Countdown to 2015: Conclusions and New Beginnings

Findings and lessons learned from global and country-level analyses

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On behalf of Countdown

Mexico City, Mexico
21 October 2015
“We commit ourselves to convening a series of meetings, every 2 years, … to take stock of progress in preventing child deaths, and to hold countries and their partners accountable.”
Countdown reports, 2005-2015

www.countdown2015mnch.org
Focus on coverage

Summary impact model guiding Countdown work

Supportive environments

Policy & systems

Health system strengthening

Financing

Increased and equitable intervention coverage

Pre-natal and postnatal care

Equity

Increased survival and improved health and nutrition for women and children

Increased and equity intervention coverage

Political, economic, social, technological and environmental factors
Coverage
INTERVENTION COVERAGE ALONG THE CONTINUUM OF CARE

Median national coverage (%) of select interventions in 75 Countdown countries, based on the most recent survey 2009 or later.
Over half of interventions fail to reach 1 in 3 women and children.

Main gaps are around the time of birth and for disease management.
Highly funded interventions such as vaccines and those against HIV and malaria show that rapid progress is possible.

<table>
<thead>
<tr>
<th>Indicator for which trend data are available</th>
<th>No. of countries with data</th>
<th>Median coverage (%)</th>
<th>Change (pps)</th>
<th>Proportion of gap closed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hib3 immunization A</td>
<td>13</td>
<td>84</td>
<td>95</td>
<td>11</td>
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<tr>
<td>DTP3 immunization A</td>
<td>74</td>
<td>77</td>
<td>88</td>
<td>11</td>
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<tr>
<td>First dose Measles immunization A</td>
<td>71</td>
<td>76</td>
<td>85</td>
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<tr>
<td>First line antimalarial treatment B</td>
<td>21</td>
<td>8</td>
<td>43</td>
<td>35</td>
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<tr>
<td>Antenatal care (≥ 1 visit)</td>
<td>63</td>
<td>85</td>
<td>90</td>
<td>6</td>
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<tr>
<td>Children sleeping under ITNs B</td>
<td>38</td>
<td>16</td>
<td>40</td>
<td>24</td>
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<td>Vitamin A supplementation (2 doses)</td>
<td>47</td>
<td>86</td>
<td>90</td>
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<td>Improved drinking water sources C</td>
<td>73</td>
<td>73</td>
<td>79</td>
<td>6</td>
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<td>Demand for fam. planning satisfied</td>
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<td>54</td>
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<td>Skilled attendant at delivery</td>
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<td>IPTp for malaria during pregnancy B</td>
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<td>Exclusive breastfeeding (&lt;6 months)</td>
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<td>Careseeking for pneumonia</td>
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<td>Antenatal care (4+ visits)</td>
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<td>Oral rehydration salts (ORS) treatment</td>
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<tr>
<td>Oral rehydration therapy (ORT) with continued feeding</td>
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<tr>
<td>Improved sanitation facilities C</td>
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<td>38</td>
<td>42</td>
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<td>Zinc</td>
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Equity
Countdown analyses identified important inequities wherever, whenever and in whatever way we looked for them.
But many countries made real progress in reducing coverage inequalities.

Reducing coverage inequalities is possible through targeting the poorest women and children

Composite Coverage Index score for the five countries with biggest reduction in Composite Coverage Index inequality since 2000, by wealth quintile and in order of magnitude in reducing inequality

- Poorest quintile
- Quintile 2
- Quintile 3
- Quintile 4
- Richest quintile

Source: Re-analysis of Demographic and Health Survey and Multiple Indicator Cluster Survey data sets at the International Center for Equity in Health at the Federal University of Pelotas.
And at global level, the gap in coverage between rich and poor is narrowing.
Health systems and policies
RMNCH supportive policies are increasingly being adopted by countries.
In-depth Countdown case-studies in nine countries document important progress in policy and systems related to RMNCH, but important challenges persist.
Financing
Global funding for RMNCH has increased markedly with the MDGs.

But some areas remain better funded than others.

Over 2003–13 ODA+ to health nearly tripled among all recipients and more than tripled in the Countdown countries

Change in ODA+ to health from all donors, 2003–2013 (2013 $ billions)

Source: Organisation for Economic Co-operation and Development–Development Assistance Committee Creditor Reporting System and Aid Activities Database.
There is marked variability in the amount of ODA received by country.

But it is unclear how such choices are made.
Data availability has markedly increased.

But important gaps remain, such as maternal mortality, stillbirths and quality of care.
• Many Countdown countries made important progress in coverage, equity, systems and policies, and financing.
• More importantly, rates of progress accelerated over time.
• Yet, of the 75 CD countries, only 25 will reach MDG4 and 6 will reach MDG5
• Much more needs to be done!
Upping the ante: the SDGs

1. No Poverty
2. No Hunger
3. Good Health
4. Quality Education
5. Gender Equality
6. Clean Water and Sanitation
7. Clean Energy
8. Good Jobs and Economic Growth
9. Innovation and Infrastructure
10. Reduced Inequalities
11. Sustainable Cities and Communities
12. Responsible Consumption
13. Protect the Planet
14. Life Below Water
15. Life on Land
16. Peace and Justice
17. Partnerships for the Goals

The Global Goals
Monitoring the SDGs: main challenges

• Need to retain focus on RMNCH
• Need for an independent monitoring and accountability mechanism with multiple stakeholders, nationally and internationally
• Need to invest in measurement
• Need to disaggregate data for monitoring inequalities
17.18 Data, monitoring and accountability

“to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location...”