**Countdown to 2015 tracks coverage levels for health interventions proven to reduce maternal, newborn and child mortality, together with data on equity of coverage, health financing, policy and health systems, and other determinants of coverage.** It calls on governments and development partners to be accountable, identifies knowledge gaps, and proposes new actions to improve health and reduce mortality. Countdown’s data and analysis cover 75 countries that account for over 95% of all maternal and child deaths. The annual Countdown to 2015 country profile enables countries to track their progress and identify key areas where more progress is needed.

Countdown supports in-depth Country Case Studies that seek to understand and explain how progress on women’s and children’s health was achieved. By strengthening country-level capacity to conduct this research, Countdown aims to build a portfolio of studies that assess multiple outcomes across the continuum of care, and that include attention to success stories as well as areas where progress was not made, and analyse the reasons why. Countdown case studies are led by in-country institutions that are independent of RMNCH program implementation.

Over 30% of Malawi’s population lives in severe poverty, yet it is one of only a few countries in sub-Saharan Africa on track to achieve MDG 4 by reducing under-5 mortality by two-thirds between 1990 and 2015. A team of national and international researchers, led by the Malawi National Statistical Office, conducted an in-depth Countdown Country Case Study to better understand Malawi’s successes and challenges in improving health and development among women and children. The study’s findings, being prepared for publication in 2015, are summarised in this brief.
FOCUS ON NEWBORN SURVIVAL HAS INCREASED, BUT MORE EFFORT IS NEEDED

Newborns account for 38% of under-5 deaths (2010), but attention to newborn health only intensified after 2005, and donor support has been insufficient. Coverage has increased for many key childbirth interventions; the Every Newborn Action Plan aims for universal coverage of high-quality care for mothers and newborns.

SOURCES
Funding: Countdown ODA database

DONOR FUNDS GOING TO MNCH PROJECTS MENTIONING OR BENEFITING NEWBORNS (US$ MILLIONS)

COVERED: CARE AROUND CHILDBIRTH

SOURCES
Donor funds going to MNCH projects mentioning or benefiting newborns (US$ millions)

MALAWI ACHIEVED EQUITABLE INCREASES IN COVERAGE FOR MANY ESSENTIAL SERVICES

The rural poor have not been left behind as national mortality and coverage indicators improved, and equity gaps have narrowed for some key interventions.

SOURCES
DHS 2000 & 2010, MDG Endline Survey 2014

HOW MALAWI SAVED HUNDREDS OF THOUSANDS OF CHILDREN’S LIVES

In the period from 2000 through 2013, an estimated 280,000 child deaths were prevented through scale-up of high-impact child health interventions. The annual number of under-5 deaths was cut by more than half, from an estimated 103,000 in 1990 to 41,000 in 2013.

SOURCES
Estimated annual deaths: UN Inter-agency Group for Child Mortality Estimation
Estimated deaths averted: Lives Saved Tool (LiST) estimates (see published paper for strengths/limitations of LiST analyses)

ESTIMATED UNDER-5 DEATHS AVERTED THROUGH HEALTH INTERVENTIONS, YEAR 2013: (TOTAL 40,400)

Each square represents 100 child lives saved.

INTENSIFIED EFFORT IS NEEDED TO BUILD ON MALAWI’S ACHIEVEMENTS

Malawi’s success in reaching the MDG 4 child mortality target was founded on several key factors. Malawi was an early adopter of evidence-based policies, enabling equitable increases in access to and quality of essential health services. It took concerted action to strengthen its health system, increase the number of health workers, and conduct regular surveys to generate evidence for action. It vigorously addressed HIV and undernutrition as major causes of child mortality and illness. But a great deal of important work remains to be done.

Key actions needed to build on Malawi’s successes:

- Improve newborn survival by achieving universal access to high-quality care at birth, including for small and sick babies
- Take action to eliminate the unmet need for family planning and increase coverage for treatment of childhood illnesses
- Develop effective strategies to close remaining equity gaps and address lower coverage and higher mortality in the Southern region
- Deliver on the Government’s commitment in the Abuja Declaration of 2001 to allocate at least 15% of total government spending to health
- Address remaining health system constraints, strengthen the supply chain for essential medicines, and train and deploy more skilled health workers
- Coordinate and harmonize implementation strategies across communities and health facilities, benefiting from lessons learned in best-performing districts