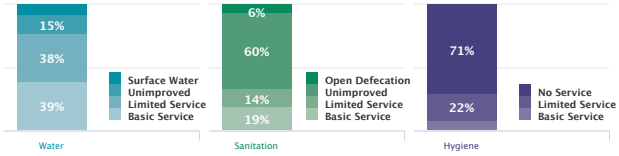


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	49 %	2016
Population sleeping under ITN or sleeping in a house sprayed by IRS	70 %	2015

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	Yes

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✗	✗	✓	✓

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	Yes

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	MANDATORY	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
Yes	Yes	Yes

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✓

Civil society involvement in review of national maternal, newborn and child health programs: No Data

Financing

Total expenditure on health, per capita	52	2014
Government expenditure on health, per capita	13	2014
Out of pocket expenditure as % of total expenditure on health	41%	2014
General government expenditure on health as % of total government expenditure	11%	2014

ODA to RMNCH (US$) — Total: $466 M 2015 — Per capita: $12 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 2	Maternal Health 3	Newborn Health 2	Child Health 3
✓ 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
✗ 2. Contraceptive Implants	✓ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
✓ 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

National availability of functional Emergency Obstetric Care (% of recommended minimum)	-	-
Density of skilled health professionals (per 10,000 population)	14.6	2005

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Uzbekistan

CCI Country Score: -

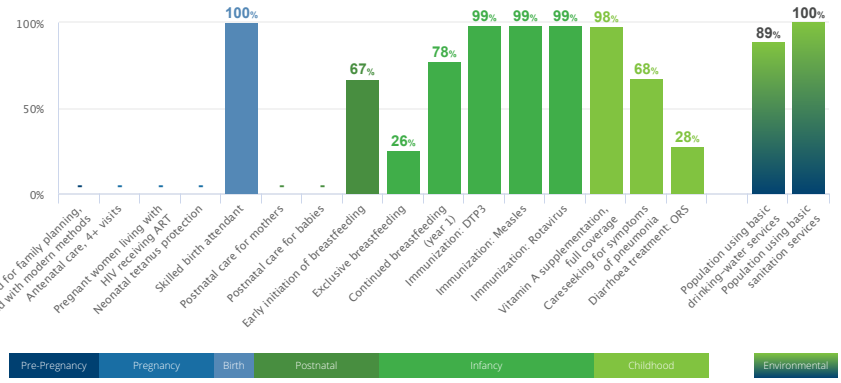
Composite Coverage Index
<50% 50-59% 60-69% 70-79% 80% + No data

Demographics

Total Population (000)	31,447	2016
Total under 5 population (000)	3,184	2016
Total adolescent (10-19) population (000)	5,313	2016
Secondary completion rate (upper, females)	- -	
Total Births (000)	659	2016
Total fertility rate (births per woman)	2.3	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	26	2006
Birth registration	100%	2006
Total maternal deaths	240	2015
Lifetime risk of maternal deaths (1 in N)	1,000	2015
Stillbirth rate (per 1000 total births)	12	2015
Neonatal deaths, as % of all <5 deaths	52%	2015
Total under 5 deaths (000)	16	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	48 girls 77 boys	2015

Continuum of Care Coverage

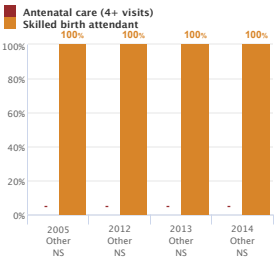
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

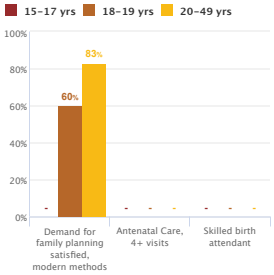
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	- -	
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	96%/1%/100%	2015
C-section rate	-/-/14%	2015

Institutional Delivery: Public / Private / Total

C-section rate: Urban / Rural / Total

Women's & Children's Nutrition

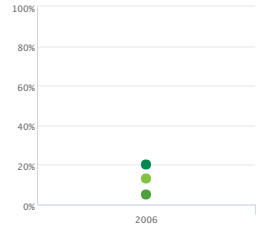
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	36%	2016
Women of reproductive age, short stature	-	-
Women (20+) with: BMI <18.5 kg/m2 (thinness)	4%	2016
BMI 25-30 kg/m2 (overweight)	31%	2016
BMI > 30 kg/m2 (obese)	20%	2016
Iron/folic acid supplementation during pregnancy	-	-
Low birth weight prevalence	5%	2006
Vitamin A supplementation, full coverage	98%	2015
Minimum dietary diversity	-	-

Child Nutritional Status

Percent children under 5 with moderate and severe:

- Stunting (20%) MICS – 2006
- Wasting (5%) MICS – 2006
- Overweight (13%) MICS – 2006

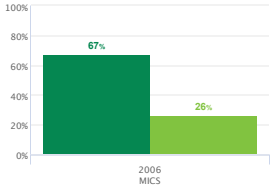


More years of data may be available on the dashboard.

Breastfeeding Practices

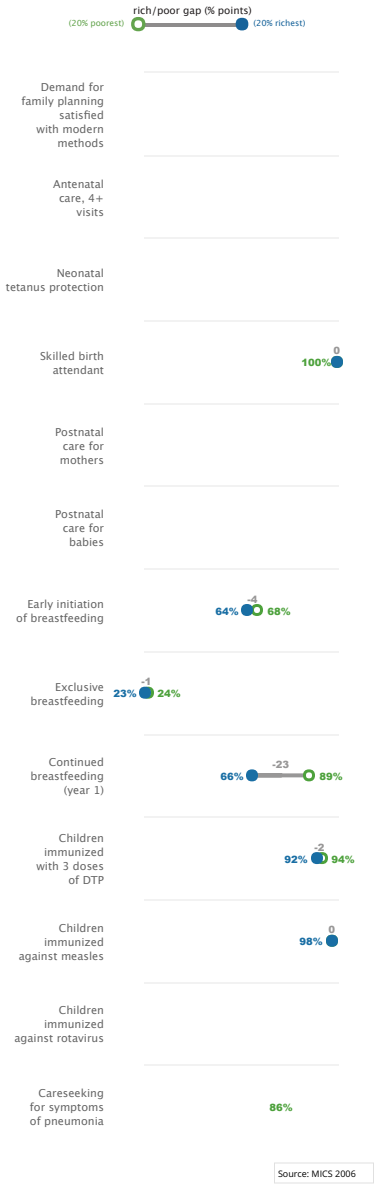
Continued breastfeeding (year 1) 78% 2006

Early initiation of breastfeeding
Exclusive breastfeeding



More years of data may be available on the dashboard.

Equity

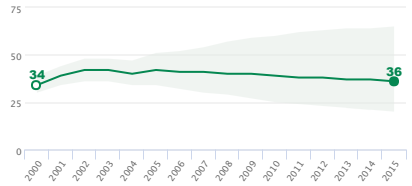


Source: MICS 2006

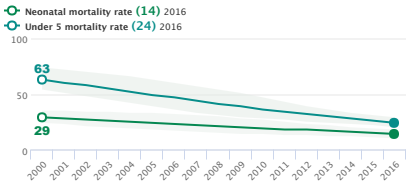
Uzbekistan

Demographics

Maternal Mortality Ratio
Deaths per 100,000 live births — Uncertainty Range Around Estimate

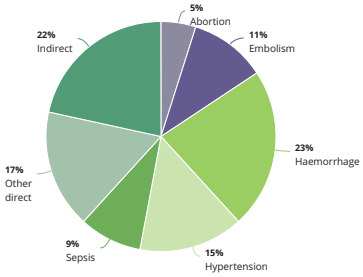


Neonatal & Under-five Mortality Rate
Deaths per 1,000 live births — Uncertainty Range Around Estimate



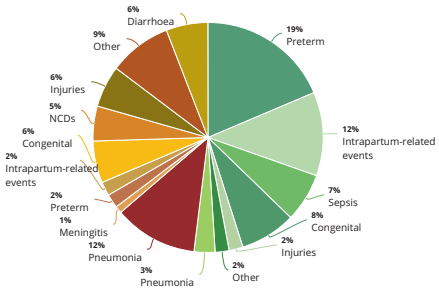
Source: UN IGME 2017

Causes of Maternal Death - 2014
Regional estimates for Caucasus and Central Asia



Source: WHO 2014

Causes of Death Under-Five - 2015
Globally nearly half of child deaths are attributable to undernutrition



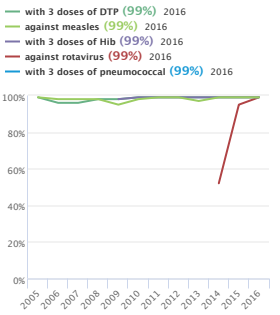
Children ages 1-59 months
Newborns ages 0-27 days

52% of deaths occur in the neonatal period

Source: WHO MCEE 2015

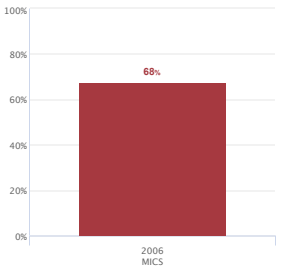
Child Health

Immunization
Percent of children immunized:



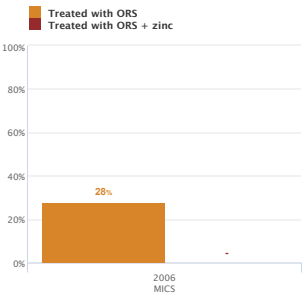
Source: WHO/UNICEF 2016 revision

Pneumonia Treatment
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



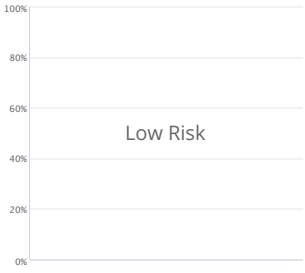
More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment
Malaria prevention in children under-five - sleeping under ITNs

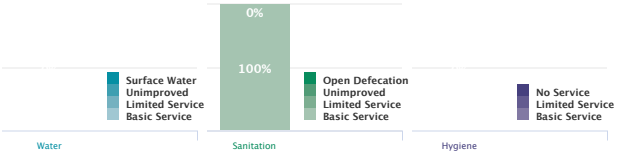


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	Low Risk
Population sleeping under ITN or sleeping in a house sprayed by IRS	Low Risk

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✓	✓	✓	✓

Maternity protection (Convention 183)	Partial
International code of marketing of breastmilk substitutes	Partial

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available	Yes (MATERNAL)	Yes (NEWBORN)	Yes (CHILD)

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✓

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	124	2014	
Government expenditure on health, per capita	66	2014	
Out of pocket expenditure as % of total expenditure on health	44%	2014	
General government expenditure on health as % of total government expenditure	11%	2014	
ODA to RMNCH (US$)	Total: $38 M	2015	Per capita: $1 2015

Service Delivery
Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 2	Newborn Health 2	Child Health 2
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✗ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✗ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

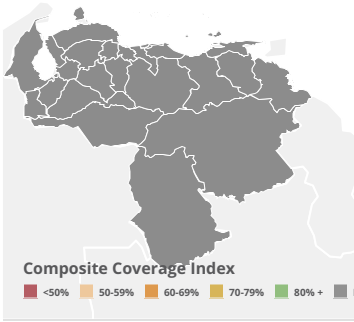
National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -
Density of skilled health professionals (per 10,000 population)	141.0 2014

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✗	✗	✓	✓

Venezuela (Bolivarian Republic of)

CCI Country Score: -

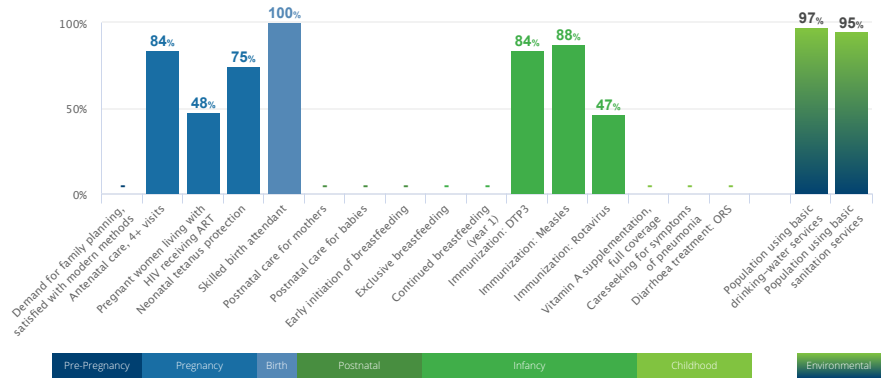


Demographics

Total Population (000)	31,568	2016
Total under 5 population (000)	2,974	2016
Total adolescent (10-19) population (000)	5,677	2016
Secondary completion rate (upper, females)	- -	
Total Births (000)	601	2016
Total fertility rate (births per woman)	2.3	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	101	2011
Birth registration	81%	2011
Total maternal deaths	570	2015
Lifetime risk of maternal deaths (1 in N)	420	2015
Stillbirth rate (per 1000 total births)	7	2015
Neonatal deaths, as % of all <5 deaths	60%	2015
Total under 5 deaths (000)	10	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	44 girls 184 boys	2015

Continuum of Care Coverage

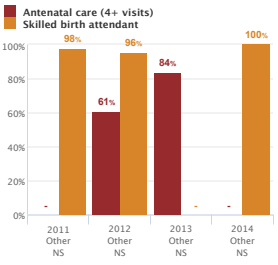
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

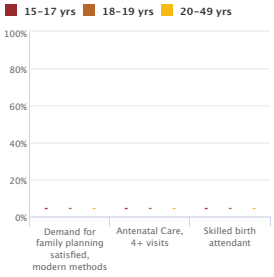
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	48%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	- -	
Institutional Delivery	-/-/99% Public Private Total	2013
C-section rate	-/-/52% Urban Rural Total	2013

Women's & Children's Nutrition

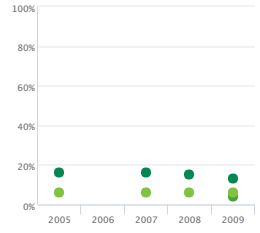
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	24%	2016
Women of reproductive age, short stature	-	-
Women (20+) with: BMI <18.5 kg/m2 (thinness)	2%	2016
BMI 25-30 kg/m2 (overweight)	36%	2016
BMI > 30 kg/m2 (obese)	30%	2016
Iron/folic acid supplementation during pregnancy	-	-
Low birth weight prevalence	9%	2011
Vitamin A supplementation, full coverage	-	-
Minimum dietary diversity	-	-

Child Nutritional Status

Percent children under 5 with moderate and severe:

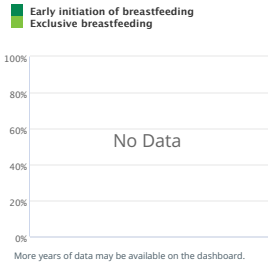
- Stunting (13%) Other NS – 2009
- Wasting (4%) Other NS – 2009
- Overweight (6%) Other NS – 2009



More years of data may be available on the dashboard.

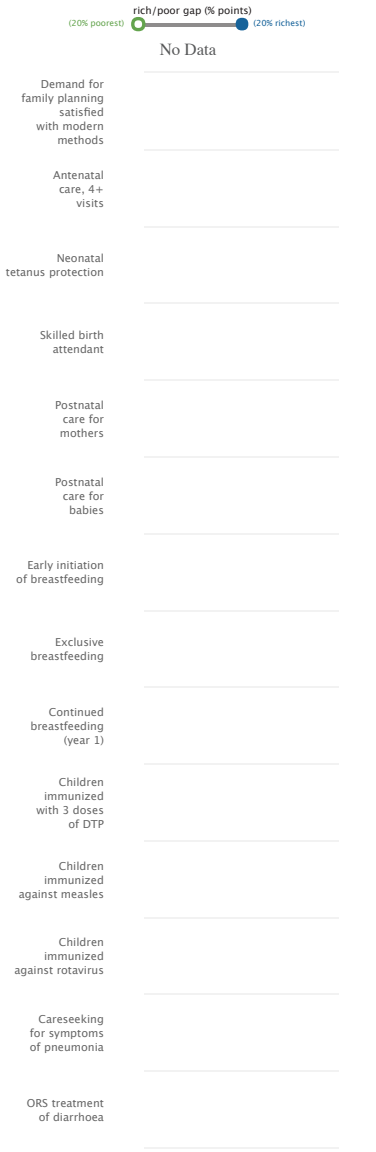
Breastfeeding Practices

Continued breastfeeding (year 1) - -



More years of data may be available on the dashboard.

Equity

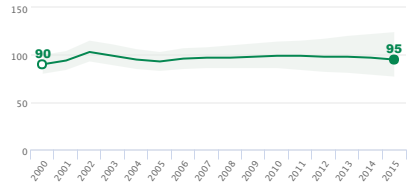


Venezuela (Bolivarian Republic of)

Demographics

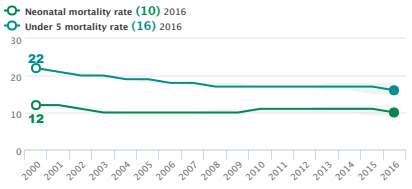
Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate



Neonatal & Under-five Mortality Rate

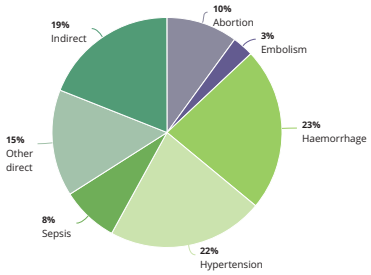
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

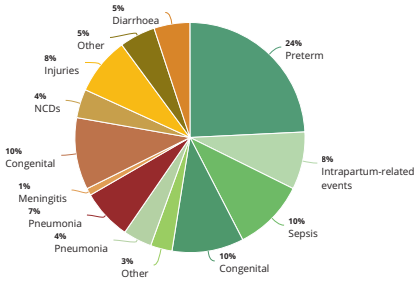
Regional estimates for Latin America & Caribbean



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months

Newborns ages 0-27 days

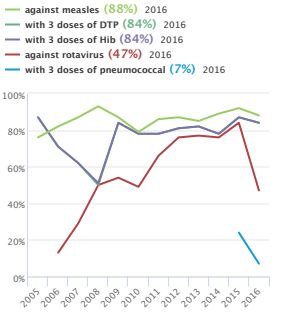
60% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

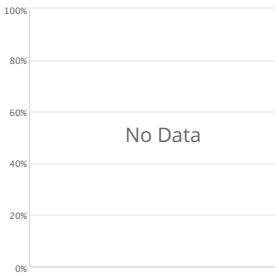
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



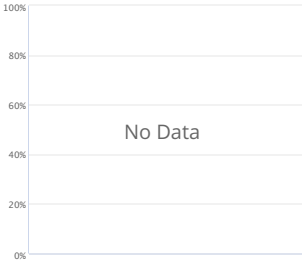
More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

Percent of children under 5 years with diarrhoea:

Treated with ORS

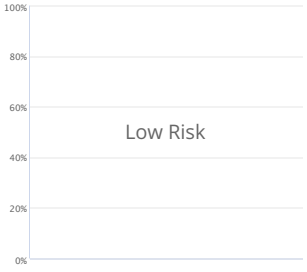
Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

Malaria prevention in children under-five - sleeping under ITNs

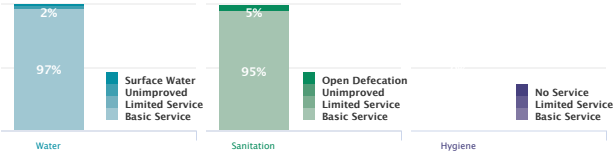


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	Low Risk
Population sleeping under ITN or sleeping in a house sprayed by IRS	Low Risk

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No Data

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✗	✗

Maternity protection (Convention 183)	Partial
International code of marketing of breastmilk substitutes	Yes

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	MANDATORY	VOLUNTARY

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
No Data	No Data	No Data

Maternal Death Review -

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
—	—	—	—	—	—

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita		873	2016
Government expenditure on health, per capita		256	2016
Out of pocket expenditure as % of total expenditure on health		64%	2016
General government expenditure on health as % of total government expenditure		6%	2014
ODA to RMNCH (US$)	Total: $1 M 2015	Per capita:	$0 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 0	Newborn Health 0	Child Health 0
— 1. Female Condom	— 1. Oxytocin	— 1. Injectable Antibiotics	— 1. Amoxicillin
— 2. Contraceptive Implants	— 2. Misoprostol	— 2. Antenatal Corticosteroids	— 2. Oral Rehydration Salts
— 3. Emergency Contraception	— 3. Magnesium sulfate	— 3. Chlorhexidine	— 3. Zinc
		— 4. Resuscitation equipment: Self-inflating bag	

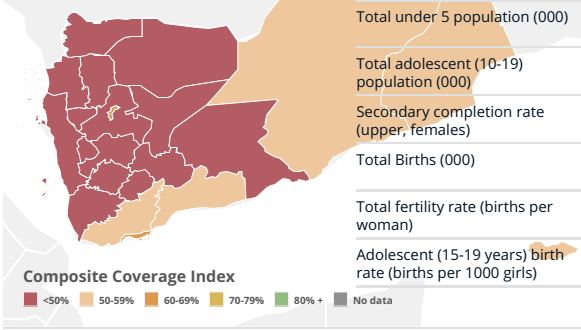
National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -
Density of skilled health professionals (per 10,000 population)	- -

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
—	—	—	—	—	—	—

Yemen

CCI Country Score: 44%

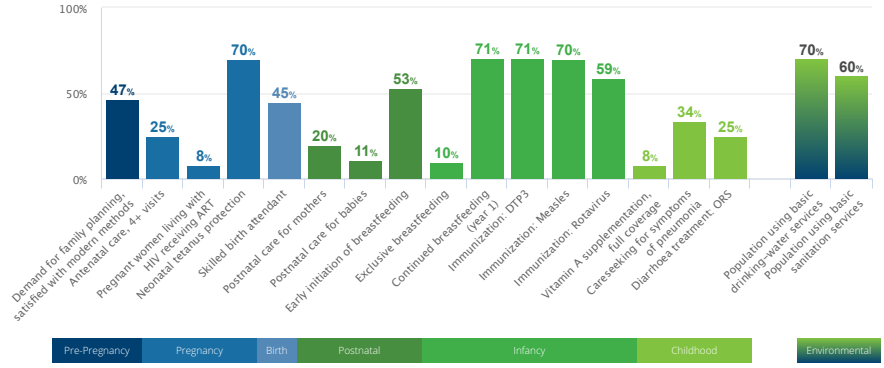


Demographics

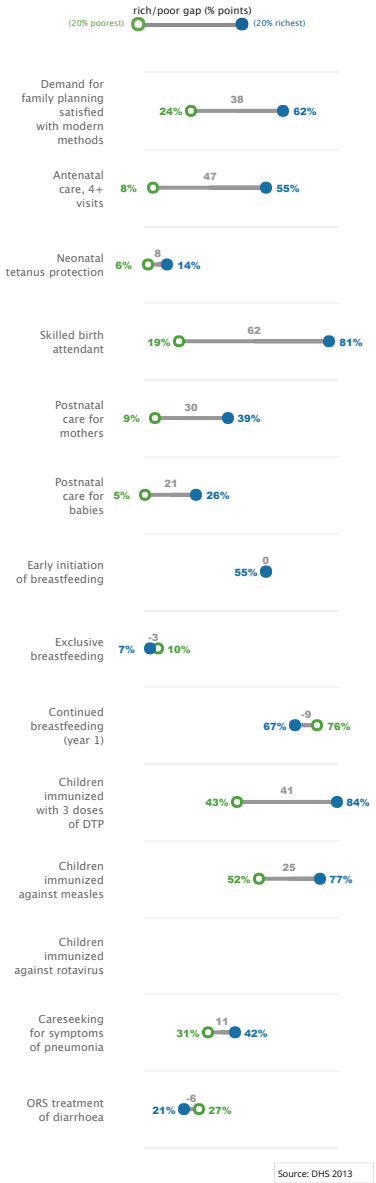
Total Population (000)	27,584	2016
Total under 5 population (000)	4,075	2016
Total adolescent (10-19) population (000)	6,376	2016
Secondary completion rate (upper, females)	23%	2016
Total Births (000)	872	2016
Total fertility rate (births per woman)	4	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	67	2012
Birth registration	31%	2013
Total maternal deaths	3,300	2015
Lifetime risk of maternal deaths (1 in N)	60	2015
Stillbirth rate (per 1000 total births)	29	2015
Neonatal deaths, as % of all <5 deaths	53%	2015
Total under 5 deaths (000)	48	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	140 girls	152 boys 2015

Continuum of Care Coverage

Percentage of those in need receiving coverage of key interventions across the continuum of care



Equity

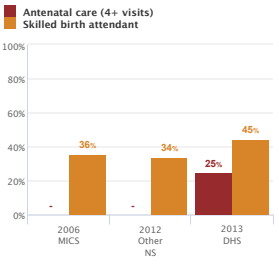


Source: DHS 2013

Maternal & Newborn Health

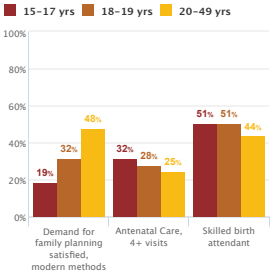
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	8% 2016
Intermittent preventive treatment for malaria during pregnancy 3+	- -
Institutional Delivery	19%/11%/27% 2013 (Public / Private / Total)
C-section rate	10%/3%/5% 2013 (Urban / Rural / Total)

Women's & Children's Nutrition

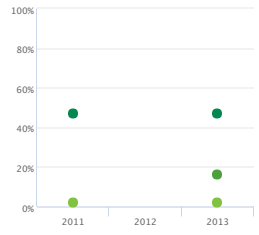
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	70%	2016
Women of reproductive age, short stature	7%	2013
Women (20+) with: BMI <18.5 kg/m2 (thinness)	8%	2016
BMI 25-30 kg/m2 (overweight)	32%	2016
BMI > 30 kg/m2 (obese)	23%	2016
Iron/folic acid supplementation during pregnancy	6%	2013
Low birth weight prevalence	32%	2010
Vitamin A supplementation, full coverage	8%	2015
Minimum dietary diversity	27%	2013

Child Nutritional Status

Percent children under 5 with moderate and severe:

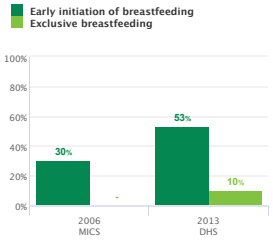
- Stunting (47%) DHS – 2013
- Wasting (16%) DHS – 2013
- Overweight (2%) DHS – 2013



More years of data may be available on the dashboard.

Breastfeeding Practices

Continued breastfeeding (year 1)	71% 2013

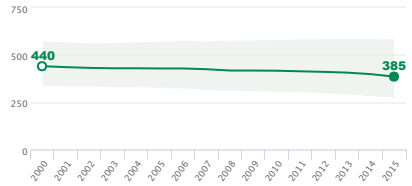


More years of data may be available on the dashboard.

Demographics

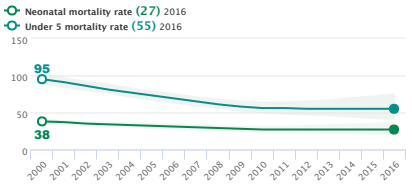
Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate



Neonatal & Under-five Mortality Rate

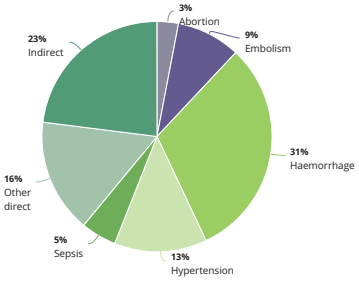
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

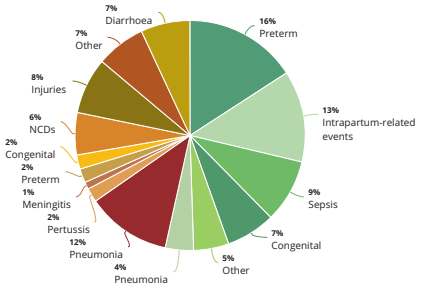
Regional estimates for Western Asia



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months

Newborns ages 0-27 days

53% of deaths occur in the neonatal period

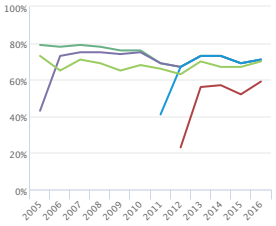
Source: WHO MCEE 2015

Child Health

Immunization

Percent of children immunized:

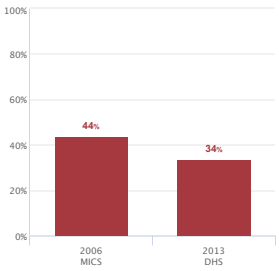
- with 3 doses of Hib (71%) 2016
- against measles (70%) 2016
- with 3 doses of DTP (71%) 2016
- with 3 doses of pneumococcal (71%) 2016
- against rotavirus (59%) 2016



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider

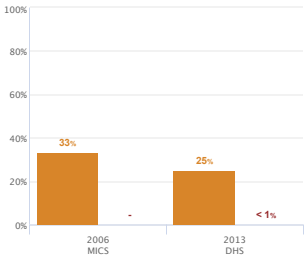


More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

Percent of children under 5 years with diarrhoea:

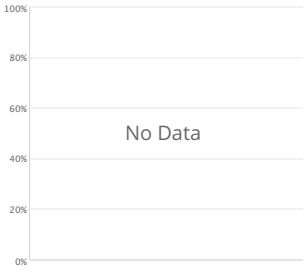
- Treated with ORS
- Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

Malaria prevention in children under-five - sleeping under ITNs

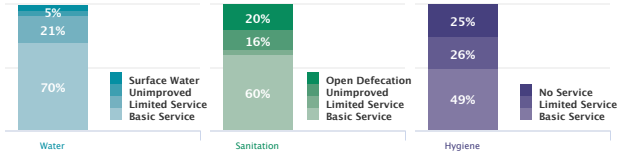


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	16 %	2013
Population sleeping under ITN or sleeping in a house sprayed by IRS	-	

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✗	✗

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	Yes

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
Yes	Yes	Yes

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✗	✗	✗	✗	✗	–

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	80	2014
Government expenditure on health, per capita	18	2014
Out of pocket expenditure as % of total expenditure on health	76%	2014
General government expenditure on health as % of total government expenditure	4%	2014

ODA to RMNCH (US$) Total: $145 M 2015 Per capita: $5 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

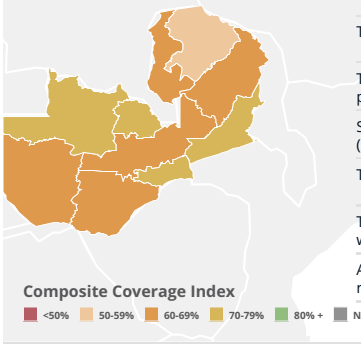
Reproductive Health 0	Maternal Health 2	Newborn Health 2	Child Health 3
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✗ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

National availability of functional Emergency Obstetric Care (% of recommended minimum)	-	-
Density of skilled health professionals (per 10,000 population)	10.7	2014

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

CCI Country Score: 70%

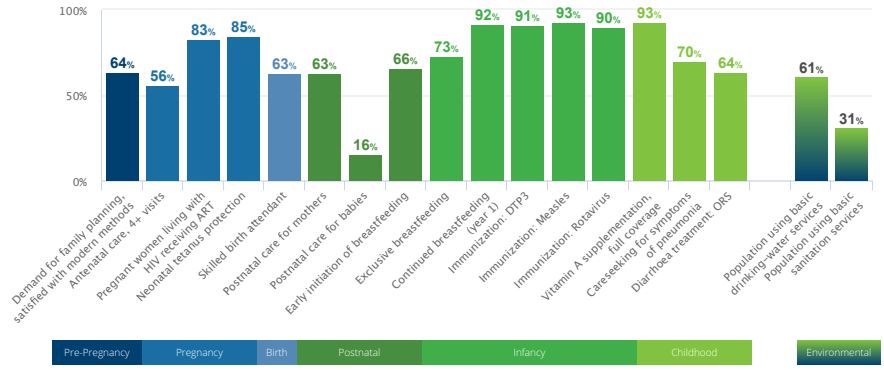


Demographics

Total Population (000)	16,591	2016
Total under 5 population (000)	2,820	2016
Total adolescent (10-19) population (000)	4,069	2016
Secondary completion rate (upper, females)	23%	2016
Total Births (000)	634	2016
Total fertility rate (births per woman)	5	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	145	2012
Birth registration	11%	2014
Total maternal deaths	1,400	2015
Lifetime risk of maternal deaths (1 in N)	79	2015
Stillbirth rate (per 1000 total births)	21	2015
Neonatal deaths, as % of all <5 deaths	34%	2015
Total under 5 deaths (000)	39	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	178 girls 226 boys	2015

Continuum of Care Coverage

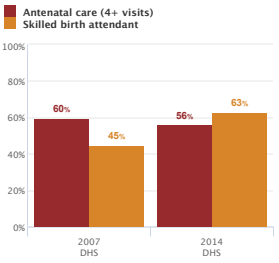
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

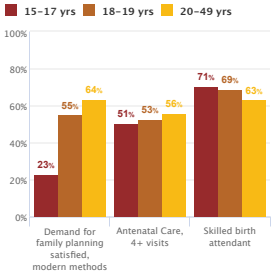
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	83%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	50%	2014
Institutional Delivery	63%/5%/67% (Public/Private/Total)	2014
C-section rate	7%/3%/4% (Urban/Rural/Total)	2014

Women's & Children's Nutrition

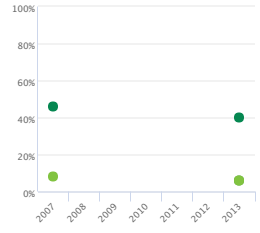
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	34%	2016
Women of reproductive age, short stature	2%	2013
Women (20+) with: BMI <18.5 kg/m2 (thinness)	8%	2016
BMI 25-30 kg/m2 (overweight)	25%	2016
BMI > 30 kg/m2 (obese)	13%	2016
Iron/folic acid supplementation during pregnancy	59%	2014
Low birth weight prevalence	11%	2007
Vitamin A supplementation, full coverage	93%	2013
Minimum dietary diversity	22%	2014

Child Nutritional Status

Percent children under 5 with moderate and severe:

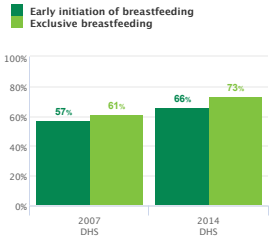
- Stunting (40%) DHS – 2013
- Wasting (6%) DHS – 2013
- Overweight (6%) DHS – 2013



More years of data may be available on the dashboard.

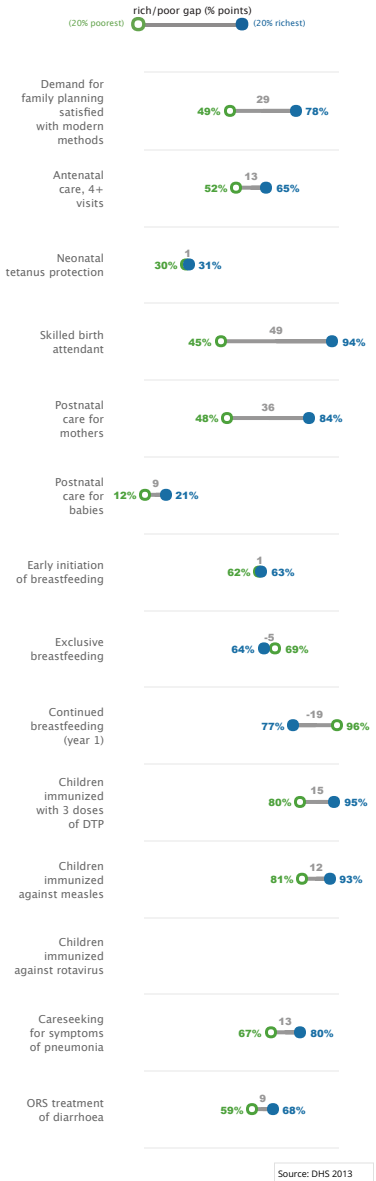
Breastfeeding Practices

Continued breastfeeding (year 1) 92% 2014



More years of data may be available on the dashboard.

Equity



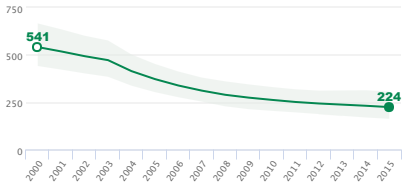
Source: DHS 2013

Zambia

Demographics

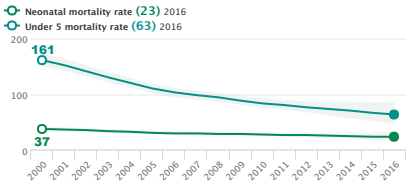
Maternal Mortality Ratio

Deaths per 100,000 live births — Uncertainty Range Around Estimate



Neonatal & Under-five Mortality Rate

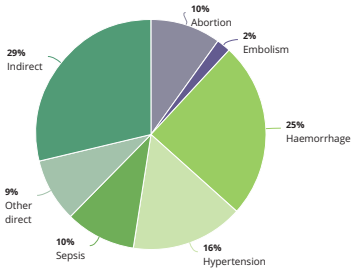
Deaths per 1,000 live births — Uncertainty Range Around Estimate



Source: UN IGME 2017

Causes of Maternal Death - 2014

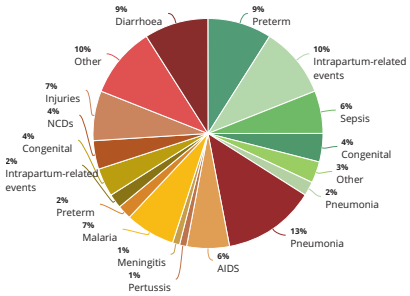
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015

Globally nearly half of child deaths are attributable to undernutrition



Children ages 1-59 months
Newborns ages 0-27 days

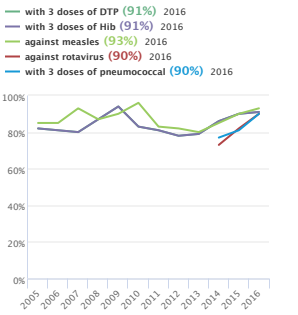
34% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

Immunization

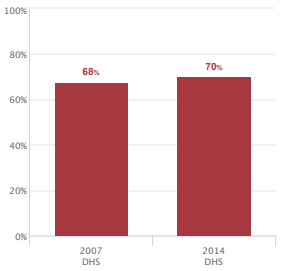
Percent of children immunized:



Source: WHO/UNICEF 2016 revision

Pneumonia Treatment

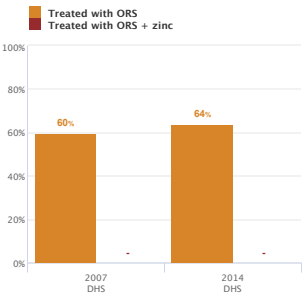
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

Diarrhoeal Disease Treatment

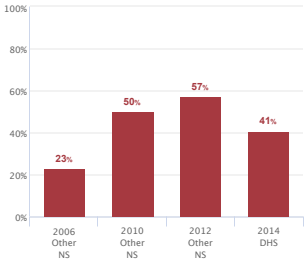
Percent of children under 5 years with diarrhoea:



More years of data may be available on the dashboard.

Malaria Prevention & Treatment

Malaria prevention in children under-five - sleeping under ITNs

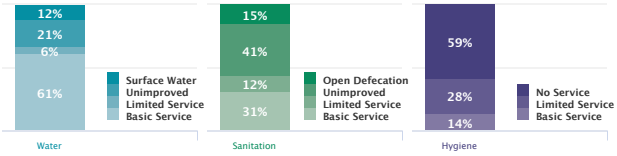


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	49 %	2014
Population sleeping under ITN or sleeping in a house sprayed by IRS	53 %	2014

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No
Maternity protection (Convention 183)	Partial
International code of marketing of breastmilk substitutes	Partial

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✓	✓	✓	✗	✗	✓

Legislation on food fortification

Wheat	Maize	Rice
NO FORTIFICATION	NO FORTIFICATION	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
Yes	Yes	Yes

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✓

Civil society involvement in review of national maternal, newborn and child health programs: No Data

Financing

Total expenditure on health, per capita	86	2014
Government expenditure on health, per capita	48	2014
Out of pocket expenditure as % of total expenditure on health	30%	2014
General government expenditure on health as % of total government expenditure	11%	2014

ODA to RMNCH (US$) — Total: $266 M 2015 — Per capita: $17 2015

Service Delivery

Life Saving Commodities in Essential Medicine List:

Reproductive Health 3	Maternal Health 3	Newborn Health 2	Child Health 3
✓ 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
✓ 2. Contraceptive Implants	✓ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
✓ 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

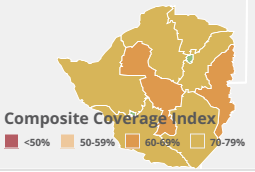
National availability of functional Emergency Obstetric Care (% of recommended minimum)	42%	2015
Density of skilled health professionals (per 10,000 population)	8.3	2012

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

Zimbabwe

CCI Country Score: 73%

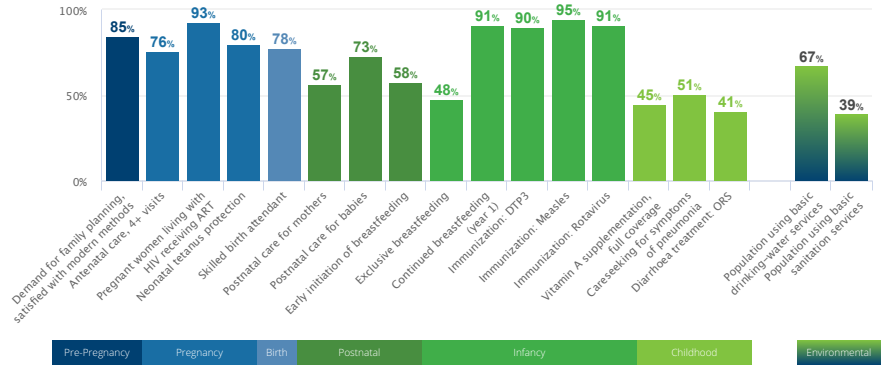


Demographics

Total Population (000)	16,150	2016
Total under 5 population (000)	2,539	2016
Total adolescent (10-19) population (000)	3,620	2016
Secondary completion rate (upper, females)	8%	2016
Total Births (000)	535	2016
Total fertility rate (births per woman)	3.8	2016
Adolescent (15-19 years) birth rate (births per 1000 girls)	120	2013
Birth registration	32%	2014
Total maternal deaths	2,400	2015
Lifetime risk of maternal deaths (1 in N)	52	2015
Stillbirth rate (per 1000 total births)	21	2015
Neonatal deaths, as % of all <5 deaths	34%	2015
Total under 5 deaths (000)	30	2016
Adolescent (10-19) mortality rate (per 100,000), by sex	178 girls	231 boys 2015

Continuum of Care Coverage

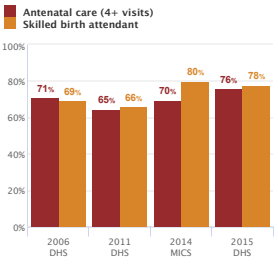
Percentage of those in need receiving coverage of key interventions across the continuum of care



Maternal & Newborn Health

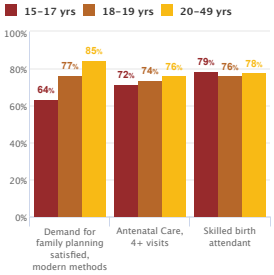
Pregnancy and Delivery Care

Percent women aged 15-49 years with:



More years of data may be available on the dashboard.

Adolescent Reproductive and Maternal Health



Additional Maternal and Neonatal Health Interventions

Pregnant women living with HIV receiving ART	93%	2016
Intermittent preventive treatment for malaria during pregnancy 3+	6%	2014
Institutional Delivery	65%/12%/77% Public Private Total	2015
C-section rate	11%/4%/6% Urban Rural Total	2015

Women's & Children's Nutrition

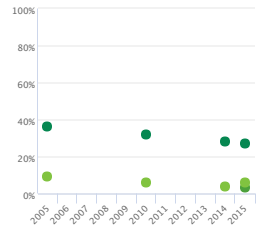
Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	29%	2016
Women of reproductive age, short stature	1%	2015
Women (20+) with: BMI <18.5 kg/m2 (thinness)	5%	2016
BMI 25-30 kg/m2 (overweight)	28%	2016
BMI > 30 kg/m2 (obese)	26%	2016
Iron/folic acid supplementation during pregnancy	40%	2015
Low birth weight prevalence	-	-
Vitamin A supplementation, full coverage	45%	2015
Minimum dietary diversity	28%	2015

Child Nutritional Status

Percent children under 5 with moderate and severe:

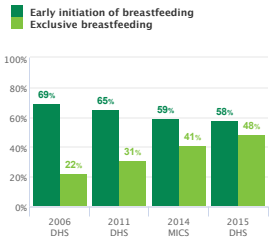
- Stunting (27%) DHS – 2015
- Wasting (3%) DHS – 2015
- Overweight (6%) DHS – 2015



More years of data may be available on the dashboard.

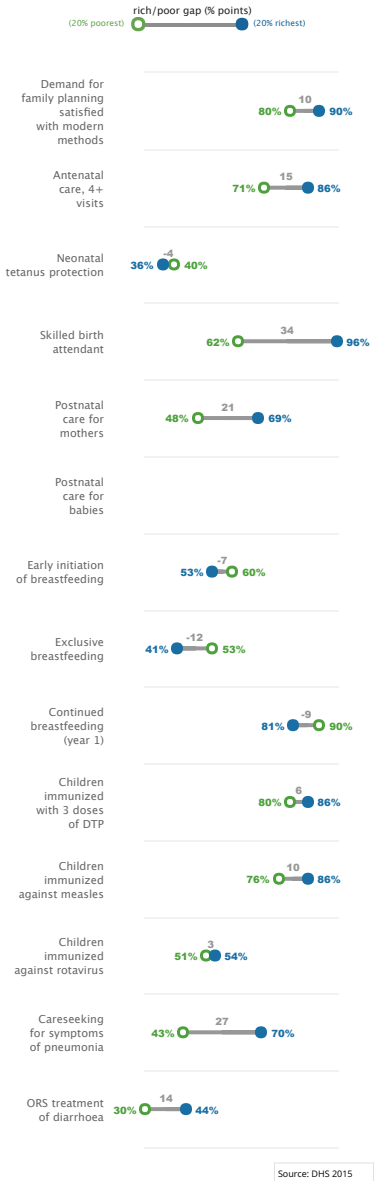
Breastfeeding Practices

Continued breastfeeding (year 1) 91% 2015



More years of data may be available on the dashboard.

Equity

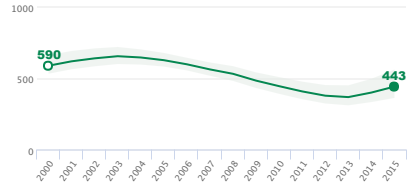


Source: DHS 2015

Zimbabwe

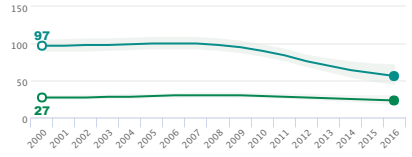
Demographics

Maternal Mortality Ratio
Deaths per 100,000 live births — Uncertainty Range Around Estimate



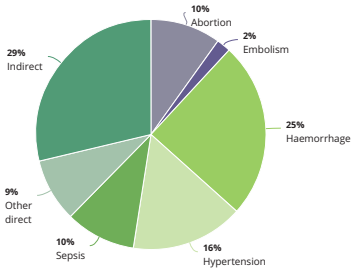
Neonatal & Under-five Mortality Rate
Deaths per 1,000 live births — Uncertainty Range Around Estimate

- Neonatal mortality rate (23) 2016
- Under 5 mortality rate (56) 2016



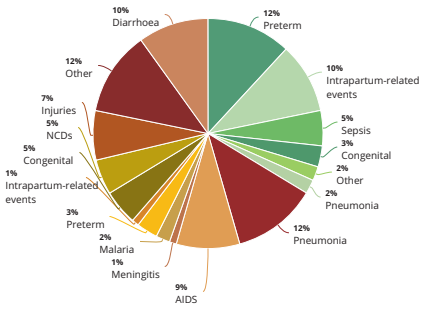
Source: UN IGME 2017

Causes of Maternal Death - 2014
Regional estimates for Sub-Saharan Africa



Source: WHO 2014

Causes of Death Under-Five - 2015
Globally nearly half of child deaths are attributable to undernutrition



- Children ages 1-59 months
- Newborns ages 0-27 days

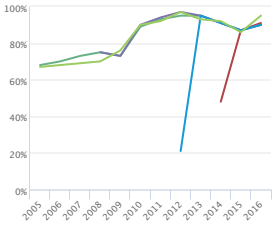
34% of deaths occur in the neonatal period

Source: WHO MCEE 2015

Child Health

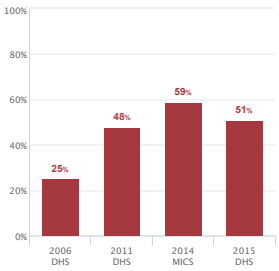
Immunization
Percent of children immunized:

- against measles (95%) 2016
- with 3 doses of DTP (90%) 2016
- with 3 doses of Hib (90%) 2016
- with 3 doses of pneumococcal (90%) 2016
- against rotavirus (91%) 2016



Source: WHO/UNICEF 2016 revision

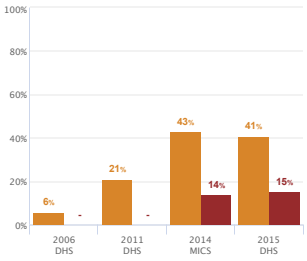
Pneumonia Treatment
Percent of children under 5 years with symptoms of pneumonia taken to appropriate health provider



More years of data may be available on the dashboard.

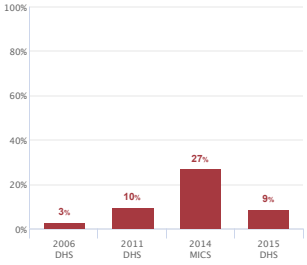
Diarrhoeal Disease Treatment
Percent of children under 5 years with diarrhoea:

- Treated with ORS
- Treated with ORS + zinc



More years of data may be available on the dashboard.

Malaria Prevention & Treatment
Malaria prevention in children under-five - sleeping under ITNs

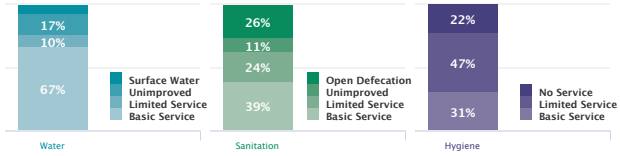


More years of data may be available on the dashboard.

Malaria diagnostics in children under-five	13 %	2015
Population sleeping under ITN or sleeping in a house sprayed by IRS	29 %	2015

Environmental

Water, Sanitation & Hygiene



Source: WHO/UNICEF JMP 2017.

Policies, Systems & Financing

Legislative Policies

Family planning for adolescents without spousal or parental consent	No

Legal status of abortion

to save a woman's life	to preserve physical health	to preserve mental health	for economic & social reason	on request	in case of rape or incest	in case of foetal impairment
✓	✗	✗	✗	✗	✓	✓

Maternity protection (Convention 183)	No
International code of marketing of breastmilk substitutes	Yes

Legislation on food fortification

Wheat	Maize	Rice
MANDATORY	MANDATORY	NO FORTIFICATION

Governance

Costed national implementation plan(s) for maternal, newborn and child health available

MATERNAL	NEWBORN	CHILD
Yes	Yes	Yes

Maternal Death Review 2014

A national policy to notify all maternal deaths	A national policy to review all maternal deaths	A national maternal death review committee	A subnational maternal death review committee	Both national and subnational maternal death review committees	At least biannual meetings of the national maternal death review committee
✓	✓	✓	✓	✓	✓

Civil society involvement in review of national maternal, newborn and child health programs	No Data

Financing

Total expenditure on health, per capita	56	2014
Government expenditure on health, per capita	22	2014
Out of pocket expenditure as % of total expenditure on health	34%	2014
General government expenditure on health as % of total government expenditure	8%	2014
ODA to RMNCH (US$)	Total: $330 M 2015	Per capita: $21 2015

Service Delivery
Life Saving Commodities in Essential Medicine List:

Reproductive Health 0	Maternal Health 3	Newborn Health 2	Child Health 3
– 1. Female Condom	✓ 1. Oxytocin	✓ 1. Injectable Antibiotics	✓ 1. Amoxicillin
– 2. Contraceptive Implants	✓ 2. Misoprostol	– 2. Antenatal Corticosteroids	✓ 2. Oral Rehydration Salts
– 3. Emergency Contraception	✓ 3. Magnesium sulfate	– 3. Chlorhexidine	✓ 3. Zinc
		✓ 4. Resuscitation equipment: Self-inflating bag	

National availability of functional Emergency Obstetric Care (% of recommended minimum)	- -
Density of skilled health professionals (per 10,000 population)	12.7 2011

Midwives authorized for specific tasks

Parental antibiotics	Parental oxytocin	Parental anti-convulsants	Manual removal of placenta	Removal of retained products of contraception	Assisted vaginal delivery	Newborn resuscitation
✓	✓	✓	✓	✓	✓	✓

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

FIGURE A1
***Countdown to 2030* governance structure**

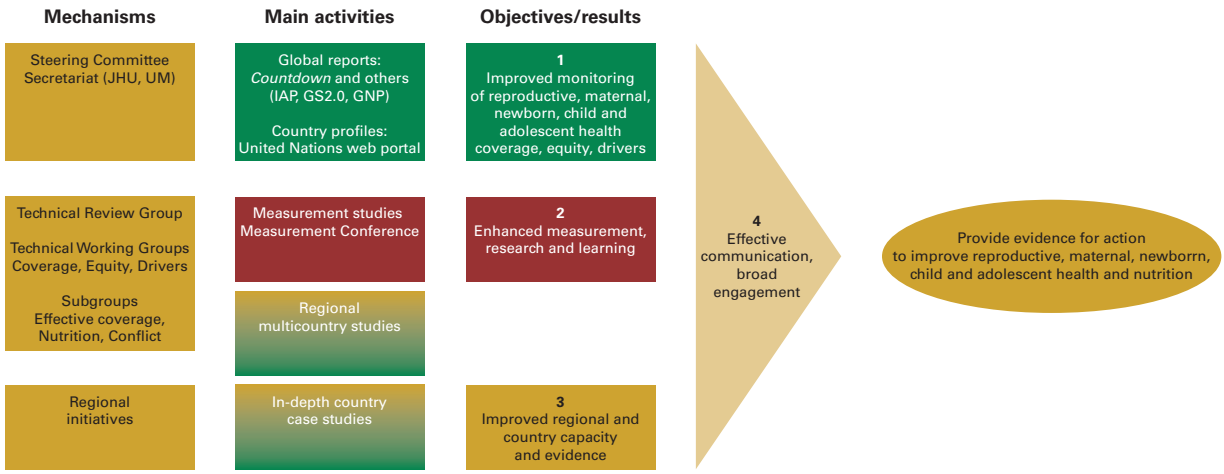
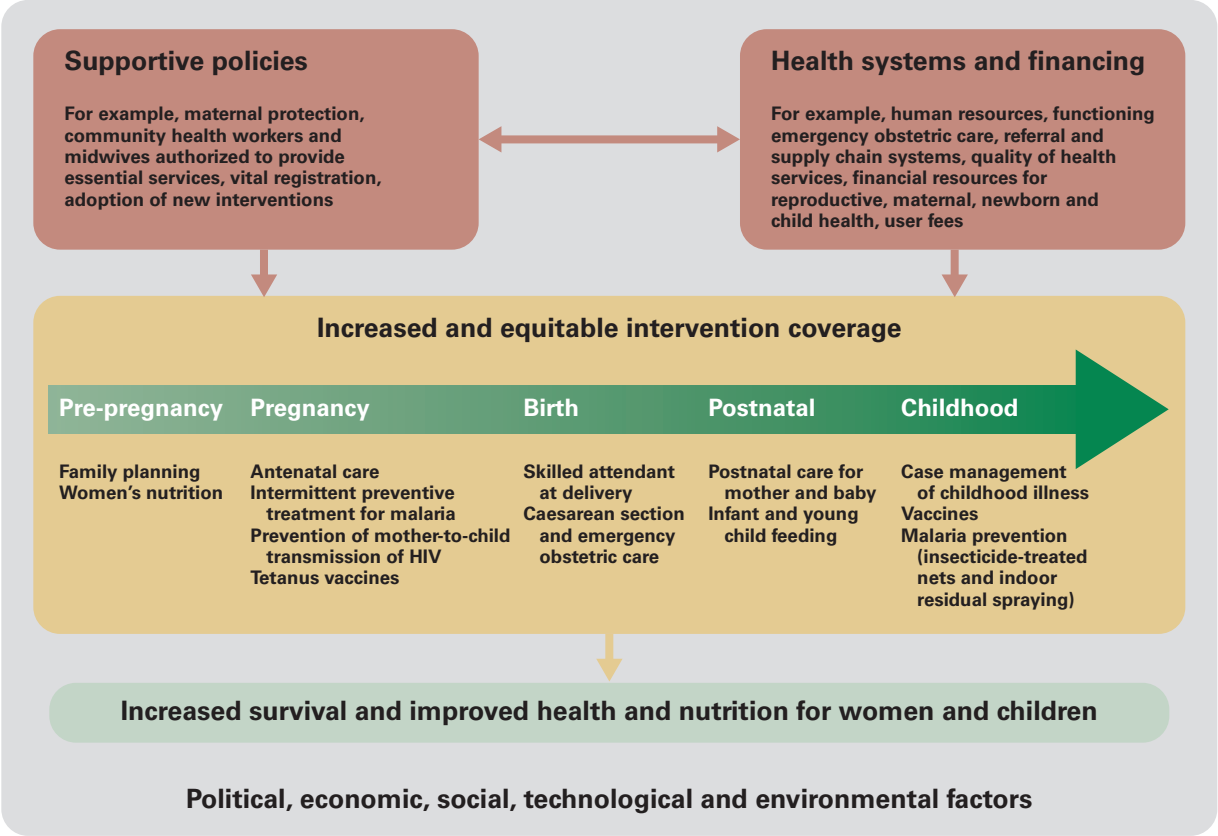


FIGURE A2
***Countdown to 2030* evaluation framework guiding all analyses**



Annex B. *Countdown to 2030* technical review process, 2016–17

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

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

Countdown's technical review process for the 2016–17 reporting year resulted in updates to the list of priority countries, the indicator list and equity analyses.

Priority countries

The initial list of *Countdown to 2015* priority countries, created in 2004, included all countries with at least 50,000 child deaths and all countries with an under-five mortality rate of at least 90 deaths per 100,000 live births. The 60 countries that met those criteria were profiled in the 2005 *Countdown* report (*Tracking Progress in Child Survival: The 2005 Report*) and were home to 500 million children under age 5—more than 75% of the world total at the time—and accounted for 94% of all child deaths.

In 2008 the list of priority countries was expanded to include countries with a maternal mortality ratio of more than 550 deaths per 100,000 live births or at least 750 maternal deaths and a maternal mortality ratio of more than 200 deaths per 100,000 live births. Because many countries with high maternal mortality also had high child mortality, only eight countries were added to the list. These 68 countries were profiled in the 2008 *Countdown* report (*Tracking Progress in Maternal, Newborn and Child Survival: The 2008 Report*) and the 2010 *Countdown* report (*Countdown to 2015 Decade Report [2000-2010]*).

In 2011 *Countdown* agreed to take responsibility for major parts of the follow-up agenda of the Commission for Information and Accountability for Women's and Children's Health, and the seven low-income countries discussed in the first Global Strategy for Women's and Children's Health that were not already included as *Countdown* priority countries were added to the list. These 75 countries were profiled in the 2012 *Countdown* report (*Building a Future for Women and Children: The 2012 Report*), the 2015 *Countdown* report (*A Decade of Tracking Progress for Maternal, Newborn and Child Survival: The 2015 Report*) and other reports and analyses.

The process for selecting the list of priority countries for 2017 was in keeping with the evidence-based process used during *Countdown to 2015*. It involved reviewing the criteria previously used for country selection; assessing country maternal, newborn and child mortality rates and trends (as well as absolute numbers of deaths); and taking into consideration country lists used by other major global initiatives (such as the Sustainable Development Goals, the Global Financing Facility, Family Planning 2020, The Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health and the Global Nutrition Report).

Three criteria were used to select the priority countries for *Countdown to 2030*:

- Population greater than 500,000 population in 2015.
- Under-five mortality rate of more than 25 deaths per 1,000 live births or maternal mortality ratio of more than 70 deaths per 100,000 live births. (Although the under-five mortality rate is based on a national target and the maternal mortality ratio is based on a global target, these figures were used because they are recognized as Sustainable Development Goal targets.)
- Inclusion on other agency lists (including low- or middle-income countries, International

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

Development Association countries and Global Financing Facility priority countries).

The application of these criteria resulted in three country groupings (table B1):

- Group 1 countries: 53 countries (51 of which were *Countdown to 2015* countries) with an under-five mortality rate or maternal mortality ratio above the Sustainable Development Goal target and included among the countries that account for 95% of all under-five or maternal deaths.

- Group 2 countries: 28 countries (17 of which were *Countdown to 2015* countries) with an under-five mortality rate or maternal mortality ratio above the Sustainable Development Goal target but not included among the countries that account for 95% of all under-five or maternal deaths.

- Group 3 countries: 9 countries (6 of which were *Countdown to 2015* countries) with an under-five mortality rate or maternal mortality ratio below the Sustainable Development Goal target but included among the countries that account for 95% of all under-five or maternal deaths. These countries are all upper-middle-income or high-income countries.

The final list of *Countdown to 2030* priority countries includes the 81 countries in groups 1 and 2. For each of these countries *Countdown* will regularly produce two-page profiles that include an agreed upon core set of indicators as well as equity-specific profiles and regular reports that summarize data across the Countdown countries. In addition, *Countdown* has identified a subset of core indicators (on mortality, stillbirths, fertility, vaccine indicators and the like) for all of the world's countries, including high-income countries. It has also begun to prepare special profiles for conflict-affected countries and fragile states, including for those that are not *Countdown* priority countries.

Five *Countdown to 2015* priority countries are not *Countdown to 2030* priority countries due to improvements in maternal and child survival: Brazil, China, Egypt, Peru and Viet Nam. São Tomé and Príncipe is no longer a priority country because of its small population. There are 13 new priority countries: Algeria, Bhutan, Dominican Republic, Guyana, Honduras, Jamaica, Namibia, Nicaragua, Panama, Paraguay, Suriname, Timor-Leste and Venezuela.

Interventions and indicators

Countdown's selection of priority interventions and indicators is guided by the summary impact

TABLE B1

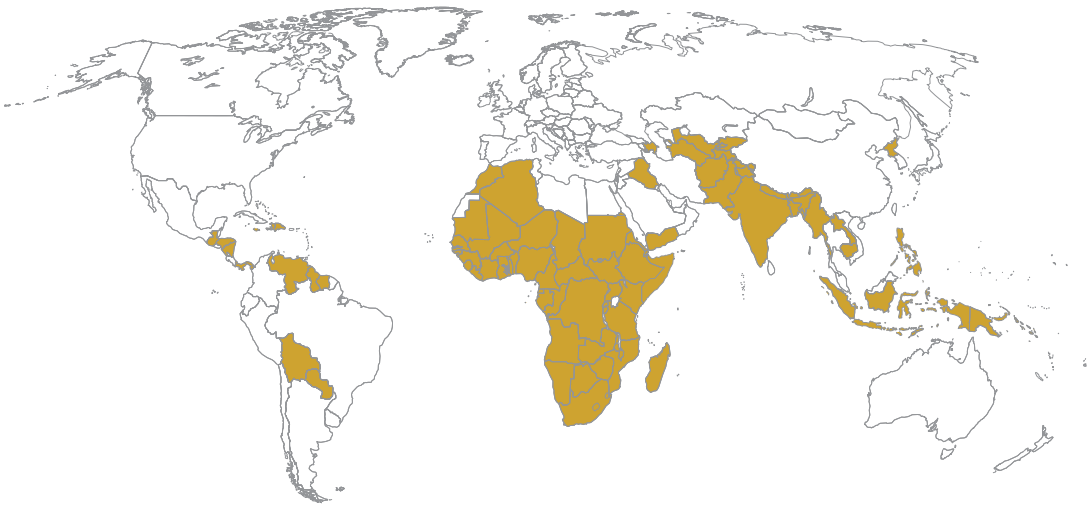
Countdown country groupings for 2017

Group 1		Group 2	Group 3	Other conflict countries
Afghanistan	**Madagascar**	Azerbaijan	Brazil	**Bosnia and Herzegovina**
Algeria	**Malawi**	Bhutan	China	**Kiribati**
Angola	Mali	Botswana	Colombia	**Kosovo**
Bangladesh	Mauritania	**Comoros**	Egypt	**Libya**
Benin	Morocco	Djibouti	Mexico	**Marshall Islands**
Bolivia	Mozambique	Dominican Republic	Peru	**Micronesia, Federated States of**
Burkina Faso	**Myanmar**	Equatorial Guinea	Russian Federation	**Syria**
Burundi	Nepal	Gabon	United States	**Tuvalu**
Cambodia	Niger	Guatemala	Viet Nam	**West Bank and Gaza**
Cameroon	Nigeria	**Guinea-Bissau**		
Central African Republic	Pakistan	Guyana		
Chad	Papua New Guinea	Honduras		
Congo	Philippines	Jamaica		
Congo, Democratic Republic of the	Rwanda	Korea, Democratic People's Republic of		
Côte d'Ivoire	Senegal	Kyrgyzstan		
Eritrea	**Sierra Leone**	Lao PDR		
Ethiopia	**Somalia**	Lesotho		
Gambia, The	South Africa	Namibia		
Ghana	**South Sudan**	Nicaragua		
Guinea	**Sudan**	Panama		
Haiti	Tanzania, United Republic of	Paraguay		
India	**Togo**	**Solomon Islands**		
Indonesia	Uganda	Suriname		
Iraq	Venezuela, RB	Swaziland		
Kenya	**Yemen**	Tajikistan		
Liberia	Zambia	**Timor-Leste**		
	Zimbabwe	Turkmenistan		
		Uzbekistan		

Note: Bolding indicates countries that are in conflict.

MAP B1

Map of *Countdown* countries



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

The technical review process for 2017 provided an opportunity for *Countdown* to review and update the indicator list so that it reflects the latest evidence on effective interventions for reproductive, maternal, newborn, child, adolescent health and nutrition. The process took advantage of the recent extensive indicator consultations for developing the Sustainable Development Goal framework; the Monitoring Framework for the Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health (2016–2030); and other initiatives and efforts (such as the Every Newborn Action Plan, Ending Preventable Maternal Mortality, the Global Nutrition Report, the Lancet Commission on Adolescent Health, Family Planning 2020, the World Health Organization list of 100 core indicators and Primary Health Care Performance Initiative).

The technical review process for 2017 took place in two phases. The first involved selecting the demographic and coverage indicators and revising the list of stratifiers used for the equity analyses. The second involved selecting the indicators for determinants and drivers of coverage (the health systems, policies and financing indicators), which depended on the coverage and demographic indicators since the two sets of indicators should be linked on the same causal pathway.

Both phases involved the following general steps:

- Mapping indicators (creating separate files for demographic, coverage, and determinants and drivers indicators that show indicator lists by major global initiatives and how they overlap).
- Creating a matrix with details for each indicator such as numerator, denominator and data sources.
- Ranking and organizing the indicators into three tiers. In general, tier 1 indicators are included on the two-page country profiles, tier 2 indicators

are complementary or additional to tier 1 indicators and are reported on the *Countdown* website in the interactive dashboard version of the country profiles, and tier 3 indicators capture information about proven interventions but lack readily available data or are still under development or aspirational.

- Consulting with technical working group members and additional content area experts (such as experts working on water, sanitation and hygiene; nutrition; HIV; and malaria) on the matrix and tiered ranking of the indicators.

- Soliciting feedback from the broader group of *Countdown* partners. All organizations involved in the 2015 report were invited to provide comments on the indicator lists and to submit proposals for changes to existing indicators or to add indicators.

- Finalizing the list through consensus in the working groups and in the Technical Review Group.

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

Equity analyses

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

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

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

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

- Coverage indicators.

- Nutritional status.

- Mortality (neonatal, infant and under-five).

- Fertility (total and adolescent).

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

- The new Sustainable Development Goal indicators related to reproductive, maternal, newborn, child and adolescent health and nutrition.

- Contraceptive use and family planning coverage with modern methods for sexually active women.

Data sources and analysis

Households surveys, notably Demographic and Health Surveys and Multiple Indicator Cluster Surveys, are the primary source of data for the coverage indicators. The estimates for the coverage indicators are based on analyses of statistics from the United Nations Children's Fund's global databases and the World Health Organization's Global Health Observatory by the Johns Hopkins Bloomberg School of Public Health's Institute for International Programs. The estimates for the disaggregated coverage indicators are based on analyses by the University of Pelotas International Centre for Equity in Health.

Countdown uses mortality and cause of death estimates from UN interagency groups and academic collaborations for its analyses. It relies on World Health Organization global databases on policies, health workforce and financing indicators for many of the analyses related to drivers. Data on availability of emergency obstetric care are from the United Nations Population Fund and the Averting Maternal Death and Disability programme, and data on the legal status of abortion are from the UN Population Division database for 2015. Analyses of official development assistance were conducted by the London School of Hygiene and Tropical Medicine based on data from the Organisation for Economic Co-operation and Development Creditor Reporting System database.

Annex C. Country profile indicators and data sources

TABLE C1

Country profile indicators and data sources

Indicator	Data source	Global database
Demographics and contextual factors		
Demographics		
Total population	United Nations Population Division	United Nations Population Division
Total under-5 population	United Nations Population Division	United Nations Population Division
Total adolescent (10–19) population	United Nations Population Division	United Nations Population Division
Completion rate (upper secondary education, female)	United Nations Children's Fund Global databases based on Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national household surveys	
	United Nations Children's Fund Global databases based on Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national household surveys	
Births	United Nations Population Division	United Nations Population Division
Total fertility rate	United Nations Population Division	United Nations Population Division
Adolescent (15–19) birth rate	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys, other national surveys, civil registration systems and censuses	United Nations Population Division, United Nations Population Fund and MDG Global database
Birth registration	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national household surveys, censuses and vital registration systems	United Nations Children's Fund
Mortality		
Total maternal deaths	Maternal Mortality Estimation Inter-agency Group (World Health Organization, United Nations Children's Fund, United Nations Population Fund, World Bank)	Maternal Mortality Estimation Inter-agency Group (World Health Organization, United Nations Children's Fund, United Nations Population Fund, World Bank)
Lifetime risk of maternal death	Maternal Mortality Estimation Inter-agency Group (World Health Organization, United Nations Children's Fund, United Nations Population Fund, World Bank)	Maternal Mortality Estimation Inter-agency Group (World Health Organization, United Nations Children's Fund, United Nations Population Fund, World Bank)
Maternal mortality ratio	Maternal Mortality Estimation Inter-agency Group (World Health Organization, United Nations Children's Fund, United Nations Population Fund, World Bank)	Maternal Mortality Estimation Inter-agency Group (World Health Organization, United Nations Children's Fund, United Nations Population Fund, World Bank)
Causes of maternal deaths	World Health Organization	World Health Organization
Stillbirth rate	Blencowe, H., S. Cousens S, F. B. Jassir, and others. 2016. "National, Regional, and Worldwide Estimates of Stillbirth Rates in 2015, with Trends from 2000: A Systematic Analysis." *Lancet Global Health* 4(2): e98–108.	Blencowe, H., S. Cousens S, F. B. Jassir, and others. 2016. "National, Regional, and Worldwide Estimates of Stillbirth Rates in 2015, with Trends from 2000: A Systematic Analysis." *Lancet Global Health* 4(2): e98–108.
Neonatal deaths, as % of all under-5 deaths	UN Inter-agency Group for Child Mortality Estimation (United Nations Children's Fund, World Health Organization, United Nations Population Division, World Bank Group)	UN Inter-agency Group for Child Mortality Estimation (United Nations Children's Fund, World Health Organization, United Nations Population Division, World Bank Group)
Total under-5 deaths	UN Inter-agency Group for Child Mortality Estimation (United Nations Children's Fund, World Health Organization, United Nations Population Division, World Bank Group)	UN Inter-agency Group for Child Mortality Estimation (United Nations Children's Fund, World Health Organization, United Nations Population Division, World Bank Group)
Adolescent (10–19) mortality rate, by sex	World Health Organization, Global Mortality Database	World Health Organization, Global Mortality Database
Neonatal mortality rate	UN Inter-agency Group for Child Mortality Estimation (United Nations Children's Fund, World Health Organization, United Nations Population Division, World Bank)	UN Inter-agency Group for Child Mortality Estimation (United Nations Children's Fund, World Health Organization, United Nations Population Division, World Bank)
Under-5 mortality rate	UN Inter-agency Group for Child Mortality Estimation (United Nations Children's Fund, World Health Organization, United Nations Population Division, World Bank Group)	UN Inter-agency Group for Child Mortality Estimation (United Nations Children's Fund, World Health Organization, United Nations Population Division, World Bank Group)
Causes of neonatal deaths	World Health Organization, Maternal and Child Epidemiology Estimation	World Health Organization, Maternal and Child Epidemiology Estimation
Causes of under-5 deaths	World Health Organization, Maternal and Child Epidemiology Estimation	World Health Organization, Maternal and Child Epidemiology Estimation

TABLE C1 (CONTINUED)

Country profile indicators and data sources

Indicator	Data source	Global database
Continuum of care		
Demand for family planning satisfied with modern methods	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Survey and other national surveys	SDG Global Database
Antenatal care (four or more visits)	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Survey and other national surveys	United Nations Children's Fund
Pregnant women living with HIV receiving antiretroviral therapy	Country reporting through the Global AIDS Response Progress Report and Universal Access joint reporting process by the World Health Organization, the United Nations Children's Fund and the Joint United Nations Programme on HIV/AIDS and Joint United Nations Programme on HIV/AIDS Spectrum estimates	Joint United Nations Programme on HIV/AIDS
Neonatal tetanus protection	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and World Health Organization/ United Nations Children's Fund Estimates of National Immunization Coverage	United Nations Children's Fund and World Health Organization
Skilled birth attendant	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys and other national sources	United Nations Children's Fund and World Health Organization
Postnatal care for mothers	Multiple Indicator Cluster Surveys and Demographic and Health Surveys	United Nations Children's Fund
Postnatal care for babies	Multiple Indicator Cluster Surveys and Demographic and Health Surveys	United Nations Children's Fund
Early initiation of breastfeeding	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	United Nations Children's Fund
Exclusive breastfeeding	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	United Nations Children's Fund
Continued breastfeeding (one year)	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys	United Nations Children's Fund
Immunized with three doses of diphtheria–tetanus–pertussis	World Health Organization/United Nations Children's Fund Estimates of National Immunization Coverage	World Health Organization/United Nations Children's Fund Estimates of National Immunization Coverage
Immunized against measles (first dose vaccine coverage)	World Health Organization/United Nations Children's Fund Estimates of National Immunization Coverage	World Health Organization/United Nations Children's Fund Estimates of National Immunization Coverage
Immunized against rotavirus	World Health Organization/United Nations Children's Fund Estimates of National Immunization Coverage	World Health Organization/United Nations Children's Fund Estimates of National Immunization Coverage
Vitamin A supplementation, full coverage	United Nations Children's Fund from administrative sources	United Nations Children's Fund
Careseeking for symptoms of pneumonia	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	United Nations Children's Fund
Diarrhoea treatment: oral rehydration salts	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	United Nations Children's Fund
Population using basic drinking water services	World Health Organization/United Nations Children's Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene	World Health Organization/United Nations Children's Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene
Population using basic sanitation services	World Health Organization/United Nations Children's Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene	World Health Organization/United Nations Children's Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene
Population with basic handwashing facilities at home	World Health Organization/United Nations Children's Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene	World Health Organization/United Nations Children's Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene
Maternal and newborn health		
Pregnancy and delivery care		
Antenatal care (four or more visits), women aged 15–49	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Survey and other national surveys	United Nations Children's Fund
Skilled birth attendant, women aged 15–49	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys and other national sources	United Nations Children's Fund and World Health Organization

TABLE C1 (CONTINUED)

Country profile indicators and data sources

Indicator	Data source	Global database
Adolescent health		
Demand for family planning satisfied, modern methods (ages 15–17, 18–19)	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys and other national surveys	SDG Global Database
Antenatal care (four or more visits) (ages 15–7, 18–19)	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Survey and other national surveys	Special data analysis by Federal University of Pelotas, Brazil
Skilled birth attendant (ages 15–17, 18–19)	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys and other national surveys	Special data analysis by Federal University of Pelotas, Brazil
Additional maternal/neonatal health interventions		
Pregnant women living with HIV receiving antiretroviral therapy	Country reporting through the Global AIDS Response Progress Report and Universal Access joint reporting process by the World Health Organization, the United Nations Children's Fund and the Joint United Nations Programme on HIV/AIDS and Joint United Nations Programme on HIV/AIDS Spectrum estimates	Joint United Nations Programme on HIV/AIDS
Intermittent preventive treatment for malaria during pregnancy, three or more	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Malaria Indicator Surveys and other national surveys	United Nations Children's Fund
Neonatal tetanus protection	World Health Organization/United Nations Children's Fund Estimates of National Immunization Coverage	World Health Organization/United Nations Children's Fund Estimates of National Immunization Coverage
Institutional delivery (public, private, total)	Multiple Indicator Cluster Surveys and Demographic and Health Surveys	United Nations Children's Fund
Cesarean section rate (urban, rural, total)	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Survey and other national surveys	United Nations Children's Fund
Essential nutrition indicators		
Anemia in women aged 15–49	World Health Organization	World Health Organization
Women of reproductive age, short stature	Demographic and Health Surveys	
Women (20+) with low body mass index (<18.5)	NCD Risk Factor Collaboration	NCD Risk Factor Collaboration
Women (20+) with body mass index 25–30 (overweight)	NCD Risk Factor Collaboration	NCD Risk Factor Collaboration
Women (20+) with body mass index >30 (obese)	NCD Risk Factor Collaboration	NCD Risk Factor Collaboration
Iron/folic acid supplementation during pregnancy	Demographic and Health Surveys	
Low birth weight prevalence	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys and routine reporting	United Nations Children's Fund
Vitamin A supplementation, full coverage	United Nations Children's Fund from administrative sources	United Nations Children's Fund
Minimum dietary diversity among 6–23 month olds	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	United Nations Children's Fund
Child nutrition status		
Children under-5 who are stunted	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys and surveillance systems	United Nations Children's Fund, World Health Organization and World Bank Group joint child malnutrition estimates country dataset
Children under-5 who are wasted	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys and surveillance systems	United Nations Children's Fund, World Health Organization and World Bank Group joint child malnutrition estimates country dataset
Children under-5 who are overweight	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys and surveillance systems	United Nations Children's Fund, World Health Organization and World Bank Group joint child malnutrition estimates country dataset

TABLE C1 (CONTINUED)

Country profile indicators and data sources

Indicator	Data source	Global database
Breastfeeding practices		
Early initiation of breastfeeding	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	United Nations Children's Fund
Exclusive breastfeeding	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	United Nations Children's Fund
Continued breastfeeding (one year)	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	United Nations Children's Fund
Child health		
Immunization		
Immunized with three doses Haemophilus influenzae type b	World Health Organization/United Nations Children's Fund Estimates of National Immunization Coverage	World Health Organization/United Nations Children's Fund Estimates of National Immunization Coverage
Immunized with three doses diphtheria–tetanus–pertussis	World Health Organization/United Nations Children's Fund Estimates of National Immunization Coverage	World Health Organization/United Nations Children's Fund Estimates of National Immunization Coverage
Immunized with three doses pneumococcal conjugate vaccine	World Health Organization/United Nations Children's Fund Estimates of National Immunization Coverage	World Health Organization/United Nations Children's Fund Estimates of National Immunization Coverage
Immunized against rotavirus	World Health Organization/United Nations Children's Fund Estimates of National Immunization Coverage	World Health Organization/United Nations Children's Fund Estimates of National Immunization Coverage
Immunized against measles	World Health Organization/United Nations Children's Fund Estimates of National Immunization Coverage	World Health Organization/United Nations Children's Fund Estimates of National Immunization Coverage
Pneumonia treatment		
Children <5 years with symptoms of pneumonia taken to appropriate health provider	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	United Nations Children's Fund
Diarrhoeal disease treatment		
Children <5 years with diarrhoea treated with oral rehydration salts	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	United Nations Children's Fund
Children <5 years with diarrhoea treated with oral rehydration salts and zinc	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	United Nations Children's Fund
Malaria prevention and treatment		
Malaria diagnostics in children <5 years	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Malaria Indicator Surveys and other national surveys	United Nations Children's Fund
Population sleeping under insecticide-treated nets or sleeping in a house sprayed by indoor residual spraying	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Malaria Indicator Surveys and other national surveys	United Nations Children's Fund
Malaria prevention in children under-5—sleeping under insecticide-treated nets	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Malaria Indicator Surveys and other national surveys	United Nations Children's Fund
Environmental		
Population using basic drinking-water services	World Health Organization/United Nations Children's Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene	World Health Organization/United Nations Children's Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene
Population using basic sanitation services	World Health Organization/United Nations Children's Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene	World Health Organization/United Nations Children's Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene
Population with hand washing facilities with soap and water at home	World Health Organization/United Nations Children's Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene	World Health Organization/United Nations Children's Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene
Equity		
Demand for family planning satisfied with modern methods	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys and other national surveys	Special data analysis by Federal University of Pelotas, Brazil
Neonatal tetanus protection	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	Special data analysis by Federal University of Pelotas, Brazil

TABLE C1 (CONTINUED)

Country profile indicators and data sources

Indicator	Data source	Global database
Antenatal care (four or more visits)	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	Special data analysis by Federal University of Pelotas, Brazil
Skilled birth attendant	Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys and other national surveys	Special data analysis by Federal University of Pelotas, Brazil
Postnatal care for mothers	Multiple Indicator Cluster Surveys and Demographic and Health Surveys	Special data analysis by Federal University of Pelotas, Brazil
Postnatal care for babies	Multiple Indicator Cluster Surveys and Demographic and Health Surveys	Special data analysis by Federal University of Pelotas, Brazil
Early initiation of breastfeeding	Multiple Indicator Cluster Surveys and Demographic and Health Surveys, other national surveys	Special data analysis by Federal University of Pelotas, Brazil
Exclusive breastfeeding	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	Special data analysis by Federal University of Pelotas, Brazil
Continued breastfeeding (one year)	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	Special data analysis by Federal University of Pelotas, Brazil
Immunized against rotavirus	Multiple Indicator Cluster Surveys and Demographic and Health Surveys	Special data analysis by Federal University of Pelotas, Brazil
Immunized with three doses diphtheria–tetanus–pertussis	Multiple Indicator Cluster Surveys and Demographic and Health Surveys	Special data analysis by Federal University of Pelotas, Brazil
Immunized against measles	Multiple Indicator Cluster Surveys and Demographic and Health Surveys	Special data analysis by Federal University of Pelotas, Brazil
Careseeking for symptoms of pneumonia	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	Special data analysis by Federal University of Pelotas, Brazil
Oral rehydration salts treatment of diarrhoea	Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys	Special data analysis by Federal University of Pelotas, Brazil
Policies, systems and financing		
Legislative policies		
Family planning for adolescents without spousal or parental consent	World Health Organization	Global Maternal Newborn Child and Adolescent Health Policy Indicator Survey by the World Health Organization Department of Maternal Child and Adolescent Health
Legal status of abortion	United Nations Population Division policy database	United Nations Population Division policy database
Maternity protection (Convention 183)	International Labour Organization	International Labour Organization
International code of marketing of breastmilk substitutes	World Health Organization, United Nations Children's Fund and International Baby Food Action Network	World Health Organization, United Nations Children's Fund and International Baby Food Action Network Marketing of Breast-milk Substitutes: National Implementation of the International Code: Status Report 2016
Legislation on food fortification—wheat, rice and maize	Food Fortification Initiative and Global Alliance for Improved Nutrition	Global Fortification Data Exchange
Governance		
Costed national implementation plans for maternal, newborn and child health available	World Health Organization	Global Maternal Newborn Child and Adolescent Health Policy Indicator Survey by the World Health Organization Department of Maternal Child Adolescent Health
Maternal death review	World Health Organization and United Nations Population Fund	Global Maternal Newborn Child and Adolescent Health Policy Indicator Survey by the World Health Organization Department of Maternal Child Adolescent Health and Time to Respond: A Report on the Global Implementation of Maternal Death Surveillance and Response
Civil society involvement in review of national maternal, newborn and child health programmes	World Health Organization	Global Maternal Newborn Child and Adolescent Health Policy Indicator Survey by the World Health Organization Department of Maternal Child Adolescent Health

TABLE C1 (CONTINUED)

Country profile indicators and data sources

Indicator	Data source	Global database
Financing		
Total expenditure on health, per capita	World Health Organization	Global Health Expenditure Database
Government expenditure on health, per capita	World Health Organization	Global Health Expenditure Database
Out of pocket expenditure as % of total expenditure on health	World Health Organization	Global Health Expenditure Database
General government expenditure on health as % of total government expenditure	World Health Organization	Global Health Expenditure Database
Official development assistance to reproductive, maternal, newborn and child health, total and per capita	Organisation for Economic Co-operation and Development's Development Assistance Committee	London School of Health and Tropical Medicine
Service delivery		
Lifesaving commodities in essential medicine list—reproductive health	US Agency for International Development Deliver Project and World Health Organization	US Agency for International Development Deliver Project (emergency contraceptives and implants) and World Health Organization essential medicines list database (female condoms)
Lifesaving commodities in essential medicine list—maternal health	World Health Organization	Global Maternal Newborn Child and Adolescent Health Policy Indicator Survey by the World Health Organization Department of Maternal Child Adolescent Health
Lifesaving commodities in essential medicine list—newborn health	World Health Organization	Global Maternal Newborn Child and Adolescent Health Policy Indicator Survey by the World Health Organization Department of Maternal Child Adolescent Health; & the Chlorhexidine Working Group
Lifesaving commodities in essential medicine list—child health	World Health Organization	Global Maternal Newborn Child and Adolescent Health Policy Indicator Survey by the World Health Organization Department of Maternal Child Adolescent Health
National availability of functional emergency obstetric care	Health facility surveys, routine facility monitoring, census or other population data source, and United Nations Population Fund	Averting Maternal Death and Disability, United Nations Children's Fund, United Nations Population Fund, World Health Organization special data compilation
Density of skilled health professionals	World Health Organization	World Health Statistics 2017
Midwives authorized for specific tasks	World Health Organization	Global Maternal Newborn Child and Adolescent Health Policy Indicator Survey by the World Health Organization Department of Maternal Child and Adolescent Health

Annex D. Definitions of *Countdown* coverage indicators

TABLE D1

Definitions of *Countdown* coverage indicators

Intevention	Indicator definition	Numerator	Denominator
Reproductive health			
Demand for family planning satisfied with modern methods	Percentage of women of reproductive age (15–49 years) who have their need for family planning satisfied with modern methods	Number of women of reproductive age (15–49 years) who have their need for family planning satisfied with modern methods	Total number of women of reproductive age (15–49 years) in need of family planning
Maternal and newborn health			
Antenatal care (four or more visits)	Percentage of women attended four or more times during pregnancy by any provider	Number of women ages 15–49 who were attended four or more times during the pregnancy that led to their last birth in the X years preceding the survey by any provider	Total number of women ages 15–49 with a live birth in the X years preceding the survey
Intermittent preventive treatment for malaria during pregnancy	Percentage of women who received intermittent preventive treatment for malaria during their last pregnancy	Number of women age 15–49 years at risk for malaria who received three or more doses of sulfadoxine-pyrimethamine (Fansidar™), at least one of which was received during antenatal care, to prevent malaria during their last pregnancy that led to a live birth	Total number of women age 15–49 years with a live birth in the X years preceding the survey
Treatment of pregnant women living with HIV	Percentage of pregnant women living with HIV who received antiretroviral therapy	Number of pregnant women living with HIV who are receiving lifelong antiretroviral therapy	Estimated number of pregnant women living with HIV
Iron/folic acid supplementation during pregnancy	The percentage of pregnant women who received iron-folic acid supplementation for 90 or more days	Number of pregnant women who received the recommended number of iron/folic acid tablets during last pregnancy	Total number of pregnant women with a birth in last two years
Neonatal tetanus protection	Percentage of newborns protected against tetanus	Number of live births in the year who are protected from tetanus at birth	Number of live births in the year
Skilled birth attendant	Percentage of live births attended by skilled health personnel	Number of live births to women ages 15–49 years in the X years prior to the survey who were attended during delivery by skilled health personnel	Total number of live births to women ages 15–49 years in the X years preceding the survey
Institutional deliveries	Percentage of women (ages 15–49) who gave birth in a health facility	Number of interviewed women who had one or more live births in a public or private health facility in the five years preceding the survey	Total number of interviewed women who had one or more live births in the five years preceding the survey
Caesarean section rate	Percentage of births delivered by Caesarean section	Number of live births to women ages 15–49 years in the X years preceding the survey delivered by caesarean section	Total number of live births to women age 15–49 years in the X years preceding the survey
Postnatal care for mothers	Percentage of mothers who received postnatal care within two days of childbirth	Number of women ages 15–49 who received a health check while in a facility or at home following delivery or a postnatal care visit within two days of delivery of their most recent live birth in the X years prior to the survey	Total number of women ages 15–49 with a last live birth in the X years prior to the survey (regardless of place of delivery)
Postnatal care for babies	Percentage of babies who received postnatal care within two days of childbirth	Number of last live births in the X years who received a health check while in facility or at home following delivery, or a postnatal care visit within 2 days after delivery	Total number of last live birth the X years prior to the survey (regardless of place of delivery)
Adolescent health			
Demand for family planning satisfied with modern methods among adolescent women	Percentage of adolescent women (15–17 and 18–19) years who are sexually active and who have their need for family planning satisfied with modern methods	Number of adolescent women (15–17 and 18–19 years) who have their need for family planning satisfied with modern methods	Total number of adolescent women (15–17 and 18–19 years
Antenatal care (four or more visits) among adolescents	Percentage adolescent women (15–17 and 18–19 years) with a live birth in a given time period that received antenatal care four or more times	Number of adolescent women (15–17 and 18–19 years) who attended at least four times during pregnancy by any provider (skilled or unskilled) for reasons related to the pregnancy	Total number adolescent women (15–17 and 18–19 years) who had a live birth occurring in the same period

TABLE D1 (CONTINUED)

Definitions of *Countdown* coverage indicators

Intevention	Indicator definition	Numerator	Denominator
Skilled birth attendant among adolescents	The proportion of live births to an adolescent women (15–17 and 18–19 years) in a given time period, attended by skilled health personnel	Number of adolescent women (15–17 and 18–19 years) who reported having been attended by skilled health personnel at the time of delivery	Total number of adolescent women respondents (15–17 and 18–19 years) who reported a live birth in a given time period
Child health			
Immunized against measles (first dose)	Percentage of surviving infants who received the first dose of measles containing vaccine	Number of surviving infants who received the first dose of measles containing vaccine by their first birthday (or as recommended in the national immunization schedule)	Total number of surviving infants
Immunized with three doses of diphtheria–tetanus–pertussis	Percentage of infants who received three doses of diphtheria–tetanus–pertussis vaccine	Number of surviving infants who received three doses of diphtheria with tetanus toxoid and pertussis containing vaccine	Total number of surviving infants
Immunized with three doses of Haemophilus influenzae type B vaccine	Percentage of infants who received three doses of Haemophilus influenzae type B vaccine	Number of surviving infants who received three doses of Haemophilus influenzae type B vaccine	Total number of surviving infants
Immunized against rotavirus	Percentage of infants who received two or three doses of rotavirus vaccine (according to manufacturer's schedule)	Number of surviving infants who received the last dose of rotavirus vaccine (second or third dose depending on vaccine used)	Total number of surviving infants
Immunized with three doses of pneumococcal conjugate vaccine	Percentage of infants who received three doses of pneumococcal conjugate vaccine	Number of surviving infants who received the third dose of pneumococcal conjugate vaccine	Total number of surviving infants
Careseeking for symptoms of pneumonia	Percentage of children ages 0–59 months with suspected pneumonia taken to a health care provider	Number of children ages 0–59 months with symptoms of pneumonia (cough with fast breathing due to problem in the chest or problem in the chest and blocked nose) in the two weeks prior to the survey who were taken to a health care provider	Total number of children ages 0–59 months with symptoms of pneumonia (cough with fast breathing due to problem in the chest or problem in the chest and blocked nose) in the two weeks prior to the survey
Oral rehydration salts and zinc treatment of diarrhoea	Percentage of children ages 0–59 months with diarrhoea receiving treatment with low-osmolarity oral rehydration salts and zinc supplement	Number of children ages 0–59 months with diarrhoea in the two weeks prior to the survey receiving low osmolarity oral rehydration salts and zinc	Total number of children ages 0–59 months with diarrhoea in the two weeks prior to the survey
Oral rehydration salts treatment of diarrhoea	Percentage of children ages 0–59 months with diarrhoea receiving oral rehydration salts (oral rehydration solution packets or pre-packaged oral rehydration solution fluids)	Number of children ages 0–59 months with diarrhoea in the two weeks prior to the survey receiving oral rehydration salts	Total number of children ages 0–59 months with diarrhoea in the two weeks prior to the survey
Malaria diagnostics in children under-5	Proportion of children ages 0–59 months with fever in the last two weeks who had a finger or heel stick	Number of children ages 0–59 months who had a fever in the previous two weeks who had a finger or heel stick	Total number of children ages 0–59 months who had a fever in the previous two weeks
Population sleeping under insecticide-treated nets or sleeping in a house sprayed by indoor residual spraying	Percentage of population sleeping under an insecticide-treated net the previous night or sleeping in a house sprayed by indoor residual spraying in the past 12 months	The number of people sleeping under an insecticide-treated net the previous night or living in a household sprayed by indoor residual spraying within the last 12 months	Population
Malaria prevention in children under-5 sleeping under insecticide-treated nets	Percentage of children ages 0–59 months who slept under an insecticide-treated mosquito net the night prior to the survey	Number of children ages 0–59 months sleeping under an insecticide-treated mosquito net the night before the survey	Total number of children ages 0–59 months surveyed
Nutrition			
Early initiation of breastfeeding	Percentage of newborns put to the breast within one hour of birth	Number of women with a live birth in the X years prior to the survey who put the newborn infant to the breast within one hour of birth	Total number of women with a live birth in the X years prior to the survey
Exclusive breastfeeding	Percentage of children aged 0–5 months who are fed exclusively with breast milk in the 24 hours prior to the survey	Number of infants ages 0–5 months who are exclusively breastfed during the previous day	Total number of infants ages 0–5 months surveyed
Continued breastfeeding (year one)	Proportion of children 12–15 months of age who are fed breast milk	Number of children 12–15 months old who received breast milk during the previous day	Total number of children 12–15 months old

TABLE D1 (CONTINUED)

Definitions of *Countdown* coverage indicators

Intevention	Indicator definition	Numerator	Denominator
Minimum dietary diversity	Proportion of children ages 6–23 months who receive foods from four or more of a total of seven standardized food groups	Number of children ages 6–23 months who received foods from four or more of a total of seven standardized food groups during the previous day	Total number of children ages 6–23 months
Vitamin A supplementation, full coverage	Percentage of children age 6–59 months reached with two doses of vitamin A supplements approximately four to six months apart in a calendar year		
	Number of 6- to 59-month-olds reached with one high-dose vitamin A supplement in semester 1 (January–June) or semester 2 (July–December), whichever is lower	Total number of children ages 6–59 months old in the given semester	
Environmental: water, sanitation and hygiene			
Population using basic drinking-water services	Population using drinking-water from an improved source provided collection time is not more than 30 minutes for a roundtrip including queuing; compliant with faecal and priority chemical standards	Population using drinking water from an improved source (piped water into dwelling, yard or plot; public taps or standpipes; boreholes or tubewells; protected dug wells; protected springs and rainwater) provided collection time is not more than 30 minutes for a roundtrip, including queuing; compliant with faecal and priority chemical standards	Total number of household members in households surveyed
Population using basic sanitation services	Population using a basic sanitation facility that is not shared with other households	Population using a basic sanitation facility (flush or pour-flush toilets to sewer systems, septic tanks or pit latrines, ventilated improved pit latrines, pit latrines with a slab, and composting toilets) that is not shared with other households	Total population (or households)
Population with hand washing facilities with soap and water at home	Proportion of population with a hand washing facility with soap and water in the household	Number of people with a hand washing facility with soap and water in the household	Number of people in survey sample

Note: The indicator definitions use "in the X years prior to the survey" to indicate the different time periods for which Demographic and Health Surveys and Multiple Indicator Cluster Surveys collect information on births occurring prior to the survey.

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

TABLE E1

Definitions of drivers indicators (policies, systems and financing)

Indicator	Definition	Criteria for ranking
Legislative policies		
Family planning for adolescents without spousal or parental consent	Laws or regulations allow adolescents (married or unmarried) to access contraception without parental or spousal consent.	Yes = legislation is available that allows adolescents to access contraception without parental or spousal consent. Partial = legislation is available that allows either married adolescents to access contraception without spousal consent or allows unmarried adolescents to access contraception without parental consent. No = no legislation is available that allows adolescents to access contraception without parental or spousal consent.
Legal status of abortion	Legal grounds under which abortion is allowed	Abortion allowed on the following grounds: I = to save a woman's life. II = to preserve physical health and above. III = to preserve mental health and above. IV = for economic and social reason and the above. V = on request and above. R = in case of rape or incest. F = in case of foetal impairment. — = data are not available
Maternity protection (Convention 183)	Country has ratified International Labour Organization Convention 183 or has passed national legislation that is in compliance with the three key provisions of the convention (14 weeks of maternity leave, paid at 66% of previous earnings by social security or general revenue)	Yes = International Labour Organization Convention 183 ratified (maternity leave of at least 14 weeks with cash benefits of previous earnings paid by social security or public funds). Partial = International Labour Organization Convention 183 not ratified but previous maternity convention ratified (maternity leave of at least 12 weeks with cash benefits of previous earnings paid by social security or public funds). No = no ratification of any maternal protection convention.
International Code of Marketing of Breastmilk Substitutes	National policy has been adopted on all provisions stipulated in International Code of Marketing of Breastmilk Substitutes.	Yes = all provisions stipulated in International Code of Marketing of Breastmilk Substitutes adopted in legislation. Partial = voluntary agreements or some provisions stipulated in International Code of Marketing of Breastmilk Substitutes adopted in legislation. No = no legislation and no voluntary agreements adopted in relation to the International Code of Marketing of Breastmilk Substitutes.
Legislation on food fortification (wheat, rice, maize)	National status of legislation on food fortification of wheat, rice or maize	Mandatory = the country has legal documentation that has the effect of mandating fortification of the food vehicle in question with one or more priority micronutrients. Voluntary = The country has legal documentation indicating standardized fortification levels of the food vehicle in question (that is, fortification standard = yes) but does not have legal documentation that has the effect of mandating fortification (that is, mandatory fortification = no)
Governance		
Costed national implementation plan(s) for maternal, newborn and child health	National plan for scaling up maternal, newborn and child health interventions is available and costed.	Yes = costed plan or plans to scale up maternal, newborn and child health interventions available at the national level. Partial = costed plan available for either maternal and newborn health or child health. No = no costed implementation plan for maternal, newborn and child health available.

TABLE E1 (CONTINUED)

Definitions of drivers indicators (policies, systems and financing)

Indicator	Definition	Criteria for ranking
Maternal death review	National policies or protocols to track maternal deaths according to seven possible components	Maternal death surveillance and response survey results tracking the following seven components: • A national policy to notify all maternal deaths. • A national policy to review all maternal deaths. • A national maternal death review committee. • A subnational maternal death review committee. • Both national and subnational maternal death review committees in large countries. • At least biannual meetings of the national maternal death review committee. • An annual national Maternal Death Surveillance and Response report to disseminate findings and recommendations. A checkmark = yes, and an X = no
Civil society involvement in review of national maternal newborn and child health programmes	• Is there a national policy or strategy to ensure engagement of civil society organization representatives in national level planning of maternal, newborn, child and adolescent health programmes? • Is there a national policy or strategy to ensure engagement of civil society organization representatives in periodic review of national programmes for maternal, newborn, child and adolescent health	Yes = civil society is involved in review of all maternal, newborn, and child health programmes Partial = civil society is involved in review of some components of maternal, newborn and child health programmes No = civil society is not engaged in the review of maternal, newborn and child health programmes
Financing		
Total expenditure on health, per capita	The sum of public and private health expenditures as a ratio of total population (current US $)	Numerical
General government expenditure on health, per capita	Health expenditures incurred by central, state/regional and local government authorities, excluding social security schemes. Included are nonmarket, nonprofit institutions that are controlled and mainly financed by government units	Numerical
Out-of-pocket expenditure as % of total expenditure on health	Level of out-of-pocket expenditure expressed as a percentage of total expenditure on health	Numerical
General government expenditure on health as % of total government expenditure	Level of general government expenditure on health expressed as a percentage of total expenditure on health	Numerical
Official development assistance to reproductive, maternal, newborn and child health (total and per capita)	Official development assistance to reproductive, maternal, newborn and child health using the Muskoka method	Numerical
Service delivery		
Reproductive lifesaving commodities in essential medicines list	Emergency contraceptives, implants and female condoms are in the essential medicines list	Number of the three listed commodities that are included in the essential medicines list
Maternal lifesaving commodities in essential medicines list	Oxytocin, misoprostol and magnesium sulfate are in the essential medicines list	Number of the three listed commodities that are included in the essential medicines list
Newborn lifesaving commodities in essential medicines list	Injectable antibiotics, antenatal corticosteroids, chlorhexidine and resuscitation equipment are in the essential medicines list	Number of the four listed commodities that are included in the essential medicines list
Child lifesaving commodities in essential medicines list	Amoxicillin, oral rehydration salts and zinc are in the essential medicines list	Number of the three listed commodities that are included in the essential medicines list
National availability of functional emergency obstetric care facilities (% of recommended minimum)	The recommended minimum emergency obstetric care facilities is defined as at least five emergency obstetric care facilities per 500,000 people, including one comprehensive and four basic emergency obstetric care facilities	Expressed as a percentage Numerator: Number of obstetric care facilities that provided emergency obstetric care signal functions in the last three months Denominator: Per 500,000 population This value is than compared to the recommended minimum to derive the percentage value
Density of skilled health professionals	Proportion of physicians, nurses and midwives who are available per 10,000 population	Expressed as a percentage Numerator: number of health workers (physicians, nurses and midwives) Denominator: 10,000 population

TABLE E1 (CONTINUED)

Definitions of drivers indicators (policies, systems and financing)

Indicator	Definition	Criteria for ranking
Midwives authorized for specific tasks	Midwifery personnel are authorized to deliver basic emergency obstetric and newborn care	Number of the seven lifesaving interventions tasks authorized: • Parenteral antibiotics. • Parenteral oxytocin. • Parental anticonvulsants. • Manual removal of placenta. • Removal of retained products of conception. • Assisted vaginal delivery. • Newborn resuscitation.

Annex F. Maternal and under-five mortality rates in *Countdown* countries

TABLE F1

Maternal mortality ratio, 2015, and under-five mortality rate, 2016, *Countdown* countries

Country	Maternal mortality ratio, 2015 (deaths per 100,000 live births)	Under-five mortality rate, 2016 (deaths per 1,000 live births)
Afghanistan	396	70.4
Algeria	140	25.2
Angola	477	82.5
Azerbaijan	25	30.9
Bangladesh	176	34.2
Benin	405	97.6
Bhutan	148	32.4
Bolivia	206	36.9
Botswana	129	40.6
Burkina Faso	371	84.6
Burundi	712	71.7
Cambodia	161	30.6
Cameroon	596	79.7
Central African Republic	882	123.6
Chad	856	127.3
Comoros	335	73.3
Congo	442	54.1
Congo, Democratic Republic of the	693	94.3
Côte d'Ivoire	645	91.8
Djibouti	229	64.2
Dominican Republic	92	30.7
Equatorial Guinea	342	90.9
Eritrea	501	44.5
Ethiopia	353	58.4
Gabon	291	47.4
Gambia, The	706	65.3
Ghana	319	58.8
Guatemala	88	28.5
Guinea	679	89.0
Guinea-Bissau	549	88.1
Guyana	229	32.4
Haiti	359	67.0
Honduras	129	18.7
India	174	43.0
Indonesia	126	26.4
Iraq	50	31.2
Jamaica	89	15.3
Kenya	510	49.2
Korea, Democratic People's Republic of	82	20.0
Kyrgyzstan	76	21.1
Lao People's Democratic Republic	197	63.9
Lesotho	487	93.5
Liberia	725	67.4
Madagascar	353	46.4
Malawi	634	55.1
Mali	587	110.6
Mauritania	602	81.4
Morocco	121	27.1
Mozambique	489	71.3
Myanmar	178	50.8
Namibia	265	45.2
Nepal	258	34.5
Nicaragua	150	19.7
Niger	553	91.3
Nigeria	814	104.3
Pakistan	178	78.8
Panama	94	16.4
Papua New Guinea	215	54.3
Paraguay	132	19.9
Philippines	114	27.1
Rwanda	290	38.5
Senegal	315	47.1
Sierra Leone	1360	113.5
Solomon Islands	114	25.8
Somalia	732	132.5
South Africa	138	43.3
South Sudan	789	90.7
Sudan	311	65.1
Suriname	155	20.0
Swaziland	389	70.4
Tajikistan	32	43.1
Tanzania, United Republic of	398	56.7
Timor-Leste	215	49.7
Togo	368	75.7
Turkmenistan	42	51.0
Uganda	343	53.0
Uzbekistan	36	24.1
Venezuela	95	16.3
Yemen	385	55.3
Zambia	224	63.4
Zimbabwe	443	56.4

Source: WHO, UNICEF, UNFPA, World Bank Group and United Nations Population Division 2015; UN Inter-agency Group for Child Mortality Estimation 2017.

Annex G. List of *Countdown* countries considered malaria endemic and included in the analyses of the malaria indicators that *Countdown* tracks, and results of the malaria indicator analyses

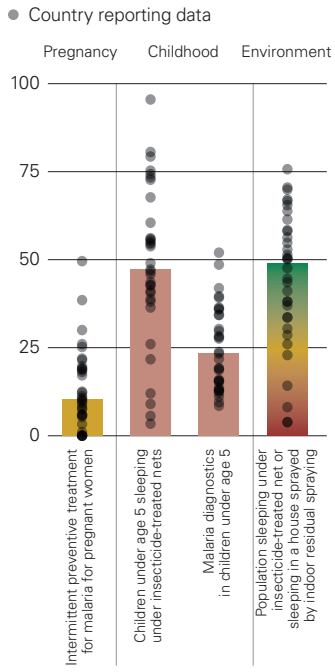
TABLE G1

Countdown countries by malaria transmission risk

Countries where at least 75% of the population is at risk of malaria and where a substantial proportion (50% or more) of malaria cases is due to *Plasmodium falciparum* (*N* = 43)		Countries where 50–74% of the population is at risk of malaria and where a substantial proportion (50% or more) of malaria cases is due to *Plasmodium falciparum* (*N* = 6)
Angola	Liberia	Bhutan
Benin	Madagascar	Botswana
Burkina Faso	Malawi	Djibouti
Burundi	Mali	Ethiopia
Cameroon	Mauritania	Myanmar
Central African Republic	Mozambique	Philippines
Chad	Namibia	
Comoros	Niger	
Congo	Nigeria	
Congo, Democratic Republic of the	Rwanda	
Côte d'Ivoire	Senegal	
Equatorial Guinea	Sierra Leone	
Eritrea	Somalia	
Gabon	South Sudan	
Gambia, The	Sudan	
Ghana	Tanzania, United Republic of	
Guinea	Timor-Leste	
Guinea-Bissau	Togo	
Haiti	Uganda	
India	Yemen	
Kenya	Zambia	

FIGURE G1

Analysis of the malaria indicators in endemic *Countdown* countries with available data since 2012



Source: United Nations Children's Fund Global Database, July 2017, based on Demographic Health Surveys, Multiple Indicator Cluster Surveys, and other national surveys.

Annex H. Details on estimates produced by interagency groups used in the *Countdown* report—mortality, immunization, and water and sanitation

Mortality

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

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

The data inputs, methods and full time series of the UN IGME estimates for all countries are available at www.data.unicef.org and www.childmortality.org.

Maternal mortality. Maternal mortality estimates for 1990–2015 are based on the work of the Maternal Mortality Estimation Inter-agency Group, which comprises the World Health Organization, the United Nations Children's Fund, the United Nations Population Fund and the World Bank. Maternal mortality data—more sparse than child mortality data—are from sources such as vital registration systems, surveys and censuses. Maternal mortality estimates from these sources are subject to serious misclassification and under-reporting. These data are therefore adjusted to account for these errors, and multilevel regression models are fit to predict levels and trends in maternal mortality between 1990 and 2015. Covariates used in the models include gross domestic product per capita, general fertility rate and skilled birth attendance. For more information, see WHO, UNICEF, UNFPA, World Bank Group and United Nations Population Division (2015).

Immunization

The immunization data published in this report are based on the work of the World Health Organization and the United Nations Children's Fund. The estimates should not be confused with other sources of information, such as Demographic and Health Surveys, Multiple Indicator Cluster Surveys or administratively reported data from ministries of health. The World Health Organization and United Nations Children's Fund use data reported by national immunization programmes as well as surveys and other sources to obtain estimates of national immunization coverage each year. A draft report is sent to each country for review and comment. Final reports are published in July with coverage estimates for the preceding calendar year. All new evidence, such as final survey reports received after publication, are taken into consideration during production of the following year's estimates. For each country's final report for 2017 as well as methods, data sources and brief description of trends, see www.data.unicef.org and www.who.int/immunization/monitoring_surveillance/data/en/.

Water and sanitation

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

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