

Building a future for women and children

Countdown to 2015: Maternal, Newborn and Child Survival is a unique initiative in the global health landscape. Conceived in 2003 by *The Lancet* Child Survival Series team,¹ Countdown includes academics, governments, representatives of multilateral and bilateral agencies, professional associations, non-governmental organisations, and other members of civil society who share the common goal of increasing accountability for progress towards the fourth and fifth Millennium Development Goals (MDGs). The fourth report of Countdown will be launched on June 13, 2012, at the Child Survival Call to Action, following previous successful reports launched at events in London (2005), Cape Town (2008), and Washington (2010).²⁻⁵

Countdown is the product of a realisation that existing cost-effective interventions could save the lives of millions of women and children if delivered at scale. At its heart is the use of vetted and internationally comparable data to show, in graphic form, levels of coverage of proven and effective interventions for the 75 countries where more than 95% of all maternal and child deaths occur, the Countdown countries. Countdown also tracks health policies and systems indicators as well as financial flows relevant to the achievement of MDG 4 and MDG 5. Its diverse mix of partners allows Countdown to produce cross-cutting analyses of factors associated with progress for the purpose of engaging with policy makers and civil society, especially in the Countdown countries. A particular focus is on equity, and Countdown has established a comprehensive database of intervention coverage according to wealth quintiles and other stratification variables within Countdown countries.

The 2012 report shows that substantial progress has been made since 1990. As of 2010, the number of maternal deaths has declined by almost half and the number of child deaths has declined by over a third. But this reduction is not enough, relative to what can be achieved. Progress in most Countdown countries still falls short of the rate of decline required to reach MDG 4 and MDG 5, unless progress is greatly accelerated in the next 3 years.

Countdown focuses on tracking coverage of life-saving interventions. Here as well, progress has

been mixed. A few countries, such as Bangladesh, have made consistent gains in coverage for several interventions across the continuum of care, and are on track to achieve both MDG 4 and MDG 5. In most countries, however, progress is patchy. High coverage levels for vaccines (over 80% on average across all Countdown countries) and rapid progress in distribution of insecticide-treated bednets show what is possible with substantial political commitment and financial resources. Progress is much slower for skilled attendance at birth and case-management interventions that require a strong health system. A similar pattern is evident when inequities in coverage are examined: relatively small inequalities for interventions delivered through outreach or at community level, by contrast with large inequalities for those requiring access to health facilities or hospital. New approaches are needed that improve the quality of services, bring services closer to home, and expand access to essential care. Furthermore, to achieve coverage gains, countries must increase the volume of services provided at a faster pace than population growth—Nigeria, a country experiencing rapid population growth in the past two decades, has doubled the number of births with skilled attendants since 1990, but increased coverage by only 8%.

Countdown recognises that supportive policies, adequate financing, and sufficient human resources are essential. Progress is being made in terms of country

For more on Countdown to 2015 see <http://www.countdown2015mnch.org>



adoption of essential policies, such as task shifting for obstetric care and case management of child illnesses, but many countries have yet to adopt such innovations. Official development assistance for maternal, newborn, and child health has increased steadily over the past decade, but the rate of increase is now lower than in recent years.

The broader context also matters: countries with wars or internal conflicts have lower coverage, higher inequities, and higher mortality. Providing access to education, expanding opportunities for girls and women, reducing poverty and inequalities, and respecting human rights can all contribute to improving health and reducing mortality.

The visible face of Countdown includes international and country-level conferences, country profiles, scientific articles, reports, and its new web page. The initiative's greatest contribution is to assemble data from many sources about coverage of proven interventions for improving the survival of mothers and their children, and to produce and disseminate new analyses of these data to draw attention to success stories and continuing needs. Countdown has earned high visibility, and is a key driver of current international initiatives towards increasing accountability at all levels. The 2012 report highlights Countdown's response to the recommendations of the Commission on Information and Accountability for Women's and Children's Health,⁶ with an emphasis on tracking resources and results, and showcasing inequalities in health through stratified analyses within countries. The 2012 Countdown report will be a key resource for the report that the independent Expert Review Group will present to the UN Secretary General in September, 2012.

Countdown has developed over time, and will continue to do so in response to new evidence about effective interventions and implementation strategies, improvements in measurement, and needs on the ground. From an initial focus on child survival, its scope has expanded to include the continuum of care for reproductive, maternal, newborn, and child

health. Newborn health has gained visibility with the incorporation of stillbirth rates and a focus on preterm births, since deaths in the first month of life account for a growing proportion of all child deaths. Future directions include greater emphasis on cross-cutting analyses on determinants of health, greater emphasis on country-level Countdown conferences for data dissemination and feedback, and increased attention to quality of care, rather than simply tracking coverage.

There are only 3 years left until 2015, and clearly some countries will fall short of reaching the MDGs. This shortfall is no reason to give up. Lessons learned in the battle to achieve the MDGs will serve to shape not only the agenda after 2015, but also to propose mechanisms for achieving progress. Continued uncertainty about global economic conditions illustrates the need for increased efforts to sustain and even increase momentum towards 2015.

When the MDGs were agreed on in 2000, there was a conspicuous absence of informed discussion about how they would be achieved. The experience gained since then, in which Countdown has been a key player, will contribute to the design not only of better targets, but also of effective strategies for achieving such goals and improved approaches for monitoring and accountability.

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