Outline

- Steps for effective global monitoring
- Overview of what Countdown monitors
- Data sources
- Countdown profiles
Effective global monitoring requires quality at each step

Global Reporting
- Reports, profiles, websites etc.

Analysis
- UN Agencies, Interagency Groups, Research groups etc.

Compilation and Quality Assurance
(Maintenance of global databases)
- UN Agencies, Interagency Groups

Data Collection
Household surveys for coverage indicators
What does the Countdown monitor?

• Progress in coverage for critical interventions across reproductive, maternal, newborn & child health continuum of care
• Health Systems and Policies – important context for assessing coverage gains
• Financial flows to reproductive, maternal, newborn and child health
• Equity in intervention coverage
Selection of coverage indicators

- Indicators selected using objective criteria:
  - Clear evidence of direct impact on child, newborn and maternal survival
  - Easily understood by policy makers/program managers
  - Harmonized with other monitoring efforts (e.g. MDGs, COIA etc)
Sources of data

• Global monitoring requires standardized data that allows for comparisons between countries and over time

• Population based household surveys
  • UNICEF-supported MICS
  • USAID-supported DHS
  • Other national-level household surveys (MIS, RHS and others)
  • Provide disaggregated data - by household wealth, urban-rural residence, gender, educational attainment and geographic location

• Interagency adjusted estimates
  U5MR, MMR, immunization, water/sanitation

• Other data sources (e.g. administrative data, country reports on policy and systems indicators, country health accounts, and global reporting on external resource flows etc.)
Most recent data sources for Countdown countries: MICS, DHS, other national surveys

Based on data for Skilled Attendance at Birth
Data compilation

- Countdown data compiled from a wide range of sources
- **Coverage data** largely from UNICEF global databases
  - UNICEF global databases updated annually using rigorous data quality review procedures ([www.childinfo.org](http://www.childinfo.org))
- **Data on policies and systems** from WHO, ILO, OECD and other organizations
- **Equity data** - analysis by Pelotas University (Brazil) based on data from MICS and DHS
Country Profiles

- Central part of Countdown monitoring effort
- Brings together latest coverage data and other key information (e.g. policies) in one reference document
- Presents current situation and rate of progress
- Highlights gaps and areas needing attention

- 2 page profiles – every 2 years (2012 Report)
- 1 page profile – focusing in COIA indicators (2013 Report)
**Accountability for Maternal, Newborn & Child Survival**

The 2013 Update

**Malawi**

**Countdown to 2015**

Maternal, Newborn & Child Survival

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**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2000</th>
<th>2005</th>
<th>2010</th>
<th>2011</th>
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<tbody>
<tr>
<td>Births</td>
<td>3,585</td>
<td>3,582</td>
<td>3,580</td>
<td>3,577</td>
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<tr>
<td>Total deaths</td>
<td>35</td>
<td>31</td>
<td>34</td>
<td>32</td>
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<tr>
<td>Maternal mortality rate (per 1,000 live births)</td>
<td>71</td>
<td>61</td>
<td>51</td>
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<tr>
<td>Maternal mortality ratio (deaths per 100,000 live births)</td>
<td>113</td>
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**Under-five mortality rate**

<table>
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<tr>
<th>Year</th>
<th>Rate per 1,000 live births</th>
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<tr>
<td>2000</td>
<td>109</td>
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<tr>
<td>2005</td>
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<td>2011</td>
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**MATERNAL AND NEWBORN HEALTH**

**Skilled attendant at delivery**

<table>
<thead>
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<tr>
<td>Rate</td>
<td>55</td>
<td>54</td>
<td>53</td>
<td>52</td>
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**Prevention of mother-to-child transmission of HIV**

<table>
<thead>
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<tbody>
<tr>
<td>Rate</td>
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<td>24</td>
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**EQUITY**

**Socioeconomic inequities in coverage**

<table>
<thead>
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<th>Indicator</th>
<th>Quintile 1</th>
<th>Quintile 5</th>
<th>Quintile 3</th>
<th>Quintile 4</th>
<th>Quintile 2</th>
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<tbody>
<tr>
<td>Infant mortality rate</td>
<td>61</td>
<td>75</td>
<td>68</td>
<td>59</td>
<td>63</td>
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**CHILD HEALTH**

**Immunization**

<table>
<thead>
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<th>2011</th>
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<tbody>
<tr>
<td>Rate</td>
<td>84</td>
<td>87</td>
<td>88</td>
<td>89</td>
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**Pneumonia treatment**

<table>
<thead>
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<th>2010</th>
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<tbody>
<tr>
<td>Rate</td>
<td>24</td>
<td>30</td>
<td>32</td>
<td>36</td>
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**NUTRITION**

**Excessive breastfeeding**

<table>
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<th>2010</th>
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<tbody>
<tr>
<td>Rate</td>
<td>24</td>
<td>30</td>
<td>32</td>
<td>36</td>
</tr>
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</table>
Profiles can start to answer the following questions:

- Are trends in mortality and nutritional status moving in the right direction?
- What are the leading causes of death and what are the associated intervention coverage rates?
- Are trends in intervention coverage moving in the right direction towards universal coverage?
- Are there gaps in coverage for specific interventions?
- How equitable is coverage?
- Are the correct policies in place to support coverage gains?
- Are resources adequate?
Additional data/information

- [www.countdownto2015mnch.org](http://www.countdownto2015mnch.org) - Equity – other disparities
- [www.childinfo.org](http://www.childinfo.org) and other publically available data
- Further mine HH surveys
- Other sources of data available at country level – other surveys, HMIS etc.

Use best evidence available
Types of indicators require different sources

In general, in most countries CD focuses on:

• Outcome/coverage indicators
  – mostly from population based HH surveys
  – 3 to 5 years

• Process indicators
  – mostly routine systems
  – quarterly
Sub-National Profiles
Countdown profile can be a very powerful tool to be used at the start of the CD process at country level for highlighting successes and identifying areas needing more attention.

- Can be updated/adjusted to suit the needs at country level.
- Use best evidence available!

Conclusion
Thank you