Fulfilling the Health Agenda for Women and Children

The 2014 Report

Countdown to 2015
Maternal, Newborn & Child Survival

www.countdown2015mnch.org
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Countdown headlines for 2014

Real progress has been achieved.

- The median annual rate of reduction in under-5 mortality in the Countdown countries doubled over 2000–2012 compared with 1990–2000, and child deaths have been almost halved since 1990.

- Three-quarters of Countdown countries reduced maternal mortality faster in 2000–2013 than in the 1990s.

- Median national coverage is 75% or higher for several key interventions (at least one antenatal care visit with skilled health personnel, vitamin A supplementation, immunizations and improved source for drinking water).

- Rapid advances in coverage for malaria interventions show the impact of advocacy, investment and sustained effort and provide a model (and a challenge) for lagging interventions.

- High coverage has been reached among the wealthy populations in many Countdown countries. Similar levels can be achieved across the whole population. Countries that have closed the equity gap provide a model of success.

- Countdown countries continue to expand adoption of key policies that support improved coverage and quality of reproductive, maternal, newborn and child health interventions.

- Total per capita health expenditure in the Countdown countries grew more than 10% between 2010 and 2012.

- More than 75% of Countdown countries conducted a nationally representative household survey between 2008 and 2012. Before 2000 few countries had survey data available.

But substantial business remains unfinished.

- Fewer than half of Countdown countries will achieve Millennium Development Goal (MDG) 4, and very few will achieve MDG 5.

- Half of Countdown countries still have a high maternal mortality ratio (300–499 deaths per 100,000 live births), and 16 countries—all of them in Africa—have a very high maternal mortality ratio (500 or more deaths per 100,000 live births).

- Progress in reducing preventable newborn deaths is much slower than progress in reducing deaths among children under age 5 in many Countdown countries. Most newborn deaths occur on the day of birth from intrapartum events, infections or preterm birth complications.

- Preventable and treatable infectious diseases such as pneumonia and diarrhoea remain the leading causes of child deaths, and coverage of treatment interventions remains low in most Countdown countries.

- Nearly half of child deaths are attributable to undernutrition. In 42 of the 62 Countdown countries with available data, more than 30% of children are stunted. Poor nutrition also harms women’s health and increases women’s risk of experiencing a stillbirth or delivering a low-birthweight baby.

- Severe health workforce shortages limit countries’ ability to provide high-quality care to women and children. Only seven Countdown countries report having enough skilled health professionals to achieve high coverage of essential interventions.

- Not one Countdown country has adopted all 10 “tracer” policies that support delivery of proven
- Interventions across the reproductive, maternal, newborn and child health continuum of care.

- Official development assistance for maternal, newborn and child health in the Countdown countries decreased slightly between 2010 and 2011, driven by a 3% reduction in child health aid. Official development assistance for family planning grew substantially in 2011 but remains low. The amount of aid varies widely across countries and is not always proportional to need.

- Only eight Countdown countries reported recent data on all coverage indicators recommended by the Commission on Information and Accountability for Women’s and Children’s Health. Half of Countdown countries reported new data from 2011–2012 on only one recommended indicator.

Inequities—between and within countries—mean that too many women and children are being left behind.

- Even for interventions with high coverage in most Countdown countries, such as immunizations, some countries reach less than half of their population of women and children.

- Across Countdown countries coverage for key interventions along the continuum of care is much higher for the wealthy than for the poor. Stunting is, on average, 2.5 times higher among poor children than among children from wealthier families.

Concerted, emphatic action is needed now to save lives and accelerate progress.

- The next 18 months are critical for accelerating progress towards the MDG targets and for ensuring that work to achieve the next set of goals begins right now.

- Sustainable development requires intensified support to countries that do not achieve the health MDGs and continued effort by and with countries that have.

- Action on improving nutrition and coverage of effective interventions for all population groups in order to end preventable maternal and child deaths must not wait for the post-2015 targets to be finalized. These goals are crucial to any global agenda, and delays in pursuing them are unacceptable and unconscionable.

- Increasing access to high-quality, skilled care around the time of birth will reduce maternal deaths, stillbirths and newborn deaths. Investment in water and sanitation programmes and strategies to increase coverage of treatment interventions for pneumonia and diarrhoea will help end the huge toll of deaths from these two leading killers of children.

- Greater efforts are needed to help countries facing rapid population growth develop innovative approaches, including plans to increase health workforce production, deployment and retention, in order to reach all women and children with essential services.

- We must all act to protect families, women and children from the destructive health impact of war and civil conflict and to help countries rebuild once conflict subsides.

- Countries and their partners must invest in collecting and reporting health data that are fit for purpose, reliable, representative, timely and able to be disaggregated for subnational equity analyses.
Introduction: unfinished business, achievable goals

At the dawn of this new century, the countries of the world agreed on a set of Millennium Development Goals (MDGs)—ambitious and inspired statements of our global commitment to end extreme poverty and meet the needs of the world’s poorest. Improving women’s and children’s health and well-being—and in particular dramatically reducing millions of their preventable and needless deaths—stood at the centre of the framework, as the fourth and fifth of the eight MDGs. The deadline for achieving the goals was set for the end of 2015—exactly 18 months from today.

When that deadline arrives, we will not have achieved the goals related to maternal and child health. Fewer than half of the 75 Countdown countries are likely to have succeeded in reducing child mortality by two-thirds from 1990 levels (MDG Target 4.A), only a small fraction will have cut maternal death by three-quarters (MDG Target 5.A), and we will still be far from ensuring universal access to reproductive health (MDG Target 5.B).

This report highlights important progress in many countries and on many pressing health challenges. At the global level, over the 25-year measurement span of the MDGs, maternal and child deaths will have been almost halved. Dramatic progress on HIV interventions, vaccinations and distribution of insecticide-treated nets will have demonstrated the compelling power of high-level commitment, plentiful and consistent funding, and a focus on evidence-based programming to effect dramatic, life-saving change.

The end of 2015 will inaugurate a new era in global health. We will enter that new era with unfinished business that can and must be addressed. As we move forward, setting new goals and establishing new accountability structures, we must renew and redouble our efforts in key areas where progress has been slowest:

- Meeting the vast unmet need for contraception, so that women and families can better control their fertility and their lives.
- Ensuring that there are enough adequately trained health care workers equipped with the supplies needed to provide high-quality care before, during and after pregnancy to make pregnancy and childbirth safer for both mother and baby.
- Improving maternal and newborn survival, including reducing preterm births and stillbirths, by investing in care on the day of birth when the risk of mortality is highest.
- Addressing the infectious diseases, especially pneumonia and diarrhoea, that needlessly kill millions of children because they do not have access to effective treatments, appropriate nutrition, safe water and adequate sanitation facilities.
- Confronting the huge burden of undernutrition that retards both the growth and the life opportunities of far too many children and adolescents in the majority of Countdown countries, where more than 30% of children are stunted.

Underlying each of these issues is the harsh reality of many millions of women and children who are being left behind. Overcoming the huge inequities in access to high-quality health care is fundamental to success or failure in meeting the health targets—both pre- and post-2015—that we set for ourselves. Succeeding “on average” too often means failing to reach millions of poor and other disadvantaged women, children and families. Focused, evidence-based health policies and programmes must be targeted to the unreached. The task in front of us is not just about easy wins or low-hanging fruit. It is about the hard work of fulfilling every woman’s and child’s fundamental right to the highest attainable standard of health.
Today, countries, their development partners and advocates are hard at work building consensus around a new set of objectives, with targets set a generation away. But we have not yet reached the end of 2015. Over the next 18 months we must use available data to drive emphatic, concerted action and sprint to the MDG finish line. A child dies every five seconds; a woman dies in pregnancy or childbirth every two minutes. Our efforts, right now, will save lives today and tomorrow, not just in 10 or 20 years. And a strong and determined run up to 2015 will put countries on a path to success in achieving the next set of goals and making life better for women and children everywhere.

Economic development is a central focus of emerging accountability frameworks. But economic growth will not, on its own, result in lifesaving health care for all. It must be coupled with a core focus on health. Addressing pressing health challenges—in countries that often face a complex mix of climate change, population growth, civil conflict, gender discrimination, high HIV prevalence and other issues—is one of the most effective ways of building human capital and enabling equitable, sustainable economic development.

We face a unique challenge, a compelling opportunity and a pressing obligation to end the heavy toll of millions of preventable women’s and children’s deaths. We can achieve this, but it will not happen on its own. We, as Countdown, challenge ourselves and the global reproductive, maternal, newborn and child health community to make the remaining days in the MDG era and the years beyond 2015 count for women and children. There must be continued, even increased, accelerations in coverage for lifesaving interventions and in improving nutrition and making family planning universally available. Coverage must be more equitable. And there must be greater commitment to data evolution that results in more and better data and data use for improving programmes.

These targets do not need to wait for validation through the language of the sustainable development goals—they are a necessary part of any global agenda, and delays are unconscionable. Without consistent commitment and collaborative efforts, built on a strong foundation of evidence, the next generation of women and children will be saddled with the same crippling burden of illness and loss that we face today. Every country can improve women’s and children’s health and reduce preventable deaths. Countdown will continue to track progress towards these immutable targets at the country level and will hold fast to the principle of accountability by all for the health and development of women and children. With this report, Countdown begins the next stage of its work, enabling that progress by spotlighting the successes, the gaps, the programmatic innovations, the inequities and the lessons learned along the way.
**Countdown: The 2014 Report**

*Countdown to 2015* is a global movement to track, stimulate and support country progress towards the health-related Millennium Development Goals, particularly goals 4 (reduce child mortality) and 5 (improve maternal health). Established in 2003 by the Bellagio Study Group on Child Survival, *Countdown* is supra-institutional and includes academics, governments, international agencies, professional associations, donors, nongovernmental organizations and other members of civil society, with *The Lancet* as a key partner. *Countdown* focuses specifically on tracking coverage of a set of evidence-based interventions proven to reduce maternal, newborn and child mortality in the 75 countries where more than 95% of maternal and child deaths occur.

*Countdown* produces periodic publications, reports and other materials on key aspects of reproductive, maternal, newborn and child health, using data to hold stakeholders to account for global and national action. At the core of *Countdown* reporting are country profiles that present current evidence to assess country progress in improving reproductive, maternal, newborn and child health. The two-page profiles in this report are updated every two years and include key demographic, nutritional status and mortality statistics; coverage levels and trends for proven reproductive, maternal, newborn and child health interventions; and policy, health system, financial and equity indicators. *Countdown* also prepares one-page versions of the profiles showcasing the priority indicators defined by the Commission on Information and Accountability for Women’s and Children’s Health and equity-specific profiles for each of the 75 priority countries. More information on *Countdown* data sources and methods are included in annexes B–H and at www.countdown2015mnch.org.

This report begins with a summary of *Countdown* results for 2014 based on the data presented in the country profiles. Progress has been impressive in some areas, but unfinished business remains that must be prioritized in the post-2015 framework. The report then assesses the state of the data to support evidence-based decisions in women’s and children’s health. From there it goes on to describe elements of the *Countdown* process that might inform ongoing efforts to hold the world to account for progress. And finally the report lists concrete action steps that can be taken now to ensure continued progress for women and children in the years ahead.
Progress towards Millennium Development Goals 4 and 5

Improving maternal, newborn and child survival in the Countdown countries depends on our ability to work together effectively to reach women and children with essential interventions. Trends in maternal, newborn and child mortality and undernutrition are the bottom line for assessing the impact of global and country efforts to increase equitable coverage of interventions across the reproductive, maternal, newborn and child health continuum of care. This section reviews progress in the 75 countries towards the mortality targets for Millennium Development Goals (MDGs) 4 and 5 and in addressing undernutrition.

Progress in reducing mortality is accelerating—but not fast enough!

Child mortality in Countdown countries has declined substantially since 1990, paralleling a global drop from 12.6 million under-5 deaths in 1990 to 6.6 million in 2012. The median annual rate of reduction in under-5 mortality has increased in Countdown countries from 1.9% between 1990 and 1999 to 3.8% over 2000–2012 (table 1). But to achieve MDG 4, an annual rate of reduction of at least 4.4% over 1990–2015 was required, which few Countdown countries were able to reach and maintain. Only a minority of Countdown countries are on track to achieve MDG 4. However, 29 of the 75 Countdown countries achieved this high pace of progress over 2000–2012, an encouraging sign of what is possible. Approximately 18,000 children globally still die every day, the vast majority among disadvantaged population groups in Countdown countries. The leading causes of post-neonatal child deaths remain preventable infectious diseases—pneumonia, diarrhoea and malaria. Programmes that target these diseases need greater prioritization and sustained commitment.

Slower progress has been achieved in reducing newborn mortality, so the percentage of child deaths that occur in the first four weeks of life is rising. The median share of newborn deaths among under-5 deaths in Countdown countries is 39%, with a low of 26% in Niger and a high of 64% in Brazil (see table 1). Countdown countries that have rapidly reduced child mortality, such as Brazil, tend to show a growing proportion of deaths in the newborn period. The three leading causes of newborn deaths are intrapartum events, complications of preterm birth and sepsis, all of which can be significantly reduced through increased investment in the quality of care around the time of birth. Such investments can also reduce the staggering number of stillbirths each year (around 2.6 million), more than 90% of which occur in the Countdown countries.

Progress towards the maternal mortality target of MDG 5—reducing maternal mortality by three-quarters between 1990 and 2015—has been slower and is harder to measure than progress towards MDG 4. Very few Countdown countries will achieve MDG 5. The median annual rate of reduction in the 75 Countdown countries over 2000–2013 is 3.1%, with a low of –0.5% in Côte d’Ivoire (where the maternal mortality ratio actually increased) and a high of 8.6% in Rwanda (table 2). It is very good news that 56 Countdown countries saw maternal mortality decline faster over 2000–2013 than in the 1990s and that over 2000–2013, 11 countries saw an annual rate of reduction of 5.5% or higher—the rate needed over 1990–2015 to meet the MDG target.

However, the annual rate of reduction was less than 1% in four Countdown countries over the past decade, and 16 countries—all in Sub-Saharan Africa—still have a very high maternal mortality ratio (500 or more deaths per 100,000 live births). The median lifetime risk of a maternal death is 1 in 66 in the Countdown countries, with a low of 1 in 1,800 in Azerbaijan and China and a high of 1 in 15 in Chad. In comparison, the likelihood that an adult woman will die from maternal causes is 1 in 3,400 in high-income countries. The majority of maternal deaths occur during the intrapartum and immediate postpartum periods from preventable causes such
<table>
<thead>
<tr>
<th>Country</th>
<th>Under-five mortality rate</th>
<th>Average annual rate of reduction (%)</th>
<th>Share of under-5 deaths occurring in neonatal period (%)</th>
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<tr>
<td>Rwanda</td>
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(continued)
as haemorrhage, pre-eclampsia or eclampsia, and infection. Unsafe abortion also exacts a high toll of avoidable maternal deaths in the Countdown countries (box 1). Most maternal deaths can be averted by implementing programmes and policies that support women’s access to affordable and high-quality family planning, antenatal, delivery and postnatal care. Progress and gaps in intervention coverage across the Countdown countries are reviewed in the next section.
<table>
<thead>
<tr>
<th>Country</th>
<th>Deaths per 100,000 live births</th>
<th>Average annual rate of reduction (%)</th>
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<tbody>
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<td>Rwanda</td>
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<td>6.1 2.8 8.6</td>
</tr>
<tr>
<td>Cambodia</td>
<td>1,200 540 170</td>
<td>8.1 7.7 8.4</td>
</tr>
<tr>
<td>Lao People’s Democratic Republic</td>
<td>1,100 600 220</td>
<td>6.8 6.1 7.4</td>
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<tr>
<td>Equatorial Guinea</td>
<td>1,600 790 290</td>
<td>7.0 6.6 7.4</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>1,200 1,100 400</td>
<td>4.7 1.4 7.2</td>
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<tr>
<td>Ethiopia</td>
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</tr>
<tr>
<td>Nepal</td>
<td>790 430 190</td>
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</tr>
<tr>
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<td>3.6 0.4 6.0</td>
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</tr>
<tr>
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<td>3.5 1.7 4.8</td>
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<tr>
<td>India</td>
<td>560 370 190</td>
<td>4.5 4.1 4.7</td>
</tr>
<tr>
<td>Mozambique</td>
<td>1,300 870 480</td>
<td>4.3 4.1 4.5</td>
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<td>Myanmar</td>
<td>580 360 200</td>
<td>4.5 4.7 4.3</td>
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<td>Uganda</td>
<td>780 650 360</td>
<td>3.2 1.9 4.3</td>
</tr>
<tr>
<td>Eritrea</td>
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<td>6.2 8.7 4.2</td>
</tr>
<tr>
<td>Peru</td>
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<td>4.4 4.6 4.2</td>
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<tr>
<td>Liberia</td>
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<td>South Sudan</td>
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<td>3.8 3.6 4.0</td>
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<tr>
<td>Nigeria</td>
<td>1,200 950 560</td>
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<tr>
<td>Viet Nam</td>
<td>140 62 49</td>
<td>4.4 4.9 3.9</td>
</tr>
<tr>
<td>Swaziland</td>
<td>550 520 310</td>
<td>2.5 0.6 3.9</td>
</tr>
<tr>
<td>Morocco</td>
<td>310 200 120</td>
<td>4.1 4.3 3.9</td>
</tr>
<tr>
<td>Egypt</td>
<td>120 75 45</td>
<td>4.1 4.4 3.8</td>
</tr>
<tr>
<td>Indonesia</td>
<td>430 310 190</td>
<td>3.5 3.2 3.8</td>
</tr>
<tr>
<td>Pakistan</td>
<td>400 280 170</td>
<td>3.6 3.3 3.7</td>
</tr>
<tr>
<td>Bolivia (Plurinational State of)</td>
<td>510 330 200</td>
<td>4.0 4.5 3.6</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>320 210 130</td>
<td>3.8 4.1 3.6</td>
</tr>
<tr>
<td>Djibouti</td>
<td>400 360 230</td>
<td>2.4 1.2 3.4</td>
</tr>
<tr>
<td>Mali</td>
<td>1,100 860 550</td>
<td>3.1 2.7 3.4</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>470 340 220</td>
<td>3.3 3.2 3.4</td>
</tr>
<tr>
<td>Chad</td>
<td>1,700 1,500 980</td>
<td>2.3 1.0 3.2</td>
</tr>
<tr>
<td>Sudan</td>
<td>720 540 360</td>
<td>3.0 2.8 3.1</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>930 840 560</td>
<td>2.2 1.0 3.1</td>
</tr>
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<td>630 480 320</td>
<td>2.9 2.6 3.1</td>
</tr>
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<td>Senegal</td>
<td>530 480 320</td>
<td>2.2 1.1 3.0</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>1,000 1,100 730</td>
<td>1.5 –0.5 3.0</td>
</tr>
<tr>
<td>Ghana</td>
<td>760 570 380</td>
<td>2.9 2.8 3.0</td>
</tr>
<tr>
<td>Congo</td>
<td>670 610 410</td>
<td>2.1 1.0 3.0</td>
</tr>
<tr>
<td>Guinea</td>
<td>1,100 950 650</td>
<td>2.2 1.2 2.9</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>770 580 400</td>
<td>2.9 2.8 2.9</td>
</tr>
<tr>
<td>Malawi</td>
<td>1,100 750 510</td>
<td>3.2 3.7 2.8</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>520 680 470</td>
<td>0.4 –2.7 2.8</td>
</tr>
<tr>
<td>Benin</td>
<td>600 490 340</td>
<td>2.4 2.0 2.7</td>
</tr>
</tbody>
</table>

(continued)
About 22 million unsafe abortions occur each year, resulting in thousands of preventable maternal deaths and numerous women left with permanent disabilities.\(^1\) Three-quarters of these unsafe abortions, the vast majority of which occur in developing countries, could be averted through improved access to family planning services. Provision of safe abortion services (to the extent allowed by law) and post-abortion care in countries where safe abortion is legally restricted are also important measures for reducing unnecessary deaths and other complications.

Of the 74 Countdown countries with data for 2013, 30 have legislation permitting abortion to save a woman’s life, 4 have legislation permitting abortion to preserve physical health, 26 have legislation permitting abortion to preserve mental or physical health, 2 have legislation permitting abortion for economic or social reasons as well as to preserve a woman’s health and survival and 12 have legislation permitting abortion on request. Four countries also have legislation allowing abortion in cases of rape or incest, 3 in cases of foetal impairment and 25 in cases of rape, incest or foetal impairment.

Notes

1. WHO 2011.
Millennium Development Goal Target 1.C includes a focus on child undernutrition as an indicator for monitoring progress in eradicating poverty. The importance of ensuring good nutrition from adolescence through pregnancy and early childhood is being increasingly recognized as a priority for sustainable development. Poor nutrition status harms a woman’s own health and is a risk factor for intrauterine growth restriction and other poor obstetrical outcomes. Nearly half of all deaths among children under age 5—or about 3 million deaths a year—are attributable to undernutrition.

Wasting (low weight for height) affects at least 52 million children globally. It indicates acute food shortage or disease, and it sharply increases a young child’s risk of death. The median prevalence of wasting in the 61 Countdown countries with available data is 7%, with a low of 1% in Peru and a high of 23% in South Sudan. Childhood wasting prevalence exceeds 5%—the threshold set by the World Health Assembly in 2013 for countries to achieve by 2025—in 41 of these countries.

Stunting (inadequate length and height for age) is the most sensitive indicator of the quality of a child’s life. Stunting reflects insufficient or low quality diets, poor child care or infection. In 42 of the 62 Countdown countries with available data, 30% or more of children are stunted (figure 1).

Stunting is highly concentrated among the poor. On average across the Countdown countries, stunting prevalence is 2.5 times higher among the poorest wealth quintile than among the richest (figure 2). Stunting also tends to be more common in rural areas, in disadvantaged population groups and among boys.

Addressing high prevalence of wasting and stunting requires a comprehensive approach that includes nutrition-specific interventions for women and children, multisectoral efforts to combat food insecurity and improve women’s low social status, and increased access to safe water and sanitation facilities. Efforts to improve maternal and child nutrition, especially among those who are not now being reached, must be massively intensified to achieve the global target of reducing stunting prevalence 40% by 2025, set by the World Health Assembly in 2013. Recognition of the crucial role nutrition plays in child health and development, long-term health outcomes, human capital development and economic productivity has seen a welcome expansion in recent years (box 2).
FIGURE 2
On average across the Countdown countries, stunting prevalence is 2.5 times higher among the poorest wealth quintile than among the richest

Prevalence of stunting among children under age 5, wealthiest and poorest quintiles, various years (%)

Source: Demographic and Health Surveys and Multiple Indicator Cluster Surveys.
Good nutrition during the “first 1,000 days”—from the beginning of pregnancy to a child’s second birthday—is essential for ensuring a healthy start in life and avoiding early morbidity and mortality. It has also been long recognized that insults and illnesses in early life can cause chronic conditions that last into adulthood. Examples include cerebral palsy as a result of birth hypoxia, paralysis as a consequence of polio, deformities from congenital syphilis and chronic obstructive pulmonary diseases caused by frequent lower respiratory infections in childhood. Recent evidence reveals that the long-term consequences of poor health and undernutrition in early life go well beyond the specific effects of particular conditions.

The first 1,000 days play an important role in the development of several noncommunicable diseases among adults, including diabetes, obesity, hypertension and other cardiovascular diagnoses. They also represent a critical window for the acquisition of human capital, which includes adult height and lean body mass, performance on intelligence tests and school achievement, economic productivity and reproductive performance. Children who are undernourished are more likely to experience poor cognitive development and lower academic achievement. When combined with the shorter stature of adults who were malnourished in early life, poor cognitive development reduces earning potential after entry into the workforce. Girls who are undernourished are also at elevated risk of later entering pregnancy with short stature and low body mass index, increasing the likelihood they will deliver a low-birthweight baby, perpetuating an insidious cycle that entrenches families in poverty. Suboptimal breastfeeding practices are a major contributor to the risk of infectious diseases and may influence adult health, nutrition status and intelligence.

With the emerging evidence of the importance of preconception care and adolescent nutrition for reproductive health and outcomes, other windows of opportunity for intervention along the life course have become evident, but the importance of the first 1,000 days remains unparalleled.

Countdown monitors intervention coverage during pregnancy, the perinatal period and the first years of the child’s life (see figure 3 in the main report). Access to these interventions is important not only for short-term survival, but also for reducing morbidity and ensuring optimal nutrition. The recognition of this crucial 1,000-day window of opportunity connects the short-term benefits of these interventions with their long-term effects on health and human capital, thus linking the child survival agenda with the broader agenda of economic and social development.

Notes
2. UNICEF 2013a.
This section presents levels and trends in the Countdown coverage indicators, including measures of equity in coverage. Coverage refers to the proportion of a population in need of an intervention that actually receives it. Intervention coverage is closely related to maternal, newborn and child survival and nutrition. Increases in coverage suggest that countries are successfully implementing effective reproductive, maternal, newborn and child health policies and programmes; failure to increase coverage is a cause for urgent concern.

Countries with high coverage of a basket of key interventions, as measured by the Composite Coverage Index,\textsuperscript{21} tend to have lower child mortality, and countries with low coverage tend to have higher child mortality (figure 3). There is a strong correlation between the Composite Coverage Index and child mortality that remains strong even after adjusting for country GDP. The correlation supports Countdown’s focus on tracking intervention coverage as central to accountability and counters suggestions that money can save lives directly.\textsuperscript{22} Financial well-being and maternal education are both of great importance to child health, but their impact is achieved primarily through more proximate interventions that address the causes of ill health and death.

Figure 4 shows median national coverage for 21 interventions, using the most recent available data since 2008. It provides a snapshot of how well the Countdown countries are doing in reaching women and children with a core set of effective interventions that should be available to all (table 3 shows the number of countries with available data, medians and ranges for each indicator). A grey dot indicates the national coverage for each reporting country; there is a wide range of variability across countries. Updated results for the remaining Countdown coverage indicators (Caesarean section, prevention of mother-to-child transmission of HIV and eligible HIV-positive pregnant women receiving antiretroviral treatment for their own health) are available at www.countdown2015mnch.org.

These interventions are presented along the continuum of care from pre-pregnancy to early childhood, and include improved drinking water sources and sanitation facilities as cross-cutting interventions relevant to women’s and children’s health. Only Countdown countries with a considerable proportion of the population at risk of Plasmodium falciparum (the most lethal form of malaria) transmission are included in the analysis of coverage for the malaria indicators.

These results clearly show the critical gaps that remain for care around the time of birth, when the risk of mortality is highest for mother and newborn, and for case management of childhood illnesses. By contrast, median coverage is at least 75% for antenatal care (at least one visit), vitamin A supplementation (two doses), immunization and improved drinking water sources. Yet, even for these high-performing interventions, some countries report coverage well below 50%. At the same time, for every intervention except intermittent preventive treatment of malaria for pregnant women (possibly due to this intervention’s relative newness or to changes in protocol and definition), there is at least one country with coverage that exceeds 75%.

The results also show that the enormous life-saving potential of appropriate infant and young child feeding is not being realized. Only a median of about 50% of mothers in Countdown countries reported early initiation of breastfeeding for their most recent child, and only 41% reported exclusive breastfeeding. Improvements in the coverage of exclusive breastfeeding remains one of the biggest missed opportunities to reduce child mortality.

These cross-sectional results should be interpreted in light of changes in coverage over time. For countries with representative survey data from both 2000–2007 and 2008–2012, table 4 shows the percentage point change in coverage from the first to the second time period for each intervention and the proportion of the gap between the first
FIGURE 3
Countries with high coverage of key interventions tend to have lower child mortality

Under-5 mortality rate (per 1,000 live births)

Score on Composite Coverage Index (%)

Source: Demographic and Health Surveys; UN Inter-agency Group for Child Mortality Estimation 2013.

FIGURE 4
Coverage of interventions varies across the continuum of care

Median national coverage of selected Countdown interventions, most recent survey, 2008 or later (%)

Pre-pregnancy

Pregnancy

Birth

Postnatal

Infancy

Childhood

Water and sanitation

a. Analysis is based on countries with 75% or more of the population at risk of p. falciparum transmission and 50% or more cases of malaria caused by p. falciparum.

b. Data are for 2012.

Source: Immunization rates, WHO and UNICEF; postnatal visit for mother, Saving Newborn Lives analysis of Demographic and Health Surveys; improved water and sanitation, WHO and UNICEF Joint Monitoring Programme; all other indicators, UNICEF global databases, April 2014, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other national surveys.
measurement and 100% coverage that was closed by the time of the second measurement. The proportion of the gap closed metric is useful because it takes into account that coverage may have already been high during the first time period for some indicators (such as immunization and at least one antenatal care visit); looking only at percentage point change would mask any relative progress achieved by the second measurement.

The data in table 4 reveal three primary coverage patterns:

- For some interventions with high and sustained coverage at or over 80%, progress has continued in closing the remaining gap to universal coverage. These interventions include antenatal care (at least one visit) and the three indicators of vaccination coverage.

  - For a second group of interventions, measurable progress has been made in absolute terms, but coverage remains low, and a large gap remains between current coverage and 100% coverage. These interventions include intermittent preventive treatment of malaria for pregnant women, children sleeping under insecticide-treated nets and treatment with recommended antimalarials—each of which showed absolute increases of around 20 percentage points.

### TABLE 3

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Number of countries with data</th>
<th>Median coverage (%)</th>
<th>Range (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled attendant at birth</td>
<td>60</td>
<td>63</td>
<td>10–100</td>
</tr>
<tr>
<td>Postnatal visit for mother</td>
<td>32</td>
<td>45</td>
<td>7–93</td>
</tr>
<tr>
<td>Postnatal visit for baby</td>
<td>17</td>
<td>30</td>
<td>5–83</td>
</tr>
</tbody>
</table>

#### Pre-pregnancy

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Number of countries with data</th>
<th>Median coverage (%)</th>
<th>Range (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for family planning satisfied</td>
<td>53</td>
<td>64</td>
<td>13–95</td>
</tr>
</tbody>
</table>

#### Pregnancy

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Number of countries with data</th>
<th>Median coverage (%)</th>
<th>Range (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal care (at least one visit)</td>
<td>58</td>
<td>90</td>
<td>40–100</td>
</tr>
<tr>
<td>Antenatal care (at least four visits)</td>
<td>48</td>
<td>53</td>
<td>15–94</td>
</tr>
<tr>
<td>Intermittent preventive treatment of malaria for pregnant women sext</td>
<td>34</td>
<td>22</td>
<td>2–69</td>
</tr>
<tr>
<td>Neonatal tetanus protection</td>
<td>67</td>
<td>84</td>
<td>43–94</td>
</tr>
</tbody>
</table>

#### Birth

- Early initiation of breastfeeding: 51, 41, 3–85
- Antenatal care (at least one visit): 58, 90, 40–100
- Antenatal care (at least four visits): 48, 53, 15–94
- Intermittent preventive treatment of malaria for pregnant women sext: 34, 22, 2–69
- Neonatal tetanus protection: 67, 84, 43–94
- Skilled attendant at birth: 60, 63, 10–100

#### Postnatal

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Number of countries with data</th>
<th>Median coverage (%)</th>
<th>Range (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early initiation of breastfeeding</td>
<td>47</td>
<td>50</td>
<td>18–95</td>
</tr>
<tr>
<td>Postnatal visit for mother</td>
<td>32</td>
<td>45</td>
<td>7–93</td>
</tr>
<tr>
<td>Postnatal visit for baby</td>
<td>17</td>
<td>30</td>
<td>5–83</td>
</tr>
</tbody>
</table>

#### Infancy

- Exclusive breastfeeding: 51, 41, 3–85
- Introduction of solid, semisolid or soft foods: 47, 66, 20–92
- Diphtheria-tetanus-pertussis (three doses): 75, 85, 33–99
- Measles immunization: 75, 84, 42–99
- Haemophilus influenzae type b immunization (three doses): 66, 88, 10–99
- Vitamin A supplementation (two doses): 55, 78, 0–99

#### Childhood

- Children sleeping under insecticide-treated nets sext: 36, 38, 10–77
- Careseeking for symptoms of pneumonia: 53, 52, 26–80
- Antibiotic treatment for symptoms of pneumonia: 40, 46, 7–88
- Malaria treatment (first-line antimalarial) sext: 35, 32, 3–97
- Oral rehydration therapy with continued feeding sext: 45, 47, 12–76
- Oral rehydration salts: 55, 37, 11–78
- Improved drinking water sources (total): 72, 75, 30–99
- Improved sanitation facilities (total): 72, 38, 9–100

#### Water and sanitation

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Number of countries with data</th>
<th>Median coverage (%)</th>
<th>Range (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved drinking water sources (total)</td>
<td>72</td>
<td>75</td>
<td>30–99</td>
</tr>
<tr>
<td>Improved sanitation facilities (total)</td>
<td>72</td>
<td>38</td>
<td>9–100</td>
</tr>
</tbody>
</table>

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Note: Bolded indicators are those recommended by the Commission on Information and Accountability for Women’s and Children’s Health.

Source: United Nations Children’s Fund global databases, April 2014, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other national surveys.
between the two time periods. These examples show what can be accomplished with focused advocacy, sufficient resources and sustained effort.23

• The third group contains interventions for which coverage is inadequate and has not increased significantly since 2000. These interventions include demand for family planning satisfied, the presence of a skilled attendant at birth, exclusive breastfeeding among children under six months of age, use of improved sanitation facilities and appropriate careseeking and treatment for diarrhoea and pneumonia, the two most important infectious causes of death among children under age 5.

We—the global reproductive, maternal, newborn and child health community—are accountable for the gap between the current, insufficient coverage and the universal coverage that we can and must achieve. Box 3 illustrates this challenge by comparing progress for one intervention from the rapid acceleration group (children sleeping under insecticide-treated nets) with one from the stagnant group (oral rehydration salts treatment). It shows that although coverage for insecticide-treated nets increased rapidly in Countdown countries from about 2006 to about 2011, coverage for the correct treatment of diarrhoea with oral rehydration salts has stagnated and even declined in some countries.

Countdown has done similar analyses, and drawn similar conclusions, from a comparison of prevention of mother-to-child transmission of HIV (rapid acceleration) and careseeking for symptoms of pneumonia (stagnation). Both HIV and malaria are specifically named in Millennium Development Goal 6 and thus attracted resources for scaling up interventions, whereas diarrhoea and pneumonia interventions are lagging behind, perhaps because they have failed to attract sufficient attention from donors, even though they claim many more child lives than HIV or malaria do. Ensuring that all essential interventions benefit from focused advocacy and adequate financing is our responsibility, and discrepancies in attention and coverage must be redressed.

### TABLE 4

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Number of countries with data</th>
<th>Median coverage (2000–07) (%)</th>
<th>Median coverage (2008–12) (%)</th>
<th>Change (percentage points)</th>
<th>Proportion of gap closed (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haemophilus influenzae type b immunization (three doses)</td>
<td>24</td>
<td>86</td>
<td>91</td>
<td>5</td>
<td>36</td>
</tr>
<tr>
<td>Malaria treatment (first-line antimalarial)a</td>
<td>19</td>
<td>5</td>
<td>37b</td>
<td>32</td>
<td>34</td>
</tr>
<tr>
<td>Antenatal care (at least one visit)</td>
<td>58</td>
<td>85</td>
<td>90</td>
<td>5</td>
<td>33</td>
</tr>
<tr>
<td>Children sleeping under insecticide-treated nets a</td>
<td>33</td>
<td>10</td>
<td>38</td>
<td>28</td>
<td>31</td>
</tr>
<tr>
<td>Antibiotic treatment for symptoms of pneumonia</td>
<td>21</td>
<td>26</td>
<td>47</td>
<td>21</td>
<td>28</td>
</tr>
<tr>
<td>Improved drinking water sources</td>
<td>71</td>
<td>66</td>
<td>75</td>
<td>9</td>
<td>26</td>
</tr>
<tr>
<td>Measles immunization</td>
<td>74</td>
<td>79</td>
<td>84</td>
<td>5</td>
<td>24</td>
</tr>
<tr>
<td>Skilled attendant at birth</td>
<td>60</td>
<td>54</td>
<td>63</td>
<td>9</td>
<td>20</td>
</tr>
<tr>
<td>Intermittent preventive treatment of malaria for pregnant women a</td>
<td>23</td>
<td>7</td>
<td>25c</td>
<td>18</td>
<td>19</td>
</tr>
<tr>
<td>Demand for family planning satisfied</td>
<td>39</td>
<td>56</td>
<td>64d</td>
<td>8</td>
<td>18</td>
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<tr>
<td>Diphtheria-tetanus-pertussis immunization (three doses)</td>
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<td>82</td>
<td>85</td>
<td>3</td>
<td>17</td>
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<tr>
<td>Exclusive breastfeeding</td>
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<td>34</td>
<td>41</td>
<td>7</td>
<td>11</td>
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<tr>
<td>Careseeking for symptoms of pneumonia</td>
<td>50</td>
<td>48</td>
<td>52</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Oral rehydration salts treatment</td>
<td>52</td>
<td>29</td>
<td>35</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Oral rehydration therapy with continued feeding</td>
<td>40</td>
<td>42</td>
<td>46</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Improved sanitation facilities</td>
<td>71</td>
<td>36</td>
<td>40</td>
<td>4</td>
<td>6</td>
</tr>
</tbody>
</table>

Note: Table includes only indicators for which trend data are available in the data sets shared by the United Nations Children’s Fund to date.

Source: UNICEF global databases, April 2014, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other national surveys.

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a. Analysis is based on countries with 75% or more of the population at risk of *p. falciparum* transmission and 50% or more cases of malaria caused by *p. falciparum*.
b. Includes 2013 Demographic and Health Survey data for Gambia and Liberia.
c. Includes 2013 Demographic and Health Survey data for Gambia, Mali and Senegal.
d. Includes 2013 Demographic and Health Survey data for Pakistan and 2013 Performance Monitoring and Accountability Family Planning Survey data for Ghana.

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Fulfilling the Health Agenda for Women and Children | The 2014 Report
Assessing country efforts to increase access to services and coverage of interventions requires understanding context. Simple statistics showing the proportion of a population that received an intervention do not always tell the full story.

Box 4 explores how population dynamics can affect progress in intervention coverage, and box 5 describes the destructive impact of conflict. Other key contextual variables that influence coverage patterns and health outcomes include...
women’s social status, education levels and access to health services; natural disasters and other humanitarian crises; economic development; and environmental factors such as pathogen burden (for example, HIV and tuberculosis prevalence, malaria endemicity, other parasite loads).

Expressed as proportions, coverage estimates can sometimes mask information on the number of people receiving care and thus must be interpreted in the context of population changes. A rising number of births translates into a parallel rise in the need for reproductive, maternal, newborn and child health services. In contrast, a falling number of births reduces service demand and makes it easier for countries to ensure health coverage for all. Projections show that in the absence of major changes, the highest levels of fertility will persist over the next generation in Countdown countries with the lowest per capita incomes and weakest health care infrastructures.2

Between 1990–1995 and 2005–2010 the absolute number of annual births increased around 36% in Sub-Saharan Africa but around 6% in South America. Brazil and the Democratic Republic of Congo are two Countdown countries from these regions that show how population change affects a country’s ability to improve health coverage.

In Brazil the absolute number of births increased slightly from 3.62 million in 1990 to 3.64 million in 2000 and then dropped steadily to 3.04 million in 2010 and is expected to further decrease to 2.96 million by 2015 (see figure). The proportion of births attended by skilled health personnel increased over a similar time period, from approximately 70% in 1991 to 97% in 2006, and is now near 100%. The decline in the number of births means that need for skilled birth attendants is less now than a decade ago, reducing the pressure on the health system to train, deploy and retain this cadre of health care workers and enabling a greater focus on improving the quality of care.

In contrast, the Democratic Republic of Congo has seen steady increases in the number of births, from approximately 1.71 million in 1990 to 2.26 million in 2000 to 2.74 million in 2010—an increase of more than a million births a year over two decades. Meanwhile, the proportion of births attended by a skilled provider increased from 61% in 2001 to 80% in 2010. Had the number of births remained at 2001 levels, coverage of skilled birth attendants in 2010 would likely have been much higher.

Although the absolute number of annual live births is converging in Brazil and the Democratic Republic of Congo, the population trends in the two countries reflect opposite patterns. Brazil is experiencing fertility declines, while the Democratic Republic of Congo has had sustained high fertility rates. These contrary trends have placed differing pressures on the health system. The Democratic Republic of Congo’s laudable 20 percentage point increase in coverage was achieved in a context of massive increases in the number of women and children needing care, showing that progress is possible even in the face of population growth. However, the sustainability of coverage gains as the population continues to grow remains an open question. Brazil’s almost universal coverage in skilled delivery care is equally impressive, and the country’s continued downward fertility trajectory suggests that the number of women of childbearing age will pose less of a programmatic challenge over time for increasing access to reproductive, maternal, newborn and child health services.
Eight of the 10 Countdown countries with the highest under-5 mortality rates are currently affected by conflict (Afghanistan, Chad, Democratic Republic of Congo, Iraq, Somalia, Sudan, Pakistan and Yemen). Although the direct, short-term effects of armed violence usually receive considerable attention, the indirect and long-term impacts are often overlooked. For example, the collapse of health systems and poor access to health care by populations in conflict regions have significant harmful effects that are not directly related to battle injuries and death. Access to populations is challenging during humanitarian crises. Coverage rates of interventions are often unknown, particularly because the denominator of populations in need is difficult to determine or constantly changing. Children in countries affected by conflict are at increased risk of dying from preventable causes such as measles, malaria, diarrhoeal diseases, respiratory tract infections and malnutrition.

Disruptions in the health care infrastructure and increased exposure to stress, food shortages and infectious diseases under conflict conditions also increase women’s risk of experiencing a maternal death. Adolescent pregnancy and violence against women are also common in conflict situations, with a negative impact on maternal and newborn health outcomes.

The Syrian Arab Republic provides a troubling example of how conflict can turn back the clock on progress for women and children and strain health systems in neighbouring countries. Since the start of the crisis in 2011, nearly 7 million inhabitants have been displaced, almost half of them children. An estimated 2.5 million people, over two-thirds of them women and children, have taken refuge in neighbouring countries, and this number is expected to reach 4.1 million by the end of 2014 (see map). Population health indicators that were improving before the war are now spiralling downward. The health system has deteriorated, even totally collapsing in some areas. More than 35% of hospitals have been destroyed, and many doctors and other skilled providers have been killed, imprisoned or tortured. Access to safe water has decreased by around two-thirds, increasing the risk of exposure to many infectious diseases. For families that leave Syria, living conditions and availability of health care are highly variable and depend on arrangements in each host country. Refugee women who need services for themselves and their children often face major challenges, including high costs, a scarcity of female providers and lack of transport.

The crisis in the Syrian Arab Republic shows how conflict can strain health systems in neighbouring countries.

In Afghanistan decades of widespread conflict have ravaged the country. Although it is difficult to estimate with certainty, at least 400,000 people lost their lives due to the conflict. Many medical professionals fled in the 1980s and 1990s, and most medical training programmes ceased to operate. Smouldering and overt conflict, population displacement, the collapse of the health system and landmine injuries contributed to a desperate situation, with the brunt borne by women and children. But Afghanistan has made remarkable progress in women’s and children’s health since 2001. With increased donor support and national commitments, the country focused on innovations, task-shifting to outreach workers and engagement of civil society organizations for service delivery. The Basic Package of Health Services, introduced in 2003, expanded access to primary health care, and the community midwifery education programme, started in 2002, deployed large numbers of community midwives in target provinces. Coverage of skilled attendant at birth subsequently more than tripled to 47.4% in 2012, up from 14.0% in 2003 (see figure) and immunization coverage has exceeded 75%.
Despite challenges posed by conflict, coverage of skilled attendant at birth in Afghanistan more than tripled over 2003–2012

Experience in both the Syrian Arab Republic and Afghanistan underscores the importance of resilience and targeted strategies in conflict-affected populations. Continued efforts are needed to strengthen the basic health care infrastructure, promote innovation and ensure independent monitoring and accountability. Data collection on health needs and intervention coverage rates must improve, and greater efforts must be made to ensure that internally and externally displaced refugees are included in country statistics. Country governments and the international community must mount—and intensify—a strong and sustained response focused on protective strategies for families, women and children in conflict zones, especially in regions in the grip of chronic conflict across generations.

Notes
1. UNICEF 2013b.
2. CRED 2013.
3. Austin and others 2008.
4. WHO 2012.
5. UN Office for the Coordination of Humanitarian Affairs website (http://syria.unocha.org, accessed 5 February 2014).
Equity: no women and children left behind

Focusing on coverage at the national level can mask large differences in access to services among different population groups within a country. A large part of the unfinished business in reproductive, maternal, newborn and child health is addressing pervasive inequity and ensuring that all women and children receive the services they need, regardless of differences in wealth, gender, ethnic group or geography. This section focuses on two summary metrics of socioeconomic inequity: the Composite Coverage Index and the co-coverage index. Details on how these indices are constructed are available at www.countdown2015mnch.org/reports-and-articles/equity.

Figure 5 shows the performance of Countdown countries with available data in achieving equitable coverage of eight preventive and curative interventions along the continuum of care, using the Composite Coverage Index. The message is clear: In virtually every country the coverage score among the richest—generally above 60%, and often above 80%—far exceeds coverage among the poor. If such high coverage can be achieved among the wealthy, it should be possible to do the same across the whole population. And some countries have been able to do this. In Bolivia, Cambodia and Niger coverage has been increasing faster among the poor than among the rich (figure 6). In Nigeria, in contrast, inequality has remained unchanged over eight years. These examples indicate that rapid progress in reducing coverage inequality is possible in the Countdown countries, but that some countries are still lagging behind.

A second set of equity analyses uses the co-coverage index to assess the extent of inequity in the proportions of individual mothers and their children who receive eight well established interventions that have been available in most if not all countries—even the poorest—for at least a decade. Focusing on mothers and children in the poorest 20% of the population, it is striking that in countries such as Somalia, Chad, Yemen, Nigeria, Afghanistan and Ethiopia more than half have received two or fewer of the eight evidence-based interventions (figure 7).
In virtually every *Countdown* country with available data, coverage of eight preventive and curative interventions is higher among the richest than among the poor.

Composite Coverage Index score for 31 *Countdown* countries with available data, by wealth quintile, 2008–2012.

Source: Demographic and Health Surveys and Multiple Indicator Cluster Surveys.
FIGURE 6
Some countries have been able to reduce inequality in coverage between rich and poor

Composite Coverage Index score, by wealth quintile, various years

Bolivia

<table>
<thead>
<tr>
<th>Year</th>
<th>Richest Quintile</th>
<th>Quintile 4</th>
<th>Quintile 3</th>
<th>Quintile 2</th>
<th>Poorest Quintile</th>
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<tr>
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Cambodia

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<th>Quintile 3</th>
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<th>Poorest Quintile</th>
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Niger

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Nigeria

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<th>Quintile 3</th>
<th>Quintile 2</th>
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<td>2011</td>
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</table>

Source: Demographic and Health Surveys and Multiple Indicator Cluster Surveys.
In some countries more than half the mothers and children in the poorest 20% of the population have received two or fewer essential interventions.

Note: The length of the bar indicates the percentage of mothers and children who are receiving too few essential interventions. The ideal value is 0, which would indicate that all mothers and children in the poorest 20% of the population are receiving at least three of the eight interventions.

Source: Demographic and Health Surveys and Multiple Indicator Cluster Surveys.
Deterimnants of coverage and equity—policies, systems and financing

An understanding of intervention coverage is incomplete without attention to legislative frameworks and critical features of health systems, including health financing, human resources, supply chain and referral networks, the quality of service delivery, the acceptability of available services to the population and other factors driving service demand. Countdown works closely with those conducting research and programme evaluation in these areas. This section provides updates on country progress in improving determinants of coverage, including service quality (box 6). Countdown’s conceptual model (shown in annex A) illustrates how these key determinants of coverage can lead to improvements in health and nutrition outcomes.

Supportive policies and a strong health system

A well functioning health system and a set of enabling policies provide a foundation for reaching all women and children with the interventions they need. Box 7 describes country progress in family planning to show how these factors influence coverage change and ultimately fertility and mortality outcomes.

Countdown tracks adoption of 10 tracer policies that ensure access to family planning, provide protection for pregnant women from harmful environmental and labour conditions, authorize midwives to perform life-saving tasks, foster women’s ability to breastfeed immediately after birth and up to age 2, boost the delivery of key newborn interventions and stimulate increased uptake of treatment interventions for leading killers of children. Countdown also tracks a policy indicator on the legal status of abortion (see box 1). Some policies—such as low-osmolarity oral rehydration salts and zinc for management of diarrhoea, postnatal home visits in the first week of life and specific notification of maternal deaths—have high adoption rates (figure 8). But critical gaps remain, and fewer than half of Countdown countries report having policies that allow adolescents access to contraception without parental or spousal consent, maternity protection in accordance with Convention 183 and regulation of the marketing of breastmilk substitutes.

These tracer policies are of relevance to virtually all Countdown countries, yet no country has endorsed all 10 tracer indicators, and 22 have adopted five or fewer (figure 9).

Understanding country progress in adopting key policy measures requires assessing changes in the number of countries that have endorsed policies over time. Over 2012–2014 the number of Countdown countries that have adopted five of the six key policies for which trend data are available has increased (figure 10). The number of Countdown countries that have adopted tracer policies related to maternal death notification and to postnatal home visits in the first week of life, for example, more than doubled between the two reporting years. These positive changes reflect important improvements in government prioritization of women’s and children’s health in recent years. The stagnation at a very low level in the number of countries that have adopted policies related to maternity protection is an alarm bell that should remind countries to focus more attention on this issue.

However, policy adoption is not sufficient per se in the absence of ample resources and political will for ensuring successful policy and programme implementation. For example, the high adoption of policies on low-osmolarity oral rehydration salts and zinc treatment for diarrhoea (see figure 8) are in sharp contrast to the lack of improvement in oral rehydration salts coverage rates (see box 3).

A major milestone on the pathway to sustainable programme and policy implementation is country development of costed plans for maternal, newborn and child health. Of the 57 Countdown countries with available data, 46 have costed plans for maternal health, 42 for newborn health and 36 for child health.
Increases in intervention coverage will translate into reduced maternal, newborn and child mortality only if health care providers are able to deliver services at a high level of quality. Measuring and monitoring the quality of care is a complex process that ranges from time-consuming observations of the actual services provided during regular health care contacts to simpler, routine checks on the availability of equipment and supplies needed to deliver the standard of care.

For example, Countdown tracks coverage of the presence of a skilled attendant at birth, which is an important measure of how well countries are doing in reaching women with skilled delivery care. But this indicator does not capture information on the specific life-saving services actually provided during and immediately after delivery. Quality assessments of the care around the time of birth conducted in Egypt showed that although 65% of births occurred in facilities, only 8% of babies were born with the assistance of a midwife trained in resuscitation techniques and only 17% were born in facilities with equipment for newborn respiratory support.1 These findings show the importance of combining estimates of coverage with estimates of service quality (sometimes referred to as “effective coverage”) to best monitor health system performance.

An increasing number of Countdown countries are conducting assessments of quality and readiness for reproductive, maternal, newborn and child health services. Countries adapt standard tools to their own context, so cross-national interpretations must be made with care. The figures below show selected results collected since 2010 using one of these tools—the World Health Organization Service Availability Readiness Assessments—in eight Countdown countries in Sub-Saharan Africa with available data.

**BOX 6**

Coverage + Service Quality/Readiness = Impact

**Share of facilities surveyed with tracer commodities available on the day of the assessment visit**

**Legend**

- Benin (2013)
- Burkina Faso (2012)
- Kenya (2013)
- Mauritania (2013)
- Sierra Leone (2012)
- Libya (2012)
- Togo (2012)
- Uganda (2012)

**Commodities for basic obstetric care**

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Oxytocin</td>
<td>100%</td>
<td>100%</td>
<td>90%</td>
<td>70%</td>
<td>80%</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>Magnesium sulphate</td>
<td>80%</td>
<td>90%</td>
<td>90%</td>
<td>80%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Antibiotics injectable</td>
<td>70%</td>
<td>80%</td>
<td>90%</td>
<td>80%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
</tr>
</tbody>
</table>

**Commodities for child health services**

<table>
<thead>
<tr>
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<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral rehydration salts</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
<td>80%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Zinc</td>
<td>80%</td>
<td>90%</td>
<td>90%</td>
<td>80%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Amoxicillin</td>
<td>70%</td>
<td>80%</td>
<td>90%</td>
<td>80%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
</tr>
</tbody>
</table>

(continued)
An adequate and well trained health workforce and functioning referral and supply chain mechanisms are essential building blocks of a health system that can effectively and efficiently deliver services to all women and children. Many Countdown countries face severe health workforce shortages, including for midwives (box 8). These shortages negatively impact their ability to provide high-quality care. Only 7 of the 56 Countdown countries with available data (Botswana, Egypt, Gabon, India, the Philippines, the Solomon Islands and Viet Nam) meet or exceed the threshold of 23 skilled health professionals (doctors, nurses, midwives) per 10,000 population needed to achieve high coverage of essential interventions. The good news is that most Countdown countries with available data are reporting increases in the absolute numbers of doctors, nurses and midwives. However, in some countries these net gains are not enough to keep pace with increased service demands resulting from population growth. Many countries are introducing various strategies to ameliorate their health workforce crises, such as delegating and sharing tasks across various categories of health care professionals and factoring in population dynamics when planning for human resource needs.25

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**Legend**

- Benin (2013)
- Burkina Faso (2012)
- Kenya (2013)
- Libya (2012)
- Mauritania (2013)
- Sierra Leone (2012)
- Togo (2012)
- Uganda (2012)

The low availability of many of the commodities in the highlighted countries should be a red flag to decisionmakers. Targeted efforts are needed to strengthen supply chain management systems, so that providers are equipped with the supplies needed to deliver lifesaving reproductive, maternal, newborn and child health services.

Tools enabling the regular collection of rigorous quality of care data need further development. In December 2013 the World Health Organization and the Partnership for Maternal, Newborn and Child Health convened a technical consultation to reach consensus on a core set of tracer indicators to monitor the quality of reproductive, maternal, newborn and child health services at the facility level. The next steps will focus on developing standardized definitions and data collection processes so that these indicators can be used to populate country and subnational scorecards that inform routine programme planning and monitoring.

**Note**

1. Wall and others 2009.

---

**Commodity for neonatal resuscitation**

<table>
<thead>
<tr>
<th>Commodity for neonatal resuscitation</th>
<th>Share of facilities surveyed (%)</th>
</tr>
</thead>
</table>
| Availability of bag and mask for neonatal resuscitation in facilities providing basic obstetric care services | ![Graph](image)

**Commodities related to water and sanitation**

<table>
<thead>
<tr>
<th>Commodities related to water and sanitation</th>
<th>Share of facilities surveyed (%)</th>
</tr>
</thead>
</table>
| Facility with improved water source within 500 metres | ![Graph](image)
| Soap and water or alcohol-based hand rub available | ![Graph](image)

Source: Service Availability and Readiness Assessment Surveys.
Family planning is a cost-effective strategy for reducing maternal and newborn mortality by reducing the number of unintended and high-risk pregnancies and averting unsafe abortions (see box 1). Family planning services can also help delay women’s age at first pregnancy and lengthen the time interval between pregnancies, both of which improve maternal, newborn and child health and reduce the risk of low birth weight and stillbirth.\(^1\)

Increasing access to and use of family planning services requires sustained political and financial support, accompanied by community-based approaches to improve awareness of and demand for modern contraceptive methods. Legislative frameworks are needed that support the availability of a full range of family planning services, including for adolescents, a rapidly expanding population group in many Countdown countries.

The median annual birth rate among adolescent women in Countdown countries with available data is 89 births per 1,000 women ages 15–19, with a low of 0.7 in the Democratic People’s Republic of Korea and a high of 229 in the Central African Republic. In the 45 Countdown countries with data for 2008–2012, the median proportion of women ages 20–24 that had given birth before the age of 18 was 23%, with a low of 3% in Viet Nam and a high of 47% in Chad.

It is important that laws and regulations to reduce adolescent pregnancy and prohibit child marriage are put into place and enforced to expand young women’s opportunities and improve their control over their own fertility. But only 15 of the 57 Countdown countries with policy data for 2013 have laws or regulations that allow adolescents to access contraception without parental or spousal consent.

**Family planning in Bangladesh: Community outreach as a pathway to success!**

Bangladesh identified family planning as a health priority more than five decades ago, even before the country’s independence from Pakistan. Early programmes in the 1970s–1990s involved recruiting thousands of married women as family welfare assistants to deliver basic family planning services—including oral pills, condoms, counselling and referrals for longer term methods on request—to the doorstep. This intense community-based effort contributed to the steady increase in the country’s contraceptive prevalence rate, from 8% in the mid-1970s to around 50% by 1999, and to the drop in the total fertility rate, from around 7 children per woman to 3.3 over the same period.

The rising expense of maintaining an extensive family welfare assistants programme due to a tripling in the population of women of childbearing age led to a new approach, adopted at the end of the 1990s, to delivering family planning services through community clinics and the private sector. This helped the country maintain its positive trends in contraceptive prevalence rate and total fertility rate, which continued through 2011 (see figure).

The fertility decline in Bangladesh has also been attributed in part to the expansion of microcredit financing, girls’ improved access to education and growing employment opportunities in the textile sector, all of which increased legitimate alternatives to early motherhood.

**Delivering family planning services through community clinics and the private sector has helped Bangladesh maintain its positive trends in contraceptive prevalence rate and total fertility rate**

![Contraceptive prevalence rate (modern and traditional) (%)](chart)

Source: Bangladesh Fertility Survey (1989), Contraceptive Prevalence Survey (1991) and Demographic and Health Surveys (other years).
Total fertility rate (births per woman)

Source: Bangladesh Fertility Survey (1989), Contraceptive Prevalence Survey (1991) and Demographic and Health Surveys (other years).

However, early marriage and early childbearing are still very prevalent: The median age at marriage among women ages 20–24 is 16.6, and 40% of women in this age group gave birth before age 18. Fertility has declined mostly among women older than age 30, which has been linked to increases in birth spacing intervals through the use of contraception. Geographic differences in fertility patterns that parallel economic development also persist, with higher fertility in the least developed eastern regions than in the west.

The current national family planning programme targets adolescents and regions of the country where higher than average total fertility rates persist and aims to make a greater diversity of contraceptive methods (including long-term methods) more widely available.

Notes
1. Ahmed and others 2012; Cleland and others 2012; UNICEF, UNFPA and UN Women 2012.
2. CPD 2003; Bangladesh Demographic and Health Survey 2011.
3. Arifeen and others forthcoming.
FIGURE 9
No Countdown country with available data has endorsed all 10 tracer indicators, and 22 have adopted five or fewer

![Bar charts showing the number of policies in place (out of 10) for each Countdown country with available data, 2014 (n = 57).]


FIGURE 10
Over 2012–2014 the number of Countdown countries that have adopted five of the six key policies for which trend data are available has increased

![Bar charts showing the number of Countdown countries with available data that have adopted selected tracer reproductive, maternal, newborn and child health policies, 2012 and 2014 (n = 57).]


BOX 8
Midwives matter

Almost all Countdown countries are facing major workforce challenges in delivering midwifery services, particularly in areas where the burden of maternal mortality and morbidity is highest. Although midwives can perform almost 90% of essential care for women and newborns if adequately trained on the latest evidence-based guidelines, countries have been slow to adopt policies enabling midwives to provide this care. There has been no increase among the 33 Countdown countries with available trend data since 2012 in adopting a policy authorizing midwives to administer a core set of life-saving interventions.

Source: UNFPA 2014.
Countdown tracks essential commodities across the continuum of care. The UN Commission on Life-Saving Commodities was established in 2012 to promote the availability and effective use of 13 life-saving commodities for women’s and children’s health. Including these commodities on the essential medicines list is a steppingstone to ensuring that these commodities are procured and widely distributed. Most Countdown countries with available data include the majority of these 13 commodities on their list, with the notable exception of the three prioritized reproductive health commodities, which are included on the list of fewer than half of countries with available data (figure 11).

Financing women’s and children’s health

Countdown tracks information on key indicators of domestic and external spending patterns for reproductive, maternal, newborn and child health. There is evidence of very modest positive trends in these indicators. Across the Countdown countries, the per capita total expenditure on health (in current purchasing power parity terms) increased from $200 in 2010 to $222 in 2012. Over the same period there was also a very slight increase in government expenditure on health as a share of total government expenditure, from 9.9% to 10%. Similarly, countries made marginal improvements in reducing the reliance on out-of-pocket payments to finance health, from 43% of total expenditure on health in 2010 to 42% in 2012 (box 9). Increasing government expenditure on health is an important measure for improving access to health care and reducing poverty.

Tracking development partner disbursements to reproductive, maternal, newborn and child health is important for holding partners to account for commitments made and helps identify resource gaps or areas where further investment may be required.

**FIGURE 11**
Most Countdown countries with available data include the majority of the 13 essential commodities on their essential medicines list

<table>
<thead>
<tr>
<th>Number of Countdown countries with selected commodity, 2013 (n = 57)</th>
</tr>
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<tbody>
<tr>
<td>Pre-pregnancy</td>
</tr>
<tr>
<td>60</td>
</tr>
<tr>
<td>Female condoms</td>
</tr>
<tr>
<td>20</td>
</tr>
<tr>
<td>Magnesium sulphate</td>
</tr>
<tr>
<td>10</td>
</tr>
<tr>
<td>Magnesium oxide</td>
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<td>10</td>
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<tr>
<td>Misoprostol tablets</td>
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<td>10</td>
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<tr>
<td>Oral rehydration salts</td>
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<tr>
<td>10</td>
</tr>
<tr>
<td>Zinc</td>
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<td>10</td>
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</tbody>
</table>

a. Refers mainly to other uses (such as for response to allergic reaction). Antenatal corticosteroids in preterm labour are recommended for use in all countries but were not added to the World Health Organization essential medicines list for preterm indication until 2013.

b. Chlorhexidine has been recommended only since 2013, and World Health Organization guidelines suggest use only in high-mortality countries (with a neonatal mortality rate greater than 30 deaths per live births) and home births.

Trend data on official development assistance (ODA) to the Countdown countries is available from 2003 for maternal, newborn and child health and from 2009 for reproductive health. This report presents ODA data up to 2011. Countdown expects to release ODA data for 2012 later in 2014.

ODA for health was an estimated $19 billion in 2011, an increase of only 1% in real terms over 2010. This amount represents 12.4% of total ODA. In the 75 Countdown countries an estimated $8.7 billion went to reproductive, maternal, newborn and child health in 2011, a 1% increase over 2010, and accounted for 44% of ODA to health and 5% of total ODA. Of this amount, $3.9 billion (45%) went to child health, $3.1 billion (36%) went to reproductive health (which includes funding for family planning, sexual health and sexually transmitted infections including HIV) and $1.7 billion (19%) went to maternal and newborn health. ODA to maternal, newborn and child health in the 75 Countdown countries decreased by 1% in real terms from 2010, due to a 3% reduction in funding to child health. Funding to maternal and newborn health increased 4% over 2010, and funding to reproductive health increased 5%. The noted reduction in ODA to maternal, newborn and child health in Countdown countries in 2011 continues a slowdown detected between 2009 and 2010 relative to previous years.

Assessing who benefits from ODA and whether resources are being allocated according to country need can improve resource allocation and efficiency (box 10).
From whom?

In 2011 ODA from bilateral agencies accounted for more than half of ODA for maternal, newborn and child health in the 75 Countdown countries, just under a quarter came from multilateral agencies and another quarter from global health initiatives and foundations (comparable to proportions in 2009 and 2010) (box figure 1). A higher proportion of ODA for reproductive health comes from bilateral donors (76% of all ODA; box figure 2).

Box figure 1. Official development assistance for maternal, newborn and child health in the 75 Countdown countries was $5.6 billion in 2011 (in 2012 dollars)

| Source: Organisation for Economic Co-operation and Development’s Development Assistance Committee’s Creditor Reporting System Aid Activities Database. |

Box figure 2. Official development assistance for reproductive health in the 75 Countdown countries was $3.1 billion in 2011 (in 2012 dollars)

| Source: Organisation for Economic Co-operation and Development’s Development Assistance Committee’s Creditor Reporting System Aid Activities Database. |

The United States continues to be the largest source of funding to reproductive, maternal, newborn and child health in the Countdown countries, followed by the Global Fund to Fight AIDS, Tuberculosis and Malaria (box figure 3). U.S. contributions to reproductive health including HIV exceeded $1.8 billion, nearly four times more than the next largest donor and nearly twice as much as U.S. contributions to maternal, newborn and child health. Across all donors, on average, higher amounts were disbursed to child health ($76 million) than to reproductive health ($60 million) and to maternal and newborn health ($32 million). This pattern is similar to previous years.

Box figure 3. In 2011 the United States continued to be the largest source of funding to reproductive, maternal, newborn and child health in the Countdown countries

<table>
<thead>
<tr>
<th>2012 $ billions</th>
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<tr>
<td>0</td>
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<tr>
<td>1</td>
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<tr>
<td>2</td>
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<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
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<tr>
<td>5</td>
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</tbody>
</table>

Source: Organisation for Economic Co-operation and Development’s Development Assistance Committee’s Creditor Reporting System and Activities Database.

To whom?

In 2011 approximately 79% of official development assistance for maternal, newborn and child health went to the 75 Countdown countries, with India and Ethiopia receiving the most (box figure 4). India also received the highest share of ODA for maternal, newborn and child health in 2009 and 2010. The
amount varies widely across countries and is not always in proportion to need.

Seven Countdown countries received more than half of ODA to reproductive health, with the highest shares going to South Africa and Kenya (box figure 5). Nigeria, Ethiopia, Tanzania and Kenya received high shares of both ODA to maternal, newborn and child health and to reproductive health.

Box figure 4. Ten Countdown countries received just under half of total official development assistance for maternal, newborn and child health in 2011

Box figure 5. Seven Countdown countries received just over half of official development assistance to reproductive health in 2011

Official development assistance to maternal, newborn and child health in the context of target population size

ODA for child and maternal and newborn health varies widely across Countdown countries, even after adjusting for the size of the target population. For example, in 2011 median ODA to child health per child ages 0–5 was $1.89 for the 10 countries receiving the least ODA and $47.58 for the 10 countries receiving the most (figure 6). Similarly, for maternal and newborn health, the median was $5.23 per live birth for the 10 countries receiving the least ODA and $115.92 per live birth for the 10 countries receiving the most (figure 7).
More-populous *Countdown* countries receive more ODA for maternal, newborn and child health than less-populous ones. But adjusting for the size of the target population shows a different picture of aid flows to women’s and children’s health in the *Countdown* countries. For example, in 2011 Nigeria received the most ODA per country for child health in absolute terms, but the amount received per child ages 0–5 was $8.59 (the 51st highest). In contrast, Solomon Islands received the highest amount per child, $143.45, but much lower total funds (the 54th highest). For maternal and newborn health India received the most ODA overall, but only $6.05 per live birth, compared with $32.58 in Ethiopia, which received the second highest total ODA for maternal and newborn health, and $90.89 in Afghanistan, which received the third highest total ODA.

**Funding allocation by focus area**

The slight reduction in funding to child health is driven by a reduction in funding to immunization, earmarked malaria funding and basket funding, 40% of which is assumed to go to child health.

The percentage of funding allocated to reproductive health remains driven by response to the HIV epidemic (78%). However, family planning accounts for a growing proportion (14%), a 42% increase over 2010 in real terms, compared with a 2% increase in funding related to HIV (which does not include prevention of mother-to-child transmission or childhood AIDS, which are captured in maternal, newborn and child health totals).

**Box figure 7. In 2011 median official development assistance to maternal and newborn health per live birth was $5.23 for the 10 countries receiving the least official development assistance and $115.92 for the 10 countries receiving the most**

<table>
<thead>
<tr>
<th>Country</th>
<th>Official development assistance to maternal and newborn health per live birth, 2012 ($)</th>
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</thead>
<tbody>
<tr>
<td>Solomon Islands</td>
<td>Top 10 median: $115.92</td>
</tr>
<tr>
<td>São Tomé &amp; Príncipe</td>
<td></td>
</tr>
<tr>
<td>Swaziland</td>
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<td>Liberia</td>
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<td>Zambia</td>
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<td>Djibouti</td>
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<td>Afghanistan</td>
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<td>Lesotho</td>
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<td>Sierra Leone</td>
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<td>Mexico</td>
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<td>China</td>
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<td>Brazil</td>
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<td>Korea, Dem. Rep.</td>
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<td>Turkmenistan</td>
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<td>Egypt</td>
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<td>South Sudan</td>
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<td>India</td>
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<td>Angola</td>
<td></td>
</tr>
<tr>
<td>Indonesia</td>
<td></td>
</tr>
<tr>
<td>Indonesia</td>
<td>Bottom 10 median: $5.23</td>
</tr>
</tbody>
</table>

Source: Organisation for Economic Co-operation and Development’s Development Assistance Committee’s Creditor Reporting System Aid Activities Database.
Data revolution and evolution: the foundation for accountability and progress

Without data there can be no accountability. Without accountability we risk making no progress for women and children. *Countdown* therefore puts a special focus on data availability, quality and use. Working closely with the independent Expert Review Group of the Commission on Information and Accountability for Women’s and Children’s Health, *Countdown* advocates for efforts to ensure that all countries have adequate data to make informed decisions about programme priorities for women and children and to monitor the implementation of those programmes. These data include but are not limited to high-quality household surveys. Continued efforts are needed to strengthen civil registration and vital statistics, health management information systems and institutional capacity at the country level to conduct independent evaluations of reproductive, maternal, newborn and child health programmes.

Of the 75 *Countdown* countries, 28 (37%) conducted a nationally representative survey in 2011 or 2012, providing high-quality, recent data to support assessments of progress towards the Millennium Development Goals (map 1). Another 29 countries (39%) conducted such a survey between 2008 and 2010. This represents a major achievement, probably linked to the emphasis on global monitoring of the Millennium Development Goals. Prior to 2000 few of the 75 countries had nationally representative survey data on coverage of interventions for maternal, newborn and child health.

Accurate and consistent data are crucial for governments and their partners to manage health

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**MAP 1**

Of the 75 *Countdown* countries, 28 (37%) conducted a nationally representative survey in 2011 or 2012, providing high-quality, recent data to support assessments of progress towards the Millennium Development Goals

- 2011–2012 (n = 28)
- 2008–2010 (n = 29)
- 2000–2007 (n = 17)
- Administrative record

Note: Based on country reporting on the antenatal care (at least one visit) indicator.
Source: United Nations Children’s Fund global databases, April 2014, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other national surveys.
systems effectively, allocate resources according to need, and make and deliver on commitments where the impact will likely be greatest. These data must be:

- **Fit for purpose**, designed to measure a set of standardized indicators that respond to accountability requirements. As new effective interventions are identified and consensus indicators agreed on, further work will be required to develop, validate and incorporate appropriate questions into the core surveys used by countries. The process through which indicators for postnatal care were defined and tested provides a good example of how this process can work (box 11).32 Similar efforts are needed to define standard coverage measures for other newborn-specific interventions and nutrition interventions that have been scaled up rapidly in the past decade but that lack standard methods for measurement.

- **Reliable**, at least, and ideally also valid, so that they can be used over time and across countries to assess progress. There is an important research agenda on improving coverage measurement for reproductive, maternal, newborn and child health that has already shown that at least one of the core indicators recommended by the commission—antibiotic treatment for childhood pneumonia—cannot be measured accurately through household surveys.33 *Countdown* has therefore added an indicator on careseeking for symptoms of childhood pneumonia to its reporting on commission indicators. This work on improving coverage measurement is continuing and is closely coordinated with *Countdown*. A particular focus is on unpacking service contact indicators such as antenatal care visits and skilled attendant at delivery to determine how best to generate valid measures of coverage for individual interventions provided through these service delivery platforms.34

- **Timely**, providing information on coverage that reflects recent progress and can be used in the short term to improve the performance of reproductive, maternal, newborn and child health programmes.

- **Able to be disaggregated**, to assess inequity and to determine which women and children are not being reached, as a basis for action.35

**BOX 11**

**Keeping coverage measurement current: an example from postnatal care**

Postnatal care visits for mothers and newborns offer an important opportunity to provide proven interventions that can save the lives of women and children. Despite the sparse and inconsistent data available at the time, *Countdown* began including postnatal care indicators for newborns in its reporting in 2005. This gap in data spurred efforts led by the Newborn Indicators Technical Working Group to refine the indicators and develop standard tools to measure coverage of key newborn interventions.1 These efforts informed the technical review process of *Countdown*, resulting in the addition over time of three newborn-related policy indicators on postnatal home visits in the first week of life on the *Countdown* 2012 country profiles and antenatal corticosteroids for preterm birth and kangaroo mother care on the *Countdown* 2014 country profiles. The visibility raised by including postnatal care indicators in *Countdown* reporting also sparked the two international household survey programmes that produce the majority of coverage data used in global monitoring, Demographic and Health Surveys and Multiple Indicator Cluster Surveys, to review their data collection efforts on postnatal care. The United Nations Children’s Fund, for example, developed a new module on postnatal care visits that was incorporated into the current round of Multiple Indicator Cluster Surveys and has increased the availability of country data on coverage of this service contact. This process has resulted in the development of global consensus on the definition of postnatal care visits and a surge of new data—the number of *Countdown* countries with recent available data on postnatal visit for the baby increased from zero in the 2005 report to six in the 2010 report to 17 in the 2014 report. *Countdown* currently tracks a systems indicator on emergency obstetric care and is actively working with partners on revising the list of signal functions that emergency obstetric care facilities must provide in order to include a comprehensive set of signal functions for newborn care.

**Notes**

1. Moran and others 2013.
The Demographic and Health Surveys and Multiple Indicator Cluster Survey programmes remain the primary source of coverage data for most low- and middle-income countries and have worked hard to coordinate their protocols and target their support to the 75 Countdown countries. An important development is that a small but growing number of countries are fielding their own surveys, often using adaptations of the standard protocols, and this increase in national capacity must be supported and expanded while ensuring that indicator definitions reflect international consensus to enable comparisons across countries and over time.

Success must be measured not only through the availability of high-quality, timely data, but also by the extent to which the process is implemented from start to finish by country-based research institutions, including special analyses to respond to questions from policymakers.

Well designed and well implemented household surveys must remain a central pillar of government systems for programme monitoring and evaluation. But they alone are not enough. Measures of coverage for interventions needed by subsets of women and children, including women with obstetric complications and newborns or children who are ill, are also likely to benefit from efforts to link household surveys to assessments of service providers. Surveys can tell us about coverage, or the proportion of those who need an intervention who have actually received it. Health facility-based data, whether from information systems or facility surveys, can tell us about the quality of care received by those who accessed services. Efforts are under way to meet these challenges and to ensure that standard, fit for purpose indicators are defined, subjected to validation assessments and measured with adequate technical and financial support and institutional capacity building at the country level. Good examples of interdisciplinary groups that engage independent technical experts to address these issues include the Roll Back Malaria Monitoring and Evaluation Reference Group, the Newborn Indicators Technical Working Group and the various interagency working groups tackling measurement issues related to women and children. Countdown collaborates closely with these groups.

Those who set global goals must be mindful of the technical demands of coverage measurement when defining indicators that will be used to track progress and assess accountability. Preliminary versions of the post-2015 sustainable development goals documentation included more than 20 targets for the health goal alone. Setting a target implies measurement, and over the years Countdown has repeatedly pointed to the unfair demand that countries report on numerous indicators for which no measurement strategy is in place or supported. This message was echoed by the Commission on Information and Accountability for Women’s and Children’s Health, which defined 11 priority indicators—including 8 coverage measures—and recommended that countries report on them. However, uptake of this recommendation has been limited by the availability of data at the country level. Only 8 of the 75 Countdown countries had recent data on all of these coverage indicators in 2011–2012, and 37—half the Countdown countries—had data for only one of them (figure 12). The paltry number of 75 Countdown countries reporting updated data from 2011 or 2012 for one or more of nine coverage measures recommended by the Commission on Information and Accountability for Women’s and Children’s Health

![FIGURE 12](image)

Half of Countdown countries had data for only 1 of 9 recommended coverage measures in 2011–2012

Number of 75 Countdown countries reporting updated data from 2011 or 2012 for one or more of nine coverage indicators recommended by the Commission on Information and Accountability for Women’s and Children’s Health

- 9 indicators
- 8 indicators
- 7 indicators
- 6 indicators
- 5 indicators
- 4 indicators
- 3 indicators
- 2 indicators
- 1 indicator

Note: Indicators include demand for family planning satisfied (including 2013 data for Ghana and Pakistan), antenatal care (four or more visits), skilled attendent at birth, postnatal care for mother, postnatal care for baby, exclusive breastfeeding, DTP3 vaccine coverage, careseeking for pneumonia and antibiotic treatment for pneumonia. This list does not include two indicators related to HIV, counts postnatal care for mother and baby separately and includes careseeking as well as treatment for pneumonia, so it differs from the list of 11 priority indicators (8 coverage and 3 impact) from the Commission on Information and Accountability for Women’s and Children’s Health.

Source: United Nations Children’s Fund global databases, April 2014, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other national surveys.
of countries able to report recent data on the full set of recommended coverage indicators is a distressing testament to data gaps in the countries where the burden of preventable maternal, newborn and child deaths is highest. Responsibility for filling those gaps, and for defining indicators based on what it is feasible to measure well, is shared by countries and the global reproductive, maternal, newborn and child health community.

Gaps in data on the policy and health systems determinants of coverage also need to be addressed. Countdown reporting has drawn attention to some of these gaps and helped stimulate an effort led by the World Health Organization to work at the country level to obtain standardized reports on selected indicators in each area. Intensive efforts are also under way to generate evidence and develop guidance on policies and health systems factors that affect access to essential reproductive, maternal, newborn and child health interventions.  

There are critical gaps in resource tracking (see box 9). For the first time in 2014 Countdown country profiles include the Commission on Information and Accountability for Women’s and Children’s Health–recommended resource indicator on reproductive, maternal, newborn and child health expenditures by source of funding, intended to track both domestic and external financial commitments to achieving the goals of the Global Strategy on Women’s and Children’s Health. More than two years have passed since the 2011 launch of the commission’s action agenda, and progress has been slow. According to the World Health Organization, only 4 of the 75 Countdown countries can report completely on the recommended financing indicator for recent years, and 2 countries can report partially. However, it is encouraging to note that 18 countries report that development of these indicators is in process and that 25 countries report being in the planning phase.  

Robust civil registration systems are still lacking in most Countdown countries, requiring the use of modelling to develop mortality and cause of death estimates (see annexes A and H). Most newborns and nearly all stillborn babies are born and die without ever being recorded, a situation that must be corrected in order to improve country capacity to plan for needed services and to monitor progress.
In 2014, as *Countdown*’s original time horizon approaches, we must look both backwards and forwards to draw lessons that may inform the future landscape for women’s and children’s health. Many of the same challenges remain. Some—including the broadening of the goals to encompass a more holistic agenda and the explosion of tools and initiatives for monitoring—will be new.

*Countdown* is fundamentally about accountability. It was conceived in a 2003 meeting at the Rockefeller Foundation’s Bellagio Center, resulting in the publication of a series on child survival in *The Lancet* in 2003. The original call was specific to child survival, but was later extended to include the full continuum of reproductive, maternal, newborn and child health:

… we commit ourselves to ensuring that there is an overall mechanism for improving accountability, re-energising commitment, and recognising accomplishments…

Participants will be those who support child survival, who monitor interventions and delivery strategies, and other concerned individuals and organisations.

… regular opportunities for the world to take stock of progress … and to hold countries and their partners accountable.

*Countdown* has grown in different dimensions since the first report in 2005. In addition to the shift from child survival to a broader reproductive, maternal, newborn and child health agenda, the number of countries has expanded from 60 to 75, and the number of interventions being monitored from 35 to 73. The 2005 report had 11 institutions’ logos on the back cover; the 2014 report has 43. *Countdown* now produces annual reports, with the full report (containing two-page country profiles) in even years and a shorter version (containing one-page country profiles focused on the 11 commission indicators) in odd years. *Countdown* has become a key resource for the global health community.

What are the strengths of *Countdown* that merit special consideration as the accountability and oversight structures are framed for the post-2015 period? First on the list is *Countdown*’s reliance on recent, replicable, relevant data on coverage and its determinants at the country level as the driving force, providing an unfiltered lens on progress and results. Second is the essential focus on disaggregating data to reveal inequities. Third, *Countdown* has maintained its commitment to bringing to the table scientists, policymakers, program leaders and advocates from both country and international institutions to review and act on these data. Finally, *Countdown* continues to search for more user-friendly ways to present country-specific data to promote the translation of scientific findings into actions that will prolong and improve the lives of women and children.

Conversely, it is precisely these strengths that have produced some of *Countdown*’s biggest challenges. One challenge has been maintaining the plurality of *Countdown* and its supra-institutional governance, while remaining true to the evidence. Achieving evidence-based consensus across 43 institutions has transaction costs, particularly around issues related to selecting the subset of proven interventions to be tracked and upholding an appropriate balance across the reproductive, maternal, newborn and child health continuum of care. A related challenge is maintaining flexibility so that *Countdown* can change in response to new evidence and country needs while adhering to its core principles and processes of work. Another major challenge has been preserving the focus of *Countdown*. As *Countdown* has grown in visibility and influence, there has been continuous pressure to expand the areas of concern. For example, should *Countdown* also
be reporting on child and maternal overweight or obesity? How much emphasis should be given to adolescent health, child development and human capital, maternal morbidity or stillbirths as elements of the continuum of care? How much collaboration is needed with other Millennium Development Goal and topic-specific monitoring initiatives so that each retains its added value yet is an integral part of the whole? Should Countdown retain its main focus on intervention coverage, or should it move more into social and environmental determinants of health or put a greater focus on health impact beyond mortality and nutrition? These debates are ongoing and are an important dialogue for ensuring that Countdown is responsive to the evidence and integrated into other accountability processes while maintaining a manageable, well defined scope of work so that its messages are clear and actionable.

Protecting the strengths of the Countdown process while addressing these challenges is the work of the future. We believe that there is no one optimal structural arrangement to protect the scientific integrity, programme relevance and independence of Countdown and that instead it represents a process of dedication, commitment, compromise and trust. One absolute necessity is to generate and sustain interest and commitment among young epidemiologists, program evaluators, health economists, communications specialists and programme leaders at the global level—particularly those living and working in Countdown countries.
Countdown speaks: priorities for the next 500 days and beyond

What do the 2014 findings mean for women and children, both immediately for the 500 days that remain until the end of the Millennium Development Goal era and for the process of defining the post-2015 framework? What actions must be taken? The 2014 Countdown results continue to point to the agenda-setting role of the Millennium Development Goals. This power must be harnessed for women and children in the next set of goals as well.

Looking forward to the post-2015 era, the Countdown experience and findings point to four absolute necessities related to accountability.

• First, this is the time to be building a foundation of baseline data that can be used to track progress. This was a critical omission in the Millennium Development Goal framework.

• Second, we must work to define an accountability mechanism that will serve women and children going forward. Countdown has tried to contribute to that conversation in this report.

• Third, we must back up our accountability rhetoric with real resources that can be used by countries to generate the data they need to participate meaningfully in the process. Too many Countdown countries still cannot report annually on key indicators, even after more than a decade of Millennium Development Goal monitoring and more recent efforts around the Commission on Information and Accountability for Women’s and Children’s Health initiative. Addressing this gap means increasing support for and strengthening country institutional capacity to conduct high-quality household surveys at regular intervals of no more than three years, while working to strengthen vital statistics, tracking of financial resources and assessments of service provision.

• Fourth, these data systems must be designed intentionally to permit disaggregation and examination of equity trends, to identify the women and children who are being missed and to support effective programming to reach them.

Our mandate is to use the coming 18 months to maintain and move forward on achieving high, sustained and equitable coverage with proven interventions that can save women’s and children’s lives and to strengthen country data systems so that they are able to respond to the future accountability agenda and build better programmes. There are opportunities to save lives now that must not be missed in the process of final assessments related to the Millennium Development Goals and in the current scrambling for places in the sun in the next set of goals. Experience from the Millennium Development Goals reflected in our results show that it took a long while for international agencies and country leaders to translate their global commitments into concrete action and for countries to accelerate coverage gains and mortality reduction. This must not happen on our watch over the coming two to three years. The essential foundation and processes for achieving the next set of goals begins today, with reinvigorated efforts to address the unfinished business of maternal, newborn and child survival. This includes continued recognition of the deep links between women’s and children’s health and the importance of improving service integration across the reproductive, maternal, newborn and child health continuum of care to maximize the impact, quality and efficiency of care provided.

We, as Countdown, challenge ourselves and the global reproductive, maternal, newborn and child health community to make the remaining days in the Millennium Development Goal era and the years beyond 2015 count for women and children. There must be continued, and even increased, accelerations in coverage for life-saving interventions. There must be improvements in the equitable delivery of these interventions,
providing essential services for all. There must be progress in ensuring that the necessary policy, health system and financial supports for these services are in place. And there must be greater commitment to data evolution that results in more and better data and data use for improving programmes. In addition, this transition period must see measurable progress in improving nutrition and in making family planning universally available. These targets do not need to wait for validation through the language of the sustainable development goals—they are a necessary part of any global agenda, and delays are unconscionable. *Countdown* will continue to track progress towards these immutable targets at the country level, and we will hold fast to the principle of accountability by all for the health and development of women and children.
Country profiles

The information summarized in the profiles is intended to help policymakers and their partners assess progress, prioritize actions and ensure accountability for commitments to reduce maternal, newborn, and child mortality.

The following section contains profiles for the 75 Countdown countries:

Afghanistan
Angola
Azerbaijan
Bangladesh
Benin
Bolivia
Botswana
Brazil
Burkina Faso
Burundi
Cambodia
Cameroon
Central African Republic
Chad
China
Comoros
Congo
Congo, Democratic Republic of the
Côte d’Ivoire
Djibouti
Egypt
Equatorial Guinea
Eritrea
Ethiopia
Gabon
Gambia, The
Ghana
Guatemala
Guinea
Guinea-Bissau
Haïti
India
Indonesia
Iraq
Kenya
Korea, Democratic People’s Republic of
Kyrgyzstan
Lao People’s Democratic Republic
Lesotho
Liberia
Madagascar
Malawi
Mali
Mauritania
Mexico
Morocco
Mozambique
Myanmar
Nepal
Niger
Nigeria
Pakistan
Papua New Guinea
Peru
Philippines
Rwanda
São Tomé and Príncipe
Senegal
Sierra Leone
Solomon Islands
Somalia
South Africa
South Sudan
Sudan
Swaziland
Tajikistan
Tanzania, United Republic of
Togo
Turkmenistan
Uganda
Uzbekistan
Viet Nam
Yemen
Zambia
Zimbabwe
The Countdown country profiles present in one place the latest evidence to assess country progress in improving reproductive, maternal, newborn and child health. The two-page profiles in this report are updated every two years with new data and analyses. Countdown has also committed to annually updating the core indicators selected by the Commission on Information and Accountability for Women’s and Children’s Health.

**Reviewing the information**

The first step in using the country profiles is to explore the range of data presented: demographics, mortality, coverage of evidence-based interventions, nutritional status and socioeconomic equity in coverage, and information on policies, health systems and financing. Key questions in reviewing the data include:

- Are trends in mortality and nutritional status moving in the right direction? Is the country on track to achieve the health-related Millennium Development Goals?
- How high is coverage for each intervention? Are trends moving in the right direction towards universal coverage? Are there gaps in coverage for specific interventions?
- How equitable is coverage? Are certain interventions particularly inaccessible for the poorest segment of the population?
- Are key policies and systems measures and adequate funding in place to bring coverage of key interventions to scale?

**Identifying areas to accelerate progress**

The second step in using the country profiles is to identify opportunities to address coverage gaps and accelerate progress in improving coverage and health outcomes across the continuum of care. Questions to ask include:

- Are the coverage data consistent with the epidemiological situation? For example:
  - If pneumonia deaths are high, are policies in place to support community case management of pneumonia? Are coverage levels low for careseeking and antibiotic treatment for pneumonia, and what can be done to reach universal coverage? Are the rates of deaths due to diarrhoea consistent with the coverage levels and trends of improved water sources and sanitation facilities?
  - In priority countries for eliminating mother-to-child transmission of HIV, are sufficient resources being targeted to preventing mother-to-child transmission?
  - Does lagging progress on reducing maternal mortality or high newborn mortality reflect low coverage of family planning, antenatal care, skilled attendance at birth and postnatal care?
- Do any patterns in the coverage data suggest clear action steps? For example, coverage for interventions involving treatment of an acute need (such as treatment of childhood diseases and childbirth services) is often lower than coverage for interventions delivered routinely through outreach or scheduled in advance (such as vaccinations). This gap suggests that health systems need to be strengthened, for example by training and deploying skilled health workers to increase access to care.
- Do the gaps and inequities in coverage along the continuum of care suggest prioritizing specific interventions and increasing funding for reproductive, maternal, newborn and child health? For example, is universal access to labour, delivery and immediate postnatal care being prioritized in countries with gaps in interventions delivered around the time of birth?
Sample country profile

Key population characteristics
These demographic indicators include the proportion of newborn deaths among all deaths of children under age 5, a Commission on Information and Accountability for Women's and Children's Health indicator.

Equity in coverage
Socioeconomic inequities in coverage highlight the need for concerted efforts to improve coverage among the poorest.

Intervention coverage
These charts show most recent coverage levels and trends for selected reproductive, maternal, newborn and child health interventions.

Impact: under-5 mortality rate and maternal mortality ratio
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Cause of death
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Policies
These indicators show whether needed policies are in place to support the introduction and scale-up of proven interventions.

Continuum of care
Gaps in coverage along the continuum of care from pre-pregnancy and childbirth through childhood up to age 5 should serve as a call to action for a country to prioritize these interventions.

Fulfilling the Health Agenda for Women and Children
The 2014 Report

Women's and Children's Health

Sample country profile

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**Demographics**

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<thead>
<tr>
<th>Indicator</th>
<th>2012</th>
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</thead>
<tbody>
<tr>
<td>Total population (000)</td>
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<tr>
<td>Total under-five population (000)</td>
<td>4,964</td>
<td>4,964</td>
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<tr>
<td>Births (000)</td>
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<td>1,053</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>37 (2010-2011)</td>
<td>37 (2010-2011)</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>103 (2012)</td>
<td>103 (2012)</td>
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<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>36 (2012)</td>
<td>36 (2012)</td>
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<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>71 (2012)</td>
<td>71 (2012)</td>
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<tr>
<td>Stilbirth rate (per 1000 total births)</td>
<td>29 (2009)</td>
<td>29 (2009)</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>94 (2013)</td>
<td>94 (2013)</td>
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<tr>
<td>Infant mortality rate (per 1000 births)</td>
<td>36 (2012)</td>
<td>36 (2012)</td>
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<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>29 (2012)</td>
<td>29 (2012)</td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>49 (2012)</td>
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**EQUITY**

<table>
<thead>
<tr>
<th>Indicator</th>
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<tr>
<td>Coverage along the continuum of care</td>
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<tr>
<td>Demand for family planning satisfied</td>
<td></td>
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<tr>
<td>Antenatal care (4+ visits)</td>
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<tr>
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<tr>
<td>*Postnatal care</td>
<td></td>
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<tr>
<td>Exclusive breastfeeding</td>
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<tr>
<td>Measles</td>
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<td></td>
</tr>
<tr>
<td>Immunization</td>
<td></td>
<td></td>
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<tr>
<td>Percentage of children immunized:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- against measles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- with 3 doses Hib</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- with rotavirus vaccine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- with 3 doses pneumococcal conjugate vaccine</td>
<td></td>
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<tr>
<td>Nutrition</td>
<td></td>
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<tr>
<td>Percentage of children with symptoms of pneumonia:</td>
<td></td>
<td></td>
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<tr>
<td>- taken to appropriate health provider</td>
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<td></td>
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<tr>
<td>- receiving antibiotics</td>
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<tr>
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<tr>
<td>Early initiation of breastfeeding</td>
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<td></td>
</tr>
<tr>
<td>ITN use among children &lt;5 yrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTP3</td>
<td></td>
<td></td>
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<tr>
<td>Measles</td>
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</tr>
<tr>
<td>Vitamin A (past 6 months)</td>
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<tr>
<td>ORT &amp; continued feeding</td>
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<tr>
<td>Careseeking for pneumonia</td>
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**Child Health**

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<tbody>
<tr>
<td>Immunization</td>
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<td></td>
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<tr>
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<tr>
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<td></td>
</tr>
<tr>
<td>Pneumonia treatment</td>
<td></td>
<td></td>
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<tr>
<td>Percentage of children &lt;5 years with symptoms of pneumonia:</td>
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<td></td>
</tr>
<tr>
<td>- taken to appropriate health provider</td>
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<td></td>
</tr>
<tr>
<td>- receiving antibiotics</td>
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</table>

**Nutrition**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2012</th>
<th>2013</th>
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<tbody>
<tr>
<td>Wasting prevalence (moderate and severe, %)</td>
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<td>(2010)</td>
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<tr>
<td>Low birthweight incidence (moderate and severe, %)</td>
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<td></td>
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<tr>
<td>Early initiation of breastfeeding (within 1 hr of birth, %)</td>
<td>54 (2010-2011)</td>
<td>54 (2010-2011)</td>
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<tr>
<td>Vitamin A two dose coverage (%)</td>
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</table>

**Underweight and Stunting Prevalence**

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<thead>
<tr>
<th>Indicator</th>
<th>2012</th>
<th>2013</th>
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</thead>
<tbody>
<tr>
<td>Percent of children &lt;5 years who are moderately or severely:</td>
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<td></td>
</tr>
<tr>
<td>underweight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>stunted</td>
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</table>

**Exclusive Breastfeeding**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of infants &lt;6 months exclusively breastfed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: MDG target calculated by Countdown to 2015.
Afghanistan

DEMOGRAPHICS

Causes of under-five deaths, 2012

Causes of maternal deaths, 2013

MATERNAL AND NEWBORN HEALTH

Antenatal care

Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

Demand for family planning satisfied (%) - -

Antenatal care (4 or more visits, %) 15 (2013)

Malaria during pregnancy - intermittent preventive treatment (%)

C-section rate (total, urban, rural; %)

(2010-2012)

Neonatal tetanus vaccine

60 (2012)

Postnatal visit for baby

(2010-2011)

Postnatal visit for mother

Women with low body mass index (<18.5 kg/m2, %)

CHILD HEALTH

Diarrhoeal disease treatment

Percent of children <5 years with diarrhoea:

- receiving oral rehydration therapy/increased fluids with continued feeding
- treated with ORS

Malaria prevention and treatment

Percent children receiving first line treatment among those receiving any antimalarial

Very limited risk

0 20 40 60 80 100

0 20 40 60 80 100

2003 MICS 2010-2011 MICS

WATER AND SANITATION

Improved drinking water coverage

Percent of population by type of drinking water source, 2012

Improved sanitation coverage

Percent of population by type of sanitation facility, 1995-2012

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Countdown to 2015

Maternal, Newborn & Child Survival

Policies

- Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent
- Legal status of abortion (X of 5 circumstances)

- Midwives authorized for specific tasks (X of 3 tasks)

- Maternity protection (Convention 183)

- Maternal deaths notification

- Postnatal home visits in the first week after birth

- Kangaroo Mother Care in facilities for low birthweight/preterm newborns

- Antenatal corticosteroids as part of management of preterm labour

- International Code of Marketing of Breastmilk Substitutes

- Community treatment of pneumonia with antibiotics

- Low osmolality ORS and zinc for management of diarrhoea

Systems

Costed national implementation plan(s)

- for: maternal, newborn and child health available

- Life Saving Commodities in Essential Medicine List:

  - Reproductive health (X of 3)
  - Maternal health (X of 3)
  - Newborn health (X of 4)
  - Child health (X of 3)

- Density of doctors, nurses and midwives (per 10,000 population)

- National availability of Emergency Obstetric Care services (% of recommended minimum)

Financing

Per capita total expenditure on health (US$)

- General government expenditure on health as % of total government expenditure (%)

- Out of pocket expenditure as % of total expenditure on health

- Reproductive, maternal, newborn and child health expenditure by source

  - External sources
  - General government expenditure
  - Out-of-pocket expenditure
  - Other

- ODA to child health per child (US$)

- ODA to maternal and neonatal health per live birth (US$)

Note: See annexes for additional information on the indicators above

Source: WHO/UNICEF JMP 2014

Source: WHO/UNICEF JMP 2014

Source: WHO/CHERG 2014

Source: WHO 2014

Source: WHO/CHERG 2014

Source: WHO/UNICEF JMP 2014

Source: WHO/UNICEF JMP 2014

Source: WHO/UNICEF JMP 2014

Source: WHO/UNICEF JMP 2014

49
**Angola**

**DEMOGRAPHICS**
- Total population (2012): 20,821
- Total under-five population (2012): 3,966
- Births (2012): 964
- Birth registration (%): 36
- Total under-five deaths (2012): 28
- Neonatal deaths: % of all under-5 deaths (2012): 28
- Neonatal mortality rate (per 1000 live births) (2012): 45
- Infant mortality rate (per 1000 live births) (2012): 100
- Stillbirth rate (per 1000 total births) (2012): 25
- Total maternal deaths (2012): 4,400
- Lifetime risk of maternal death (1 in N) (2013): 45
- Total fertility rate (per 1000 women ages 15-49) (2012): 213
- Adolescent birth rate (per 1000 girls ages 15-19) (2012): 11

**MATERNAL AND NEWBORN HEALTH**

**Coverage along the continuum of care**

<table>
<thead>
<tr>
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<th>2006-2007 MICS</th>
<th>2012 Other NS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-pregnancy care</td>
<td>23</td>
<td>47</td>
<td>97</td>
</tr>
<tr>
<td>Antenatal care (1+ visit)</td>
<td>32</td>
<td>47</td>
<td>97</td>
</tr>
<tr>
<td>Antenatal care (4+ visits)</td>
<td>41</td>
<td>51</td>
<td>97</td>
</tr>
<tr>
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<td>47</td>
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</tr>
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<td>97</td>
</tr>
<tr>
<td>Measles</td>
<td>22</td>
<td>47</td>
<td>97</td>
</tr>
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</table>

**Malaria prevention interventions**

- ITN use among children <5 yrs (2012): 28
- Vitamin A two dose coverage (2013): 62

**Immunization**

- Percent of children immunized: against measles
  - with 3 doses Hib | 37
  - with 3 doses DTP | 37
  - with 3 doses pneumococcal conjugate vaccine | 37

**Health system infrastructure**

- Skilled attendant at delivery: 2006-2007: 47%
- Skilled attendant at delivery: 2012: 97%

**Under-five mortality rate**

- Deaths per 1000 live births (2012): 213
- MDG Target: 71

**NUTRITION**

- Wasting prevalence (moderate and severe, %) (2007): 8
- Low birthweight incidence (moderate and severe, %) (2008): 12
- Early initiation of breastfeeding (within 1 hr of birth, %) (2007): 55
- Introduction of solid, semi-solid/soft foods (%) (2008): 77
- Vitamin A two dose coverage (%) (2008): 44

**Pneumonia treatment**

- Percent of children <5 years with symptoms of pneumonia: taken to appropriate health provider (2012): 17
- Percent of children <5 years with symptoms of pneumonia: receiving antibiotics (2012): 17

**SKILLED ATTENDANT AT DELIVERY**

- Percent live births attended by skilled health personnel (2012): 100%

**PREVENTION OF MATERNAL-TO-CHILD TRANSMISSION OF HIV**

- Eligible HIV+ pregnant women receiving ART for their own health: 2012: 21
- Percent HIV+ pregnant women receiving ARVs for PMTCT: <1

**MDG TARGET**

- MDG Target calculated by Countdown to 2015.

**EQUITY**

**Socioeconomic inequities in coverage**

- Household wealth quintile: Poorest 20% vs. Richest 20%
- Demand for family planning satisfied
  - Antenatal care (1+ visit) | 17 |
  - Antenatal care (4+ visits) | 17 |
  - Skilled attendant at delivery | 17 |
  - Early initiation of breastfeeding | 17 |
  - IFT use among children <5 yrs | 17 |
  - DTP3 | 17 |
  - Measles | 17 |
  - Vitamin A (past 6 months) | 17 |
  - ORT & continued feeding | 17 |
  - Careseeking for pneumonia | 17 |

Source: DHS, MICS, Other NS

* See Annex/website for indicator definition.
**DEMOMGRAPHICS**

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<thead>
<tr>
<th>Indicator</th>
<th>2012</th>
<th>2010</th>
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<tbody>
<tr>
<td>Total population (000)</td>
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<tr>
<td>Total under-five population (000)</td>
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<td>Births (000)</td>
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<td>Birth registration (%)</td>
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<td>Total under-five deaths (000)</td>
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<td></td>
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<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
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<td>Neonatal mortality rate (per 1000 live births)</td>
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<tr>
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<td>1,800</td>
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<tr>
<td>Total fertility rate (per 1000 women)</td>
<td>47</td>
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</tr>
</tbody>
</table>

**MATERNAL AND NEWBORN HEALTH**

**Coverage along the continuum of care**

- **Skilled attendant at delivery**
  - Percent live births attended by skilled health personnel
  - Pre-pregnancy: 97%
  - Pregnancy: 100%
  - Birth: 84%
  - Postnatal care: 88%
  - Neonatal period: 66%
  - Infancy: 99%

**EQUITY**

- **Socioeconomic inequities in coverage**
  - Household wealth quintile: Poorest 20% - Richest 20%
  - Demand for family planning satisfied
  - Antenatal care (1+ visit)
  - Early initiation of breastfeeding
  - ITN use among children <5 yrs
  - DTP3
  - Measles
  - Vitamin A (past 6 months)
  - ORT & continued feeding
  - Careseeking for pneumonia

**CHILD HEALTH**

- **Immunization**
  - Percent of children immunized:
    - against measles: 91%
    - with 3 doses DTP: 91%
    - with 3 doses Hib: 66%
    - with 3 doses pneumococcal conjugate vaccine: 72%

- **Pneumonia treatment**
  - Percent of children <5 years with symptoms of pneumonia:
    - taken to appropriate health provider: 36%
    - receiving antibiotics: 36%

**NUTRITION**

- **Wasting prevalence (moderate and severe, %)**: 7 (2006)
- **Low birthweight incidence (moderate and severe, %)**: 10 (2006)
- **Early initiation of breastfeeding (within 1 hr of birth, %)**: 32 (2006)
- **Introduction of solid, semi-solid/soft foods (%)**: 83 (2006)
- **Vitamin A two dose coverage (%)**: 90 (2006)

**Underweight and stunting prevalence**

- Percent of children <5 years who are moderately or severely:
  - underweight: 28%
  - stunted: 18%

**Exclusive breastfeeding**

- Percent of infants <6 months exclusively breastfed: 27%
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**Azerbaijan**

### DEMOGRAPHICS

#### Causes of under-five deaths, 2012

- Pneumonia: 20%
- Other direct: 17%
- Postnatal visit for baby: 16%
- Other direct: 8%
- Asphyxia: 8%
- Malaria: 8%
- Neonatal tetanus: 6%
- Preterm: 5%
- HIV/AIDS: 4%
- Haemorrhage: 4%
- Septicemia: 3%
- Measles: 3%
- Sepsis: 3%
- Other 25%

*Intrapartum-related events* 0%

**Causes of maternal deaths, 2013**

- Abortion: 10%
- Septicemia: 6%
- Embolism: 3%
- Septicemia: 2%
- Indirect: 22%
- Hypertension: 5%
- Haemorrhage: 3%
- Other direct: 17%
- Septicemia: 8%
- Asphyxia: 8%
- Malaria: 8%
- Neonatal tetanus: 6%
- Other 25%

### MATERIALIZ AND NEWBORN HEALTH

#### Antenatal care

- Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>98</td>
<td>66</td>
<td>70</td>
<td>77</td>
</tr>
</tbody>
</table>

Source: WHO/CHERG 2014

#### Demand for family planning satisfied (%) 77 (2006)

- Antenatal care (4 or more visits, %) 45 (2006)
- Malaria during pregnancy - intermittent preventive treatment (%)
  - C-section rate (total, urban, rural, %)
  - (Minimum target is 5% and maximum target is 15%)
  - Neonatal tetanus vaccine
  - Postnatal visit for baby
  - (within 2 days for home births, %)
  - Postnatal visit for mother
  - (within 2 days for home births, %)

### Diarrhoeal disease treatment

- Percent children <5 years with diarrhoea:
  - Receiving oral rehydration therapy/increased fluids
  - treated with ORS

### Malaria prevention and treatment

- Percent children receiving first line treatment among those receiving any antimalarial
- Percent children <5 years sleeping under ITNs

### WATER AND SANITATION

#### Improved drinking water coverage

- Percent of population by type of drinking water source, 1990-2012

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>21</td>
<td>12</td>
<td>11</td>
<td>10</td>
<td>33</td>
<td>12</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF JMP 2014

#### Improved sanitation coverage

- Percent of population by type of sanitation facility, 1995-2012

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>21</td>
<td>12</td>
<td>11</td>
<td>10</td>
<td>33</td>
<td>12</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF JMP 2014

### POLICIES

- Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent
- Legal status of abortion (x of 5 circumstances): 5 (R,F)
- Midwives authorized for specific tasks (x of 7 tasks)
- Maternity protection (Convention 183)
- Yes
- Maternal deaths notification
- Yes
- Postnatal home visits in the first week after birth
- No
- Kangaroo Mother Care in facilities for low birthweight/preterm newborns
- Yes
- Antenatal corticosteroids as part of management of preterm labour
- Yes

### SYSTEMS

- Costed national implementation
- Life Saving Commodities in Essential Medicine List:
  - Reproductive health (x of 3) 1 (2013)
  - Maternal health (x of 3) -
  - Newborn health (x of 4) -
  - Child health (x of 3) -

- Density of doctors, nurses and midwives (per 10,000 population)
  - 101.2 (2012)

- National availability of Emergency Obstetric Care services
- (K of recommended minimum)

### FINANCING

- Per capita total expenditure on health (US$)
  - 572 (2012)
- General government expenditure on health as % of total government expenditure (%)
  - 4 (2012)

- Out of pocket expenditure as % of total expenditure on health
  - 69 (2012)

- Reproductive, maternal, newborn and child health expenditure by source
  - No Data

- ODA to child health per child (US$)
  - 9 (2011)

- ODA to maternal and neonatal health per live birth (US$)
  - 18 (2011)

Note: See annexes for additional information on the indicators above.
**Maternal and Newborn Health**

**Demographics**

<table>
<thead>
<tr>
<th>Category</th>
<th>Value 2012</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>154,695</td>
<td></td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>15,074</td>
<td></td>
</tr>
<tr>
<td>Births (000)</td>
<td>3,150</td>
<td></td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>127</td>
<td></td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>5,200</td>
<td></td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>2.2</td>
<td></td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td>215</td>
<td></td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>128</td>
<td></td>
</tr>
</tbody>
</table>

**Under-five mortality rate**

<table>
<thead>
<tr>
<th>Year</th>
<th>Deaths per 1000 live births</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>144</td>
</tr>
<tr>
<td>1995</td>
<td>134</td>
</tr>
<tr>
<td>2000</td>
<td>115</td>
</tr>
<tr>
<td>2005</td>
<td>90</td>
</tr>
<tr>
<td>2010</td>
<td>48</td>
</tr>
<tr>
<td>2015</td>
<td>41</td>
</tr>
</tbody>
</table>

**Source:** DHS 2011

**Maternal mortality ratio**

<table>
<thead>
<tr>
<th>Year</th>
<th>Deaths per 100,000 live births</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>170</td>
</tr>
<tr>
<td>1995</td>
<td>138</td>
</tr>
<tr>
<td>2000</td>
<td>118</td>
</tr>
<tr>
<td>2005</td>
<td>80</td>
</tr>
<tr>
<td>2010</td>
<td>55</td>
</tr>
<tr>
<td>2015</td>
<td>48</td>
</tr>
</tbody>
</table>

**Prevention of mother-to-child transmission of HIV**

<table>
<thead>
<tr>
<th>Year</th>
<th>Eligible HIV+ pregnant women receiving ART for their own health (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>20</td>
</tr>
<tr>
<td>2012</td>
<td>30</td>
</tr>
</tbody>
</table>

**Immunization**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Coverage 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>80</td>
</tr>
<tr>
<td>Vitamin A</td>
<td>76</td>
</tr>
<tr>
<td>DTP3</td>
<td>96</td>
</tr>
</tbody>
</table>

**Child Health**

**Skilled attendant at delivery**

<table>
<thead>
<tr>
<th>Year</th>
<th>Live births attended by skilled health personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>1993-94</td>
<td>90</td>
</tr>
<tr>
<td>1999-00</td>
<td>12</td>
</tr>
<tr>
<td>2003</td>
<td>14</td>
</tr>
<tr>
<td>2007</td>
<td>18</td>
</tr>
<tr>
<td>2011</td>
<td>32</td>
</tr>
</tbody>
</table>

**Prevention of mother-to-child transmission of HIV**

<table>
<thead>
<tr>
<th>Year</th>
<th>Eligible HIV+ pregnant women receiving ART for PMTCT (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>76</td>
</tr>
<tr>
<td>2012</td>
<td>80</td>
</tr>
</tbody>
</table>

**EQUITY**

**Socioeconomic inequities in coverage**

- Household wealth quintile: Poorest 20% vs. Richest 20%

**NUTRITION**

**Wasting prevalence (moderate and severe, %)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>16</td>
</tr>
</tbody>
</table>

**Early initiation of breastfeeding (within 1 hr of birth, %)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>46</td>
</tr>
</tbody>
</table>

**Underweight and stunting prevalence**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>62</td>
</tr>
</tbody>
</table>

**Pneumonia treatment**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>46</td>
</tr>
</tbody>
</table>

**Careseeking for pneumonia**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1993-94</td>
<td>62</td>
</tr>
<tr>
<td>1999-00</td>
<td>47</td>
</tr>
<tr>
<td>2004</td>
<td>42</td>
</tr>
<tr>
<td>2007</td>
<td>43</td>
</tr>
<tr>
<td>2011</td>
<td>64</td>
</tr>
</tbody>
</table>

**Exclusive breastfeeding**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>44</td>
</tr>
</tbody>
</table>

**Note:** MDG target calculated by Countdown to 2015.
**Bangladesh**

### DEMOGRAPHICS

#### Causes of under-five deaths, 2012

![Cause of under-five deaths, 2012 chart](chart1)

Source: WHO/CHERG 2014

#### Causes of maternal deaths, 2013

![Cause of maternal deaths, 2013 chart](chart2)

Source: WHO 2014

* Intrapartum-related events ** Sepsis/ Tetanus/ Meningitis/ Encephalitis

### MATERNAL AND NEWBORN HEALTH

#### Antenatal care

Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS</td>
<td>26</td>
<td>33</td>
<td>40</td>
<td>52</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>MICS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Demand for family planning satisfied (%)

- 82 (2011)

#### Antenatal care (4 or more visits, %)

- 26 (2011)

#### Malaria during pregnancy - intermittent preventive treatment (%)

- 17 (2011)

#### Neonatal tetanus vaccine

- 94 (2012)

#### Postnatal visit for baby (within 2 days for home births, %)

- 30 (2011)

#### Postnatal visit for mother (within 2 days for home births, %)

- 27 (2011)

#### Women with low body mass index (<18.5 kg/m2, %)

- 28 (2011)

### CHILD HEALTH

#### Diarrhoeal disease treatment

Percent children <5 years with diarrhoea:
- Receiving oral rehydration therapy/increased fluids with continued feeding
- Treated with ORS

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS</td>
<td>50</td>
<td>61</td>
<td>52</td>
<td>67</td>
<td>74</td>
<td>76</td>
</tr>
<tr>
<td>MICS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Malaria prevention and treatment

Percent children receiving first line treatment among those receiving any antimalarial

- 100 (2011)

Percent children <5 years sleeping under ITNs

- 76 (2011)

### WATER AND SANITATION

#### Improved drinking water coverage

Percent of population by type of drinking water source, 1990-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>63</td>
<td>19</td>
<td>44</td>
</tr>
<tr>
<td>2012</td>
<td>58</td>
<td>32</td>
<td>26</td>
</tr>
</tbody>
</table>

#### Improved sanitation coverage

Percent of population by type of sanitation facility, 1990-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>52</td>
<td>15</td>
<td>37</td>
</tr>
<tr>
<td>2012</td>
<td>45</td>
<td>28</td>
<td>17</td>
</tr>
</tbody>
</table>

### FINANCING

Per capita total expenditure on health (US$)

- 68 (2012)

General government expenditure on health as % of total government expenditure (%)

- 8 (2012)

Out of pocket expenditure as % of total expenditure on health (%)

- 63 (2012)

Reproductive, maternal, newborn and child health expenditure by source

- No Data

ODA to child health per child (US$)

- 7 (2012)

ODA to maternal and neonatal health per live birth (US$)

- 17 (2012)

Notes: See annexes for additional information on the indicators above.
Countdown to 2015
Maternal, Newborn & Child Survival

Benin

Fulfilling the Health Agenda for Women and Children
The 2014 Report

DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Metric</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>10,051</td>
<td>10,000</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>1,631</td>
<td>1,600</td>
</tr>
<tr>
<td>Births (000)</td>
<td>371</td>
<td>360</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>80 (2011-2012)</td>
<td>80 (2012)</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>32 (2012)</td>
<td>32 (2012)</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>31 (2012)</td>
<td>31 (2012)</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>59 (2012)</td>
<td>59 (2012)</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>24 (2010)</td>
<td>24 (2010)</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>1,300 (2012)</td>
<td>1,300 (2012)</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>59 (2012)</td>
<td>59 (2012)</td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td>4.9 (2012)</td>
<td>4.9 (2012)</td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>98 (2009)</td>
<td>98 (2009)</td>
</tr>
</tbody>
</table>

MATERNAL AND NEWBORN HEALTH

Coverage along the continuum of care

<table>
<thead>
<tr>
<th>Service</th>
<th>2016 DHS</th>
<th>2011 DHS</th>
<th>2006 DHS</th>
<th>2012 DHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for family planning</td>
<td>28%</td>
<td>28%</td>
<td>28%</td>
<td>28%</td>
</tr>
<tr>
<td>Antenatal care (4+ visits)</td>
<td>61%</td>
<td>61%</td>
<td>61%</td>
<td>61%</td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td>84%</td>
<td>84%</td>
<td>84%</td>
<td>84%</td>
</tr>
<tr>
<td>*Postnatal care</td>
<td>33%</td>
<td>33%</td>
<td>33%</td>
<td>33%</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>72%</td>
<td>72%</td>
<td>72%</td>
<td>72%</td>
</tr>
<tr>
<td>Measles</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Socioeconomic inequities in coverage

<table>
<thead>
<tr>
<th>Household wealth quintile</th>
<th>Poorest 20%</th>
<th>Richest 20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for family planning</td>
<td>28%</td>
<td>84%</td>
</tr>
<tr>
<td>Antenatal care (1 visit)</td>
<td>61%</td>
<td>84%</td>
</tr>
<tr>
<td>Antenatal care (4+ visits)</td>
<td>84%</td>
<td>84%</td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td>72%</td>
<td>72%</td>
</tr>
<tr>
<td>Early initiation of breastfeeding</td>
<td>72%</td>
<td>72%</td>
</tr>
<tr>
<td>ITN use among children &lt;5 yrs</td>
<td>72%</td>
<td>72%</td>
</tr>
<tr>
<td>DTP3</td>
<td>72%</td>
<td>72%</td>
</tr>
<tr>
<td>Measles</td>
<td>72%</td>
<td>72%</td>
</tr>
<tr>
<td>Vitamin A (past 6 months)</td>
<td>72%</td>
<td>72%</td>
</tr>
<tr>
<td>ORT &amp; continued feeding</td>
<td>72%</td>
<td>72%</td>
</tr>
<tr>
<td>Careseeking for pneumonia</td>
<td>72%</td>
<td>72%</td>
</tr>
</tbody>
</table>

EQUITY

IMMUNIZATION

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>DPT</td>
<td>66</td>
<td>66</td>
<td>66</td>
<td>66</td>
<td>66</td>
</tr>
<tr>
<td>DTP</td>
<td>74</td>
<td>74</td>
<td>74</td>
<td>74</td>
<td>74</td>
</tr>
<tr>
<td>Polio</td>
<td>84</td>
<td>84</td>
<td>84</td>
<td>84</td>
<td>84</td>
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</tbody>
</table>

Prevention of mother-to-child transmission of HIV

<table>
<thead>
<tr>
<th>Year</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible HIV+ pregnant women receiving ART for their own health (% of total ARVs)</td>
<td>22%</td>
<td>32%</td>
<td>40%</td>
</tr>
</tbody>
</table>

Pneumonia treatment

<table>
<thead>
<tr>
<th>Year</th>
<th>2016 DHS</th>
<th>2001 DHS</th>
<th>2006 DHS</th>
<th>2012 DHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>32%</td>
<td>36%</td>
<td>36%</td>
<td>31%</td>
</tr>
</tbody>
</table>

NUTRITION

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Low birthweight incidence moderate and severe (%)</td>
<td>16%</td>
<td>15%</td>
</tr>
<tr>
<td>Vitamin A two dose coverage (%)</td>
<td>99% (2012)</td>
<td>99% (2012)</td>
</tr>
</tbody>
</table>

Underweight and stunting prevalence

<table>
<thead>
<tr>
<th>Year</th>
<th>2016 DHS</th>
<th>2001 DHS</th>
<th>2006 DHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>26%</td>
<td>39%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Exclusive breastfeeding

<table>
<thead>
<tr>
<th>Year</th>
<th>2016 DHS</th>
<th>2001 DHS</th>
<th>2006 DHS</th>
<th>2011-2012 DHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
</tr>
</tbody>
</table>
Benin

**DEMOGRAPHICS**

*Intrapartum-related events  **Sepsis/ Tetanus/ Meningitis/ Encephalitis

**WATER AND SANITATION**

**Improved drinking water coverage**

Percent of population by type of drinking water source, 1990-2012

**Improved sanitation coverage**

Percent of population by type of sanitation facility, 1990-2012

**MATERNAL AND NEWBORN HEALTH**

**Antenatal care**

Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

**Diarrhoeal disease treatment**

Percent of children <5 years with diarrhoea: 
- receiving oral rehydration therapy/increased fluids
- with continued feeding
- treated with ORS

**Malaria prevention and treatment**

Percent children receiving first line treatment among those receiving any antimalarial

- Percent children < 5 years sleeping under ITNs

**CHILDREN’S HEALTH**

**Causes of under-five deaths, 2012**

**Causes of maternal deaths, 2013**

**POLICIES**

- Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent: Partial
- Legal status of abortion (X of 5 circumstances): 3 (R,F)
- Midwives authorized for specific tasks (X of 7 tasks): 7
- Maternity protection (Convention 183): Yes
- Maternal deaths notification: Yes
- Postnatal home visits in the first week after birth: Yes
- Kangaroo Mother Care in facilities for low birthweight/preterm newborns: Yes
- Antenatal corticosteroids as part of management of preterm labour: Yes
- International Code of Marketing of Breastmilk Substitutes: Yes
- Community treatment of pneumonia with antibiotics: Yes
- Low osmolarity ORS and zinc for management of diarrhoea: Yes

**SYSTEMS**

- Costed national implementation: Yes (2013)
- International Code of Marketing of Breastmilk Substitutes: Yes
- Life Saving Commodities in Essential Medicine List:
  - Reproductive health (X of 3)
  - Maternal health (X of 3)
  - Newborn health (X of 4)
  - Child health (X of 3)
- Density of doctors, nurses and midwives (per 10,000 population): 8.3 (2008)
- National availability of Emergency Obstetric Care services: 34 (2011)
- Per capita total expenditure on health (%): 70 (2012)
- General government expenditure on health as % of total government expenditure (%): 44 (2012)
- Reproductive, maternal, newborn and child health expenditure by source:
  - Available (2012)

Note: See annexes for additional information on the indicators above.
Fulfilling the Health Agenda for Women and Children
The 2014 Report

Maternal, Newborn & Child Survival

Bolivia

Demographics

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>10,496</td>
<td>10,522</td>
</tr>
<tr>
<td>Total births (000)</td>
<td>1,264</td>
<td>1,272</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>76</td>
<td>76</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>46</td>
<td>47</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>Stilbirth rate (per 1000 total births)</td>
<td>550</td>
<td>552</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>140</td>
<td>140</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>3.3</td>
<td>3.3</td>
</tr>
<tr>
<td>Total fertility rate (per 1000 girls)</td>
<td>89</td>
<td>90</td>
</tr>
</tbody>
</table>

Neonatal deaths: % of all under-5 deaths

Source: DHS 2008

Equity

Socioeconomic inequities in coverage

<table>
<thead>
<tr>
<th>Household wealth quintile</th>
<th>Poorest 20%</th>
<th>Richest 20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for family planning satisfied</td>
<td>25</td>
<td>75</td>
</tr>
<tr>
<td>Antenatal care (4 visits)</td>
<td>72</td>
<td>72</td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td>71</td>
<td>71</td>
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<tr>
<td>*Postnatal care</td>
<td>84</td>
<td>84</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>60</td>
<td>60</td>
</tr>
</tbody>
</table>

Child Health

Immunization

Percent of children immunized:
- against measles
- with 3 doses Hib
- with rotavirus vaccine
- with 3 doses pneumococcal conjugate vaccine

Pneumonia treatment

Percent of children <5 years with symptoms of pneumonia:
- taken to appropriate health provider
- receiving antibiotics

Nutrition

Wasting prevalence (moderate and severe, %)

Low birthweight incidence (moderate and severe, %)

Early initiation of breastfeeding (within 1 hr of birth, %)

Introduction of solid, semi-solid/soft foods (%)

Vitamin A two dose coverage (%)

Underweight and stunting prevalence

Percent of children <5 years who are moderately or severely:
- underweight
- stunted

Exclusive breastfeeding

Percent of infants <6 months exclusively breastfed

Countdown to 2015
Fulfilling the Health Agenda for Women and Children
The 2014 Report

Bolivia

DEMOGRAPHICS

Causes of under-five deaths, 2012

Causes of maternal deaths, 2013

MATERNAL AND NEWBORN HEALTH

Antenatal care
Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

Demand for family planning satisfied (%) 75 (2003)
Antenatal care (4 or more visits, %) 72 (2003)
Malaria during pregnancy - intermittent preventive treatment (%)
C-section rate (total, urban, rural; %)
(Minimum target is 5% and maximum target is 15%)
Neonatal tetanus vaccine 76 (2012)
Postnatal visit for baby 77 (2003)
(Within 2 days for home births, %)
Postnatal visit for mother 77 (2003)
(Within 2 days for home births, %)
Women with low body mass index (<18.5 kg/m2, %)

CHILD HEALTH

Diarrhoeal health disease treatment
Percent children <5 years with diarrhoea:
- Receiving oral rehydration therapy/increased fluids with continued feeding
- Treated with ORS

Malaria prevention and treatment
Percent children receiving first line treatment among those receiving any antimalarial

WATER AND SANITATION

Improved drinking water coverage
Percent of population by type of drinking water source, 1990-2012

Piped on premises
Other improved
Unimproved
Surface water

Improved sanitation coverage
Percent of population by type of sanitation facility, 1990-2012

Improved facilities
Shared facilities
Unimproved facilities
Open defecation

POLICIES

Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent
Legal status of abortion (x of 5 circumstances)
Midwives authorized for specific tasks (x of 7 tasks)
Maternity protection (Convention 183)
Maternal deaths notification
Postnatal home visits in the first week after birth
Kangaroo Mother Care in facilities for low birthweight/preterm newborns
Antenatal corticosteroids as part of management of preterm labour
International Code of Marketing of Breastmilk Substitutes
Community treatment of pneumonia with antibiotics
Low osmolarity ORS and zinc for management of diarrhoea

SYSTEMS

Costed national implementation plan(s) for: maternal, newborn and child health available
Life Saving Commodities in Essential Medicine List:
- Reproductive health (x of 3)
- Maternal health (x of 3)
- Newborn health (x of 4)
- Child health (x of 3)
Density of doctors, nurses and midwives (per 10,000 population)
National availability of Emergency Obstetric Care services (% of recommended minimum)

FINANCING

Per capita total expenditure on health (US$)
General government expenditure on health as % of total government expenditure (%)
Out of pocket expenditure as % of total expenditure on health
Reproductive, maternal, newborn and child health expenditure by source
- External sources
- General government expenditure
- Out-of-pocket expenditure
- Other

ODA to child health per child (US$)
ODA to maternal and neonatal health per live birth (US$)

Note: See annexes for additional information on the indicators above
**DEMographics**

<table>
<thead>
<tr>
<th>Category</th>
<th>Poorest 20%</th>
<th>Richest 20%</th>
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</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>2,004</td>
<td>232</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>232</td>
<td>48</td>
</tr>
<tr>
<td>Births (000)</td>
<td>72</td>
<td>3</td>
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<tr>
<td>Birth registration (%)</td>
<td>54</td>
<td>16</td>
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<tr>
<td>Total under-five deaths (000)</td>
<td>41</td>
<td>29</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>41</td>
<td>29</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>29</td>
<td>16</td>
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<tr>
<td>Total maternal deaths</td>
<td>21</td>
<td>83</td>
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<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>2.7</td>
<td>0.2</td>
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<tr>
<td>Total fertility rate (per woman)</td>
<td>51</td>
<td>1.6</td>
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<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>9.5</td>
<td>9.5</td>
</tr>
</tbody>
</table>

**MATERNAL AND NEWBORN HEALTH**

**Coverage along the continuum of care**

- Demand for family planning satisfied
  - Antenatal care (1+ visit)
  - Antenatal care (4+ visits)
  - Skilled attendant at delivery
  - Early initiation of breastfeeding
  - ITN use among children <5 yrs
  - DTP3
  - Measles
  - Vitamin A (past 6 months)
  - ORT & continued feeding
  - Careseeking for pneumonia

**Skilled attendant at delivery**

- Percent live births attended by skilled health personnel

**Prevention of mother-to-child transmission of HIV**

- Eligible HIV+ pregnant women receiving ART for their own health (%, of total ARVs)
- Percent HIV+ pregnant women receiving ARVs for PMTCT
- Uncertainty range around the estimate

**Immunization**

- Percent of children immunized:
  - against measles
  - with 3 doses Hib
  - with rotavirus vaccine
  - with 3 doses pneumococcal conjugate vaccine

**Pneumonia treatment**

- Percent of children <5 years with symptoms of pneumonia:
  - taken to appropriate health provider
  - receiving antibiotics

**NUTRITION**

- Wasting prevalence (moderate and severe, %)
- Low birthweight incidence (moderate and severe, %)
- Underweight and stunting prevalence
- Exclusive breastfeeding

**EQUITY**

- Household wealth quintile: Poorest 20% vs. Richest 20%

Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

*See Annex/website for indicator definition.*
Botswana

### Demographics

#### Causes of under-five deaths, 2012

<table>
<thead>
<tr>
<th>Cause</th>
<th>1990</th>
<th>2000</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neonatal death (54%)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Premature</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (18%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td>1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td>7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congenital defects</td>
<td>6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malaria</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other NS</td>
<td>2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Source: WHO/CHERG 2014</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Causes of maternal deaths, 2013

<table>
<thead>
<tr>
<th>Cause</th>
<th>1990</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sepsis**</td>
<td>11%</td>
<td>2%</td>
</tr>
<tr>
<td>Other direct</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>Haemorrhage</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>Indirect</td>
<td>29%</td>
<td></td>
</tr>
<tr>
<td>Maternal deaths</td>
<td>94%</td>
<td></td>
</tr>
<tr>
<td>Other NS</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Regional estimate for Sub-Saharan Africa, 2013</td>
<td>Source: WHO 2014</td>
<td></td>
</tr>
</tbody>
</table>

### Maternal and Newborn Health

#### Antenatal care

Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

- 1988: 92%
- 1990: 97%
- 2000: 94%
- 2007: 94%
- Other NS: 92%
- Source: WHO/UNICEF JMP 2014

#### Diarrhoeal health treatment

Percent of children <5 years with diarrhoea:
- Receiving oral rehydration therapy/increased fluids: 49%
- Treated with ORS: 7%
- Sub-national risk

#### Malaria prevention and treatment

Percent children receiving first line treatment among those receiving any antimalarial
- 1988: 76%
- 2000: 92%
- Other NS: 76%

### Water and Sanitation

#### Improved drinking water coverage

Percent of population by type of drinking water source, 1990-2012

- Piped on premises: 70%
- Other improved: 27%
- Unimproved: 3%
- Surface water: 8%

#### Improved sanitation coverage

Percent of population by type of sanitation facility, 1990-2012

- Piped on premises: 5%
- Other improved: 15%
- Unimproved: 39%
- Shared facilities: 61%
- Open defecation: 23%

### Policies

- Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent: Yes
- Legal status of abortion: 3 (R,F)
- Midwives authorized for specific tasks: 5
- Maternity protection (Convention 183): No
- Maternal deaths notification: Yes
- Postnatal home visits in the first week after birth: Yes
- Kangaroo Mother Care in facilities for low birthweight/preterm newborns: No
- Antenatal corticosteroids as part of management of preterm labour: Yes
- International Code of Marketing of Breastmilk Substitutes: Yes
- Community treatment of pneumonia with antibiotics: No
- Low osmolarity ORS and zinc for management of diarrhoea: Yes

### Systems

- Costed national implementation plan(s) for: maternal, newborn and child health available: Yes
- Life Saving Commodities in Essential Medicine List:
  - Reproductive health: 1 (2013)
  - Newborn health: 3 (2013)
  - Child health: 3 (2013)
- Density of doctors, nurses and midwives (per 10,000 population): 31.8 (2014)
- National availability of Emergency Obstetric Care services (% of recommended minimum): 

### Financing

- Per capita total expenditure on health (US$): 872 (2012)
- General government expenditure on health as % of total government expenditure (%): 8 (2012)
- Out of pocket expenditure as % of total expenditure on health(%): 6 (2012)
- No Data
- Reproductive, maternal, newborn and child health expenditure by source:
  - External sources: 
  - General government expenditure: 
  - Out-of-pocket expenditure: 
  - Other: 

Other

ODA to child health per child (US$): 10 (2012)
ODA to maternal and neonatal health per live birth (US$): 26 (2012)

Note: See annexes for additional information on the indicators above
**Demosographics**

- Total population (000): 198,656 (2011)
- Total under-five population (000): 14,563 (2011)
- Births (000): 3,009 (2011)
- Birth registration (%): 93 (2011)
- Total under-five deaths (000): 42 (2011)
- Neonatal deaths: % of all under-5 deaths: 64 (2012)
- Neonatal mortality rate (per 1000 live births): 9 (2012)
- Infant mortality rate (per 1000 live births): 13 (2012)
- Stillbirth rate (per 1000 total births): 10 (2011)
- Total maternal deaths: 2,100 (2011)
- Lifetime risk of maternal death (1 in N): 2,100 (2013)
- Total fertility rate (per 1000 women ages 15-49): 780 (2012)
- Total under-five mortality rate (per 100,000 live births): 25 (2012)
- Total under-five mortality rate (per 1000 live births): 66 (2012)
- Adolescent birth rate (per 1000 girls ages 15-19): 65 (2011)

**Socioeconomic inequities in coverage**

- Demand for family planning satisfied: 
  - Antenatal care (4 visits): 91% (2009)
  - Skilled attendant at delivery: 97% (2009)
  - *Postnatal care: 41% (2009)
  - Exclusive breastfeeding: 99% (2009)
- Measles: 42% (2009)
- Vitamin A: 19% (2009)
- ORT & continued feeding: 15% (2009)
- Careseeking for pneumonia: 75% (2009)

**Immunization**

- Percent of children immunized:
  - with 3 doses DTP: 89 (2012)
  - with 3 doses Hib: 89 (2012)
  - with 3 doses pneumococcal conjugate vaccine: 85 (2012)
  - with 3 doses rotavirus vaccine: 90 (2012)

**Pneumonia treatment**

- Percent of children <5 years with symptoms of pneumonia:
  - taken to appropriate health provider: 80% (2011)
  - receiving antibiotics: 40% (2011)

**EQUITY**

**Underweight and stunting prevalence**

- Percent of children <5 years who are moderately or severely:
  - underweight: 5% (2006)
  - stunted: 19% (2006)

**Maternal mortality ratio**

- Deaths per 100,000 live births: 120 (2010)
- MDG Target: 110 (2015)

**Child health**

- Percent live births attended by skilled health personnel:
  - 1991 DHS: 70%
  - 1996 DHS: 88%
  - 2006 MoH: 97%

**NUTRITION**

- Wasting prevalence (moderate and severe, %): 2 (2006-2007)
- Low birthweight incidence (moderate and severe, %): 8 (2004)
- Vitamin A two dose coverage (%): 90 (2012)

**Low birthweight incidence**

- Birth registration (%): 93 (2011)
- Total fertility rate (per 1000 women ages 15-49): 780 (2012)
- Total under-five mortality rate (per 100,000 live births): 25 (2012)
- Total under-five mortality rate (per 1000 live births): 66 (2012)
- Adolescent birth rate (per 1000 girls ages 15-19): 65 (2011)

**Child health**

- Percent live births attended by skilled health personnel:
  - 1991 DHS: 70%
  - 1996 DHS: 88%
  - 2006 MoH: 97%

**NUTRITION**

- Wasting prevalence (moderate and severe, %): 2 (2006-2007)
- Low birthweight incidence (moderate and severe, %): 8 (2004)
- Vitamin A two dose coverage (%): 90 (2012)

**Low birthweight incidence**

- Birth registration (%): 93 (2011)
- Total fertility rate (per 1000 women ages 15-49): 780 (2012)
- Total under-five mortality rate (per 100,000 live births): 25 (2012)
- Total under-five mortality rate (per 1000 live births): 66 (2012)
- Adolescent birth rate (per 1000 girls ages 15-19): 65 (2011)
Brazil

DEMOGRAPHICS

Causes of under-five deaths, 2012

Causes of maternal deaths, 2013

MATERNAL AND NEWBORN HEALTH

Diatreal health disease treatment

Malaria prevention and treatment

CHILD HEALTH

Diarrheal disease treatment

Percent of children <5 years with diarrhoea:
- receiving oral rehydration therapy/increased fluids with continued feeding
- treated with ORS

CHILD HEALTH

WATER AND SANITATION

Improved drinking water coverage

Improved sanitation coverage

Fulfilling the Health Agenda for Women and Children
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Countdown to 2015
Maternal, Newborn & Child Survival

Policies

Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent

Legal status of abortion (x of 5 circumstances)

Midwives authorized for specific tasks (x of 7 tasks)

Maternity protection (Convention 183)

Maternal deaths notification

Postnatal home visits in the first week after birth

Kangaroo Mother Care in facilities for low birthweight/preterm newborns

Antenatal corticosteroids as part of management of preterm labour

International Code of Marketing of Breastmilk Substitutes

Community treatment of pneumonia with antibiotics

Low osmolarity ORS and zinc for management of diarrhoea

SYSTEMS

Costed national implementation plan(s) for: maternal, newborn and child health available

Life Saving Commodities in Essential Medicine List:

- Reproductive health (x of 3)
- Maternal health (x of 3)
- Newborn health (x of 4)
- Child health (x of 4)

Density of doctors, nurses and midwives (per 10,000 population)

National availability of Emergency Obstetric Care services (% of recommended minimum)

FINANCING

Per capita total expenditure on health (Int$)

General government expenditure on health as % of total government expenditure (%)

Out of pocket expenditure as % of total expenditure on health(%)

Reproductive, maternal, newborn and child health expenditure by source

- External sources
- General government expenditure
- Out-of-pocket expenditure
- Other

ODA to child health per child (US$)

ODA to maternal and neonatal health per live birth (US$)

ODA to maternal and neonatal health per child (US$)

Note: See annexes for additional information on the indicators above
Burkina Faso

Fulfilling the Health Agenda for Women and Children
The 2014 Report

Maternal, Newborn & Child Survival

Demographics

- Total population (000): 16,460 (2012)
- Total under-five population (000): 3,000 (2012)
- Births (000): 683 (2012)
- Birth registration (%): 77 (2010)
- Total under-five deaths (000): 7 (2012)
- Neonatal deaths: % of all under-5 deaths (2012)
- Infant mortality rate (per 1,000 live births) (2012)
- Stillbirth rate (per 1,000 total births) (2010)
- Total maternal deaths (2012)
- Lifetime risk of maternal death (1 in N) (2005)
- Total fertility rate (per 1,000 women aged 15-49 years) (2012)
- Adolescent birth rate (per 1,000 girls ages 15-19) (2012)

EQUITY

- Household wealth quintile: Poorest 20% - Richest 20%

Immunization

- Percent of children immunized:
  - Against measles: with 3 doses DTP
  - With 3 doses Hib
  - With rotavirus vaccine
  - With 3 doses pneumococcal conjugate vaccine

Prevention of mother-to-child transmission of HIV

- Eligible HIV+ pregnant women receiving ART for their own health (% of total ARVs)
- Percent HIV+ pregnant women receiving ARVs for PMTCT

Pneumonia treatment

- Percent of children <5 years with symptoms of pneumonia:
  - Taken to appropriate health provider
  - Received antibiotics

NUTRITION

- Wasting prevalence (moderate and severe, %)
- Low birthweight incidence (moderate and severe, %)
- Early initiation of breastfeeding (within 1 hr of birth, %)
- Introduction of solid, semi-solid/soft foods (%)
- Vitamin A two dose coverage (%)

Underweight and stunting prevalence

- Percent of children <5 years who are moderately or severely:
  - Underweight
  - Stunted

Exclusive breastfeeding

- Percent of infants <6 months exclusively breastfed

Source: DHS, MICS, Other NS
Burkina Faso

DEMOGRAPHICS

Causes of under-five deaths, 2012

- Pneumonia 29%
- Diarrhoea 16%
- Other 23%

Causes of maternal deaths, 2013

- Sepsis 10%
- Embolism 2%
- Haemorrhage 25%
- Hypertension 10%

MATERNAL AND NEWBORN HEALTH

Antenatal care

- Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS</td>
<td>59%</td>
<td>61%</td>
<td>73%</td>
<td>85%</td>
<td>94%</td>
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<tr>
<td>MICS</td>
<td></td>
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</tr>
</tbody>
</table>

Demand for family planning satisfied (%)

- 40% (2010)

Antenatal care (4 or more visits, %)

- 34% (2010)

Malaria during pregnancy - intermittent preventive treatment (%)

- 11% (2010)

(N: Minimum target is 5% and maximum target is 15%)

Neonatal tetanus vaccine

- 88% (2012)

Postnatal visit for baby

- 26% (2010)

(Within 2 days for home births, %)

Postnatal visit for mother

- 72% (2010)

(Within 2 days for home births, %)

Women with low body mass index (<18.5 kg/m2, %)

- 14% (2010)

CHILD HEALTH

Diarrhoeal disease treatment

- Percent of children <5 years with diarrhoea:
  - Receiving oral rehydration therapy/increased fluids with continued feeding
  - Treated with ORS

<table>
<thead>
<tr>
<th></th>
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<th></th>
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<tbody>
<tr>
<td>DHS</td>
<td>12%</td>
<td>15%</td>
<td>47%</td>
<td>42%</td>
<td>33%</td>
<td>21%</td>
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<td>MICS</td>
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</tr>
</tbody>
</table>

Malaria prevention and treatment

- Percent children receiving first line treatment among those receiving any antimalarial

- 25% (2010)

- Percent children <5 years sleeping under ITNs

- 2% (2003)

- 10% (2006)

- 47% (2010)

WATER AND SANITATION

Improved drinking water coverage

- Percent of population by type of drinking water source, 1990-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>1990</th>
<th>Total</th>
<th>2012</th>
<th>1990</th>
<th>Urban</th>
<th>2012</th>
<th>Rural</th>
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<tr>
<td></td>
<td>48%</td>
<td>75%</td>
<td>11%</td>
<td>27%</td>
<td>76%</td>
<td>19%</td>
<td></td>
</tr>
</tbody>
</table>

Improved sanitation coverage

- Percent of population by type of sanitation facility, 1990-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>1990</th>
<th>Total</th>
<th>2012</th>
<th>1990</th>
<th>Urban</th>
<th>2012</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8%</td>
<td>7%</td>
<td>18%</td>
<td>6%</td>
<td>8%</td>
<td>22%</td>
<td></td>
</tr>
</tbody>
</table>

Policies

- Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent: Yes
- Legal status of abortion (x) of 5 circumcisions: 3 (R)
- Midwives authorized for specific tasks (x) of 7 tasks: 7
- Maternity protection (Convention 183): Yes
- Maternal deaths notification: No
- Postnatal home visits in the first week after birth: Yes
- kangaroo Mother Care in facilities for low birthweight/preterm newborns: Yes

Systems

- Costed national implementation plan(s) for: maternal, newborn and child health available: Partial (2013)
- Life Saving Commodities in Essential Medicine List:
  - Density of doctors, nurses and midwives (per 10,000 population): 6.1 (2013)
  - National availability of Emergency Obstetric Care services (% of recommended minimum): 16 (2012)

Financing

- Per capita total expenditure on health (US$): 30 (2013)
- General government expenditure on health as % of total government expenditure (%): 36 (2012)
- Out of pocket expenditure as % of total expenditure on health: Available (2012)
- Reproductive, maternal, newborn and child health expenditure by source:
  - External sources
  - General government expenditure
  - Out-of-pocket expenditure
  - Other
- ODA to child health per child (US$): 14 (2012)
- ODA to maternal and neonatal health per live birth (US$): 31 (2012)

Note: See annexes for additional information on the indicators above.
Demographic and Health Survey (DHS) data are used to assess progress on selected MDG targets.

**Demographic and Health Survey (DHS) data**

- **Total population (000):** 9,850 (2012)
- **Total under-five population (000):** 1,383 (2012)
- **Births (000):** 443 (2012)
- **Birth registration (%):** 75 (2010)
- **Total under-five deaths (000):** 43 (2012)
- **Neonatal deaths: % of all under-5 deaths:** 35 (2012)
- **Neonatal mortality rate (per 1000 live births):** 67 (2012)
- **Infant mortality rate (per 1000 live births):** 28 (2010)
- **Stillbirth rate (per 1000 total births):** 28 (2010)
- **Total maternal deaths:** 3,400 (2012)
- **Lifetime risk of maternal death (1 in N):** 36 (2008)
- **Total fertility rate (per 1000 girls):** 69 (2012)
- **Adolescent birth rate (per 1000 girls):** 65 (2010)

**Economic Equity**

Household wealth quintile:
- Poorest 20%
- Richest 20%

**Socioeconomic inequities in coverage**

- **Demand for family planning satisfied:**
  - Antenatal care (1 visit):
  - Antenatal care (4 visits):
  - Skilled attendant at delivery:
  - Early initiation of breastfeeding:
  - Vitamin A (past 6 months):
  - ORT & continued feeding:
  - Careseeking for pneumonia:

**MDG Urgent Actions**

- **Pregnancy care**
  - Skilled care by health personnel:
    - Antenatal care:
    - Skilled delivery:
  - Contraceptive use:
  - PNC:
  - Immunization:
  - Vitamin A:
  - Early initiation of breastfeeding:
  - Careseeking for pneumonia:

**MDG Urgent Actions**

- **Maternal health**
  - Skilled attendant at delivery:
  - Maternal death:
  - Skilled pregnancy care:
  - PNC:

**Outcomes**

- **Under-five mortality rate**
  - Deaths per 1000 live births:
  - MDG Target:

- **Maternal mortality ratio**
  - Deaths per 100,000 live births:
  - MDG Target:

**Notes**

- MDG target calculated by Countdown to 2015.
- Uncertainty range around the estimate.
Burundi

**DEMOGRAPHICS**

**Causes of under-five deaths, 2012**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumonia</td>
<td>17%</td>
<td>16%</td>
<td>12%</td>
<td>12%</td>
<td>11%</td>
</tr>
<tr>
<td>Neonatal death</td>
<td>35%</td>
<td>34%</td>
<td>31%</td>
<td>28%</td>
<td>27%</td>
</tr>
<tr>
<td>Malaria</td>
<td>5%</td>
<td>3%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Other direct</td>
<td>9%</td>
<td>7%</td>
<td>5%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Sepsis**</td>
<td>7%</td>
<td>6%</td>
<td>5%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Asphyxia</td>
<td>7%</td>
<td>5%</td>
<td>4%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>22%</td>
<td>20%</td>
<td>17%</td>
<td>14%</td>
<td>13%</td>
</tr>
</tbody>
</table>

*Intrapartum-related events  **Sepsis/ Tetanus/ Meningitis/ Encephalitis

**Causes of maternal deaths, 2013**

<table>
<thead>
<tr>
<th>Cause</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sepsis**</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Embolism</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Haeemorrhage</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Other direct</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Indirect</td>
<td>29%</td>
<td>29%</td>
<td>29%</td>
</tr>
</tbody>
</table>
| Regional estimate for Sub-Saharan Africa, 2013

**MATERIAL AND NEWBORN HEALTH**

**Antenatal care**

Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

- 1990: 79%
- 2000: 78%
- 2005: 92%
- 2010: 99%

**Diarrhoeal health**

Percent of children <5 years with diarrhoea:

- 2000: 16%
- 2005: 11%
- 2010: 35%

**Malaria prevention and treatment**

Percent children receiving first line treatment among those receiving any antimalarial

- 2000: 1%
- 2005: 8%
- 2010: 45%

**WATER AND SANITATION**

**Improved drinking water coverage**

Percent of population by type of drinking water source, 1990-2012

- Piped on premises: 10% (1990), 21% (2012)
- Other improved: 19% (1990), 13% (2012)
- Surface water: 11% (1990), 14% (2012)

**Improved sanitation coverage**

Percent of population by type of sanitation facility, 1990-2012

- Piped on premises: 10% (1990), 48% (2012)
- Other improved: 19% (1990), 66% (2012)

**POLICIES**

- Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent: No
- Legal status of abortion: 3
- Midwives authorized for specific tasks: -
- Maternity protection (Convention 183): No
- Maternal deaths notification: No
- Postnatal home visits in the first week after birth: Yes
- Kangaroo Mother Care in facilities for low birthweight/preterm newborns: No
- Antenatal corticosteroids as part of management of preterm labour: No
- International Code of Marketing of Breastmilk Substitutes: Partial
- Community treatment of pneumonia with antibiotics: Yes
- Low osmolarity ORS and zinc for management of diarrhoea: Yes

**SYSTEMS**

- Costs national implementation plan(s) for: maternal, newborn and child health available: Partial
- Life Saving Commodities in Essential Medicine List:
- Density of doctors, nurses and midwives (per 10,000 population): 2.2 (2004)
- National availability of Emergency Obstetric Care services (% of recommended minimum): 27 (2010)

**FINANCING**

- Per capita total expenditure on health (US$): 45 (2012)
- General government expenditure on health as % of total government expenditure (%): 14 (2012)
- Out of pocket expenditure as % of total expenditure on health: 28 (2012)
- Reproductive, maternal, newborn and child health delivery by source:
  - External sources: No Data
  - General government expenditure: No Data
  - Out-of-pocket expenditure: No Data

Note: See annexes for additional information on the indicators above.
**Cambodia**

**DEMOGRAPHICS**

- **Total population (000)**: 14,865 (2012)
- **Total under-five population (000)**: 1,669 (2012)
- **Births (000)**: 386 (2012)
- **Birth registration (%)**: 62 (2010)
- **Total under-five deaths (000)**: 14 (2012)
- **Neonatal deaths: % of all under-5 deaths**: 47 (2012)
- **Neonatal mortality rate (per 1000 live births)**: 18 (2012)
- **Infant mortality rate (per 1000 live births)**: 34 (2012)
- **Stillbirth rate (per 1000 total births)**: 18 (2009)
- **Total maternal deaths**: 670 (2012)
- **Lifetime risk of maternal death (1 in N)**: 1200 (2010)
- **Skilled attendant at delivery**
  - Pre-pregnancy: 79
  - Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

**MOTHER AND NEWBORN HEALTH**

- **Preventive care coverage**
  - **MDG Target**: 300
  - **MDG Target calculated by Countdown to 2015**.

**EQUITY**

- **Socioeconomic inequities in coverage**
  - **Households wealth quintile**: Poorest 20% vs. Richest 20%

**IMMUNIZATION**

- **Immunization**
  - **Percent of children immunized**
    - against measles
    - with 3 doses Hib
    - with 3 doses pneumococcal conjugate vaccine

**PNEUMONIA TREATMENT**

- **Pneumonia treatment**
  - **Percent of children <5 years with symptoms of pneumonia**
    - taken to appropriate health provider
    - receiving antibiotics

**NUTRITION**

- **Wasting prevalence (moderate and severe, %)**: 11 (2012)
- **Low birthweight incidence (moderate and severe, %)**: 11 (2012)
- **Vitamin A two dose coverage (%)**
- **Early initiation of breastfeeding (within 1 hr of birth, %)**: 66 (2010)
- **Introduction of solid, semi-solid/soft foods (%)**: 88 (2010)
- **Vitamin A two dose coverage (%)**: 98 (2012)

**CHILD HEALTH**

- **Prevention of mother-to-child transmission of HIV**
  - **Eligible HIV+ pregnant women receiving ART for their own health (%) of total ARVs**
  - **Percent HIV+ pregnant women receiving ARVs for PMTCT**
  - **Uncertainty range around the estimate**

**NUTRITION**

- **Underweight and stunting prevalence**
  - **Percent of children <5 years who are moderately or severely underweight**
  - **Percent of children <5 years who are moderately or severely stunted**

- **Total under 5 deaths**: 140
- **Total population (000)**: 13
- **Total under 5 deaths**: 13
- **Total population (000)**: 13
- **Total under 5 deaths**: 13
- **Total population (000)**: 13

**MATERNAL AND NEWBORN HEALTH**

- **Coverage along the continuum of care**
  - **Demand for family planning satisfied**
  - **Skilled attendant at delivery**
  - **Exclusive breastfeeding**
  - **Measles**

- **Maternal mortality ratio**
  - **Deaths per 100,000 live births**

Source: DHS, MICS, Other NS

*See Annex/website for indicator definition
Cambodia

DEMographics

Causes of under-five deaths, 2012

Causes of maternal deaths, 2013

MATERNAL AND NEWBORN HEALTH

Antenatal care

Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

Malaria prevention and treatment

Percent children receiving first line treatment among those receiving any antimalarial

Diarrhoeal health disease treatment

Percent of children <5 years with diarrhoea:
- receiving oral rehydration therapy/increased fluids with continued feeding
- treated with ORS

Malaria prevention and treatment

Percent children < 5 years sleeping under ITNs

WATER AND SANITATION

Improved drinking water coverage

Percent of population by type of drinking water source, 1990-2012

Improved sanitation coverage

Percent of population by type of sanitation facility, 1990-2012

POLICIES

Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent

Legal status of abortion (X of 5 circumstances) 5 (R,F)

Midwives authorized for specific tasks (X of 7 tasks)

Maternity protection (Convention 183) No

Maternal deaths notification Yes

Postnatal home visits in the first week after birth Yes

Kangaroo Mother Care in facilities for low birthweight/preterm newborns Yes

Antenatal corticosteroids as part of management of preterm labour Yes

International Code of Marketing of Breastmilk Substitutes Yes

Community treatment of pneumonia with antibiotics No

Low coverage OHS and zinc for management of diarrhoea

SYSTEMS

Costed national implementation

Partially funded (2013)

Additional information on the indicators above

FINANCING

Per capita total expenditure on health (Int$)

General government expenditure on health as % of total government expenditure (%)

Out of pocket expenditure as % of total expenditure on health

Reproductive, maternal, newborn and child health expenditure by source

Obstetric Care services (% of recommended minimum)

Note: See annexes for additional information on the indicators above
Fulfilling the Health Agenda for Women and Children  
The 2014 Report

Maternal, Newborn & Child Survival

Demographics

<table>
<thead>
<tr>
<th>Measure</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>21,700</td>
<td>21,900</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>3,577</td>
<td>3,595</td>
</tr>
<tr>
<td>Births (000)</td>
<td>820</td>
<td>832</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>61%</td>
<td>61%</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>74</td>
<td>75</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>61</td>
<td>61</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>4,900</td>
<td>5,000</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>34</td>
<td>34</td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td>4.9</td>
<td>4.9</td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>128</td>
<td>128</td>
</tr>
</tbody>
</table>

Maternal and Newborn Health

Coverage along the continuum of care

Skilled attendant at delivery

Prevention of mother-to-child transmission of HIV

Immunization

Percent of children immunized:
- against measles
  - with 3 doses Hib
  - with rotavirus vaccine
  - with 3 doses pneumococcal conjugate vaccine

Child Health

Percent of children <5 years with symptoms of pneumonia:
- taken to appropriate health provider
- receiving antibiotics

Pneumonia treatment

NUTRITION

Percent of children <5 years who are moderately or severely:
- underweight
- stunted

Underweight and stunting prevalence

Percent of infants <6 months exclusively breastfed

Exclusive breastfeeding

EQUITY

Socioeconomic inequities in coverage

Household wealth quintile: Poorest 20% Richest 20%

Demand for family planning satisfied

Arterial care
- (1 visit)
- (4+ visits)
Skilled attendant at delivery
Early initiation of breastfeeding
ITN use among children <5 yrs
DTP3
Measles
Vitamin A (past 6 months)
ORT & continued feeding
Careseeking for pneumonia

Source: DHS 2011

Note: MDG target calculated by Countdown to 2015.
### Cameroon

#### DEMOGRAPHICS

**Causes of under-five deaths, 2012**

- Pneumonia: 15%
- Malaria: 12%
- Measles: 1%
- Infections: 6%
- Other: 21%

- Diarrhoea: 30%
- Pneumonia: 15%
- Malaria: 12%
- Other: 1%
- Sepsis/Tetanus/Meningitis/Encephalitis: 1%

Source: WHO/CHIRG 2014

**Causes of maternal deaths, 2013**

- Abortion: 10%
- Stillbirth: 9%
- Sepsis: 10%
- Embolism: 2%
- Hypertension: 10%
- Haemorrhage: 25%

Source: WHO 2014

#### MATERNAL AND NEWBORN HEALTH

**Antenatal care**

- Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

<table>
<thead>
<tr>
<th>Year</th>
<th>Piped on premises</th>
<th>Other improved</th>
<th>Unimproved</th>
<th>Surface water</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>35</td>
<td>18</td>
<td>20</td>
<td>33</td>
</tr>
<tr>
<td>2013</td>
<td>43</td>
<td>22</td>
<td>13</td>
<td>17</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF JMP 2014

**Diarrhoeal health disease treatment**

- Percent of children <5 years with diarrhoea

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>11</td>
<td>40</td>
<td>25</td>
<td>28</td>
</tr>
<tr>
<td>2013</td>
<td>16</td>
<td>58</td>
<td>33</td>
<td>25</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF JMP 2014

**Malaria prevention and treatment**

- Percent children < 5 years sleeping under ITNs

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>18</td>
<td>43</td>
<td>14</td>
<td>17</td>
</tr>
<tr>
<td>2013</td>
<td>22</td>
<td>47</td>
<td>22</td>
<td>13</td>
</tr>
</tbody>
</table>

Source: DHS/DHS/MICS

#### WATER AND SANITATION

**Improved drinking water coverage**

- Percent of population by type of drinking water source, 1990-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>35</td>
<td>63</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>2012</td>
<td>44</td>
<td>64</td>
<td>26</td>
<td>28</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF JMP 2014

**Improved sanitation coverage**

- Percent of population by type of sanitation facility, 1990-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>15</td>
<td>48</td>
<td>26</td>
<td>22</td>
</tr>
<tr>
<td>2012</td>
<td>17</td>
<td>54</td>
<td>27</td>
<td>27</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF JMP 2014

#### POLICIES

- Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent: No
- Legal status of abortion: Partial
- Midwives authorized for specific tasks: Partial
- Maternity protection (Convention 183): No
- Maternal deaths notification: No
- Postnatal home visits in the first week after birth: No
- Kangaroo Mother Care in facilities for low birthweight/preterm newborns: No
- Antenatal corticosteroids as part of management of preterm labour: Yes
- International Code of Marketing of Breastmilk Substitutes: Yes
- Community treatment of pneumonia with antibiotics: Yes
- Low osmolality ORS and zinc for management of diarrhoea: Yes

#### SYSTEMS

- Costed national implementation plan(s) for: maternal, newborn and child health available: No Data
- Life Saving Commodities in Essential Medicine List:
  - Reproductive health (X of 3): 1
  - Maternal health (X of 3): 3
  - Newborn health (X of 4): 2
  - Child health (X of 3): 2
- Density of doctors, nurses and midwives (per 10,000 population): 5.2
- National availability of Emergency Obstetric Care services (% of recommended minimum): 60

#### FINANCING

- Per capita total expenditure on health (US$): 120
- General government expenditure on health as % of total government expenditure (%): 9
- Out of pocket expenditure as % of total expenditure on health: 63
- Reproductive, maternal, newborn and child health expenditure by source:
  - No Data
- External sources:
  - General government expenditure: No Data
  - Out-of-pocket expenditure: No Data
  - Other: No Data
- ODA to child health per child (US$): 1,819
- ODA to maternal and neonatal health per live birth (US$): 23
Central African Republic

Fulfilling the Health Agenda for Women and Children
The 2014 Report

Maternal, Newborn & Child Survival

Demographics

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value 2012</th>
<th>Value 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>4,525</td>
<td></td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>662</td>
<td></td>
</tr>
<tr>
<td>Births (000)</td>
<td>156</td>
<td></td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>61%</td>
<td></td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>32%</td>
<td></td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>91%</td>
<td></td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>24%</td>
<td></td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>1,400</td>
<td></td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>27%</td>
<td></td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td>4.5%</td>
<td></td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>229%</td>
<td></td>
</tr>
</tbody>
</table>

Under-five mortality rate

Deaths per 1000 live births

Maternal mortality ratio

Deaths per 100,000 live births

**EQUITY**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Poorest 20%</th>
<th>Richest 20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socioeconomic inequities in coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household wealth quintile: Poorest 20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demand for family planning satisfied</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1+ visits)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4+ visits)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early initiation of breastfeeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ITN use among children &lt;5 yrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTP3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin A (past 6 months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORT &amp; continued feeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Careseeking for pneumonia</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MATERNAL AND NEWBORN HEALTH**

Coverage along the continuum of care

Skilled attendant at delivery

Percent live births attended by skilled health personnel

Prevention of mother-to-child transmission of HIV

Eligible HIV+ pregnant women receiving ART for their own health (% of total ARVs)

Pneumonia treatment

Percent of children <5 years who have symptoms of pneumonia:

- taken to appropriate health provider
- receiving antibiotics

Immunization

Percent of children immunized:

- against measles
- with 3 doses Hib
- with rotavirus vaccine
- with 3 doses pneumococcal conjugate vaccine

Child health

Percent of children <5 years who are moderately or severely:
- underweight
- stunted

NUTRITION

Wasting prevalence (moderate and severe, %) 7 (2010)
Low birthweight incidence (moderate and severe, %) 14 (2010)
Early initiation of breastfeeding (within 1 hr of birth, %) 44 (2010)
Introduction of solid, semi-solid/soft foods (%) 60 (2010)
Vitamin A two dose coverage (%) 83 (2010)

Underweight and stunting prevalence

Percent of children <5 years who are moderately or severely:

- underweight
- stunted

Exclusive breastfeeding

Percent of infants <6 months exclusively breastfed

Note: MDG target calculated by Countdown to 2015.
Central African Republic

DEMOGRAPHICS

Causes of under-five deaths, 2012

Causes of maternal deaths, 2013

MATERNAL AND NEWBORN HEALTH

Antenatal care

Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

Demand for family planning satisfied (%) 36 (2010)

Antenatal care (4 or more visits, %) 56 (2010)

Malaria during pregnancy - intermittent preventive treatment (%) 5, 8, 2 (2010)

Neonatal tetanus vaccine - (total, urban, rural; %) 66 (2012)

Postnatal visit for baby (within 2 days for home births, %) - -

Postnatal visit for mother (within 2 days for home births, %) - -

Women with low body mass index (<18.5 kg/m2, %) 15 (1994-1995)

CHILD HEALTH

Diarrhoeal disease treatment

Percent of children <5 years with diarrhoea:
- receiving oral rehydration therapy/increased fluids with continued feeding
- treated with ORS

Malaria prevention and treatment

Percent children receiving first line treatment among those receiving any antimalarial

Percent children <5 years sleeping under ITNs

WATER AND SANITATION

Improved drinking water coverage

Percent of population by type of drinking water source, 1990-2012

Improved sanitation coverage

Percent of population by type of sanitation facility, 1990-2012

Policies

Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent -

Legal status of abortion (x of 5 circumstances) 1

Midwives authorized for specific tasks (x of 7 tasks) 7

Maternity protection (Convention 183) Partial

Maternal deaths notification No

Postnatal home visits in the first week after birth No

Kangaroo Mother Care in facilities for low birthweight/preterm newborns -

Antenatal corticosteroids as part of management of preterm labour -

International Code of Marketing of Breastmilk Substitutes No

Community treatment of pneumonia with antibiotics No

Low osmolality ORS and zinc for management of diarrhoea -

Systems

Costed national implementation for: maternal, newborn and child health available -

Life Saving Commodities in Essential Medicine List:
- Reproductive health (x of 3)
- Maternal health (x of 3)
- Newborn health (x of 4)
- Child health (x of 3)

Density of doctors, nurses and midwives (per 10,000 population) 3.1 (2009)

National availability of Emergency Obstetric Care services (1% of recommended minimum)

Financing

Per capita total expenditure on health (us$) 32 (2012)

General government expenditure on health as % of total government expenditure (%) 11 (2012)

Out of pocket expenditure as % of total expenditure on health(us$) 46 (2012)

Reproductive, maternal, newborn and child health expenditure by source No Data

External sources
- General government expenditure
- Out-of-pocket expenditure
- Other

ODA to child health per child (us$) 22 (2012)

ODA to maternal and neonatal health per live birth (us$) 31 (2012)

Note: See annexes for additional information on the indicators above.
**Fulfilling the Health Agenda for Women and Children**

The 2014 Report

**Countdown to 2015**

*Maternal, Newborn & Child Survival*

**Chad**

### Demographics

<table>
<thead>
<tr>
<th>Category</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>12,448</td>
<td>12,448</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>2,406</td>
<td>2,406</td>
</tr>
<tr>
<td>Births (000)</td>
<td>579</td>
<td>579</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>82</td>
<td>82</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>89</td>
<td>89</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>5,800</td>
<td>5,800</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td>6.4</td>
<td>6.4</td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>203</td>
<td>203</td>
</tr>
</tbody>
</table>

**Under-five Mortality Rate**

Deaths per 1000 live births

**Maternal Mortality Ratio**

Deaths per 100,000 live births

---

**MATERNAL AND NEWBORN HEALTH**

### Coverage along the Continuum of Care

- **Demand for family planning satisfied**
  - Antenatal care (4+ visits)
  - Skilled attendant at delivery
  - *Postnatal care*
  - Exclusive breastfeeding

### Skilled Attendant at Delivery

Percent live births attended by skilled health personnel

- 1996-1997 DHS: 23
- 2000 DHS: 23
- 2004 DHS: 23
- 2010 DHS: 23
- 2015 MICS: 23

### Prevention of Mother-to-Child Transmission of HIV

Eligible HIV+ pregnant women receiving ART for their own health (% of total ARVs)

- 2010: 8
- 2011: 13
- 2012: 14

---

**EQUITY**

### Socioeconomic Inequities in Coverage

Household wealth quintile: **Poorest 20%**<br>** Richest 20%**

- Demand for family planning satisfied
  - Antenatal care (1+ visit)
  - Antenatal care (4+ visits)
  - Skilled attendant at delivery
  - Early initiation of breastfeeding
  - ITN use among children <5 yrs
  - DTP3
  - Measles
  - Vitamin A (past 6 months)
  - ORT & continued feeding
  - Careseeking for pneumonia

- Immunization

Percent of children immunized:
  - against measles
  - with 3 doses Hib
  - with 3 doses DTP
  - with 3 doses pneumococcal conjugate vaccine

- Pneumonia treatment

Percent of children <5 years with symptoms of pneumonia:
  - taken to appropriate health provider
  - receiving antibiotics

- Wasting prevalence (moderate and severe, %)
  - 16 (2010)

- Low birthweight incidence (moderate and severe, %)
  - 20 (2010)

- Early initiation of breastfeeding (within 1 hr of birth, %)
  - 29 (2010)

- Introduction of solid, semi-solid/soft foods (%)
  - 46 (2010)

- Vitamin A two dose coverage (%)
  - 0 (2010)

- Underweight and Stunting Prevalence

Percent of children <5 years who are moderately or severely:
  - underweight
  - stunted

- Exclusive Breastfeeding

Percent of infants <6 months exclusively breastfed
### Chad

#### DEMOGRAPHICS

**Causes of under-five deaths, 2012**

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumonia</td>
<td>15%</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>7%</td>
</tr>
<tr>
<td>Measles</td>
<td>3%</td>
</tr>
<tr>
<td>Malaria</td>
<td>10%</td>
</tr>
<tr>
<td>Other infections</td>
<td>27%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>2%</td>
</tr>
<tr>
<td>Other direct</td>
<td>9%</td>
</tr>
<tr>
<td>Trauma</td>
<td>8%</td>
</tr>
</tbody>
</table>

*Note: Data from 2010-2012*  
*Source: WHO/UNICEF JMP 2014*

**Causes of maternal deaths, 2013**

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sepsis</td>
<td>10%</td>
</tr>
<tr>
<td>Malnutrition</td>
<td>2%</td>
</tr>
<tr>
<td>Haemorrhage</td>
<td>25%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>10%</td>
</tr>
</tbody>
</table>

*Regional estimates for Sub-Saharan Africa, 2013*  
*Source: WHO 2014*

#### MATERNAL AND NEWBORN HEALTH

**Antenatal care**

- Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

<table>
<thead>
<tr>
<th>Year</th>
<th>1996-1997 DHS</th>
<th>2000 MICS</th>
<th>2004 DHS</th>
<th>2010 MICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>23</td>
<td>42</td>
<td>39</td>
<td>53</td>
</tr>
</tbody>
</table>

*Source: WHO/UNICEF JMP 2014*

**Demand for family planning satisfied (%)**

- Antenatal care (4 or more visits, %)
- Antenatal care (2 visits, %)

<table>
<thead>
<tr>
<th>Year</th>
<th>1996-1997 DHS</th>
<th>2000 MICS</th>
<th>2004 DHS</th>
<th>2010 MICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>15</td>
<td>23</td>
<td>22</td>
<td>43</td>
</tr>
</tbody>
</table>

*Source: WHO/UNICEF JMP 2014*

**Diarrhoeal disease treatment**

- Percent children <5 years with diarrhea:
  - receiving oral rehydration therapy/increased fluids
  - treated with ORS

<table>
<thead>
<tr>
<th>Year</th>
<th>1996-1997 DHS</th>
<th>2000 MICS</th>
<th>2004 DHS</th>
<th>2010 MICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>23</td>
<td>44</td>
<td>27</td>
<td>23</td>
</tr>
</tbody>
</table>

*Source: WHO/UNICEF JMP 2014*

**Malaria prevention and treatment**

- Percent children receiving first line treatment among those receiving any antimalarial

<table>
<thead>
<tr>
<th>Year</th>
<th>2000 MICS</th>
<th>2010 MICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>3</td>
<td>10</td>
</tr>
</tbody>
</table>

*Source: WHO/UNICEF JMP 2014*

#### CHILD HEALTH

**Diarrhoeal disease treatment**

- Percent children <5 years with diarrhea:
  - receiving oral rehydration therapy/increased fluids
  - treated with ORS

<table>
<thead>
<tr>
<th>Year</th>
<th>1996-1997 DHS</th>
<th>2000 MICS</th>
<th>2004 DHS</th>
<th>2010 MICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>23</td>
<td>44</td>
<td>27</td>
<td>23</td>
</tr>
</tbody>
</table>

*Source: WHO/UNICEF JMP 2014*

**Malaria prevention and treatment**

- Percent children receiving first line treatment among those receiving any antimalarial

<table>
<thead>
<tr>
<th>Year</th>
<th>2000 MICS</th>
<th>2010 MICS</th>
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</thead>
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<tr>
<td>2012</td>
<td>3</td>
<td>10</td>
</tr>
</tbody>
</table>

*Source: WHO/UNICEF JMP 2014*

#### WATER AND SANITATION

**Improved drinking water coverage**

- Percent of population by type of drinking water source, 1990-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>46</td>
<td>52</td>
<td>38</td>
</tr>
<tr>
<td>2012</td>
<td>45</td>
<td>47</td>
<td>44</td>
</tr>
</tbody>
</table>

*Source: WHO/UNICEF JMP 2014*

**Improved sanitation coverage**

- Percent of population by type of sanitation facility, 1990-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>9</td>
<td>37</td>
<td>14</td>
</tr>
<tr>
<td>2012</td>
<td>37</td>
<td>14</td>
<td>9</td>
</tr>
</tbody>
</table>

*Source: WHO/UNICEF JMP 2014*

### POLICIES

- Laws or regulations that allow adolescents to access contraceptive without parental or spousal consent
- Legal status of abortion (x of 5 circumstances)
- Midwives authorized for specific tasks
- Maternity protection (Convention 183)
- Maternal deaths notification
- Postnatal home visits in the first week after birth
- Kangaroo Mother Care in facilities for low birthweight/ preterm newborns
- Antenatal corticosteroids as part of management of preterm labour
- International Code of Marketing of Breastmilk Substitutes
- Community treatment of pneumonia with antibiotics
- Low osmolality ORS and zinc for management of diarrhoea

### SYSTEMS

- Costed national implementation plan(s) for: maternal, newborn and child health available
- Life Saving Commodities in Essential Medicine List:
  - Reproductive health (x of 3)
  - Maternal health (x of 3)
  - Newborn health (x of 4)
  - Child health (x of 3)
- Density of doctors, nurses and midwives (per 10,000 population)
- National availability of Emergency Obstetric Care services (% of recommended minimum)

### FINANCING

- Per capita total expenditure on health (US$)
- General government expenditure on health as % of total government expenditure (%)
- Out of pocket expenditure as % of total expenditure on health(s)
- Reproductive, maternal, newborn and child health expenditure by source
  - External sources
  - General government expenditure
  - Out-of-pocket expenditure
  - Other

- ODA to child health per child (US$)
- ODA to maternal and neonatal health per live birth (US$)

*Note: See annexes for additional information on the indicators above*
**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value (2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>1,377,065</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>88,934</td>
</tr>
<tr>
<td>Births (000)</td>
<td>18,455</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>-</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>258</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>61</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>9</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>12</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>10</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>5,900</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>1,800</td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td>1.7</td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>6</td>
</tr>
</tbody>
</table>

**MATERNAL AND NEWBORN HEALTH**

**Coverage along the continuum of care**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled attendant at delivery</td>
<td>94</td>
</tr>
<tr>
<td>Birth</td>
<td>89</td>
</tr>
<tr>
<td>Neonatal period</td>
<td>97</td>
</tr>
<tr>
<td>Infant period</td>
<td>98</td>
</tr>
<tr>
<td>Neoplasms</td>
<td>99</td>
</tr>
<tr>
<td>Demand for family planning satisfied</td>
<td>100</td>
</tr>
<tr>
<td>Pre-pregnancy Planning</td>
<td>97</td>
</tr>
<tr>
<td>Antenatal care (1+ visits)</td>
<td>28</td>
</tr>
<tr>
<td>Antenatal care (4+ visits)</td>
<td>97</td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td>97</td>
</tr>
<tr>
<td>*Postnatal care</td>
<td>28</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>100</td>
</tr>
<tr>
<td>Measles</td>
<td>99</td>
</tr>
</tbody>
</table>

**Skilled attendant at delivery**

- Percent live births attended by skilled health personnel:
  - 1990: 94%
  - 1995: 89%
  - 2000: 97%
  - 2005: 98%
  - 2010: 99%
  - 2015: 100%

**Prevention of mother-to-child transmission of HIV**

- Eligible HIV+ pregnant women receiving ART for their own health (% of total ARVs)
- Percent HIV+ pregnant women receiving ARVs for PMTCT
- Uncertainty range around the estimate

**Immunization**

- Percent of children immunized:
  - Against measles
    - with 3 doses Hib: 99%
    - with 3 doses pentavalent vaccine: 99%
    - with 3 doses pneumococcal conjugate vaccine: 99%

**Immunization**

- Percent of infants <6 months exclusively breastfed:
  - 2008: 28%

**Underweight and stunting prevalence**

- Percent of children <5 years who are moderately or severely underweight: 32%
- Stunted: 11%

**NUTRITION**

- Wasting prevalence (moderate and severe, %): 2%
- Low birthweight incidence (moderate and severe, %): 3%

**Pneumonia treatment**

- Percent of children <5 years with symptoms of pneumonia:
  - Taken to appropriate health provider: 43%
  - Receiving antibiotics: -

**Note:** MDG target calculated by Countdown to 2015.
### DEMOGRAPHICS

#### Causes of under-five deaths, 2012

- Pneumonia
- Diarrhoea
- Other direct
- Aphyse* 15%
- Other 15%
- Measles 1%
- Other 1%
- Congenital 3%
- Malaria 1%
- HIV/AIDS 0.5%
- Injuries 12%
- Unimproved facilities

Source: WHO/CHERG 2014

#### Causes of maternal deaths, 2013

- Sepsis/Tetanus/Meningitis/Encephalitis
- Abortion 14%
- Neonatal death 10%
- Embolism 12%
- Other direct 14%
- Indirect 25%
- Hypertension 36%
- Haemorrhage 36%
- Regional estimate for Eastern Asia, 2013

Source: WHO 2014

### MATERIEL AND NEWBORN HEALTH

#### Antenatal care

<table>
<thead>
<tr>
<th>Year</th>
<th>Unimproved</th>
<th>Piped on premises</th>
<th>Other improved</th>
<th>Surface water</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992</td>
<td>70</td>
<td>26</td>
<td>7</td>
<td>21</td>
</tr>
<tr>
<td>1995</td>
<td>79</td>
<td>27</td>
<td>6</td>
<td>21</td>
</tr>
<tr>
<td>2000</td>
<td>89</td>
<td>25</td>
<td>8</td>
<td>21</td>
</tr>
<tr>
<td>2005</td>
<td>90</td>
<td>25</td>
<td>8</td>
<td>21</td>
</tr>
<tr>
<td>2008</td>
<td>91</td>
<td>25</td>
<td>8</td>
<td>21</td>
</tr>
<tr>
<td>2011</td>
<td>94</td>
<td>25</td>
<td>8</td>
<td>21</td>
</tr>
</tbody>
</table>

#### Diarrhoeal disease treatment

- Percent children <5 years with diarrhoea:
  - Receiving oral rehydration therapy/increased fluids with continued feeding: 36.4%
  - Treated with ORS: 33.2%

No Data

#### Malaria prevention and treatment

- Percent children <5 years sleeping under ITNs: 71%
- No data available for diagnosis and treatment of malaria

Very limited risk

### CHILD HEALTH

#### Diarrhoeal disease treatment

- Percent children <5 years with diarrhoea:
  - Receiving oral rehydration therapy/increased fluids with continued feeding: 36.4%
  - Treated with ORS: 33.2%

No Data

#### Malaria prevention and treatment

- Percent children <5 years sleeping under ITNs: 71%
- No data available for diagnosis and treatment of malaria

Very limited risk

### WATER AND SANITATION

#### Improved drinking water coverage

- Percent of population by type of drinking water source, 1990-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>33</td>
<td>34</td>
<td>34</td>
</tr>
<tr>
<td>2012</td>
<td>40</td>
<td>44</td>
<td>40</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF JMP 2014

#### Improved sanitation coverage

- Percent of population by type of sanitation facility, 1990-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>26</td>
<td>34</td>
<td>28</td>
</tr>
<tr>
<td>2012</td>
<td>21</td>
<td>24</td>
<td>15</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF JMP 2014
Comoros

**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>718</td>
<td>728</td>
<td></td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>115</td>
<td>115</td>
<td></td>
</tr>
<tr>
<td>Births (000)</td>
<td>26</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>88</td>
<td>87</td>
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<td>Total under-five deaths (000)</td>
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<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>40</td>
<td>40</td>
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<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>31</td>
<td>31</td>
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<td>Infant mortality rate (per 1000 live births)</td>
<td>58</td>
<td>58</td>
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<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>27</td>
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<tr>
<td>Total maternal deaths</td>
<td>90</td>
<td>92</td>
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<td>Lifetime risk of maternal death (1 in N)</td>
<td>58</td>
<td>58</td>
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<tr>
<td>Total fertility rate (per woman)</td>
<td>58</td>
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<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>70</td>
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</table>

**MATERNAL AND NEWBORN HEALTH**

**Socioeconomic inequities in coverage**

<table>
<thead>
<tr>
<th>Household wealth quintile</th>
<th>Poorest 20%</th>
<th>Richest 20%</th>
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<tbody>
<tr>
<td>Demand for family planning satisfied</td>
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<td>Antenatal care (1+ visit)</td>
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<td>Antenatal care (4+ visits)</td>
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<tr>
<td>Skilled attendant at delivery</td>
<td></td>
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<tr>
<td>Early initiation of breastfeeding</td>
<td></td>
<td></td>
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<tr>
<td>ITN use among children &lt;5 yrs</td>
<td></td>
<td></td>
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<td>DTP3</td>
<td></td>
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<td>Measles</td>
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<tr>
<td>Vitamin A (past 6 months)</td>
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<tr>
<td>ORT &amp; continued feeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Careseeking for pneumonia</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EQUITY**

**IMMUNIZATION**

Percent of children immunized:
- against measles
  - with 3 doses Hib
  - with rotavirus vaccine
  - with 3 doses pneumococcal conjugate vaccine

**PNEUMONIA TREATMENT**

Percent of children <5 years with symptoms of pneumonia:
- taken to appropriate health provider
- receiving antibiotics

**NUTRITION**

Percent of children <5 years who are moderately or severely:
- underweight
- stunted

**Under-five mortality rate**

Deaths per 1000 live births

**Maternal mortality ratio**

Deaths per 100,000 live births

**SKILLED ATTENDANT AT DELIVERY**

Percent live births attended by skilled health personnel

**PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV**

Eligible HIV+ pregnant women receiving ART for their own health (%, of total ARVs)

**Note:** MDG target calculated by Countdown to 2015.

**CHILD HEALTH**

**WASTING PREVALENCE** (moderate and severe, %)

Early initiation of breastfeeding (within 1 hr of birth, %)

Introduction of solid, semi-solid/soft foods (%)

Vitamin A two dose coverage (%)
Comoros

DEMOGRAPHICS

Causes of under-five deaths, 2012

Causes of maternal deaths, 2013

MATERIAL AND NEWBORN HEALTH

Antenatal care

Demand for family planning satisfied (%) 37 (1996)

Antenatal care (4 or more visits, %) -

Malaria during pregnancy - intermittent preventive treatment (%) 28 (2012)

C-section rate (total, urban, rural; %) 5, 9, 4 (1996)

Neonatal tetanus vaccine 85 (2012)

Postnatal visit for baby (within 2 days for home births, %) -

Postnatal visit for mother (within 2 days for home births, %) -

Women with low body mass index (<18.5 kg/m², %) 10 (1996)

Child health

Diarrhoeal disease treatment

Malaria prevention and treatment

Percent children <5 years receiving first line treatment among those receiving any antimalarial 16 (2012)

Percent children <5 years sleeping under ITNs

WATER AND SANITATION

Improved drinking water coverage

Percent of population by type of drinking water source, 1990-2012

Improved sanitation coverage

Percent of population by type of sanitation facility, 1990-2012

No Data

No Data
Countdown to 2015
Maternal, Newborn & Child Survival

Fulfilling the Health Agenda for Women and Children
The 2014 Report

Congo

DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Total population (000)</th>
<th>4,337 (2012)</th>
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<tbody>
<tr>
<td>Total under-five population (000)</td>
<td>722 (2012)</td>
</tr>
<tr>
<td>Births (000)</td>
<td>165 (2012)</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>91 (2011-2012)</td>
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<tr>
<td>Total under-five deaths (000)</td>
<td>15 (2012)</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>34 (2012)</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>32 (2012)</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>62 (2012)</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>26 (2012)</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>690 (2012)</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>15 (2009)</td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td>5.0 (2012)</td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>147 (2010)</td>
</tr>
</tbody>
</table>

MATERNAL AND NEWBORN HEALTH

Coverage along the continuum of care

Skilled attendant at delivery

Percent live births attended by skilled health personnel

Prevention of mother-to-child transmission of HIV

Eligible HIV+ pregnant women receiving ART for their own health (% of total ARVs)

 UNCERTAINTY RANGE AROUND THE ESTIMATE

EQUITY

Socioeconomic inequities in coverage

Household wealth quintile: Poorest 20% Richest 20%

Demand for family planning satisfied

Antenatal care (1 visit)

Skilled attendant at delivery

*Postnatal care

Exclusive breastfeeding

Measles

Skilled attendant at delivery

Percent live births attended by skilled health personnel

Immunization

Percent of children immunized:

- against measles
- with 3 doses Hib
- with rotavirus vaccine
- with 3 doses pneumococcal conjugate vaccine

Pneumonia treatment

Percent of children <5 years with symptoms of pneumonia:

- taken to appropriate health provider
- receiving antibiotics

NUTRITION

Wasting prevalence (moderate and severe, %)

Low birthweight incidence (moderate and severe, %)

Early initiation of breastfeeding (within 1 hr of birth, %)

Introduction of solid, semi-solid/soft foods (%)

Vitamin A two dose coverage (%)

Underweight and stunting prevalence

Percent of children <5 years who are moderately or severely:

- underweight
- stunted

Exclusive breastfeeding

Percent of infants <6 months exclusively breastfed

Note: MDG target calculated by Countdown to 2015.
Congo

DEMOGRAPHICS

CAUSES OF UNDER-FIVE DEATHS, 2012

- Diarrhoea
- Pneumonia
- Other 16%
- Other 1%
- Malaria 21%
- Injuries 4%
- Measles 0%
- HIV/AIDS 3%
- Preterm 12%
- Asphyxia 0%
- Other 1%

Causes of maternal deaths, 2013

- Sepsis 10%
- Embolism 2%
- Haemorrhage 25%
- Regional estimate for Sub-Saharan Africa, 2013

MATERNAL AND NEWBORN HEALTH

ANTENATAL CARE

Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

Policies

- Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent
- Legal status of abortion (x of 5 circumstances)
- Midwives authorized for specific tasks (x of 7 tasks)
- Maternity protection (Convention 183)
- Maternal deaths notification
- Postnatal home visits in the first week after birth
- Kangaroo Mother Care in facilities for low birthweight/preterm newborns

Antenatal corticosteroids as part of management of preterm labour

International Code of Marketing of Breastmilk Substitutes

Community treatment of pneumonia with antibiotics

Low osmolality ORS and zinc for management of diarrhoea

CHILD HEALTH

DIARRHOEAL DISEASE TREATMENT

Percent of children <5 years with diarrhoea:
- Receiving oral rehydration therapy/increased fluids
- With continued feeding
- Treated with ORS

MALARIA PREVENTION AND TREATMENT

Percent children <5 years sleeping under ITNs

WATER AND SANITATION

IMPROVED DRINKING WATER COVERAGE

Percent of population by type of drinking water source, 2012

- Piped on premises
- Other improved
- Unimproved
- Surface water

IMPROVED SANITATION COVERAGE

Percent of population by type of sanitation facility, 2012

- Improved facilities
- Shared facilities
- Unimproved facilities
- Open defecation

Note: See annexes for additional information on the indicators above
**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Demographic indicator</th>
<th>Value 2012</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
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<td>Total population (000)</td>
<td>65,705</td>
<td></td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>21,691</td>
<td></td>
</tr>
<tr>
<td>Births (000)</td>
<td>2,839</td>
<td></td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>28 (2003)</td>
<td></td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>391 (2003)</td>
<td></td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>30 (2012)</td>
<td></td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>44 (2012)</td>
<td></td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>100 (2012)</td>
<td></td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>29 (2003)</td>
<td></td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>21,000</td>
<td></td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>23 (2012)</td>
<td></td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td>6.0 (2003)</td>
<td></td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>135 (2010)</td>
<td></td>
</tr>
</tbody>
</table>

**MATERNAL AND NEWBORN HEALTH**

**Coverage along the continuum of care**

<table>
<thead>
<tr>
<th>Care Intervention</th>
<th>Demand for family planning satisfied</th>
<th>Antenatal care (4+ visits)</th>
<th>Skilled attendant at delivery</th>
<th>*Postnatal care</th>
<th>Exclusive breastfeeding</th>
<th>Measles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>42%</td>
<td>45%</td>
<td>80%</td>
<td>37%</td>
<td>73%</td>
<td>73%</td>
</tr>
</tbody>
</table>

**Skilled attendant at delivery**

- Percent live births attended by skilled health personnel

<table>
<thead>
<tr>
<th>Year</th>
<th>2001 MICS</th>
<th>2007 DHS</th>
<th>2010 MICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>61%</td>
<td>74%</td>
<td>80%</td>
</tr>
</tbody>
</table>

**Prevention of mother-to-child transmission of HIV**

**Immunization**

- Percent of children immunized:
  - against measles
    - with 3 doses DPT
    - with 3 doses Hib
    - with rotavirus vaccine
    - with 3 doses pneumococcal conjugate vaccine

<table>
<thead>
<tr>
<th>Year</th>
<th>2001 MICS</th>
<th>2007 DHS</th>
<th>2010 MICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>73%</td>
<td>72%</td>
<td>75%</td>
</tr>
</tbody>
</table>

**Pneumonia treatment**

- Percent of children <5 years with symptoms of pneumonia:
  - taken to appropriate health provider
  - receiving antibiotics

<table>
<thead>
<tr>
<th>Year</th>
<th>2001 MICS</th>
<th>2007 DHS</th>
<th>2010 MICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>13%</td>
<td>11%</td>
<td>10%</td>
</tr>
</tbody>
</table>

**NUTRITION**

- Wasting prevalence (moderate and severe, %)
- Low birthweight incidence (moderate and severe, %)
- Introduction of solid, semi-solid/soft foods (%)
- Vitamin A two dose coverage (%)

<table>
<thead>
<tr>
<th>Year</th>
<th>2001 MICS</th>
<th>2007 DHS</th>
<th>2010 MICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>9%</td>
<td>10%</td>
<td>10%</td>
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</table>

**Underweight and stunting prevalence**

- Percent of children <5 years who are moderately or severely:
  - underweight
  - stunted

<table>
<thead>
<tr>
<th>Year</th>
<th>1995 Other NS</th>
<th>2001 MICS</th>
<th>2007 DHS</th>
<th>2010 MICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>31%</td>
<td>24%</td>
<td>24%</td>
<td>24%</td>
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</tbody>
</table>

**Exclusive breastfeeding**

- Percent of infants <6 months exclusively breastfed

<table>
<thead>
<tr>
<th>Year</th>
<th>1995 MICS</th>
<th>2001 MICS</th>
<th>2007 DHS</th>
<th>2010 MICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>24%</td>
<td>24%</td>
<td>36%</td>
<td>37%</td>
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</tbody>
</table>

**Equity**

**Socioeconomic inequities in coverage**

- Household wealth quintile: Poorest 20% vs Richest 20%

<table>
<thead>
<tr>
<th>Care Intervention</th>
<th>Demand for family planning satisfied</th>
<th>Antenatal care (1+ visit)</th>
<th>Skilled attendant at delivery</th>
<th>*Postnatal care</th>
<th>Exclusive breastfeeding</th>
<th>Measles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>40%</td>
<td>30%</td>
<td>80%</td>
<td>40%</td>
<td>73%</td>
<td>73%</td>
</tr>
</tbody>
</table>

**Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.**
**DEMOGRAPHICS**

**Causes of under-five deaths, 2012**
- Malaria 14%
- Pneumonia 12%
- Other causes combined 12%
- Diarrhoea 11%

**Causes of maternal deaths, 2013**
- Haemorrhage 25%
- Hypertension 16%
- Indirect 9%
- Other direct 9%
- Septis 6%
- Asphyxia 5%
- Congenital 4%
- HIV/AIDS 3%

*Source: WHO/CHERG 2014*

**MATERIAL AND NEWBORN HEALTH**

**Antenatal care**
Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy
- 2001 MICS
- 2007 DHS
- 2010 MICS

**Diarrhoeal disease treatment**
Percent of children <5 years with diarrhoea: continued feeding with ORS treated with ORS with continued feeding
- 2001 MICS
- 2007 DHS
- 2010 MICS

**Malaria prevention and treatment**
Percent children receiving first line treatment among those receiving any antimalarial
- 2001 MICS
- 2007 DHS
- 2010 MICS

**WATER AND SANITATION**

**Improved drinking water coverage**
Percent of population by type of drinking water source, 1990-2012
- Piped on premises
- Other improved
- Unimproved

**Improved sanitation coverage**
Percent of population by type of sanitation facility, 1990-2012
- Improved facilities
- Unimproved facilities
- Open defecation

**FINANCING**

Per capita total expenditure on health (%)
- 2011

**POLICIES**

Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent
- No

Legal status of abortion
- Yes

Midwives authorized for specific tasks
- No

Maternity protection (Convention 183)
- No

Maternal deaths notification
- Yes

Postnatal home visits in the first week after birth
- Yes

Kangaroo Mother Care in facilities for low birthweight/preterm newborns
- Yes

Antenatal corticosteroids as part of management of preterm labour
- No

International Code of Marketing of Breastmilk Substitutes
- Partial

Community treatment of pneumonia with antibiotics
- Yes

Low osmolality ORS and zinc for management of diarrhoea
- Yes

**SYSTEMS**

Costed national implementation plan(s) for: maternal, newborn and child health available
- Yes

Life Saving Commodities in Essential Medicine List:
- Reproductive health (X of 3)
- Maternal health (X of 3)
- Newborn health (X of 4)
- Child health (X of 3)

Density of doctors, nurses and midwives (per 10,000 population)

National availability of Emergency Obstetric Care services
- Yes

**Note:** See annexes for additional information on the indicators above.
### MATERNAL AND NEWBORN HEALTH

#### Coverage along the continuum of care

<table>
<thead>
<tr>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Demand for family planning satisfied</td>
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<td>47</td>
<td>63</td>
<td>55</td>
<td>57</td>
<td>59</td>
</tr>
<tr>
<td>Antenatal care (1+ visit)</td>
<td>85</td>
<td>70</td>
<td>60</td>
<td>50</td>
<td>45</td>
<td>42</td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td>44</td>
<td>59</td>
<td>68</td>
<td>70</td>
<td>74</td>
<td>70</td>
</tr>
<tr>
<td>Postnatal care</td>
<td>44</td>
<td>59</td>
<td>68</td>
<td>70</td>
<td>74</td>
<td>70</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>20</td>
<td>18</td>
<td>17</td>
<td>15</td>
<td>14</td>
<td>12</td>
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#### Skilled attendant at delivery

Percent live births attended by skilled health personnel

<table>
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<tr>
<th></th>
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<th></th>
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<td>2000</td>
<td>45</td>
<td>47</td>
<td>63</td>
<td>55</td>
<td>57</td>
<td>59</td>
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<td>2010</td>
<td>55</td>
<td>53</td>
<td>51</td>
<td>49</td>
<td>47</td>
<td>45</td>
</tr>
</tbody>
</table>

#### Prevention of mother-to-child transmission of HIV

Eligible HIV+ pregnant women receiving ARVs for their own health (% of total ARVs)

- 2010: 34 (2012)

#### Immunization

Percent of children immunized:

- Measles
- Pneumococcal conjugate vaccine
- DTP
- Vitamin A

#### NUTRITION

Percent of children <5 years who are moderately or severely:

- Underweight
- Stunted

#### Pneumonia treatment

Percent of children <5 years with symptoms of pneumonia:

- Taken to appropriate health provider
- Received antibiotics

### EQUITY

#### Socioeconomic inequities in coverage

<table>
<thead>
<tr>
<th>Household wealth quintile</th>
<th>Poorest 20%</th>
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<td>85</td>
<td>70</td>
</tr>
<tr>
<td>Antenatal care (4+ visits)</td>
<td>59</td>
<td>70</td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td>44</td>
<td>59</td>
</tr>
<tr>
<td>Early initiation of breastfeeding</td>
<td>44</td>
<td>59</td>
</tr>
<tr>
<td>ITN use among children &lt;5 yrs</td>
<td>85</td>
<td>70</td>
</tr>
<tr>
<td>Measles</td>
<td>85</td>
<td>70</td>
</tr>
<tr>
<td>Vitamin A (past 6 months)</td>
<td>85</td>
<td>70</td>
</tr>
<tr>
<td>ORT &amp; continued feeding</td>
<td>85</td>
<td>70</td>
</tr>
<tr>
<td>Careseeking for pneumonia</td>
<td>85</td>
<td>70</td>
</tr>
</tbody>
</table>

#### Nutritional status

- Underweight and stunting prevalence
- Low birthweight incidence
- Wasting prevalence

#### Pneumonia treatment

- Early initiation of breastfeeding
- Intake of solid, semi-solid/soft foods
- Vitamin A two dose coverage

---

*See Annex/website for indicator definition*
Fulfilling the Health Agenda for Women and Children
The 2014 Report

Côte d’Ivoire

DEMOGRAPHICS

Causes of under-five deaths, 2012

Causes of maternal deaths, 2013

MATERNAL AND NEWBORN HEALTH

Antenatal care

Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

100

Demand for family planning satisfied (%) 45 (2011-2012)

Antenatal care (4 or more visits, %) 44 (2011-2012)

Malaria during pregnancy - intermittent preventive treatment (%) 18 (2011-2012)

Neonatal tetanus vaccine 82 (2012)

Postnatal visit for baby (within 2 days for home births, %) 34 (2011-2012)

Postnatal visit for mother (within 2 days for home births, %) 70 (2011-2012)

Women with low body mass index (<18.5 kg/m2, %) 6 (2011-2012)

CHILD HEALTH

Diarrhoeal disease treatment

Percent of children <5 years with diarrhoea: ■ receiving oral rehydration therapy/increased fluids with continued feeding ■ treated with ORS

100

Malaria prevention and treatment

Percent children receiving first line treatment among those receiving any antimalarial 17 (2011-2012)

100

WATER AND SANITATION

Improved drinking water coverage

Percent of population by type of drinking water source, 1990-2012

100

Improved sanitation coverage

Percent of population by type of sanitation facility, 1990

100

Policies

Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent Yes

Legal status of abortion (% of 5 circumstances) 1

Midwives authorized for specific tasks (% of 7 tasks) 7

Maternity protection (Convention 183) Partial

Maternal deaths notification Yes

Postnatal home visits in the first week after birth Yes

Kangaroo Mother Care in facilities for low birthweight/preterm newborns Yes

Antenatal corticosteroids as part of management of preterm labour No

International Code of Marketing of Breastmilk Substitutes No

Community treatment of pneumonia with antibiotics No

Low osmolality ORS and zinc for management of diarrhoea Yes

Systems

Costed national implementation plant(s) for: maternal, newborn and child health available Yes (2013)

Life Saving Commodities in Essential Medicine List:

Reproductive health (X of 3) 1 (2013)

Maternal health (X of 3) 2 (2013)

Newborn health (X of 4) 3 (2014)

Child health (X of 3) 3 (2013)

Density of doctors, nurses and midwives (per 10,000 population) 6.3 (2013)

National availability of Emergency Obstetric Care services 7 (2013)

FINANCING

Per capita total expenditure on health (in$) 144 (2012)

General government expenditure on health as % of total government expenditure (%) 8 (2012)

Out of pocket expenditure as % of total expenditure on health(in$) 56 (2012)

Reproductive, maternal, newborn and child health expenditure by source No Data

ODA to child health per child (US$) 15 (2012)

ODA to maternal and neonatal health per live birth (US$) 23 (2012)

Note: See annexes for additional information on the indicators above
**DEMOCRATICS**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Year</th>
<th>Value</th>
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<tbody>
<tr>
<td>Total population (000)</td>
<td>2012</td>
<td>860</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>2012</td>
<td>108</td>
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<tr>
<td>Births (000)</td>
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<tr>
<td>Birth registration (%)</td>
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<tr>
<td>Total under-five deaths (000)</td>
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<td>2</td>
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<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>2012</td>
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</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>2012</td>
<td>31</td>
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<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>2012</td>
<td>66</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>2012</td>
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<tr>
<td>Total maternal deaths</td>
<td>2012</td>
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<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>2012</td>
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<tr>
<td>Total fertility rate (per 1000 girls)</td>
<td>2012</td>
<td>3.5</td>
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<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>2012</td>
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**MATERNAL AND NEWBORN HEALTH**

**Coverage along the continuum of care**

<table>
<thead>
<tr>
<th>Service</th>
<th>2003 MoH</th>
<th>2006 MICS</th>
</tr>
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<tbody>
<tr>
<td>Antenatal care (1+ visit)</td>
<td>61</td>
<td>93</td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td>83</td>
<td>83</td>
</tr>
<tr>
<td>*Postnatal care</td>
<td>93</td>
<td>83</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Pre-pregnancy care</td>
<td>7</td>
<td>93</td>
</tr>
<tr>
<td>Birth</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Neonatal period</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Infancy</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Skilled attendant at delivery**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003 MoH</td>
<td>61</td>
</tr>
<tr>
<td>2006 MICS</td>
<td>93</td>
</tr>
</tbody>
</table>

**Prevention of mother-to-child transmission of HIV**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>10</td>
</tr>
<tr>
<td>2011</td>
<td>13</td>
</tr>
<tr>
<td>2012</td>
<td>20</td>
</tr>
</tbody>
</table>

**Immunization**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>63</td>
</tr>
<tr>
<td>2005</td>
<td>81</td>
</tr>
<tr>
<td>2010</td>
<td>83</td>
</tr>
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</table>

**Pneumonia treatment**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002 Other NS</td>
<td>62</td>
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<tr>
<td>2006 MICS</td>
<td>48</td>
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</table>

**Underweight and stunting prevalence**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1989 Other NS</td>
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<tr>
<td>1996 Other NS</td>
<td>0</td>
</tr>
<tr>
<td>2002 Other NS</td>
<td>0</td>
</tr>
<tr>
<td>2006 MICS</td>
<td>0</td>
</tr>
<tr>
<td>(p)Other NS</td>
<td>0</td>
</tr>
</tbody>
</table>

**Exclusive breastfeeding**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 MICS</td>
<td>0</td>
</tr>
</tbody>
</table>

**NUTRITION**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>63</td>
</tr>
<tr>
<td>2005</td>
<td>81</td>
</tr>
<tr>
<td>2010</td>
<td>83</td>
</tr>
</tbody>
</table>

**Under-five mortality rate**

<table>
<thead>
<tr>
<th>Year</th>
<th>Deaths per 1000 live births</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>119</td>
</tr>
<tr>
<td>1995</td>
<td>81</td>
</tr>
<tr>
<td>2000</td>
<td>40</td>
</tr>
<tr>
<td>2005</td>
<td>230</td>
</tr>
<tr>
<td>2010</td>
<td>100</td>
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</tbody>
</table>

**Source:** ISME 2013

**Maternal mortality ratio**

<table>
<thead>
<tr>
<th>Year</th>
<th>Deaths per 100,000 live births</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>400</td>
</tr>
<tr>
<td>1995</td>
<td>200</td>
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<tr>
<td>2000</td>
<td>100</td>
</tr>
<tr>
<td>2005</td>
<td>230</td>
</tr>
<tr>
<td>2010</td>
<td>100</td>
</tr>
</tbody>
</table>

**Source:** MMEIG 2014

**Note:** MDG target calculated by Countdown to 2015.

**EQUITY**

<table>
<thead>
<tr>
<th>Household wealth quintile</th>
<th>Poorest 20%</th>
<th>Richest 20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for family planning satisfied</td>
<td>No Data</td>
<td>No Data</td>
</tr>
<tr>
<td>Antenatal care (1+ visit)</td>
<td>No Data</td>
<td>No Data</td>
</tr>
<tr>
<td>Antenatal care (4+ visits)</td>
<td>No Data</td>
<td>No Data</td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td>No Data</td>
<td>No Data</td>
</tr>
<tr>
<td>Early initiation of breastfeeding</td>
<td>No Data</td>
<td>No Data</td>
</tr>
<tr>
<td>Early initiation of breastfeeding ITN use among children &lt;5 yrs</td>
<td>No Data</td>
<td>No Data</td>
</tr>
<tr>
<td>DTP3</td>
<td>No Data</td>
<td>No Data</td>
</tr>
<tr>
<td>Measles</td>
<td>No Data</td>
<td>No Data</td>
</tr>
<tr>
<td>Vitamin A (past 6 months)</td>
<td>No Data</td>
<td>No Data</td>
</tr>
<tr>
<td>ORT &amp; continued feeding</td>
<td>No Data</td>
<td>No Data</td>
</tr>
<tr>
<td>Carseeking for pneumonia</td>
<td>No Data</td>
<td>No Data</td>
</tr>
</tbody>
</table>

**Socioeconomic inequities in coverage**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled attendant at delivery</td>
<td>59</td>
<td>70</td>
<td>81</td>
<td>83</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>17</td>
<td>19</td>
<td>22</td>
<td>22</td>
</tr>
</tbody>
</table>

**Source:** DHS, MICS, Other NS

* See Annex/website for indicator definition

0 20 40 60 80 100

**Note:** Differences in data sources. The greater the inequality. These estimates may differ from other charts due to differences in data sources.
Djibouti

DEMOGRAPHICS

Causes of under-five deaths, 2012

- Sepsis/ Tetanus/ Meningitis/ Encephalitis
- Urban intermittent preventive
- Urban
- Rural
- Malaria

Causes of maternal deaths, 2013

- Sepsis
- Embolism
- Haemorrhage
- Hypertension
- Indirect
- Asphyxia

MATERNAL AND NEWBORN HEALTH

Antenatal care
Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

- Antenatal care (4 or more visits, %) 7 (2002)
- Malaria during pregnancy - intermittent preventive treatment (%)
- C-section rate (total, urban, rural; %)
- Neonatal tetanus vaccine
- Postnatal visit for baby (within 2 days for home births, %)
- Postnatal visit for mother (within 2 days for home births, %)
- Women with low body mass index (<18.5 kg/m2, %)

Diarrhoeal health

Percent of children <5 years with diarrhoea:
- Receiving oral rehydration therapy/increased fluids
- with continued feeding
- treated with ORS

Malaria prevention and treatment
Percent children receiving first line treatment among those receiving any antimalarial

- Percent children < 5 years sleeping under ITNs
- Percent of children receiving first line treatment among those receiving any antimalarial

WATER AND SANITATION

Improved drinking water coverage
Percent of population by type of drinking water source, 1990-2012

- Piped on premises
- Other improved
- Unimproved
- Surface water

Improved sanitation coverage
Percent of population by type of sanitation facility, 1990-2012

- Improved facilities
- Unimproved facilities
- Shared facilities
- Open defecation

System

Costed national implementation Partial (2013)
Life Saving Commodities in Essential Medicine List:
- Reproductive health (X of 3) 1 (2013)
- Maternal health (X of 3) 3 (2013)
- Newborn health (X of 4) 3 (2014)
- Child health (X of 3) 2 (2014)
- Density of doctors, nurses and midwives (per 10,000 population) 10.3 (2008)
- National availability of Emergency Obstetric Care services 50 (2006)

Funding
Per capita total expenditure on health (%)
General government expenditure on health as % of total government expenditure (%)
Out of pocket expenditure as % of total expenditure on health

Note: See annexes for additional information on the indicators above
**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Total population (000)</th>
<th>80,722 (2012)</th>
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</thead>
<tbody>
<tr>
<td>Total under-five population (000)</td>
<td>9,237 (2012)</td>
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<tr>
<td>Births (000)</td>
<td>1,898 (2012)</td>
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<tr>
<td>Birth registration (%)</td>
<td>99 (2012)</td>
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<tr>
<td>Total under-five deaths (000)</td>
<td>40 (2012)</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>12 (2012)</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>6 (2012)</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>8 (2012)</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>6 (2012)</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>860 (2012)</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>15 (2012)</td>
</tr>
<tr>
<td>Total fertility rate (per 1000 girls)</td>
<td>50 (2012)</td>
</tr>
</tbody>
</table>

**MATERNAL AND NEWBORN HEALTH**

**Coverage along the continuum of care**

| Demand for family planning satisfied | 84 (2012) |
| Antenatal care (4+ visits) | 66 (2012) |
| Skilled attendant at delivery | 79 (2012) |
| *Postnatal care | 65 (2012) |
| Exclusive breastfeeding | 53 (2012) |
| Measles | 93 (2012) |

**Skilled attendant at delivery**

| Percent live births attended by skilled health personnel | 100 |
| Pre-pregnancy | 35 (1988) |
| Pregnancy | 41 (1992) |
| Birth | 46 (1995) |
| Neonatal period | 66 (2000) |
| Infant | 79 (2005) |

**Prevention of mother-to-child transmission of HIV**

| Percent of HIV+ pregnant women with evidence of ARVs taken to appropriate health provider | 100 |
| 2010 | 25 |
| 2011 | 62 |
| 2012 | 73 |

**Child Health**

**Immunization**

| Percent of children immunized: |
| against measles | 100 (2010) |
| with 3 doses DTP | 93 (2010) |
| with 3 doses Hib | 93 (2010) |
| with rotavirus vaccine | 93 (2010) |
| with 3 doses pneumococcal conjugate vaccine | 93 (2010) |

**Pneumonia treatment**

| Percent of children <5 years with symptoms of pneumonia: |
| taken to appropriate health provider | 80 (2005) |
| receiving antibiotics | 80 (2005) |

**NUTRITION**

| Wasting prevalence (moderate and severe, %) | 8 (2005) |
| Early initiation of breastfeeding (within 1 hr of birth, %) | 43 (2005) |
| Low birthweight incidence (moderate and severe, %) | 13 (2005) |
| Introduction of solid, semi-solid/soft foods (% taken) | 70 (2005) |
| Vitamin A two dose coverage (%) | 62 (2005) |

**Underweight and stunting prevalence**

| Percent of children <5 years who are moderately or severely: |
| underweight | 8 (2005) |
| stunted | 31 (2005) |

**Exclusive breastfeeding**

| Percent of infants <6 months exclusively breastfed |
| 2005 | 30 |
| 2006 | 38 |
| 2007 | 53 |
Egypt

DEMOGRAPHICS

Causes of under-five deaths, 2012

- Pneumonia
- Diarrhoea
- Other

Causes of maternal deaths, 2013

- Indirect 18%
- Hypertension 17%
- Haemorrhage 17%
- Sepsis 6%
- Embolism 3%

MATERNAL AND NEWBORN HEALTH

Antenatal care

Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

<table>
<thead>
<tr>
<th></th>
<th></th>
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<td>1988</td>
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<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1992</td>
<td>53</td>
<td>47</td>
<td>53</td>
<td>70</td>
<td>74</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Diarrhoeal disease treatment

Percent of children <5 years with diarrhoea:
- Receiving oral rehydration therapy/increased fluids
- With continued feeding
- Treated with ORS

Malaria prevention and treatment

Percent of children receiving first line treatment among those receiving any antimalarial:

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1992</td>
<td>29</td>
<td>34</td>
<td>26</td>
<td>27</td>
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<td>1995</td>
<td>40</td>
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<td>2003</td>
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<tr>
<td>2005</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2008</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>

WATER AND SANITATION

Improved drinking water coverage

Percent of population by type of drinking water source, 1990-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>32%</td>
<td>96%</td>
<td>1%</td>
</tr>
<tr>
<td>2012</td>
<td>100%</td>
<td>98%</td>
<td>93%</td>
</tr>
</tbody>
</table>

Improved sanitation coverage

Percent of population by type of sanitation facility, 1990-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>4%</td>
<td>2%</td>
<td>39%</td>
</tr>
<tr>
<td>2012</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF JMP 2014

Fulfilling the Health Agenda for Women and Children

The 2014 Report

COUNTDOWN TO 2015

Maternal, Newborn & Child Survival

Policies

Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent

Legal status of abortion (X of 5 circumstances)

Midwives authorized for specific tasks (X of 7 tasks)

Maternity protection (Convention 183)

Maternal deaths notification

Postnatal home visits in the first week after birth

Kangaroo Mother Care in facilities for low birthweight/preterm newborns

Antenatal corticosteroids as part of management of preterm labour

International Code of Marketing of Breastmilk Substitutes

Community treatment of pneumonia with antibiotics

Low osmolarity ORS and zinc for management of diarrhoea

Systems

Costed national implementation plan(s) for: maternal, newborn and child health available

Life Saving Commodities in Essential Medicine List:
  - Reproductive health (X of 3)
  - Maternal health (X of 3)
  - Newborn health (X of 4)
  - Child health (X of 3)

Density of doctors, nurses and midwives (per 10,000 population)
  - 63.5 (2009)

National availability of Emergency Obstetric Care services
  - (% of recommended minimum)

Financing

Per capita total expenditure on health (US$)
  - 323 (2012)

General government expenditure on health as % of total government expenditure (%)
  - 6 (2012)

Out of pocket expenditure as % of total expenditure on health(%)
  - 60 (2012)

Reproductive, maternal, newborn and child health expenditure by source

- External sources
- General government expenditure
- Out-of-pocket expenditure
- Other

ODA to child health per child (US$)
  - 2 (2012)

ODA to maternal and neonatal health per live birth (US$)
  - 5 (2012)

Note: See annexes for additional information on the indicators above
## DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2012</th>
<th>2009</th>
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</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>736</td>
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</tr>
<tr>
<td>Total under-five population (000)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Births (000)</td>
<td>113</td>
<td>104</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>37</td>
<td>35</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>34</td>
<td>34</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>34</td>
<td>34</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>72</td>
<td>77</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>17</td>
<td>19</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>79</td>
<td>80</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>72</td>
<td>72</td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td>128</td>
<td>128</td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## MATERNAL AND NEWBORN HEALTH

### Coverage along the continuum of care

- **Pre-pregnancy**: 27%
- **Antenatal care (4 visits)**: 65%
- **Skilled attendant at delivery**: 24%
- **Exclusive breastfeeding**
  - 51%

### Skilled attendant at delivery

- Percentage live births attended by skilled health personnel

### Prevention of mother-to-child transmission of HIV

- No Data

## CHILD HEALTH

### Immunization

- **Percent of children immunized**:
  - Against measles
    - 3 doses Hib: 51%
    - 3 doses DTP: 53%
    - Rotavirus vaccine: 33%
    - Meningococcal conjugate vaccine: 53%

### Pneumonia treatment

- No Data

## NUTRITION

### Wasting prevalence (moderate and severe, %)

- 3 (2005)

### Low birthweight incidence (moderate and severe, %)

- 13 (2005)

### Vitamin A two dose coverage (%)

- No Data

## EQUITY

<table>
<thead>
<tr>
<th>Socioeconomic inequities in coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household wealth quintile:</td>
</tr>
<tr>
<td>Poorest 20%</td>
</tr>
<tr>
<td>Richest 20%</td>
</tr>
</tbody>
</table>

### Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.
Fulfilling the Health Agenda for Women and Children

The 2014 Report

Countdown to 2015

Maternal, Newborn & Child Survival

Equatorial Guinea

DEMOGRAPHICS

Causes of under-five deaths, 2012

Causes of maternal deaths, 2013

MATERNAL AND NEWBORN HEALTH

Antenatal care

Demand for family planning satisfied (%) 27 (2011)

Antenatal care (4 or more visits, %) - -

Malaria during pregnancy - intermittent preventive treatment (%) - -

C-section rate (total, urban, rural; %) - -

(Primary target is 5% and maximum target is 15%)

Neonatal tetanus vaccine 75 (2012)

Postnatal visit for baby (within 2 days for home births, %) - -

Postnatal visit for mother (within 2 days for home births, %) - -

Women with low body mass index (<18.5 kg/m2, %) - -

CHILD HEALTH

Diarrhoeal disease treatment

Percent of children <5 years with diarrhoea: receiving oral rehydration therapy/increased fluids with continued feeding - -

treated with ORS - -

Percent children < 5 years sleeping under ITNs - -

Malaria prevention and treatment

Percent children receiving first line treatment among those receiving any anti-malarial - -

Percent children <5 years sleeping under ITNs - -

WATER AND SANITATION

Improved drinking water coverage

Percent of population by type of drinking water source, 1990-2012

Piped on premises Other improved Surface water

Unimproved

Improved sanitation coverage

Percent of population by type of sanitation facility, 1990-2012

Improved facilities Shared facilities

Unimproved facilities Open defecation

No Data

No Data

ODA to child health per child (US$) 16 (2011)

ODA to maternal and neonatal health per live birth (US$) 48 (2011)

Note: See annexes for additional information on the indicators above

POLICIES

Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent  Yes

Legal status of abortion (x of 5 circumstances) 3

Midwives authorized for specific tasks (x of 7 tasks) 7

Maternity protection (Convention 183) Partial

Maternal deaths notification Yes

Postnatal home visits in the first week after birth Yes

Kangaroo Mother Care in facilities for low birthweight/ premature newborns Yes

Antenatal corticosteroids as part of management of preterm labour Yes

International Code of Marketing of Breastmilk Substitutes No

Community treatment of pneumonia with antibiotics -

Low osmolality ORS and zinc for management of diarrhoea Yes

SYSTEMS

Costed national implementation plan(s) for: maternal, newborn and child health available Yes (2013)

Life Saving Commodities in Essential Medicine List:

Reproductive health (x of 3) -

Maternal health (x of 3) 3 (2013)

Newborn health (x of 4) 3 (2013)

Child health (x of 3) 3 (2013)

Density of doctors, nurses and midwives (per 10,000 population) 8.4 (2004)

National availability of Emergency Obstetric Care services -

FINANCING

Per capita total expenditure on health (Int$) 1,432 (2012)

General government expenditure on health as % of total government expenditure (%) 7 (2012)

Out of pocket expenditure as % of total expenditure on health(%) 44 (2012)

Reproductive, maternal, newborn and child health expenditure by source

No Data

External sources

General government expenditure

Out-of-pocket expenditure

Other

ODA to child health per child (US$) 16 (2011)

ODA to maternal and neonatal health per live birth (US$) 48 (2011)
Eritrea

**DEMOGRAPHICS**

- **Total population (000)** 6,131 (2012)
- **Total under-five population (000)** 1,034 (2012)
- **Births (000)** 230 (2012)
- **Birth registration (%)** - (2012)
- **Total under-five deaths (000)** - (2012)
- **Neonatal deaths: % of all under-5 deaths** 11 (2012)
- **Neonatal mortality rate (per 1000 live births)** 18 (2012)
- **Deaths**:
  - **Infant mortality rate (per 1000 live births)** 21 (2012)
  - **Stillbirth rate (per 1000 total births)** 21 (2012)
- **Total maternal deaths**: 880 (2012)
- **Lifetime risk of maternal death (1 in N)** 52 (2012)
- **Adolescent birth rate (per 1000 girls)** 85 (1995)

**Under-five mortality rate**

Deaths per 1000 live births

- **1990**: 150
- **1995**: 125
- **2000**: 120
- **2005**: 100
- **2010**: 75
- **2015**: 50

**Maternal mortality ratio**

Deaths per 100,000 live births

- **1990**: 1,700
- **1995**: 1,400
- **2000**: 1,200
- **2005**: 1,000
- **2010**: 800
- **2015**: 600

**EQUITY**

- **Socioeconomic inequities in coverage**
  - **Household wealth quintile**:
    - Poorest 20%
    - Richest 20%
  - **Demand for family planning satisfied**
    - Pre-pregnancy
    - Antenatal care (4 visits)
    - Skilled attendant at delivery
    - *Postnatal care
    - Exclusive breastfeeding
    - Measles

**CHILD HEALTH**

- **Immunization**
  - **Percent of children immunized:**
    - against measles
      - with 3 doses Hib
      - with rotavirus vaccine
    - with 3 doses pneumococcal conjugate vaccine

**NUTRITION**

- **Wasting prevalence (moderate and severe, %)** 15 (2002)
- **Low birthweight incidence (moderate and severe, %)** 14 (2002)

**Pneumonia treatment**

- **Percent of children <5 years with symptoms of pneumonia:**
  - taken to appropriate health provider
  - receiving antibiotics

**MATERIAL AND NEWBORN HEALTH**

- **Skilled attendant at delivery**
  - Percent live births attended by skilled health personnel
  - 1995: 21
  - 2002: 28

- **Prevention of mother-to-child transmission of HIV**
  - Eligible HIV+ pregnant women receiving ART for their own health (% of total ARVs)
  - Percent HIV+ pregnant women receiving ARVs for PMTCT

**Eutectics inns in coverage**

- **Demand for family planning satisfied**
  - Antenatal care (1 visit)
  - Antenatal care (4 visits)
  - Skilled attendant at delivery
  - Early initiation of breastfeeding
  - ITN use among children <5 yrs
  - DTP3
  - Measles
  - Vitamin A (past 6 months)
  - ORT & continued feeding
  - Careseeking for pneumonia

**NUTRITION**

- **Underweight and stunting prevalence**
  - **Percent of children <5 years who are moderately or severely:**
    - underweight
    - stunted

- **Exclusive breastfeeding**
  - Percent of infants <6 months exclusively breastfed

**Nutrition levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.**

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**Fulfilling the Health Agenda for Women and Children**

*The 2014 Report*

**Maternal, Newborn & Child Survival**

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**Source:** WHO/UNICEF 2013

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**Source:** MMEIG 2014

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**Source:** UNICEF/UNAIDS/WHO 2013
Eritrea

DEMOGRAPHICS

Causes of under-five deaths, 2012

- Pneumonia: 17%
- Premature: 7%
- Globally nearly half of child deaths are attributable to undernutrition
- Other 23%
- Injuries: 8%
- Measles: 6%
- Source: WHO/CHERG 2014

Causes of maternal deaths, 2013

- Sepsis: 10%
- Embolism: 2%
- Haemorrhage: 25%
- Hypertension: 10%
- Source: WHO 2014

MATERNAL AND NEWBORN HEALTH

Antenatal care
Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

- 1995: 49%
- 2002: 70%

Diarrhoeal disease treatment
Percent of children <5 years with diarrhoea:
- Receiving oral rehydration therapy/increased fluids with continued feeding
- Treated with ORS

- 1995: 33%
- 2002: 54%

Malaria prevention and treatment
Percent children receiving first line treatment among those receiving any antimalarial
- 2008: 5%

- Percent children <5 years sleeping under ITNs

- 2002: 4%
- 2008: 49%

CHILD HEALTH

WATER AND SANITATION

Improved drinking water coverage
Percent of population by type of drinking water source, 1990-2012
- Piped on premises
- Other improved
- Surface water
- Unimproved

- 1990: 20%
- 1995: 20%
- 2004: 20%
- 2008: 20%
- 2012: 20%

Improved sanitation coverage
Percent of population by type of sanitation facility, 1990-2012
- Improved facilities
- Shared facilities
- Unimproved facilities
- Open defecation

- 1990: 20%
- 1995: 20%
- 2004: 20%
- 2008: 20%
- 2012: 20%

POLICIES

- Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent
- Legal status of abortion
- Maternal deaths notification
- Postnatal home visits in the first week after birth
- Kangaroo Mother Care in facilities for low birthweight/ preterm newborns

- Yes
- 3 (R/F)
- No
- Yes
- Yes

- Reproductive health (x of 3)
- Maternal health (x of 3)
- Newborn health (x of 4)
- Child health (x of 3)

- 2 (2013)
- 3 (2013)
- 3 (2014)
- 3 (2013)

- Density of doctors, nurses and midwives (per 10,000 population)
- National availability of Emergency Obstetric Care services

- 6.3 (2008)
- -

FINANCING

- Per capita total expenditure on health (US$)
- General government expenditure on health as % of total government expenditure (%)
- Out of pocket expenditure as % of total expenditure on health(%) (US$)
- Reproductive, maternal, newborn and child health expenditure by source
  - External sources
  - General government expenditure
  - Out-of-pocket expenditure
  - Other

- 17 (2012)
- 4 (2012)
- 53 (2012)
- No Data

- ODA to child health per child (US$)
- ODA to maternal and neonatal health per live birth (US$)

- 8 (2011)
- 21 (2012)

Note: See annexes for additional information on the indicators above.
**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Total population (000)</th>
<th>91,729 (2012)</th>
</tr>
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<tbody>
<tr>
<td>Total under-five population (000)</td>
<td>14,095 (2012)</td>
</tr>
<tr>
<td>Births (000)</td>
<td>3,084 (2012)</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>7 (2012)</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>205 (2012)</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>43 (2012)</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>29 (2012)</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>47 (2012)</td>
</tr>
<tr>
<td>Stilbirth rate (per 1000 total births)</td>
<td>26 (2012)</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>13,000 (2012)</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>94 (2012)</td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td>52 (2012)</td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>87 (2012)</td>
</tr>
</tbody>
</table>

**MATERNAL AND NEWBORN HEALTH**

**Coverage along the continuum of care**

- Demand for family planning satisfied
  - Antenatal care (4+ visits): 52%
  - Skilled attendant at delivery: 10%
  - Postnatal care: 7%
  - Exclusive breastfeeding: 52%
  - Measles: 66%

**Skilled attendant at delivery**

- Percent live births attended by skilled health personnel:
  - 2000 DHS: 6%
  - 2005 DHS: 6%
  - 2011 DHS: 10%

**Prevention of mother-to-child transmission of HIV**

- Eligible HIV+ pregnant women receiving ART for their own health (% of total ARVs):
  - 2010 DHS: 38%
  - 2011 DHS: 41%

**EQUITY**

**Socioeconomic inequities in coverage**

- Household wealth quintile: Poorest 20% / Richest 20%
- Demand for family planning satisfied
  - Antenatal care (1+ visit) & (4+ visits) & Skilled attendant at delivery & Early initiation of breastfeeding & ITN use among children <5 yrs & DTP3 & Measles & Vitamin A (past 6 months) & ORT & continued feeding & Careseeking for pneumonia

**CHILD HEALTH**

**Immunization**

- Percent of children immunized:
  - against measles: with 3 doses Hib & with rotavirus vaccine & with 3 doses pneumococcal conjugate vaccine

**Pneumonia treatment**

- Percent of children <5 years with symptoms of pneumonia:
  - taken to appropriate health provider & receiving antibiotics

**NUTRITION**

**Wasting prevalence (moderate and severe, %)**

- Early initiation of breastfeeding (within 1 hr of birth, %)
- Introduction of solid, semi-solid/soft foods (%)
- Vitamin A two dose coverage (%)

**Underweight and stunting prevalence**

- Percent of children <5 years who are moderately or severely:
  - underweight & stunted

**Exclusive breastfeeding**

- Percent of infants <6 months exclusively breastfed

*See Annex/website for indicator definition*
Fulfilling the Health Agenda for Women and Children

The 2014 Report

Countdown to 2015
Maternal, Newborn & Child Survival

Ethiopia

DEMOGRAPHICS

Causes of under-five deaths, 2012

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percent</th>
<th>2012</th>
<th>2005</th>
<th>2000</th>
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<tbody>
<tr>
<td>Neomonal death</td>
<td>16%</td>
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<tr>
<td>Premature</td>
<td>12%</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Diaphorocytosis</td>
<td>9%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>26%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malaria</td>
<td>3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injuries</td>
<td>9%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>26%</td>
<td></td>
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</tr>
</tbody>
</table>

Causes of maternal deaths, 2013

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percent</th>
<th>2011</th>
<th>2010</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion</td>
<td>10%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Septicemia</td>
<td>10%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endocarditis</td>
<td>2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td>9%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asphyxia</td>
<td>3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemorrhage</td>
<td>4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td>6%</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

MATERNAL AND NEWBORN HEALTH

Antenatal care

Demand for family planning satisfied (%) 52 (2011)

Antenatal care (4 or more visits, %) 19 (2011)

Malaria during pregnancy - intermittent preventive treatment (%) 2, 8, 1 (2011)

Neonatal tetanus vaccine 68 (2012)

Postnatal visit for baby (within 2 days for home births, %) -

Postnatal visit for mother (within 2 days for home births, %) 7 (2011)

Women with low body mass index (<18.5 kg/m², %) 24 (2011)

CHILDE HEALTH

Diarrhoeal disease treatment

Percent children <5 years with diarrhoea: receiving oral rehydration therapy/increased fluids with continued feeding treated with ORS

Malaria prevention and treatment

Percent children receiving first line treatment among those receiving any antimalarial

Women with low body mass index (<18.5 kg/m², %)

WATER AND SANITATION

Improved drinking water coverage

Percent of population by type of drinking water source, 1990-2012

<table>
<thead>
<tr>
<th>Type of Water Source</th>
<th>1990</th>
<th>2012</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Piped on premises</td>
<td>10%</td>
<td>25%</td>
<td>40%</td>
<td>35%</td>
</tr>
<tr>
<td>Other improved</td>
<td>3%</td>
<td>15%</td>
<td>30%</td>
<td>40%</td>
</tr>
<tr>
<td>Surface water</td>
<td>28%</td>
<td>20%</td>
<td>8%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Improved sanitation coverage

Percent of population by type of sanitation facility, 1990-2012

<table>
<thead>
<tr>
<th>Type of Sanitation Facility</th>
<th>1990</th>
<th>2012</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved facilities</td>
<td>10%</td>
<td>25%</td>
<td>40%</td>
<td>35%</td>
</tr>
<tr>
<td>Shared facilities</td>
<td>3%</td>
<td>15%</td>
<td>30%</td>
<td>40%</td>
</tr>
<tr>
<td>Unimproved facilities</td>
<td>28%</td>
<td>20%</td>
<td>8%</td>
<td>5%</td>
</tr>
<tr>
<td>Open defecation</td>
<td>41%</td>
<td>35%</td>
<td>15%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF JMP 2014

Policies

Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent: Yes

Legal status of abortion (X of 5 circumstances): 3 (R,F)

Midwives authorized for specific tasks (X of 7 tasks): 7

Maternal deaths notification: Yes

Postnatal home visits in the first week after birth: Yes

Kangaroo Mother Care in facilities for low birthweight/preterm newborns: Yes

Antenatal corticosteroids as part of management of preterm labour: Yes

International Code of Marketing of Breastmilk Substitutes: Partial

Community treatment of pneumonia with antibiotics: Yes

Low osmolarity ORS and zinc for management of diarrhoea: Yes

Systems

Costed national implementation plan(s) for: maternal, newborn and child health available: Yes (2013)

Life Saving Commodities in Essential Medicine List:

Reproductive health (X of 3)

Maternal health (X of 3)

Newborn health (X of 4)

Child health (X of 3)

Density of doctors, nurses and midwives (per 10,000 population)

National availability of Emergency Obstetric Care services (% of recommended minimum)

Financing

Per capita total expenditure on health (US$) 44 (2012)

General government expenditure on health as % of total government expenditure (%) 11 (2012)

Out of pocket expenditure as % of total government expenditure (%) 41 (2012)

Reproductive, maternal, newborn and child health expenditure by source

ODA to child health per child (US$) 17 (2012)

ODA to maternal and neonatal health per live birth (US$) 33 (2012)

Note: See annexes for additional information on the indicators above.
**Gabon**

**DEMOGRAPHICS**

- Total population (000) 1,633 (2012)
- Total under-five population (000) 238 (2012)
- Births (000) 53 (2012)
- Birth registration (%) 90 (2012)
- Total under-five deaths (000) 3 (2012)
- Neonatal deaths: % of all under-5 deaths 41 (2012)
- Neonatal mortality rate (per 1000 live births) 25 (2012)
- Infant mortality rate (per 1000 live births) 42 (2012)
- Stillbirth rate (per 1000 total births) 17 (2010)
- Total maternal deaths 130 (2012)
- Lifetime risk of maternal death (1 in N) 20 (2009)
- Total fertility rate (per 1000 girls) 94 (2012)
- Adolescent birth rate (per 1000 girls) 115 (2009)

**MATERNAL AND NEWBORN HEALTH**

- **Skilled attendant at delivery**
  - Births attended by skilled health personnel (2012) 86
  - Births attended by skilled health personnel (2012) 89

- **Prevention of mother-to-child transmission of HIV**
  - Eligible HIV+ pregnant women receiving ART for their own health (%) 48
  - Pregnant women receiving ARVs for PMTCT (%) 50
  - Uncertainty range around the estimate 70

- **Immunization**
  - Percent of children immunized:
    - against measles
      - with 3 doses Hib: 83%
      - with rotavirus vaccine: 82%
      - with 3 doses pneumococcal conjugate vaccine: 71%

- **Child Health**
  - Exclusive breastfeeding
    - Percent of infants <6 months exclusively breastfed
      - 2000 DHS: 20%
      - 2012 DHS: 25%

- **NUTRITION**
  - Wasting prevalence (moderate and severe, %)
    - 2012: 3
  - Low birthweight incidence (moderate and severe, %)
    - 2000: 14
  - Early initiation of breastfeeding
    - Percent live births attended by skilled health personnel
      - 2010: 48
      - 2011: 50
      - 2012: 70
  - Introduction of solid, semi-solid/soft foods (%)
    - 2000: 62
  - Vitamin A two dose coverage (%)
    - 2012: 2
  - Underweight and stunting prevalence
    - Percent of children <5 years who are moderately or severely underweight/stunted
      - 2000-2001: 26
      - 2012: 17
  - Exclusive breastfeeding
    - Percent of infants <6 months exclusively breastfed
      - 2000: 6
      - 2012: 6
### DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2011</th>
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<tbody>
<tr>
<td>Total population (000)</td>
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<tr>
<td>Total under-five population (000)</td>
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<td>332</td>
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<tr>
<td>Births (000)</td>
<td>77</td>
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<tr>
<td>Birth registration (%)</td>
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<td>54</td>
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<tr>
<td>Total under-five deaths (000)</td>
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<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>39</td>
<td>40</td>
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<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
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<tr>
<td>Infant mortality rate (per 1000 live births)</td>
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<td>Stillbirth rate (per 1000 total births)</td>
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<td>Total maternal deaths</td>
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<td>Lifetime risk of maternal death (1 in N)</td>
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<tr>
<td>Total fertility rate (per woman)</td>
<td>5.8</td>
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<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>88</td>
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### MATERNAL AND NEWBORN HEALTH

#### Coverage along the continuum of care

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<tbody>
<tr>
<td>Demand for family planning satisfied</td>
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<tr>
<td>Antenatal care (4 visits)</td>
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<tr>
<td>Skilled attendant at delivery</td>
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</tr>
<tr>
<td>*Postnatal care</td>
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<td></td>
</tr>
<tr>
<td>Exclusively breastfeeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
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</table>

#### Skilled attendant at delivery

<table>
<thead>
<tr>
<th>Year</th>
<th>Others NS</th>
<th>MICS 2000</th>
<th>MICS 2005-06</th>
<th>MICS 2010</th>
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<td>1990</td>
<td>34</td>
<td>57</td>
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<td>2000</td>
<td>44</td>
<td>55</td>
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<tr>
<td>2010</td>
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#### Prevention of mother-to-child transmission of HIV

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<thead>
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<tr>
<td>2010</td>
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#### Immunization

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<tbody>
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<td>Diphtheria, pertussis, tetanus</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hib</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Pneumonia treatment

<table>
<thead>
<tr>
<th>Year</th>
<th>Others NS</th>
<th>MICS 2000</th>
<th>MICS 2005-06</th>
<th>MICS 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>75</td>
<td>69</td>
<td>61</td>
<td>70</td>
</tr>
<tr>
<td>2005-06</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### NUTRITION

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight &amp; stunting prevalence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Underweight</td>
<td>23</td>
<td>15</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>Stunting</td>
<td>36</td>
<td>24</td>
<td>28</td>
<td>23</td>
</tr>
</tbody>
</table>

#### Exclusive breastfeeding

<table>
<thead>
<tr>
<th>Year</th>
<th>Others NS</th>
<th>MICS 2000</th>
<th>MICS 2005-06</th>
<th>MICS 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>26</td>
<td>41</td>
<td>34</td>
<td>34</td>
</tr>
<tr>
<td>2005-06</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### EQUITY

#### Socioeconomic inequities in coverage

<table>
<thead>
<tr>
<th>Household wealth quintile</th>
<th>Poorest 20%</th>
<th>Richest 20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for family planning satisfied</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care (1 visit)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care (4 visits)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early initiation of breastfeeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ITN use among children &lt;5 yrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTP3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin A (past 6 months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORT &amp; continued feeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Careseeking for pneumonia</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: MICS 2005-2006

Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.
Gambia

DEMOGRAPHICS

Causes of under-five deaths, 2012

<table>
<thead>
<tr>
<th>Cause</th>
<th>2000 MICS</th>
<th>2005-2006 MICS</th>
<th>2010 MICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria</td>
<td>39%</td>
<td>36%</td>
<td>39%</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>29%</td>
<td>34%</td>
<td>39%</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>11%</td>
<td>36%</td>
<td>67%</td>
</tr>
<tr>
<td>Neonatal death</td>
<td>4%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Other direct causes</td>
<td>12%</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Pneumonia due to measles</td>
<td>3%</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>Other 2%</td>
<td>4%</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>Measles 0%</td>
<td>8%</td>
<td>13%</td>
<td>14%</td>
</tr>
<tr>
<td>Injuries 4%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Measles 3%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Measles 4%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Causes of maternal deaths, 2013

<table>
<thead>
<tr>
<th>Cause</th>
<th>2000 MICS</th>
<th>2005-2006 MICS</th>
<th>2010 MICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sepsis</td>
<td>3%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Haemorrhage</td>
<td>2%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Indirect causes</td>
<td>29%</td>
<td>29%</td>
<td>29%</td>
</tr>
<tr>
<td>Other direct</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Injuries 4%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Measles 3%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Measles 4%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

MATERNAL AND NEWBORN HEALTH

Antenatal care

Percent women aged 15–49 years attended at least once by a skilled health provider during pregnancy

<table>
<thead>
<tr>
<th>Year</th>
<th>MICS 2000</th>
<th>MICS 2005-2006</th>
<th>MICS 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>91%</td>
<td>98%</td>
<td>98%</td>
</tr>
</tbody>
</table>

Diarrhoeal health disease treatment

Percent of children <5 years with diarrhoea:

- Receiving oral rehydration therapy/increased fluids
- With continued feeding
- Treated with ORS

<table>
<thead>
<tr>
<th>Year</th>
<th>MICS 2000</th>
<th>MICS 2005-2006</th>
<th>MICS 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>38%</td>
<td>36%</td>
<td>39%</td>
</tr>
</tbody>
</table>

Malaria prevention and treatment

Percent children receiving first line treatment among those receiving any antimalarial

<table>
<thead>
<tr>
<th>Year</th>
<th>MICS 2000</th>
<th>MICS 2005-2006</th>
<th>MICS 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>15%</td>
<td>49%</td>
<td>33%</td>
</tr>
</tbody>
</table>

WATER AND SANITATION

Improved drinking water coverage

Percent of population by type of drinking water source, 1990-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>65%</td>
<td>70%</td>
<td>60%</td>
</tr>
<tr>
<td>2012</td>
<td>92%</td>
<td>99%</td>
<td>94%</td>
</tr>
</tbody>
</table>

Improved sanitation coverage

Percent of population by type of sanitation facility, 1995-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>11%</td>
<td>13%</td>
<td>11%</td>
</tr>
<tr>
<td>2012</td>
<td>13%</td>
<td>15%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Policies

- Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent
- Legal status of abortion (9 of 5 circumcisions)
- Midwives authorized for specific tasks (9 of 7 tasks)
- Maternity protection (Convention 183)
- Maternal deaths notification
- Postnatal home visits in the first week after birth
- Kangaroo Mother Care in facilities for low birthweight/preterm newborns
- Antenatal corticosteroids as part of management of preterm labour
- International Code of Marketing of Breastmilk Substitutes
- Community treatment of pneumonia with antibiotics
- Low osmolarity ORS and zinc for management of diarrhoea

Systems

- Costed national implementation plan(s) for: maternal, newborn and child health available
- Life Saving Commodities in Essential Medicine List:
  - Reproductive health (x of 3)
  - Maternal health (x of 3)
  - Newborn health (x of 4)
  - Child health (x of 3)
- Density of doctors, nurses and midwives (per 10,000 population)
- National availability of Emergency Obstetric Care services (% of recommended minimum)

Financing

- Per capita total expenditure on health (US$)
- General government expenditure as % of total government expenditure (%)
- Out of pocket expenditure as % of total expenditure on health(s)
- Reproductive, maternal, newborn and child health expenditure by source
  - External sources
  - General government expenditure
  - Out-of-pocket expenditure
  - Other
- ODA to child health per child (US$)
- ODA to maternal and neonatal health per live birth (US$)

Note: See annexes for additional information on the indicators above.
**EQUITY**

**Socioeconomic inequities in coverage**

<table>
<thead>
<tr>
<th>Household wealth quintile:</th>
<th>Poorest 20%</th>
<th>Richest 20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for family planning satisfied</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care (1 visit)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care (4 visits)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early initiation of breastfeeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ITN use among children &lt;5 yrs</td>
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<tr>
<td>DTP3</td>
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</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin A (past 6 months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORT &amp; continued feeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Careseeking for pneumonia</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: DHS, MICS, Other NS

---

**Under-five mortality rate**

Deaths per 1000 live births

![Graph showing under-five mortality rate](image)

**Maternal mortality ratio**

Deaths per 100,000 live births

![Graph showing maternal mortality ratio](image)

---

**MATERIAL AND NEWBORN HEALTH**

**Coverage along the continuum of care**

<table>
<thead>
<tr>
<th>Pre-pregnancy</th>
<th>Pregnancy</th>
<th>Birth</th>
<th>Neomatal period</th>
<th>Infancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for family planning satisfied</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care (4 visits)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Postnatal care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: DHS, MICS, Other NS

---

**Skilled attendant at delivery**

Percent live births attended by skilled health personnel

![Graph showing skilled attendant at delivery](image)

---

**Prevention of mother-to-child transmission of HIV**

Eligible HIV+ pregnant women receiving ART for their own health (% of total ARVs)

![Graph showing prevention of mother-to-child transmission of HIV](image)

---

**CHILD HEALTH**

**Immunization**

Percent of children immunized:

- Against measles
  - with 3 doses Hib
  - with rotavirus vaccine
  - with 3 doses pneumococcal conjugate vaccine

![Graph showing immunization](image)

---

**Pneumonia treatment**

Percent of children <5 years with symptoms of pneumonia:

- Taken to appropriate health provider
- Receiving antibiotics

![Graph showing pneumonia treatment](image)

---

**NUTRITION**

**Wasting prevalence (moderate and severe, %)**

![Graph showing wasting prevalence](image)

**Low birthweight incidence (moderate and severe, %)**

![Graph showing low birthweight incidence](image)

**Underweight and stunting prevalence**

Percent of children <5 years who are moderately or severely:

- Underweight
- Stunted

![Graph showing underweight and stunting prevalence](image)

---

**Exclusive breastfeeding**

Percent of infants <6 months exclusively breastfed

![Graph showing exclusive breastfeeding](image)
Demographic

Causes of under-five deaths, 2012

- Pneumonia: 11%
- Meningitis: 15%
- HIV/AIDS: 3%
- Premature birth: 12%
- Other direct: 9%
- Sepsis/Tetanus/Encephalitis: 8%
- Other: 8%
- Injuries: 6%
- Other: 5%
- Malaria: 4%
- Other: 4%

Causes of maternal deaths, 2013

- Abortion: 10%
- Haemorrhage: 25%
- Hypertension: 10%
- Sepsis: 10%
- Embolism: 2%
- Regional estimate for Sub-Saharan Africa, 2013

Antenatal care

- Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy:
  - 1990: 82
  - 2012: 96

Diarrhoeal health

Percent of children <5 years with diarrhoea:

- Receiving oral rehydration therapy/increased fluids:
  - 1993: 29
  - 2011: 44

Malaria prevention and treatment

- Percent children receiving first line treatment among those receiving any antimalarial:
  - 2003: 29
  - 2011: 44

Water and sanitation

Improved drinking water coverage

- Piped on premises:
  - 1990: 10
  - 2012: 34

- Other improved:
  - 1990: 19
  - 2012: 36

- Unimproved:
  - 1990: 68
  - 2012: 34

- Surface water:
  - 1990: 36
  - 2012: 78

Improved sanitation coverage

- Improved facilities:
  - 1990: 9
  - 2012: 29

- Shared facilities:
  - 1990: 3
  - 2012: 13

- Unimproved facilities:
  - 1990: 53
  - 2012: 15

- Open defecation:
  - 1990: 26
  - 2012: 44

Policies

- Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent
  - 3 (2013)

- Midwives authorized for specific tasks
  - 7 (2012)

- Maternity protection (Convention 183)
  - Partial (2013)

- Postnatal home visits in the first week after birth
  - Yes (2012)

- Kangaroo Mother Care in facilities for low birthweight/ preterm newborns
  - Yes (2013)

- Antenatal corticosteroids as part of management of preterm labour
  - Yes (2013)

- International Code of Marketing of Breast milk Substitutes
  - Yes (2013)

- Community treatment of pneumonia with antibiotics
  - Yes (2012)

- Low osmolarity ORS and zinc for management of diarrhoea
  - Yes (2013)

- Costed national implementation plan(s) for: maternal, newborn and child health available
  - Yes (2013)

- Life Saving Commodities in Essential Medicine List:
  - Reproductive health (x of 3)
  - Maternal health (x of 3)
  - Newborn health (x of 4)
  - Child health (x of 3)

- Density of doctors, nurses and midwives (per 10,000 population)
  - 29 (2012)

- National availability of Emergency Obstetric Care services
  - 37 (2012)

- Per capita total expenditure on health (%)
  - 106 (2012)

- General government expenditure on health as % of total government expenditure (%)
  - 29 (2012)

- ODA to maternal and neonatal health per live birth (US$)
  - 24 (2012)

- ODA to child health per child (US$)
  - 62 (2012)

Note: See annexes for additional information on the indicators above
**Countdown to 2015**

**Maternal, Newborn & Child Survival**

**Guatemala**

---

### DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>15,083</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Births (000)</td>
<td>2,725</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>660</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>92</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### MATERNAL AND NEWBORN HEALTH

#### Coverage along the continuum of care

- **Pre-pregnancy Pregnancy**
- **Birth**
- **Neonatal period**
- **Infancy**

#### Skilled attendant at delivery

**Percent live births attended by skilled health personnel**

#### Prevention of mother-to-child transmission of HIV

**Percent HIV+ pregnant women receiving ART for their own health (% of total ARVs)**

**Percent HIV+ pregnant women receiving ARVs for PMTCT**

---

### EQUITY

**Socioeconomic inequities in coverage**

- **Household wealth quintile:** Richest 20% | Poorest 20%

- **Demand for family planning satisfied**
  - Antenatal care (1 visit)
  - Antenatal care (4+ visits)
  - Skilled attendant at delivery
  - Early initiation of breastfeeding
  - ITN use among children <5 yrs
  - DTP3
  - Measles
  - Vitamin A (past 6 months)
  - ORT & continued feeding
  - Careseeking for pneumonia

---

### CHILD HEALTH

#### Immunization

**Percent of children immunized:**

- against measles
- with 3 doses Hib
- with 3 doses pneumococcal conjugate vaccine

---

### NUTRITION

#### Wasting prevalence (moderate and severe, %)

- 2008-2009

#### Low birthweight incidence (moderate and severe, %)

- 2008-2009

#### Early initiation of breastfeeding (within 1 hr of birth, %)

- 2008-2009

#### Introduction of solid, semi-solid/soft foods (%)

- 2008-2009

#### Vitamin A two dose coverage (%)

- 2008-2009

#### Underweight and stunting prevalence

**Percent of children <5 years who are moderately or severely:**

- underweight
- stunted

---

### Exclusive breastfeeding

**Percent of infants <6 months exclusively breastfed**

---

*Note: MDG target calculated by Countdown to 2015.*
Guatemala

DEMOGRAPHICS

Causes of under-five deaths, 2012

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumonia</td>
<td>15%</td>
<td>13%</td>
<td>11%</td>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>Other</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
</tr>
</tbody>
</table>

Causes of maternal deaths, 2013

<table>
<thead>
<tr>
<th>Cause</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sepsis/ Tetanus/ Meningitis</td>
<td>10%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>22%</td>
</tr>
<tr>
<td>Other direct</td>
<td>15%</td>
</tr>
<tr>
<td>Indirect</td>
<td>10%</td>
</tr>
<tr>
<td>Abortion</td>
<td>10%</td>
</tr>
</tbody>
</table>

MATERNAL AND NEWBORN HEALTH

Antenatal care

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
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<tbody>
<tr>
<td>1997</td>
<td>35</td>
</tr>
<tr>
<td>1998-1999</td>
<td>53</td>
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</tr>
<tr>
<td>2008-2009</td>
<td>84</td>
</tr>
<tr>
<td>Other NS</td>
<td>93</td>
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</table>

CHILD HEALTH

Diarrhoeal disease treatment

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
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<tbody>
<tr>
<td>1995</td>
<td>22</td>
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<tr>
<td>1998-1999</td>
<td>30</td>
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<td>2002</td>
<td>34</td>
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<td>2008-2009</td>
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<td>Other NS</td>
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Malaria prevention and treatment

<table>
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<tr>
<th>Year</th>
<th>Percent</th>
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<tr>
<td>1999</td>
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WATER AND SANITATION

Improved drinking water coverage

<table>
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<tr>
<th>Year</th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
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<tbody>
<tr>
<td>1990</td>
<td>49</td>
<td>63</td>
<td>36</td>
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<tr>
<td>2012</td>
<td>77</td>
<td>81</td>
<td>73</td>
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Improved sanitation coverage

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
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<tbody>
<tr>
<td>1990</td>
<td>5</td>
<td>15</td>
<td>32</td>
</tr>
<tr>
<td>2012</td>
<td>50</td>
<td>50</td>
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</table>

POLICIES

Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent: Yes
Legal status of abortion (X of 5 circumstances): 1
Midwives authorized for specific tasks (X of 7 tasks): -
Maternity protection (Convention 183): Partial
Maternal deaths notification: Yes
Postnatal home visits in the first week after birth: Yes
Kangaroo Mother Care in facilities for low birthweight/preterm newborns: Yes
Antenatal corticosteroids as part of management of preterm labour: Yes
International Code of Marketing of Breastmilk Substitutes: Yes
Community treatment of pneumonia with antibiotics: Yes
Low osmolarity ORS and zinc for management of diarrhoea: Yes

SYSTEMS

Costed national implementation plan(s) for: maternal, newborn and child health available: Partial
Life Saving Commodities in Essential Medicine List:
  - Reproductive health (X of 3)
  - Maternal health (X of 3)
  - Newborn health (X of 4)
  - Child health (X of 3)
Density of doctors, nurses and midwives (per 10,000 population): 18.3
National availability of Emergency Obstetric Care services: -

FINANCING

Per capita total expenditure on health (US$): 368
General government expenditure on health as % of total government expenditure (%): 19
Out of pocket expenditure as % of total expenditure on health(%) 50
Reproductive, maternal, newborn and child health expenditure by source:
  - External sources
  - General government expenditure
  - Out-of-pocket expenditure
  - Other

ODA to child health per child (US$): 6
ODA to maternal and neonatal health per live birth (US$): 24

Note: See annexes for additional information on the indicators above.
**Guinea**

**MATERNAL AND NEWBORN HEALTH**

**Coverage along the continuum of care**

- **Demand for family planning satisfied**
  - Pre-pregnancy
  - Antenatal care
    - 1 visit
    - 4 visits
  - Skilled attendant at delivery
  - *Postnatal care
  - Exclusive breastfeeding
  - Measles

**Skilled attendant at delivery**

- Percent live births attended by skilled health personnel

**Prevention of mother-to-child transmission of HIV**

- Eligible HIV+ pregnant women receiving ART for their own health, (% of total ARVs)
- Percent HIV+ pregnant women receiving ARVs for PMTCT
- Uncertainty range around the estimate

**IMMUNIZATION**

- Percent of children immunized:
  - against measles
  - with 3 doses Hib
  - with rotavirus vaccine
  - with 3 doses pneumococcal conjugate vaccine

**Pneumonia treatment**

- Percent of children <5 years with symptoms of pneumonia:
  - taken to appropriate health provider
  - receiving antibiotics

**NUTRITION**

- **Wasting prevalence (moderate and severe, %) 6 (2011-2012)**
- **Low birthweight incidence (moderate and severe, %) 12 (2005)**
- **Early initiation of breastfeeding (within 1 hr of birth, %) 40 (2002)**
- **Introduction of solid, semi-solid/soft foods (%) 32 (2008)**
- **Vitamin A two dose coverage (%) 99 (2012)**

**Underweight and stunting prevalence**

- Percent of children <5 years who are moderately or severely:
  - underweight
  - stunted

**Exclusive breastfeeding**

- Percent of infants <6 months exclusively breastfed

---

**Socioeconomic inequities in coverage**

Household wealth quintile: Poorest 20% Richest 20%

- Demand for family planning satisfied
  - Antenatal care
    - 1 visit
    - 4 visits
  - Skilled attendant at delivery
  - Early initiation of breastfeeding
  - ITN use among children <5 yrs
  - DTP3
  - Measles
  - Vitamin A (past 6 months)
  - ORT & continued feeding
  - Careseeking for pneumonia

Source: DHS 2005

Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

**Under-five mortality rate**

Deaths per 1000 live births

**Maternal mortality ratio**

Deaths per 100,000 live births

---

**Source:** ISME 2013

Note: MDG target calculated by Countdown to 2015.
**Guinea**

**DEMOGRAPHICS**

**Causes of under-five deaths, 2012**

- Pneumonia: 11%
- Malaria: 27%
- Diarrhea: 14%
- Neonatal sepsis: 13%
- Other causes: 9%

**Causes of maternal deaths, 2013**

- Sepsis/Tetanus/Meningitis/Encephalitis: 10%
- Hypertension: 10%
- Rhesus haemorrhage: 26%
- Other direct causes: 6%
- Indirect causes: 29%

**MATERNAL AND NEWBORN HEALTH**

**Antenatal care**

- Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy:
  - 1992: 58%
  - 1999: 71%
  - 2003: 84%
  - 2005: 82%
  - 2007: 88%
  - 2012: 85%

**Demand for family planning satisfied (%)**

- 2001: 29%

**Antenatal care (4 or more visits, %)**

- 2007: 50%

**Malaria during pregnancy - intermittent preventive treatment (%)**

- 2007: 2, 5, 2%

**Neonatal tetanus vaccine**

- 2012: 80%

**Postnatal visit for baby**

- (within 2 days for home births, %)
  - 2012: -

**Postnatal visit for mother**

- (within 2 days for home births, %)
  - 2012: -

**Women with low body mass index (<18.5 kg/m2, %)**

- 2012: 11%

**CHILD HEALTH**

**Diarrhoeal disease treatment**

- Percent of children <5 years with diarrhoea:
  - Receiving oral rehydration therapy/increased fluids with continued feeding by age:
    - 2005: 100%
    - 2007: 100%
    - 2012: 100%

**Malaria prevention and treatment**

- Percent children receiving first line treatment among those receiving any antimalarial:
  - 2012: 5%

- Percent children <5 years sleeping under ITNs:
  - 2005: 1%
  - 2007: 5%
  - 2012: 26%

**WATER AND SANITATION**

**Improved drinking water coverage**

- Percent of population by type of drinking water source, 1990-2012:
  - Piped on premises: 20%
  - Other improved: 40%
  - Unimproved: 40%

**Improved sanitation coverage**

- Percent of population by type of sanitation facility, 1990-2012:
  - Shared facilities: 55%
  - Unimproved facilities: 45%
  - Open defecation: 15%

**Policies**

- Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent: Partial
- Legal status of abortion (type of legislation by country): 3 (RU)
- Midwives authorized for specific tasks (type of legislation by country): 7
- Maternity protection (Convention 183): Partial
- Maternal deaths notification: No
- Postnatal home visits in the first week after birth: Yes
- Kangaroo Mother Care in facilities for low birthweight/preterm newborns: Yes
- Antenatal corticosteroids as part of management of preterm labour: Yes
- International Code of Marketing of Breastmilk Substitutes: Partial
- Community treatment of pneumonia with antibiotics: Yes
- Low osmolarity ORS and zinc for management of diarrhoea: Yes

**Systems**

- Costed national implementation plan(s) for: maternal, newborn and child health available: Partial
- Life Saving Commodities in Essential Medicine List:
  - Reproductive health (x of 3): 1
  - Maternal health (x of 3): 3
  - Newborn health (x of 3): 3
  - Child health (x of 3): 3
- Density of doctors, nurses and midwives (per 10,000 population): 6.1 (2013)
- National availability of Emergency Obstetric Care services (% of recommended minimum): 13 (2013)

**Financing**

- Per capita total expenditure on health (% of GDP): 67 (2012)
- General government expenditure on health as % of total government expenditure (%): 7 (2012)
- Out of pocket expenditure as % of total expenditure on health(%): 67 (2012)
- Reproductive, maternal, newborn and child health expenditure by source:
  - External sources: No Data
  - General government expenditure: 67 (2012)
  - Other:
- ODA to child health per child (US$): 5 (2012)
- ODA to maternal and neonatal health per live birth (US$): 17 (2012)

Note: See annexes for additional information on the indicators above.
Guinea-Bissau

DEMOGRAPHICS

Causes of under-five deaths, 2012

 Causes of maternal deaths, 2013

MATERIAL AND NEWBORN HEALTH

Antenatal care

Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

Demand for family planning satisfied (%)

Antenatal care (4 or more visits, %)

Malaria during pregnancy - intermittent preventive treatment (%)

C-section rate (total, urban, rural; %)

Neonatal tetanus vaccine

Postnatal visit for baby (within 2 days for home births, %)

Postnatal visit for mother (within 2 days for home births, %)

Women with low body mass index (<18.5 kg/m2, %)

CHILDREN

Diarrhoeal disease treatment

Percent of children <5 years with diarrhoea:

- receiving oral rehydration therapy/increased fluids with continued feeding
- treated with ORS

Malaria prevention and treatment

Percent children receiving first line treatment among those receiving any antimalarial

- Percent children <5 years sleeping under ITNs

WATER AND SANITATION

Improved drinking water coverage

Percent of population by type of drinking water source, 1990-2012

- Piped on premises
- Other improved
- Unimproved

- Surface water

Improved sanitation coverage

Percent of population by type of sanitation facility, 2012

- Improved facilities
- Shared facilities
- Unimproved facilities
- Open defecation

Policies

- Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent
- Legal status of abortion
- Midwives authorized for specific tasks
- Maternity protection (Convention 183)
- Maternal deaths notification
- Postnatal home visits in the first week after birth
- Kangaroo Mother Care in facilities for low birthweight/preterm newborns
- Antenatal corticosteroids as part of management of preterm labour
- International Code of Marketing of Breastmilk Substitutes
- Community treatment of pneumonia with antibiotics
- Low osmolarity ORS and zinc for management of diarrhoea

Systems

- Costed national implementation
- Plan(s) for: maternal, newborn and child health available
- Life Saving Commodities in Essential Medicine List:
  - Reproductive health (X of 3)
  - Maternal health (X of 3)
  - Newborn health (X of 4)
  - Child health (X of 3)
- Density of doctors, nurses and midwives (per 10,000 population)
- National availability of Emergency Obstetric Care services
- (X of recommended minimum)

Financing

- Per capita total expenditure on health (US$)
- General government expenditure on health as % of total government expenditure (%)
- Out of pocket expenditure as % of total expenditure on health
- Reproductive, maternal, newborn and child health expenditure by source
- External sources
- General government expenditure
- Out-of-pocket expenditure
- Other
- ODA to child health per child (US$)
- ODA to maternal and neonatal health per live birth (US$)

Note: See annexes for additional information on the indicators above.
**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>10,174</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>1,250</td>
</tr>
<tr>
<td>Births (000)</td>
<td>265</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>80</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>20</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>25</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>34</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>57</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>15</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>1,000</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>20</td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td>3.2</td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>565</td>
</tr>
</tbody>
</table>

**MATERNAL AND NEWBORN HEALTH**

**Under-five mortality rate**

Deaths per 1000 live births

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<thead>
<tr>
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<th></th>
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</thead>
<tbody>
<tr>
<td>MDG target</td>
<td>111</td>
<td>55</td>
<td>30</td>
<td>15</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

**Maternal mortality ratio**

Deaths per 100,000 live births

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<thead>
<tr>
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<td>MDG target</td>
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<td>55</td>
<td>30</td>
<td>15</td>
<td>10</td>
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**EQUITY**

**Socioeconomic inequities in coverage**

Household wealth quintile: Poorest 20% vs Richest 20%

**MATERNAL AND NEWBORN HEALTH**

**Coverage along the continuum of care**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Antenatal care</td>
<td>23</td>
<td>21</td>
<td>24</td>
<td>26</td>
<td>37</td>
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<td>Skilled attendant at delivery</td>
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<tr>
<td>*Postnatal care</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>Exclusive breastfeeding</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>Measles</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tbody>
</table>

**Skilled attendant at delivery**

Percent live births attended by skilled health personnel

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**Prevention of mother-to-child transmission of HIV**

Eligible HIV+ pregnant women receiving ART for their own health (% of total ARVs)

**Immunization**

Percent of children immunized:
- against measles
- with 3 doses Hib
- with 3 doses DTP
- with 3 doses pneumococcal conjugate vaccine

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**Pneumonia treatment**

Percent of infants <6 months with symptoms of pneumonia:
- taken to appropriate health provider
- receiving antibiotics

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**NUTRITION**

**Wasting prevalence (moderate and severe, %)**

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**Early initiation of breastfeeding (within 1 hr of birth, %)**

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**Low birthweight incidence (moderate and severe, %)**

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**Vitamin A two dose coverage**

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</table>

**Exclusive breastfeeding**

Percent of infants <6 months exclusively breastfed

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</tbody>
</table>

**Note:** MDG target calculated by Countdown to 2015.
**Haiti**

### DEMOGRAPHICS

#### Causes of under-five deaths, 2012

- Pneumonia: 10%
- Diarrhoeal disease: 24%
- Other: 27%
- Total: 100%

#### Causes of maternal deaths, 2013

- Abortion: 8%
- Embolism: 3%
- Haemorrhage: 23%
- Others: 45%
- Regional estimates for Caribbean, 2013: 100%

*Intrapartum-related events**

**Sepsis/ Tetanus/ Meningitis/ Encephalitis**

#### Urban health

- Rural
- Improved sanitation coverage

#### Rural

- 100%

### WATER AND SANITATION

#### Improved drinking water coverage

- Piped on premises
- Other improved
- Unimproved
- Surface water

#### Improved sanitation coverage

- Improved facilities
- Unimproved facilities
- Shared facilities
- Open defecation

### CHILD HEALTH

#### Diarrhoeal disease treatment

- Percent children <5 years with diarrhoea:
  - Receiving oral rehydration therapy/increased fluids: 71%
  - With continued feeding: 68%
  - Treated with ORS: 72%

#### Malaria prevention and treatment

- Percent children receiving first line treatment among those receiving any anti-malarial:
  - Total: 100%

### POLICIES

- Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent: -
- Legal status of abortion (x of 5 circumstances): 1
- Midwives authorized for specific tasks (x of 7 tasks): -
- Maternity protection (Convention 183): No
- Maternal deaths notification: No
- Postnatal home visits in the first week after birth: -
- Kangaroo Mother Care in facilities for low birthweight/preterm newborns: -
- Antenatal corticosteroids as part of management of preterm labour: -
- International Code of Marketing of Breastmilk Substitutes: Partial
- Community treatment of pneumonia with antibiotics: No
- Low osmolality ORS and zinc for management of diarrhoea: Yes

### SYSTEMS

- Costed national implementation plan(s): -
  - for: maternal, newborn and child health available: -
  - for: maternal and child health: -

#### Reproductive health (x of 3)

- Maternal health (x of 3)
- Newborn health (x of 4)
- Child health (x of 3)

#### Life Saving Commodities in Essential Medicine List:

- Reproductive health (x of 3)
- Maternal health (x of 3)
- Newborn health (x of 4)

#### Out of pocket expenditure as % of total government expenditure on health (%)

- No Data

### FINANCING

- Per capita total expenditure on health (US$):
  - 84 (2012)
  - General government expenditure on health as % of total government expenditure (%): 5 (2012)
  - Out of pocket expenditure as % of total expenditure on health (%): 3 (2012)
  - Reproductive, maternal, newborn and child health expenditure by source:
    - No Data
    - External sources
    - General government expenditure
    - Out of-pocket expenditure
    - Other

#### ODA to child health per child (US$)

- 74 (2012)

#### ODA to maternal and neonatal health per live birth (US$)

- 283 (2012)
DEMOGRAPHICS

Total population (000) 1,236,687 (2012)
Total under-five population (000) 120,581 (2012)
Births (000) 25,642 (2012)
Birth registration (%) 41 (2000-2006)
Total under-five deaths (000) 1,414 (2012)
Neonatal deaths: % of all under-5 deaths 55 (2012)
Neonatal mortality rate (per 1000 live births) 31 (2012)
Infant mortality rate (per 1000 live births) 44 (2012)
Stillbirth rate (per 1000 total births) 22 (2012)
Total maternal deaths 50,000 (2012)
Lifetime risk of maternal death (1 in N) 0.005 (2013)
Total fertility rate (per 1000 girls) 219 (2005-2006)
Adolescent birth rate (per 1000 girls) 39 (2000)

MATERNAL AND NEWBORN HEALTH

Coverage along the continuum of care

Socioeconomic inequities in coverage

Household wealth quintile: Poorest 20% Richest 20%

NUTRITION

Underweight and stunting prevalence

Percent of children <5 years who are moderately or severely:
- underweight
- stunted

Exclusive breastfeeding

Percent of infants <6 months exclusively breastfed

Peasants

Deaths

Richest 20%

Poorest 20%

Neonatal deaths: % of all under-5 deaths

Neonatal mortality rate (per 1000 live births)

Infant mortality rate (per 1000 live births)

Stillbirth rate (per 1000 total births)

Total maternal deaths

Lifetime risk of maternal death (1 in N)

Total fertility rate (per 1000 girls)

Adolescent birth rate (per 1000 girls)

Low birthweight incidence

Wasting prevalence (moderate and severe, %)

Percentage of children immunized:
- against measles
  - with 3 doses Hib
  - with rotavirus vaccine
  - with 3 doses pneumococcal conjugate vaccine

Pneumonia treatment

Percent of children <5 years with symptoms of pneumonia:
- taken to appropriate health provider
- receiving antibiotics

Childhood immunization

Immunization

EQUITY

Source: DHS, MICS, Other NS

* See Annex/website for indicator definition

Coverages are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

Source: NFHS 2005-2006

Source: MICS 2000, 2005-2006, Other NS

Note: MDG target calculated by Countdown to 2015.
India

DEMOGRAPHICS

Causes of under-five deaths, 2012

- Pneumonia: 12%
- Diarrhoea: 6.5%
- Other: 9%

Causes of maternal deaths, 2013

- Neonatal death: 55%
- Pneumonia: 3%
- Hypertension: 10%
- Haemorrhage: 30%
- Sepsis: 14%
- Other direct: 8%
- Other indirect: 29%

MATERNAL AND NEWBORN HEALTH

Antenatal care

Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

- 1992-1993: 62%
- 1998-1999: 65%
- 2000: 62%
- 2005-2006: 74%

Diarrhoeal health

Percent of children <5 years with diarrhoea:

- 1992-1993: 18%
- 1998-1999: 27%
- 2000: 33%
- 2005-2006: 26%

Malaria prevention and treatment

Percent children receiving first line treatment among those receiving any antimalarial

- 1992-1993: 7%
- 1998-1999: 17%
- 2000: 6%
- 2005-2006: 28%

IMPROVED DRINKING WATER COVERAGE

Percent of population by type of drinking water source, 1990-2012

- Piped on premises: 17%
- Other improved: 26%
- Unimproved: 56%

IMPROVED SANITATION COVERAGE

Percent of population by type of sanitation facility, 1990-2012

- Improved facilities: 12%
- Unimproved facilities: 28%
- Open defecation: 65%

POLICIES

Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent

- No

Legal status of abortion (X of 3 circumstances)

- 4 (R,F)

Midwives authorized for specific tasks (X of 7 tasks)

- Yes

Maternity protection (Convention 183)

- No

Maternal deaths notification

- Yes

Postnatal home visits in the first week after birth

- Yes

Kangaroo Mother Care in facilities for low birthweight/preterm newborns

- Yes

Antenatal corticosteroids as part of management of preterm labour

- No

International Code of Marketing of Breastmilk Substitutes

- Yes

Community treatment of pneumonia with antibiotics

- Yes

Low osmolarity ORS and zinc for management of diarrhoea

- Yes

SYSTEMS

Costed national implementation plan(s) for: maternal, newborn and child health available

- Yes (2013)

Life Saving Commodities in Essential Medicine List:

- Reproductive health (X of 3) 2 (2013)
- Maternal health (X of 3) 3 (2013)
- Newborn health (X of 4) 3 (2013)
- Child health (X of 3) 3 (2013)
- Density of doctors, nurses and midwives (per 10,000 population) 24.1 (2012)
- National availability of Emergency Obstetric Care services (% of recommended minimum)

FINANCING

Per capita total expenditure on health (US$)

- 2013: 6 (2014)

General government expenditure on health as % of total government expenditure (%)

- 2012: 9 (2012)
- 2013: 58 (2012)

Out of pocket expenditure as % of total expenditure on health

- 2012: No Data
- 2013: No Data

Reproductive, maternal, newborn and child health expenditure by source

- External sources
- General government expenditure
- Out-of-pocket expenditure
- Other

ODA to child health per child (US$)

- 2012: 2 (2012)
- 2013: 6 (2014)

Note: See annexes for additional information on the indicators above.
Fulfilling the Health Agenda for Women and Children
The 2014 Report

Indonesia

Dемographics

<table>
<thead>
<tr>
<th>Metric</th>
<th>2012 (per 100,000 live births)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>246,864</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>14,622</td>
</tr>
<tr>
<td>Births (000)</td>
<td>4,736</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>67</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>152</td>
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<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>48</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>15</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>26</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>15</td>
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<td>Total maternal deaths</td>
<td>8,800</td>
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<td>Lifetime risk of maternal death (1 in N)</td>
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<tr>
<td>Total fertility rate (per woman)</td>
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<td>Adolescent birth rate (per 1000 girls)</td>
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Equity

Skilled attendant at delivery

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<thead>
<tr>
<th>Year</th>
<th>Pre-pregnancy</th>
<th>Pregnancy</th>
<th>Birth</th>
<th>Neonatal period</th>
<th>Infancy</th>
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<tr>
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<td>84</td>
<td>84</td>
<td>80</td>
<td>42</td>
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<td>1994</td>
<td>88</td>
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<td>83</td>
<td>80</td>
<td>80</td>
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<tr>
<td>1997</td>
<td>80</td>
<td>80</td>
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<td>80</td>
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</table>

Prevention of mother-to-child transmission of HIV

<table>
<thead>
<tr>
<th>Year</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>20</td>
<td>15</td>
<td>10</td>
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Child Health

Immunization

<table>
<thead>
<tr>
<th>Year</th>
<th>Measles</th>
<th>DTP3</th>
<th>DTaP</th>
<th>Rotavirus</th>
<th>Hib</th>
<th>Pneumococal conjugate</th>
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<tbody>
<tr>
<td>1991</td>
<td>64</td>
<td>80</td>
<td>64</td>
<td>80</td>
<td>64</td>
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<td>1994</td>
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<td>80</td>
<td>63</td>
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<td>1997</td>
<td>69</td>
<td>80</td>
<td>69</td>
<td>80</td>
<td>69</td>
<td>80</td>
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</table>

Pneumonia treatment

<table>
<thead>
<tr>
<th>Year</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>75</td>
<td>75</td>
<td>75</td>
</tr>
</tbody>
</table>

NUTRITION

Wasting prevalence (moderate and severe, %) 12 (2010) 9 (2007)
Low birthweight incidence (moderate and severe, %) 29 (2010) 19 (2007)
Vitamin A two dose coverage (%) 73 (2007)
**Indonesia**

### DEMOGRAPHICS

#### Causes of under-five deaths, 2012

![Graph showing causes of under-five deaths, 2012](image)

*Intrapartum-related events* **Sepsis/ Tetanus/ Meningitis/ Encephalitis

#### Causes of maternal deaths, 2013

![Graph showing causes of maternal deaths, 2013](image)

#### Antenatal care

Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

![Graph showing antenatal care](image)

#### Diarrhoeal health

Percent children <5 years with diarrhoea:
- receiving oral rehydration therapy/increased fluids with continued feeding
- treated with ORS

![Graph showing diarrhoeal health](image)

#### Malaria prevention and treatment

Percent children receiving first line treatment among those receiving any antimalarial

![Graph showing malaria prevention and treatment](image)

#### Water and sanitation

**Improved drinking water coverage**

Percent of population by type of drinking water source, 1990-2012

![Graph showing improved drinking water coverage](image)

**Improved sanitation coverage**

Percent of population by type of sanitation facility, 1990-2012

![Graph showing improved sanitation coverage](image)

### POLICIES

Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent

- No

Legal status of abortion (X of 5 circumstances)

- 1 (RU)

Midwives authorized for specific tasks (X of 7 tasks)

- No

Maternity protection (Convention 183)

- No

Maternal deaths notification

- Yes

Postnatal home visits in the first week after birth

- Yes

Kangaroo Mother Care in facilities for low birthweight/ preterm newborns

- No

### SYSTEMS

Costed national implementation plan(s) for: maternal, newborn and child health available

- Partial (2013)

Life Saving Commodities in Essential Medicine List:

- Reproductive health (X of 3)
- Maternal health (X of 3)
- Newborn health (X of 4)
- Child health (X of 3)

Density of doctors, nurses and midwives (per 10,000 population)

- 15.9 (2012)

National availability of Emergency Obstetric Care services

- 0.9 (2013)

### FINANCING

Per capita total expenditure on health (%)

- 150 (2012)

General government expenditure on health as % of total government expenditure (%)

- 7 (2012)

Out of pocket expenditure as % of total expenditure on health(s)

- 45 (2012)

Reproductive, maternal, newborn and child health expenditure by source

- No Data

ODA to maternal and neonatal health per live birth (US$)

- 7 (2012)

ODA to child health per child (US$)

- 3 (2012)
**Demosographics**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
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<tbody>
<tr>
<td>Total population (000)</td>
<td>32,778</td>
<td>32,778</td>
<td>32,778</td>
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<tr>
<td>Total under-five population (000)</td>
<td>4,824</td>
<td>4,824</td>
<td>4,824</td>
</tr>
<tr>
<td>Births (000)</td>
<td>1,037</td>
<td>1,037</td>
<td>1,037</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>99</td>
<td>99</td>
<td>99</td>
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<tr>
<td>Total under-five deaths (000)</td>
<td>35</td>
<td>35</td>
<td>35</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>56</td>
<td>56</td>
<td>56</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>19</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>28</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>9</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>710</td>
<td>710</td>
<td>710</td>
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<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>3.4</td>
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<td>3.4</td>
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<tr>
<td>Total fertility rate (per woman)</td>
<td>4.1</td>
<td>4.1</td>
<td>4.1</td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>68</td>
<td>68</td>
<td>68</td>
</tr>
</tbody>
</table>

**Under-five mortality rate**

Deaths per 1000 live births

**Maternal mortality ratio**

Deaths per 100,000 live births

---

**Equity**

**Socioeconomic inequities in coverage**

Household wealth quintile: Poorest 20% - Richest 20%

**Child Health**

**Immunization**

Percent of children immunized:
- Against measles
  - with 3 doses DTP
  - with 3 doses Hib
  - with rotavirus vaccine
- with 3 doses pneumococcal conjugate vaccine

**Pneumonia treatment**

Percent of children <5 years with symptoms of pneumonia:
- Taken to appropriate health provider
- Receiving antibiotics

**Nutrition**

Wasting prevalence (moderate and severe, %)
- 7 (2011)

Low birthweight incidence (moderate and severe, %)
- 13 (2011)

Early initiation of breastfeeding (within 1 hr of birth, %)
- 43 (2011)

Introduction of solid, semi-solid/soft foods (%)
- 36 (2011)

Vitamin A two dose coverage (%)
- 0 (2011)

**Underweight and stunting prevalence**

Percent of children <5 years who are moderately or severely:
- Underweight
- Stunted

**Exclusive breastfeeding**

Percent of infants <6 months exclusively breastfed

---

**Mental and Newborn Health**

Coverage along the continuum of care

Skilled attendant at delivery

Percent live births attended by skilled health personnel

Prevention of mother-to-child transmission of HIV

Eligible HIV+ pregnant women receiving ARVs for their own health (% of total ARVs)

Note: MDG target calculated by Countdown to 2015.
**Iraq**

### DEMOGRAPHICS

**Causes of under-five deaths, 2012**

- Premature: 11%
- Neonatal: 56%
- Intrapartum: 2%
- Other: 18%
- Other NS: 6%
- Diarrhoea J: 6%
- Malaria: 0%
- Measles: 0%
- Other 3%
- Congenital: 10%
- Listeriosis: J

- Unintentional falls: 9%
- Sepsis/Tetanus/Meningitis/Encephalitis*: 10%
- Unspecified: 10%

**Causes of maternal deaths, 2013**

- Hemorrhage: 31%
- Hypertension: 13%
- Sepsis: 5%
- Embolism: 9%
- Other direct: 14%
- Indirect 23%
- Abortion 3%

* Intrapartum-related events

**Source:** WHO/UNICEF JMP 2014

### MATERNAL AND NEWBORN HEALTH

#### Antenatal care

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>78</td>
</tr>
<tr>
<td>2000</td>
<td>77</td>
</tr>
<tr>
<td>2006</td>
<td>84</td>
</tr>
<tr>
<td>2011</td>
<td>78</td>
</tr>
</tbody>
</table>

**Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy**

**Demand for family planning satisfied (%)**

- 87 (2011)

**Antenatal care (4 or more visits, %)**

- 50 (2011)

**Malaria during pregnancy - intermittent preventive treatment (%)**

- (Minimum target is 5% and maximum target is 15%)

- 22, 25, 16 (2011)

**Neonatal tetanus vaccine 85 (2012)**

**Postnatal visit for baby (within 2 days for home births, %)**

- -

**Postnatal visit for mother (within 2 days for home births, %)**

- -

**Women with low body mass index (<18.5 kg/m², %)**

- -

**Source:** WHO/UNICEF JMP 2014

### CHILD HEALTH

**Diarrhoeal disease treatment**

- 54 (2000)
- 27 (2006)
- 31 (2011)
- 26 (2013)

**Percent children receiving first line treatment among those receiving any antimalarial**

- Very limited risk

**Malaria prevention and treatment**

- 2 (2000)
- 27 (2006)
- 11 (2011)
- 23 (2013)

**Percent children <5 years sleeping under ITNs**

**Source:** WHO/UNICEF JMP 2014

### WATER AND SANITATION

**Improved drinking water coverage**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>75</td>
</tr>
<tr>
<td>2012</td>
<td>74</td>
</tr>
<tr>
<td>1990</td>
<td>95</td>
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<tr>
<td>2012</td>
<td>99</td>
</tr>
<tr>
<td>1990</td>
<td>84</td>
</tr>
<tr>
<td>2012</td>
<td>87</td>
</tr>
<tr>
<td>1990</td>
<td>29</td>
</tr>
<tr>
<td>2012</td>
<td>56</td>
</tr>
</tbody>
</table>

**Source:** WHO/UNICEF JMP 2014

**Improved sanitation coverage**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>13</td>
</tr>
<tr>
<td>2012</td>
<td>19</td>
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<tr>
<td>1995</td>
<td>6</td>
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<tr>
<td>2012</td>
<td>10</td>
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<td>1995</td>
<td>83</td>
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<td>2012</td>
<td>87</td>
</tr>
<tr>
<td>1995</td>
<td>88</td>
</tr>
<tr>
<td>2012</td>
<td>90</td>
</tr>
</tbody>
</table>

**Source:** WHO/UNICEF JMP 2014

### SYSTEMS

**Costed national implementation plan(s) for: maternal, newborn and child health available**

- Partial (2013)

**Life Saving Commodities in Essential Medicine List:**

- Reproductive health (X of 3)
- Maternal health (X of 3)
- Newborn health (X of 4)
- Child health (X of 3)

**Density of doctors, nurses and midwives (per 10,000 population)**

- 6.1 (2013)

**National availability of Emergency Obstetric Care services**

- Yes

**FINANCING**

**Per capita total expenditure on health (Int$)**

- 149 (2012)

**General government expenditure on health as % of total government expenditure (%)**

- 4 (2012)

**Out of pocket expenditure as % of total expenditure on health (%)**

- 46 (2012)

**Reproductive, maternal, newborn and child health expenditure by source**

- No Data

**Policy**

- Partial  (2013)

**Legal status of abortion**

- Yes

**Midwives authorized for specific tasks**

- No

**Maternal deaths notification**

- Yes

**Postnatal home visits in the first week after birth**

- Yes

**Kangaroo Mother Care in facilities for low birthweight/preterm newborns**

- No

**Antenatal corticosteroids as part of management of preterm labour**

- Yes

**International Code of Marketing of Breast milk Substitutes**

- Partial

**Community treatment of pneumonia with antibiotics**

- No

**Low osmolality ORS and zinc for management of diarrhoea**

- Yes

**Note:** See annexes for additional information on the indicators above
Fulfilling the Health Agenda for Women and Children
The 2014 Report

Maternal, Newborn & Child Survival

Kenya

DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Category</th>
<th>2012</th>
<th>2013</th>
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<tbody>
<tr>
<td>Total population (000)</td>
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<tr>
<td>Total under-five population (000)</td>
<td>6,956</td>
<td></td>
</tr>
<tr>
<td>Births (000)</td>
<td>1,535</td>
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<tr>
<td>Birth registration (%)</td>
<td>60</td>
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<tr>
<td>Total under-five deaths (000)</td>
<td>108</td>
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<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>37</td>
<td></td>
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<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>22</td>
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</tr>
<tr>
<td>Total maternal deaths</td>
<td>6,300</td>
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<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>53</td>
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<tr>
<td>Total fertility rate (per woman)</td>
<td>4.5</td>
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</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>106</td>
<td></td>
</tr>
</tbody>
</table>

**Under-five mortality rate**

Deaths per 1000 live births

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>Rate</td>
<td>120</td>
<td>60</td>
<td>32</td>
<td>24</td>
<td>14</td>
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</table>

**Maternal mortality ratio**

Deaths per 100,000 live births

<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td>Rate</td>
<td>440</td>
<td>200</td>
<td>120</td>
<td>40</td>
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</table>

**Note:** MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH

**Coverage along the continuum of care**

<table>
<thead>
<tr>
<th></th>
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<th></th>
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<tbody>
<tr>
<td>Demand for family planning satisfied</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care (4 visits)</td>
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<td></td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Postnatal care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exclusivel breastfeeding</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td>64</td>
<td>47</td>
<td>44</td>
<td>42</td>
<td>93</td>
<td></td>
</tr>
</tbody>
</table>

**Skilled attendant at delivery**

Percent live births attended by skilled health personnel

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Rate</td>
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<td>45</td>
<td>44</td>
<td>42</td>
<td>44</td>
<td></td>
</tr>
</tbody>
</table>

**Prevention of mother-to-child transmission of HIV**

Eligible HIV+ pregnant women receiving ART for their own health (% of total ARVs)

<table>
<thead>
<tr>
<th>Year</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>42</td>
<td>46</td>
<td>53</td>
<td></td>
</tr>
</tbody>
</table>

**Child Health**

**Immunization**

Percent of children immunized:

- against measles
- with 3 doses Hib
- with rotavirus vaccine
- with 3 doses pneumococcal conjugate vaccine

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>66</td>
<td>52</td>
<td>57</td>
<td>49</td>
<td>56</td>
<td></td>
</tr>
</tbody>
</table>

**Pneumonia treatment**

Percent of children <5 years with symptoms of pneumonia:

- taken to appropriate health provider
- receiving antibiotics

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<tbody>
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<td>12</td>
<td>12</td>
<td>13</td>
<td>16</td>
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**Nutrition**

**Wasting prevalence (moderate and severe, %)**

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<td>7</td>
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**Low birthweight incidence (moderate and severe, %)**

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<td>8</td>
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</table>

**Underweight and stunting prevalence**

Percent of children <5 years who are moderately or severely:

- underweight
- stunted

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<td>Rate</td>
<td>40</td>
<td>37</td>
<td>18</td>
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</table>

**Exclusive breastfeeding**

Percent of infants <6 months exclusively breastfed

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<td>Rate</td>
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<td>12</td>
<td>12</td>
<td>13</td>
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EQUITY

**Socioeconomic inequities in coverage**

Household wealth quintile: Poorest 20% Richest 20%

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<tbody>
<tr>
<td>Demand for family planning satisfied</td>
<td></td>
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<tr>
<td>Antenatal care (1+ visit)</td>
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</tr>
<tr>
<td>Antenatal care (4+ visits)</td>
<td></td>
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<tr>
<td>Skilled attendant at delivery</td>
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<tr>
<td>Early initiation of breastfeeding</td>
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<tr>
<td>ITN use among children &lt;5 yrs</td>
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<tr>
<td>DTP3</td>
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<td>Measles</td>
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<tr>
<td>Vitamin A (past 6 months)</td>
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<tr>
<td>ORT &amp; continued feeding</td>
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<tr>
<td>Careseeking for pneumonia</td>
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</tbody>
</table>

Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

*See Annex/website for indicator definition.*
Fulfilling the Health Agenda for Women and Children
The 2014 Report

Kenya

DEMOGRAPHICS

Causes of under-five deaths, 2012

Causes of maternal deaths, 2013

MATERNAL AND NEWBORN HEALTH

Antenatal care

Demand for family planning satisfied (%) 64 (2008-2009)
Antenatal care (4 or more visits, %) 47 (2008-2009)
Malaria during pregnancy - intermittent preventive treatment (%) 15 (2008-2009)
C-section rate (total, urban, rural; %) 6, 11, 5 (2008-2009)
Neonatal tetanus vaccine 73 (2012)
Postnatal visit for baby (within 2 days for home births, %) -
Postnatal visit for mother (within 2 days for home births, %) -
Women with low body mass index (<18.5 kg/m2, %) 70

CHILD HEALTH

Diarrhoeal disease treatment

Malaria prevention and treatment

Percent children receiving first line treatment among 34 (2008-2009) those receiving any antimalarial

WATER AND SANITATION

Improved drinking water coverage

Improved sanitation coverage

FINANCING

Per capita total expenditure on health (usd) 84 (2012)
General government expenditure on health as % of total government expenditure (%) 6 (2012)
Out of pocket expenditure as % of total expenditure on health (%) 48 (2012)
Reproductive, maternal, newborn and child health expenditure by source -
External sources -
General government expenditure -
Out-of-pocket expenditure -
Other -
ODA to child health per child (usd) 23 (2012)
ODA to maternal and neonatal health per live birth (usd) 27 (2012)
Note: See annexes for additional information on the indicators above

POLICIES

Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent -
Legal status of abortion (x k of 5 circumstances) 3
Midwives authorized for specific tasks (x 7 tasks) 7
Maternity protection (Convention 183) No
Maternal deaths notification Yes
Postnatal home visits in the first week after birth Yes
Kangaroo Mother Care in facilities for low birthweight/preterm newborns -
Antenatal corticosteroids as part of management of preterm labour -
International Code of Marketing of Breastmilk Substitutes Yes
Community treatment of pneumonia with antibiotics No
Low osmolality ORS and zinc for management of diarrhoea Yes

SYSTEMS

Costed national implementation plan(s) for: maternal, newborn and child health available -
Life Saving Commodities in Essential Medicine List:
Reproductive health (x of 3) 3 (2014)
Maternal health (x of 3) -
Newborn health (x of 4) 1 (2014)
Child health (x of 3) -
Density of doctors, nurses and midwives (per 10,000 population) 9.7 (2012)
National availability of Emergency Obstetric Care services (% of recommended minimum) -

Note: See annexes for additional information on the indicators above

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Korea, Democratic People’s Republic of

DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2009</th>
<th>2012</th>
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</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>24,763</td>
<td>24,648</td>
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<tr>
<td>Total under-five population (000)</td>
<td>1,690</td>
<td>1,687</td>
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<tr>
<td>Births (000)</td>
<td>356</td>
<td>357</td>
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<tr>
<td>Birth registration (%)</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>54</td>
<td>54</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>310</td>
<td>310</td>
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<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>630</td>
<td>630</td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td>2.0</td>
<td>2.0</td>
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<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>1</td>
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</tr>
</tbody>
</table>

MATERNAL AND NEWBORN HEALTH

Coverage along the continuum of care

- Demand for family planning satisfied
- Antenatal care (4+ visits)
- Skilled attendant at delivery
- *Postnatal care
- Exclusive breastfeeding
- Measles

Skilled attendant at delivery

- Percent live births attended by skilled health personnel

Prevention of mother-to-child transmission of HIV

- Percent HIV+ pregnant women receiving ART for their own health (% of total ARVs)
- Percent HIV+ pregnant women receiving ARVs for PMTCT
- Uncertainty range around the estimate

EQUITY

Socioeconomic inequities in coverage

- Household wealth quintile: Poorest 20% richest 20%

Immunization

- Percent of children immunized:
  - against measles
    - with 3 doses Hib
    - with rotavirus vaccine
    - with 3 doses pneumococcal conjugate vaccine

NUTRITION

Underweight and stunting prevalence

- Percent of children <5 years who are moderately or severely:
  - underweight
  - stunted

Exclusive breastfeeding

- Percent of infants <6 months exclusively breastfed
Korea, Democratic People’s Republic of

DEMOGRAPHICS

Causes of under-five deaths, 2012

Causes of maternal deaths, 2013

MATERNAL AND NEWBORN HEALTH

Antenatal care
Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

Demand for family planning satisfied (%)

Antenatal care (4 or more visits, %)

Malaria during pregnancy - intermittent preventive treatment (%)

C-section rate (total, urban, rural; %)

Neonatal tetanus vaccine

Postnatal visit for baby
(within 2 days for home births, %)

Postnatal visit for mother
(within 2 days for home births, %)

Women with low body mass index (<18.5 kg/m2, %)

CHILD HEALTH

Diarrhoeal disease treatment
Percent of children <5 years with diarrhoea: ■ receiving oral rehydration therapy/increased fluids with continued feeding ■ treated with ORS

Malaria prevention and treatment
Percent children receiving first line treatment among those receiving any antimalarial

Percent children < 5 years sleeping under ITNs

WATER AND SANITATION

Improved drinking water coverage
Percent of population by type of drinking water source, 2012

Improved sanitation coverage
Percent of population by type of sanitation facility, 1995-2012

Note: See annexes for additional information on the indicators above
## DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2012</th>
<th>2012</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>5,474</td>
<td></td>
<td>DHS, MICS, Other NS</td>
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<tr>
<td>Total under-five population (000)</td>
<td>659</td>
<td></td>
<td>DHS, MICS, Other NS</td>
</tr>
<tr>
<td>Births (000)</td>
<td>148</td>
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</tr>
<tr>
<td>Birth registration (%)</td>
<td>96</td>
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<td>Total under-five deaths (000)</td>
<td>4</td>
<td></td>
<td>DHS, MICS, Other NS</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>54</td>
<td></td>
<td>DHS, MICS, Other NS</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>14</td>
<td></td>
<td>DHS, MICS, Other NS</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>24</td>
<td></td>
<td>DHS, MICS, Other NS</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>10</td>
<td></td>
<td>DHS, MICS, Other NS</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>110</td>
<td></td>
<td>DHS, MICS, Other NS</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>20% (orange circles)</td>
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<td>DHS, MICS, Other NS</td>
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<tr>
<td>Total fertility rate (per 1000 girls)</td>
<td>170</td>
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<td>DHS, MICS, Other NS</td>
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<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>41</td>
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<td>DHS, MICS, Other NS</td>
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### SKILLED ATTENDANT AT DELIVERY

<table>
<thead>
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<th>Year</th>
<th>1997</th>
<th>2006</th>
<th>2012</th>
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<tbody>
<tr>
<td>DHS</td>
<td>98</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>MICS</td>
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## EQUITY

<table>
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<tr>
<th>Indicator</th>
<th>Poorest 20%</th>
<th>Richest 20%</th>
<th>Source</th>
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<tbody>
<tr>
<td>Demand for family planning satisfied</td>
<td>67%</td>
<td>99%</td>
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<tr>
<td>Antenatal care (1+ visit)</td>
<td>32%</td>
<td>98%</td>
<td>DHS, MICS, Other NS</td>
</tr>
<tr>
<td>Antenatal care (4+ visits)</td>
<td>20%</td>
<td>98%</td>
<td>DHS, MICS, Other NS</td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td>32%</td>
<td>98%</td>
<td>DHS, MICS, Other NS</td>
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<tr>
<td>*Postnatal care</td>
<td>32%</td>
<td>98%</td>
<td>DHS, MICS, Other NS</td>
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<tr>
<td>Exclusive breastfeeding</td>
<td>32%</td>
<td>98%</td>
<td>DHS, MICS, Other NS</td>
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<td>measles</td>
<td>32%</td>
<td>98%</td>
<td>DHS, MICS, Other NS</td>
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<td>DPT3</td>
<td>32%</td>
<td>98%</td>
<td>DHS, MICS, Other NS</td>
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<td>Measles</td>
<td>32%</td>
<td>98%</td>
<td>DHS, MICS, Other NS</td>
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<tr>
<td>Vitamin A (past 6 months)</td>
<td>32%</td>
<td>98%</td>
<td>DHS, MICS, Other NS</td>
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<td>ORT &amp; continued feeding</td>
<td>32%</td>
<td>98%</td>
<td>DHS, MICS, Other NS</td>
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<tr>
<td>Careseeking for pneumonia</td>
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<td>98%</td>
<td>DHS, MICS, Other NS</td>
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## IMMUNIZATION

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<td>40</td>
<td>60</td>
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<tr>
<td>MICS</td>
<td>0</td>
<td>20</td>
<td>40</td>
<td>60</td>
<td>80</td>
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</table>

## SAMPLING ERROR

Percent estimate ± 5% and 10% for 95% and 90% confidence intervals, respectively.

## PNEUMONIA TREATMENT

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<tr>
<th>Year</th>
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<th>2006</th>
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<tbody>
<tr>
<td>DHS</td>
<td>42%</td>
<td>62%</td>
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<tr>
<td>MICS</td>
<td>46%</td>
<td>45%</td>
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## NUTRITION

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<th>Year</th>
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<td>10%</td>
<td>24%</td>
</tr>
<tr>
<td>MICS</td>
<td>3%</td>
<td>32%</td>
</tr>
</tbody>
</table>

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*See Annex/website for indicator definition.*
**DEMOGRAPHICS**

### Causes of under-five deaths, 2012

<table>
<thead>
<tr>
<th>Cause</th>
<th>Total Death (%)</th>
<th>Pneumonia</th>
<th>Diarrhoea</th>
<th>Preterm</th>
<th>Other 1%</th>
<th>Other 21%</th>
<th>Injuries 7%</th>
<th>HIV/AIDS 0%</th>
<th>Malaria 0%</th>
<th>Measles 0%</th>
<th>Other 4%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non fatal causes</td>
<td>54%</td>
<td>12%</td>
<td>34%</td>
<td>16%</td>
<td>8%</td>
<td>8%</td>
<td>8%</td>
<td>8%</td>
<td>8%</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>Sepsis/ Tetanus/ Meningitis/ Encephalitis</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
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</tbody>
</table>

Source: WHO/CHERG 2014

### Causes of maternal deaths, 2013

<table>
<thead>
<tr>
<th>Cause</th>
<th>Total Death (%)</th>
<th>Sepsis 0%</th>
<th>Embolism 11%</th>
<th>Haemorrhage 23%</th>
<th>Regional estimated for Caucasus and Central Asia, 2013</th>
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</thead>
<tbody>
<tr>
<td>Non fatal causes</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Sepsis/ Tetanus/ Meningitis/ Encephalitis</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
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</tbody>
</table>

Source: WHO 2014

**MATERNAL AND NEWBORN HEALTH**

### Antenatal care

<table>
<thead>
<tr>
<th>Year</th>
<th>DHS 1997</th>
<th>MICS 2006</th>
<th>DHS 2012</th>
</tr>
</thead>
<tbody>
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<td>97</td>
<td>97</td>
<td>97</td>
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<tr>
<td>2006</td>
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<tr>
<td>2012</td>
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</tbody>
</table>

Demand for family planning satisfied (%) 67 (2012)

Antenatal care (4 or more visits, %) -

Malaria during pregnancy - intermittent preventive treatment (%) -

C-section rate (total, urban, rural, %) 6, 7, 6 (1997)

Neonatal tetanus vaccine -

Postnatal visit for baby (within 2 days for home births, %) -

Postnatal visit for mother (within 2 days for home births, %) -

Women with low body mass index (<18.5 kg/m2, %) 6 (2012)

### CHILD HEALTH

#### Diarrhoeal disease treatment

<table>
<thead>
<tr>
<th>Year</th>
<th>DHS 1997</th>
<th>MICS 2006</th>
<th>DHS 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td>40</td>
<td>22</td>
<td>35</td>
</tr>
<tr>
<td>2006</td>
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<td></td>
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<tr>
<td>2012</td>
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</tbody>
</table>

Percent of children <5 years with diarrhoea:
- receiving oral rehydration therapy/increased fluids with continued feeding
- treated with ORS

### Malaria prevention and treatment

<table>
<thead>
<tr>
<th>Year</th>
<th>DHS 1997</th>
<th>MICS 2006</th>
<th>DHS 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
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<td></td>
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<tr>
<td>2006</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
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</table>

Percent children receiving first line treatment among those receiving any antimalarial

#### WATER AND SANITATION

### Improved drinking water coverage

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<td>1990</td>
<td>29</td>
<td>29</td>
<td>29</td>
<td>44</td>
<td>44</td>
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<td>2012</td>
<td>34</td>
<td>34</td>
<td>34</td>
<td>36</td>
<td>36</td>
<td>36</td>
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</table>

Source: WHO/UNICEF JMP 2014

### Improved sanitation coverage

<table>
<thead>
<tr>
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<th></th>
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</thead>
<tbody>
<tr>
<td>1990</td>
<td>29</td>
<td>29</td>
<td>29</td>
<td>44</td>
<td>44</td>
<td>44</td>
</tr>
<tr>
<td>2012</td>
<td>34</td>
<td>34</td>
<td>34</td>
<td>36</td>
<td>36</td>
<td>36</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF JMP 2014

**POLICIES**

- Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent
- Legal status of abortion (x of 5 circumstances) 5 (R,F)
- Midwives authorized for specific tasks (x of 7 tasks)
- Maternity protection (Convention 183) Partial
- Maternal deaths notification Yes
- Postnatal home visits in the first week after birth Yes
- Kangaroo Mother Care in facilities for low birthweight/preterm newborns
- Antenatal corticosteroids as part of management of preterm labour
- International Code of Marketing of Breastmilk Substitutes Partial
- Community treatment of pneumonia with antibiotics
- Low osmolarity ORS and zinc for management of diarrhoea

**SYSTEMS**

- Costed national implementation
- plant(s) for: maternal, newborn and child health available
- Life Saving Commodities in Essential Medicine List:
  - Reproductive health (x of 3)
  - Maternal health (x of 3)
  - Newborn health (x of 4)
  - Child health (x of 3)
- Density of doctors, nurses and midwives (per 10,000 population) 80.9 (2012)
- National availability of Emergency Obstetric Care services (x of recommended minimum)
- Low level first level care facilities

**FINANCING**

- Per capita total expenditure on health (US$) 175 (2012)
- General government expenditure on health as % of total government expenditure (%) 12 (2012)
- Out of pocket expenditure as % of total expenditure on health(s) No Data
- Reproductive, maternal, newborn and child health expenditure by source
  - External sources
  - General government expenditure
  - Out-of-pocket expenditure
  - Other
- ODA to child health per child (US$) 22 (2012)
- ODA to maternal and neonatal health per live birth (US$) 38 (2012)

Note: See annexes for additional information on the indicators above
Fulfilling the Health Agenda for Women and Children
The 2014 Report
Countdown to 2015
Maternal, Newborn & Child Survival

Lao People’s Democratic Republic

DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>6,646</td>
<td></td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td></td>
<td>889</td>
</tr>
<tr>
<td>Births (000)</td>
<td>181</td>
<td></td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>75</td>
<td>(2011-2012)</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>14</td>
<td>(2012)</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>38</td>
<td>(2012)</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>27</td>
<td>(2012)</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>54</td>
<td>(2012)</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>14</td>
<td>(2009)</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>400</td>
<td>(2012)</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>130</td>
<td>(2012)</td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td>3.1</td>
<td>(2012)</td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>94</td>
<td>(2009)</td>
</tr>
</tbody>
</table>

Under-five mortality rate
Deaths per 1000 live births

Maternal mortality ratio
Deaths per 100,000 live births

CHIP HEALTH

Immunization
Percent of children immunized:
- Against measles
  - with 3 doses DTP
  - with 3 doses Hib
  - with rotavirus vaccine
- with 3 doses pneumococcal conjugate vaccine

Pneumonia treatment
Percent of children <5 years with symptoms of pneumonia:
- taken to appropriate health provider
- receiving antibiotics

NUTRITION

Wasting prevalence (moderate and severe, %)
Low birthweight incidence (moderate and severe, %)
Early initiation of breastfeeding (within 1 hr of birth, %)
Introduction of solid, semi-solid/soft foods (%)
Vitamin A two dose coverage (%)

Underweight and stunting prevalence
Percent of children <5 years who are moderately or severely:
- underweight
- stunted

Exclusive breastfeeding
Percent of infants <6 months exclusively breastfed

EQUITY

Socioeconomic inequities in coverage
Household wealth quintile: Poorest 20% Richest 20%

Maternal and newborn health
Coverage along the continuum of care
Skilled attendant at delivery
Preventive of mother-to-child transmission of HIV

Socioeconomic inequities in coverage
Household wealth quintile: Poorest 20% Richest 20%

Child health
Immunization
Pneumonia treatment

Nutrition
Wasting prevalence (moderate and severe, %)
Low birthweight incidence (moderate and severe, %)
Early initiation of breastfeeding (within 1 hr of birth, %)
Introduction of solid, semi-solid/soft foods (%)
Vitamin A two dose coverage (%)

Underweight and stunting prevalence
Percent of children <5 years who are moderately or severely:
- underweight
- stunted

Exclusive breastfeeding
Percent of infants <6 months exclusively breastfed

Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

*See Annex/website for indicator definition.
Fulfilling the Health Agenda for Women and Children
The 2014 Report

Lesotho

**Demosographics**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2012</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>2,052</td>
<td></td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>260</td>
<td></td>
</tr>
<tr>
<td>Births (000)</td>
<td>57</td>
<td></td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>74</td>
<td></td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>25</td>
<td>20</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>280</td>
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<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>64</td>
<td></td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td>1.1</td>
<td>1.0</td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>92</td>
<td>92</td>
</tr>
</tbody>
</table>

**MATERNAL AND NEWBORN HEALTH**

**Under-five mortality rate**

Deaths per 1000 live births

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>150</td>
<td>120</td>
<td>100</td>
<td>85</td>
<td>70</td>
<td>60</td>
</tr>
</tbody>
</table>

**Maternal mortality ratio**

Deaths per 100,000 live births

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Rate</td>
<td>720</td>
<td>680</td>
<td>550</td>
<td>490</td>
<td>480</td>
<td>450</td>
<td>450</td>
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</tbody>
</table>

**EQUITY**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Poorest 20%</th>
<th>Richest 20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for family planning satisfied</td>
<td>67%</td>
<td>70%</td>
</tr>
<tr>
<td>Antenatal care (1+ visit)</td>
<td>62%</td>
<td>63%</td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td>48%</td>
<td>54%</td>
</tr>
<tr>
<td>*Postnatal care</td>
<td>34%</td>
<td>85%</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Socioeconomic inequities in coverage**

Household wealth quintile: Employed 20% | Richest 20%

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Pre-pregnancy</th>
<th>Pregnancy</th>
<th>Birth</th>
<th>Neonatal period</th>
<th>Infancy</th>
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<tbody>
<tr>
<td>Demand for family planning satisfied</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care (1+ visit)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care (4+ visits)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early initiation of breastfeeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ITN use among children &lt;5 yrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTP3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin A (past 6 months)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORT &amp; continued feeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Careseeking for pneumonia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

**CHILD HEALTH**

**Immunization**

Percent of children immunized:
- against measles
  - with 3 doses Hib
  - with rotavirus vaccine
  - with 3 doses pneumococcal conjugate vaccine

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
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<td>Rate</td>
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<td>20</td>
<td>48</td>
<td>66</td>
<td>68</td>
<td>77</td>
<td>58</td>
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</table>

**Pneumonia treatment**

Percent of children <5 years who are moderately or severely
- underweight
- stunted

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>14</td>
<td>19</td>
<td>15</td>
<td>17</td>
<td>14</td>
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</table>

**NUTRITION**

Wasting prevalence (moderate and severe, %) 11
Low birthweight incidence (moderate and severe, %) 4

<table>
<thead>
<tr>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Rate</td>
<td>0</td>
<td>10</td>
<td>30</td>
<td>50</td>
<td>70</td>
<td>90</td>
<td>100</td>
</tr>
</tbody>
</table>

Early initiation of breastfeeding (within 1 hr of birth, %) 53
Introduction of solid, semi-solid/soft foods (%): 68
Vitamin A two dose coverage (%): -

<table>
<thead>
<tr>
<th>Year</th>
<th>2000</th>
<th>2004</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>49</td>
<td>59</td>
<td>66</td>
</tr>
</tbody>
</table>

**Exclusive breastfeeding**

Percent of infants <6 months exclusively breastfed

<table>
<thead>
<tr>
<th>Year</th>
<th>1996</th>
<th>2000</th>
<th>2004</th>
<th>2009</th>
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<tbody>
<tr>
<td>Rate</td>
<td>12</td>
<td>15</td>
<td>16</td>
<td>19</td>
</tr>
</tbody>
</table>

Source: DHS 2009

* See Annex/website for indicator definition
Lesotho

DEMOGRAPHICS

Causes of under-five deaths, 2012

Causes of maternal deaths, 2013

MATERNAL AND NEWBORN HEALTH

Antenatal care

Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

Demand for family planning satisfied (%) 67 (2013)
Antenatal care (4 or more visits, %)  70 (2013)
Malaria during pregnancy - intermittent preventive treatment (%) - -
C-section rate (total, urban, rural; %) 7, 11, 5 (2013)
(Minimum target is 5% and maximum target is 15%)
Neonatal tetanus vaccine 83 (2012)
Postnatal visit for baby (within 2 days for home births, %) - -
Postnatal visit for mother (within 2 days for home births, %) 48 (2013)
Women with low body mass index (<18.5 kg/m2, %) 4 (2000)

CHILD HEALTH

Diarrhoeal disease treatment

Percent of children <5 years with diarrhoea:
• receiving oral rehydration therapy/increased fluids with continued feeding
• treated with ORS

Malaria prevention and treatment

Percent children receiving first line treatment among those receiving any antimalarial - -
Percent children < 5 years sleeping under ITNs - -

WATER AND SANITATION

Improved drinking water coverage

Improved sanitation coverage

Water and Sanitation

Source: WHO/UNICEF JMP 2014

Source: WHO/UNICEF JMP 2014

Policies

Costed national implementation plan(s): for: maternal, newborn and child health available

Fulfilling the Health Agenda for Women and Children

The 2014 Report

Countdown to 2015
Maternal, Newborn & Child Survival

Life Saving Commodities in Essential Medicine List:

- Reproductive health (k of 3)
- Maternal health (k of 3)
- Newborn health (k of 4)
- Child health (k of 3)
- Density of doctors, nurses and midwives (per 10,000 population)
- National availability of Emergency Obstetric Care services (% of recommended minimum)

FINANCING

Per capita total expenditure on health (US$) 227 (2012)
General government expenditure on health as % of total government expenditure (%) 14 (2012)
Out of pocket expenditure as % of total expenditure on health(%) 15 (2012)
Reproductive, maternal, newborn and child health expenditure by source

Source: Annexes for additional information on the indicators above
Countdown to 2015
Maternal, Newborn & Child Survival

Fulfilling the Health Agenda for Women and Children
The 2014 Report

Liberia

DEMOGRAPHICS

Total population (000) 4,190 (2012)
Total under-five population (000) 678 (2012)
Births (000) 150 (2012)
Birth registration (%) 4 (2007)
Total under-five deaths (000) 11 (2012)
Neonatal deaths: % of all under-5 deaths 36 (2012)
Neonatal mortality rate (per 1000 live births) 27 (2012)
Infant mortality rate (per 1000 live births) 56 (2012)
Stillbirth rate (per 1000 total births) 27 (2000)
Total maternal deaths 980 (2012)
Lifetime risk of maternal death (1 in N) 4.9 (2012)
Total fertility rate (per 1000 girls) 149 (2011)
Adolescent birth rate (per 1000 total births) 20 (2012)
Deaths per 100,000 live births
Poorest 20%
Richest 20%

EQUITY

Socioeconomic inequities in coverage
Household wealth quintile: Poorest 20% Richest 20%

NUTRITION

Wasting prevalence (moderate and severe, %) 3 (2012)
Low birthweight incidence (moderate and severe, %) 14 (2012)

Under-five mortality rate
Deaths per 1000 live births

Maternal mortality ratio
Deaths per 100,000 live births

MATERIAL AND NEWBORN HEALTH

Coverage along the continuum of care

Skilled attendant at delivery
Percent live births attended by skilled health personnel

Prevention of mother-to-child transmission of HIV
Eligible HIV+ pregnant women receiving ART for their own health (% of total ARVs)

Immunization
Percent of children immunized:
against measles
with 3 doses Hib
with rotavirus vaccine
with 3 doses pneumococcal conjugate vaccine

Pneumonia treatment
Percent of children <5 years with symptoms of pneumonia:
taken to appropriate health provider
receiving antibiotics

CHILD HEALTH

Percent of children <5 years who are moderately or severely:
underweight
stunted

NUTRITION

Vitamin A two dose coverage
Introduction of solid, semi-solid/soft foods (%)
Vitamin A two dose coverage (%)

Early initiation of breastfeeding (within 1 hr of birth, %)

Exclusive breastfeeding
Percent of infants <6 months exclusively breastfed

Source: DHS, MICS, Other NS
* See Annex/website for indicator definition

Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

Note: MDG target calculated by Countdown to 2015.
Fulfilling the Health Agenda for Women and Children
The 2014 Report

Liberia

DEMOGRAPHICS

Causes of under-five deaths, 2012

Causes of maternal deaths, 2013

MATERNAL AND NEWBORN HEALTH

Antenatal care
Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

Demand for family planning satisfied (%)
Antenatal care (4 or more visits, %)
Malaria during pregnancy - intermittent preventive treatment (%)
C-section rate (total, urban, rural; %)
(Minimum target is 5% and maximum target is 15%)
Neonatal tetanus vaccine
Postnatal visit for baby (within 2 days for home births, %)
Postnatal visit for mother (within 2 days for home births, %)
Women with low body mass index (<18.5 kg/m2, %)

CHILD HEALTH

Diarrhoeal health disease treatment
Percent of children <5 years with diarrhoea:
■ Receiving oral rehydration therapy/increased fluids with continued feeding
■ Treated with ORS

Malaria prevention and treatment
Percent children receiving first line treatment among those receiving any antimalarial
■ Percent children < 5 years sleeping under ITNs

WATER AND SANITATION

Improved drinking water coverage
Percent of population by type of drinking water source, 2012

Improved sanitation coverage
Percent of population by type of sanitation facility, 2012

Policies

Costed national implementation
Yes (2013)
Life Saving Commodities in Essential Medicine List:
Reproductive health (x of 3)
Maternal health (x of 3)
Newborn health (x of 4)
Child health (x of 3)
Density of doctors, nurses and midwives (per 10,000 population)
2.9 (2008)
National availability of Emergency Obstetric Care services
27 (2013)

Financing

Per capita total expenditure on health (US$)
102 (2012)
General government expenditure on health as % of total government expenditure (%)
19 (2012)
Out of pocket expenditure as % of total expenditure on health (%)
21 (2012)
Reproductive, maternal, newborn and child health expenditure by source
Partially available

Note: See annexes for additional information on the indicators above
**DIPLOMACIES**

Total population (000) | 22,294 | (2012)
Total under-five population (000) | 3,529 | (2012)
Births (000) | 761 | (2012)
Birth registration (%) | 80 | (2008-2010)
Total under-five deaths (000) | 44 | (2012)
Neonatal deaths: % of all under-5 deaths | 38 | (2012)
Neonatal mortality rate (per 1000 live births) | 22 | (2012)
Infant mortality rate (per 1000 live births) | 41 | (2012)
Stillbirth rate (per 1000 total births) | 21 | (2006)
Total maternal deaths | 3,500 | (2012)
Lifetime risk of maternal death (1 in N) | 47 | (2012)
Total fertility rate (per 1000 live births) | 4.5 | (2012)
Adolescent birth rate (per 1000 girls) | 147 | (2006)

**MATERNAL AND NEWBORN HEALTH**

**Coverage along the continuum of care**

- Demand for family planning satisfied: 68%
- Antenatal care (4+ visits): 49%
- Skilled attendant at delivery: 44%
- Postnatal care: 46%
- Exclusive breastfeeding: 51%
- Measles: 69%

**Skilled attendant at delivery**

Percent live births attended by skilled health personnel

- Pre-pregnancy: 62%
- Pregnancy: 67%
- Birth: 70%
- Neonatal period: 75%
- Infancy: 81%

**Prevention of mother-to-child transmission of HIV**

- Eligible HIV+ pregnant women receiving ART for their own health (% of total ARVs)
- Percent HIV+ pregnant women receiving ARVs for PMTCT
  - Uncertainty range around the estimate

**Immunization**

Percent of children immunized:
- Against measles
- With 3 doses Hib
- With rotavirus vaccine
- With 3 doses pneumococcal conjugate vaccine

**Pneumonia treatment**

Percent of children <5 years with symptoms of pneumonia:
- Taken to appropriate health provider
- Receiving antibiotics

**NUTRITION**

- Wasting prevalence (moderate and severe, %): 15 (2003-2006)
- Low birthweight incidence (moderate and severe, %): 23 (2003-2006)
- Intake of vitamin A two dose coverage (%): 86 (2008-2009)
- Early initiation of breastfeeding (within 1 hour of birth, %): 72 (2008-2009)

**Underweight and stunting prevalence**

Percent of children <5 years who are moderately or severely:
- Underweight
- Stunted

**Exclusive breastfeeding**

Percent of infants <6 months exclusively breastfed
**Fulfilling the Health Agenda for Women and Children**

**The 2014 Report**

**Countdown to 2015**

**Maternal, Newborn & Child Survival**

---

### DEMOGRAPHICS

#### Causes of under-five deaths, 2012

- Pneumonia: 16%
- Preterm: 10%
- Developmental delay: 12%
- Other: 20%

#### Causes of maternal deaths, 2013

- Sepsis: 10%
- Embolism: 2%
- Other direct: 9%
- Indirect: 29%
- Haemorrhage: 25%
- Hypertension: 10%

*Source: WHO/CHERG 2014*

---

### WATER AND SANITATION

#### Improved drinking water coverage

<table>
<thead>
<tr>
<th>Year</th>
<th>Piped on premises</th>
<th>Other improved</th>
<th>Unimproved</th>
<th>Surface water</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>41%</td>
<td>32%</td>
<td>27%</td>
<td>20%</td>
</tr>
<tr>
<td>2012</td>
<td>91%</td>
<td>2%</td>
<td>8%</td>
<td>1%</td>
</tr>
</tbody>
</table>

*Source: WHO/UNICEF JMP 2014*

#### Improved sanitation coverage

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>35%</td>
<td>43%</td>
<td>22%</td>
</tr>
<tr>
<td>2012</td>
<td>77%</td>
<td>81%</td>
<td>73%</td>
</tr>
</tbody>
</table>

*Source: WHO/UNICEF JMP 2014*

---

### CHILD HEALTH

#### Diarrhoeal disease treatment

- Percent of children <5 years with diarrhoea:
  - Receiving oral rehydration therapy/increased fluids with continued feeding: 78%
  - Treated with ORS: 77%

#### Malaria prevention and treatment

- Percent children receiving first line treatment among those receiving any antimalarial: 19% (2011)
- Percent children <5 years sleeping under ITNs: 77%

*Source: WHO 2014*

---

### POLICIES

- Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent: -
- Legal status of abortion (x of 5 countries): -
- Midwives authorized for specific tasks (x of 7 tasks): -
- Maternity protection (Convent 183): No
- Postnatal home visits in the first week after birth: Yes
- Kangaroo Mother Care in facilities for low birthweight/preterm newborns: Yes
- Antenatal corticosteroids as part of management of preterm labour: No
- International Code of Marketing of Breastmilk Substitutes: Yes
- Community treatment of pneumonia with antibiotics: Yes
- Low osmolality ORS and zinc for management of diarrhea: Yes

---

### SYSTEMS

#### Costed national implementation

- Partial (2013)

#### Life Saving Commodities in Essential Medicine List:

- Child health (x of 8): 3 (2013)

#### Density of doctors, nurses and midwives (per 10,000 population)

- 4.8 (2009)

#### National availability of Emergency Obstetric Care services

- 11 (2010)

#### Out-of-pocket expenditure as % of total government expenditure on health

- No Data

---

### FINANCING

#### Per capita total expenditure on health (US$)

- 40 (2012)

#### General government expenditure as % of total government expenditure (%)

- 13 (2012)

#### Out of pocket expenditure as % of total expenditure on health

- 31 (2012)

#### Reproductive, maternal, newborn and child health expenditure by source

- No Data

- External sources
- General government expenditure
- Out-of-pocket expenditure
- Other

ODA to child health per child (US$)

- 13 (2012)

ODA to maternal and neonatal health per live birth (US$)

- 19 (2012)

Note: See annexes for additional information on the indicators above.
MATERNAL AND NEWBORN HEALTH

Coverage along the continuum of care

Skilled attendant at delivery
Percent live births attended by skilled health personnel

Prevention of mother-to-child transmission of HIV

Eligible HIV+ pregnant women receiving ART for their own health (% of total ARVs)

Immunization
Percent of children immunized:

Pneumonia treatment
Percent of children <5 years with symptoms of pneumonia:

NUTRITION

Wasting prevalence (moderate and severe, %)
Low birthweight incidence (moderate and severe, %)

Underweight and stunting prevalence
Percent of children <5 years who are moderately or severely:

Exclusive breastfeeding
Percent of infants <6 months exclusively breastfed

CHILE HEALTH

EQUITY

Socioeconomic inequities in coverage

DEMOGRAPHICS

Total population (000) 25,906 (2012)
Total under-five population (000) 2,859 (2012)
Births (000) 639 (2012)
Birth registration (%) -
Total under-five deaths (000) 43 (2012)
Neonatal deaths: % of all under-5 deaths 34 (2012)
Neonatal mortality rate (per 1000 live births) 24 (2012)
Infant mortality rate (per 1000 live births) 46 (2012)
Stillbirth rate (per 1000 total births) 24 (2012)
Total maternal deaths 3,400 (2012)
Lifetime risk of maternal death (1 in N) 34 (2012)
Total fertility rate (per 1000 girls) 5.5 (2012)
Adolescent birth rate (per 1000 girls) 157 (2008)

Notes: MDG target calculated by Countdown to 2015.
Malawi

DEMOGRAPHICS

Causes of under-five deaths, 2012

Causes of maternal deaths, 2013

MATERNAL AND NEWBORN HEALTH

Antenatal care

Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

Demand for family planning satisfied (%) 64 (2010)

Antenatal care (4 or more visits, %) 46 (2010)

Malaria during pregnancy - intermittent preventive treatment (%)

C-section rate (total, urban, rural; %) 5, 8, 4 (2012)

Neonatal tetanus vaccine 89 (2012)

Postnatal visit for baby (within 2 days for home births, %) - -

Postnatal visit for mother (within 2 days for home births, %) 43 (2010)

Women with low body mass index (<18.5 kg/m2, %) - -

CHILD HEALTH

Diarrhoeal disease treatment

Percent of children <5 years with diarrhoea: receiving oral rehydration therapy/increased fluids with continued feeding treated with ORS

Malaria prevention and treatment

Percent children receiving first line treatment among those receiving any antimalarial

Percent children <5 years sleeping under ITNs

WATER AND SANITATION

Improved drinking water coverage

Percent of population by type of drinking water source, 1990-2012

Improved sanitation coverage

Percent of population by type of sanitation facility, 1990-2012

POLICIES

Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent

Legal status of abortion (x of 5 circumstances) 1

Midwives authorized for specific tasks (x of 7 tasks) 7

Maternity protection (Convention 183) No

Maternal deaths notification Yes

Postnatal home visits in the first week after birth Yes

Kangaroo Mother Care in facilities for low birthweight/preterm newborns Yes

Antenatal corticosteroids as part of management of preterm labour Yes

International Code of Marketing of Breastmilk Substitutes Yes

Community treatment of pneumonia with antibiotics Yes

Low osmolarity ORS and zinc for management of diarrhoea Yes

SYSTEMS

Costed national implementation plan(s) for: maternal, newborn and child health available Yes (2013)

Life Saving Commodities in Essential Medicine List:

Reproductive health (x of 3) 2 (2013)

Maternal health (x of 3) 3 (2013)

Newborn health (x of 4) 3 (2013)

Child health (x of 3) 3 (2013)

Density of doctors, nurses and midwives (per 10,000 population) 3.6 (2009)

National availability of Emergency Obstetric Care services (% of recommended minimum) 32 (2010)

FINANCING

Per capita total expenditure on health (US$) 83 (2012)

General government expenditure on health as % of total government expenditure (%) 18 (2012)

Out of pocket expenditure as % of total expenditure on health(s) 13 (2012)

Reproductive, maternal, newborn and child health expenditure by source

Reproductive, maternal, newborn and child health expenditure by source

External sources

General government expenditure

Out-of-pocket expenditure

Other

ODA to child health per child (US$) 37 (2011)

ODA to maternal and neonatal health per live birth (US$) 51 (2011)

Note: see annexes for additional information on the indicators above
Countdown to 2015
Maternal, Newborn & Child Survival

Fulfilling the Health Agenda for Women and Children
The 2014 Report

Mali

DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2012</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>14,854</td>
<td>DHS 2010</td>
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<tr>
<td>Total under-five population (000)</td>
<td>2,865</td>
<td>DHS 2010</td>
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<td>Births (000)</td>
<td>705</td>
<td>DHS 2010</td>
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<tr>
<td>Birth registration (%)</td>
<td>81</td>
<td>DHS 2010</td>
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<tr>
<td>Total under-five deaths (000)</td>
<td>83</td>
<td>DHS 2010</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>33</td>
<td>DHS 2010</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>42</td>
<td>DHS 2010</td>
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<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>80</td>
<td>DHS 2010</td>
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<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>23</td>
<td>DHS 2010</td>
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<tr>
<td>Total maternal deaths</td>
<td>4,000</td>
<td>DHS 2010</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>26</td>
<td>DHS 2010</td>
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<tr>
<td>Total fertility rate (per woman)</td>
<td>6.9</td>
<td>DHS 2010</td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>172</td>
<td>DHS 2010</td>
</tr>
</tbody>
</table>

Maternal mortality ratio

Deaths per 100,000 live births

Under-five mortality rate

Deaths per 1000 live births

MATERIAL AND NEWBORN HEALTH

Coverage along the continuum of care

Skilled attendant at delivery

Percent live births attended by skilled health personnel

Prevention of mother-to-child transmission of HIV

Eligible HIV+ pregnant women receiving ART for their own health (% of total ARVs)

NUTRITION

Wasting prevalence (moderate and severe, %)

Early initiation of breastfeeding (within 1 hr of birth, %)

Introduction of solid, semi-solid/soft foods (%)

Vitamin A two dose coverage (%)

Underweight and stunting prevalence

Percent of children <5 years who are moderately or severely: 
- underweight
- stunted

Exclusive breastfeeding

Percent of infants <6 months exclusively breastfed

EQUITY

Socioeconomic inequities in coverage

Household wealth quintile:
- Poorest 20%
- Richest 20%

Demand for family planning satisfied

Antenatal care (1+ visits)

Antenatal care (4+ visits)

Skilled attendant at delivery

Early initiation of breastfeeding

ITN use among children <5 yrs

DTP3

Measles

Vitamin A (past 6 months)

ORT & continued feeding

Careseeking for pneumonia

Source: DHS 2006

Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

* See Annex/website for indicator definition
**DEMOGRAPHICS**

### Causes of under-five deaths, 2012

- Pneumonia: 14%
- Diarrhoea: 9%
- Preterm: 3%
- Other: 7%
- Neonatal tetanus: 3%
- Other direct: 3%
- Injuries: 3%
- Other: 3%
- Malaria: 4%
- Measles: 1%

*Intrapartum-related events*  
**Sepsis/ Tetanus/ Meningitis/ Encephalitis**

### Causes of maternal deaths, 2013

- Abortion: 10%
- Haemorrhage: 25%
- Hypertension: 10%
- Indirect: 9%
- Septic: 5%
- Other direct: 5%

### MATERNAL AND NEWBORN HEALTH

#### Antenatal care

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>31</td>
<td>47</td>
<td>57</td>
<td>70</td>
<td>75</td>
</tr>
</tbody>
</table>

Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

#### Demand for family planning satisfied (%)

- 23 (2000)

#### Antenatal care (4 or more visits, %)

- 35 (2010)

#### Malaria during pregnancy - intermittent preventive treatment (treatment %)

- 4, 8, 2 (2010-2013)

#### Neonatal tetanus vaccine

- 89 (2012)

#### Postnatal visit for baby

- (within 2 days for home births, %)

#### Postnatal visit for mother

- (within 2 days for home births, %)

#### Women with low body mass index

- (<18.5 kg/m2, %)

### Diarrhoeal health disease treatment

#### Percent children <5 years with diarrhoea:

- Receiving oral rehydration therapy/increased fluids

- With continued feeding

- Treated with ORS

### Malaria prevention and treatment

#### Percent children receiving first line treatment among those receiving any antimalarial

- 15 (2012-2013)

#### Percent children <5 years sleeping under ITNs

### WATER AND SANITATION

#### Improved drinking water coverage

- Percent of population by type of drinking water source, 1990-2012

#### Improved sanitation coverage

- Percent of population by type of sanitation facility, 1990-2012

Source: WHO/UNICEF JMP 2014

### FINANCING

- Per capita total expenditure on health (US$)

- General government expenditure as % of total government expenditure (%)  

- Out of pocket expenditure as % of total expenditure on health (%)  

- Reproductive, maternal, newborn and child health expenditure by source

- External sources

- General government expenditure

- Out-of-pocket expenditure

- Other

### POLICIES

- Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent: Yes

- Legal status of abortion (X of 5 circumstances) 1 (R)

- Midwives authorized for specific tasks (X of 7 tasks)

- Maternity protection (Convention 183) Yes

- Maternal deaths notification: No

- Postnatal home visits in the first week after birth: Yes

- Kangaroo Mother Care in facilities for low birthweight/preterm newborns: Yes

- Antenatal corticosteroids as part of management of preterm labour: No

- International Code of Marketing of Breastmilk Substitutes: Partial

- Community treatment of pneumonia with antibiotics: Yes

- Low osmolality ORS and zinc for management of diarrhoea: Yes

### SYSTEMS

- Costed national implementation plan(s) for: maternal, newborn and child health available: Yes (2013)

- Life Saving Commodities in Essential Medicine List:

  - Reproductive health (X of 3)

  - Maternal health (X of 3)

  - Newborn health (X of 4)

  - Child health (X of 3)

- Density of doctors, nurses and midwives (per 10,000 population)

- National availability of Emergency Obstetric Care services

- (X of 3) (2013)

- (X of 4) (2013)

- (X of 5 circumstances)

- (US$)

- No Data

- 6 (2013)

- 5.1 (2013)

- Yes

- Yes

- Yes

- Yes

- No

- Yes

- Yes

Source: WHO 2014

Note: See annexes for additional information on the indicators above
**DEMOGRAPHICS**

- Total population (000) 3,796 (2012)
- Total under-five population (000) 575 (2012)
- Births (000) 131 (2012)
- Birth registration (%) 59 (2011)
- Total under-five deaths (000) 11 (2012)
- Neonatal deaths: % of all under-5 deaths 40 (2012)
- Neonatal mortality rate (per 1000 live births) 34 (2012)
- Infant mortality rate (per 1000 live births) 65 (2012)
- Stillbirth rate (per 1000 total births) 27 (2000)
- Total maternal deaths 430 (2012)
- Lifetime risk of maternal death (1 in N) 4.7 (2012)
- Total fertility rate (per 1000 girls) 88 (2001)

**EQUITY**

- Socioeconomic inequities in coverage
  - Household wealth quintile: Poorest 20%
  - Richest 20%

**MATERNAL AND NEWBORN HEALTH**

- Demand for family planning satisfied
  - Antenatal care (1 visit)
  - Antenatal care (4 visits)
  - Skilled attendant at delivery
  - Early initiation of breastfeeding
  - ITN use among children <5 yrs
  - DTP3
  - Measles
  - Vitamin A (past 6 months)
  - ORT & continued feeding
  - Careseeking for pneumonia

**SKILLED ATTENDANT AT DELIVERY**

- Percent live births attended by skilled health personnel
  - Pre-pregnancy
  - Pregnancy
  - Birth
  - Neonatal period
  - Infancy
  - Sources: DHS, MICS, Other NS

**CHILD HEALTH**

- Immunization
  - Percent of children immunized:
    - Against measles
    - With 3 doses Hib
    - With rotavirus vaccine
    - With 3 doses pneumococcal conjugate vaccine
  - Sources: WHO/UNICEF 2013

- Pneumonia treatment
  - Percent of children <5 years with symptoms of pneumonia:
    - Taken to appropriate health provider
    - Receiving antibiotics
  - Sources: UNICEF/UNAIDS/WHO 2013

**NUTRITION**

- Wasting prevalence (moderate and severe, %)
  - 12 (2012)
- Low birthweight incidence (moderate and severe, %)
  - 35 (2011)
- Early initiation of breastfeeding (within 1 hr of birth, %)
  - 81 (2012)
- Introduction of solid, semi-solid/soft foods (%)
  - 61 (2012)
- Vitamin A two dose coverage (%)
  - 99 (2012)

**EXCLUSIVE BREASTFEEDING**

- Percent of infants <6 months exclusively breastfed
  - Sources: MICS 2007

**Mauritania**

- *See Annex/website for indicator definition*
Mauritania

DEMOGRAPHICS

Causes of under-five deaths, 2012

Causes of maternal deaths, 2013

MATERNAL AND NEWBORN HEALTH

Antenatal care
Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

Demand for family planning satisfied (%) 20 (2001)
Antenatal care (4 or more visits, %) 48 (2011)
Malaria during pregnancy - intermittent preventive treatment (%) 19 (2011)
C-section rate (total, urban, rural; %) 10, 18, 4 (2011)
(Minimum target is 5% and maximum target is 15%)
Neonatal tetanus vaccine 80 (2012)
Postnatal visit for baby (within 2 days for home births, %) -
Postnatal visit for mother (within 2 days for home births, %) -
Women with low body mass index (<18.5 kg/m2, %) 9 (2000-2001)

CHILD HEALTH

Diarrhoeal disease treatment
Percent of children <5 years with diarrhoea:
- receiving oral rehydration therapy/increased fluids with continued feeding
- treated with ORS

Malaria prevention and treatment
Percent children receiving first line treatment among those receiving any antimalarial 7 (2011)
Percent children <5 years sleeping under ITNs 2 (2003-2004)
19 (2011)

WATER AND SANITATION

Improved drinking water coverage
Percent of population by type of drinking water source, 1990-2012

Improved sanitation coverage
Percent of population by type of sanitation facility, 1990-2012

Policies

Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent -
Legal status of abortion (X of 5 circumstances) 1
Midwives authorized for specific tasks (X of 7 tasks) -
Maternity protection (Convention 183) Partial
Maternal deaths notification -
Postnatal home visits in the first week after birth -
Kangaroo Mother Care in facilities for low birthweight/preterm newborns -
Antenatal corticosteroids as part of management of preterm labour -
International Code of Marketing of Breast milk Substitutes No
Community treatment of pneumonia with antibiotics Yes
Low osmolality ORS and zinc for management of diarrhoea -

Systems

Costed national implementation plant(s) for: maternal, newborn and child health available -
Life Saving Commodities in Essential Medicine List:
Reproductive health (X of 3) 1 (2013)
Maternal health (X of 3) -
Newborn health (X of 4) -
Child health (X of 3) -
Density of doctors, nurses and midwives (per 10,000 population) 8.0 (2009)
National availability of Emergency Obstetric Care services 31 (2009)

Financing

Per capita total expenditure on health (US$)
122 (2012)
General government expenditure on health as % of total government expenditure (%) 10 (2012)
Out of pocket expenditure as % of total expenditure on health(s) 34 (2012)
Reproductive, maternal, newborn and child health expenditure by source No Data
External sources -
General government expenditure -
Out-of-pocket expenditure -
Other -
ODA to child health per child (US$) 12 (2011)
ODA to maternal and neonatal health per live birth (US$) 42 (2011)

Note: See annexes for additional information on the indicators above.
Countdown to 2015
Maternal, Newborn & Child Survival

**Mexico**

**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Richest 20%</th>
<th>Poorest 20%</th>
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</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>120,847</td>
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<tr>
<td>Births (000)</td>
<td>11,405</td>
<td></td>
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<tr>
<td>Birth registration (%)</td>
<td>93%</td>
<td></td>
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<tr>
<td>Total under-five deaths (000)</td>
<td>37 (2012)</td>
<td></td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>44 (2012)</td>
<td></td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>7 (2012)</td>
<td></td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>14 (2012)</td>
<td></td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>5 (2012)</td>
<td></td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>1,100</td>
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<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>900 (2012)</td>
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<tr>
<td>Total fertility rate (per woman)</td>
<td>1.2</td>
<td></td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>85 (2012)</td>
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</tbody>
</table>

**MATERNAL AND NEWBORN HEALTH**

**Coverage along the continuum of care**

- Demand for family planning satisfied
- Antenatal care (1 visit)
- Antenatal care (4+ visits)
- Skilled attendant at delivery
- Early initiation of breastfeeding
- ITN use among children <5 yrs
- DTP3
- Measles
- Vitamin A (past 6 months)
- ORT & continued feeding
- Careseeking for pneumonia

**Skilled attendant at delivery**

- Percent live births attended by skilled health personnel

**Prevention of mother-to-child transmission of HIV**

- Eligible HIV+ pregnant women receiving ART for their own health (% of total ARVs)
- HIV+ pregnant women receiving ARVs for PMTCT

**Immunization**

- Percent of children immunized:
  - against measles
  - with 3 doses Hib
  - with rotavirus vaccine
  - with 3 doses pneumococcal conjugate vaccine

**Child Health**

**NUTRITION**

- Wasting prevalence (moderate and severe, %) 2 (2011-2012)
- Low birthweight incidence (moderate and severe, %) 9 (2012)
- Intake of solid, semi-solid/soft foods (%)
- Vitamin A two dose coverage (%)

**Underweight and stunting prevalence**

- Percent of children <5 years who are moderately or severely:
  - underweight
  - stunted

**Exclusive breastfeeding**

- Percent of infants <6 months exclusively breastfed
**DEMOGRAPHICS**

### Causes of under-five deaths, 2012

#### Mexico

- **Neonatal death:** 44%
- **Diabetes:** 19%
- **HIV/AIDS:** 15%
- **Malaria:** 9%
- **Other:** 11%

#### Causes of maternal deaths, 2013

- **Hypertension:** 22%
- **Sepsis/Tetanus/Meningitis/Encephalitis:** 15%
- **Abortion/Embolism/Haemorrhage:** 10%
- **Preterm/newborn:** 10%
- **Other direct:** 5%
- **Other indirect:** 2%

#### Demand for family planning satisfied (%) 88 (2000)

**Antenatal care (%)**
- Malaria during pregnancy: 46, 49, 36 (2012)

### Diarrhoeal health treatment

#### Percent children <5 years with diarrhoea: treated with ORS

- **1990:** 75%
- **1994:** 91%
- **2006:** 95%

#### Percent children <5 years sleeping under ITNs

- **1990:** 1%
- **2004:** 77%

### Malaria prevention and treatment

#### Percent children receiving first line treatment among those receiving any antimalarial

- **1990:** 91%
- **1994:** 96%

#### Percent children <5 years with diarrhoea: treated with ORS

- **1990:** 75%
- **1994:** 91%
- **2006:** 95%

### WATER AND SANITATION

#### Improved drinking water coverage

- **Total:** 75% (1990) to 91% (2012)
- **Urban:** 10% (1990) to 14% (2012)

#### Improved sanitation coverage

- **Total:** 0% (1990) to 1% (2012)
- **Urban:** 0% (1990) to 1% (2012)

**Source:** WHO/UNICEF JMP 2014

### POLICIES

- **Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent**
- **Legal status of abortion (x of 5 circumstances)**
- **Midwives authorized for specific tasks (x of 7 tasks)**
- **Maternity protection (Convention 183)**
- **Maternal deaths notification**
- **Postnatal home visits in the first week after birth**
- **Kangaroo Mother Care in facilities for low birthweight/preterm newborns**
- **Antenatal corticosteroids as part of management of preterm labour**
- **International Code of Marketing of Breastmilk Substitutes**
- **Community treatment of pneumonia with antibiotics**
- **Low osmolarity ORS and zinc for management of diarrhoea**

### SYSTEMS

- **Costed national implementation**
- **Life Saving Commodities in Essential Medicine List:**
  - Reproductive health (x of 3)
  - Maternal health (x of 3)
  - Newborn health (x of 4)
  - Child health (x of 3)
- **Density of doctors, nurses and midwives (per 10,000 population):** 46.2 (2011)
- **National availability of Emergency Obstetric Care services:**
  - (% of recommended minimum)

### FINANCING

- **Per capita total expenditure on health (US$):** 1,062 (2012)
- **General government expenditure on health as % of total government expenditure (%):** 16 (2012)
- **Out of pocket expenditure as % of total expenditure on health (US$):** 44 (2012)
- **Reproductive, maternal, newborn and child health expenditure by source:**
  - External sources
  - General government expenditure
  - Out-of-pocket expenditure
  - Other

**ODA to child health per child (US$):** 0 (2012)

**ODA to maternal and neonatal health per live birth (US$):** 0 (2012)

Note: See Annexes for additional information on the indicators above.
**Countdown to 2015**

**Maternal, Newborn & Child Survival**

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### DEMOGRAPHICS

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<thead>
<tr>
<th>Category</th>
<th>2012</th>
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<tbody>
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<td>Total population (000)</td>
<td>32,521</td>
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<tr>
<td>Total under-five population (000)</td>
<td>3,234</td>
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<tr>
<td>Births (000)</td>
<td>739</td>
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<tr>
<td>Birth registration (%)</td>
<td>94</td>
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<tr>
<td>Total under-five deaths (000)</td>
<td>23</td>
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<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>59</td>
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<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>18</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>27</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>20</td>
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<td>Total maternal deaths</td>
<td>880</td>
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<td>Lifetime risk of maternal death (1 in N)</td>
<td>300</td>
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<tr>
<td>Total fertility rate (per woman)</td>
<td>1.7</td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>32</td>
</tr>
</tbody>
</table>

**Under-five mortality rate**

- Deaths per 1000 live births

**Maternal mortality ratio**

- Deaths per 100,000 live births

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### MATERNAL AND NEWBORN HEALTH

#### Coverage along the continuum of care

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<tbody>
<tr>
<td>Demand for family planning satisfied</td>
<td>26</td>
<td>31</td>
<td>40</td>
<td>63</td>
<td>74</td>
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<tr>
<td><em>Pre-pregnancy Pregnancy</em></td>
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<td><em>Antenatal care (4+ visits)</em></td>
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<td><em>Skilled attendant at delivery</em></td>
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<td><em>Postnatal care</em></td>
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</tr>
</tbody>
</table>

### EQUITY

#### Socioeconomic inequities in coverage

- Household wealth quintile: Poorest 20% & Richest 20%

#### Demand for family planning satisfied

- Antenatal care (1+ visit)
- Antenatal care (4+ visits)
- Skilled attendant at delivery
- Early initiation of breastfeeding
- ITN use among children <5 yrs
- DTP3
- Measles
- Vitamin A (past 6 months)
- ORT & continued feeding
- Careseeking for pneumonia

---

### CHILD HEALTH

#### Immunization

- Percent of children immunized:
  - against measles
  - with 3 doses Hib
  - with rotavirus vaccine
  - with 3 doses pneumococcal conjugate vaccine

#### Pneumonia treatment

- Percent of children <5 years with symptoms of pneumonia:
  - taken to appropriate health provider
  - receiving antibiotics

### NUTRITION

#### Wasting prevalence (moderate and severe, %)

- 2 (2010-2011)

#### Low birthweight incidence (moderate and severe, %)

- 15 (2010-2011)

#### Early initiation of breastfeeding (within 1 hr of birth, %)

- 52 (2010-2011)

#### Introduction of solid, semi-solid/soft foods (%) & Vitamin A two dose coverage (%)

- - (2010-2011)

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### Exclusive breastfeeding

- Percent of infants <6 months exclusively breastfed

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Fulfilling the Health Agenda for Women and Children
The 2014 Report

Countdown to 2015
Maternal, Newborn & Child Survival

Morocco

DEMOGRAPHICS

Causes of under-five deaths, 2012

Causes of maternal deaths, 2013

MOTHER AND NEWBORN HEALTH

Antenatal care
Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

Demand for family planning satisfied (%) - 0
Antenatal care (4 or more visits, %) - 0
Malaria during pregnancy - intermittent preventive treatment (%) - 0
C-section rate (total, urban, rural; %) - 0
Neonatal tetanus vaccine - 0
Postnatal visit for baby (within 2 days for home births, %) - 0
Postnatal visit for mother (within 2 days for home births, %) - 0
Women with low body mass index (<18.5 kg/m², %) - 0

CHILD HEALTH

Diarrhoeal disease treatment
Percent of children <5 years with diarrhoea: receiving oral rehydration therapy/increased fluids with continued feeding - 0
Percent children <5 years sleeping under ITNs - 0

Malaria prevention and treatment
Percent children receiving first line treatment among those receiving any antimalarial - 0
Percent children <5 years sleeping under ITNs - 0

WATER AND SANITATION

Improved drinking water coverage
Percent of population by type of drinking water source, 1990-2012 - 0

Improved sanitation coverage
Percent of population by type of sanitation facility, 1990-2012 - 0

financing
Per capita total expenditure on health (US$) - 0
General government expenditure on health as % of total government expenditure (%) - 0
Out of pocket expenditure as % of total expenditure on health($) - 0
Reproductive, maternal, newborn and child health expenditure by source (US$) - 0

POLICIES

Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent No
Legal status of abortion (k of 5 circumstances) 3
Midwives authorized for specific tasks (k of 7 tasks) -
Maternity protection (Convention 183) Yes
Maternal deaths notification Yes
Postnatal home visits in the first week after birth Yes
Kangaroo Mother Care in facilities for low birthweight/preterm newborns -
Antenatal corticosteroids as part of management of preterm labour -
International Code of Marketing of Breastmilk Substitutes No
Community treatment of pneumonia with antibiotics No
Low osmolality ORS and zinc for management of diarrhoea Yes

SYSTEMS

Costed national implementation plan(s) for: maternal, newborn and child health available Yes (2013)

Life Saving Commodities in Essential Medicine List:
Reproductive health (k of 3) - 0 (2013)
Maternal health (k of 3) - 3 (2013)
Newborn health (k of 4) - 0 (2013)
Child health (k of 5) - 0 (2013)

Density of doctors, nurses and midwives (per 10,000 population) - 15.1 (2009)
National availability of Emergency Obstetric Care services [% of recommended minimum] - 69 (2010)

Note: see annexes for additional information on the indicators above
**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Data</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>25,203</td>
<td></td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Births (000)</td>
<td>4,332</td>
<td></td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>995</td>
<td></td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td></td>
<td></td>
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<tr>
<td>Total maternal deaths</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
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<td></td>
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<tr>
<td>Total fertility rate (per woman)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Under-five mortality rate**

Deaths per 1000 live births

<table>
<thead>
<tr>
<th>Year</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>234</td>
</tr>
<tr>
<td>2010</td>
<td>30</td>
</tr>
<tr>
<td>2009</td>
<td>48</td>
</tr>
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<td>2008</td>
<td>63</td>
</tr>
<tr>
<td>2007</td>
<td>90</td>
</tr>
<tr>
<td>2006</td>
<td>78</td>
</tr>
<tr>
<td>2005</td>
<td>1300</td>
</tr>
</tbody>
</table>

Source: IGME 2011

**Maternal mortality ratio**

Deaths per 100,000 live births

<table>
<thead>
<tr>
<th>Year</th>
<th>Deaths</th>
</tr>
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<tbody>
<tr>
<td>2011</td>
<td>480</td>
</tr>
<tr>
<td>2010</td>
<td>430</td>
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<tr>
<td>2009</td>
<td>330</td>
</tr>
<tr>
<td>2008</td>
<td>330</td>
</tr>
<tr>
<td>2007</td>
<td>330</td>
</tr>
<tr>
<td>2006</td>
<td>330</td>
</tr>
<tr>
<td>2005</td>
<td>330</td>
</tr>
</tbody>
</table>

Source: MMEIG 2014

**NOTE:** MDG target calculated by Countdown to 2015.

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**MATERNAL AND NEWBORN HEALTH**

**Coverage along the continuum of care**

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for family planning satisfied</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care (4 visits)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Postnatal care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Exclusive breastfeeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-pregnancy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neonatal period</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Coverage</th>
</tr>
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<td>1997</td>
<td>28%</td>
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<td>2001</td>
<td>51%</td>
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<tr>
<td>2003</td>
<td>82%</td>
</tr>
<tr>
<td>2008</td>
<td>54%</td>
</tr>
<tr>
<td>2011</td>
<td>43%</td>
</tr>
</tbody>
</table>

Source: DHS, MICS, Other NS

* See Annex/website for indicator definition

**Socioeconomic inequities in coverage**

<table>
<thead>
<tr>
<th>Household wealth quintile</th>
<th>Poorest 20%</th>
<th>Richest 20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for family planning satisfied</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care (1+ visit)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care (4+ visits)</td>
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<tr>
<td>Early initiation of breastfeeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ITN use among children &lt;5 yrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DPT3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin A (past 6 months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORT &amp; continued feeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Careseeking for pneumonia</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: DHS 2011

**Skilled attendant at delivery**

Percent live births attended by skilled health personnel

<table>
<thead>
<tr>
<th>Year</th>
<th>DHS</th>
<th>MICS</th>
<th>Other NS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>44%</td>
<td>43%</td>
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<tr>
<td>2011</td>
<td>54%</td>
<td>53%</td>
<td>86%</td>
</tr>
</tbody>
</table>

Source: UNICEF/UNAIDS/WHO 2013

**Prevention of mother-to-child transmission of HIV**

Total pregnant women receiving ART for their own health (%, of total ARVs)

<table>
<thead>
<tr>
<th>Year</th>
<th>DHS</th>
<th>MICS</th>
<th>Other NS</th>
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</thead>
<tbody>
<tr>
<td>2008</td>
<td>55%</td>
<td>54%</td>
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<td>2011</td>
<td>54%</td>
<td>53%</td>
<td>86%</td>
</tr>
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</table>

Source: UNICEF/UNAIDS/WHO 2013

**Immunization**

Percent of children immunized:

- against measles
- with 3 doses Hib
- with rotavirus vaccine
- with 3 doses pneumococcal conjugate vaccine

Source: WHO/UNICEF 2013

**Pneumonia treatment**

Percent of children <5 years with symptoms of pneumonia:

- taken to appropriate health provider
- receiving antibiotics

Source: UNICEF/UNAIDS/WHO 2013

**NUTRITION**

**Wasting prevalence (moderate and severe, %)**

<table>
<thead>
<tr>
<th>Year</th>
<th>DHS</th>
<th>MICS</th>
<th>Other NS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>6</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>2008</td>
<td>90</td>
<td>90</td>
<td></td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF 2013

**Early initiation of breastfeeding (within 1 hr of birth, %)**

<table>
<thead>
<tr>
<th>Year</th>
<th>DHS</th>
<th>MICS</th>
<th>Other NS</th>
</tr>
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<tbody>
<tr>
<td>2003</td>
<td>39</td>
<td>55</td>
<td>22</td>
</tr>
<tr>
<td>2008</td>
<td>65</td>
<td>50</td>
<td>12</td>
</tr>
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</table>

Source: WHO/UNICEF 2013

**Vitamin A two dose coverage (%)**

<table>
<thead>
<tr>
<th>Year</th>
<th>DHS</th>
<th>MICS</th>
<th>Other NS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>30</td>
<td>37</td>
<td>43</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF 2013

**Underweight and stunting prevalence**

Percent of children <5 years who are moderately or severely:

- underweight
- stunted

Source: DHS 2011

**Exclusive breastfeeding**

Percent of infants <6 months exclusively breastfed

<table>
<thead>
<tr>
<th>Year</th>
<th>DHS</th>
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<th>Other NS</th>
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<td>1997</td>
<td>30</td>
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<td>2003</td>
<td>43</td>
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<td></td>
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<tr>
<td>2008</td>
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<td>43</td>
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<tr>
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Source: WHO/UNICEF 2013

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**EQUITY**

**Socioeconomic inequities in coverage**

Household wealth quintile: Poorest 20% richest 20%

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Source: DHS 2011

**Child Health**

**Immunization**

Percent of children immunized:

- against measles
- with 3 doses Hib
- with rotavirus vaccine
- with 3 doses pneumococcal conjugate vaccine

Source: WHO/UNICEF 2013

**Pneumonia treatment**

Percent of children <5 years with symptoms of pneumonia:

- taken to appropriate health provider
- receiving antibiotics

Source: WHO/UNICEF 2013

**NUTRITION**

**Wasting prevalence (moderate and severe, %)**

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<tr>
<td>2008</td>
<td>90</td>
<td>90</td>
<td></td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF 2013

**Early initiation of breastfeeding (within 1 hr of birth, %)**

<table>
<thead>
<tr>
<th>Year</th>
<th>DHS</th>
<th>MICS</th>
<th>Other NS</th>
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</thead>
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<td>55</td>
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<tr>
<td>2008</td>
<td>65</td>
<td>50</td>
<td>12</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF 2013

**Vitamin A two dose coverage (%)**

<table>
<thead>
<tr>
<th>Year</th>
<th>DHS</th>
<th>MICS</th>
<th>Other NS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>30</td>
<td>37</td>
<td>43</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF 2013

**Underweight and stunting prevalence**

Percent of children <5 years who are moderately or severely:

- underweight
- stunted

Source: DHS 2011

**Exclusive breastfeeding**

Percent of infants <6 months exclusively breastfed

<table>
<thead>
<tr>
<th>Year</th>
<th>DHS</th>
<th>MICS</th>
<th>Other NS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td>30</td>
<td>30</td>
<td>37</td>
</tr>
<tr>
<td>2003</td>
<td>43</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>37</td>
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<td></td>
</tr>
<tr>
<td>2011</td>
<td>43</td>
<td>43</td>
<td></td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF 2013
Fulfilling the Health Agenda for Women and Children
The 2014 Report

Mozambique

DEMOGRAPHICS

Causes of under-five deaths, 2012

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumonia</td>
<td>12%</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>8%</td>
</tr>
<tr>
<td>Malaria</td>
<td>6%</td>
</tr>
<tr>
<td>RSV</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>7%</td>
</tr>
</tbody>
</table>

Causes of maternal deaths, 2013

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neonatal death</td>
<td>25%</td>
</tr>
<tr>
<td>Other direct</td>
<td>10%</td>
</tr>
<tr>
<td>Septic abortion</td>
<td>10%</td>
</tr>
<tr>
<td>Haemorrhage</td>
<td>5%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>2%</td>
</tr>
</tbody>
</table>

MATERNAL AND NEWBORN HEALTH

Antenatal care

- Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy:
  - 1997 DHS: 71%
  - 2000 Other NS: 76%
  - 2003 DHS: 85%
  - 2008 MICS: 92%
  - 2011 DHS: 91%

Demographic and Health Indicators

- Malaria during pregnancy - intermittent preventive treatment (%): 19 (2011)
- C-section rate (total, urban, rural; %): 4, 9, 2 (2011)
- Neonatal tetanus vaccine: 83 (2012)
- Postnatal visit for baby (within 2 days for home births, %): -
- Postnatal visit for mother (within 2 days for home births, %): -
- Women with low body mass index (<18.5 kg/m², %): 7 (2011)

WATER AND SANITATION

Improved drinking water coverage

- Percent of population by type of drinking water source, 1990-2012:
  - Piped on premises: 20 (2012)
  - Other improved: 17 (2012)
  - Unimproved: 13 (2012)
  - Surface water: 41 (2012)

Improved sanitation coverage

- Percent of population by type of sanitation facility, 1990-2012:
  - Piped on premises: 66 (2012)
  - Other improved: 40 (2012)
  - Unimproved: 29 (2012)
  - Open defecation: 34 (2012)

CHILD HEALTH

Diarrhoeal disease treatment

- Percent of children <5 years with diarrhoea:
  - Receiving oral rehydration therapy/increased fluids: 47 (2003)
  - Treated with ORS: 46 (2003)

Malaria prevention and treatment

- Percent children receiving first line treatment among those receiving any antimalarial: 60 (2011)
- Percent children <5 years sleeping under ITNs: 56 (2011)

POLICIES

- Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent: No
- Legal status of abortion (4 of 5 circumstances): 3
- Midwives authorized for specific tasks (4 of 7 tasks): 7
- Maternity protection (Convention 183): No
- Maternal deaths notification: Yes
- Postnatal home visits in the first week after birth: Yes
- Kangaroo Mother Care in facilities for low birthweight/preterm newborns: Yes
- Antenatal corticosteroids as part of management of preterm labour: Yes
- International Code of Marketing of Breastmilk Substitutes: Yes
- Community treatment of pneumonia with antibiotics: Yes
- Low osmolarity ORS and zinc for management of diarrhoea: Yes

SYSTEMS

- Costed national implementation plan(s) for: maternal, newborn and child health available: Partial (2013)
- Life Saving Commodities in Essential Medicine List:
- Density of doctors, nurses and midwives (per 10,000 population): 4.5 (2012)
- National availability of Emergency Obstetric Care services (% of recommended minimum): -

FINANCING

- Per capita total expenditure on health (US$): 66 (2012)
- General government expenditure on health as % of total government expenditure (%): 9 (2012)
- Out of pocket expenditure as % of total expenditure on health: 5 (2012)
- Reproductive, maternal, newborn and child health expenditure by source:
  - No Data
- ODA to child health per child (US$): 24 (2012)
- ODA to maternal and neonatal health per live birth (US$): 60 (2012)

Note: See annexes for additional information on the indicators above.
**Myanmar**

### DEMOGRAPHICS

#### Causes of under-five deaths, 2012

![Cause of death pie chart]

- Pneumonia: 20%
- Diarrhoea: 15%
- Malaria: 10%
- Other infections: 10%
- Other causes: 5%

Source: WHO/UNICEF JMP 2014

#### Causes of maternal deaths, 2013

- Abortion: 12%
- Septicemia: 6%
- Embolism: 12%
- Haemorrhage: 30%
- Hypertension: 15%
- Other direct: 14%
- Indirect: 17%

Source: WHO 2014

### MATERNAL AND NEWBORN HEALTH

#### Antenatal care

<table>
<thead>
<tr>
<th>Year</th>
<th>Other NS</th>
<th>Other NS</th>
<th>Other NS</th>
<th>Other NS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td>76</td>
<td>76</td>
<td>80</td>
<td>83</td>
</tr>
</tbody>
</table>

Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy.

#### Demand for family planning satisfied (%)

| - | 66 (2001) |

#### Malaria during pregnancy - intermittent preventive treatment (%)

- 1995 2012
- 2001 2012
- 2007 2012
- 2009-2010

#### Neonatal tetanus vaccine

- 93 (2012)

#### Postnatal visit for baby

- (within 2 days for home births, %)

#### Postnatal visit for mother

- (within 2 days for home births, %)

#### Women with low body mass index (<18.5 kg/m2, %)

- (1990 2012)
- (2012)

### CHILDREN'S HEALTH

#### Diarrhoeal disease treatment

- Percent children <5 years with diarrhoea:
  - receiving oral rehydration therapy/increased fluids with continued feeding
  - treated with ORS

<table>
<thead>
<tr>
<th>Year</th>
<th>MICS</th>
<th>2003 MICS</th>
<th>2009-2010 MICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>48</td>
<td>45</td>
<td>53</td>
</tr>
<tr>
<td>2001</td>
<td>53</td>
<td>50</td>
<td>61</td>
</tr>
</tbody>
</table>

#### Malaria prevention and treatment

- Percent children receiving first line treatment among those receiving any antimalarial

<table>
<thead>
<tr>
<th>Year</th>
<th>Other NS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-2010</td>
<td>11</td>
</tr>
</tbody>
</table>

- Percent children <5 years sleeping under ITNs

<table>
<thead>
<tr>
<th>Year</th>
<th>2009-2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other NS</td>
<td>11</td>
</tr>
</tbody>
</table>

### WATER AND SANITATION

#### Improved drinking water coverage

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>51</td>
<td>19</td>
<td>32</td>
</tr>
<tr>
<td>2012</td>
<td>78</td>
<td>47</td>
<td>31</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF JMP 2014

#### Improved sanitation coverage

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>28</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>2012</td>
<td>44</td>
<td>20</td>
<td>24</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF JMP 2014

### POLICIES

- Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent: Partial (2013)
- Legal status of abortion (X of 5 circumstances): 1
- Midwives authorized for specific tasks (X of 7 tasks): -
- Maternity protection (Convention 183): No
- Maternal deaths notification: Yes
- Postnatal home visits in the first week after birth: -
- Kangaroo Mother Care in facilities for low birthweight/preterm newborns: -
- Antenatal corticosteroids as part of management of preterm labour: No
- International Code of Marketing of Breastmilk Substitutes: No
- Community treatment of pneumonia with antibiotics: Yes
- Low osmolality ORS and zinc for management of diarrhoea: Yes

### SYSTEMS

- Costed national implementation plan(s) for: maternal, newborn and child health available: Partial (2013)
- Life Saving Commodities in Essential Medicine List:
- Density of doctors, nurses and midwives (per 10,000 population): 16.2 (2012)
- National availability of Emergency Obstetric Care services (% of recommended minimum): -

### FINANCING

- Per capita total expenditure on health (US$): 25 (2012)
- General government expenditure on health as % of total government expenditure (%): 71 (2012)
- Out of pocket expenditure as % of total expenditure on health(s): No Data
- Reproductive, maternal, newborn and child health expenditure by source:
  - External sources: -
  - General government expenditure: -
  - Out-of-pocket expenditure: -
  - Other: -
- ODA to child health per child (US$): 6 (2012)
- ODA to maternal and neonatal health per live birth (US$): 13 (2012)

Note: See annexes for additional information on the indicators above.
**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Total population (000)</th>
<th>27,474 (2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Births (000)</td>
<td>2,984 (2012)</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>42 (2011)</td>
</tr>
<tr>
<td>Total under-five deaths</td>
<td>24 (2012)</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>57 (2012)</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>24 (2012)</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>34 (2012)</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>23 (2012)</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>1,100 (2012)</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>200 (2012)</td>
</tr>
</tbody>
</table>

**MATERNAL AND NEWBORN HEALTH**

<table>
<thead>
<tr>
<th>Under-five mortality rate</th>
<th>Deaths per 1000 live births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal mortality ratio</td>
<td>Deaths per 100,000 live births</td>
</tr>
</tbody>
</table>

**EQUITY**

**Socioeconomic inequities in coverage**

Household wealth quintile: Poorest 20% vs Richest 20%

<table>
<thead>
<tr>
<th>Demand for family planning satisfied</th>
<th>Pre-pregnancy Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal care (1 visit)</td>
<td>Birth</td>
</tr>
<tr>
<td>Antenatal care (4+ visits)</td>
<td>Neontal period Infancy</td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td></td>
</tr>
<tr>
<td>*Postnatal care</td>
<td></td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
</tr>
</tbody>
</table>

**CHILD HEALTH**

**Immunization**

Percent of children immunized:
- against measles
  - with 3 doses Hib
  - with rotavirus vaccine
  - with 3 doses pneumococcal conjugate vaccine

**Pneumonia treatment**

Percent of children <5 years with symptoms of pneumonia:
- taken to appropriate health provider
- receiving antibiotics

**NUTRITION**

**Wasting prevalence (moderate and severe, %)**

**Low birthweight incidence (moderate and severe, %)**

**Early initiation of breastfeeding (within 1 hr of birth, %)**

**Introduction of solid, semi-solid/soft foods (%)**

**Vitamin A two dose coverage (%)**

**Underweight and stunting prevalence**

Percent of children <5 years who are moderately or severely:
- underweight
- stunted

**Exclusive breastfeeding**

Percent of infants <6 months exclusively breastfed

Note: MDG Target calculated by Countdown to 2015.
**Nepal**

### DEMOGRAPHICS

#### Causes of under-five deaths, 2012

<table>
<thead>
<tr>
<th>Cause</th>
<th>1990</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumonia</td>
<td>12%</td>
<td>16%</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>12%</td>
<td>16%</td>
</tr>
<tr>
<td>Other 15%</td>
<td>6%</td>
<td>10%</td>
</tr>
<tr>
<td>HIV/AIDS 0%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Malaria 0%</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td>Other 5%</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>Congenital 6%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Measles 9%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Other 5%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Neomerial death</td>
<td>52%</td>
<td>52%</td>
</tr>
<tr>
<td>Sepsis/ Tetanus/ Meningitis</td>
<td>14%</td>
<td>2%</td>
</tr>
<tr>
<td>Other direct death</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>Respiratory*</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>Other NS</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Regional estimates for Southern Asia, 2013:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sepsis/ Tetanus/ Meningitis</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Other direct death</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>Respiratory*</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>Other NS</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>

*Intrapartum-related events ** Sepsis/ Tetanus/ Meningitis

Source: WHO/CHERG 2014

#### Causes of maternal deaths, 2013

- **Sepsis/ Tetanus/ Meningitis**
- **Abortion**
- **Indirect**
- **Hypertension**
- **Haemorrhage**
- **Preterm**
- **Other NS**

Source: WHO 2014

### MOTHER AND NEWBORN HEALTH

#### Antenatal care

<table>
<thead>
<tr>
<th>Year</th>
<th>Other NS</th>
<th>DHS</th>
<th>2001</th>
<th>2006</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>15</td>
<td>28</td>
<td>44</td>
<td>58</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>26</td>
<td>32</td>
<td>29</td>
<td>47</td>
<td>39</td>
<td></td>
</tr>
</tbody>
</table>

#### Demand for family planning satisfied (%)

- Antenatal care (4 or more visits, %)
- Antenatal care (4 or more visits, %)

#### Malaria prevention and treatment

- Percent children receiving first line treatment among those receiving any antimalarial
- Percent children <5 years sleeping under ITNs

#### CHILDREN'S HEALTH

#### Diarrhoeal disease treatment

<table>
<thead>
<tr>
<th>Year</th>
<th>Other NS</th>
<th>DHS</th>
<th>2001</th>
<th>2006</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>15</td>
<td>28</td>
<td>44</td>
<td>58</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>26</td>
<td>32</td>
<td>29</td>
<td>47</td>
<td>39</td>
<td></td>
</tr>
</tbody>
</table>

#### Malaria prevention and treatment

- Percent children receiving first line treatment among those receiving any antimalarial
- Percent children <5 years sleeping under ITNs

#### Very limited risk

### WATER AND SANITATION

#### Improved drinking water coverage

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>58</td>
<td>8</td>
<td>60</td>
</tr>
<tr>
<td>2012</td>
<td>21</td>
<td>67</td>
<td>49</td>
</tr>
<tr>
<td>2012</td>
<td>41</td>
<td>61</td>
<td>72</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF JMP 2014

#### Improved sanitation coverage

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>21</td>
<td>67</td>
<td>49</td>
</tr>
<tr>
<td>2012</td>
<td>41</td>
<td>61</td>
<td>72</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF JMP 2014

### POLICIES

- Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent
  - Partial
- Legal status of abortion
  - No
- Legal status of abortion
  - No
- Maternity protection (Convention 183)
  - Yes
- Maternal deaths notification
  - Yes
- Postnatal home visits in the first week after birth
  - Yes
- Kangaroo Mother Care in facilities for low birthweight/preterm newborns
  - Yes
- Antenatal corticosteroids as part of management of preterm labour
  - Yes
- International Code of Marketing of Breastmilk Substitutes
  - Yes
- Community treatment of pneumonia with antibiotics
  - Yes
- Low osmolarity ORS and zinc for management of diarrhoea
  - Yes

### SYSTEMS

- Costed national implementation
  - Partial
- Life Saving Commodities in Essential Medicine List:
  - Reproductive health (X of 3)
  - Maternal health (X of 3)
  - Newborn health (X of 5)
  - Child health (X of 5)
- Density of doctors, nurses and midwives (per 10,000 population)
  - 6.7
- National availability of Emergency Obstetric Care services
  - 46
- % of recommended minimum

### FINANCING

- Per capita total expenditure on health (US$)
  - 80
- General government expenditure on health as % of total government expenditure (%)
  - 10
- Out of pocket expenditure as % of total expenditure on health (%)
  - 49
- Reproductive, maternal, newborn and child health expenditure by source
  - No Data
- Costed national implementation
  - Partial
- Child health expenditure by source
  - External sources
  - General government expenditure
  - Out of-pocket expenditure
  - Other

ODA to child health per child (US$)
- 13
- ODA to child health per child (US$)
- 31

Note: See annexes for additional information on the indicators above.
**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Poor (20%)</th>
<th>Rich (20%)</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>17,157</td>
<td>3,517</td>
<td>13,640</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>3,517</td>
<td>17,157</td>
<td>13,640</td>
</tr>
<tr>
<td>Births (000)</td>
<td>858</td>
<td>3,557</td>
<td>2,740</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>32</td>
<td>32</td>
<td>0</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>26</td>
<td>26</td>
<td>0</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>26</td>
<td>26</td>
<td>0</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>28</td>
<td>28</td>
<td>0</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>63</td>
<td>63</td>
<td>0</td>
</tr>
<tr>
<td>Stilbirth rate (per 1000 total births)</td>
<td>23</td>
<td>23</td>
<td>0</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>5,600</td>
<td>2,200</td>
<td>3,400</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>20</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td>76</td>
<td>76</td>
<td>0</td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>206</td>
<td>206</td>
<td>0</td>
</tr>
</tbody>
</table>

**MATERNAL AND NEWBORN HEALTH**

**Coverage along the continuum of care**

- Demand for family planning satisfied
  - Antenatal care (4+ visits): 15% (red) vs. 29% (orange)
  - Skilled attendant at delivery: 23% (red) vs. 73% (orange)
  - Exclusive breastfeeding: 15% (red) vs. 47% (orange)

- Pre-pregnancy
- Pregnancy
- Birth
- Neonatal period
- Infancy

**Skilled attendant at delivery**

<table>
<thead>
<tr>
<th>Year</th>
<th>Poor (20%)</th>
<th>Rich (20%)</th>
<th>Percent</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992</td>
<td>15</td>
<td>29</td>
<td>73</td>
<td>100</td>
</tr>
<tr>
<td>1998</td>
<td>18</td>
<td>18</td>
<td>72</td>
<td>100</td>
</tr>
<tr>
<td>2000</td>
<td>18</td>
<td>29</td>
<td>73</td>
<td>100</td>
</tr>
<tr>
<td>2006</td>
<td>23</td>
<td>23</td>
<td>73</td>
<td>100</td>
</tr>
<tr>
<td>2012</td>
<td>29</td>
<td>29</td>
<td>73</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: DHS, MICS, Other NS

**Under-five mortality rate**


**Maternal mortality ratio**


**EQUITY**

**Socioeconomic inequities in coverage**

- Household wealth quintile: Poorest 20% vs. Richest 20%

- Demand for family planning satisfied
  - Antenatal care (1+ visit)
  - Antenatal care (4+ visits)
  - Skilled attendant at delivery
  - Early initiation of breastfeeding
  - ITN use among children <5 yrs
  - DTP3
  - Measles
  - Vitamin A (past 6 months)
  - ORT & continued feeding
  - Careseeking for pneumonia

**IMMUNIZATION**

- Percent of children immunized:
  - against measles
  - with 3 doses Hib
  - with rotavirus vaccine

- With 3 doses pneumococcal conjugate vaccine

Source: WHO/UNICEF 2013

**NUTRITION**

- Wasting prevalence (moderate and severe, %): 18 (2012)
- Low birthweight incidence (moderate and severe, %): 27 (2006)
- Early initiation of breastfeeding (within 1 hr of birth, %): 42 (2012)
- Introduction of solid, semi-solid/soft foods (%): 65 (2012)
- Vitamin A two dose coverage (%): 98 (2012)

**PNEUMONIA TREATMENT**

- Percent of infants <6 months exclusively breastfed

Source: UNICEF/UNAIDS/WHO 2013

**CHILD HEALTH**

- Prevention of mother-to-child transmission of HIV

- Eligible HIV+ pregnant women receiving ART for their own health (% of total ARVs)
- Percent HIV+ pregnant women receiving ARVs for PMTCT

- Uncertainty range around the estimate

Source: UNICEF/UNAIDS/WHO 2013

**Niger**

Fulfilling the Health Agenda for Women and Children

The 2014 Report

**Countdown to 2015**

Maternal, Newborn & Child Survival
Niger

**DEMOGRAPHICS**

**Causes of under-five deaths, 2012**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumonia</td>
<td>30</td>
<td>39</td>
<td>41</td>
<td>46</td>
</tr>
<tr>
<td>Preterm*</td>
<td>83</td>
<td>83</td>
<td>83</td>
<td>83</td>
</tr>
<tr>
<td>Malaria</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Neomakorosis</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Asthma</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Injuries</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other direct</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>权力等</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: WHO/CHERG 2014

**Causes of maternal deaths, 2013**

<table>
<thead>
<tr>
<th>Cause</th>
<th>2006</th>
<th>2008</th>
<th>2010</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal death</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Neonatal death</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other direct</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hypertension</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sepsis*</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Embolism</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
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</tr>
</tbody>
</table>

Source: WHO 2014

**MATERIAL AND NEWBORN HEALTH**

**Antenatal care**
- Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>DHS</td>
<td>70</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>MICS</td>
<td>60</td>
<td>50</td>
<td>50</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Other</td>
<td>30</td>
<td>40</td>
<td>40</td>
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</tr>
</tbody>
</table>

**Diarrhoeal health disease treatment**
- Percent of children <5 years with diarrhoea:
  - receiving oral rehydration therapy/increased fluids with continued feeding
  - treated with ORS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>MICS</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>80</td>
<td>80</td>
<td>80</td>
<td>80</td>
<td>80</td>
</tr>
</tbody>
</table>

**Malaria prevention and treatment**
- Percent children receiving first line treatment among those receiving any antimalarial

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MICS</td>
<td>64</td>
<td>76</td>
<td>76</td>
<td>76</td>
<td>76</td>
</tr>
<tr>
<td>Other</td>
<td>36</td>
<td>24</td>
<td>24</td>
<td>24</td>
<td>24</td>
</tr>
</tbody>
</table>

**WATER AND SANITATION**

**Improved drinking water coverage**
- Percent of population by type of drinking water source, 1990-2012

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Piped on premises</td>
<td>64</td>
<td>64</td>
<td>64</td>
<td>64</td>
</tr>
<tr>
<td>Other improved</td>
<td>36</td>
<td>36</td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td>Surface water</td>
<td>30</td>
<td>30</td>
<td>30</td>
<td>30</td>
</tr>
</tbody>
</table>

**Improved sanitation coverage**
- Percent of population by type of sanitation facility, 1990-2012

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved facilities</td>
<td>64</td>
<td>64</td>
<td>64</td>
<td>64</td>
</tr>
<tr>
<td>Unimproved facilities</td>
<td>36</td>
<td>36</td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td>Open defecation</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: See annexes for additional information on the indicators above.
**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>168,834</td>
<td>2012</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>29,697</td>
<td>2012</td>
</tr>
<tr>
<td>Births (000)</td>
<td>7,028</td>
<td>2012</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>42</td>
<td>2011</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>32</td>
<td>2012</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>39</td>
<td>2012</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>78</td>
<td>2012</td>
</tr>
<tr>
<td>Stilbirth rate (per 1000 total births)</td>
<td>42</td>
<td>2012</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>40,000</td>
<td>2012</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>6</td>
<td>2012</td>
</tr>
<tr>
<td>Total fertility rate (per 1000 girls)</td>
<td>122</td>
<td>2011</td>
</tr>
</tbody>
</table>

**MATERNAL AND NEWBORN HEALTH**

**Coverage along the continuum of care**

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for family planning</td>
<td></td>
</tr>
<tr>
<td>Antenatal care (4 visits)</td>
<td>43%</td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td>49%</td>
</tr>
<tr>
<td>*Postnatal care</td>
<td></td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>15%</td>
</tr>
<tr>
<td>Measles</td>
<td>42%</td>
</tr>
</tbody>
</table>

**Skilled attendant at delivery**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>31%</td>
</tr>
<tr>
<td>1999</td>
<td>42%</td>
</tr>
<tr>
<td>2000</td>
<td>35%</td>
</tr>
<tr>
<td>2003</td>
<td>39%</td>
</tr>
<tr>
<td>2008</td>
<td>49%</td>
</tr>
<tr>
<td>2011</td>
<td>49%</td>
</tr>
</tbody>
</table>

**Prevention of mother-to-child transmission of HIV**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>10%</td>
</tr>
<tr>
<td>2011</td>
<td>20%</td>
</tr>
<tr>
<td>2012</td>
<td>17%</td>
</tr>
</tbody>
</table>

**IMMUNIZATION**

<table>
<thead>
<tr>
<th>Vaccine Series</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP1</td>
<td>90%</td>
</tr>
<tr>
<td>DTP2</td>
<td>90%</td>
</tr>
<tr>
<td>DTP3</td>
<td>90%</td>
</tr>
<tr>
<td>Polio</td>
<td>90%</td>
</tr>
<tr>
<td>Measles</td>
<td>90%</td>
</tr>
<tr>
<td>Vitamin A (1 dose)</td>
<td>100%</td>
</tr>
</tbody>
</table>

**NUTRITION**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wasting prevalence (moderate and severe, %)</td>
<td>10 (2011)</td>
</tr>
<tr>
<td>Low birthweight incidence (moderate and severe, %)</td>
<td>15 (2011)</td>
</tr>
<tr>
<td>Early initiation of breastfeeding (within 1 hr of birth, %)</td>
<td>23 (2011)</td>
</tr>
<tr>
<td>Introduction of solid, semi-solid/soft foods (%)</td>
<td>33 (2012)</td>
</tr>
<tr>
<td>Vitamin A two dose coverage (%)</td>
<td>78 (2012)</td>
</tr>
</tbody>
</table>

**Underweight and stunting prevalence**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>51%</td>
</tr>
<tr>
<td>1993</td>
<td>44%</td>
</tr>
<tr>
<td>2003</td>
<td>27%</td>
</tr>
<tr>
<td>2008</td>
<td>27%</td>
</tr>
<tr>
<td>2011</td>
<td>24%</td>
</tr>
</tbody>
</table>

**Exclusive breastfeeding**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>1%</td>
</tr>
<tr>
<td>1999</td>
<td>17%</td>
</tr>
<tr>
<td>2003</td>
<td>17%</td>
</tr>
<tr>
<td>2008</td>
<td>13%</td>
</tr>
<tr>
<td>2011</td>
<td>15%</td>
</tr>
</tbody>
</table>
Nigeria

**DEMOGRAPHICS**

**Causes of under-five deaths, 2012**

- Pneumonia: 15%
- Other 17%
- Neonatal death: 32%
- Malaria: 20%
- Injuries: 4%
- Measles: 1%
- Diarrhoea: 9%
- Others: 1%

*Intrapartum-related events

Source: WHO/CHERG 2014

**Causes of maternal deaths, 2013**

- Sepsis: 10%
- Abortion: 10%
- Other direct: 5%
- Other indirect: 10%
- Haemorrhage: 25%
- Hypertension: 10%

Source: WHO 2014

**MATERNAL AND NEWBORN HEALTH**

**Antenatal care**
Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

**Diarrhoeal health**
Percent of children <5 years with diarrhoea:
- Receiving oral rehydration therapy/increased fluids
- Treated with ORS

**Malaria prevention and treatment**
Percent children receiving first line treatment among those receiving any antimalarial

**WATER AND SANITATION**

**Improved drinking water coverage**
Percent of population by type of drinking water source, 1990-2012

**Improved sanitation coverage**
Percent of population by type of sanitation facility, 1990-2012

**POLICIES**

- Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent: Partial
- Legal status of abortion (x of 5 circumstances)
  - Yes: 3
  - No: 7
- Maternity protection (Convention 183)
  - Yes: 7
  - No: 3
- Maternal deaths notification
  - Yes
- Postnatal home visits in the first week after birth
  - Yes
- Kangaroo Mother Care in facilities for low birthweight/preterm newborns
  - Yes

**SYSTEMS**

- Costed national implementation plan(s) for: maternal, newborn and child health available
  - Yes: 2013
- Life Saving Commodities in Essential Medicine List:
  - Reproductive health (x of 3)
    - Yes: 2 (2013)
  - Maternal health (x of 3)
    - Yes: 3 (2013)
  - Newborn health (x of 4)
    - Yes: 2 (2013)
  - Child health (x of 3)
    - Yes: 2 (2013)
- Density of doctors, nurses and midwives (per 10,000 population)
- National availability of Emergency Obstetric Care services
  - Yes

**FINANCING**

- Per capita total expenditure on health (US$)
- General government expenditure on health as % of total government expenditure (%)
  - Yes: 7 (2012)
- Out of pocket expenditure as % of total expenditure on health
- Reproductive, maternal, newborn and child health expenditure by source
  - No Data
- ODA to maternal and neonatal health per live birth (US$)
  - Yes: 10 (2012)

Note: See annexes for additional information on the indicators above.
**Pakistan**

**Fulfilling the Health Agenda for Women and Children**

*The 2014 Report*

---

**Demographics**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>179,600</td>
<td>179,600</td>
<td>179,600</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>21,906</td>
<td>21,906</td>
<td>21,906</td>
</tr>
<tr>
<td>Births (000)</td>
<td>4,604</td>
<td>4,604</td>
<td>4,604</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>27</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>409</td>
<td>409</td>
<td>409</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>50</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>42</td>
<td>42</td>
<td>42</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>69</td>
<td>69</td>
<td>69</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>47</td>
<td>47</td>
<td>47</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>7,900</td>
<td>7,900</td>
<td>7,900</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>170</td>
<td>170</td>
<td>170</td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td>3.3</td>
<td>3.3</td>
<td>3.3</td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>48</td>
<td>48</td>
<td>48</td>
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</tbody>
</table>

**Equity**

**Socioeconomic inequities in coverage**

<table>
<thead>
<tr>
<th>Household wealth quintile</th>
<th>Poorest 20%</th>
<th>Richest 20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for family planning satisfied</td>
<td>64</td>
<td>83</td>
</tr>
<tr>
<td>Antenatal care (4 visits)</td>
<td>28</td>
<td>37</td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td>43</td>
<td>37</td>
</tr>
<tr>
<td>*Postnatal care</td>
<td>39</td>
<td>37</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>83</td>
<td>83</td>
</tr>
</tbody>
</table>

**DHS**, **MICS**, **Other NS

*See Annex/website for indicator definition*

---

**Maternal and newborn health**

**Coverage along the continuum of care**

<table>
<thead>
<tr>
<th>Care stage</th>
<th>1990-91 DHS</th>
<th>1996-97 Other NS</th>
<th>2001-02 Other NS</th>
<th>2004-05 Other NS</th>
<th>2007-08 DHS</th>
<th>2010-11 Other NS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled attendant at delivery</td>
<td>19</td>
<td>18</td>
<td>23</td>
<td>31</td>
<td>39</td>
<td>43</td>
</tr>
</tbody>
</table>

**Skilled attendant at delivery**

Percent live births attended by skilled health personnel

**Prevention of mother-to-child transmission of HIV**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent HIV+ pregnant women receiving ARVs for PMTCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>15</td>
</tr>
<tr>
<td>2011</td>
<td>15</td>
</tr>
<tr>
<td>2012</td>
<td>15</td>
</tr>
</tbody>
</table>

**MDG Target**

---

**Child Health**

**Immunization**

Percent of children immunized:

- Against measles
  - with 3 doses DTP
  - with 3 doses pneumococcal conjugate vaccine

**Pneumonia treatment**

Percent of children <5 years with symptoms of pneumonia:

- Taken to appropriate health provider
- Receiving antibiotics

**NUTRITION**

**Wasting prevalence (moderate and severe, %)**

- 2010: 15

**Low birthweight incidence (moderate and severe, %)**

- 2006-2007: 32

**Introduction of solid, semi-solid/soft foods (%)**

- 2006-2007: 36

**Vitamin A two dose coverage (%)**

- 2006-2007: 99

**Underweight and stunting prevalence**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent underweight</th>
<th>Percent stunted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1985-87</td>
<td>63</td>
<td>39</td>
</tr>
<tr>
<td>1990-91</td>
<td>55</td>
<td>34</td>
</tr>
<tr>
<td>1995 MICS</td>
<td>34</td>
<td>31</td>
</tr>
<tr>
<td>2001</td>
<td>42</td>
<td>31</td>
</tr>
<tr>
<td>2011</td>
<td>43</td>
<td>31</td>
</tr>
</tbody>
</table>

**Exclusive breastfeeding**

Percent of infants <6 months exclusively breastfed

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>16</td>
</tr>
<tr>
<td>2006-07</td>
<td>37</td>
</tr>
</tbody>
</table>
**Policies**

- Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent: No
- Legal status of abortion (x of 5 circumstances): 3
- Midwives authorized for specific tasks (x of 7 tasks): -
- Maternity protection (Convention 183): No
- Maternal deaths notification: Yes
- Postnatal home visits in the first week after birth: No
- Kangaroo Mother Care in facilities for low birthweight/preterm newborns: Yes
- Antenatal corticosteroids as part of management of preterm labour: Yes
- International Code of Marketing of Breast milk Substitutes: Yes
- Community treatment of pneumonia with antibiotics: Yes
- Low osmolarity ORS and zinc for management of diarrhoea: Yes

**Systems**

- Costed national implementation plan(s) for maternal, newborn and child health available: Yes (2013)

**Financing**

- Per capita total expenditure on health (%): 91 (2012)
- General government expenditure on health as % of total government expenditure (%): 5 (2012)
- Out of pocket expenditure as % of total expenditure on health (%): 62 (2012)
- Reproductive, maternal, newborn and child health expenditure by source (US$): No Data

**Notes**

- See annexes for additional information on the indicators above.

---

**Maternal, Newborn & Child Survival**

*Fulfilling the Health Agenda for Women and Children*

*The 2014 Report*

---

**Pakistan**

**Demographics**

<table>
<thead>
<tr>
<th>Causes of under-five deaths, 2012</th>
<th>Causes of maternal deaths, 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Pie chart showing causes of under-five deaths, 2012]</td>
<td>[Pie chart showing causes of maternal deaths, 2013]</td>
</tr>
</tbody>
</table>

**Maternal and Newborn Health**

- **Antenatal care**
  - Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy
  - 1990-91 DHS: 26
  - 1996-97 Other NS: 26
  - 2001 Other NS: 43
  - 2004-05 Other NS: 36
  - 2006-07 DHS: 61

**Child Health**

- **Diarrhoeal disease treatment**
  - Percent of children ≤5 years with diarrhoea:
    - Receiving oral rehydration therapy/increased fluids with continued feeding: 0%
    - Treated with ORS: 0%

- **Malaria prevention and treatment**
  - Percent children receiving first line treatment among those receiving any antimalarial: 0%

**Water and Sanitation**

- **Improved drinking water coverage**
  - Percent of population by type of drinking water source, 1990-2012
    - Piped on premises: 7%
    - Shared facilities: 23
    - Surface water: 8

- **Improved sanitation coverage**
  - Percent of population by type of sanitation facility, 1990-2012
    - Improved facilities: 48
    - Open defecation: 23

---

*Source: WHO/UNICEF JMP 2014*
**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Total population (000)</th>
<th>7,167 (2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total under-five population (000)</td>
<td>982 (2012)</td>
</tr>
<tr>
<td>Births (000)</td>
<td>210 (2012)</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>-</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>13 (2012)</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>39 (2012)</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>24 (2012)</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>48 (2012)</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>15 (2012)</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>460 (2012)</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>120 (2012)</td>
</tr>
<tr>
<td>Total fertility rate (per 1000 girls)</td>
<td>3.8 (2012)</td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>65 (2004)</td>
</tr>
</tbody>
</table>

**MATERNAL AND NEWBORN HEALTH**

**Coverage along the continuum of care**

| Demand for family planning satisfied | 59 (2006) |
| Antenatal care (4 visits) | 53 (2006) |
| Skilled attendant at delivery | 56 (2006) |
| *Postnatal care | 67 (2006) |
| Exclusive breastfeeding | 67 (2006) |
| Measles | 54 (2006) |

| Source: DHS, MICS, Other NS |
| * See Annex/website for indicator definition |

**Skilled attendant at delivery**

<table>
<thead>
<tr>
<th>Pre-pregnancy Pregnancy</th>
<th>Birth</th>
<th>Neatnatal period</th>
<th>Infancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for family planning satisfied</td>
<td>59 (2006)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care (4 visits)</td>
<td>53 (2006)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td>56 (2006)</td>
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<td></td>
</tr>
<tr>
<td>*Postnatal care</td>
<td>67 (2006)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>67 (2006)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td>54 (2006)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Prevention of mother-to-child transmission of HIV**

| Eligible HIV+ pregnant women receiving ART for their own health (% of total ARVs) | 22 (2011) |
| Uncertainty range around the estimate |

**Immunization**

| Percent of children immunized: |
| against measles |
| with 3 doses Hib |
| with rotavirus vaccine |
| with 3 doses pneumococcal conjugate vaccine |

| Source: WHO/UNICEF 2013 |
| Note: MDG target calculated by Countdown to 2015. |

**Under-five mortality rate**

<table>
<thead>
<tr>
<th>Deaths per 1000 live births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source: ISME 2013</td>
</tr>
</tbody>
</table>

**NUTRITION**

| Wasting prevalence (moderate and severe, %) | 16 (2000-2011) |
| Low birthweight incidence (moderate and severe, %) | 11 (2005) |
| Introduction of solid, semi-solid/soft foods (%) | 76 (2006) |
| Vitamin A two dose coverage (%) | 15 (2002) |

**Pneumonia treatment**

| Percent of children <5 years with symptoms of pneumonia: |
| taken to appropriate health provider |
| receiving antibiotics |

| Source: UNICEF/UNAIDS/WHO 2013 |

**Underweight and stunting prevalence**

| Percent of children <5 years who are moderately or severely: |
| underweight |
| stunted |

| Source: WHO/UNICEF 2013 |

**Exclusive breastfeeding**

<table>
<thead>
<tr>
<th>Percent of infants &lt;6 months exclusively breastfed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source: UNICEF/UNAIDS/WHO 2013</td>
</tr>
</tbody>
</table>

**EQUITY**

| Household wealth quintile: |
| Poorest 20% |
| Richest 20% |

| Demand for family planning satisfied |
| Antenatal care (1 Visit) |
| Antenatal care (4+ visits) |
| Skilled attendant at delivery |
| Early initiation of breastfeeding |
| ITN use among children <5 yrs |
| DPT3 |
| Measles |
| Vitamin A (past 6 months) |
| ORT & continued feeding |
| Careseeking for pneumonia |

| Source: DHS, MICS, Other NS |

Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.
Papua New Guinea

DEMOGRAPHICS

CAUSES OF UNDER-FIVE DEATHS, 2012

- Diarrhoea
- Malaria
- Measles
- Other

CAUSES OF MATERNAL DEATHS, 2013

- Abortion
- Indirect
- Embolism
- Hypertension
- Malaria

MATERIEL AND NEWBORN HEALTH

antenatal care

Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>77</td>
</tr>
<tr>
<td>2006</td>
<td>79</td>
</tr>
</tbody>
</table>

Diarrhoeal Health Disease Treatment

Percent of children <5 years with diarrhoea:
- Receiving oral rehydration therapy/increased fluids
- No Data

Malaria Prevention and Treatment

Percent children receiving first line treatment among those receiving any antimalarial

No Data

WATER AND SANITATION

IMPROVED DRINKING WATER COVERAGE

Percent of population by type of drinking water source, 1990-2012

- Piped on premises
- Other improved
- Unimproved
- Surface water

IMPROVED SANITATION COVERAGE

Percent of population by type of sanitation facility, 1990-2012

- Improved facilities
- Unimproved facilities
- Open defecation

POLICIES

- Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent
- Legal status of abortion (X of 5 circumstances)
- Midwives authorized for specific tasks (X of 7 tasks)
- Maternity protection (Convention 183)
- Maternal deaths notification
- Postnatal home visits in the first week after birth
- Kangaroo Mother Care in facilities for low birthweight/preterm newborns
- Antenatal corticosteroids as part of management of preterm labour
- International Code of Marketing of Breastmilk Substitutes
- Community treatment of pneumonia with antibiotics
- Low osmolarity ORS and zinc for management of diarrhoea

SYSTEMS

Costed national implementation

Partial (2012)

FINANCING

Per capita total expenditure on health (%)

151 (2012)

General government expenditure on health as % of total government expenditure (%)

14 (2012)

Out of pocket expenditure as % of total expenditure on health

9 (2012)

Reproductive, maternal, newborn and child health expenditure by source

No Data

ODA to child health per child (US$)

40 (2012)

ODA to maternal and neonatal health per live birth (US$)

62 (2012)

Note: See annexes for additional information on the indicators above.
**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value (2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>29,988</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>2,925</td>
</tr>
<tr>
<td>Births (000)</td>
<td>600</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>96</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>11</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>51</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>9</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>14</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>10</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>530</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>2.5</td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td>67</td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>174</td>
</tr>
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</table>

**MATERNAL AND NEWBORN HEALTH**

**Coverage along the continuum of care**

<table>
<thead>
<tr>
<th>Demand for family planning satisfied</th>
<th>Pre-pregnancy</th>
<th>Pregnancy</th>
<th>Birth</th>
<th>Neonatal period</th>
<th>Infancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal care (4 visits)</td>
<td>98</td>
<td>94</td>
<td>87</td>
<td>93</td>
<td>94</td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td>94</td>
<td>91</td>
<td>87</td>
<td>93</td>
<td>94</td>
</tr>
<tr>
<td>*Postnatal care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td></td>
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<tr>
<td>Measles</td>
<td></td>
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</tbody>
</table>

**Skilled attendant at delivery**

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</thead>
<tbody>
<tr>
<td>Percent</td>
<td>53</td>
<td>56</td>
<td>59</td>
<td>71</td>
<td>83</td>
<td>87</td>
</tr>
</tbody>
</table>

**Prevention of mother-to-child transmission of HIV**

<table>
<thead>
<tr>
<th>Year (DHS)</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>31</td>
<td>46</td>
<td>58</td>
</tr>
</tbody>
</table>

**Immunization**

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Percent</td>
<td>30</td>
<td>89</td>
<td>89</td>
<td>63</td>
<td>89</td>
<td>89</td>
</tr>
</tbody>
</table>

**Underweight and stunting prevalence**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>9</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

**Exclusive breastfeeding**

<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>28</td>
<td>33</td>
<td>53</td>
<td>67</td>
<td>66</td>
<td>71</td>
</tr>
</tbody>
</table>

**EQUITY**

**Socioeconomic inequities in coverage**

<table>
<thead>
<tr>
<th>Household wealth quintile</th>
<th>Poorest 20%</th>
<th>Richest 20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for family planning satisfied</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care (1 visit)</td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>Early initiation of breastfeeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ITN use among children &lt;5 yrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTP3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin A (past 6 months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORT &amp; continued feeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Careseeking for pneumonia</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The larger the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

**EQUITY**

**Socioeconomic inequities in coverage**

Household wealth quintile: Poorest 20% Richest 20%

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value (2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for family planning satisfied</td>
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<td>Careseeking for pneumonia</td>
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**Immunization**

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>30</td>
<td>89</td>
<td>89</td>
<td>63</td>
<td>89</td>
<td>89</td>
</tr>
</tbody>
</table>

**Pneumonia treatment**

<table>
<thead>
<tr>
<th>Year (DHS)</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>31</td>
<td>46</td>
<td>58</td>
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**Underweight and stunting prevalence**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<tr>
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<td>9</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

**Exclusive breastfeeding**

<table>
<thead>
<tr>
<th></th>
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<th></th>
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<tr>
<td>Percent</td>
<td>28</td>
<td>33</td>
<td>53</td>
<td>67</td>
<td>66</td>
<td>71</td>
</tr>
</tbody>
</table>

**NUTRITION**

**Wasting prevalence (moderate and severe, %)**

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Percent</td>
<td>1</td>
<td>8</td>
<td></td>
<td></td>
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</tbody>
</table>

**Low birthweight incidence (moderate and severe, %)**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Percent</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Introduction of solid, semi-solid/soft foods (%)**

<table>
<thead>
<tr>
<th>Year (DHS)</th>
<th>2004-2006</th>
<th>2009</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>77</td>
<td>72</td>
<td>59</td>
</tr>
</tbody>
</table>

**Vitamin A two dose coverage (%)**

<table>
<thead>
<tr>
<th>Year (DHS)</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>82</td>
</tr>
</tbody>
</table>

**Note:** MDG target calculated by Countdown to 2015.
**Peru**

### DEMOGRAPHICS

#### Causes of under-five deaths, 2012

- Pneumonia: 20%
- Diarrhoea: 10%
- Other: 60%

![Graph showing causes of under-five deaths, 2012](source: WHO/CHERG 2014)

#### Causes of maternal deaths, 2013

- Maternal mortality: 24%
- Perinatal mortality: 44%
- Postnatal mortality: 25%

![Graph showing causes of maternal deaths, 2013](source: WHO 2014)

### MATERNAL AND NEWBORN HEALTH

#### Antenatal care

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<tbody>
<tr>
<td>%</td>
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</tbody>
</table>

![Graph showing antenatal care](source: WHO/UNICEF JMP 2014)

#### Demand for family planning satisfied (%) 90 (2012)

#### Maternal mortality (x of 7 tasks) 24 (2012)

#### Intermittent Preventive Treatment for Malaria in Pregnant Women (Alternate methods) 25, 33, 11 (2012)

#### Malaria during pregnancy (x of 5 circumstances) 2 (2012)

#### Malaria during pregnancy - intermittent preventive treatment (x of 5 circumstances) 2 (2012)

#### HIV/AIDS (x of 6 circumstances) 1 (2012)

#### Other direct causes (x of 5 circumstances) 1 (2012)

#### Maternal deaths notification Yes (2012)

#### Maternal endangerment rate (x of 5 circumstances) 2 (2012)

#### Maternal deaths notification Yes (2012)

### CHILD HEALTH

#### Diarrhoeal disease treatment

<table>
<thead>
<tr>
<th></th>
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<tr>
<td>%</td>
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</table>

![Graph showing diarrhoeal disease treatment](source: WHO/UNICEF JMP 2014)

#### Malaria prevention and treatment

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>%</td>
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</tr>
</tbody>
</table>

![Graph showing malaria prevention and treatment](source: WHO/UNICEF JMP 2014)

### WATER AND SANITATION

#### Improved drinking water coverage

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

![Graph showing improved drinking water coverage](source: WHO/UNICEF JMP 2014)

#### Improved sanitation coverage

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

![Graph showing improved sanitation coverage](source: WHO/UNICEF JMP 2014)

### POLICIES

- **Laws and regulations that allow adolescents to access contraceptives without parental or spousal consent:** Yes (2012)
- **Legal status of abortion (x of 5 circumstances):** Yes (2012)
- **Midwives authorized for specific tasks (x of 7 tasks):** Yes (2012)
- **Maternity protection (Convention 183):** Yes (2012)
- **Maternal deaths notification:** Yes (2012)
- **Postnatal home visits in the first week after birth:** Yes (2012)
- **Kangaroo Mother Care in facilities for low birthweight/ preterm newborns:** Yes (2012)
- **Antenatal corticosteroids as part of management of preterm labour:** Yes (2012)
- **International Code of Marketing of Breastmilk Substitutes:** Yes (2012)
- **Community treatment of pneumonia with antibiotics:** Yes (2012)
- **Low osmolality ORS and zinc for management of diarrhea:** Yes (2012)

### SYSTEMS

- **Costed national implementation:** No Data (2012)
- **Plan(s) for: maternal, newborn and child health available:** No Data (2012)
- **Life Saving Commodities in Essential Medicine List:** No Data (2012)
- **Reproductive, maternal, newborn and child health expenditure by source:** No Data (2012)
- **Watershed management:** No Data (2012)
- **Interruption rate of health services due to per capita total expenditure on health (%):** 555 (2012)
- **General government expenditure on health as % of total government expenditure (%):** 18 (2012)
- **Out of pocket expenditure as % of total government expenditure on health (%):** 36 (2012)
- **Reproductive, maternal, newborn and child health expenditure by source:** No Data (2012)
- **ODA to child health per child (US$):** 4 (2012)
- **ODA to maternal and neonatal health per live birth (US$):** 13 (2012)

Note: See annexes for additional information on the indicators above.
### DEMOGRAPHICS

- **Total population (000)**: 96,707 (2012)
- **Total under-five population (000)**: 12,165 (2012)
- **Births (000)**: 2,383 (2012)
- **Birth registration (%)**: 90 (2012)
- **Total under-five deaths (000)**: 69 (2012)
- **Neonatal deaths: % of all under-5 deaths**: 47 (2012)
- **Neonatal mortality rate (per 1000 live births)**: 14 (2012)
- **Infant mortality rate (per 1000 total births)**: 24 (2012)
- **Stillbirth rate (per 1000 total births)**: 16 (2012)
- **Total maternal deaths**: 3,000 (2012)
- **Lifetime risk of maternal death (1 in N)**: 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

#### Under-five mortality rate

Deaths per 1000 live births

- **1990**: 59
- **1995**: 53
- **2000**: 56
- **2005**: 58
- **2010**: 60
- **2015**: 62

Source: IGME 2013

### MATERNAL AND NEWBORN HEALTH

#### Coverage along the continuum of care

- **Demand for family planning satisfied**
  - Antenatal care (4+ visits): 72 (Pre-pregnancy)
  - Skilled attendant at delivery: 62
  - Postnatal care: 34
  - Exclusive breastfeeding: 85

#### Skilled attendant at delivery

- **Percent live births attended by skilled health personnel**
  - **1993 DHS**: 53
  - **1998 DHS**: 56
  - **2000 MICS**: 58
  - **2003 DHS**: 60
  - **2008 DHS**: 62

#### Prevention of mother-to-child transmission of HIV

- **Eligible HIV+ pregnant women receiving ART for their own health (%) of total ARVs**
  - **2010**: 20
  - **2011**: 15
  - **2012**: 10

Source: UNICEF/UNAIDS/WHO 2013

### EQUITY

#### Socioeconomic inequities in coverage

- **Household wealth quintile**: Least poor 20% - Richest 20%

#### Immunization

- **Percent of children immunized**
  - Against measles
    - With 3 doses Hib: 85 (2012)
    - With Rotavirus vaccine: 86 (2012)
  - With 3 doses pneumococcal conjugate vaccine: 38

Source: WHO/UNICEF 2013

### CHILD HEALTH

#### Pneumonia treatment

- **Percent of children <5 years with symptoms of pneumonia**
  - Taken to appropriate health provider: 51
  - Receiving antibiotics: 44

Source: UNICEF/UNAIDS/WHO 2013

### NUTRITION

#### Wasting prevalence (moderate and severe, %)

- **2011**: 7

Source: WHO/UNICEF 2013

#### Underweight and stunting prevalence

- **Percent of children <5 years who are moderately or severely**
  - Underweight: 29 (2011)
  - Stunted: 45

Source: DHS 2008

#### Exclusive breastfeeding

- **Percent of infants <6 months exclusively breastfed**
  - **2013**: 26
  - **2018**: 34

Source: MMEIG 2014
**PHILIPPINES**

### DEMOGRAPHICS

#### Causes of under-five deaths, 2012

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</thead>
<tbody>
<tr>
<td>Diarrhoeal</td>
<td>14%</td>
<td>6%</td>
<td>8%</td>
<td>6%</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>8%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Malaria</td>
<td>6%</td>
<td>6%</td>
<td>8%</td>
<td>8%</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>Injuries</td>
<td>3%</td>
<td>4%</td>
<td>6%</td>
<td>6%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>24%</td>
<td>34%</td>
<td>36%</td>
<td>36%</td>
<td>36%</td>
<td>36%</td>
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</table>

#### Causes of maternal deaths, 2013

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</thead>
<tbody>
<tr>
<td>Sepsis**</td>
<td>6%</td>
<td>8%</td>
<td>8%</td>
<td>8%</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>Embolism</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Haemorrhage</td>
<td>12%</td>
<td>12%</td>
<td>12%</td>
<td>12%</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Other direct</td>
<td>14%</td>
<td>14%</td>
<td>14%</td>
<td>14%</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Indirect</td>
<td>17%</td>
<td>17%</td>
<td>17%</td>
<td>17%</td>
<td>17%</td>
<td>17%</td>
</tr>
<tr>
<td>Abortions</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
</tr>
</tbody>
</table>

* Source: WHO/CHERG 2014

### MATERNAL AND NEWBORN HEALTH

#### Antenatal care

Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

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<thead>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit</td>
<td>83%</td>
<td>86%</td>
<td>88%</td>
<td>88%</td>
<td>91%</td>
<td>91%</td>
</tr>
</tbody>
</table>

#### Diarrhoeal disease treatment

Percent of children <5 years with diarrhoea:
- Receiving oral rehydration therapy/increased fluids with continued feeding
- Treated with ORS

<table>
<thead>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit</td>
<td>27%</td>
<td>43%</td>
<td>42%</td>
<td>60%</td>
<td>65%</td>
<td>67%</td>
</tr>
</tbody>
</table>

#### Malaria prevention and treatment

Percent children receiving first line treatment among those receiving any antimalarial

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit</td>
<td>No Data</td>
<td>No Data</td>
<td>No Data</td>
<td>No Data</td>
<td>No Data</td>
<td>No Data</td>
</tr>
</tbody>
</table>

### DIARRHEAL HEALTH

#### Diarrhoeal disease treatment

Percent of children <5 years with diarrhoea:
- Receiving oral rehydration therapy/increased fluids
- Treated with ORS

<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit</td>
<td>27%</td>
<td>43%</td>
<td>42%</td>
<td>60%</td>
<td>65%</td>
<td>67%</td>
</tr>
</tbody>
</table>

### WATER AND SANITATION

#### Improved drinking water coverage

Percent of population by type of drinking water source, 1990-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>1990</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Piped on premises</td>
<td>60%</td>
<td>49%</td>
</tr>
<tr>
<td>Other improved</td>
<td>6%</td>
<td>12%</td>
</tr>
<tr>
<td>Surface water</td>
<td>34%</td>
<td>37%</td>
</tr>
</tbody>
</table>

#### Improved sanitation coverage

Percent of population by type of sanitation facility, 1990-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>1990</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Piped on premises</td>
<td>24%</td>
<td>36%</td>
</tr>
<tr>
<td>Other improved</td>
<td>43%</td>
<td>44%</td>
</tr>
<tr>
<td>Surfacce water</td>
<td>33%</td>
<td>20%</td>
</tr>
</tbody>
</table>
Fulfilling the Health Agenda for Women and Children  
**The 2014 Report**

**Countdown to 2015**  
**Maternal, Newborn & Child Survival**

**Rwanda**

### DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>Source</th>
</tr>
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<tbody>
<tr>
<td>Total population (000)</td>
<td>11,458</td>
<td></td>
<td></td>
<td></td>
<td>DHS 2015</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>1,945</td>
<td></td>
<td></td>
<td></td>
<td>DHS 2015</td>
</tr>
<tr>
<td>Births (000)</td>
<td>410</td>
<td></td>
<td></td>
<td></td>
<td>DHS 2015</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>66</td>
<td></td>
<td></td>
<td></td>
<td>DHS 2015</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>24</td>
<td></td>
<td></td>
<td></td>
<td>DHS 2015</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>39</td>
<td></td>
<td></td>
<td></td>
<td>DHS 2015</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td>DHS 2015</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>39</td>
<td></td>
<td></td>
<td></td>
<td>DHS 2015</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>23</td>
<td></td>
<td></td>
<td></td>
<td>DHS 2015</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>1,300</td>
<td></td>
<td></td>
<td></td>
<td>DHS 2015</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>66</td>
<td></td>
<td></td>
<td></td>
<td>DHS 2015</td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td>4.6</td>
<td></td>
<td></td>
<td></td>
<td>DHS 2015</td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>41</td>
<td></td>
<td></td>
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<td>DHS 2015</td>
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</table>

### MATERNAL AND NEWBORN HEALTH

**Coverage along the continuum of care**

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</thead>
<tbody>
<tr>
<td>Skilled attendant at delivery</td>
<td>Pre-pregnancy Pregnancy</td>
<td>Birth</td>
<td>Neonatal period</td>
<td>Infancy</td>
<td>26</td>
<td>31</td>
<td>39</td>
<td>52</td>
</tr>
<tr>
<td>Preventive care</td>
<td>35</td>
<td>69</td>
<td>85</td>
<td>97</td>
<td>2012 MDG Target 71</td>
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</tr>
</tbody>
</table>

**Skilled attendant at delivery**

Percent live births attended by skilled health personnel

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</tr>
</thead>
<tbody>
<tr>
<td>Pre-pregnancy</td>
<td>71</td>
<td>69</td>
<td>85</td>
<td>97</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Neonatal period</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Infancy</td>
<td>26</td>
<td>31</td>
<td>39</td>
<td>52</td>
<td>69</td>
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</tr>
</tbody>
</table>

### EQUITY

**Socioeconomic inequities in coverage**

<table>
<thead>
<tr>
<th>Household wealth quintile</th>
<th>Poorest 20%</th>
<th>Richest 20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for family planning satisfied</td>
<td>35%</td>
<td>69%</td>
</tr>
<tr>
<td>Antenatal care (1 visit)</td>
<td>28%</td>
<td>54%</td>
</tr>
<tr>
<td>Antenatal care (4 visits)</td>
<td>28%</td>
<td>54%</td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td>27%</td>
<td>49%</td>
</tr>
<tr>
<td>Early initiation of breastfeeding</td>
<td>26%</td>
<td>62%</td>
</tr>
<tr>
<td>ITN use among children &lt; 5 yrs</td>
<td>26%</td>
<td>62%</td>
</tr>
<tr>
<td>DTP3</td>
<td>28%</td>
<td>52%</td>
</tr>
<tr>
<td>Measles</td>
<td>28%</td>
<td>52%</td>
</tr>
<tr>
<td>Vitamin A (past 6 months)</td>
<td>26%</td>
<td>54%</td>
</tr>
<tr>
<td>ORT &amp; continued feeding</td>
<td>28%</td>
<td>54%</td>
</tr>
<tr>
<td>Careseeking for pneumonia</td>
<td>28%</td>
<td>54%</td>
</tr>
</tbody>
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</thead>
<tbody>
<tr>
<td>Exclusive breastfeeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>77</td>
<td></td>
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<tr>
<td>Ornithina use among children</td>
<td></td>
<td></td>
<td></td>
<td>87</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin A two dose coverage</td>
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<td></td>
<td></td>
<td>67</td>
<td>79</td>
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### CHILD HEALTH

**Immunization**

Percent of children immunized:

- against measles
- with 3 doses Hib
- with rotavirus vaccine
- with 3 doses pneumococcal conjugate vaccine

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<tbody>
<tr>
<td>Pre-pregnancy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>96</td>
<td></td>
</tr>
<tr>
<td>Birth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>97</td>
<td></td>
</tr>
</tbody>
</table>

### NUTRITION

**Wasting prevalence (moderate and severe, %)**

- 3 (2012)

**Low birthweight incidence (moderate and severe, %)**

- 7 (2012)

**Early initiation of breastfeeding (within 1 hr of birth, %)**

- 71 (2015)

**Introduction of solid, semi-solid/soft foods (%)**

- 79 (2010)

**Vitamin A two dose coverage (%)**

- 3 (2010)

**Underweight and stunting prevalence**

Percent of children < 5 years who are moderately or severely:

- underweight
- stunted

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</thead>
<tbody>
<tr>
<td>Pre-pregnancy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>57</td>
<td></td>
</tr>
<tr>
<td>Birth</td>
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<td>45</td>
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</table>

**Exclusive breastfeeding**

Percent of infants < 6 months exclusively breastfed

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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-pregnancy</td>
<td>83</td>
<td>83</td>
<td>88</td>
<td>85</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
**Fulfilling the Health Agenda for Women and Children**

**The 2014 Report**

**Countdown to 2015**

**Maternal, Newborn & Child Survival**

---

**Rwanda**

### DEMOGRAPHICS

#### Causes of under-five deaths, 2012

- Pneumonia: 10%
- Diarrhoea: 2%
- Other causes: 2%
- Neonatal death: 39%

#### Causes of maternal deaths, 2013

- Sepsis: 10%
- Abortion: 10%
- Other direct: 9%
- Haemorrhage: 25%

---

**MATERNAL AND NEWBORN HEALTH**

#### Antenatal care

Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

- 1992: 94%
- 2000: 92%
- 2005: 94%
- 2007-2008: 96%
- 2010: 98%

#### Demand for family planning satisfied (%)

- 2010: 71%

#### Malaria during pregnancy - intermittent preventive treatment (%)

- 2007-2008: 17%
- 2010: 6%

#### Neonatal tetanus vaccine

- 2012: 85%

#### Postnatal visit for baby

- (within 2 days for home births, %)
  - 2010: 5%

#### Postnatal visit for mother

- (within 2 days for home births, %)
  - 2010: 18%

#### Women with low body mass index (<18.5 kg/m², %)

- 2010: 5%

---

**CHILDOREN’S HEALTH**

#### Diarrhoeal disease treatment

Percent of children <5 years with diarrhoea:
- Receiving oral rehydration therapy/increased fluids: 48%
- With continued feeding: 88%
- Treated with ORS: 0%

#### Malaria prevention and treatment

Percent children receiving first line treatment among those receiving any antimalarial

- 2010: 97%

#### Percent children <5 years sleeping under ITNs

- 2010: 70%

---

**WATER AND SANITATION**

#### Improved drinking water coverage

Percent of population by type of drinking water source, 1990-2012

- Piped on premises: 15%
- Surface water: 18%
- Unimproved: 65%

#### Improved sanitation coverage

Percent of population by type of sanitation facility, 1990-2012

- Shared facilities: 56%
- Open defecation: 15%
- Unimproved facilities: 24%
- Improved facilities: 31%

---

**POLICIES**

- Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent: No
- Legal status of abortion (X of 5 circumstances): 3
- Midwives authorized for specific tasks (X of 7 tasks): -
- Maternity protection (Convention 183): No
- Maternal deaths notification: Yes
- Postnatal home visits in the first week after birth: Yes
- Kangaroo Mother Care in facilities for low birthweight/preterm newborns: Yes

**SYSTEMS**

- Costed national implementation plan(s) for: maternal, newborn and child health available: Yes (2013)
- Life Saving Commodities in Essential Medicine List:
- Density of doctors, nurses and midwives (per 10,000 population): 7.5 (2008)
- National availability of Emergency Obstetric Care services (% of recommended minimum): -

**FINANCING**

- Per capita total expenditure on health (usd): 144 (2012)
- General government expenditure on health as % of total government expenditure (%): 22 (2012)
- Out of pocket expenditure as % of total expenditure on health(usd): 21 (2012)
- Reproductive, maternal, newborn and child health expenditure by source:
  - External sources: No Data
  - General government expenditure:
  - Out-of-pocket expenditure: -
  - Other: -

- ODA to child health per child (usd): 39 (2012)
- ODA to maternal and neonatal health per live birth (usd): 52 (2012)

*Note: See annexes for additional information on the indicators above*
São Tomé and Príncipe

DEMOGRAPHICS

Total population (000) 188 (2012)
Total under-five population (000) 31 (.2012)
Births (000) 7 (.2012)
Birth registration (%) 75 (2006-2008)
Total under-five deaths (000) 0 (2012)
Neonatal deaths: % of all under-5 deaths 38 (.2012)
Neonatal mortality rate (per 1000 live births) 20 (2012)
Infant mortality rate (per 1000 live births) 38 (2012)
Stillbirth rate (per 1000 total births) 22 (2010)
Total maternal deaths 14 (2012)
Lifetime risk of maternal death (1 in N) 100 (2012)
Total fertility rate (per 1000 live births) 4.1 (2012)
Adolescent birth rate (per 1000 girls) 110 (2010)

MATERNAL AND NEWBORN HEALTH

Coverage along the continuum of care

Skilled attendant at delivery

Prevention of mother-to-child transmission of HIV

IMMUNIZATION

Percent of children immunized:
- against measles
- with 3 doses Hib
- with rotavirus vaccine
- with 3 doses pneumococcal conjugate vaccine

PNEUMONIA TREATMENT

Percent of children <5 years with symptoms of pneumonia:
- taken to appropriate health provider
- receiving antibiotics

NUTRITION

Wasting prevalence (moderate and severe, %) 11 (2008-2009)
Low birthweight incidence (moderate and severe, %) 10 (2008-2009)
Introduction of solid, semi-solid/soft foods (%) 74 (2008-2009)
Vitamin A two dose coverage (%) 34 (2012)

Underweight and stunting prevalence
Percent of children <5 years who are moderately or severely:
- underweight
- stunted

Exclusive breastfeeding

Percent of infants <6 months exclusively breastfed

Source: DHS, MICS, Other NS

* See Annex/website for indicator definition

Countdown to 2015
Maternal, Newborn & Child Survival

Fulfilling the Health Agenda for Women and Children
The 2014 Report

Source: DHS, MICS, Other NS

Source: UNICEF/UNAIDS/WHO 2013

Source: MMEIG 2014

Source: IGME 2013

Source: WHO/UNICEF 2013

Source: MMEIG 2014

Note: MDG target calculated by Countdown to 2015.
São Tomé and Príncipe

**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Causes of under-five deaths, 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumonia* 14%</td>
</tr>
<tr>
<td>Malaria 8%</td>
</tr>
<tr>
<td>HIV/AIDS 1%</td>
</tr>
<tr>
<td>Other 2%</td>
</tr>
<tr>
<td>Congenital 5%</td>
</tr>
<tr>
<td>Measles 1%</td>
</tr>
</tbody>
</table>

**Causes of maternal deaths, 2013**

- Severe maternal morbidity 10%
- Maternal haemorrhage 25%
- Sepsis 10%
- Abortion 10%
- Other direct 9%
- Indirect 29%
- Hypertension 10%

**MATERIAL AND NEWBORN HEALTH**

**Antenatal care**

Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

<table>
<thead>
<tr>
<th>Year</th>
<th>2000 MICS</th>
<th>2006 MICS</th>
<th>2008-2009 DHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>91</td>
<td>97</td>
<td>98</td>
</tr>
<tr>
<td>2006</td>
<td>63</td>
<td>49</td>
<td>41</td>
</tr>
</tbody>
</table>

**Diarrhoeal disease treatment**

Percent of children <5 years with diarrhoea:
- Receiving oral rehydration therapy/increased fluids
- With continued feeding
- Treated with ORS

**Malaria prevention and treatment**

Percent children receiving first line treatment among those receiving any antimalarial

<table>
<thead>
<tr>
<th>Year</th>
<th>2000 MICS</th>
<th>2006 MICS</th>
<th>2008-2009 DHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>59</td>
<td>31</td>
<td>23</td>
</tr>
<tr>
<td>2006</td>
<td>50</td>
<td>31</td>
<td>23</td>
</tr>
<tr>
<td>2008-2009</td>
<td>42</td>
<td>56</td>
<td>-</td>
</tr>
</tbody>
</table>

**WATER AND SANITATION**

**Improved drinking water coverage**

Percent of population by type of drinking water source, 1995-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>54</td>
<td>52</td>
<td>64</td>
</tr>
<tr>
<td>2012</td>
<td>32</td>
<td>29</td>
<td>23</td>
</tr>
</tbody>
</table>

**Improved sanitation coverage**

Percent of population by type of sanitation facility, 1995-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>2012</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>
**Fulfilling the Health Agenda for Women and Children**

**The 2014 Report**

**Maternal, Newborn & Child Survival**

**Senegal**

---

### DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2012</th>
<th>2011</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>13,726</td>
<td></td>
<td>DHS 2010-2011</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>2,313</td>
<td></td>
<td>MICS 2011</td>
</tr>
<tr>
<td>Births (000)</td>
<td>524</td>
<td></td>
<td>DHS 2010-2011</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>75</td>
<td></td>
<td>DHS 2010-2011</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>30</td>
<td></td>
<td>DHS 2010-2011</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>42</td>
<td></td>
<td>DHS 2010-2011</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>24</td>
<td></td>
<td>DHS 2010-2011</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>45</td>
<td></td>
<td>DHS 2010-2011</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>34</td>
<td></td>
<td>DHS 2010-2011</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>1,700</td>
<td></td>
<td>DHS 2010-2011</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>60</td>
<td></td>
<td>DHS 2010-2011</td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td>5.0</td>
<td></td>
<td>DHS 2010-2011</td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>80</td>
<td></td>
<td>DHS 2010-2011</td>
</tr>
</tbody>
</table>

### MATERNAL AND NEWBORN HEALTH

**Coverage along the continuum of care**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Percent</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for family planning satisfied</td>
<td></td>
<td>DHS 2010-2011</td>
</tr>
<tr>
<td>Antenatal care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1 visit)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4 visits)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Postnatal care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### EQUITY

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DHS 2010-2011</td>
</tr>
<tr>
<td>Total under-five population</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MICS 2011</td>
</tr>
<tr>
<td>Births</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DHS 2010-2011</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DHS 2010-2011</td>
</tr>
<tr>
<td>Total under-five deaths</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DHS 2010-2011</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DHS 2010-2011</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DHS 2010-2011</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DHS 2010-2011</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DHS 2010-2011</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DHS 2010-2011</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DHS 2010-2011</td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DHS 2010-2011</td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DHS 2010-2011</td>
</tr>
</tbody>
</table>

---

### UNDER-FIVE MORTALITY RATE

<table>
<thead>
<tr>
<th>Year</th>
<th>Deaths per 1000 live births</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>142</td>
<td>ISME 2013</td>
</tr>
<tr>
<td>2000</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>30</td>
<td></td>
</tr>
</tbody>
</table>

**Maternal mortality ratio**

<table>
<thead>
<tr>
<th>Year</th>
<th>Deaths per 100,000 live births</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>30</td>
<td></td>
</tr>
</tbody>
</table>

---

### CHILD HEALTH

**Immunization**

<table>
<thead>
<tr>
<th>Year</th>
<th>Doses</th>
<th>Vaccine</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td>3</td>
<td>Hib</td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td>3</td>
<td>DTP</td>
<td></td>
</tr>
</tbody>
</table>

**Pneumonia treatment**

<table>
<thead>
<tr>
<th>Year</th>
<th>Bednet</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>50</td>
<td></td>
</tr>
</tbody>
</table>

---

### NUTRITION

**Underweight and stunting prevalence**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>16</td>
<td></td>
</tr>
</tbody>
</table>

**Exclusive breastfeeding**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>39</td>
<td></td>
</tr>
</tbody>
</table>
**SENEGAL**

### DEMOGRAPHICS

#### Causes of under-five deaths, 2012

![Infographic showing causes of under-five deaths in 2012 with proportions for different causes such as Neornatal death, Pneumonia, Infections, etc.]

#### Causes of maternal deaths, 2013

![Infographic showing causes of maternal deaths in 2013 with proportions for different causes such as Abortion, Haemorrhage, Hypertension, etc.]

### MATERNAL AND NEWBORN HEALTH

#### Antenatal care

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS</td>
<td>74%</td>
<td>82%</td>
<td>79%</td>
<td>87%</td>
<td>93%</td>
</tr>
</tbody>
</table>

Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

#### Demand for family planning satisfied (%)

<table>
<thead>
<tr>
<th>Year</th>
<th>2012-2013</th>
<th>2010-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal care (4 or more visits)</td>
<td>38%</td>
<td>50%</td>
</tr>
<tr>
<td>Malaria during pregnancy - intermittent preventive treatment (%)</td>
<td>41%</td>
<td>55%</td>
</tr>
</tbody>
</table>

#### Postnatal visit for baby (within 2 days for home births, %)

<table>
<thead>
<tr>
<th>Year</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS</td>
<td>68%</td>
</tr>
</tbody>
</table>

#### Postnatal visit for mother (within 2 days for home births, %)

<table>
<thead>
<tr>
<th>Year</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS</td>
<td>19%</td>
</tr>
</tbody>
</table>

#### Women with low body mass index (<18.5 kg/m2, %)

<table>
<thead>
<tr>
<th>Year</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS</td>
<td>37%</td>
</tr>
</tbody>
</table>

### DIARRHEAL HEALTH

#### Diarrhoeal disease treatment

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS</td>
<td>9%</td>
<td>15%</td>
<td>34%</td>
<td>43%</td>
<td>42%</td>
</tr>
</tbody>
</table>

Percent children <5 years with diarrhoea: receiving oral rehydration therapy/increased fluids with continued feeding treated with ORS

### WATER AND SANITATION

#### Improved drinking water coverage

<table>
<thead>
<tr>
<th>Year</th>
<th>1990</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>42%</td>
<td>79%</td>
</tr>
<tr>
<td>Urban</td>
<td>42%</td>
<td>79%</td>
</tr>
<tr>
<td>Rural</td>
<td>42%</td>
<td>79%</td>
</tr>
</tbody>
</table>

Percent of population by type of drinking water source, 1990-2012

#### Improved sanitation coverage

<table>
<thead>
<tr>
<th>Year</th>
<th>1990</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>17%</td>
<td>32%</td>
</tr>
<tr>
<td>Urban</td>
<td>17%</td>
<td>32%</td>
</tr>
<tr>
<td>Rural</td>
<td>17%</td>
<td>32%</td>
</tr>
</tbody>
</table>

Percent of population by type of sanitation facility, 1990-2012
**Sierra Leone**

**Fulfilling the Health Agenda for Women and Children**
*The 2014 Report*

**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Metric</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>5,979</td>
<td></td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Births (000)</td>
<td>928</td>
<td>222</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>78%</td>
<td>39%</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>27%</td>
<td>35%</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>50%</td>
<td>30%</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>117%</td>
<td>86%</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>2,400</td>
<td></td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>21%</td>
<td>17%</td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td>4.8%</td>
<td></td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>125%</td>
<td></td>
</tr>
</tbody>
</table>

**MATERNAL AND NEWBORN HEALTH**

**Coverage along the continuum of care**

<table>
<thead>
<tr>
<th>Service</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for family planning satisfied</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care (4+ visits)</td>
<td>29%</td>
<td>41%</td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td>60%</td>
<td>62%</td>
</tr>
<tr>
<td>*Postnatal care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>58%</td>
<td>58%</td>
</tr>
<tr>
<td>Measles</td>
<td>80%</td>
<td>80%</td>
</tr>
</tbody>
</table>

**Skilled attendant at delivery**

<table>
<thead>
<tr>
<th>Year</th>
<th>2000</th>
<th>2005</th>
<th>2008</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-pregnancy Pregnancy</td>
<td>42%</td>
<td>43%</td>
<td>42%</td>
<td>63%</td>
</tr>
<tr>
<td>Birth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neonatal period</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infancy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Socioeconomic inequities in coverage**

<table>
<thead>
<tr>
<th>Household wealth quintile:</th>
<th>Poorest 20%</th>
<th>Richest 20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for family planning satisfied</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care (1+ visit)</td>
<td>[chart]</td>
<td>[chart]</td>
</tr>
<tr>
<td>Antenatal care (4+ visits)</td>
<td>[chart]</td>
<td>[chart]</td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td>[chart]</td>
<td>[chart]</td>
</tr>
<tr>
<td>Early initiation of breastfeeding</td>
<td>[chart]</td>
<td>[chart]</td>
</tr>
<tr>
<td>ITN use among children &lt;5 yrs</td>
<td>[chart]</td>
<td>[chart]</td>
</tr>
<tr>
<td>DTP3</td>
<td>[chart]</td>
<td>[chart]</td>
</tr>
<tr>
<td>Measles</td>
<td>[chart]</td>
<td>[chart]</td>
</tr>
<tr>
<td>Vitamin A (past 6 months)</td>
<td>[chart]</td>
<td>[chart]</td>
</tr>
<tr>
<td>ORT &amp; continued feeding</td>
<td>[chart]</td>
<td>[chart]</td>
</tr>
<tr>
<td>Careseeking for pneumonia</td>
<td>[chart]</td>
<td>[chart]</td>
</tr>
</tbody>
</table>

**Under-five mortality rate**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths per 1000 live births</td>
<td>250</td>
<td>220</td>
<td>190</td>
<td>180</td>
<td>180</td>
<td>180</td>
</tr>
</tbody>
</table>

**Maternal mortality ratio**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths per 100,000 live births</td>
<td>225</td>
<td>200</td>
<td>175</td>
<td>150</td>
<td>140</td>
<td>130</td>
</tr>
</tbody>
</table>

**EQUITY**

**Immunization**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of children immunized:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>against measles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>with 3 doses Hib</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>with rotavirus vaccine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>with 3 doses pneumococcal conjugate vaccine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Pneumonia treatment**

<table>
<thead>
<tr>
<th>Year</th>
<th>2000</th>
<th>2005</th>
<th>2008</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of children &lt;5 years with symptoms of pneumonia:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>taken to appropriate health provider</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>receiving antibiotics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NUTRITION**

**Wasting prevalence (moderate and severe, %)**

<table>
<thead>
<tr>
<th>Year</th>
<th>2000</th>
<th>2005</th>
<th>2008</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>11%</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
</tr>
</tbody>
</table>

**Early initiation of breastfeeding (within 1 hr of birth, %)**

<table>
<thead>
<tr>
<th>Year</th>
<th>2000</th>
<th>2005</th>
<th>2008</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>45%</td>
<td>46%</td>
<td>47%</td>
<td>48%</td>
</tr>
</tbody>
</table>

**Introduction of solid, semi-solid/soft foods (%)**

<table>
<thead>
<tr>
<th>Year</th>
<th>2000</th>
<th>2005</th>
<th>2008</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>25%</td>
<td>27%</td>
<td>28%</td>
<td>29%</td>
</tr>
</tbody>
</table>

**Vitamin A two dose coverage (%)**

<table>
<thead>
<tr>
<th>Year</th>
<th>2000</th>
<th>2005</th>
<th>2008</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
</tr>
</tbody>
</table>

**Underweight and stunting prevalence**

<table>
<thead>
<tr>
<th>Year</th>
<th>2000</th>
<th>2005</th>
<th>2008</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>41%</td>
<td>38%</td>
<td>28%</td>
<td>21%</td>
</tr>
</tbody>
</table>

**Exclusive breastfeeding**

<table>
<thead>
<tr>
<th>Year</th>
<th>2000</th>
<th>2005</th>
<th>2008</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>4%</td>
<td>8%</td>
<td>11%</td>
<td>15%</td>
</tr>
</tbody>
</table>
**Solomon Islands**

### Demographics

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>550</td>
<td>*</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>82</td>
<td>*</td>
</tr>
<tr>
<td>Births (000)</td>
<td>17</td>
<td>*</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>1</td>
<td>*</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>44</td>
<td>*</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>14</td>
<td>*</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>26</td>
<td>*</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>15</td>
<td>*</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>23</td>
<td>*</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in X)</td>
<td>180</td>
<td>*</td>
</tr>
<tr>
<td>Total fertility rate (per 100,000 live births)</td>
<td>2012</td>
<td>*</td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>62</td>
<td>*</td>
</tr>
</tbody>
</table>

### Maternal and Newborn Health

#### Coverage along the continuum of care

- **Skilled attendant at delivery**
  - Percent live births attended by skilled health personnel
  - Pre-pregnancy
  - 65%
  - Birth
  - 86%
  - Neonatal period
  - 74%
  - Infant
  - 85%

#### Skilled attendant at delivery

- 1994: 84%
- 1999: 85%
- 2007: 86%

#### Prevention of mother-to-child transmission of HIV

- Eligible HIV+ pregnant women receiving ART for their own health (% of total ARVs)
- Percent HIV+ pregnant women receiving ARVs for PMTCT
- Uncertainty range around the estimate

#### Immunization

- **Immunization**
  - Percent of children immunized:
  - Against measles
  - with 3 doses DTP
  - with 3 doses Hib
  - with poliomyelitis vaccine
  - with 3 doses pneumococcal conjugate vaccine

#### Pneumonia treatment

- **Pneumonia treatment**
  - Percent of children <5 years with symptoms of pneumonia:
  - Taken to appropriate health provider
  - Receiving antibiotics

### Child Health

#### Immunization

- **Immunization**
  - Percent of children aged 12-23 months:
  - *DTP3*
  - *Measles*
  - *Vitamin A (past 6 months)*
  - *ORT & continued feeding*
  - *Careseeking for pneumonia*

#### Pneumonia treatment

- **Pneumonia treatment**
  - Percent of children <5 years with symptoms of pneumonia:
  - Taken to appropriate health provider
  - Receiving antibiotics

### Nutrition

#### Wasting prevalence (moderate and severe, %)

- 4

#### Low birthweight incidence (moderate and severe, %)

- 13

#### Vitamin A two dose coverage (%)

- No Data

### EQUITY

#### Socioeconomic inequities in coverage

- **Socioeconomic inequities in coverage**
  - Household wealth quintile: Poorest 20% Richest 20%

#### Maternal mortality ratio

- Deaths per 100,000 live births
- MDG Target

#### Under-five mortality rate

- Deaths per 1000 live births
- MDG Target

#### Maternal mortality ratio

- Deaths per 100,000 live births
- MDG Target

Note: MDG target calculated by Countdown to 2015.
Fulfilling the Health Agenda for Women and Children
The 2014 Report

Solomon Islands

DEMOGRAPHICS

Causes of under-five deaths, 2012

Causes of maternal deaths, 2013

MATERNAL AND NEWBORN HEALTH

Antenatal care
Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

Demand for family planning satisfied (%) 76 (2007)
Antenatal care (4 or more visits, %) 65 (2007)
Malaria during pregnancy - intermittent preventive treatment (%) 1 (2007)
C-section rate (total, urban, rural; %) 6, 8, 6 (2007)
Neonatal tetanus vaccine 85 (2012)
Postnatal visit for baby (within 2 days for home births, %) -
Postnatal visit for mother (within 2 days for home births, %) -
Women with low body mass index (<18.5 kg/m2, %) -

CHILD HEALTH

Diarrhoeal disease treatment
Percent of children <5 years with diarrhoea:
- receiving oral rehydration therapy/increased fluids with continued feeding
- treated with ORS

Malaria prevention and treatment
Percent children receiving first line treatment among those receiving any antimalarial

Percent children < 5 years sleeping under ITNs

WATER AND SANITATION

Improved drinking water coverage
Percent of population by type of drinking water source, 2012

Improved sanitation coverage
Percent of population by type of sanitation facility, 1990-2012

Policies

Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent
Legal status of abortion (k of 5 circumstances) -
Midwives authorized for specific tasks (k of 7 tasks) -
Maternity protection (Convention 183) No
Maternal deaths notification No
Postnatal home visits in the first week after birth No
Kangaroo Mother Care in facilities for low birthweight/preterm newborns No

Antenatal corticosteroids as part of management of preterm labour No
International Code of Marketing of Breastmilk Substitutes -
Community treatment of pneumonia with antibiotics No
Low osmolality ORS and zinc for management of diarrhoea No

Systems

Costed national implementation plan(s) for: maternal, newborn and child health available
Life Saving Commodities in Essential Medicine List:
- Reproductive health (k of 3)
- Maternal health (k of 3)
- Newborn health (k of 4)
- Child health (k of 3)

Density of doctors, nurses and midwives (per 10,000 population) 22.8 (2008)
National availability of Emergency Obstetric Care services -

Financing

Per capita total expenditure on health (Int$) 252 (2012)
General government expenditure on health as % of total government expenditure (%) 20 (2012)
Out of pocket expenditure as % of total expenditure on health (%) 2 (2012)
Reproductive, maternal, newborn and child health expenditure by source No Data

ODA to child health per child (US$) 142 (2011)
ODA to maternal and neonatal health per live birth (US$) 335 (2011)

Note: see annexes for additional information on the indicators above
Waste prevalence (moderate and severe, %) 

Percent of children <5 years with symptoms of pneumonia: 
- taken to appropriate health provider 
- receiving antibiotics

Underweight and stunting prevalence 
Percent of children <5 years who are moderately or severely: 
- underweight 
- stunted

Coverage along the continuum of care

Percent live births attended by skilled health personnel

Prevention of mother-to-child transmission of HIV

Eligible HIV+ pregnant women receiving ART for their own health (% of total ARVs)

Uncertainty range around the estimate

Immunization

Percent of children immunized:
- against measles
  - with 3 doses Hib
  - with rotavirus vaccine
  - with 3 doses pneumococcal conjugate vaccine

NUTRITION

Vitamin A two dose coverage

Early initiation of breastfeeding (within 1 hr of birth, %)

Introduction of solid, semi-solid/soft foods (%)

Vitamin A two dose coverage (%)

Under-five mortality rate

Deaths per 1000 live births

Maternal mortality ratio

Deaths per 100,000 live births

Source: MMEIG 2014

Note: MDG target calculated by Countdown to 2015.

Fulfilling the Health Agenda for Women and Children 
The 2014 Report

Somalia

Countdown to 2015
Maternal, Newborn & Child Survival

DYNAMICS

Total population (000) 
10,195 (2012)
Total under-five population (000) 
1,923 (2012)
Births (000) 
452 (2012)
Birth registration (%) 
3 (2012)
Total under-five deaths (000) 
65 (2012)
Neonatal deaths: % of all under-5 deaths 
31 (2012)
Neonatal mortality rate (per 1000 live births) 
46 (2012)
Infant mortality rate (per 1000 live births) 
91 (2012)
Stillbirth rate (per 1000 total births) 
30 (2012)
Total maternal deaths 
3,900 (2012)
Lifetime risk of maternal death (1 in %) 
18 (2012)
Total fertility rate (per woman) 
6.7 (2012)
Adolescent birth rate (per 1000 girls) 
123 (2009)
**DEMOGRAPHICS**

### Causes of under-five deaths, 2012

![Diagram showing causes of under-five deaths, 2012]

- Diarrhea: 17%
- Pneumonia: 17%
- Premature birth: 6%
- Other: 12%

Source: WHO/CHERG 2014

**Causes of maternal deaths, 2013**

![Diagram showing causes of maternal deaths, 2013]

- Severe sepsis: 10%
- Hypertension: 7%
- Abortion: 7%
- Haemorrhage: 6%

Source: WHO 2014

**MATERNAL AND NEWBORN HEALTH**

### Antenatal care

Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

- 1999: 32%
- 2006: 26%

### Diarrhoeal disease treatment

Percent of children <5 years with diarrhoea: receiving oral rehydration therapy/increased fluids with continued feeding

- 1999: 30%
- 2006: 7%

### Malaria prevention and treatment

Percent children receiving first line treatment among those receiving any antimalarial

- 2006: 11%

### Diarrhoea and sanitation

#### Improved drinking water coverage

- 1990-2012
- No Data

#### Improved sanitation coverage

- 1990-2012
- No Data

**POD POLICIES**

- Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent: No
- Legal status of abortion: Yes
- Maternal and neonatal health
- Antenatal corticosteroids as part of management of preterm labour: No
- International Code of Marketing of Breastmilk Substitutes: No
- Community treatment of pneumonia with antibiotics: Yes
- Low osmolarity ORS and zinc for management of diarrhoea: No

**SYSTEMS**

- Costed national implementation plan(s) for: maternal, newborn and child health available: Yes
- Life Saving Commodities in Essential Medicine List:
  - Reproductive health (x of 3): 0 (2014)
- Density of doctors, nurses and midwives (per 10,000 population): 1.5 (2004)
- National availability of Emergency Obstetric Care services (% of recommended minimum): 56 (2000)

**FINANCING**

- Per capita total expenditure on health (US$): -
- General government expenditure on health as % of total government expenditure (%): -
- Out of pocket expenditure as % of total expenditure on health(%): -
- Reproductive, maternal, newborn and child health expenditure by source
  - No Data

**ODA to child health per child (US$)**

- No Data

**ODA to maternal and neonatal health per live birth (US$)**

- No Data

Note: See annexes for additional information on the indicators above
**South Africa**

### DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2012</th>
<th>2013</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>52,386</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td></td>
<td></td>
<td>5,525</td>
<td></td>
</tr>
<tr>
<td>Births (000)</td>
<td>1,102</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>95</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>34</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>33</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td></td>
<td></td>
<td>1,500</td>
<td></td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>300</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td>2.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>54</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### MATERNAL AND NEWBORN HEALTH

**Coverage along the continuum of care**

<table>
<thead>
<tr>
<th>Service</th>
<th>1995 Other NS</th>
<th>1998 DHS</th>
<th>2003 DHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for family planning satisfied</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care (4+ visits)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Postnatal care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Skilled attendant at delivery**

<table>
<thead>
<tr>
<th>Year</th>
<th>Skilled attendant at delivery (100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>82</td>
</tr>
<tr>
<td>1998</td>
<td>84</td>
</tr>
<tr>
<td>2003</td>
<td>91</td>
</tr>
</tbody>
</table>

**Prevention of mother-to-child transmission of HIV**

Eligible HIV+ pregnant women receiving ART for their own health (% of total ARVs)

- **2010**: 86
- **2011**: 91
- **2012**: 81

**Note**: MDG target calculated by Countdown to 2015.

### EQUITY

**Socioeconomic inequities in coverage**

<table>
<thead>
<tr>
<th>Household wealth quintile</th>
<th>Poorest 20%</th>
<th>Richest 20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for family planning satisfied</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care (1+ visit)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care (4+ visits)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early initiation of breastfeeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ITN use among children &lt;5 yrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTP3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin A (past 6 months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORT &amp; continued feeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Careseeking for pneumonia</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CHILD HEALTH

**Immunization**

Percent of children immunized:

- against measles
  - with 3 doses Hib
  - with rotavirus vaccine
- with 3 doses pneumococcal conjugate vaccine

**Pneumonia treatment**

Percent of children <5 years with symptoms of pneumonia:

- taken to appropriate health provider
- receiving antibiotics

### NUTRITION

**Wasting prevalence (moderate and severe, %)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>5</td>
</tr>
<tr>
<td>2006</td>
<td>15</td>
</tr>
</tbody>
</table>

**Low birthweight incidence (moderate and severe, %)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>29</td>
</tr>
<tr>
<td>2008</td>
<td>24</td>
</tr>
</tbody>
</table>

**Underweight and stunting prevalence**

- **underweight**
- **stunted**

**Exclusive breastfeeding**

Percent of infants <6 months exclusively breastfed

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>7</td>
</tr>
<tr>
<td>2003</td>
<td>8</td>
</tr>
</tbody>
</table>

Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.
DEMOGRAPHICS

Causes of under-five deaths, 2012

Causes of maternal deaths, 2013

MATERNAL AND NEWBORN HEALTH

Antenatal care
Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

Demand for family planning satisfied (%) 81 (2004)
Antenatal care (4 or more visits, %) 87 (2008)
Malaria during pregnancy - intermittent preventive treatment (%) - -
C-section rate (total, urban, rural; %) 21, 24, 15 (2003)
Neonatal tetanus vaccine 77 (2012)
Postnatal visit for baby (within 2 days for home births, %) - -
Postnatal visit for mother (within 2 days for home births, %) - -
Women with low body mass index (<18.5 kg/m², %) - -

CHILD HEALTH

Diarrhoeal disease treatment
Percent of children <5 years with diarrhoea:
- receiving oral rehydration therapy/increased fluids with continued feeding
- treated with ORS

Malaria prevention and treatment
Percent children receiving first line treatment among those receiving any antimalarial
- Percent children < 5 years sleeping under ITNs
- Very limited risk

WATER AND SANITATION

Improved drinking water coverage
Percent of population by type of drinking water source, 1990-2012

Improved sanitation coverage
Percent of population by type of sanitation facility, 1990-2012

POLICIES

Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent
Legal status of abortion (X of 5 circumstances)
Midwives authorized for specific tasks (X of 7 tasks)
Maternity protection (Convention 183)
Maternal deaths notification
Postnatal home visits in the first week after birth
Kangaroo Mother Care in facilities for low birthweight/preterm newborns
Antenatal corticosteroids as part of management of preterm labour
International Code of Marketing of Breastmilk Substitutes
Community treatment of pneumonia with antibiotics
Low osmolarity ORS and zinc for management of diarrhoea

SYSTEMS

Costed national implementation plan(s) for: maternal, newborn and child health available
Life Saving Commodities in Essential Medicine List:
- Reproductive health (X of 3)
- Maternal health (X of 3)
- Newborn health (X of 4)
- Child health (X of 3)
Density of doctors, nurses and midwives (per 10,000 population) 56.8 (2013)
National availability of Emergency Obstetric Care services (% of recommended minimum)

FINANCING

Per capita total expenditure on health (US$) 982 (2012)
General government expenditure on health as % of total government expenditure (%) -
Out of pocket expenditure as % of total expenditure on health(s)
Reproductive, maternal, newborn and child health expenditure by source
- Reproductive, maternal, newborn health (US$)
- Child health expenditure by source
- External sources
- General government expenditure
- Out-of-pocket expenditure
- Other
ODA to child health per child (US$) 8 (2012)
ODA to maternal and neonatal health per live birth (US$)

Note: See annexes for additional information on the indicators above
### Demographics

- **Total population (000)**: 10,838 (2012)
- **Total under-five population (000)**: 1,726 (2012)
- **Births (000)**: 396 (2012)
- **Birth registration (%)**: 35 (2010)
- **Total under-five deaths (000)**: 40 (2012)
- **Neonatal deaths: % of all under-5 deaths**: 35 (2012)
- **Neonatal mortality rate (per 1000 live births)**: 36 (2012)
- **Infant mortality rate (per 1000 live births)**: 67 (2012)
- **Stillbirth rate (per 1000 total births)**: - (2012)
- **Total maternal deaths**: 3,000 (2012)
- **Lifetime risk of maternal death (1 in N)**: 28 (2012)
- **Total fertility rate (per 1000 girls)**: 38 (2008)
- **Adolescent birth rate (per 1000 total births)**: - (2012)
- **Poorest 20% (orange circles)**
- **Richest 20% (red circles)**

*See Annex/website for indicator definition.

### Maternal and Newborn Health

- **Skilled attendant at delivery**
  - Percent live births attended by skilled health personnel
  - Source: DHS, MICS, Other NS

- **Prevention of mother-to-child transmission of HIV**
  - Eligible HIV+ pregnant women receiving ART for their own health (% of total ARTs)
  - Percent HIV+ pregnant women receiving ARVs for PMTCT
  - Source: UNICEF/UNAIDS/WHO 2013

- **Child Health**
  - Immunization
    - Percent of children immunized:
      - with 3 doses DTP
      - with 3 doses Hib
      - with 3 doses pneumococcal conjugate vaccine
      - with rotavirus vaccine
      - against measles
  - Source: MMEIG 2014

- **Pneumonia treatment**
  - Percent of children <5 years with symptoms of pneumonia:
    - taken to appropriate health provider
    - receiving antibiotics
  - Source: MMEIG 2014

- **Nutrition**
  - Wasting prevalence (moderate and severe, %): 23 (2010)
  - Low birthweight incidence (moderate and severe, %): -
  - Early initiation of breastfeeding (within 1 hr of birth, %): -
  - Vitamin A two dose coverage (%): 70 (2012)

- **Underweight and stunting prevalence**
  - Percent of children <5 years who are moderately or severely:
    - underweight
    - stunted
  - Source: MMEIG 2014

- **Exclusive breastfeeding**
  - Percent of infants <6 months exclusively breastfed
  - Source: MMEIG 2014

*Note: MDG target calculated by Countdown to 2015.*
**South Sudan**

### DEMOGRAPHICS

#### Causes of under-five deaths, 2012

![Cause of death pie chart]

- Pneumonia: 16%
- Diarrhoea: 21%
- Malaria: 4%
- Other: 5%

Total: 100%

Source: WHO/UNICEF JMP 2014

#### Causes of maternal deaths, 2013

![Cause of death pie chart]

- Preeclampsia: 33%
- Sepsis: 23%
- Haemorrhage: 25%
- Abortion: 10%
- Other direct: 9%
- Other indirect: 18%

Total: 100%

Source: WHO 2014

### MATERNAL AND NEWBORN HEALTH

#### Antenatal care

- Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>26</td>
</tr>
<tr>
<td>2010</td>
<td>40</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF JMP 2014

#### Demand for family planning satisfied (%)

- 13 (2010)

#### Malaria during pregnancy - intermittent preventive treatment (%)

- 19 (2010)

<table>
<thead>
<tr>
<th>Minimum target is 5% and maximum target is 15%</th>
</tr>
</thead>
</table>

#### Neonatal tetanus vaccine

- Postnatal visit for baby (within 2 days for home births, %)

- Postnatal visit for mother (within 2 days for home births, %)

#### Women with low body mass index (<18.5 kg/m², %)

- Maternal deaths notification

- Postnatal home visits in the first week after birth

- Kangaroo Mother Care in facilities for low birthweight/preterm newborns

### CHILD HEALTH

#### Diarrhoeal disease treatment

- Percent of children <5 years with diarrhoea:
  - Receiving oral rehydration therapy/increased fluids with continued feeding
  - Treated with ORS

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>23</td>
</tr>
<tr>
<td>2010</td>
<td>39</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF JMP 2014

#### Malaria prevention and treatment

- Percent children receiving first line treatment among those receiving any antimalarial

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>21</td>
</tr>
<tr>
<td>2009</td>
<td>25</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF JMP 2014

### WATER AND SANITATION

#### Improved drinking water coverage

- Percent of population by type of drinking water source, 1990-2012

<table>
<thead>
<tr>
<th>Source</th>
<th>Piped on premises</th>
<th>Other improved</th>
<th>Surface water</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No Data

#### Improved sanitation coverage

- Percent of population by type of sanitation facility, 2012

<table>
<thead>
<tr>
<th>Source</th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>77</td>
<td>58</td>
<td>81</td>
</tr>
<tr>
<td></td>
<td>11</td>
<td>6</td>
<td>10</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF JMP 2014

### POLICIES

- Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent: No
- Legal status of abortion: No
- Midwives authorized for specific tasks: No
- Maternity protection: No
- Maternal deaths notification: No
- Postnatal home visits in the first week after birth: No
- Kangaroo Mother Care in facilities for low birthweight/preterm newborns: No
- Antenatal corticosteroids as part of management of preterm labour: No
- International Code of Marketing of Breastmilk Substitutes: No
- Community treatment of pneumonia with antibiotics: No
- Low osmolarity ORS and zinc for management of diarrhoea: No

### SYSTEMS

- Costed national implementation plan(s) for: maternal, newborn and child health available: Partial (2011)
- Life Saving Commodities in Essential Medicine List:
  - Reproductive health (X of 3)
  - Maternal health (X of 3)
  - Newborn health (X of 3)
  - Child health (X of 3)
- Density of doctors, nurses and midwives (per 10,000 population)
- National availability of Emergency Obstetric Care services: No
- (1% of recommended minimum)

### FINANCING

- Per capita total expenditure on health (US$) 33 (2012)
- General government expenditure on health as % of total government expenditure (%): 4 (2012)
- Out of pocket expenditure as % of total expenditure on health: 57 (2012)
- Reproductive, maternal, newborn and child health expenditure by source: No Data
- Expenditure on health (%): 4 (2012)
- ODA to maternal and neonatal health per live birth (US$): No
- ODA to child health per child (US$): No

Note: See annexes for additional information on the indicators above
### DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Poorest 20% (2012)</th>
<th>Richest 20% (2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>37,195</td>
<td></td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>5,671</td>
<td></td>
</tr>
<tr>
<td>Births (000)</td>
<td>1,263</td>
<td></td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>59</td>
<td></td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 total births)</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>Stilbirth rate (per 1000 total births)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>4,600</td>
<td></td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>4.5</td>
<td></td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td>4.5</td>
<td></td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>102</td>
<td></td>
</tr>
</tbody>
</table>

### EQUITY

#### Socioeconomic inequities in coverage

<table>
<thead>
<tr>
<th>Household wealth quintile:</th>
<th>Poorest 20%</th>
<th>Richest 20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for family planning satisfied Antenatal care (1 visit)</td>
<td>24</td>
<td>47</td>
</tr>
<tr>
<td>Antenatal care (4 visits)</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>*Postnatal care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td>85</td>
<td></td>
</tr>
</tbody>
</table>

### MATERNAL AND NEWBORN HEALTH

#### Coverage along the continuum of care

<table>
<thead>
<tr>
<th>Care stage</th>
<th>2006 MICS</th>
<th>2010 MICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled attendant at delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-pregnancy Pregnancy</td>
<td>29</td>
<td>23</td>
</tr>
<tr>
<td>Birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neonal period</td>
<td>85</td>
<td>85</td>
</tr>
<tr>
<td>Infant</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Skilled attendant at delivery

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent live births attended by skilled health personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>0</td>
</tr>
<tr>
<td>1995</td>
<td>20</td>
</tr>
<tr>
<td>2000</td>
<td>40</td>
</tr>
<tr>
<td>2005</td>
<td>60</td>
</tr>
<tr>
<td>2010</td>
<td>80</td>
</tr>
<tr>
<td>2015</td>
<td>100</td>
</tr>
</tbody>
</table>

#### Prevention of mother-to-child transmission of HIV

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent HIV+ pregnant women receiving ARVs for PMTCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>0</td>
</tr>
<tr>
<td>1995</td>
<td>20</td>
</tr>
<tr>
<td>2000</td>
<td>40</td>
</tr>
<tr>
<td>2005</td>
<td>60</td>
</tr>
<tr>
<td>2010</td>
<td>80</td>
</tr>
<tr>
<td>2015</td>
<td>100</td>
</tr>
</tbody>
</table>

### CHILD HEALTH

#### Immunization

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent of children immunized:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>Against measles</td>
</tr>
<tr>
<td></td>
<td>with 3 doses Hib</td>
</tr>
<tr>
<td></td>
<td>with 3 doses DTP</td>
</tr>
<tr>
<td></td>
<td>with rotavirus vaccine</td>
</tr>
<tr>
<td></td>
<td>with 3 doses pneumococcal conjugate vaccine</td>
</tr>
</tbody>
</table>

#### Pneumonia treatment

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent of children &lt;5 years with symptoms of pneumonia:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>Taken to appropriate health provider</td>
</tr>
<tr>
<td>1995</td>
<td>-</td>
</tr>
<tr>
<td>2000</td>
<td>-</td>
</tr>
<tr>
<td>2005</td>
<td>-</td>
</tr>
<tr>
<td>2010</td>
<td>-</td>
</tr>
</tbody>
</table>

### NUTRITION

#### Wasting prevalence (moderate and severe, %)

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>-</td>
</tr>
<tr>
<td>1995</td>
<td>-</td>
</tr>
<tr>
<td>2000</td>
<td>-</td>
</tr>
<tr>
<td>2005</td>
<td>-</td>
</tr>
<tr>
<td>2010</td>
<td>-</td>
</tr>
</tbody>
</table>

#### Low birthweight incidence (moderate and severe, %)

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>-</td>
</tr>
<tr>
<td>1995</td>
<td>-</td>
</tr>
<tr>
<td>2000</td>
<td>-</td>
</tr>
<tr>
<td>2005</td>
<td>-</td>
</tr>
<tr>
<td>2010</td>
<td>-</td>
</tr>
</tbody>
</table>

#### Vitamin A two dose coverage

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>-</td>
</tr>
<tr>
<td>1995</td>
<td>-</td>
</tr>
<tr>
<td>2000</td>
<td>-</td>
</tr>
<tr>
<td>2005</td>
<td>-</td>
</tr>
<tr>
<td>2010</td>
<td>-</td>
</tr>
</tbody>
</table>

#### Underweight and stunting prevalence

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>-</td>
</tr>
<tr>
<td>2010</td>
<td>-</td>
</tr>
</tbody>
</table>

#### Exclusive breastfeeding

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>-</td>
</tr>
</tbody>
</table>
SUDAN

DEMOGRAPHICS

Causes of under-five deaths, 2012

Causes of maternal deaths, 2013

MATERNAL AND NEWBORN HEALTH

Antenatal care

Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

Demand for family planning satisfied (%)

Malaria during pregnancy - intermittent preventive treatment (%)

Neonatal tetanus vaccine

Postnatal visit for baby (within 2 days for home births, %)

Postnatal visit for mother (within 2 days for home births, %)

Women with low body mass index (<18.5 kg/m², %)

CHILD HEALTH

Diarrhoeal health disease treatment

Percent of children <5 years with diarrhoea:
- receiving oral rehydration therapy/increased fluids
- with continued feeding
- treated with ORS

Malaria prevention and treatment

Percent children receiving first line treatment among those receiving any antimalarial

Percent children < 5 years sleeping under ITNs

WATER AND SANITATION

Improved drinking water coverage

Percent of population by type of drinking water source, 1990-2012

Improved sanitation coverage

Percent of population by type of sanitation facility, 1990-2012

Source: WHO/UNICEF JMP 2014

Source: WHO/CHERG 2014

Source: WHO/UNICEF JMP 2014

Source: WHO 2014

Source: WHO/CHERG 2014

Policies

Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent

Legal status of abortion (X of 5 circumstances)

Midwives authorized for specific tasks (X of 7 tasks)

Maternity protection (Convention 183)

Maternal deaths notification

Postnatal home visits in the first week after birth

Kangaroo Mother Care in facilities for low birthweight/preterm newborns

Antenatal corticosteroids as part of management of preterm labour

International Code of Marketing of Breastmilk Substitutes

Community treatment of pneumonia with antibiotics

Low osmolarity ORS and zinc for management of diarrhoea

Systems

Costed national implementation plan(s) for: maternal, newborn and child health available

Life Saving Commodities in Essential Medicine List:

- Reproductive health (X of 3)
- Maternal health (X of 3)
- Newborn health (X of 4)
- Child health (X of 3)

Density of doctors, nurses and midwives (per 10,000 population)

National availability of Emergency Obstetric Care services (% of recommended minimum)

Financing

Per capita total expenditure on health (US$)

General government expenditure on health as % of total government expenditure (%)

Out of pocket expenditure as % of total expenditure on health(s)

Reproductive, maternal, newborn and child health expenditure by source

ODA to child health per child (US$)

ODA to maternal and neonatal health per live birth (US$)

Note: see annexes for additional information on the indicators above.
**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>1,231</td>
<td>1,231</td>
<td>1,231</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>169</td>
<td>170</td>
<td>171</td>
</tr>
<tr>
<td>Births (000)</td>
<td>37</td>
<td>37</td>
<td>37</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>50</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>37</td>
<td>37</td>
<td>37</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>30</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>56</td>
<td>56</td>
<td>56</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>18</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>120</td>
<td>120</td>
<td>120</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>94</td>
<td>94</td>
<td>94</td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td>3.4</td>
<td>3.4</td>
<td>3.4</td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>89</td>
<td>89</td>
<td>89</td>
</tr>
</tbody>
</table>

**MATERNAL AND NEWBORN HEALTH**

- **Socioeconomic inequities in coverage**
  - Household wealth quintile: Poorest 20% / Richest 20%

- **Prevention of mother-to-child transmission of HIV**
  - Eligible HIV+ pregnant women receiving ART for their own health (% of total ARVs)
  - Prevention HIV+ pregnant women receiving ARVs for PMTCT

- **Immunization**
  - Percent of children immunized:
    - against measles
      - with 3 doses Hib
      - with rotavirus vaccine
      - with 3 doses pneumococcal conjugate vaccine

- **NUTRITION**

- **Wasting prevalence** (moderate and severe, %) 1

- **Low birthweight incidence** (moderate and severe, %) 9

- **Underweight and stunting prevalence**
  - Percent of children <5 years who are moderately or severely:
    - underweight
    - stunted

- **Pneumonia treatment**
  - Percent of children <5 years with symptoms of pneumonia:
    - taken to appropriate health provider
    - receiving antibiotics
**Fulfilling the Health Agenda for Women and Children**

**The 2014 Report**

**Swaziland**

**DEMOGRAPHICS**

**Causes of under-five deaths, 2012**

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumonia</td>
<td>12%</td>
</tr>
<tr>
<td>Preterm</td>
<td>2%</td>
</tr>
<tr>
<td>Malaria</td>
<td>0%</td>
</tr>
<tr>
<td>Injuries</td>
<td>5%</td>
</tr>
<tr>
<td>Measles</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>20%</td>
</tr>
<tr>
<td>Source: WHO/CHERG 2014</td>
<td></td>
</tr>
</tbody>
</table>

**Causes of maternal deaths, 2013**

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sepsis**</td>
<td>7%</td>
</tr>
<tr>
<td>Embolism**</td>
<td>2%</td>
</tr>
<tr>
<td>Haemorrhage</td>
<td>25%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>10%</td>
</tr>
<tr>
<td>Regional estimate for Sub-Saharan Africa, 2013</td>
<td></td>
</tr>
</tbody>
</table>

**MATERIAL AND NEWBORN HEALTH**

**Antenatal care**

Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>87</td>
</tr>
<tr>
<td>2002</td>
<td>90</td>
</tr>
<tr>
<td>2006-2007</td>
<td>85</td>
</tr>
<tr>
<td>2010</td>
<td>97</td>
</tr>
</tbody>
</table>

**Demand for family planning satisfied (%)**

83 (2010)

**Antenatal care (4 or more visits, %)**

77 (2010)

**Malaria during pregnancy - intermittent preventive treatment (%)**

1 (2010)

**C-section rate (total, urban, rural; %)**

12, 12, 13 (2010)

**Neonatal tetanus vaccine**

86 (2012)

**Postnatal visit for baby**

- (2000-2007)

**Postnatal visit for mother**

22 (2000-2007)

**Women with low body mass index (<18.5 kg/m2, %)**

- (2000-2007)

**FINANCING**

Per capita total expenditure on health (US$)

447 (2012)

General government expenditure on health as % of total government expenditure (%)

18 (2012)

Out of pocket expenditure as % of total expenditure on health (US$)

11 (2012)

**Caused national implementation**

Partial (2013)

**Life Saving Commodities in Essential Medicine List:**

- Reproductive health (X of 3)
- Maternal health (X of 3)
- Newborn health (X of 4)
- Child health (X of 3)

**Density of doctors, nurses and midwives (per 10,000 population)**

17.7 (2006)

**National availability of Emergency Obstetric Care services**

- (X of recommended minimum)

**WATER AND SANITATION**

**Improved drinking water coverage**

Percent of population by type of drinking water source, 1990-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Piped on premises</th>
<th>Other improved</th>
<th>Unimproved</th>
<th>Surface water</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>65</td>
<td>17</td>
<td>18</td>
<td>10</td>
</tr>
<tr>
<td>2012</td>
<td>75</td>
<td>19</td>
<td>19</td>
<td>10</td>
</tr>
<tr>
<td>1990</td>
<td>66</td>
<td>17</td>
<td>18</td>
<td>10</td>
</tr>
<tr>
<td>2012</td>
<td>75</td>
<td>19</td>
<td>19</td>
<td>10</td>
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</table>

**Improved sanitation coverage**

Percent of population by type of sanitation facility, 1990-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Improved facilities</th>
<th>Unimproved facilities</th>
<th>Shared facilities</th>
<th>Open defecation</th>
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<tbody>
<tr>
<td>1990</td>
<td>6</td>
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<td>4</td>
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<td>2012</td>
<td>7</td>
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**Causes of under-five deaths, 2012**

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumonia</td>
<td>12%</td>
</tr>
<tr>
<td>Preterm</td>
<td>2%</td>
</tr>
<tr>
<td>Malaria</td>
<td>0%</td>
</tr>
<tr>
<td>Injuries</td>
<td>5%</td>
</tr>
<tr>
<td>Measles</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>20%</td>
</tr>
<tr>
<td>Source: WHO/CHERG 2014</td>
<td></td>
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</table>

**Causes of maternal deaths, 2013**

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sepsis**</td>
<td>7%</td>
</tr>
<tr>
<td>Embolism**</td>
<td>2%</td>
</tr>
<tr>
<td>Haemorrhage</td>
<td>25%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>10%</td>
</tr>
<tr>
<td>Source: WHO 2014</td>
<td></td>
</tr>
</tbody>
</table>

**Sepsis/Tetanus/Meningitis/Encephalitis**

* Intrapartum-related events
** Sepsis/Tetanus/Meningitis/Encephalitis

**Diarrheal health disease treatment**

Percent of children <5 years with diarrhoea:

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>25</td>
</tr>
<tr>
<td>2006-2007</td>
<td>22</td>
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<tr>
<td>2010</td>
<td>48</td>
</tr>
<tr>
<td>2012</td>
<td>57</td>
</tr>
</tbody>
</table>

**Malaria prevention and treatment**

Percent children receiving first line treatment among those receiving any antimalarial

18 (2010)

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>0</td>
</tr>
<tr>
<td>2006-2007</td>
<td>1</td>
</tr>
<tr>
<td>2010</td>
<td>2</td>
</tr>
</tbody>
</table>

**Newborn health**

Maternal health (X of 3)

- (2013)

**Maternal health (X of 3)**

- (2013)

**Newborn health (X of 4)**

- (2014)

**Child health (X of 3)**

- (2013)

**Density of doctors, nurses and midwives (per 10,000 population)**

17.7 (2006)

**National availability of Emergency Obstetric Care services**

- (X of recommended minimum)

**Per capita total expenditure on health (US$)**

447 (2012)

**General government expenditure on health as % of total government expenditure (%)**

18 (2012)

**Out of pocket expenditure as % of total expenditure on health (US$)**

11 (2012)

**Reproductive, maternal, newborn and child health expenditure by source**

- No Data

**Ongoing activities**

**POLICIES**

- Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent: Partial
- Legal status of abortion (X of 5 circumstances): 3 (9)
- Midwives authorized for specific tasks (X of 7 tasks): -
- Maternity protection (Convention 183): No
- Maternal deaths notification: Yes
- Postnatal home visits in the first week after birth: No
- Kangaroo Mother Care in facilities for low birthweight/preterm newborns: No
- Antenatal corticosteroids as part of management of preterm labour: No
- International Code of Marketing of Breastmilk Substitutes: Partial
- Community treatment of pneumonia with antibiotics: No
- Low osmolarity ORS and zinc for management of diarrhoea: Yes

**PODING**

**MEASURES**

- Costs national implementation: Partial (2013)
- Life Saving Commodities in Essential Medicine List:
  - Reproductive health (X of 3)
  - Maternal health (X of 3)
  - Newborn health (X of 4)
  - Child health (X of 3)
- Density of doctors, nurses and midwives (per 10,000 population): 17.7 (2006)
- National availability of Emergency Obstetric Care services: -

**FINANCING**

Per capita total expenditure on health (US$)

447 (2012)

General government expenditure on health as % of total government expenditure (%)

18 (2012)

Out of pocket expenditure as % of total expenditure on health (US$)

11 (2012)

Reproductive, maternal, newborn and child health expenditure by source

- No Data

**ODA to child health per child (US$)**

32 (2012)

**ODA to maternal and neonatal health per live birth (US$)**

131 (2012)

---

**Note:** See annexes for additional information on the indicators above.
**Tajikistan**

**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value (2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>8,009</td>
</tr>
<tr>
<td>Total births (000)</td>
<td>1,150</td>
</tr>
<tr>
<td>Births (000)</td>
<td>265</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>88</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>15</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>40</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>23</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>49</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>12</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>12</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>530</td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td>3.8</td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>47</td>
</tr>
</tbody>
</table>

**MATERNAL AND NEWBORN HEALTH**

**Coverage along the continuum of care**

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<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal care (1+ visit)</td>
<td>Rich 70%</td>
</tr>
<tr>
<td>Antenatal care (4+ visits)</td>
<td>Rich 60%</td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td>Rich 60%</td>
</tr>
<tr>
<td>Early initiation of breastfeeding</td>
<td>Rich 50%</td>
</tr>
<tr>
<td>ITN use among children &lt;5 yrs</td>
<td>Rich 40%</td>
</tr>
<tr>
<td>Vitamin A (past 6 months)</td>
<td>Rich 30%</td>
</tr>
<tr>
<td>Measles</td>
<td>Rich 20%</td>
</tr>
<tr>
<td>DTP3</td>
<td>Rich 10%</td>
</tr>
</tbody>
</table>

**Skilled attendant at delivery**

```
<table>
<thead>
<tr>
<th>Year</th>
<th>Low birth NS</th>
<th>Other NS</th>
<th>90</th>
<th>79</th>
<th>71</th>
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```

**Prevention of mother-to-child transmission of HIV**

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<table>
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<tr>
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<th>Other NS</th>
<th>90</th>
<th>79</th>
<th>71</th>
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```

**IMMUNIZATION**

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<th>Year</th>
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<th>90</th>
<th>79</th>
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<th>87</th>
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<tr>
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**NUTRITION**

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<th>88</th>
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<tbody>
<tr>
<td>1990</td>
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```

**PNEUMONIA TREATMENT**

```
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<th>79</th>
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<tr>
<td>1990</td>
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**NUTRITION**

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<tr>
<td>1990</td>
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</table>
```

**Underweight and stunting prevalence**

```
<table>
<thead>
<tr>
<th>Year</th>
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<th>90</th>
<th>79</th>
<th>71</th>
<th>83</th>
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<tbody>
<tr>
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<td>2005</td>
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</tr>
</tbody>
</table>
```

**Exclusive breastfeeding**

```
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<th>79</th>
<th>71</th>
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<tr>
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</tr>
</tbody>
</table>
```

**Note:** MDG target calculated by Countdown to 2015.
**Tajikistan**

### DEMOGRAPHICS

#### Causes of under-five deaths, 2012

- Pneumonia: 17%
- Preterm: 12%
- Measles: 8%
- Injuries: 5%
- Other: 24%

**Source:** WHO/CHERG 2014

#### Causes of maternal deaths, 2013

- Sepsis/Tetanus/Meningitis: 20%
- Other: 22%
- Abortion: 11%
- Embolism: 11%
- Haemorrhage: 25%
- Hypertension: 25%
- Regional estimation for Caucasus and Central Asia, 2013

**Source:** WHO 2014

### WATER AND SANITATION

#### Improved drinking water coverage

- Piped on premises: 1
- Other improved: 1
- Unimproved: 98
- Surface water: 1

**Source:** WHO/UNICEF JMP 2014

#### Improved sanitation coverage

- Improved facilities: 34
- Shared facilities: 35
- Unimproved facilities: 1
- Open defecation: 35

**Source:** WHO/UNICEF JMP 2014

### MATERNAL AND NEWBORN HEALTH

#### Antenatal care

- Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>71</td>
</tr>
<tr>
<td>2005</td>
<td>77</td>
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<td>2007</td>
<td>89</td>
</tr>
<tr>
<td>2012</td>
<td>79</td>
</tr>
</tbody>
</table>

**Source:** WHO/UNICEF JMP 2014

#### Demand for family planning satisfied (%)

- 2012: 11

**Source:** WHO/UNICEF JMP 2014

#### Malaria prevention and treatment

- Percent children < 5 years sleeping under ITNs

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>29</td>
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<tr>
<td>2005</td>
<td>35</td>
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<tr>
<td>2009</td>
<td>48</td>
</tr>
<tr>
<td>2012</td>
<td>73</td>
</tr>
</tbody>
</table>

**Source:** WHO/UNICEF JMP 2014

#### Diarrhoeal disease treatment

- Percent of children <5 years with diarrhoea: receiving oral rehydration therapy/increased fluids

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>71</td>
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<tr>
<td>2005</td>
<td>77</td>
</tr>
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<td>2007</td>
<td>89</td>
</tr>
<tr>
<td>2012</td>
<td>79</td>
</tr>
</tbody>
</table>

**Source:** WHO/UNICEF JMP 2014

### POLICIES

- Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent
- Legal status of abortion
- Maternal deaths notification
- Kangaroo Mother Care in facilities for low birthweight/preterm newborns
- Antenatal corticosteroids as part of management of preterm labour
- International Code of Marketing of Breastmilk Substitutes
- Community treatment of pneumonia with antibiotics
- Low osmolarity ORS and zinc for management of diarrhoea

### SYSTEMS

- Costed national implementation
- Reproductive health (X of 3)
- Maternal health (X of 3)
- Newborn health (X of 4)
- Child health (X of 3)

**Source:** WHO 2014

### FINANCING

- Per capita total expenditure on health (us$) 129 (2012)
- General government expenditure on health as % of total government expenditure % 7 (2012)
- Out of pocket expenditure as % of total expenditure on health(%) 60 (2012)
- Reproductive, maternal, newborn and child health expenditure by source
  - External sources
  - General government expenditure
  - Out-of-pocket expenditure
  - Other

**Source:** WHO/UNICEF JMP 2014

### CHILD HEALTH

#### Life Saving Commodities in Essential Medicine List:

- Reproductive health (X of 3)
- Maternal health (X of 3)
- Newborn health (X of 4)
- Child health (X of 3)

**Source:** WHO 2014

### FINANCING

- ODA to child health per child (US$) 8 (2011)
- ODA to maternal and neonatal health per live birth (US$) 11 (2011)

**Note:** See annexes for additional information on the indicators above
**Demographics**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2012</th>
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<tbody>
<tr>
<td>Total population (000)</td>
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<tr>
<td>Total under-five population (000)</td>
<td>8,487</td>
<td></td>
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<tr>
<td>Births (000)</td>
<td>1,898</td>
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<tr>
<td>Birth registration (%)</td>
<td>16</td>
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<tr>
<td>Total under-five deaths (000)</td>
<td>98</td>
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<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>26</td>
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<tr>
<td>Total maternal deaths</td>
<td>7,900</td>
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<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
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<td>Total fertility rate (per woman)</td>
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<td>Adolescent birth rate (per 1000 girls)</td>
<td>128</td>
<td>2007</td>
</tr>
</tbody>
</table>

**MATERNAL AND NEWBORN HEALTH**

**Coverage along the continuum of care**

**Skilled attendant at delivery**
Percent live births attended by skilled health personnel

**Prevention of mother-to-child transmission of HIV**
Eligible HIV+ pregnant women receiving ART for their own health (% of all ARVs)
- % HIV+ pregnant women receiving PMTCT
- Uncertainty range around the estimate

**Child Health**

**Immunization**
Percent of children immunized:
- against measles
- with 3 doses Hib
- with 3 doses pneumococcal conjugate vaccine

**Pneumonia treatment**
Percent of children <5 years with symptoms of pneumonia:
- taken to appropriate health provider
- receiving antibiotics

**Nutrition**

**Wasting prevalence (moderate and severe, %)**
- 5 (2010)

**Low birthweight incidence (moderate and severe, %)**
- 8 (2010)

**Early initiation of breastfeeding (within 1 hr of birth, %)**
- 49 (2010)

**Vitamin A two dose coverage (%)**
- 95 (2010)

**Underweight and stunting prevalence**
Percent of children <5 years who are moderately or severely:
- underweight
- stunted

**Exclusive breastfeeding**
Percent of infants <6 months exclusively breastfed

---

*See Annex/website for indicator definition*
Fulfilling the Health Agenda for Women and Children
The 2014 Report

Tanzania, United Republic of

DEMOGRAPHICS

Causes of under-five deaths, 2012

Causes of maternal deaths, 2013

MATERNAL AND NEWBORN HEALTH

Antenatal care
Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

Demand for family planning satisfied (%) 58 (2010)
Antenatal care (4 or more visits, %) 43 (2010)
Malaria during pregnancy - intermittent preventive treatment (%)
- C-section rate (total, urban, rural; %)
- Neonatal tetanus vaccine
- Postnatal visit for baby (within 2 days for home births, %)
- Postnatal visit for mother (within 2 days for home births, %)
Women with low body mass index (<18.5 kg/m², %)

CHILD HEALTH

Diarrhoeal disease treatment
Percent of children <5 years with diarrhoea:
- receiving oral rehydration therapy/increased fluids with continued feeding
- treated with ORS

Malaria prevention and treatment
Percent children receiving first line treatment among those receiving any antimalarial

WATER AND SANITATION

Improved drinking water coverage
Percent of population by type of drinking water source, 1990-2012

Improved sanitation coverage
Percent of population by type of sanitation facility, 1990-2012

PO LICIES

Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent  Yes (2012)
Legal status of abortion (X of 5 circumstances) 3
Midwives authorized for specific tasks (X of 7 tasks) 7
Maternity protection (Convention 183) No (2010)
Maternal deaths notification Yes (2010)
Postnatal home visits in the first week after birth Yes (2010)
Kangaroo Mother Care in facilities for low birthweight/preterm newborns Yes (2010)
Antenatal corticosteroids as part of management of preterm labour No (2010)
Community treatment of pneumonia with antibiotics No (2010)
Low osmolality ORS and zinc for management of diarrhoea Yes (2010)

SYSTEMS

Costed national implementation plan(s) for: maternal, newborn and child health available Yes (2012)
Life Saving Commodities in Essential Medicine List:
- Reproductive health (X of 3) 3 (2013)
- Maternal health (X of 3) 3 (2013)
- Newborn health (X of 4) 3 (2014)
- Child health (X of 3) 3 (2013)
Density of doctors, nurses and midwives (per 10,000 population) 2.5 (2006)
National availability of Emergency Obstetric Care services (% of recommended minimum) 21 (2005)

FINANCING

Per capita total expenditure on health (US$) 109 (2012)
General government expenditure on health as % of total government expenditure (%) 10 (2012)
Out of pocket expenditure as % of total expenditure on health(%) 32 (2012)
Reproductive, maternal, newborn and child health expenditure by source
- Reproductive, maternal, newborn health expenditure by source
- Cost of care for child health per child (US$) 21 (2011)
- ODA to maternal and child health expenditure per live birth (US$) 45 (2011)

Note: See annexes for additional information on the indicators above
**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Total population (000)</th>
<th>6,643 (2012)</th>
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<tbody>
<tr>
<td>Total under-five population (000)</td>
<td>2,069 (2012)</td>
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<tr>
<td>Births (000)</td>
<td>245 (2012)</td>
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<tr>
<td>Birth registration (%)</td>
<td>78 (2010)</td>
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<tr>
<td>Total under-five deaths (000)</td>
<td>22 (2012)</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>35 (2012)</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>33 (2012)</td>
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<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>62 (2012)</td>
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<tr>
<td>Stilbirth rate (per 1000 total births)</td>
<td>25 (1988)</td>
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<tr>
<td>Total maternal deaths</td>
<td>1,100 (2000)</td>
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<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>46 (2012)</td>
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<tr>
<td>Total fertility rate (per 1000 total births)</td>
<td>4.7 (2012)</td>
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<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>88 (2000)</td>
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**MATERNAL AND NEWBORN HEALTH**

**Under-five mortality rate**

Deaths per 1000 live births

<table>
<thead>
<tr>
<th>Year</th>
<th>2010</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths</td>
<td>143</td>
<td>48</td>
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</table>

**Maternal mortality ratio**

Deaths per 100,000 live births

<table>
<thead>
<tr>
<th>Year</th>
<th>2010</th>
<th>2015</th>
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</thead>
<tbody>
<tr>
<td>Deaths</td>
<td>660</td>
<td>170</td>
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**Socioeconomic inequities in coverage**

<table>
<thead>
<tr>
<th>Household wealth quintile:</th>
<th>Poorest 20%</th>
<th>Richest 20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for family planning satisfied</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care (1+ visit)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care (4+ visits)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early initiation of breastfeeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ITN use among children &lt;5 yrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTP (4+ visits)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin A (past 6 months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORT &amp; continued feeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Careseeking for pneumonia</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Immunization**

Percent of children immunized:

- against measles with 3 doses Hib
- with 3 doses DTP
- with 3 doses pneumococcal conjugate vaccine

**Pneumonia treatment**

Percent of children <5 years with symptoms of pneumonia:

- taken to appropriate health provider
- receiving antibiotics

**NUTRITION**

**Wasting prevalence (moderate and severe, %)**

5 (2010)

**Low birthweight incidence (moderate and severe, %)**

11 (2010)

**Early initiation of breastfeeding (within 1 hr of birth, %)**

46 (2010)

**Introduction of solid, semi-solid/soft foods (%)**

44 (2010)

**Vitamin A two dose coverage (%)**

64 (2010)

**Underweight and stunting prevalence**

Percent of children <5 years who are moderately or severely:

- underweight
- stunted

**Exclusive breastfeeding**

Percent of infants <6 months exclusively breastfed

**Child Health**

**Prevention of mother-to-child transmission of HIV**

Eligible HIV+ pregnant women receiving ART for their own health (% of total ARVs)

**EQUITY**

**Nurturing Care**

- Caregiving: 2012
- Infant feeding: 2012
- Maternal health: 2012
- Immunization: 2012
- Child growth monitoring: 2012
- Under-five nutrition: 2012
- Pneumonia case management: 2012
- Under-five mortality: 2012
- Maternal mortality: 2012

**Notes:**

- MDG target calculated by Countdown to 2015.
- Source: DHS, MICS, Other NS
- Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.
**Togo**

### DEMOGRAPHICS

#### Causes of under-five deaths, 2012

<table>
<thead>
<tr>
<th>Cause</th>
<th>1990 (%)</th>
<th>2000 (%)</th>
<th>2003 (%)</th>
<th>2006 (%)</th>
<th>2010 (%)</th>
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</thead>
<tbody>
<tr>
<td>Pneumonia</td>
<td>8</td>
<td>8</td>
<td>7.6</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Malaria</td>
<td>7</td>
<td>10</td>
<td>11</td>
<td>14</td>
<td>21</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Measles</td>
<td>1.7</td>
<td>1.8</td>
<td>1.6</td>
<td>1.5</td>
<td>1.2</td>
</tr>
<tr>
<td>Asphyxia</td>
<td>1.8</td>
<td>1.7</td>
<td>1.6</td>
<td>1.3</td>
<td>1.2</td>
</tr>
<tr>
<td>Other</td>
<td>9.9</td>
<td>10.4</td>
<td>13.4</td>
<td>14.2</td>
<td>17.1</td>
</tr>
<tr>
<td>Neoaental</td>
<td>13.2</td>
<td>15.2</td>
<td>16.1</td>
<td>14.2</td>
<td>12.1</td>
</tr>
<tr>
<td>Premature</td>
<td>4</td>
<td>3</td>
<td>2.6</td>
<td>2.5</td>
<td>2.3</td>
</tr>
<tr>
<td>Other 1%</td>
<td>2.5</td>
<td>1.2</td>
<td>1.3</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>Injuries</td>
<td>5.5</td>
<td>4.2</td>
<td>9.3</td>
<td>6.5</td>
<td>4.4</td>
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<tr>
<td>Measles** 3%</td>
<td>2.4</td>
<td>3.5</td>
<td>3.5</td>
<td>4.8</td>
<td>4.4</td>
</tr>
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</table>

* Source: WHO/CHERG 2014

#### Causes of maternal deaths, 2013

<table>
<thead>
<tr>
<th>Cause</th>
<th>1990 (%)</th>
<th>2000 (%)</th>
<th>2003 (%)</th>
<th>2006 (%)</th>
<th>2010 (%)</th>
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<tbody>
<tr>
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<td>9</td>
<td>9</td>
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<td>10</td>
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<tr>
<td>Malaria</td>
<td>11</td>
<td>12</td>
<td>12</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Measles</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Asphyxia</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>9</td>
<td>10</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Neoaental</td>
<td>13</td>
<td>9</td>
<td>10</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Premature</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Other 1%</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Injuries</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Measles** 3%</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
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</table>

* Source: WHO 2014

### WATER AND SANITATION

#### Improved drinking water coverage

<table>
<thead>
<tr>
<th>Year</th>
<th>Piped on premises (%)</th>
<th>Other improved (%)</th>
<th>Unimproved (%)</th>
<th>Surface water (%)</th>
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</thead>
<tbody>
<tr>
<td>1990</td>
<td>32</td>
<td>44</td>
<td>44</td>
<td>56</td>
</tr>
<tr>
<td>2012</td>
<td>60</td>
<td>53</td>
<td>21</td>
<td>35</td>
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</tbody>
</table>

* Source: WHO/UNICEF JMP 2014

#### Improved sanitation coverage

<table>
<thead>
<tr>
<th>Year</th>
<th>Improved facilities (%)</th>
<th>Unimproved facilities (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>32</td>
<td>73</td>
</tr>
<tr>
<td>2012</td>
<td>60</td>
<td>35</td>
</tr>
</tbody>
</table>

* Source: WHO/UNICEF JMP 2014

### MOTHER AND NEWBORN HEALTH

#### Antenatal care

- Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy:
  - 1988: 43%
  - 1998: 82%
  - 2000: 73%
  - 2003: 85%
  - 2006: 84%
  - 2010: 72%

#### Malaria prevention and treatment

- Percent children <5 years sleeping under ITNs:
  - 2000: 2%
  - 2006: 10%
  - 2010: 57%

### Systems

#### Costed national implementation

- Yes (2013)

#### Life Saving Commodities in Essential Medicine List

- Child health (x of 9): 2 (2013)
- Density of doctors, nurses and midwives (per 10 000 population): 3.3 (2008)

#### National availability of Emergency Obstetric Care services (9 of recommended minimum): - (2008)

### FINANCING

- Per capita total expenditure on health (US$): 75 (2012)
- General government expenditure on health as % of total government expenditure (%): 15 (2012)
- Out of pocket expenditure as % of total expenditure on health (%): 41 (2012)
- Reproductive, maternal, newborn and child health expenditure by source:
  - No Data
  - External sources
  - General government expenditure
  - Out-of-pocket expenditure
  - Other

- ODA to maternal and neonatal health per live birth (US$): 48 (2012)
- ODA to child health per child (US$): 21 (2012)

Note: See annexes for additional information on the indicators above.
Countdown to 2015
Maternal, Newborn & Child Survival

Turkmenistan

Fulfilling the Health Agenda for Women and Children
The 2014 Report

Demosgraphcs

<table>
<thead>
<tr>
<th>Total population (000)</th>
<th>5,173</th>
<th>(2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total under-five population (000)</td>
<td>503</td>
<td>(2012)</td>
</tr>
<tr>
<td>Births (000)</td>
<td>111</td>
<td>(2012)</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>96</td>
<td>(2012)</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>6</td>
<td>(2012)</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>41</td>
<td>(2012)</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>22</td>
<td>(2012)</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>45</td>
<td>(2012)</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>13</td>
<td>(2009)</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>68</td>
<td>(2012)</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>640</td>
<td>(2012)</td>
</tr>
<tr>
<td>Total fertility rate (per 1000 girls)</td>
<td>21</td>
<td>(2008)</td>
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</table>

Socioeconomic inequities in coverage

<table>
<thead>
<tr>
<th>Household wealth quintile:</th>
<th>Poorest 20%</th>
<th>Richest 20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for family planning satisfied</td>
<td>83</td>
<td>83</td>
</tr>
<tr>
<td>Antenatal care (4 visits)</td>
<td>83</td>
<td>83</td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td>100</td>
<td>100</td>
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<tr>
<td>*Postnatal care</td>
<td>99</td>
<td>99</td>
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<tr>
<td>Exclusive breastfeeding</td>
<td>28</td>
<td>28</td>
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<tr>
<td>Measles</td>
<td>28</td>
<td>28</td>
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</table>

EQUITY

Socioeconomic inequities in coverage

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<th>Household wealth quintile:</th>
<th>Poorest 20%</th>
<th>Richest 20%</th>
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</thead>
<tbody>
<tr>
<td>Demand for family planning satisfied</td>
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<td>83</td>
</tr>
<tr>
<td>Antenatal care (1+ visit)</td>
<td>83</td>
<td>83</td>
</tr>
<tr>
<td>Antenatal care (4+ visits)</td>
<td>83</td>
<td>83</td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Early initiation of breastfeeding</td>
<td>99</td>
<td>99</td>
</tr>
<tr>
<td>ITN use among children &lt;5 yrs</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td>DTP3</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td>Measles</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td>Vitamin A (past 6 months)</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td>ORT &amp; continued feeding</td>
<td>28</td>
<td>28</td>
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<tr>
<td>Careseeking for pneumonia</td>
<td>28</td>
<td>28</td>
</tr>
</tbody>
</table>

Child health

Immunization

<table>
<thead>
<tr>
<th>Percent of children immunized:</th>
<th>against measles</th>
<th>with 3 doses DTP</th>
<th>with rotavirus vaccine</th>
<th>with 3 doses pneumococcal conjugate vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>96</td>
<td>96</td>
<td>96</td>
<td>96</td>
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<tr>
<td>Year</td>
<td>1996</td>
<td>2000</td>
<td>2005</td>
<td>2010</td>
</tr>
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</table>

Pneumonia treatment

<table>
<thead>
<tr>
<th>Percent of children &lt;5 years with symptoms of pneumonia:</th>
<th>taken to appropriate health provider</th>
<th>receiving antibiotics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>51</td>
<td>83</td>
</tr>
<tr>
<td>Year</td>
<td>2000</td>
<td>2006</td>
</tr>
</tbody>
</table>

NUTRITION

Wasting prevalence (moderate and severe, %)

| 2005 | 7 |

Low birthweight incidence (moderate and severe, %)

| 2006 | 4 |

Early initiation of breastfeeding (within 1 hr of birth, %)

| 2005 | 60 |

Introduction of solid, semi-solid/soft foods (%)

| 2005 | 54 |

Vitamin A two dose coverage (%)

| 2005 | - |

Underweight and stunting prevalence

<table>
<thead>
<tr>
<th>Percent of children &lt;5 years who are moderately or severely:</th>
<th>underweight</th>
<th>stunted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>11</td>
<td>28</td>
</tr>
<tr>
<td>Year</td>
<td>2000</td>
<td>DHS</td>
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</table>

Exclusive breastfeeding

<table>
<thead>
<tr>
<th>Percent of infants &lt;6 months exclusively breastfed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
</tr>
<tr>
<td>Year</td>
</tr>
</tbody>
</table>

Maternal and newborn health

Coverage along the continuum of care

<table>
<thead>
<tr>
<th>Demand for family planning satisfied</th>
<th>Pre-pregnancy Planning</th>
<th>Birth</th>
<th>Neonatal Period</th>
<th>Infancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal care (4 visits)</td>
<td>83</td>
<td>83</td>
<td>100</td>
<td>99</td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>*Postnatal care</td>
<td>99</td>
<td>99</td>
<td>99</td>
<td>99</td>
</tr>
</tbody>
</table>

Skilled attendant at delivery

<table>
<thead>
<tr>
<th>Percent live births attended by skilled health personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
</tr>
<tr>
<td>Year</td>
</tr>
</tbody>
</table>

Prevention of mother-to-child transmission of HIV

<table>
<thead>
<tr>
<th>Percent HIV+ pregnant women receiving ART for their own health (% of total ARVs)</th>
<th>100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>1996</td>
</tr>
</tbody>
</table>

Note: MDG target calculated by Countdown to 2015.
**DEMOGRAPHICS**

**Causes of under-five deaths, 2012**

- **Neonatal death**: 41%
- **Pneumonia**: 15%
- **Premature birth**: 2%
- **Diarrhea**: 2%
- **Asphyxia**: 9%
- **Other causes**: 15%

**Causes of maternal deaths, 2013**

- **Sepsis**: 9%
- **Malaria**: 0%
- **Embolism**: 11%
- **Hypertension**: 15%
- **Haemorrhage**: 23%
- **Preterm**: 15%

Source: WHO/CHERG 2014

*M* Intrapartum-related events **Sepsis/ Tetanus/ Meningitis/ Encephalitis

**Diarrhoeal disease treatment**

- Percent of children <5 years with diarrhoea:
  - Receiving oral rehydration therapy/ increased fluids with continued feeding: 98% (2000) 94% (2006)

**Malaria prevention and treatment**

  - C-section rate (total, urban, rural; %): 100, 100, 100
  - Neonatal tetanus vaccine: 100

**Antenatal care**

- C-section rate (total, urban, rural; %): 100, 100, 100
- Neonatal tetanus vaccine: 100
- Postnatal visit for baby: 100
- Postnatal visit for mother: 100
- Women with low body mass index (<18.5 kg/m2, %): 10 (2000)

**WATER AND SANITATION**

**Improved drinking water coverage**

- Percent of population by type of drinking water source, 1995-2012:

**Improved sanitation coverage**

- Percent of population by type of sanitation facility, 1990-2012:
  - Open defecation: 0 (1990) 0 (2012)

Source: WHO/UNICEF JMP 2014

**MATERIAL AND NEWBORN HEALTH**

**Diarrhoea**

- Percent children <5 years with diarrhoea:
  - Receiving oral rehydration therapy/ increased fluids with continued feeding: 98% (2000) 94% (2006)

**Malaria prevention and treatment**

  - C-section rate (total, urban, rural; %): 100, 100, 100
  - Neonatal tetanus vaccine: 100

**Antenatal care**

- C-section rate (total, urban, rural; %): 100, 100, 100
- Neonatal tetanus vaccine: 100
- Postnatal visit for baby: 100
- Postnatal visit for mother: 100
- Women with low body mass index (<18.5 kg/m2, %): 10 (2000)

**RURAL -**

**PERCENT OF POPULATION BY TYPE OF SANITATION FACILITY, 1990-2012**

- **Improved facilities**: 36 (1990) 43 (2012)
- **Open defecation**: 0 (1990) 0 (2012)

Source: WHO/UNICEF JMP 2014

**POLICIES**

- **Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent**
- **Legal status of abortion (x of 5 circumstances)**
- **Midwives authorized for specific tasks (x of 7 tasks)**
- **Maternity protection (Convention 183)**
- **Maternal deaths notification**
- **Postnatal home visits in the first week after birth**
- **Kangaroo Mother Care in facilities for low birthweight/preterm newborns**
- **Antenatal corticosteroids as part of management of preterm labour**
- **International Code of Marketing of Breastmilk Substitutes**
- **Community treatment of pneumonia with antibiotics**
- **Low osmolarity ORS and zinc for management of diarrhea**

**SYSTEMS**

- **Costed national implementation**
- **Plant(s) for: maternal, newborn and child health available**
- **Life Saving Commodities in Essential Medicine List**
  - Reproductive health (x of 3)
  - Maternal health (x of 3)
  - Newborn health (x of 4)
  - Child health (x of 3)
- **Density of doctors, nurses and midwives (per 10,000 population)**
  - 132.2 (2000)
- **National availability of Emergency Obstetric Care services**
  - (X of recommended minimum)

**FINANCING**

- **Per capita total expenditure on health (% of GDP)**
  - 209 (2012)
- **General government expenditure on health as % of total government expenditure (%)**
  - 9 (2012)
- **Out of pocket expenditure as % of total expenditure on health (%)**
  - 37 (2012)
- **Reproductive, maternal, newborn and child health expenditure by source**
- **Reproductive, maternal, newborn and child health expenditure by source**
  - External sources
  - General government expenditure
  - Out-of-pocket expenditure
  - Other
- **ODA to child health per child (US$)**
  - 2 (2012)
- **ODA to maternal and neonatal health per live birth (US$)**
  - 5 (2014)

Note: See annexes for additional information on the indicators above.
**Uganda**

**Demographics**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>36,346</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>6,939</td>
</tr>
<tr>
<td>Births (000)</td>
<td>1,591</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>30%</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>103</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>33%</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>23</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>45</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>25</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>5,900</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>44</td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td>6.0</td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>146</td>
</tr>
</tbody>
</table>

**Maternal and newborn health**

**Coverage along the continuum of care**

<table>
<thead>
<tr>
<th>Care</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for family planning satisfied</td>
<td>47%</td>
</tr>
<tr>
<td>Antenatal care (1+ visit)</td>
<td>48%</td>
</tr>
<tr>
<td>Antenatal care (4+ visits)</td>
<td>57%</td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td>33%</td>
</tr>
<tr>
<td>*Postnatal care</td>
<td>57%</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>62%</td>
</tr>
<tr>
<td>Measles</td>
<td>82%</td>
</tr>
</tbody>
</table>

**Skilled attendant at delivery**

- Pre-pregnancy: 38% in DHS, 38% in 1995, 39% in 2000-2001, 42% in 2006, 57% in 2011 DHS
- Neonatal period: 60% in 1995, 38% in 2000-2001, 42% in 2006, 57% in 2011 DHS
- Infancy: 60% in 1995, 38% in 2000-2001, 42% in 2006, 57% in 2011 DHS

**EQUITY**

**Socioeconomic inequities in coverage**

<table>
<thead>
<tr>
<th>Household wealth quintile: Poorest 20%</th>
<th>Richest 20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for family planning satisfied</td>
<td></td>
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<tr>
<td>Antenatal care (1+ visit)</td>
<td></td>
</tr>
<tr>
<td>Antenatal care (4+ visits)</td>
<td></td>
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<tr>
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<td></td>
</tr>
<tr>
<td>Early initiation of breastfeeding</td>
<td></td>
</tr>
<tr>
<td>ITN use among children &lt;5 yrs</td>
<td></td>
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<tr>
<td>DTP3</td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
</tr>
<tr>
<td>Vitamin A (past 6 months)</td>
<td></td>
</tr>
<tr>
<td>ORT &amp; continued feeding</td>
<td></td>
</tr>
<tr>
<td>Careseeking for pneumonia</td>
<td></td>
</tr>
</tbody>
</table>

**Immunization**

- With 3 doses Hib: 57% in 1995, 60% in 2000-2001, 63% in 2006, 67% in 2011 DHS

**Pneumonia treatment**

- Percent of children <5 years with symptoms of pneumonia: taking appropriate health provider: 57% in 1995, 60% in 2000-2001, 63% in 2006, 67% in 2011 DHS

**Wasting prevalence (moderate and severe, %):**

- 5% in 2011 (2011)

**Low birthweight incidence (moderate and severe, %):**

- 12% in 2011 (2011)

**Early initiation of breastfeeding (within 1 hr of birth, %):**

- 53% in 2011 (2011)

**Introduction of solid, semi-solid/soft foods (%):**

- 67% in 2011 (2011)

**Vitamin A two dose coverage (%):**

- 70% in 2011 (2011)

**Underweight and stunting prevalence**


**Exclusive breastfeeding**

**Uganda**

### DEMOGRAPHICS

#### Causes of under-five deaths, 2012

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumonia</td>
<td>14%</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>12%</td>
</tr>
<tr>
<td>Malaria</td>
<td>13%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>7%</td>
</tr>
<tr>
<td>Injuries</td>
<td>1%</td>
</tr>
<tr>
<td>Malaria Other</td>
<td>8%</td>
</tr>
<tr>
<td>Other Injuries</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>6%</td>
</tr>
<tr>
<td>Neonatal death</td>
<td>7%</td>
</tr>
<tr>
<td>Preterm</td>
<td>5%</td>
</tr>
<tr>
<td>Asphyxia*</td>
<td>10%</td>
</tr>
<tr>
<td>Congenital</td>
<td>3%</td>
</tr>
<tr>
<td>Septicemia**</td>
<td>6%</td>
</tr>
</tbody>
</table>

*Intrapartum-related events **Septicemia/ Tetanus/ Meningitis/ Encephalitis

Source: WHO/CHERG 2014

#### Causes of maternal deaths, 2013

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion</td>
<td>10%</td>
</tr>
<tr>
<td>Other direct</td>
<td>9%</td>
</tr>
<tr>
<td>Indirect</td>
<td>29%</td>
</tr>
<tr>
<td>Haemorrhage</td>
<td>22%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>10%</td>
</tr>
<tr>
<td>Sepsis**</td>
<td>10%</td>
</tr>
<tr>
<td>Embolism</td>
<td>2%</td>
</tr>
</tbody>
</table>

Regional estimates for Sub-Saharan Africa, 2013

Source: WHO 2014

### MATERNAL AND NEWBORN HEALTH

#### Antenatal care

Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1988</td>
<td>87</td>
</tr>
<tr>
<td>1989</td>
<td>91</td>
</tr>
<tr>
<td>1995</td>
<td>92</td>
</tr>
<tr>
<td>2000</td>
<td>94</td>
</tr>
<tr>
<td>2001</td>
<td>93</td>
</tr>
<tr>
<td>2006</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td></td>
</tr>
</tbody>
</table>

**1990-2012 DHS

Note: See annexes for additional information on the indicators above

### FINANCING

#### Per capita total expenditure on health (% of GNI)

- 108 (2012)

#### General government expenditure on health (% of GDP)

- 10 (2012)

#### Out of pocket expenditure as % of total health expenditure on health

- 49 (2012)

#### ODA to child health per child (US$)

- 13 (2011)

#### ODA to maternal and neonatal health per live birth (US$)

- 21 (2011)

Source: WHO/UNICEF JMP 2014
Uzbekistan

**MATERNAL AND NEWBORN HEALTH**

**Coverage along the continuum of care**

<table>
<thead>
<tr>
<th>Service</th>
<th>1996 DHS</th>
<th>2000 MICS</th>
<th>2006 MICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for family planning satisfied</td>
<td>80</td>
<td>100</td>
<td>99</td>
</tr>
<tr>
<td>Antenatal care (4+ visits)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>*Postnatal care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>26</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td>Measles</td>
<td>99</td>
<td>99</td>
<td>99</td>
</tr>
</tbody>
</table>

| Source: DHS, MICS. Other %                   |

**Skilled attendant at delivery**

<table>
<thead>
<tr>
<th>Year</th>
<th>1996 DHS</th>
<th>2000 MICS</th>
<th>2006 MICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-pregnancy Prenancy</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Birth</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Neonatal period</td>
<td>26</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td>Infant (1 to N)</td>
<td>99</td>
<td>99</td>
<td>99</td>
</tr>
</tbody>
</table>

**Prevention of mother-to-child transmission of HIV**

<table>
<thead>
<tr>
<th>Year</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible HIV+ pregnant women receiving ART for their own health (% of total ARVs)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physicians delivering ART services to HIV+ pregnant women</td>
<td>74</td>
<td>75</td>
<td>76</td>
</tr>
</tbody>
</table>

**Immunization**

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent living births attended by skilled health personnel</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

**Immunization**

<table>
<thead>
<tr>
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<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

**Under-five mortality rate**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths per 1000 live births</td>
<td>172</td>
<td>140</td>
<td>100</td>
<td>50</td>
<td>25</td>
<td>17</td>
</tr>
</tbody>
</table>

**Maternal mortality ratio**

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths per 100,000 live births</td>
<td>66</td>
<td>60</td>
<td>50</td>
<td>40</td>
<td>36</td>
<td>17</td>
</tr>
</tbody>
</table>

**EQUITY**

**Socioeconomic inequities in coverage**

<table>
<thead>
<tr>
<th>Household wealth quintile</th>
<th>Poorest 20%</th>
<th>Richest 20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for family planning satisfied</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care (1+ visit)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care (4+ visits)</td>
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<td></td>
</tr>
<tr>
<td>Skilled attendant at delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early initiation of breastfeeding</td>
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</tr>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin A (past 6 months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORT &amp; continued feeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Careseeking for pneumonia</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Source: MICS 2006 |

**CHILD HEALTH**

**Immunization**

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent living births attended by skilled health personnel</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

**Pneumonia treatment**

<table>
<thead>
<tr>
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<td>100</td>
<td>100</td>
<td>100</td>
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</tbody>
</table>

**NUTRITION**

<table>
<thead>
<tr>
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<tbody>
<tr>
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<td>100</td>
<td>100</td>
<td>100</td>
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</tbody>
</table>

**Underweight and stunting prevalence**

<table>
<thead>
<tr>
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<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>
Uzbekistan

DEMOGRAPHICS

Causes of under-five deaths, 2012

Causes of maternal deaths, 2013

MATERNAL AND NEWBORN HEALTH

Antenatal care
Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

Demand for family planning satisfied (%) 90 (1996)
Antenatal care (4 or more visits, %) - -
Malaria during pregnancy - intermittent preventive treatment (%) - -
C-section rate (total, urban, rural; %) 3, 5, 2 (1996)
Neonatal tetanus vaccine - -
Postnatal visit for baby (within 2 days for home births, %) - -
Postnatal visit for mother (within 2 days for home births, %) - -
Women with low body mass index (<18.5 kg/m2, %) 10 (1996)

Child health

Diarrhoeal disease treatment
Percent of children <5 years with diarrhoea:
■ receiving oral rehydration therapy/increased fluids with continued feeding
■ treated with ORS

Malaria prevention and treatment
Percent children receiving first line treatment among those receiving any antimalarial
Percent children < 5 years sleeping under ITNs

WATER AND SANITATION

Improved drinking water coverage
Percent of population by type of drinking water source, 1990-2012

Improved sanitation coverage
Percent of population by type of sanitation facility, 1990-2012

POLICIES

Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent -
Legal status of abortion (x of 5 circumstances) $ (RJ)
Midwives authorized for specific tasks (x of 7 tasks) -
Maternity protection (Convention 183) Partial
Maternal deaths notification Yes
Postnatal home visits in the first week after birth Yes
Kangaroo Mother Care in facilities for low birthweight/preterm newborns -
Antenatal corticosteroids as part of management of preterm labour -

SYSTEMS

Costed national implementation plan(s) for: maternal, newborn and child health available -
Life Saving Commodities in Essential Medicine List:
■ Reproductive health (x of 3) -
■ Maternal health (x of 3) -
■ Newborn health (x of 4) -
■ Child health (x of 3) -

Density of doctors, nurses and midwives (per 10,000 population) 143.6 (2012)

FINANCING

Per capita total expenditure on health (usd) 221 (2012)
General government expenditure on health as % of total government expenditure (%) 10 (2012)
Out of pocket expenditure as % of total expenditure on health(%) -

Note: See annexes for additional information on the indicators above.
**Viet Nam**

### DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Total Population (000)</th>
<th>Births (000)</th>
<th>Birth registration (%)</th>
<th>Total under-five deaths (000)</th>
<th>Neontal deaths: % of all under-5 deaths</th>
<th>Neonatal mortality rate (per 1000 live births)</th>
<th>Infant mortality rate (per 1000 live births)</th>
<th>Stilbirth rate (per 1000 total births)</th>
<th>Total maternal deaths</th>
<th>Lifetime risk of maternal death (1 in N)</th>
<th>Total fertility rate (per 1000 girls)</th>
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### MATERNAL AND NEWBORN HEALTH

#### Coverage along the continuum of care

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#### Skilled attendant at delivery

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<td>2011</td>
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#### Prevention of mother-to-child transmission of HIV

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<th>Other NS</th>
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<td>71</td>
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<td>2011</td>
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### CHILD HEALTH

#### Immunization

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#### Pneumonia treatment

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<th>Other NS</th>
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<td>2010</td>
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### NUTRITION

#### Wasting prevalence (moderate and severe, %)

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<th>Other NS</th>
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<tr>
<td>2010</td>
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#### Underweight and stunting prevalence

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<th>MICS</th>
<th>Other NS</th>
</tr>
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<tr>
<td>2010</td>
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#### Exclusive breastfeeding

<table>
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<th>MICS</th>
<th>Other NS</th>
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</thead>
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<tr>
<td>2010</td>
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### EQUITY

#### Socioeconomic inequities in coverage

<table>
<thead>
<tr>
<th>Household wealth quintile</th>
<th>Poorest 20%</th>
<th>Richest 20%</th>
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<tbody>
<tr>
<td>Demand for family planning satisfied</td>
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<tr>
<td>Antenatal care</td>
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<tr>
<td>Skilled attendant at delivery</td>
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<td>93</td>
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<tr>
<td><em>Postnatal care</em></td>
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<td>96</td>
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<tr>
<td>Exclusive breastfeeding</td>
<td>17</td>
<td>96</td>
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### SOURCES

- DHS, MICS, Other NS
- UNICEF/UNAIDS/WHO 2013
- WHO/UNICEF 2013
- UNICEF/UNAIDS/WHO 2014
- MDG Target calculated by Countdown to 2015.
**Fulfilling the Health Agenda for Women and Children**
*The 2014 Report*

**Countdown to 2015**
*Maternal, Newborn & Child Survival*

---

**Viet Nam**

### DEMOGRAPHICS

**Causes of under-five deaths, 2012**

- Pneumonia: 22%
- Diarrhoea: 12%
- Preterm: 7%
- Other: 20%

**Causes of maternal deaths, 2013**

- Abortion: 6%
- Septis: 4%
- Embolism: 2%
- Hypertension: 1%
- Malaria: 0%

---

**MATERNAL AND NEWBORN HEALTH**

#### Antenatal care

- Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy:
  - 1997: 71%
  - 2000: 68%
  - 2002: 86%
  - 2006: 91%
  - 2011: 94%

#### Demand for family planning satisfied (%)

- 95 (2011)

#### Antenatal care (4 or more visits, %)

- 60 (2011)

#### Malaria during pregnancy - intermittent preventive treatment (%)

- 1 (2000)

#### C-section rate (total, urban, rural, %)

- 20, 31, 16 (2011)

#### Neonatal tetanus vaccine

- 91 (2012)

#### Postnatal visit for baby (within 2 days for home births, %)

- 71 (2002)

#### Postnatal visit for mother (within 2 days for home births, %)

- 71 (2002)

#### Women with low body mass index (<18.5 kg/m2, %)

- 15 (2011)

---

**CHILD HEALTH**

#### Diarrhoeal disease treatment

- Percent children <5 years with diarrhoea:
  - Receiving oral rehydration therapy/increased fluids: 40 (2007)
  - With continued feeding: 24 (2007)
  - Treated with ORS: 26 (2007)
  - Women with low body mass index: 57 (2007)

#### Malaria prevention and treatment

- Percent children receiving first line treatment among those receiving any antimalarial: 42 (2011)

#### Percent children <5 years old requiring ITNs

- 2000: 16
- 2005: 13
- 2011: 9

---

**WATER AND SANITATION**

#### Improved drinking water coverage

- Percent of population by type of drinking water source, 1990-2012:
  - Piped on premises: 8% (1990), 25% (2012)
  - Improved: 37% (1990), 83% (2012)
  - Surface water: 28% (1990), 85% (2012)

#### Improved sanitation coverage

- Percent of population by type of sanitation facility, 1990-2012:
  - Improved facilities: 8% (1990), 42% (2012)
  - Shared facilities: 54% (1990), 85% (2012)
  - Open defecation: 22% (1990), 37% (2012)

---

**POLICIES**

- Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent: Yes
- Legal status of abortion (x of 5 circumstances): 5 (R, I)
- Midwives authorized for specific tasks (x of 7 tasks): -
- Maternity protection (Convention 183): No
- Maternal deaths notification: No
- Postnatal home visits in the first week after birth: Yes
- Kangaroo Mother Care in facilities for low birthweight/preterm newborns: Yes
- Antenatal corticosteroids as part of management of preterm labour: Yes
- International Code of Marketing of Breastmilk Substitutes: Yes
- Community treatment of pneumonia with antibiotics: No
- Low osmolality ORS and zinc for management of diarrhoea: Yes

---

**SYSTEMS**

- Costed national implementation plan(s) for: maternal, newborn and child health available: Partial (2011)
- Life Saving Commodities in Essential Medicine List:
  - Reproductive health (x of 3): -
  - Newborn health (x of 9): 3 (2014)
- Density of doctors, nurses and midwives (per 10,000 population): 23.0 (2011)
- National availability of Emergency Obstetric Care services (% of recommended minimum): -

---

**FINANCING**

- Per capita total expenditure on health (US$): 233 (2012)
- General government expenditure on health as % of total government expenditure (%): 9 (2012)
- Out of pocket expenditure as % of total expenditure on health: 49 (2012)
- Reproductive, maternal, newborn and child health expenditure by source:
  - External sources: -
  - General government expenditure: -
  - Out-of-pocket expenditure: -
  - Other: -
- ODA to child health per child (US$): 9 (2011)
- ODA to maternal and neonatal health per live birth (US$): 33 (2011)

---

Note: See annexes for additional information on the indicators above.
Fulfilling the Health Agenda for Women and Children The 2014 Report

Countdown to 2015
Maternal, Newborn & Child Survival

Yemen

DEMOTOGRAPHICS

<table>
<thead>
<tr>
<th>Category</th>
<th>2012</th>
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<tr>
<td>Total population (000)</td>
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<tr>
<td>Total under-five population (000)</td>
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<tr>
<td>Births (000)</td>
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<tr>
<td>Birth registration (%)</td>
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<td></td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>2,100</td>
<td></td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>88</td>
<td></td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td>4.2</td>
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<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>80</td>
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</tbody>
</table>

Under-five mortality rate

Deaths per 1000 live births

Maternal mortality ratio

Deaths per 100,000 live births

Note: MDG target calculated by Countdown to 2015.

MATERNAL AND NEWBORN HEALTH

Coverage along the continuum of care

Skilled attendant at delivery

Percent live births attended by skilled health personnel

Prevention of mother-to-child transmission of HIV

Eligible HIV+ pregnant women receiving ART for their own health (% of total ARVs)

- Percent HIV+ pregnant women receiving ARVs for PMTCT
- Uncertainty range around the estimate

EQUITY

Socioeconomic inequities in coverage

Household wealth quintile: Poorest 20% Richest 20%

Demand for family planning satisfied

Antenatal care (1+ visits)

Antenatal care (4+ visits)

Skilled attendant at delivery

*Postnatal care

Exclusive breastfeeding

Measles

Pre-pregnancy

Birth

Neonatal period

Infancy

CHILDHHEALTH

Immunization

Percent of children immunized:

- against measles
  - with 3 doses Hib
  - with rotavirus vaccine
  - with 3 doses pneumococcal conjugate vaccine

Pneumonia treatment

Percent of children <5 years with symptoms of pneumonia:

- taken to appropriate health provider
- receiving antibiotics

NUTRITION

Wasting prevalence (moderate and severe, %)

Low birthweight incidence (moderate and severe, %)

Underweight and stunting prevalence

Percent of children <5 years who are moderately or severely:

- underweight
- stunted

Exclusive breastfeeding

Percent of infants <6 months exclusively breastfed

Source: MICS 2006

Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

* See Annex/website for indicator definition.

Note: MDG target calculated by Countdown to 2015.
**DEMOGRAPHICS**

### Causes of under-five deaths, 2012

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percent</th>
<th>Source</th>
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<tbody>
<tr>
<td>Pneumonia</td>
<td>26%</td>
<td>WHO/CHERG 2014</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>34%</td>
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</tr>
<tr>
<td>Malaria</td>
<td>41%</td>
<td>WHO/CHERG 2014</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>47%</td>
<td>WHO/CHERG 2014</td>
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### Causes of maternal deaths, 2013

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percent</th>
<th>Source</th>
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<tr>
<td>Pneumonia</td>
<td>20%</td>
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<tr>
<td>HIV/AIDS</td>
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<td>Sepsis/Tetanus/Meningitis</td>
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<td>Malaria</td>
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<td>WHO/CHERG 2014</td>
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<tr>
<td>Intermittent</td>
<td>1%</td>
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<tr>
<td>Tuberculosis</td>
<td>1%</td>
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</tr>
<tr>
<td>Intrapartum</td>
<td>1%</td>
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**MATERNAL AND NEWBORN HEALTH**

### Antenatal care

Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

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<thead>
<tr>
<th>Year</th>
<th>Percent</th>
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<tbody>
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<td>1991-92</td>
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<td>1997</td>
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<td>2003</td>
<td>41%</td>
</tr>
<tr>
<td>2006</td>
<td>47%</td>
</tr>
</tbody>
</table>

### Malaria prevention and treatment

Percent children receiving first line treatment among those receiving any antimarial

Sub-national risk

### Diarrhoeal health treatment

Percent of children <5 years with diarrhoea:

- Receiving oral rehydration therapy/increased fluids with continued feeding/treated with ORS

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
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<tbody>
<tr>
<td>1991-92</td>
<td>26%</td>
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<tr>
<td>1997</td>
<td>32%</td>
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<td>2006</td>
<td>48%</td>
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### Water and sanitation

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<td>WHO/UNICEF JMP 2014</td>
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<td>26</td>
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</table>

**POLICIES**

- **Laws and regulations that allow adolescents to access contraceptives without parental or spousal consent**
- **Legal status of abortion**: 1
- **Midwives authorized for specific tasks**: -
- **Maternity protection**: 183
- **Maternal deaths notification**: Yes
- **Postnatal home visits in the first week after birth**: Yes
- **Kangaroo Mother Care in facilities for low birthweight/preterm newborns**: No

**SYSTEMS**

- **Costed national implementation plan(s)** for: maternal, newborn and child health available
- **Life Saving Commodities in Essential Medicine List**:
  - Reproductive health (x of 3)
  - Maternal health (x of 3)
  - Newborn health (x of 4)
  - Child health (x of 3)
- **Density of doctors, nurses and midwives (per 10,000 population)**: 8.7
- **National availability of Emergency Obstetric Care services (% of recommended minimum)**: 14

**FINANCING**

- **Per capita total expenditure on health (% of GDP)**: 4
- **General government expenditure on health as % of total government expenditure (%)**: 72
- **Out of pocket expenditure as % of total expenditure on health (%)**: No Data

**ODA to child health per child (US$)**: 8

**ODA to maternal and neonatal health per live birth (US$)**: 11

Note: See annexes for additional information on the indicators above.
Zambia

Demographics

<table>
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<th>Indicator</th>
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<th>2013</th>
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<td>14,075</td>
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<td>Total under-five population (000)</td>
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<td>2,566</td>
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<td>Births (000)</td>
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<td>Birth registration (%)</td>
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<td>Total under-five deaths (000)</td>
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<td>Neonatal deaths: % of all under-5 deaths</td>
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<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
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<td>Infant mortality rate (per 1000 live births)</td>
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</tr>
<tr>
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<td>Total maternal deaths</td>
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<td>Adolescent birth rate (per 1000 girls)</td>
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</tbody>
</table>

Maternal and Newborn Health

Skilled attendant at delivery

<table>
<thead>
<tr>
<th>Year</th>
<th>DHS</th>
<th>MICS</th>
<th>Pre-pregnancy Pregnancy</th>
<th>Birth</th>
<th>Neonatal period</th>
<th>Infancy</th>
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<tbody>
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<tr>
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<td>47</td>
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</table>

Prevention of mother-to-child transmission of HIV

<table>
<thead>
<tr>
<th>Year</th>
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<tbody>
<tr>
<td>2010</td>
<td>62</td>
<td>&gt;95</td>
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<tr>
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<td>90</td>
<td>&gt;95</td>
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Child Health

Immunization

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<td>1999</td>
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Pneumonia treatment

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<tr>
<td>2007</td>
<td>68</td>
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</table>

Nutrition

Wasting prevalence (moderate and severe, %)

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<tr>
<th>Year</th>
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<tbody>
<tr>
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<td>2001-2002</td>
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</tr>
<tr>
<td>2007</td>
<td>46</td>
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</table>

Underweight and stunting prevalence

<table>
<thead>
<tr>
<th>Year</th>
<th>DHS</th>
<th>MICS</th>
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<tbody>
<tr>
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<td>2007</td>
<td>15</td>
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Exclusive breastfeeding

<table>
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</tr>
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<td>2001-2002</td>
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<tr>
<td>2007</td>
<td>61</td>
<td>61</td>
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</tbody>
</table>
Zambia

**DEMOGRAPHICS**

**Causes of under-five deaths, 2012**

- Pneumonia: 13%
- Premature: 10%
- Neomata death: 10%
- Other 16%
- Malaria 10%
- Injuries 5%
- Measles 1%
- HIV/AIDS 6%

*Intrapartum-related events **Sepsis/ Tetanus/ Meningitis/ Encephalitis

Source: WHO/CHERG 2014

**Causes of maternal deaths, 2013**

- Sepsis 20%
- Embolism 2%
- Abortion 10%
- Other direct 9%
- Indirect 29%

**MATERNAL AND NEWBORN HEALTH**

**Antenatal care**

Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

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</thead>
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<td>1996</td>
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<tr>
<td>2001</td>
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<tr>
<td>2007</td>
<td></td>
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</tbody>
</table>

**Diarrhoeal health disease treatment**

Percent of children <5 years with diarrhoea:

- Receiving oral rehydration therapy/increased fluids with continued feeding
- Treated with ORS

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<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1992</td>
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<td>54</td>
<td>48</td>
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<tr>
<td>2001</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td></td>
<td></td>
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</tbody>
</table>

**Malaria prevention and treatment**

Percent children receiving first line treatment among those receiving any antimalarial

- Percent children <5 years sleeping under ITNs

<table>
<thead>
<tr>
<th>Year</th>
<th>1992 MICS</th>
<th>2001-2002 DHS</th>
<th>2007 DHS</th>
<th>2008 Other NS</th>
<th>2010 Other NS</th>
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<tr>
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<td>2007</td>
<td>1</td>
<td>7</td>
<td>23</td>
<td>41</td>
<td>50</td>
</tr>
</tbody>
</table>

**WATER AND SANITATION**

**Improved drinking water coverage**

Percent of population by type of drinking water source, 1990-2012

- Piped on premises
- Other improved
- Unimproved
- Surface water

<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>32</td>
<td>19</td>
<td>13</td>
<td>32</td>
<td>23</td>
<td>9</td>
</tr>
<tr>
<td>2012</td>
<td>43</td>
<td>29</td>
<td>14</td>
<td>49</td>
<td>36</td>
<td>13</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF JMP 2014

**Improved sanitation coverage**

Percent of population by type of sanitation facility, 1990-2012

- Improved facilities
- Unimproved facilities
- Shared facilities
- Open defecation

<table>
<thead>
<tr>
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<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>20</td>
<td>39</td>
<td>8</td>
<td>20</td>
<td>39</td>
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<tr>
<td>2012</td>
<td>29</td>
<td>48</td>
<td>15</td>
<td>29</td>
<td>48</td>
<td>15</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF JMP 2014

**POLICIES**

- Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent: Partial
- Legal status of abortion (x of 5 circumstances): 4 (RU)
- Midwives authorized for specific tasks (x of 7 tasks): 7
- Maternity protection (Convention 183): Partial
- Maternal deaths notification: Yes
- Postnatal home visits in the first week after birth: Yes
- Kangaroo Mother Care in facilities for low birthweight/preterm newborns: No
- Antenatal corticosteroids as part of management of preterm labour: -
- International Code of Marketing of Breastmilk Substitutes: Yes
- Community treatment of pneumonia with antibiotics: Yes
- Low osmolarity ORS and zinc for management of diarrhoea: Yes

**SYSTEMS**

- Costed national implementation: Yes (2013)
- Life Saving Commodities in Essential Medicine List:
- Density of doctors, nurses and midwives (per 10,000 population): 8.5 (2013)

**FINANCING**

- Per capita total expenditure on health (us$): 112 (2012)
- General government expenditure on health as % of total government expenditure (%): 16 (2012)
- Out of pocket expenditure as % of total expenditure on health: 24 (2012)
- Reproductive, maternal, newborn and child health expenditure by source:
  - Reproductive, maternal, newborn and child health expenditure by source:
    - External sources
    - General government expenditure
    - Out-of-pocket expenditure
    - Other
- ODA to child health per child (us$): 43 (2012)
- ODA to maternal and neonatal health per live birth (us$): 114 (2012)

Note: See annexes for additional information on the indicators above

---

Fulfilling the Health Agenda for Women and Children
The 2014 Report

Countdown to 2015
Maternal, Newborn & Child Survival

Source: WHO/UNICEF JMP 2014

---

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**Zimbabwe**

**Countdown to 2015**

*Maternal, Newborn & Child Survival*

---

### DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Value</th>
<th>Year</th>
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</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>13,724</td>
<td>2012</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>2,010</td>
<td>2012</td>
</tr>
<tr>
<td>Births (000)</td>
<td>439</td>
<td>2012</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>49.6</td>
<td>2010-2011</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>39.6</td>
<td>2012</td>
</tr>
<tr>
<td>Neonatal deaths: % of all under-5 deaths</td>
<td>44.2</td>
<td>2012</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>39.1</td>
<td>2012</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>56.2</td>
<td>2012</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>20.0</td>
<td>2010</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>2,100</td>
<td>2012</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>53.7</td>
<td>2012</td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td>3.6</td>
<td>2012</td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 girls)</td>
<td>112.0</td>
<td>2008</td>
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</table>

---

### UNDER-FIVE MORTALITY RATE

Deaths per 1000 live births

<table>
<thead>
<tr>
<th>Year</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-2011</td>
<td>90</td>
</tr>
<tr>
<td>2012</td>
<td>90</td>
</tr>
<tr>
<td>Source</td>
<td>IGME 2013</td>
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---

### SKILLED ATTENDANT AT DELIVERY

Percent live births attended by skilled health personnel

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Percent</td>
<td>70</td>
<td>69</td>
<td>73</td>
<td>69</td>
<td>66</td>
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<td>Source</td>
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</tr>
</tbody>
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### MATERNAL MORTALITY RATIO

Deaths per 100,000 live births

<table>
<thead>
<tr>
<th>Year</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
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<td>90</td>
</tr>
<tr>
<td>2012</td>
<td>90</td>
</tr>
<tr>
<td>Source</td>
<td>MMEIG 2014</td>
</tr>
</tbody>
</table>

---

### SOCIOECONOMIC INEQUITIES IN COVERAGE

- **Household wealth quintile:** Poorest 20% Richest 20%

- **Demand for family planning satisfied**
  - Antenatal care (1+ visit)
  - Antenatal care (4+ visits)
  - Skilled attendant at delivery
  - Early initiation of breastfeeding
  - ITN use among children <5 yrs
  - DTP3
  - Measles
  - Vitamin A (past 6 months)
  - ORT & continued feeding
  - Careseeking for pneumonia

---

### CHILD HEALTH

#### IMMUNIZATION

Percent of children immunized:
- with 3 doses Hib
- with 3 doses DTP
- with 3 doses pneumococcal conjugate vaccine

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<thead>
<tr>
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</thead>
<tbody>
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<td>Percent</td>
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<td>89</td>
<td>89</td>
<td>21</td>
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<td>Source</td>
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</tr>
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</table>

---

### NUTRITION

- **Wasting prevalence (moderate and severe, %)**
- **Low birthweight incidence (moderate and severe, %)**
- **Vitamin A two dose coverage (%)**
- **Exclusive breastfeeding**
- **Early initiation of breastfeeding**
- **Careseeking for pneumonia**
- **Infant feeding**
- **Careseeking for pneumonia**

---

### PNEUMONIA TREATMENT

Percent of children <5 years with symptoms of pneumonia:
- taken to appropriate health provider
- receiving antibiotics

<table>
<thead>
<tr>
<th>Year</th>
<th>2005-2006</th>
<th>2009</th>
<th>2010-2011</th>
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</thead>
<tbody>
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<td>Percent</td>
<td>25</td>
<td>43</td>
<td>48</td>
</tr>
<tr>
<td>Source</td>
<td>DHS 2009, Other NS</td>
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**IMMUNITY**

Percent of children <5 years with symptoms of pneumonia:
- taken to appropriate health provider
- receiving antibiotics

<table>
<thead>
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<th>Year</th>
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</tr>
<tr>
<td>Source</td>
<td>DHS 2009, Other NS</td>
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---

### ZIMBABWE

- **Socioeconomic inequities in coverage**
- **Demographic differences in data sources.**
- **Greater the inequality.**
- **These estimates may differ from other charts due to differences in data sources.**

---

**NOTES**

- See Annex/website for indicator definition.
- MDG Target calculated by Countdown to 2015.
**Zimbabwe**

### DEMOGRAPHICS

#### Causes of under-five deaths, 2012

- Pneumonia: 44%
- Diarrhoea: 12%
- Malaria: 8%
- Other causes: 4%

*Source: WHO/CHERG 2014*

#### Causes of maternal deaths, 2013

- Sepsis: 10%
- Embolism: 2%
- Abortion: 10%
- Other direct: 9%
- Other indirect: 29%
- Haemorrhage: 23%
- Hypertension: 10%

*Regional estimate for Sub-Saharan Africa, 2013*

*Source: WHO 2014*

### MATERNAL AND NEWBORN HEALTH

#### Antenatal care

- Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy:
  - 1990: 91%
  - 2012: 94%

*Source: WHO/UNICEF JMP 2014*

#### Diarrhoeal disease treatment

- Percent of children <5 years with diarrhoea treated with ORS:
  - 1990: 20%
  - 2012: 40%

*Source: WHO/UNICEF JMP 2014*

#### Malaria prevention and treatment

- Percent children receiving first line treatment among those receiving any antimalarial:
  - 2010-2011: 50%

*Source: WHO/UNICEF JMP 2014*

### WATER AND SANITATION

#### Improved drinking water coverage

- Percent of population by type of drinking water source, 1990-2012:
  - Piped on premises: 20%
  - Other improved: 60%
  - Unimproved: 20%

*Source: WHO/UNICEF JMP 2014*

#### Improved sanitation coverage

- Percent of population by type of sanitation facility, 1990-2012:
  - Improved facilities: 40%
  - Unimproved facilities: 60%

*Source: WHO/UNICEF JMP 2014*

### POLICIES

- Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent: No
- Legal status of abortion (x of 5 circumstances): 2 (91)
- Midwives authorized for specific tasks (x of 7 tasks): 7
- Maternity protection (Convention 183): No
- Maternal deaths notification: Yes
- Postnatal home visits in the first week after birth: Yes
- Kangaroo Mother Care in facilities for low birthweight/preterm newborns: No
- Antenatal corticosteroids as part of management of preterm labour: Yes
- International Code of Marketing of Breastmilk Substitutes: Yes
- Community treatment of pneumonia with antibiotics: No
- Low osmolarity ORS and zinc for management of diarrhoea: Yes

### SYSTEMS

#### Costed national implementation plan(s) for: maternal, newborn and child health available: Yes (2013)

#### Reproductive health (x of 3):
- 2013: 3

#### Maternal health (x of 3):
- 2013: 3

#### Newborn health (x of 4):
- 2013: 3

#### Child health (x of 3):
- 2013: 3

#### Density of doctors, nurses and midwives (per 10,000 population):
- 2009: 13.1

#### National availability of emergency Obstetric Care services (% of recommended minimum):
- 2013: -

### FINANCING

- Per capita total expenditure on health (US$):
  - 2013:
- General government expenditure on health as % of total government expenditure (%):
  - 2013:
- Out of pocket expenditure as % of total expenditure on health:
  - 2013:

#### Reproductive, maternal, newborn and child health expenditure by source

- No Data

#### ODA to child health per child (US$)
- 2011: 18

#### ODA to maternal and neonatal health per live birth (US$)
- 2011: 46

*Note: See annexes for additional information on the indicators above*
Annex A

About Countdown to 2015 for Maternal, Newborn and Child Survival

_Countdown to 2015 for Maternal, Newborn and Child Survival_ is a global movement to track, stimulate and support country progress towards achieving the health-related Millennium Development Goals, particularly goals 4 (reduce child mortality) and 5 (improve maternal health). Established in 2003, _Countdown_ includes academics, governments, international agencies, professional associations, donors, nongovernmental organizations and other members of civil society, with _The Lancet_ as a key partner. Members of the _Countdown_ community share a common goal of using data to increase accountability for women’s and children’s health. _Countdown_ specifically focuses on tracking coverage of a core set of evidence-based interventions proven to reduce maternal, newborn and child mortality.

What _Countdown_ does

_Countdown_ produces periodic publications, reports and other materials on key aspects of reproductive, maternal, newborn and child health, using data to hold stakeholders to account for global and national action. At the core of _Countdown_ reporting are two-page country profiles, updated approximately every two years, that present key demographic, nutritional status and mortality statistics; coverage levels and trends for proven reproductive, maternal, newborn and child health interventions; and policy, health system, financial and equity indicators to enable assessment of country progress in improving reproductive, maternal, newborn and child health. _Countdown_ plays a central role in the follow-up to the UN Secretary-General’s Global Strategy for Women’s and Children’s Health by annually updating one-page profiles showcasing the 11 indicators selected by the Commission on Information and Accountability for Women’s and Children’s Health. _Countdown_ also prepares equity profiles highlighting disparities in coverage in each of the 75 priority countries.

_Countdown_ analyses are guided by a conceptual model (figure A1) consistent with the results-based evaluation framework for health systems strengthening that was developed by a working group of members from _Countdown_, the World Health Organization, the World Bank, the GAVI Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria. The model shows the range of indicators included in _Countdown_’s four linked datasets on coverage, equity, policies and systems, and financial flows and illustrates possible pathways through which policy, systems and financing measures in a given context impact levels and trends in coverage of proven reproductive, maternal, newborn and child health interventions.

_Countdown_ recognizes the paramount role of social, political, economic, cultural and environmental determinants in shaping population health. Many of these broader determinants influence health outcomes by increasing access, utilization and coverage with available life-saving interventions. Intervention coverage is thus the specific niche occupied by _Countdown_ in the array of initiatives aimed at monitoring the Millennium Development Goals.

_Countdown_ harnesses the global learning potential of its datasets through cross-cutting research and country case studies that allow for an in-depth exploration of the “how” and “why” of progress in reproductive, maternal, newborn and child health. These have been completed to date in Niger for child survival and in Bangladesh for maternal survival, with additional work nearing completion in Afghanistan, Pakistan, Ethiopia, Tanzania, Malawi and Peru.
Supportive policies
For example, maternal protection, community health workers and midwives authorized to provide essential services, vital registration, adoption of new interventions

Health systems and financing
For example, human resources, functioning emergency obstetric care, referral and supply chain systems, quality of health services, financial resources for reproductive, maternal, newborn and child health, user fees

Increased and equitable intervention coverage

Pre-pregnancy
- Family planning
- Women’s nutrition

Pregnancy
- Antenatal care
- Intermittent preventive treatment for malaria
- Prevention of mother-to-child transmission of HIV
- Tetanus vaccines

Birth
- Skilled attendant at birth
- Caesarean section and emergency obstetric care

Postnatal
- Postnatal care for mother and baby
- Infant and young child feeding

Childhood
- Case management of childhood illness
- Vaccines
- Malaria prevention (insecticide-treated nets and indoor residual spraying)

Increased survival and improved health and nutrition for women and children

Political, economic, social, technological and environmental factors
Annex B
Summary of Countdown data sources and analysis methods

Data sources

Most Countdown coverage, equity and nutrition data are from standardized, nationally representative household surveys, primarily Demographic and Health Surveys and Multiple Indicator Cluster Surveys. For national coverage estimates, Countdown reviews databases provided by stakeholder organizations, particularly the United Nations Children’s Fund but also the United Nations Population Division and Save the Children, and extracts the data for the 75 Countdown countries.

Cause of death profiles are abstracted from World Health Organization statistical databases based on work by the Child Health Epidemiology Reference Group. As in past Countdown reports, the child mortality estimates are based on the work of the UN Inter-agency Group for Child Mortality Estimation—led by the United Nations Children’s Fund and including the World Health Organization, the World Bank, the Population Division of the United Nations Department of Economic and Social Affairs and the United Nations Economic Commission for Latin America and the Caribbean Population Division—and are the official UN estimates for measuring progress towards Millennium Development Goal 4. The maternal mortality estimates are based on the work of an interagency group comprising the World Health Organization, the United Nations Children’s Fund, the United Nations Population Fund and the World Bank.

Data for the Countdown health systems and policies indicators are abstracted from global databases maintained by the World Health Organization and other groups such as the International Labour Organization, routine monitoring data from UN organizations, national service delivery surveys (for emergency obstetric care data) and surveys administered to government authorities by the World Health Organization with responses validated by UN agencies at the country level. Countdown financing data are abstracted from datasets maintained by the Development Assistance Committee of the Organisation for Economic Co-operation and Development.

Analysis methods

Countdown assesses progress at the country level, so it uses the country as the unit of analysis when summarizing results across databases. The summary measure used for the coverage indicators is the median, which gives each of the 75 Countdown countries equal weight, and the range, which illustrates the extent of variation across countries. Countdown coverage data are compiled and analysed by the Institute for International Programs at the Johns Hopkins University in collaboration with the Countdown Coverage Working Group and the United Nations Children’s Fund.

Summary estimates of coverage for 2014 include Countdown countries with available estimates for 2008–2012. A small number of data points for 2013 were available in time to be included in this report and are indicated in footnotes. To track coverage trends, subsets of countries with at least two data points for each indicator, one from 2000–2007 and one from 2008–2015, were used. The difference between the two summary point estimates were calculated for each indicator, as well as the proportion of the gap closed between the earlier estimate and 100% coverage.

Countdown tracks coverage (“the proportion of women and children in need of interventions who actually receive them”) in preference to measures of “effective coverage” that include estimates of intervention effectiveness, access, use and service quality. Effective coverage metrics are difficult to use in global monitoring because they typically require data that are rarely available in Countdown countries and sometimes rely on modelling procedures that must then be unpacked to guide decisionmaking.

Two summary metrics of coverage are used in presenting the results. The first, the Composite Coverage Index, is a weighted average of eight interventions and reflects the performance of each Countdown country in achieving coverage along the continuum of care.48 The second, the co-coverage index, reflects the extent to which individual women and their children are receiving eight well established preventive interventions. These interventions have been available in most if not all countries—even the poorest—for at least a decade.49
The equity analyses require that indicators be estimated for subgroups of the country population. Results are presented for selected individual coverage indicators as well as the two summary indices stratified by wealth quintiles.\textsuperscript{50} Equity analyses are conducted by the International Center for Equity in Health at the University of Pelotas, Brazil, in collaboration with the \textit{Countdown} Equity Technical Working Group.

Information on country-specific policies and systems indicators related to maternal and newborn health is reviewed and confirmed by technical staff at World Health Organization headquarters and country offices and maintained by the World Health Organization with inputs from the \textit{Countdown} Health Systems and Policies Technical Working Group. The data on financial flows are compiled and analysed by a team at the London School of Hygiene and Tropical Medicine in collaboration with the \textit{Countdown} Financial Flows Technical Working Group.

\textbf{Additional information}

Further detail on \textit{Countdown}’s data sources and methods are available in the published literature\textsuperscript{51} and on the \textit{Countdown} website (www.countdown2015mnch.org). \textit{Countdown} databases are publicly available for free through the \textit{Countdown} website (http://countdown2015mnch.org/about-countdown/countdown-data).
### Annex C
Country profile indicators and data sources, organized by order of presentation in the profile

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data source</th>
<th>Global database</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Demographics</strong></td>
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<tr>
<td>Total population</td>
<td>United Nations Population Division</td>
<td>United Nations Population Division</td>
</tr>
<tr>
<td>Total under-five population</td>
<td>United Nations Population Division</td>
<td>United Nations Population Division</td>
</tr>
<tr>
<td>Total fertility rate</td>
<td>United Nations Population Division</td>
<td>United Nations Population Division</td>
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<td></td>
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<tr>
<td>Stillbirth rate</td>
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<td>Cousins and others 2011</td>
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<td><strong>Maternal mortality</strong></td>
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<td>Causes of maternal deaths (regional)</td>
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<td>World Health Organization</td>
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<td><strong>Maternal and newborn health</strong></td>
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<td></td>
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<tr>
<td>Delivery care</td>
<td>Skilled attendant at delivery*</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td><strong>AIDS</strong></td>
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</tr>
<tr>
<td>Antenatal care</td>
<td>Antenatal care (at least one visit)</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>Antenatal care (four or more visits)*</td>
<td>United Nations Children’s Fund</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>Indicator</td>
<td>Data source</td>
<td>Global database</td>
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<tr>
<td>-----------</td>
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<td>-----------------</td>
</tr>
<tr>
<td>Demand for family planning satisfied</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys, other national surveys</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>Intermittent preventive treatment of malaria during pregnancy</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Malaria Indicator Surveys, other national surveys</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>Caesarean section</td>
<td>Caesarian section rate</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys, other national surveys</td>
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<tr>
<td>Neonatal tetanus protection</td>
<td>Neonatal tetanus vaccine</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys, other national surveys</td>
</tr>
<tr>
<td>Postnatal care</td>
<td>Postnatal visit for baby*</td>
<td>Demographic and Health Surveys</td>
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<tr>
<td>Postnatal care</td>
<td>Postnatal visit for mother*</td>
<td>Demographic and Health Surveys</td>
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<tr>
<td>Body mass index</td>
<td>Women with low body mass index</td>
<td>Demographic and Health Surveys</td>
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**Equity**

<table>
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<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys</td>
<td>Special data analysis by Federal University of Pelotas, Brazil</td>
</tr>
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<td>Antenatal care (at least one visit)</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys</td>
<td>Special data analysis by Federal University of Pelotas, Brazil</td>
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<td>Antenatal care (four or more visits)*</td>
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<td>Special data analysis by Federal University of Pelotas, Brazil</td>
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<tr>
<td>Skilled attendant at delivery*</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys</td>
<td>Special data analysis by Federal University of Pelotas, Brazil</td>
</tr>
<tr>
<td>Early initiation of breastfeeding</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys</td>
<td>Special data analysis by Federal University of Pelotas, Brazil</td>
</tr>
<tr>
<td>ITN use among children &lt; 5 years</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys</td>
<td>Special data analysis by Federal University of Pelotas, Brazil</td>
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<td>Three doses of combined diphtheria/tetanus/pertussis vaccine immunization coverage*</td>
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<td>Special data analysis by Federal University of Pelotas, Brazil</td>
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<td>Measles immunization coverage</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys</td>
<td>Special data analysis by Federal University of Pelotas, Brazil</td>
</tr>
<tr>
<td>Vitamin A (past 6 months)</td>
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<td>Special data analysis by Federal University of Pelotas, Brazil</td>
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<td>Oral rehydration therapy and continued feeding</td>
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<td>Special data analysis by Federal University of Pelotas, Brazil</td>
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<td>Child health</td>
<td>Careseeking for pneumonia</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys</td>
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**Immunization**

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<td>Careseeking for symptoms of pneumonia</td>
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<td>Antibiotic treatment for symptoms of pneumonia*</td>
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<td>United Nations Children’s Fund</td>
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<td>Diarrhoeal disease treatment</td>
<td>Oral rehydration therapy and continued feeding</td>
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<td>Oral rehydration salts</td>
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<td>Indicator</td>
<td>Data source</td>
<td>Global database</td>
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<td>Malaria prevention and treatment</td>
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<td>Insecticide-treated net use</td>
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<td>Wasting prevalence</td>
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<td>Infant feeding</td>
<td>Early initiation of breastfeeding</td>
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<td><strong>Exclusive breastfeeding rate (for first six months of life)</strong></td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys</td>
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<td>Introduction of solid, semi-solid and soft foods (ages 6–8 months)</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys</td>
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<td>Low birthweight</td>
<td>Low birthweight incidence</td>
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<td>Micronutrient supplementation</td>
<td>Vitamin A two dose coverage</td>
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<td><strong>Water and sanitation</strong></td>
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<td><strong>Policies, systems and financing</strong></td>
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<td>Policies</td>
<td>Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent</td>
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<td>Midwives authorized for specific tasks</td>
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<td>Postnatal home visits in first week after birth</td>
<td>World Health Organization</td>
<td>Global Maternal Newborn Child and Adolescent Health Policy Indicator Survey 2013 by the World Health Organization Department of Maternal Child and Adolescent Health</td>
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<td>Kangaroo mother care in facilities for low-birthweight and preterm newborns</td>
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<td>Global Maternal Newborn Child and Adolescent Health Policy Indicator Survey 2013 by the World Health Organization Department of Maternal Child and Adolescent Health</td>
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<td>Antenatal corticosteroids as part of management of preterm labour</td>
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<td>Global Maternal Newborn Child and Adolescent Health Policy Indicator Survey 2013 by the World Health Organization Department of Maternal Child and Adolescent Health</td>
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<td>Community treatment of pneumonia with antibiotics</td>
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<td>Indicator</td>
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<td>Low-osmolarity oral rehydration salts and zinc for management of diarrhea</td>
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<td>Costed national implementation plans for maternal, newborn and child health available</td>
<td>World Health Organization</td>
<td>Global Maternal Newborn and Adolescent Health Policy Indicator Survey 2013 by the World Health Organization Department of Maternal Child and Adolescent Health</td>
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<td>Maternal lifesaving commodities in essential medicines list: oxytocin, misoprostol and magnesium sulfate</td>
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<td>Global Maternal Newborn and Adolescent Health Policy Indicator Survey 2013 by the World Health Organization Department of Maternal Child and Adolescent Health</td>
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<td>Newborn lifesaving commodities in essential medicines list: injectable antibiotics, antenatal corticosteroids, chlorhexidine and resuscitation equipment</td>
<td>World Health Organization and the Chlorhexidine Working Group</td>
<td>Global Maternal Newborn and Adolescent Health Policy Indicator Survey 2013 by the World Health Organization Department of Maternal Child and Adolescent Health and the Chlorhexidine Working Group</td>
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<tr>
<td>Child lifesaving commodities in essential medicines list: amoxicillin, oral rehydration salts and zinc</td>
<td>World Health Organization</td>
<td>Global Maternal Newborn and Adolescent Health Policy Indicator Survey 2013 by the World Health Organization Department of Maternal Child and Adolescent Health</td>
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<td>Density of doctors, nurses and midwives</td>
<td>World Health Organization</td>
<td>Global Health Observatory 2013</td>
</tr>
<tr>
<td>Financing</td>
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<td>Per capita total expenditure on health</td>
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<td>Global Health Expenditure Database</td>
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<tr>
<td>General government expenditure on health as % of total government expenditure</td>
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<td>Global Health Expenditure Database</td>
</tr>
<tr>
<td>Out-of-pocket expenditure as % of total expenditure on health</td>
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<td>Global Health Expenditure Database</td>
</tr>
<tr>
<td>Reproductive, maternal, newborn and child health expenditure by source</td>
<td>World Health Organization</td>
<td>World Health Organization</td>
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<tr>
<td>Official development assistance to child health per child</td>
<td>Organisation for Economic Co-operation and Development’s Development Assistance Committee</td>
<td>London School of Health and Tropical Medicine</td>
</tr>
<tr>
<td>Official development assistance to maternal and neonatal health per live birth</td>
<td>Organisation for Economic Co-operation and Development’s Development Assistance Committee</td>
<td>London School of Health and Tropical Medicine</td>
</tr>
</tbody>
</table>

*Indicators in bold are those recommended by the Commission on Information and Accountability for Women’s and Children’s Health. The commission indicator for under-five mortality includes the proportion of neonatal deaths, also tracked by Countdown.*
### Annex D

#### Definitions of Countdown coverage indicators

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Indicator definition</th>
<th>Numerator</th>
<th>Denominator</th>
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</thead>
<tbody>
<tr>
<td><strong>Maternal and newborn health</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Skilled attendant at delivery*</td>
<td>Percentage of live births attended by skilled health personnel</td>
<td>Number of women ages 15–49 with a live birth in the X years preceding the survey who were attended during delivery by skilled health personnel (doctor, nurse, midwife or auxiliary midwife)</td>
<td>Total number of women ages 15–49 with a live birth in the X years preceding the survey</td>
</tr>
<tr>
<td>Treatment of pregnant women living with HIV*</td>
<td>Percentage of eligible pregnant women with HIV who received antiretroviral therapy</td>
<td>Number of pregnant women living with HIV who are receiving lifelong antiretroviral therapy</td>
<td>Estimated number of pregnant women living with HIV*</td>
</tr>
<tr>
<td>Prevention of mother-to-child transmission of HIV</td>
<td>Percentage of pregnant women living with HIV who received most efficacious regimens of antiretrovirals to prevent mother-to-child transmission of HIV</td>
<td>Number of pregnant women living with HIV who received most efficacious regimens of antiretrovirals to prevent mother-to-child transmission of HIV</td>
<td>Estimated number of pregnant women living with HIV*</td>
</tr>
<tr>
<td>Antenatal care (at least one visit)</td>
<td>Percentage of women attended at least once during pregnancy by skilled health personnel</td>
<td>Number of women ages 15–49 who were attended at least once during pregnancy in the X years preceding the survey by skilled health personnel (doctor, nurse, midwife, or auxiliary midwife)</td>
<td>Total number of women ages 15–49 with a live birth in the X years preceding the survey</td>
</tr>
<tr>
<td>Antenatal care (four or more visits)*</td>
<td>Percentage of women attended four or more times during pregnancy by any provider</td>
<td>Number of women ages 15–49 who were attended four or more times during pregnancy in the X years preceding the survey by any provider</td>
<td>Total number of women ages 15–49 with a live birth in the X years preceding the survey</td>
</tr>
<tr>
<td>Demand for family planning satisfied*</td>
<td>Percentage of women ages 15–49, either married or in union, who have their need for family planning satisfied</td>
<td>Women who are married or in union and currently using any method of contraception</td>
<td>Women who are married or in union and who are currently using any method of contraception or who are fecund, not using any method of contraception but report wanting to space their next birth or stop childbearing altogether</td>
</tr>
<tr>
<td>Intermittent preventive treatment for malaria during pregnancy</td>
<td>Percentage of women who received intermittent preventive treatment for malaria during their last pregnancy</td>
<td>Number of women ages 15–49 at risk for malaria who received two or more doses of a sulfadoxine-pyrimethamine (Fansidar™) to prevent malaria during their last pregnancy that led to a live birth</td>
<td>Total number of women ages 15–49 with a live birth in the X years preceding the survey</td>
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<tr>
<td>Caesarean section rate</td>
<td>Percentage of live births delivered by Caesarean section</td>
<td>Number of women ages 15–49 with a live birth in the X years preceding the survey delivered by caesarean section</td>
<td>Total number of women ages 15–49 with a live birth in the X years preceding the survey</td>
</tr>
<tr>
<td>Neonatal tetanus protection</td>
<td>Percentage of newborns protected against tetanus</td>
<td>Number of mothers with a live birth in the year prior to the survey who received two doses of tetanus toxoid vaccine within the appropriate interval prior to the infant’s birth</td>
<td>Total number of women ages 15–49 with a live birth in the year prior to the survey</td>
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<tr>
<td><strong>Postnatal care for mothers</strong></td>
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<td></td>
</tr>
<tr>
<td>Postnatal care for mothers**</td>
<td>Percentage of mothers who received postnatal care within two days of childbirth</td>
<td>Number of women ages 15–49 who received postnatal care within two days of childbirth (regardless of place of delivery)</td>
<td>Total number of women ages 15–49 with a live birth in the X years preceding the survey</td>
</tr>
<tr>
<td><strong>Postnatal care for babies</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Measles immunization coverage</td>
<td>Percentage of infants immunized with measles-containing vaccine</td>
<td>Number of children ages 12–23 months who are immunized against measles</td>
<td>Total number of children ages 12–23 months surveyed</td>
</tr>
<tr>
<td>Three doses of combined diphtheria/pertussis/tetanus vaccine immunization coverage*</td>
<td>Percentage of infants who received three doses of diphtheria/pertussis/tetanus vaccine</td>
<td>Number of children ages 12–23 months receiving three doses of diphtheria/pertussis/tetanus vaccine</td>
<td>Total number of children ages 12–23 months surveyed</td>
</tr>
<tr>
<td>Three doses of Haemophilus influenzae type B vaccine immunization coverage</td>
<td>Percentage of infants who received three doses of Haemophilus influenzae type B vaccine</td>
<td>Number of children ages 12–23 months receiving three doses of Haemophilus influenzae type B vaccine</td>
<td>Total number of children ages 12–23 months surveyed</td>
</tr>
<tr>
<td>Careseeking for symptoms of pneumonia</td>
<td>Percentage of children ages 0–59 months with symptoms of pneumonia taken to an appropriate health provider</td>
<td>Number of children ages 0–59 months with symptoms of pneumonia in the two weeks prior to the survey who were taken to an appropriate health provider</td>
<td>Total number of children ages 0–59 months with symptoms of pneumonia in the two weeks prior to the survey</td>
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<tr>
<td>Antibiotic treatment for symptoms of pneumonia*</td>
<td>Percentage of children ages 0–59 months with symptoms of pneumonia receiving antibiotics</td>
<td>Number of children ages 0–59 months with symptoms of pneumonia in the two weeks prior to the survey receiving antibiotics</td>
<td>Total number of children ages 0–59 months with symptoms of pneumonia in the two weeks prior to the survey</td>
</tr>
<tr>
<td>Oral rehydration therapy and continued feeding</td>
<td>Percentage of children ages 0–59 months with diarrhea receiving oral rehydration therapy and continued feeding</td>
<td>Number of children ages 0–59 months with diarrhea in the two weeks prior to the survey receiving oral rehydration therapy (oral rehydration salts packet, pre-packaged oral rehydration salts fluid, recommended homemade fluid or increased fluids) and continued feeding</td>
<td>Total number of children ages 0–59 months with diarrhea in the two weeks prior to the survey</td>
</tr>
</tbody>
</table>
### Intervention Indicator definition Numerator Denominator

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Indicator definition</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral rehydration salts treatment</td>
<td>Percentage of children ages 0–59 months with diarrhoea receiving oral rehydration salts</td>
<td>Number of children ages 0–59 months with diarrhoea in the two weeks prior to the survey receiving oral rehydration salts</td>
<td>Total number of children ages 0–59 months with diarrhoea in the two weeks prior to the survey</td>
</tr>
<tr>
<td>First line antimalarial treatment</td>
<td>Percentage of children ages 0–59 months receiving first-line antimalarial treatment</td>
<td>Number of children ages 0–59 months who had a fever in the two weeks prior to the survey who received first-line treatment according to national policy</td>
<td>Total number of children ages 0–59 months who had a fever in the two weeks prior to the survey who received any antimalarial drugs</td>
</tr>
<tr>
<td>Insecticide-treated net use</td>
<td>Percentage of children ages 0–59 months sleeping under an insecticide-treated mosquito net</td>
<td>Number of children ages 0–59 months sleeping under an insecticide-treated mosquito net the night before the survey</td>
<td>Total number of children ages 0–59 months surveyed</td>
</tr>
</tbody>
</table>

### Nutrition

<table>
<thead>
<tr>
<th>Indicator definition</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early initiation of breastfeeding</td>
<td>Percentage of newborns put to the breast within one hour of birth</td>
<td>Number of women with a live birth in the X years prior to the survey who put the newborn infant to the breast within 1 hour of birth</td>
</tr>
<tr>
<td>Exclusive breastfeeding (for first 6 months of life)*</td>
<td>Percentage of infants ages 0–5 months who are exclusively breastfed</td>
<td>Number of infants ages 0–5 months who are exclusively breastfed</td>
</tr>
<tr>
<td>Introduction of solid, semi-solid and soft foods (ages 6–8 months)</td>
<td>Percentage of infants ages 6–8 months who receive solid, semi-solid or soft foods</td>
<td>Number of infants ages 6–8 months who received solid, semi-solid or soft foods during the previous day</td>
</tr>
<tr>
<td>Vitamin A supplementation</td>
<td>Percentage of children ages 6–59 months who received two doses of vitamin A during the calendar year</td>
<td>Estimated number of children ages 6–59 months who received two doses of vitamin A during the calendar year</td>
</tr>
</tbody>
</table>

### Water and sanitation

<table>
<thead>
<tr>
<th>Indicator definition</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of improved drinking water sources</td>
<td>Percentage of the population using improved drinking water sources (piped on premises or other improved drinking water sources)</td>
<td>Number of household members using improved drinking water sources (including piped on premises, public standpipe, borehole, protected dug well, protected spring, rainwater collection)</td>
</tr>
<tr>
<td>Use of improved sanitation facilities</td>
<td>Percentage of the population using improved sanitation facilities</td>
<td>Number of household members using improved sanitation facilities (including connection to a public sewer, connection to a septic system, pour-flush latrine, simple pit latrine, or a ventilated improved pit latrine)</td>
</tr>
</tbody>
</table>

* Indicators in bold are those recommended by the Commission on Information and Accountability for Women’s and Children’s Health. The commission indicator for under-five mortality includes the proportion of neonatal deaths, also tracked by Countdown.

* More details on the HIV estimates methodology can be found at www.unaids.org.

* As used for postnatal care in the graph on coverage along the continuum of care on the first page of each country profile.
### Annex E

**Definitions of health policies, systems and finance indicators**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Criteria for ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Policy indicators</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Family planning for adolescents                | Laws or regulations allow adolescents (married or unmarried) to access contraception without parental or spousal consent. | Yes = legislation is available that allows adolescents to access contraception without parental or spousal consent.  
Partial = legislation is available that allows either married adolescents to access contraception without spousal consent or allows unmarried adolescents to access contraception without parental consent.  
No = no legislation is available that allows adolescents to access contraception without parental or spousal consent. |
| Legal status of abortion                       | Legal grounds under which abortion is allowed.                            | Abortion allowed on the following grounds:  
I = to save a woman’s life.  
II = to preserve physical health and above.  
III = to preserve mental health and above.  
IV = for economic and social reason and the above.  
V = on request and above.  
R = in case of rape or incest.  
F = in case of foetal impairment.  
— = data are not available. |
| Maternity protection (Convention 183)          | Country has ratified International Labour Organization Convention 183 or has passed national legislation that is in compliance with the three key provisions of the convention (14 weeks of maternity leave, paid at 66% of previous earnings by social security or general revenue) | Yes = International Labour Organization Convention 183 ratified (maternity leave of at least 14 weeks with cash benefits of previous earnings paid by social security or public funds).  
Partial = International Labour Organization Convention 183 not ratified but previous maternity convention ratified (maternity leave of at least 12 weeks with cash benefits of previous earnings paid by social security or public funds).  
No = no ratification of any maternal protection convention. |
| Midwives authorized for specific tasks         | Midwifery personnel are authorized to deliver basic emergency obstetric and newborn care. | Number of the seven lifesaving interventions tasks authorized:  
• Parental antibiotics.  
• Parenteral oxytocin.  
• Parental anticonvulsants.  
• Manual removal of placenta.  
• Removal of retained products of conception.  
• Assisted vaginal delivery.  
• Newborn resuscitation. |
| Postnatal home visits in the first week after birth | National policy recommending home visits to mother and newborn in the first week after childbirth by a trained provider have been adopted and implemented. | Yes = national policy or guidelines recommending postnatal home visits adopted and implemented.  
No = no national policy or guidelines on postnatal home visits adopted. |
No = national policy does not recommend kangaroo mother care for low-birthweight newborns. |
| Antenatal corticosteroids for preterm labour   | National policy recommends antenatal corticosteroids for preterm labour.   | Yes = national policy recommends use of antenatal corticosteroids for preterm labour.  
No = national policy does not recommend use of antenatal corticosteroids for preterm labour. |
Partial = voluntary agreements or some provisions stipulated in International Code of Marketing of Breastmilk Substitutes adopted in legislation.  
| Community treatment of pneumonia with antibiotics | National policy or guidelines authorizing case management of pneumonia in the community by a trained provider have been adopted and implemented. | Yes = national policy or guidelines adopted on the identification and treatment of pneumonia by trained providers in the community.  
No = no national policy or guidelines on the identification and treatment of pneumonia by trained providers. |
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Criteria for ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-osmolarity oral rehydration salts and zinc for management of diarrhoea</td>
<td>National policy on management of diarrhoea with low osmolarity oral rehydration salts and zinc has been adopted and implemented.</td>
<td>Yes = national policy or guidelines adopted on use of low osmolality oral rehydration salts and zinc for management of diarrhoea. No = no national policy or guidelines adopted on use of low osmolality oral rehydration salts and zinc for management of diarrhoea.</td>
</tr>
<tr>
<td>Systems indicators</td>
<td>Costed national implementation plan for maternal, newborn and child health</td>
<td>National plan for scaling up maternal, newborn and child health interventions is available and costed.</td>
</tr>
<tr>
<td>Reproductive lifesaving commodities in essential medicines list</td>
<td>Emergency contraceptives, implants and female condoms are in the essential medicines list.</td>
<td>Number of the three listed commodities that are included in the essential medicines list.</td>
</tr>
<tr>
<td>Maternal lifesaving commodities in essential medicines list</td>
<td>Oxytocin, misoprostol and magnesium sulfate are in the essential medicines list.</td>
<td>Number of the three listed commodities that are included in the essential medicines list.</td>
</tr>
<tr>
<td>Newborn lifesaving commodities in essential medicines list</td>
<td>Injectable antibiotics, antenatal corticosteroids, chlorhexidine and resuscitation equipment are in the essential medicines list.</td>
<td>Number of the four listed commodities that are included in the essential medicines list.</td>
</tr>
<tr>
<td>Child lifesaving commodities in essential medicines list</td>
<td>Amoxicillin, oral rehydration salts and zinc are in the essential medicines list.</td>
<td>Number of the three listed commodities that are included in the essential medicines list.</td>
</tr>
<tr>
<td>Density of health workers</td>
<td>Proportion of physicians, nurses and midwives who are available per 10,000 population.</td>
<td>Percentage</td>
</tr>
<tr>
<td>National availability of emergency obstetric care services</td>
<td>At least five emergency obstetric care facilities per 500,000 people, including one comprehensive and four basic emergency obstetric care facilities. (The breakdown of comprehensive and basic by population and geographic area is available in country assessment reports but not included in the Countdown.)</td>
<td>Availability is expressed as a percentage of the minimum acceptable number of emergency obstetric care facilities. The minimum acceptable number of emergency obstetric care facilities (comprehensive and basic) is calculated by dividing the population by 500,000 and multiplying by 5. The percentage of recommended minimum number of emergency obstetric care facilities is calculated by dividing the number of functioning emergency obstetric care facilities by the recommended number and multiplying by 100. To qualify as a fully functioning basic or comprehensive emergency obstetric care facility, a facility must provide a standard set of signal functions.</td>
</tr>
<tr>
<td>Finance indicators</td>
<td>Per capita total expenditure on health</td>
<td>Numerical</td>
</tr>
<tr>
<td>General government expenditure on health as a share of total government expenditure</td>
<td>Numerical</td>
<td></td>
</tr>
<tr>
<td>Out-of-pocket expenditure as a share of total expenditure on health</td>
<td>Numerical</td>
<td></td>
</tr>
</tbody>
</table>
Annex F

Health systems and policies indicators

Most of the policy indicators compiled by the Countdown Health Systems and Policies Technical Working Group are the result of a biannual survey implemented by the World Health Organization’s Department of Maternal, Newborn, Child and Adolescent Health. Indicators are developed as a composite measure summarizing the presence and implementation of a given policy. If a policy is endorsed and implemented, the value of the indicator is marked as “Yes”. If the policy is not endorsed, the value of the indicator is marked as “No”. If the policy is endorsed but lacks implementation, the value of the indicator is marked as “Partial”. For policies such as midwifery personnel authorized to deliver basic emergency obstetric and newborn care or reproductive, maternal, newborn and child health lifesaving commodities in essential list of medicines, the value of the indicator is the number of policy components endorsed or present in the policy document. Respondents to the survey are ministry of health officials responsible for maternal, newborn, child and adolescent health in their country. The information reported is independently validated by the World Health Organization country office and at least one other UN organization that operates in the country. Data analysis and compilation are done by the World Health Organization. Data reported are collected from the 2013–2014 survey. The legal status of abortion indicator is a result of the analysis of legal grounds under which abortion is legally allowed, as per the information reported in the United Nations Population Division policy database.

The Health Systems and Policies Technical Working Group regularly reviews the evidence base for all the systems and policy measures that Countdown tracks. For example, a small working group has been formed to review the signal functions related to the indicator on emergency obstetric care, including on care for newborns.

Financing indicators

The Countdown Financing Working Group analysed 2011 official development assistance disbursements in the Organisation for Economic Co-operation and Development’s Development Assistance Committee’s Creditor Reporting System aid activities database using previously implemented methods. Data were downloaded on 3 April 2014 and included 242,382 records of aid disbursement.

All records were reviewed to correct for errors in the classification of health expenditures within the database. Records were manually coded against a framework defining reproductive, maternal, newborn and child health activities. Broadly, maternal and newborn health activities were defined as those that aim to restore, improve or maintain the health of women and their newborn during pregnancy, childbirth and the postnatal period, and child health activities were defined as those that aim to restore, improve or maintain the health of children ages 1 month to 5 years. Additional activities considered as reproductive health include family planning and those related to sexual health and sexually transmitted infections, including HIV. Based on these codes, each record was given an allocation factor between 0% and 100%, representing the proportion of expenditures spent on reproductive, maternal, newborn and child health. Allocation factors were established after reviewing the literature and current financial (for example, general government expenditure on health as a percentage of total government expenditure), epidemiological (for example, percentage of a population group with HIV) and population estimates (for example, percentage of population under age 5). Official development assistance from all 27 bilateral organizations, 22 multilateral organizations and 3 global health initiatives (including the Bill and Melinda Gates Foundation) to the Countdown’s priority countries was analysed and reported in two indicators: official development assistance to child health per child and official development assistance to maternal and neonatal health per live birth.

Comparison of results with those of the Institute for Health Metrics and Evaluation

Recent data from the Institute for Health Metrics and Evaluation report that development assistance to maternal, newborn and child health grew just under 18% in real terms between 2010 and 2011 among all recipient countries (not just the 75 Countdown countries), from $5.2 billion to $6.1 billion (in 2011 prices).
When considering official development assistance to all recipient countries (not just Countdown countries), Countdown estimates a 3% increase in real terms, from $6.9 billion to $7.1 billion (in 2012 prices).

These differences in estimates may reflect differences in methods used by the two resource tracking initiatives, which could explain the variation in findings (see table F1 for examples of differences). First, the Institute for Health Metrics and Evaluation estimates development assistance to health, which is defined more broadly than official development assistance to include all financial and in-kind contributions from global health channels that aim to improve health. Further, the Countdown analysis relies on the data reported in the Creditor Reporting System, which is restricted to donors that report to the system. The Institute for Health Metrics and Evaluation’s wider range of data sources account for 67% of the data analysed (Joe Dieleman, personal communication). For Countdown other, non-purpose-specific funding modalities and general health systems strengthening support that can be attributed to maternal, newborn and child health are picked up through the manual coding process. The Institute for Health Metrics and Evaluation conducts an automated keyword search. The Institute for Health Metrics and Evaluation

<table>
<thead>
<tr>
<th>Methods</th>
<th>Countdown</th>
<th>Institute for Health Metrics and Evaluation</th>
<th>Expected effect on estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is being tracked?</td>
<td>Official development assistance.</td>
<td>Development assistance to health.</td>
<td>Institute for Health Metrics and Evaluation</td>
</tr>
<tr>
<td>Donors</td>
<td>Donors reporting to the Creditor Reporting System.</td>
<td>Donors reporting to the Creditor Reporting System plus nongovernmental organizations, US private foundations, and the Pan American Health Organization.</td>
<td>Institute for Health Metrics and Evaluation</td>
</tr>
<tr>
<td>Recipient countries</td>
<td>75 Countdown priority countries and all countries receiving official development assistance captured in the Creditor Reporting System.</td>
<td>Low- and middle-income countries as defined by the World Bank.</td>
<td>Institute for Health Metrics and Evaluation</td>
</tr>
<tr>
<td>Data sources</td>
<td>Organisation for Economic Co-operation and Development’s Creditor Reporting System.</td>
<td>Creditor Reporting System plus donor databases, annual reports, and audited financial statements; nongovernmental organization databases; and communication with donors.</td>
<td>Institute for Health Metrics and Evaluation</td>
</tr>
<tr>
<td>Approach to coding</td>
<td>Manual, line by line coding of the entire Creditor Reporting System database according to predefined methods. Includes in maternal, newborn and child health spending HIV and malaria spending that is related to maternal, newborn and child health.</td>
<td>Automated keyword search of the health and population sector codes. Allocates 100% of United Nations Children’s Fund and United Nations Population Fund spending to maternal, newborn and child health spending and 100% of Joint United Nations Programme on HIV/AIDS spending to reproductive health spending. Health focus areas are mutually exclusive so that projects that are for maternal, newborn and child health and another health focus area get divided between the multiple health focus areas. a</td>
<td>Countdown &gt; Institute for Health Metrics and Evaluation</td>
</tr>
<tr>
<td>Categorization of health focus areas</td>
<td>Family planning included in reproductive health.</td>
<td>Family planning included in maternal, newborn and child health.</td>
<td>Institute for Health Metrics and Evaluation</td>
</tr>
<tr>
<td>Aid modality and health systems</td>
<td>Allocates a share of pooled funding and health systems funding to maternal, newborn and child health.</td>
<td>Does not include pooled funding or health systems funding that is not explicitly earmarked for maternal, newborn and child health.</td>
<td>Countdown &gt; Institute for Health Metrics and Evaluation</td>
</tr>
<tr>
<td>Data adjustments</td>
<td>Disbursements as reported in the Creditor Reporting System. No adjustments made.</td>
<td>For projects where the Creditor Reporting System does not report disbursement data, commitment data are adjusted to reflect disbursements.</td>
<td>Institute for Health Metrics and Evaluation</td>
</tr>
</tbody>
</table>

a. The Institute for Health Metrics and Evaluation tracks a wide range of health focus areas (such as maternal, newborn and child health; HIV; and malaria). To avoid double counting, it divides projects across these areas, so a project addressing malaria in mothers and children would be divided between the maternal, newborn and child health and the malaria health focus areas. Countdown would include such projects as maternal, newborn and child health.
allocates certain donors’ contributions, such as the United Nations Children’s Fund, in full to maternal, newborn and child health, whereas *Countdown* relies on manual coding to allocate only projects with direct relevance to maternal, newborn and child health.

**Technical note on box 9**

The evidence used for the *Countdown* countries in box 9 on out-of-pocket financing for health came from published, publicly available sources (table F2 and figures F1 and F2). Other estimates for the *Countdown* countries may be available in the grey literature, including UN reports. The aim of box 9 is to highlight the need for improvements in the collection, analysis and dissemination of data on financial risk protection.

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**TABLE F2**

<table>
<thead>
<tr>
<th>Reference, Year</th>
<th>Indicator</th>
<th>Reference, Year</th>
<th>Indicator</th>
<th>Reference, Year</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>van Doorslaer and others 2007</td>
<td>Share of population spending more than 40% of nonfood expenditure in a given month on direct health care payments</td>
<td>1994–2002</td>
<td>Bangladesh, China, India, Indonesia, Kyrgyzstan, Nepal, Philippines, Viet Nam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Xu and others 2007</td>
<td>Share of population spending more than 40% of nonsubsistence expenditure in a given month on direct health care payments</td>
<td>1990–2003</td>
<td>32 <em>Countdown</em> countries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>van Doorslaer and others 2006</td>
<td>Share of population falling below PPP$2.15 poverty line as a result of out-of-pocket expenditure on health in past month</td>
<td>1998–2001</td>
<td>Bangladesh, China, India, Indonesia, Kyrgyzstan, Nepal, Philippines, Viet Nam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rannan-Eliya and others 2012</td>
<td>Share of population spending more than 40% of nonfood expenditure in a given month on direct health care payments</td>
<td>2005–2010</td>
<td>Bangladesh, Cambodia, Lao PDR, Pakistan, Papua New Guinea, Timor-Leste</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knaul, Wong and Arreola-Ornelas 2012</td>
<td>Share of population spending more than 40% of nonfood expenditure in a given month on direct health care payments</td>
<td>2003–2010</td>
<td>Brazil, Mexico, Peru</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mills and others 2012</td>
<td>Share of population spending more than 40% of nonfood expenditure in a given month on direct health care payments</td>
<td>2008</td>
<td>Ghana, South Africa, Tanzania</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ichoku and Fonta 2009</td>
<td>Share of population spending more than 40% of nonfood expenditure in a given month on direct health care payments</td>
<td>1999</td>
<td>Nigeria</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Countdown</em> and World Bank studies (unpublished)</td>
<td>Share of population spending more than 40% of nonfood expenditure in a given month on direct health care payments</td>
<td>2007–2010</td>
<td>Afghanistan, Solomon Islands</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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FIGURE F1
Households with out-of-pocket health expenditure greater than 40% of nonfood spending

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodia</td>
<td>2007</td>
</tr>
<tr>
<td>Malawi</td>
<td>2003</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>1999</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>1995</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>1998</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>1998</td>
</tr>
<tr>
<td>China</td>
<td>2000</td>
</tr>
<tr>
<td>Nepal</td>
<td>1996</td>
</tr>
<tr>
<td>Tajikistan</td>
<td>1999*</td>
</tr>
<tr>
<td>Kenya</td>
<td>2003*</td>
</tr>
<tr>
<td>Bolivia</td>
<td>2002*</td>
</tr>
<tr>
<td>Lao PDR</td>
<td>2008</td>
</tr>
<tr>
<td>Peru</td>
<td>2006</td>
</tr>
<tr>
<td>Botswana</td>
<td>1994*</td>
</tr>
<tr>
<td>India</td>
<td>2003</td>
</tr>
<tr>
<td>Egypt</td>
<td>1997*</td>
</tr>
<tr>
<td>Uganda</td>
<td>2003</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>2007</td>
</tr>
<tr>
<td>Kyrgyzstan</td>
<td>2001</td>
</tr>
<tr>
<td>Zambia</td>
<td>1996*</td>
</tr>
<tr>
<td>Ghana</td>
<td>2008</td>
</tr>
<tr>
<td>Indonesia</td>
<td>2001</td>
</tr>
<tr>
<td>Yemen</td>
<td>1998*</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>2013</td>
</tr>
<tr>
<td>Nigeria</td>
<td>1999</td>
</tr>
<tr>
<td>Philippines</td>
<td>1999</td>
</tr>
<tr>
<td>Tanzania</td>
<td>2008</td>
</tr>
<tr>
<td>Mexico</td>
<td>2010</td>
</tr>
<tr>
<td>Pakistan</td>
<td>2006</td>
</tr>
<tr>
<td>Brazil</td>
<td>2003</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>2010</td>
</tr>
<tr>
<td>Senegal</td>
<td>1995*</td>
</tr>
<tr>
<td>Djibouti</td>
<td>1996*</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>2007</td>
</tr>
<tr>
<td>Morocco</td>
<td>1999*</td>
</tr>
<tr>
<td>South Africa</td>
<td>2008</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>2006</td>
</tr>
</tbody>
</table>

a. Estimate from Xu and others (2007) using similar but not strictly comparable definition.

Source: See table F2.

FIGURE F2
Households falling below international poverty line of PPP$2.15 a day as a result of out-of-pocket health expenditure

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viet Nam</td>
<td>1998</td>
</tr>
<tr>
<td>China</td>
<td>2000</td>
</tr>
<tr>
<td>Pakistan</td>
<td>2006</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>2010</td>
</tr>
<tr>
<td>Cambodia</td>
<td>2007</td>
</tr>
<tr>
<td>Philippines</td>
<td>1999</td>
</tr>
<tr>
<td>India</td>
<td>2003</td>
</tr>
<tr>
<td>Kyrgyzstan</td>
<td>2001</td>
</tr>
<tr>
<td>Lao PDR</td>
<td>2008</td>
</tr>
<tr>
<td>Nepal</td>
<td>1996</td>
</tr>
<tr>
<td>Indonesia</td>
<td>2001</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>2007</td>
</tr>
</tbody>
</table>

Source: See table F2.
Annex G

*Countdown* countries prioritized for malaria intervention coverage analysis

Table G1 organizes the *Countdown* countries according to a set of criteria related to malaria transmission risk:

- The left column includes 43 countries where at least 75% of the total population is at risk of malaria transmission and where a substantial proportion (50% or more) of malaria cases is due to *Plasmodium falciparum*. Only the countries meeting these criteria were included in the analyses for the malaria indicators in this report.

- The right column includes nine countries where 50–74% of the population is at risk of malaria transmission and where a substantial proportion (50% or more) of malaria cases is due to *Plasmodium falciparum*. When available, malaria intervention coverage data are included in the *Countdown* profiles.

### Table G1

<table>
<thead>
<tr>
<th>Countries where at least 75% of the population is at risk of malaria and where a substantial proportion (50% or more) of malaria cases is due to <em>Plasmodium falciparum</em> (N = 43)</th>
<th>Countries where 50–74% of the population is at risk of malaria and where a substantial proportion (50% or more) of malaria cases is due to <em>Plasmodium falciparum</em> (N = 9)</th>
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<td>Angola</td>
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<td>Rwanda</td>
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<td>Côte d’Ivoire</td>
<td>São Tomé and Príncipe</td>
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<td>Equatorial Guinea</td>
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<td>Eritrea</td>
<td>Sierra Leone</td>
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<td>Yemen</td>
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<td>Zimbabwe</td>
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*Source: Country profiles from WHO (2013).*
Annex H

Details on estimates produced by interagency groups used in the *Countdown* report—mortality, immunization, and water and sanitation

Mortality

*Countdown to 2015* aims to stimulate progress towards Millennium Development Goals 4 and 5, so it relies on UN interagency estimates on child and maternal mortality that are produced for official Millennium Development Goal reporting. These estimates are used to monitor progress at the global level because they are made comparable across countries and over time by applying standard methods to generate country, regional and global estimates. The UN mortality estimates are generated based on national data but may not always correspond precisely to the results from the most recent available data source or to country official estimates due to differences in the methods applied.

**Child mortality.** The child mortality estimates in this report (neonatal mortality rate, infant mortality rate, under-5 mortality rate and under-5 deaths) are based on the work of the UN Inter-agency Group for Child Mortality Estimation (UN IGME), which includes the United Nations Children’s Fund, the World Health Organization, the United Nations Population Division and the World Bank. The UN IGME estimates are the official UN estimates for measuring progress towards Millennium Development Goal 4 (reduce child mortality). The UN IGME compiles available data from all possible nationally representative sources for a country, including household surveys, censuses and vital registration systems, and uses a model to fit a regression line to the data to produce the mortality estimates. Estimates are updated every year after a detailed review of all newly available data points. The review may result in adjustments to previously reported estimates as new data become available and provide more information on past trends.

The data inputs, methods and full time series of the UN IGME estimates for all countries are available at www.data.unicef.org and www.childmortality.org.

**Maternal mortality.** Maternal mortality estimates for 1990–2013 are based on the work of the Maternal Mortality Estimation Inter-agency Group, which comprises the World Health Organization, the United Nations Children’s Fund, the United Nations Population Fund and the World Bank. Maternal mortality data—are more sparse than child mortality data—are from sources such as vital registration systems, surveys and censuses. Maternal mortality estimates from these sources are subject to serious misclassification and underreporting. These data are therefore adjusted to account for these errors, and multilevel regression models are fit to predict levels and trends in maternal mortality between 1990 and 2013. Covariates used in the models include gross domestic product per capita, general fertility rate and skilled birth attendance. For more information, see WHO and others (2014).

Immunization

The immunization data published in this report are based on the work of the World Health Organization and the United Nations Children’s Fund. The estimates should not be confused with other sources of information, such as Demographic and Health Surveys, Multiple Indicator Cluster Surveys or administratively reported data from ministries of health. The World Health Organization and United Nations Children’s Fund use data reported by national immunization programmes as well as surveys and other sources to obtain estimates of national immunization coverage each year. A draft report is sent to each country for review and comment. Final reports are published in July with coverage estimates for the preceding calendar year. All new evidence, such as final survey reports received after publication, are taken into consideration during production of the following year’s estimates. For each country’s final report for 2012 as well as methods, data sources and brief description of trends, see www.data.unicef.org.

Water and sanitation

The drinking water and sanitation coverage estimates are produced by the World Health Organization–United Nations Children’s Fund Joint Monitoring Programme for Water Supply and Sanitation. The estimates are the official UN estimates for measuring progress towards the Millennium Development Goal targets for drinking water and sanitation. They use a standard classification of what constitutes coverage.
The Joint Monitoring Programme does not report the findings of the latest nationally representative household survey or census. Instead, it estimates coverage using a linear regression line that is based on coverage data from all available household sample surveys and censuses. For specific country data, see www.childinfo.org and www.wssinfo.org.
Notes

2. UN Inter-agency Group for Child Mortality Estimation 2013.
4. UN Inter-agency Group for Child Mortality Estimation 2013.
5. UNICEF Division of Policy and Strategy 2013.
8. Lawn and others 2010; Requejo, Newby and Bryce 2012.
10. WHO and others 2014.
11. Kassebaum and others forthcoming; Say and others 2014.
16. WHO Executive Board 2013.
21. The Composite Coverage Index is a weighted score reflecting coverage of eight interventions along the continuum of care. For more details, see www.countdown2015mnch.org/reports-and-articles/equity.
24. Darmstadt and others forthcoming.
26. UN Commission on Life-Saving Commodities for Women and Children 2012.
27. Hsu and others 2013.
28. Differences with the data reported by the Institute for Health Metrics and Evaluation are discussed in annex G.
29. Note that three additional donors now report to the Creditor Reporting System, accounting for an additional $3.9 million to maternal, newborn and child health and $760,000 to reproductive health.
30. Hsu and others 2012. [add to reference list]
32. Moran and others 2013.
33. Campbell and others 2013; Hazir and others 2013.
34. Bryce and others 2013.
37. Requejo, Newby and Bryce 2013.
40. Data prepared by World Health Organization.
43. Bhutta and others 2010.
44. Commission on Information and Accountability for Women’s and Children’s Health 2011.
46. Amouzou, Habi and Bensaïd 2012.
47. El Arifeen and others forthcoming.
49. Victora and others 2005.
52. Powell-Jackson and others 2006; Hsu, Berman and Mills 2013; Hsu and others 2012.
References


Progress in the Scale-up for Better Health.” www.internationalhealthpartnership.net/CMSfiles/documents/a_proposed_common_framework_EN.pdf.


