

The Countdown for 2015: what lies ahead?



As the 2015 deadline for achieving the Millennium Development Goals (MDGs) approaches, there is a growing sense of urgency to accelerate progress, especially for reducing child and maternal deaths. The most recent Countdown Report¹ suggests that at the present rate of progress 23 (31%) of 75 countries are on track to achieve the MDG 4 target for child survival, whereas only nine (12%) are projected to reach the MDG 5 target for maternal mortality. Other estimates from the Institute of Health Metrics and Evaluation² suggest that only nine and four of the 75 countries are expected to reach the MDG 4 and MDG 5 targets, respectively, by 2015.

Two Countdown papers in *The Lancet* provide some insights on critical elements that are needed to further accelerate progress on maternal and child health. Cesar Victora and colleagues³ analysed the relation between rates of change in coverage of key interventions (skilled birth attendants, measles vaccine, use of insecticide-treated bednets for children, and a composite coverage index) and socioeconomic inequity measures in 35 low-income and middle-income countries and found a range of changes in equity of coverage as countries scaled up these interventions. However, Victora and colleagues' analysis shows that countries that achieved rapid national-level increases in coverage are primarily driven by how rapidly coverage increased in the poorest quintiles. Countries with rapid increases in coverage for insecticide-treated bednets and measles vaccination were able to reduce the equity gaps.

Agbessi Amouzou and colleagues' in-depth case study⁴ from Niger—one of the most impoverished and geographically challenged countries in the world—shows that increases in coverage of high-impact child survival interventions, notably insecticide-treated bednets, nutrition interventions, care seeking, and treatment for childhood diarrhoea and pneumonia, can reduce mortality quickly. The mortality rate in children younger than 5 years declined significantly from 226 deaths per 1000 livebirths in 1998 to 128 deaths in 2009, an annual rate of decline of 5.1%—a rate many times higher than that in similar neighbouring countries. The Government of Niger increased geographic access to services for women and children by expanding care at community level, used mass campaigns to distribute bednets, vitamin A, and vaccination, and also increased

financial access by removing user fees for pregnant women and children younger than 5 years. These policy initiatives, which were coupled with a strong focus on undernutrition and the major causes of child deaths and underpinned by increases in domestic and overseas development resources for maternal and child health, resulted in a decline of 43% in the mortality rate among children younger than 5 years between 1998 and 2009.

The two *Lancet* papers^{3,4} are a product of complex analyses of available survey data undertaken by Countdown to 2015, the major multiagency group that reports on progress on MDG targets for maternal and child survival.⁵ The evolution of the Countdown process is apparent in the sequential reports by Countdown on progress in reproductive, maternal, newborn, and child health^{6–8} and in the number of countries involved, which has grown from 60 to the current 75 countries that account for more than 95% of maternal and child deaths worldwide. Countdown has also provided up-to-date information on coverage and socioeconomic equity for effective interventions for reproductive, maternal, newborn, and child health, including the main indicators selected by the independent Expert Review Group (iERG) that was established by the Commission for Accountability and Information.⁹ These reports, together with global assessments of child¹⁰ and maternal¹¹ mortality profiles and additional analyses by the Institute of Health Metrics and Evaluation,² are the major monitoring mechanisms for MDG 4 and MDG 5 globally.

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The recent focus of Countdown on disaggregated analyses of determinants of equitable access¹² is indicative of a deliberate assessment of factors that determine change and bottlenecks, such as user fees, that mitigate attempts by the poor to achieve effective coverage, as well as solutions to reach marginalised and poor communities. This focus on processes at country level is critical to assess whether any progress is being made, and is consistent with increased global attention on country-led planning and accountability, as well as global financing for reproductive, maternal, newborn, and child health.¹³ These disaggregated analyses have also focused attention on the importance of regular collection of high-quality data and the need to diversify the range of available information sources at country level, including vital registration systems.¹⁹ The indicators selected for global accountability by the iERG are limited, and are not intended to be interpreted in isolation from reports of progress on a broader range of coverage indicators across the continuum of care for reproductive, maternal, newborn, and child health and related information on equity, health systems, policies, and financial flows.

As we approach 2015, Countdown recognises that there are new global priorities related to economic growth, sustainability, and climate change. Efforts will be required to recast and sustain health and survival goals in this context. Calls have already been issued for a renewed child survival strategy and longer-term targets for 2035.¹⁴ Such timeframes, although pragmatic and necessary, should not detract from current efforts to reach MDG targets. Countdown plans to continue in its global monitoring role beyond 2015 and ensure it responds to country, regional, and global needs in the post-2015 era. Going forward, Countdown sees new opportunities to recalibrate global mortality goals to address morbidity and long-term outcomes, which are important in the quest to improve human capital and development goals. There are calls to move beyond mortality and develop closer links to maternal and child nutrition, child development, and disability goals¹⁵—a strategy that will require collection of information and development of

suitable indicators. Addressing morbidity and health indicators also reinforces the ties between reproductive, maternal, newborn, and child health and women's health in general, as well as agendas on non-communicable diseases and universal health coverage.

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