Tracking intervention coverage for maternal, newborn and child survival

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 health-related Millennium Development Goals will demand radical changes to the scale and scope of effective strategies. The Countdown to 2015, a movement of governments, individuals and institutions, is responding to these calls for change.

In 2003 the Bellagio Lancet Child Survival Series helped raise global awareness of more than 10 million deaths occurring each year in children under age five, mainly from preventable conditions that rarely affect children in wealthy countries. In 2005 a second Lancet series focused on the approximately 4 million annual deaths among newborns. Later series focused on maternal survival and broader issues of child development in developing countries, sexual and reproductive health, maternal and child health and nutrition and health systems. Finally, a special issue of the Lancet on “Women Deliver” highlighted the importance of the continuum of care for maternal, newborn and child health.

A common theme in these Lancet series was the call for a systematic mechanism to track progress in achieving high, sustainable and equitable coverage with interventions proven to reduce maternal, newborn and child mortality – “coverage” being defined as the proportion of those needing an intervention who receive it. The response to this call is reflected broadly in global efforts to track progress towards the Millennium Development Goals (box 1.1), and is the specific focus of the Countdown to 2015.

Supported through contributions of time and money and governed by a Core Group, the Countdown aims to stimulate country action by tracking coverage for interventions needed to attain Millennium Development Goals 4 and 5, together with parts of Millennium Development Goals 1, 6 and 7. The Countdown tracks coverage within populations targeted by specific interventions and usually measures coverage at the population level (rather than in health facilities, for example). Through the Countdown, 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 has planned a series of conferences to be held every two to three years until 2015. Focusing attention on national coverage levels for high-impact interventions in countries with the highest burden...
of maternal and child mortality, the Countdown conferences will catalyse greater action and increase accountability for donor and partner commitment to the Millennium Development Goals – in particular, to rapid reductions in maternal and child mortality.10 In addition, Countdown publications report on major determinants of coverage, including policies, health system performance measures and financial flows to maternal, newborn and child health.

The first international Countdown conference, focusing on child survival, was hosted in London in December 2005 by 12 organisations.11 Coverage reports were available for 60 countries, accounting for 94 per cent of child deaths worldwide.12 More information on the conference and the 2005 report can be found online (http://www.countdown2015mnch.org/).

Success for the Countdown, however, will be measured by country-level results. In 2006 Senegal was the first country to hold a national Countdown conference, bringing together government leaders, private and public partners and the research community to review progress in child survival. The second international Countdown conference is scheduled for 17–19 April 2008 in Cape Town, South Africa. Covering maternal, newborn and child survival, it will be held in tandem with an Inter-Parliamentary Union meeting, providing government leaders with opportunities for greater involvement in efforts to save women’s and children’s lives.

Participants in the 2005 international Countdown conference had already recognized the importance of working within a broader continuum of care – one that “promotes care for mothers and children from pre-pregnancy to delivery, the immediate postnatal period, and early childhood, recognising that safe childbirth is critical to the health of both the woman and the newborn child.”13 Such a continuum should also link service provision across various settings, from households to community-based care to primary care services to hospitals. The Countdown has explicitly adopted a continuum of care approach. In this report it tracks coverage across the continuum for the first time.

The Countdown has always made nutrition central to its efforts. Improving coverage for proven maternal and child nutrition interventions will contribute to Millennium Development Goal 1.14 At this time, however, only child nutritional status and nutrition interventions are tracked through the Countdown.

The Countdown also recognises the importance of reproductive health services. The target added to Millennium Development Goal 5 to achieve universal access to reproductive health is an indication of its importance to maternal and newborn survival. Contraceptive prevalence and unmet need are tracked in the present Countdown cycle, and in the next cycle of technical work the Core Group will thoroughly review this area. The 2008 report is complemented by a corresponding Lancet special series on the major findings of the Countdown.

Countdown Principles

The activities of the Countdown are guided by four principles:

1. Focus on coverage
2. Build on existing goals and monitoring efforts
3. Promote effective interventions
4. Maintain a country orientation

Box 1.2. The Countdown principles

Countdown principles

1. Focus on coverage

Timely data on intervention coverage are essential for good programme management. Governments and their partners need up-to-date information on whether their programmes are reaching targeted groups. Such coverage information must be supplemented, of course, with measures of intervention quality and effectiveness.

For interventions proven to reduce mortality, coverage is a useful indicator of progress. Increases in coverage show that policies and delivery strategies are reaching children and mothers. Failures to increase coverage – assuming that resources have been adequate and that planning has been good – are a cause for urgent concern. District, regional and national managers and their partners should address low coverage rates by examining how interventions are delivered and removing bottlenecks or revising service delivery plans.

This report, which provides the best and most recent information on country-level progress in achieving intervention coverage, is a central part of the Countdown effort. It offers a basis for documenting accomplishments and revitalising efforts where needed.

2. Build on existing goals and monitoring efforts

The Countdown aims to sharpen and reinforce efforts already under way to support countries in meeting their commitments to global goals, and to further the effective use of information collected through existing monitoring mechanisms. Countdown indicators and measurement approaches build on efforts started in the 1990s to monitor progress towards the World Summit for Children goals, which evolved into monitoring strategies for the Millennium Development Goals.15

Emphasis on measuring progress towards international goals and targets has rapidly increased the availability of intervention coverage data. Today’s maternal and child survival indicators reflect a united effort to define and measure indicators consistently, permitting the assessment of trends over time. In some cases, however – notably the definition and measurement of indicators for oral rehydration therapy to prevent diarrhoea dehydration16 – changing public health recommendations made changes in definition and measurement unavoidable.

Tracking through the Countdown complements and promotes country-level monitoring of maternal, newborn and child health programmes. Country-level monitoring focuses on ensuring that policies, plans and resources are in place and that programmes and strategies are implemented fully and adequately; key outcomes for assessing programme implementation include access, quality, coverage and equity. Methods and indicators for monitoring purposes must provide timely information and must reflect country-level needs and decisions. The Countdown aims to build on country-level data, attracting attention and resources for addressing service delivery barriers and to further speed up progress towards the health-related Millennium Development Goals.

The Countdown complements country-level monitoring efforts by focusing on indicators that are closer to impact and that can be measured in ways that permit cross-country comparisons and the estimation of global trends. Coverage indicators meet these criteria, as do many indicators of the impact of programme activities on the nutrition and health status of women, newborns and children. Efforts to identify and define indicators of policies, financial flows and human resources that are sufficiently valid and reliable for global monitoring began in 2006 and are continuing.

The coverage information presented by the Countdown in this report required no new data collection. But the information on policies, health systems and financial flows – here and in future Countdown reports – combines existing data with those collected specifically for the Countdown. The primary purpose of this report is to bring available data on the priority countries together in one place to facilitate evidence-based review and planning efforts designed to accelerate country-level actions in maternal, newborn and child health.

3. Promote effective interventions

The Countdown monitors coverage for interventions and approaches feasible for universal implementation in poor countries and with proven effectiveness in improving maternal and child survival and nutrition. (The next chapter describes how the Countdown selects these interventions and approaches and explains the coverage indicators used.)

4. Maintain a country orientation

The Countdown aims to help countries and their development partners achieve the Millennium Development Goals and the World Fit for Children goals and targets.17 While the Countdown will not and should not supplant governments and their partners in their roles as policy makers and service providers, its role extends beyond monitoring – making public health science a basis for public health action. By bringing together diverse individuals with complementary experience, Countdown participants hope to work and support new insights and concrete directions for improving the health and survival of women and children. So far the Countdown has not taken strong follow-up action to take a central element of the work scheduled to begin immediately after the April Conference.
The Countdowm aims to complement the work of others – not replace it. Annex A lists resources and initiatives related to Millennium Development Goal monitoring for mothers, newborns and children at the international level. Box 1.3 highlights the Countdowm’s added value compared with other international monitoring efforts.

**How the Countdowm Adds Value**

- By maintaining a country focus. Individual country profiles offer selected information about demographic and epidemiological contexts and key coverage determinants.
- By tracking progress in 68 priority countries. Sharing the highest burden of maternal and child mortality, these countries represented more than 97 per cent of all such deaths (in children under 5 in 2006, and maternal deaths in 2005).
- By maintaining continuity through 2015. The Countdowm will continue reporting on progress through 2015, the target date for achieving the Millennium Development Goals.
- By remaining a supra-institutional effort. The Countdowm brings together representatives from United Nations agencies, civil society, governments, and the donor and development communities.
- By promoting country-level action. The Countdowm presents information needed to assess progress and to speed up country-level activities in pursuit of Millennium Development Goals 4 and 6, together with parts of Millennium Development Goals 1, 5 and 7.

**Country-level program monitoring**

Country-level programme monitoring is the most important part of monitoring progress towards the Millennium Development Goals. The Countdowm seeks to enhance such monitoring whenever possible. Yet countries bear the main responsibility for interpreting the Countdowm results and using them to improve programming. (Quality monitoring and service provision monitoring are the responsibility of governments and their partners and are not addressed here.)

**The Countdowm as an evolving effort**

The Countdowm is a process, and will continue to expand and improve over time to address additional elements of the continuum of care. For example, although family planning is included as an essential intervention in the 2008 report, special health risks, vulnerabilities and barriers to access for adolescents are not addressed explicitly, nor is the full range of potential interventions to address undernutrition. We present this report recognising its limitations, and accept the need to expand the range of interventions that can be tracked effectively in each Countdowm cycle while preserving the quality of the effort, especially as new evidence about the impact of interventions becomes available.

**Overview of this report**

This report is intended to help policy makers and their partners assess progress and prioritise actions to reduce maternal, newborn and child mortality. Almost all the data presented here can be found elsewhere. The Countdowm adds value by collecting in one place the basic information needed to decide whether maternal and child mortality reductions can be expected in countries with the highest ratios/rates or numbers of such deaths. It adds further value by creating a context – the Countdowm conferences – that can make policy makers, development agencies and donors more likely to notice challenges to progress and to respond to them with sound decisions.

**Chapter 2** explains how and why the Countdowm priority countries were selected, and summarises the selection of Countdowm indicators and the sources and methods used to track progress.

**Chapter 3** summarises the findings of the 2008 Report. Specific note is taken of countries with demonstrated progress in raising coverage levels, and areas where intensified effort is needed within and across the priority countries. This preliminary discussion provides a starting point for more in-depth review, discussion and action planning that will take place at the Countdowm conference scheduled for April 2008 in Cape Town, South Africa and subsequent regional- and country-level Countdowm conferences.

**Chapter 4** introduces the individual country profiles. These profiles represent the basic information to be analysed at Countdowm conferences, and evidence for assessing progress since the first Countdowm Report in 2005. Each profile presents the most recent available information on selected demographic measures of maternal, newborn and child survival and nutritional status, coverage rates for priority interventions, and selected indicators of equity, policy support, human resources and financial flows.

Because the Countdowm is an ongoing process that represents an informal affiliation of individuals and agencies committed to accelerating progress toward the health MDGs, we encourage readers to engage with this material critically and to make suggestions about how its utility in promoting and guiding action can be improved. Comments, critiques and suggestions can be proposed through communication with any of the many Countdowm co-sponsors, or sent directly to www.countdown2015mnhc.org.

**Notes**

5. Black, Allen, Bhutta and others 2001; Bryce, Adair and others 2001; Bhutta, Ahmed, Black and others 2008; Bryce, Costello, Darmstadt and others 2008; Morris, Copol and Uauy 2000.
10. The hosting organisations were the London School of Hygiene & Tropical Medicine, the Bellagio Child Survival Group, UNICEF, World Health Organization, Lancet, Save the Children, United States Agency for International Development (USAID), USAID’s Basic Support for Institutionalizing Child Survival (BASIC), the UK’s Department for International Development (DFID), the World Bank, the International Paediatric Association and the Partnership for Maternal, Newborn and Child Health.
12. Tenker, ten Hoope-Bender, Adair and others 2006, p. 823.
14. The World Summit for Childen goals can be found at UNICEF’s website (http://www.unicef.org). The Education for All Global Partnership – committed to by heads of state and government in 2002, they cover vital areas of children’s well-being and development and serve as stepping stones towards the Millennium Development Goals (MDGs).