Summary

The last few years have seen enormous and welcome developments in global public health and nutrition. There is growing recognition – increasingly backed by resources – that achieving the Millennium Development Goals (box 1) will demand radical changes to the scale and scope of effective strategies. The *Countdown* to 2015 responds to these calls for change.

The Millennium Development Goals

Goal 1: Eradicate extreme poverty and hunger.
Goal 2: Achieve universal primary education.
Goal 3: Promote gender equality and empower women.
Goal 4: Reduce child mortality.
Goal 5: Improve maternal health.
Goal 6: Combat HIV/AIDS, malaria and other diseases.
Goal 7: Ensure environmental sustainability.
Goal 8: Develop a global partnership for development.

Box 1: The Millennium Development Goals

A collaboration among individuals and institutions established in 2005, the *Countdown* aims to stimulate country action by tracking coverage for interventions needed to attain Millennium Development Goals 4 and 5 – and, in addition, parts of Millennium Development Goals 1, 6 and 7. Through this unified effort national and international policy makers, programme implementers, development and media partners and researchers are working together to:

- Summarise, synthesise and disseminate the best and most recent information on country-level progress towards high, sustained and equitable coverage with health interventions to save women and children.
- Take stock of progress in maternal, newborn and child survival.
- Call on governments, development partners and the broader community to be accountable if rates of progress are not satisfactory.
- Identify knowledge gaps that are hindering progress.
- Propose new actions to achieve the health-related Millennium Development Goals, in particular Millennium Development Goals 4 and 5.

The *Countdown* pursues these objectives through conferences, publications and follow-up regional and country activities, focusing attention on progress towards national-level coverage of proven interventions in countries with the highest levels of maternal and child mortality. The activities of the *Countdown* are guided by four principles (box 2).

Countdown Principles

Focus on coverage
Focus on effective interventions
Maintain a country orientation
Build on existing goals and monitoring efforts

Box 2: Countdown principles

Countdown priority countries

The 68 priority countries for the *Countdown* to 2015 bear the world's highest burdens of maternal and child mortality (figure 1). Together these countries account for 97 per cent of maternal and child deaths. Included among the priority countries are 34 of the 36 countries in the world with the highest prevalence of child undernutrition.

The 68 *Countdown* Priority Countries

Source: Authors' compilation based on information supplied in text

Figure 1: The 60 priority countries in 2005 (red). The 8 priority countries added in 2008 (yellow): Bolivia, Eritrea, Guatemala, Democratic People's Republic of Korea, Lao People's Democratic Republic, Lesotho, Morocco, Peru.

Interventions and indicators

All interventions tracked through the *Countdown* are empirically proven to reduce mortality among mothers, newborns or children. Coverage with broader approaches, such as antenatal and postnatal care, delivery and reproductive health services also need to be tracked, as they provide the basic platform for delivery of multiple effective interventions to reduce maternal and newborn mortality.

The *Countdown* tracks only interventions and approaches that are feasible for universal implementation in poor countries. In addition, to be tracked, an intervention or approach must be associated with a valid coverage indicator that is reliable and comparable across countries and time. The *Countdown* recognizes the limitations of some coverage indicators now used and is doing technical work to improve them. Finally, the 68 *Countdown* country profiles present other information helpful for interpreting coverage levels, including:

- Country-specific estimates of maternal and child mortality and child nutritional status,
- The status of policies related to maternal, newborn and child health,
- Indicators of health system strength,
- Measures of equity in coverage,
- Estimates of financial flows to maternal, newborn and child health and nutrition.

Country Profiles

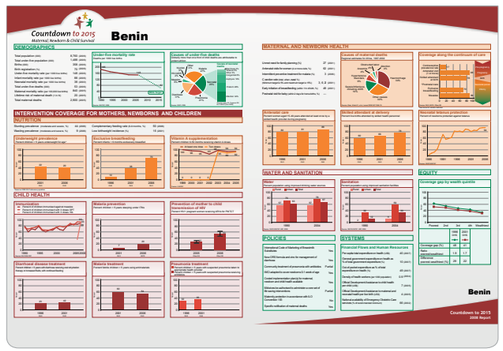
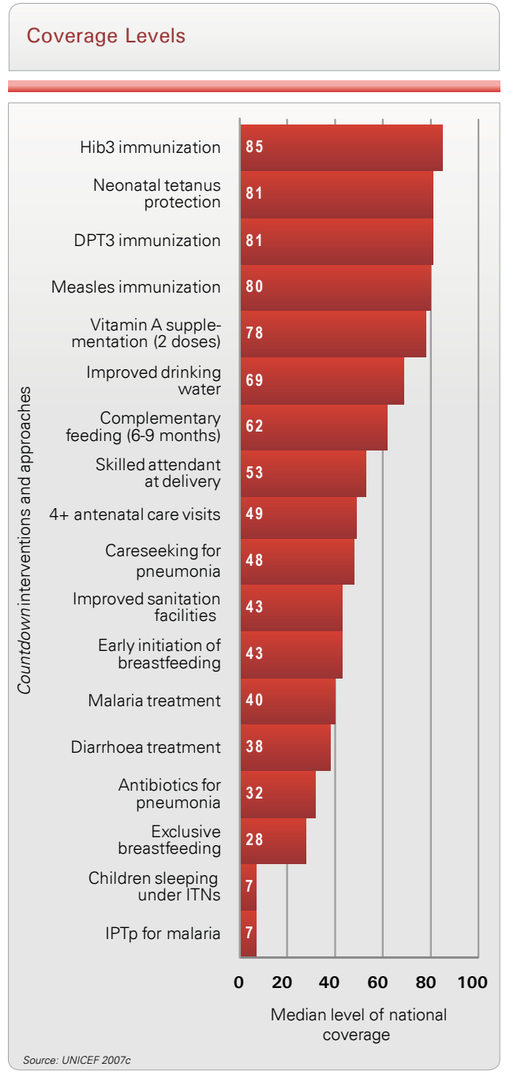


Figure 2. Country profile example of Benin

Key findings of the 2008 *Countdown*

The report contains profiles for each of the 68 *Countdown* priority countries. Benin is shown as an example in figure 2. Benin was selected because it is the first country profile (in alphabetical order) where data were available for all major indicator categories. Figure 3 presents median national level coverage for

Coverage Levels



Source: UNICEF 2007c

Figure 3. Median coverage levels for selected Countdown interventions and approaches

selected *Countdown* interventions and approaches based on the most recent data available.

Seven key conclusions

Seven key conclusions emerge from an analysis of the profile data:

Countries, while rapidly increasing coverage for some interventions, are making little or no progress with others. Most *Countdown* countries have high or increasing coverage for preventive interventions such as vaccinations, vitamin A supplementation and insecticide-treated bed nets to prevent malaria (figure 3). But very few are making progress reaching women and children with clinical care services, such as skilled attendants at delivery or treatment for pneumonia, diarrhoea and malaria. Postnatal care is an especially important gap in the first week of life when mothers and newborns are at the highest risk. Prevalence rates for the nutritional indicators that require social and behavioural changes in order to improve, such as early initiation of breastfeeding, exclusive breastfeeding, and complementary feeding, are also low.

The continuum of care for maternal, newborn and child health requires multiple delivery approaches. Progress towards the Millennium Development Goals will require a range of interventions to be delivered in different points during the life-cycle. Services that contribute to the achievement of one Millennium Development Goal will not necessarily advance progress towards another. Of particular concern today is a serious breakdown in the continuum of care at several points in the pre-pregnancy to two-year postnatal period when opportunities to deliver essential services are being lost.

Undernutrition is an area of little or no progress. More than one-third of deaths in children under age five are attributable to undernutrition – the underlying cause of 3.5 million child deaths annually. Maternal undernutrition increases the mother's risk of death at delivery, accounting for at least 20 per cent of such deaths. In 33 of the 68 priority countries, at least 20 percent of children are moderately or severely underweight, and 62 countries have stunting prevalence rates exceeding 20 per cent.

Weak health systems and broader contextual factors obstruct progress. Health systems in many countries cannot now deliver essential interventions and approaches widely or well enough to reduce mortality nationwide. Indicators of health financing and health worker density are useful markers of health system strength. Of the 68 *Countdown* priority countries, 54 – or 80 percent – have workforce densities below the critical threshold for improved prospects for achieving the health-related Millennium Development Goals. It has been estimated that annual per capita total health expenditures of less than $45 are insufficient to ensure access to a very basic set of needed services. Of the 68 priority countries, 21 had annual per capita health expenditures below this amount.

Many Countdown priority countries face additional challenges to progress. For example, in the 26 countries with no or reversed progress towards Millennium Development Goal 4, contextual challenges, such as armed conflict, natural disasters, high HIV burdens and low adult female literacy rates, contribute to stagnating or deteriorating coverage.

Challenges to Progress

Over one-third of the priority *Countdown* countries were affected by violent, high-intensity conflict between 2002 and 2006.

Box 3: Many Countdown priority countries face additional challenges to progress

Inequities obstruct progress. Mortality in children under age five is now concentrated in sub-Saharan Africa (almost 50 per cent) and South Asia (30 per cent). Maternal and newborn mortality are similarly concentrated in those regions. Meanwhile, within countries, the richest quintile is gaining access to key interventions more quickly than the poorest. Reducing both types of inequity – between regions and within countries – is crucial for achieving the health-related Millennium Development Goals.

Aid needs to increase and become more predictable. Official development assistance to child, newborn and maternal health increased by 28 percent from 2004 to 2005, including increases of 49 per cent to child health and 21 per cent to maternal and newborn health. Such aid for maternal, newborn and child health and nutrition has increased in most *Countdown* priority countries, but has decreased in others. Of the 68 countries, 38 received more per capita official development assistance to child health in 2005 than in 2004, while 39 received more to maternal and newborn health per live birth in 2005 than in 2004. Although maternal, newborn, and child health programmes within the priority countries have benefited from these increases in official development assistance, such programmes are still grossly underfunded and much more needs to be done.

Countries need more and better coverage estimates and research on programme implementation. Since the first *Countdown* report in 2005, an unprecedented amount of household surveys have been conducted and include new MICS data from 54 countries and new DHS data for 35 countries. However, many countries are still determining coverage levels for essential interventions using data that is 5, 10 or even 15 years old. In consequence, the knowledge gained through current and ongoing efforts to promote maternal, newborn and child health and nutrition has not been adequately disseminated. Data collection and dissemination processes need improvement to make timely data more readily available, which is crucial for planning and implementation purposes.

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The *Countdown* Call to Action

All institutions and individuals involved in the *Countdown* should use the information it provides – in combination with their diverse skills and resources – to promote the following immediate actions:

- Sustain and expand successful efforts to achieve high and equitable coverage for priority interventions. Recent areas of progress – especially immunizations, vitamin A supplementation and insecticide-treated bed nets – represent a major success for governments and their development partners. Such efforts should continue. But comparable efforts and investments are required for the case management of childhood illnesses, family planning services, and antenatal, childbirth, and postnatal care.
- Focus on the priority period within the continuum of care, from pre-pregnancy through 24 months – especially around the time of birth. To reduce mortality during childbirth and in the immediate days afterwards, programming efforts must focus on the effective and integrated delivery of interventions and approaches associated with this crucial period (e.g., antenatal, delivery, and postnatal care). Contraceptive services and efforts to improve infant feeding practices also need to be given high priority.
- Within increased efforts to achieve the health-related Millennium Development Goals, make improving maternal and child nutrition a priority. Nutrition must be central to both national and subnational development strategies.
- Strengthen health systems, focusing on measurable results. Health systems need to deliver on demand, creating a functional continuum of care over time and across places of service delivery. All new initiatives must focus on outcomes that measurably advance this aim.
- Set geographic and population priorities, and stick to them. The health-related Millennium Development Goals cannot be met globally without faster progress in sub-Saharan Africa and South Asia. Development efforts and official development assistance must increasingly target countries in these regions with large populations and poor performance.
- Prioritize a programme for equity. Describing inequities, though an important first step, is not enough. Programmatic efforts to address inequities must be supported by strong monitoring and evaluation activities.
- Do even more to ensure predictable long-term aid flows for maternal, newborn and child health. Governments and their development partners cannot meet the health-related Millennium Development Goals unless assistance is adequate, predictable and targeted to those goals.
- Monitor. Evaluate. Conduct locally driven implementation research. And act on the results. The 'community of practice' for maternal, newborn and child health must lead the change by improving monitoring and evaluation activities, and supporting efforts to rapidly disseminate and build-on important findings.
- Lead the change for maternal, newborn and child survival. It is time for all to work together as partners to improve the lives of women, newborns and children.

Box 4: The Countdown Call to Action