



Countdown to 2015

Maternal, Newborn & Child Survival



COUNTDOWN TO 2015
DECADE REPORT (2000–2010)

with country profiles

Taking stock of maternal, newborn and child survival

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Countdown to 2015: key messages for 2010

- The *Countdown* report for 2010 contains good news—many countries are making progress, reducing mortality and increasing coverage of effective health interventions at an accelerating pace.
- But the news is not all good. Many *Countdown* countries are still off track for achieving Millennium Development Goals 4 (reduce child mortality) and 5 (improve maternal health), and are not increasing coverage of key health interventions quickly enough.
- *Countdown* countries in Sub-Saharan Africa are especially far behind, although a few have shown improvements.
- The vast majority of maternal and child deaths are preventable, but unacceptably large numbers of women, newborns and children are still dying each year in *Countdown* countries, where at least 95% of all maternal and child deaths occur. A growing proportion of child deaths occur in the first four weeks of life.
- Poorly functioning health infrastructure, inadequate numbers of health workers, slow adoption of evidence-based health policies and insufficient focus on quality of care are holding back progress in many countries.
- Skilled care at birth, including emergency care for mothers and newborns, is critical to achieving Millennium Development Goals 4 and 5: about 2 million lives a year are lost to complications occurring during labour and childbirth.
- Pneumonia and diarrhoea remain the largest killers of children after the newborn period. Undernutrition contributes to more than one-third of child deaths.
- Some *Countdown* countries are doing better at reaching the most disadvantaged women and children, but profound inequities in coverage and health outcomes—both between and within countries—must be confronted and overcome.
- Countries should aggressively pursue policies to make health services available and affordable for all, by making services free at the point of delivery and exploring innovative financing strategies.
- Funding is increasing for maternal and child health, but at too slow a pace, and funding for family planning has declined.
- Millennium Development Goals 4 and 5 are still achievable by 2015—but only a dramatic acceleration of political commitment and financial investment can make it happen.





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Abbreviations

BCG	Bacille Calmette-Guérin
DPT	diphtheria and tetanus with pertussis
GDP	gross domestic product
HIV/AIDS	human immunodeficiency virus/acquired immune deficiency syndrome
MDG	Millennium Development Goal
ODA	official development assistance
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Countdown headlines for 2010: saving the lives of the world's women, newborns and children



Survival status

Millennium Development Goal 4—reduce child mortality

- Good news: 19 of the 68 *Countdown* countries are on track to achieve Millennium Development Goal (MDG) 4.
 - 17 countries have reduced child mortality by at least half.
 - 47 countries have accelerated their progress on child mortality since 2000.
- Much work remains: 49 *Countdown* countries are not on track to achieve MDG4.
 - 12 countries (including some currently on track) have seen their progress slow since 2000.
- Death and illness:
 - Globally 8.8 million children a year die before their fifth birthday, more than 40% of them during their first four weeks of life. At least two-thirds of all child deaths are preventable.
 - Pneumonia and diarrhoea remain the largest killers of children after the newborn period.
 - Undernutrition contributes to more than 1 in 3 child deaths.

Millennium Development Goal 5—improve maternal health

- Good news: new studies suggest that some progress is being made on reducing maternal mortality.
- Much work remains: both globally and in most *Countdown* countries, progress is insufficient to achieve MDG 5, particularly in Sub-Saharan Africa. Urgent action is needed to scale up proven interventions to improve reproductive and maternal health.

- Death and illness:
 - An unacceptable number of women die in pregnancy and childbirth each year. For every woman who dies, at least 20 others suffer injuries, infection and disability. Almost all maternal deaths are preventable.
 - Most maternal deaths occur during childbirth and in the immediate postnatal period, which is also when most stillbirths and newborn deaths occur.
 - The leading cause of maternal deaths remains postpartum haemorrhage, largely preventable through skilled care during childbirth.

Coverage gains and gaps

- Progress is inconsistent: progress on coverage of lifesaving interventions across the continuum of care is uneven.
 - Some interventions delivered routinely through outreach or scheduled in advance (such as vaccinations and vitamin A supplementation) have achieved and sustained high coverage.
 - Interventions that must be provided in response to acute need (such as treatment of childhood illnesses and caesarean sections) show little progress.
 - Relatively new interventions that have received attention and resources, such as insecticide-treated nets and prevention of mother-to-child transmission of HIV, show rapid gains.
- Skilled care during childbirth: all women and newborns need access to a skilled attendant at birth, but overall coverage across the *Countdown* countries remains insufficient and uneven.
 - 10 countries showed coverage gains of more than 10 percentage points since 1990, and 3 countries—Burkina Faso,

Pakistan and Rwanda—had gains of more than 20 percentage points from around 2000 to around 2008.

- 11 countries have shown no progress in coverage since 1990.
- Family planning: wide disparities in coverage of family planning services across and within countries represent a missed opportunity to improve the health of women and young children.
- More information is needed: higher coverage is critical, but saving lives also depends on the quality of care. More information is needed on what care is actually provided during antenatal, childbirth and postnatal contacts.

Health systems and policies

- Health workers: 53 of the 68 *Countdown* countries are experiencing acute shortages of doctors, nurses and midwives. Overcoming these shortages and addressing the unequal distribution of health workers within countries require focused investment in training, deployment and retention.
- Financial barriers to access: the high proportion of health service costs paid out of pocket in nearly all *Countdown* countries puts families at risk of financial catastrophe. Making services free at the point of delivery helps increase utilization: financing mechanisms such as pre-payment and risk pooling can help make health services available and affordable for all.
- Improving access and quality of care:

recommended policies for increasing access to quality care is still too low.

Closing the equity gap

- Inequities in access: coverage rates are substantially higher among women and children in better-off families than in poor families.
- The poor and excluded: high national coverage levels do not always indicate progress in reaching the poorest and most vulnerable women and children. Guatemala and Zambia, for example, have similar levels of overall coverage for a subset of proven maternal, newborn and child health interventions, but more women and children from the poorest families receive these services in Zambia than in Guatemala.
- Further research needed: countries with smaller gaps between rich and poor—including Bangladesh, Brazil, Egypt, Swaziland and Zambia—may provide models for reducing inequities through greater political commitment, specific targeting of low-income groups, redirecting of human resources and other strategies.
- Service provision: disparities are larger for services provided in health facilities (such as delivery care) than for those delivered at the community level (such as vaccines).

Closing the funding gap

- Financing the gap: preliminary estimates show that considerable additional funding and greater political commitment to maternal, newborn and child health are

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