Countdown to 2030:
RMNCAH Country Profiles
Annexes

Updated December 2022
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Annex A. Countdown to 2030 governance structure and evaluation framework

Figure A1

*Countdown to 2030* evaluation framework guiding all analyses

**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

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**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 delivery
- Caesarean section
- Emergency obstetric care

**Postnatal**
- Postnatal care for mother and baby
- Infant and young child feeding

**Childhood**
- Case management of childhood illnesses
- Vaccines
- Malaria prevention
- Insecticide-treated nets and indoor residual spraying

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**Increased survival and improved health and nutrition for women and children**

**Political, economic, social, technological and environmental factors**
Annex B. Countdown to 2030 Technical Review Process

The Countdown to 2030 profiles are reviewed on a regular basis to ensure the indicators reflect the latest evidence, measurement advancements, and global and country priorities. The review process includes assessing the indicator list, the profile template, and the data visualizations.

The first set of regional profiles were developed in 2022. This process involved identifying indicators from the national profiles for which aggregate data could be generated and decision making on the regional profile template and visualizations.

For details on regional aggregate indicator calculations, please see Annex H.

**Technical Review Process, 2021**

The most recent technical review process was held in 2021. The review process provided an opportunity for Countdown to review and update the CD2030 indicator list so that it reflects the latest evidence on effective interventions for reproductive, maternal, newborn, child, adolescent health, and nutrition. The process took advantage of the extensive indicator consultations for developing the Sustainable Development Goal framework; the Monitoring Framework for the Every Woman Every Child Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030); and other initiatives and efforts (such as the Every Newborn Action Plan, Ending Preventable Maternal Mortality, the Global Nutrition Report, the Lancet Commission on Adolescent Health, Family Planning 2020, the World Health Organization list of 100 core indicators, and Primary Health Care Performance Initiative).

The technical review process for 2021 took place in two phases. The first involved selecting the demographic and coverage indicators and revising the list of stratifiers used for the equity data. The second involved selecting the indicators for determinants and drivers of intervention coverage (the health systems, policies and financing indicators), which are on the same causal pathway as the coverage and demographic indicators.

Both phases involved the following general steps:

- Mapping indicators (creating separate files for demographic, coverage, determinants, and drivers indicators that show indicator lists by major global initiatives and how they overlap).

- Creating a matrix with metadata and other details for each indicator such as definition, numerator, denominator, and data sources.

- Ranking and organizing the indicators into three tiers. In general, tier 1 indicators are included on the three-page country profiles as the most salient indicators for monitoring RMNCAH, tier 2 indicators are complementary or additional to tier 1 indicators and are reported on the Countdown website in the interactive dashboard version of the country profiles, and tier 3 indicators capture information about proven interventions but lack readily available data or are still under development or aspirational.
Consulting with technical working group members and additional content area experts (such as experts working on water, sanitation and hygiene; nutrition; HIV; and malaria) on the matrix and tiered ranking of the indicators.

Soliciting feedback from the broader group of Countdown partners. All organizations involved in the Every Woman Every Child Global Strategy for Women’s, Children’s, and Adolescents’ Health 2020 report and involved in the Countdown Technical Review Group were invited to provide comments on the indicator lists and to submit proposals for changes to existing indicators or to add indicators.

Finalizing the list through consensus in the working groups and in the Technical Review Group.

The universe of Countdown 2030 countries was determined by countries classified as low and middle income as per the World Bank income classifications in June of 2021.

Technical Review Process, 2019

For the 2019 profiles, we retained the indicator list that was used for the 2017 profiles except for some updates to the drivers indicators included on page 2 of the profiles. We updated the policy indicators on the Countdown profiles because WHO launched a new policy survey designed around monitoring progress towards the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030) in 2018. Decisions on which policy indicators to include on the Countdown 2019 country profiles were made through a consultative process within the Drivers technical working group in close collaboration with the WHO colleagues responsible for the development, collection and analysis of the policy survey data.

We expanded the list of countries for which we developed country profiles to include the 81 Countdown countries selected on the basis of mortality burden plus all additional low- and middle-income countries according to the World Bank Income Classification.

Technical Review Process, 2016-17

Countdown to 2030 builds on Countdown to 2015’s 12 years of monitoring experience and aims to provide the best and most recent scientific evidence on country-level progress towards improving women’s, children’s and adolescents’ health. It also aims to improve the use of national data to accelerate attention, accountability and action for scaling up coverage of priority reproductive, maternal, newborn, child, adolescent health and nutrition interventions.

Countdown adds value to global and country accountability efforts by forging a clear, evidence-based consensus on priority interventions for reproductive, maternal, newborn, child, adolescent health and nutrition and on key coverage determinants. This consensus is achieved through a rigorous annual technical review process that enables Countdown to re-assess its indicator list in response to changes in

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1Countdown's focus on adolescents is currently centered on reproductive and maternal health of adolescent girls.
the evidence base on effective interventions and changes in country priorities; examine the range of equity analyses (including stratifiers); ensure its monitoring efforts are harmonized with other major global, regional and country accountability initiatives; and review its priority country list based on country progress and global and country targets and goals.

**Universe of Countdown 2030 Countries**

*Countdown’s* technical review process for the 2020–21 reporting year resulted in updates to the list of priority countries, the indicator list and equity analyses based on the [World Bank classification of low- and middle-income countries](https://data.worldbank.org/indicator).  

**Table B1. Countdown country groupings for 2022 based on World Bank Low- and Middle-Income Countries**

<table>
<thead>
<tr>
<th>Afghanistan</th>
<th>Angola</th>
<th>Albania</th>
<th>Argentina</th>
<th>Armenia</th>
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<td>Guatemala</td>
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<td>Honduras</td>
<td>Haiti</td>
<td>Indonesia</td>
<td>India</td>
<td>Iran, Islamic Rep.</td>
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<td>Iraq</td>
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<td>Jordan</td>
<td>Kazakhstan</td>
<td>Kenya</td>
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<td>Libya</td>
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<td>North Macedonia</td>
<td>Mali</td>
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<td>Serbia</td>
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<td>São Tomé and Principe</td>
<td>Suriname</td>
<td>Eswatini</td>
<td>Syrian Arab Republic</td>
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<td>Togo</td>
<td>Thailand</td>
<td>Tajikistan</td>
<td>Turkmenistan</td>
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<td>Ukraine</td>
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<td>Vietnam</td>
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<td>Vanuatu</td>
<td>Samoa</td>
<td>Kosovo</td>
<td>Yemen, Rep.</td>
<td>South Africa</td>
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<tr>
<td>Zambia</td>
<td>Zimbabwe</td>
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</table>

The final list of *Countdown to 2030* priority countries includes the 137 countries. For each of these countries *Countdown* will regularly produce three-page profiles that include an agreed upon core set of indicators as well as equity-specific profiles and regular reports that summarize data across the Countdown countries.
Interventions and indicators

Countdown’s selection of priority interventions and indicators is guided by the summary impact model presented in annex A. Countdown’s main focus is coverage—the proportion of individuals needing a service or intervention who actually receive it. All the interventions that Countdown tracks are scientifically proven to improve health and survival among mothers, newborns, children or adolescents. Coverage of service contact indicators such as antenatal and postnatal care, childbirth and family planning services also need to be tracked because they provide the basic platform for delivery of multiple effective interventions. Ideally, Countdown will be able to track more of the actual content of care received during these service contacts as data become more available and as measurement improves. Countdown, through its coverage technical working group, is focusing on improving measures of effective coverage, which take into consideration the quality and content of care. The indicators selected for Countdown’s global monitoring activities (that is, country profiles and global reports) are valid, reliable, comparable across countries and time, nationally representative and useful for policymakers and programme managers.

Equity analyses

Decisions on the scope of the equity technical working group included:

- Stratification of indicators by:
  - Wealth quintiles.
  - Woman’s education.
  - Woman’s age (current, at child’s birth).
  - Urban–rural residence.
  - Region of the country.
  - Sex of child (relevant outcomes).
- New stratifiers being examined and used for specific analyses:
  - Ethnicity.
  - Religion.
  - Double stratification—wealth quintiles x urban–rural residence.
  - Wealth deciles.

The equity technical working group disaggregates the following indicators using the stratifiers listed above:

- Coverage indicators.
- Nutritional status.
- Mortality (neonatal, infant and under-five).
- Fertility (total and adolescent).

The equity technical working group is expanding its analyses to include:

- The new Sustainable Development Goal indicators related to reproductive, maternal, newborn, child and adolescent health and nutrition.
- Contraceptive use and family planning coverage with modern methods for sexually active women.
Data sources and analysis

Household surveys, notably Demographic and Health Surveys and Multiple Indicator Cluster Surveys, are the primary source of data for the coverage indicators. The estimates for the coverage indicators are based on analyses of statistics from the United Nations Children’s Fund’s global databases and the World Health Organization’s Global Health Observatory. The estimates for the disaggregated coverage indicators are based on analyses by the University of Pelotas International Centre for Equity in Health. Only datapoints from 2010 and onwards are displayed in the Countdown profiles for all indicators, excluding demographic indicators, where all datapoints from 2000 onwards are displayed.

Countdown uses mortality and cause of death estimates from UN interagency groups and academic collaborations for its analyses. It relies on World Health Organization global databases on policies, health workforce and financing indicators for many of the analyses related to drivers. Data on availability of emergency obstetric care are from the United Nations Population Fund and the Averting Maternal Death and Disability programme, and data on the legal status of abortion are from WHO’s Global Abortion Policies Database for 2021. Analyses of official development assistance were conducted by the London School of Hygiene and Tropical Medicine based on data from the Organisation for Economic Co-operation and Development Creditor Reporting System database. More comprehensive information on the data source per indicator is included in Annex C.

Regional profiles utilize the same sources as the country profiles and use aggregation methods to provide regional-level point estimates for indicators.
# Annex C. Profile indicators and data sources

## Table C1. Countdown country and regional profile indicators and data sources

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Label on Profile</th>
<th>Data source</th>
<th>Global database</th>
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</thead>
<tbody>
<tr>
<td><strong>Demographics and contextual factors</strong></td>
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<tr>
<td>Demographics</td>
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<tr>
<td>Total under-5 population</td>
<td>Total under-5 population (000)</td>
<td>World Population Prospects, United Nations Population Division 2022</td>
<td>World Population Prospects, United Nations Population Division 2022</td>
</tr>
<tr>
<td>Birth registration</td>
<td>Birth registration (%)</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national household surveys, censuses and vital registration systems</td>
<td>United Nations Children’s Fund (UNICEF) Global Databases, November 2022</td>
</tr>
<tr>
<td><strong>Mortality</strong></td>
<td></td>
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<tr>
<td>Indicator</td>
<td>Label on Profile</td>
<td>Data source</td>
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<td>-------------------------------------------------------------</td>
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<tr>
<td>Neonatal deaths, as % of all under-5 deaths</td>
<td>Neonatal deaths, as % of all &lt;5</td>
<td>UN Inter-agency Group for Child Mortality Estimation (United Nations Children’s Fund, World Health Organization, United Nations Population Division, World Bank Group) 2022</td>
<td>UN Inter-agency Group for Child Mortality Estimation (United Nations Children’s Fund, World Health Organization, United Nations Population Division, World Bank Group) 2022</td>
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<tr>
<td>Indicator</td>
<td>Label on Profile</td>
<td>Data source</td>
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<tr>
<td>Contextual</td>
<td>Early childhood development index (SDG 4.2.1.)</td>
<td>Early childhood development index (%)</td>
<td>Multiple Indicator Cluster Survey (MICS), Division of Data, Analytics, Planning and Monitoring, United Nations Children’s Fund (UNICEF) 2021</td>
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<td></td>
<td>Heidelberg Conflict Barometer</td>
<td>Heidelberg Conflict Barometer (intensity 1-5)</td>
<td>Correlates of War Project Database, Uppsala Conflict Data Program Database, Working Group for Research on the Causes of War, Conflict Simulation Model, Heidelberg Institute for International Conflict Research, 2021</td>
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<td></td>
<td>Completion rate (upper secondary education, female) (SDG 4.1.2)</td>
<td>Completion rate (upper secondary education, female) (%)</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national household surveys</td>
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<tr>
<td>Continuum of care</td>
<td>Demand for family planning satisfied with modern methods, aged 15-49 (SDG 3.7.1)</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Survey and other national surveys</td>
<td>SDG Global Database, September 2022</td>
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<td>Indicator</td>
<td>Label on Profile</td>
<td>Data source</td>
<td>Global database</td>
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<tr>
<td>Antenatal care (four or more visits), aged 15-49</td>
<td>Antenatal care (4+ visits)</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Survey and other national surveys</td>
<td>United Nations Children’s Fund (UNICEF) Global Databases, November 2022</td>
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<td>Skilled birth attendant, women aged 15-49 (SDG 3.1.2)</td>
<td>Skilled birth attendant</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys and other national surveys</td>
<td>SDG Global Database, July 2022</td>
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<td>Postnatal care for mothers</td>
<td>Postnatal care for mothers</td>
<td>Multiple Indicator Cluster Surveys and Demographic and Health Surveys</td>
<td>United Nations Children’s Fund (UNICEF) Global Databases, November 2022</td>
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<tr>
<td>Postnatal care for babies</td>
<td>Postnatal care for babies</td>
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<td>Exclusive breastfeeding</td>
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<td>Continued breastfeeding (one year)</td>
<td>Continued breastfeeding (year 1)</td>
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<td>Label on Profile</td>
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<td>Careseeking for symptoms of pneumonia</td>
<td>Careseeking for symptoms of ARI</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys</td>
<td>United Nations Children’s Fund (UNICEF) Global Databases, November 2022</td>
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</table>

**Maternal and newborn health**

*Pregnancy and delivery care*

<table>
<thead>
<tr>
<th>Antenatal care (four or more visits), women aged 15–49</th>
<th>Antenatal care (4+ visits)</th>
<th>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Survey and other national surveys</th>
<th>United Nations Children’s Fund (UNICEF) Global Databases, November 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled birth attendant, women aged 15–49</td>
<td>Skilled birth attendant</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys and other national sources</td>
<td>United Nations Children’s Fund and World Health Organization, November 2022</td>
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<tr>
<td>Timing of first antenatal visit, women aged 15-49</td>
<td>Timing of first antenatal visit, women aged 15-49</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys and other national sources</td>
<td>United Nations Children’s Fund and World Health Organization, November 2022</td>
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*Adolescent health*
<table>
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<th>Global database</th>
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<tr>
<td>Demand for family planning satisfied, modern methods (ages 15–17, 18–19)</td>
<td>DFPS(MM)</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys and other national surveys</td>
<td>Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of September 2022</td>
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<td>Antenatal care (four or more visits) (ages 15–17, 18–19)</td>
<td>Antenatal care (4+ visits)</td>
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<td>Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of September 2022</td>
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<td>Skilled birth attendant (ages 15–17, 18–19)</td>
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<td>Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of September 2022</td>
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<td>Intermittent preventive treatment for malaria during pregnancy, three or more</td>
<td>Intermittent preventive treatment for malaria during pregnancy 3+</td>
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<td>United Nations Children’s Fund (UNICEF) Global Databases, November 2022</td>
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<td>Institutional delivery (public, private, total)</td>
<td>Institutional delivery (public, private, total)</td>
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<td>Caesarean section rate (urban, rural, total)</td>
<td>Caesarean section rate (urban, rural, total)</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys</td>
<td>United Nations Children’s Fund (UNICEF) Global Databases, November 2022</td>
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<td>Essential nutrition indicators</td>
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<td>Women of reproductive age, short stature</td>
<td>Women of reproductive age, short stature</td>
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<td>Demographic and Health Surveys, as of July 2021</td>
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<tr>
<td>Women (20+) with low body mass index (&lt;18.5)</td>
<td>Women (20+) with BMI (&lt;18.5, % underweight)</td>
<td>NCD Risk Factor Collaboration, 2017</td>
<td>NCD Risk Factor Collaboration, 2017</td>
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<tr>
<td>Women (20+) with body mass index &gt;30 (obese)</td>
<td>Women (20+) with body mass index &gt;30 (%, obese)</td>
<td>NCD Risk Factor Collaboration, 2017</td>
<td>NCD Risk Factor Collaboration, 2017</td>
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<td>BMI for children ages 5-9 with low body mass index (&lt;18.5)</td>
<td>Child BMI (age 5-9) Underweight; Boys, Girls,</td>
<td>National population-based surveys</td>
<td>NCD Risk Factor Collaboration Database, Lancet 2020</td>
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<td>BMI for children ages 5-9 with body mass index 25+ (overweight)</td>
<td>Child BMI (age 5-9) Overweight; Boys, Girls,</td>
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<td>Iron/folic acid supplementation during pregnancy</td>
<td>Iron and folic acid supplementation for pregnant women</td>
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<td>Low birth weight prevalence</td>
<td>Low birth weight prevalence (%)</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys and routine reporting</td>
<td>UNICEF-WHO Low birthweight estimates 2019</td>
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<tr>
<td>Vitamin A supplementation, full coverage</td>
<td>Vitamin A supplementation, full coverage</td>
<td>United Nations Children’s Fund from administrative sources</td>
<td>United Nations Children’s Fund, November 2022</td>
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<tr>
<td>Minimum dietary diversity among 6–23 month olds</td>
<td>Minimum dietary diversity (age 6-23 months)</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys</td>
<td>United Nations Children’s Fund (UNICEF) Global Databases, November 2022</td>
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<td>Baby weighed at birth</td>
<td>Baby weighed at birth</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys</td>
<td>United Nations Children’s Fund (UNICEF) Global Databases, November 2022</td>
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**Child nutritional status**
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<tr>
<td>Children under-5 who are stunted</td>
<td>Percent children under 5 with moderate Stunting</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys and surveillance systems</td>
<td>United Nations Children’s Fund, World Health Organization and World Bank Group joint child malnutrition estimates country dataset, May 2021</td>
</tr>
<tr>
<td>Children under-5 who are wasted</td>
<td>Percent children under 5 with moderate Wasting</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys and surveillance systems</td>
<td>United Nations Children’s Fund, World Health Organization and World Bank Group joint child malnutrition estimates country dataset, May 2021</td>
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<tr>
<td>Children under-5 who are overweight or obese</td>
<td>Percent children under 5 with moderate Overweight</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys and surveillance systems</td>
<td>United Nations Children’s Fund, World Health Organization and World Bank Group joint child malnutrition estimates country dataset, May 2021</td>
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**Breastfeeding practices**

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<thead>
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<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys</td>
<td>United Nations Children’s Fund (UNICEF) Global Databases, November 2022</td>
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<td>Continued breastfeeding (one year)</td>
<td>Continued breastfeeding (one year)</td>
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<td>United Nations Children’s Fund (UNICEF) Global Databases, November 2022</td>
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**Child health**

**Immunization**

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<tr>
<td>Pneumonia treatment</td>
<td>Careseeking for ARI Symptoms: Percent of children under 5 years with symptoms of acute respiratory infection taken to appropriate health provider</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys</td>
<td>United Nations Children’s Fund (UNICEF) Global Databases, November 2022</td>
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<tr>
<td>Diarrhoeal disease treatment</td>
<td>Percent of children under 5 years with diarrhoea - diarrhoea treatment: with ORS</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys</td>
<td>United Nations Children’s Fund (UNICEF) Global Databases, November 2022</td>
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<tr>
<td>Children &lt;5 years with diarrhoea treated with oral rehydration salts</td>
<td>Percent of children under 5 years with diarrhoea - diarrhoea treatment: with ORS</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys</td>
<td>United Nations Children’s Fund (UNICEF) Global Databases, November 2022</td>
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<tr>
<td>Children &lt;5 years with diarrhoea treated with</td>
<td>Percent of children under 5 years with diarrhoea -</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys</td>
<td>United Nations Children’s Fund (UNICEF) Global Databases, November 2022</td>
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<tr>
<td>oral rehydration salts and zinc</td>
<td>diarrhoea treatment: with ORS + zinc</td>
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**Additional Child Health Indicators**

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<td>Careseeking for children with fever</td>
<td>Careseeking for fever</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys</td>
<td>United Nations Children’s Fund (UNICEF) Global Databases, November 2022</td>
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<tr>
<td>Malaria diagnostics in children &lt;5 years</td>
<td>Malaria diagnostics in children under-five</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys</td>
<td>United Nations Children’s Fund (UNICEF) Global Databases, November 2022</td>
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<tr>
<td>Number of children not vaccinated with DTP1</td>
<td>Number of children not vaccinated with DTP1</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys</td>
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<td>Malaria prevention in children under 5—sleeping under insecticide-treated nets</td>
<td>Children under 5 sleeping under ITNs</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys</td>
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**Environmental**

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**Equity by Wealth Quintile**

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<td>Demand for family planning satisfied with modern methods</td>
<td>Demand for family planning satisfied with modern methods</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys and other national surveys</td>
<td>Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of September 2022</td>
</tr>
<tr>
<td>Neonatal tetanus protection</td>
<td>Neonatal tetanus protection</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys</td>
<td>Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of July September 2022</td>
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<tr>
<td>Antenatal care (four or more visits)</td>
<td>Antenatal care (4+ visits)</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys</td>
<td>Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of September 2022</td>
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<tr>
<td>Indicator</td>
<td>Label on Profile</td>
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<tr>
<td>Skilled birth attendant</td>
<td>Skilled attendant at delivery</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys and other national surveys</td>
<td>Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of September 2022</td>
</tr>
<tr>
<td>Postnatal care for mothers</td>
<td>Postnatal care for mothers</td>
<td>Multiple Indicator Cluster Surveys and Demographic and Health Surveys</td>
<td>Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of September 2022</td>
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<td>Postnatal care for babies</td>
<td>Postnatal care for babies</td>
<td>Multiple Indicator Cluster Surveys and Demographic and Health Surveys</td>
<td>Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of September 2022</td>
</tr>
<tr>
<td>Early initiation of breastfeeding</td>
<td>Early initiation of breastfeeding</td>
<td>Multiple Indicator Cluster Surveys and Demographic and Health Surveys, other national surveys</td>
<td>Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of September 2022</td>
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<td>Exclusive breastfeeding</td>
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<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys</td>
<td>Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of September 2022</td>
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<tr>
<td>Continued breastfeeding (one year)</td>
<td>Continued breastfeeding (year 1)</td>
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<td>Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of September 2022</td>
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<tr>
<td>Immunized against rotavirus</td>
<td>Immunization - Rota</td>
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<td>Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of September 2022</td>
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<td>Immunized with three doses diphtheria–tetanus–pertussis</td>
<td>Immunization – DTP3</td>
<td>Multiple Indicator Cluster Surveys and Demographic and Health Surveys</td>
<td>Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of September 2022</td>
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<td>Immunized against measles</td>
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<td>Careseeking for symptoms of pneumonia</td>
<td>Careseeking for symptoms of pneumonia</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys</td>
<td>Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of September 2022</td>
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<tr>
<td>Oral rehydration salts treatment of diarrhoea</td>
<td>Diarrhoea treatment: ORS</td>
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<td>Under five mortality</td>
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<td>Stunting for children under five</td>
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<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys</td>
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<td>Composite Coverage Index (CCI)</td>
<td>Composite Coverage Index (CCI)</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other national surveys</td>
<td>Special data analysis by International Center for Equity in Health, Federal University of Pelotas, Brazil, as of September 2022</td>
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**Policies, systems, and financing**

**Legislative policies**

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<td>Legal age limit for adolescents to provide consent, for contraceptive services (unmarried/married, without parental or legal guardian/spousal consent)</td>
<td>Legal Age Limits exists for adolescents to access family planning with spousal or parental consent</td>
<td>WHO Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health Policy Survey 2018–2019</td>
<td>Department of Maternal, Newborn, Child and Adolescent Health and Ageing (MCA); Department of Sexual and Reproductive Health and Research (SRH)</td>
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<td>Legal status of abortion</td>
<td>Legal status of abortion</td>
<td>WHO Global Abortion Policies Database, as of October 2022</td>
<td>WHO Global Abortion Policies Database, as of October 2022</td>
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<td>Legislation on food fortification—wheat, rice and maize</td>
<td>Legislation on food fortification—wheat, rice and maize</td>
<td>Food Fortification Initiative and Global Alliance for Improved Nutrition</td>
<td>Global Fortification Data Exchange, as of November 2022</td>
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**Governance**

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<td>Costed national implementation plans for maternal, newborn and child health available</td>
<td>Costed national implementation plans for maternal, newborn and child health available</td>
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<td>Department of Maternal, Newborn, Child and Adolescent Health and Ageing (MCA); Department of Sexual and Reproductive Health and Research (SRH)</td>
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<td>Maternal death review</td>
<td>Maternal death review</td>
<td>WHO Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health Policy Survey 2018–2019</td>
<td>Department of Maternal, Newborn, Child and Adolescent Health and Ageing (MCA);</td>
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<td>Civil society involvement in review of national maternal, newborn and</td>
<td>Civil society involvement in review of national maternal, newborn and child health</td>
<td>WHO Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health</td>
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<td>Per Capita Total Expenditure on Health</td>
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<td>Global Health Expenditure Database, November 2022</td>
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<td>Global Health Expenditure Database, November 2022</td>
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<td>Out of pocket expenditure as % of total expenditure on health</td>
<td>Out of pocket expenditure as % of total expenditure on health</td>
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<td>Global Health Expenditure Database, November 2022</td>
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<td>General government expenditure on health as % of total government</td>
<td>General government expenditure on health as % of total government expenditure</td>
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<td>Global Health Expenditure Database, November 2022</td>
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<td>Official development assistance to reproductive, maternal, newborn and</td>
<td>ODA+ flows to RMNCH per capita</td>
<td>Organisation for Economic Co-operation and Development’s Development</td>
<td>London School of Health and Tropical Medicine, October 2022</td>
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<td>child health, total and per capita</td>
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<td>Assistance Committee</td>
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<tr>
<td>Official development assistance to maternal, newborn health (total and</td>
<td>ODA+ to MNH per birth</td>
<td>Organisation for Economic Co-operation and Development’s Development</td>
<td>London School of Health and Tropical Medicine, October 2022</td>
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<tr>
<td>per birth)</td>
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<tr>
<td>Official development assistance to child health (total and per child</td>
<td>ODA+ to CH per child U5</td>
<td>Organisation for Economic Co-operation and Development’s Development</td>
<td>London School of Health and Tropical Medicine, October 2022</td>
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<td>under age five)</td>
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<td>Official development assistance to reproductive</td>
<td>ODA+ to RH per woman of reproductive age</td>
<td>Organisation for Economic Co-operation and Development’s Development</td>
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<tr>
<td>health (total and per woman of reproductive age)</td>
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<td>Official development assistance to other regional/unspecified receipt amount</td>
<td>ODA+ to RMNCH other</td>
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<td>Midwives authorized for specific tasks</td>
<td>Midwives authorized for specific tasks</td>
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<td>Department of Maternal, Newborn, Child and Adolescent Health and Ageing (MCA); Department of Sexual and Reproductive Health and Research (SRH)</td>
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## Annex D. Definitions of Countdown coverage indicators

### Table D1. 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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<tbody>
<tr>
<td><strong>Reproductive health</strong></td>
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</tr>
<tr>
<td>Demand for family planning satisfied with modern methods</td>
<td>Percentage of women of reproductive age (15–49 years) who have their need for family planning satisfied with modern methods</td>
<td>Number of women of reproductive age (15–49 years) who have their need for family planning satisfied with modern methods</td>
<td>Total number of women of reproductive age (15–49 years) in need of family planning</td>
</tr>
<tr>
<td><strong>Maternal and newborn health</strong></td>
<td></td>
<td></td>
<td></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 age 15-49 years with a live birth in the last 2 or 5 years who were attended during their last pregnancy that led to a live birth for at least four times by any provider</td>
<td>Total number of women age 15-49 years with a live birth in the last 2 or 5 years</td>
</tr>
<tr>
<td>Timing of first antenatal visit</td>
<td>Percentage of women with a birth in the last 2 or 5 years, distributed by number of months pregnant at time of first antenatal care visit for most recent birth</td>
<td>Numbers of women age 15-49 years who received antenatal care for their last birth, according to grouped number of months they were pregnant at time of first visit</td>
<td>Number of women age 15-49 years with a live birth in the last 3 or 5 years</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 age 15-49 years who received three or more doses of sulfadoxine-pyrimethamine (Fansidar™), at least one of which was received during an ANC visit, to prevent malaria during their last pregnancy that led to a live birth in the last 2 or 5 years</td>
<td>Total number of women age 15-49 years with a live birth in the last 2 or 5 years</td>
</tr>
<tr>
<td>Treatment of pregnant women living with HIV</td>
<td>Percentage of pregnant women living 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>Iron/folic acid supplementation during pregnancy</td>
<td>The percentage of pregnant women who received iron-folic acid supplementation for 90 or more days</td>
<td>Number of pregnant women who received the recommended number of iron/folic acid tablets during last pregnancy</td>
<td>Total number of pregnant women with a birth in last two years</td>
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<tr>
<td>Neonatal tetanus protection</td>
<td>Percentage of newborns protected against tetanus</td>
<td>Number of live births in the year who are protected from tetanus at birth</td>
<td>Number of live births in the year</td>
</tr>
<tr>
<td>Intervention</td>
<td>Indicator definition</td>
<td>Numerator</td>
<td>Denominator</td>
</tr>
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</tr>
<tr>
<td>Skilled birth attendant</td>
<td>Percentage of live births attended by skilled health personnel</td>
<td>Number of women aged 15-49 years with a live birth in the last 2 or 5 years who were attended by skilled health personnel during their most recent live birth (typically a doctor, nurse, or midwife)</td>
<td>Total number of women aged 15-49 years with a live birth in the last 2 or 5 years</td>
</tr>
<tr>
<td>Institutional deliveries</td>
<td>Percentage of women (ages 15–49) who gave birth in a health facility</td>
<td>Number of women aged 15-49 years with a live birth in the last 2 or 5 years whose most recent live birth was delivered in a health facility</td>
<td>Total number of women aged 15-49 years with a live birth in the last 2 or 5 years</td>
</tr>
<tr>
<td>Caesarean section rate</td>
<td>Percentage of births delivered by Caesarean section</td>
<td>Number of women aged 15-49 years whose most recent live birth in the last 2 or 5 years was delivered by Caesarean section</td>
<td>Total number of women aged 15-49 years with a live birth in the last 2 or 5 years</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 aged 15-49 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live birth in the two years preceding the survey</td>
<td>Total number of women aged 15-49 years with a live birth in the two years preceding the survey</td>
</tr>
<tr>
<td>Postnatal care for babies</td>
<td>Percentage of babies who received postnatal care within two days of childbirth</td>
<td>Number of recent live births in the last 2 years who received a health check while in facility or at home following delivery, or a postnatal care visit within 2 days after delivery</td>
<td>Total number of last live births in the last 2 or 5 years</td>
</tr>
<tr>
<td>Adolescent health</td>
<td></td>
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</tr>
<tr>
<td>Demand for family planning satisfied with modern methods among adolescent women</td>
<td>Percentage of adolescent women (15–17 and 18–19) years who are sexually active and who have their need for family planning satisfied with modern methods</td>
<td>Number of adolescent women (15–17 and 18–19 years) who have their need for family planning satisfied with modern methods</td>
<td>Total number of adolescent women (15–17 and 18–19 years)</td>
</tr>
<tr>
<td>Antenatal care (four or more visits) among adolescents</td>
<td>Percentage adolescent women (15–17 and 18–19 years) with a live birth in a given time period that received antenatal care four or more times</td>
<td>Number of adolescent women (15–17 and 18–19 years) who attended at least four times during pregnancy by any provider (skilled or</td>
<td>Total number adolescent women (15–17 and 18–19 years) who had a live birth occurring in the same period</td>
</tr>
<tr>
<td>Intervention</td>
<td>Indicator definition</td>
<td>Numerator</td>
<td>Denominator</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>---------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Skilled birth attendant among adolescents</td>
<td>The proportion of live births to an adolescent women (15–17 and 18–19 years) in a given time period, attended by skilled health personnel</td>
<td>Number of adolescent women (15–17 and 18–19 years) who reported having been attended by skilled health personnel at the time of delivery</td>
<td>Total number of adolescent women respondents (15–17 and 18–19 years) who reported a live birth in a given time period</td>
</tr>
<tr>
<td>Child health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunized against measles (first dose)</td>
<td>Percentage of surviving infants who received the first dose of measles containing vaccine</td>
<td>Number of surviving infants who received the first dose of measles containing vaccine by their first birthday (or as recommended in the national immunization schedule)</td>
<td>Total number of surviving infants</td>
</tr>
<tr>
<td>Immunized with three doses of diphtheria–tetanus–pertussis</td>
<td>Percentage of infants who received three doses of diphtheria–tetanus–pertussis vaccine</td>
<td>Number of surviving infants who received three doses of diphtheria with tetanus toxoid and pertussis containing vaccine</td>
<td>Total number of surviving infants</td>
</tr>
<tr>
<td>Immunized with three doses of <em>Haemophilus influenzae</em> type B vaccine</td>
<td>Percentage of infants who received three doses of <em>Haemophilus influenzae</em> type B vaccine</td>
<td>Number of surviving infants who received three doses of <em>Haemophilus influenzae</em> type B vaccine</td>
<td>Total number of surviving infants</td>
</tr>
<tr>
<td>Immunized against rotavirus</td>
<td>Percentage of infants who received two or three doses of rotavirus vaccine (according to manufacturer’s schedule)</td>
<td>Number of surviving infants who received the last dose of rotavirus vaccine (second or third dose depending on vaccine used)</td>
<td>Total number of surviving infants</td>
</tr>
<tr>
<td>Immunized with three doses of pneumococcal conjugate vaccine</td>
<td>Percentage of infants who received three doses of pneumococcal conjugate vaccine</td>
<td>Number of surviving infants who received the third dose of pneumococcal conjugate vaccine</td>
<td>Total number of surviving infants</td>
</tr>
<tr>
<td>HPV immunization</td>
<td>Percentage of girls (age range varies by country) who received the last dose of human papillomavirus (HPV) vaccine per national schedule</td>
<td>Number of girls (age range varies by country) who received the last dose of the HPV vaccine per national schedule</td>
<td>Total number of girls (age range varies by country)</td>
</tr>
<tr>
<td>Unvaccinated for DTP1</td>
<td>The percentage of infants who have not received a single dose of the diphtheria, tetanus toxoid and pertussis (DTP) vaccine</td>
<td>Number of children not receiving a first dose of diphtheria-tetanus-pertussis vaccine (DTP1)</td>
<td>Total number of surviving infants</td>
</tr>
<tr>
<td>Careseeking for symptoms of pneumonia</td>
<td>Percentage of children under age 5 with acute respiratory infection symptoms whom advice or treatment was</td>
<td>Number of children under age 5 with ARI symptoms (cough with fast breathing due to problem in the chest)</td>
<td>Total number of children under age 5 with ARI symptoms (cough with fast breathing due to problem in...</td>
</tr>
<tr>
<td>Intervention</td>
<td>Indicator definition</td>
<td>Numerator</td>
<td>Denominator</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Intervention</td>
<td>sought from a health facility or provider</td>
<td>or problem in the chest and blocked nose in the last 2 weeks for whom advice or treatment was sought from a health facility or provider</td>
<td>the chest or problem in the chest and blocked nose in the last 2 weeks</td>
</tr>
<tr>
<td>Oral rehydration salts and zinc treatment of diarrhoea</td>
<td>Percentage of children under age five who had diarrhoea in the two weeks preceding the survey and were given ORS and zinc</td>
<td>Number of children under age 5 with diarrhoea in the two weeks preceding the survey who received ORS and zinc</td>
<td>Total number of children under age 5 with diarrhoea in the last 2 weeks</td>
</tr>
<tr>
<td>Oral rehydration salts treatment of diarrhoea</td>
<td>Percentage of children under age five who had diarrhoea in the two weeks preceding the survey and were given oral rehydration salts (ORS packets or pre-packaged ORS fluids)</td>
<td>Number of children under age 5 with diarrhoea in the two weeks preceding the survey who received ORS</td>
<td>Total number of children under age 5 with diarrhoea in the last 2 weeks</td>
</tr>
<tr>
<td>Careseeking for fever</td>
<td>Percentage of children under age 5 with fever at any time in the 2 weeks preceding the survey for whom treatment was sought</td>
<td>Number of living children under age 5 with fever in the 2 weeks preceding the survey for whom treatment was sought from a health facility or provider</td>
<td>Number of living children under age 5 with fever in the 2 weeks preceding the survey</td>
</tr>
<tr>
<td>Malaria diagnostics in children under-5</td>
<td>Percentage of febrile children under age 5 who had a finger or heel stick for malaria testing.</td>
<td>Number of children under age 5 with fever in the last 2 weeks who had a finger or heel stick for malaria testing</td>
<td>Total number of children under age 5 with fever in the last 2 weeks</td>
</tr>
<tr>
<td>Population sleeping under insecticide-treated nets or sleeping in a house sprayed by indoor residual spraying</td>
<td>Percentage of population sleeping under an insecticide-treated net the previous night or sleeping in a house sprayed by indoor residual spraying in the past 12 months</td>
<td>The number of people sleeping under an insecticide-treated net the previous night or living in a household sprayed by indoor residual spraying within the last 12 months</td>
<td>Population</td>
</tr>
<tr>
<td>Malaria prevention in children under-5 sleeping under insecticide-treated nets</td>
<td>Percentage of children under age 5 who slept under an insecticide-treated mosquito net the night prior to the survey.</td>
<td>Number of children under age 5 who slept under an ITN the previous night</td>
<td>Total number of children under age 5 who spent the previous night in the interviewed households</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Early initiation of breastfeeding</td>
<td>Number of women with a live birth in the 3 or 5 years prior to the survey who put the newborn infant to the breast within one hour of birth</td>
<td>Total number of women with a live birth in the 3 or 5 years prior to the survey</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Exclusive breastfeeding</td>
<td>Number of infants ages 0–5 months who are exclusively fed exclusively with breast milk in</td>
<td>Total number of infants ages 0–5 months surveyed</td>
</tr>
<tr>
<td>Intervention</td>
<td>Indicator definition</td>
<td>Numerator</td>
<td>Denominator</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Continued breastfeeding (year one)</td>
<td>Proportion of children 12–15 months of age who are fed breast milk</td>
<td>Number of children 12–15 months old who received breast milk during the previous day</td>
<td>Total number of children 12–15 months old</td>
</tr>
<tr>
<td>Minimum dietary diversity</td>
<td>Proportion of children ages 6–23 months who receive foods from four or more of a total of seven standardized food groups</td>
<td>Number of children ages 6–23 months who received foods from four or more of a total of seven standardized food groups during the previous day</td>
<td>Total number of children ages 6–23 months</td>
</tr>
<tr>
<td>Vitamin A supplementation, full coverage</td>
<td>Percentage of children age 6–59 months reached with two doses of vitamin A supplements approximately four to six months apart in a calendar year</td>
<td>Number of 6- to 59-month-olds reached with one high-dose vitamin A supplement in semester 1 (January–June) or semester 2 (July–December), whichever is lower</td>
<td>Total number of children ages 6–59 months old in the given semester</td>
</tr>
<tr>
<td>Babies weighed at birth</td>
<td>Percentage of live births in the 3 or 5 years preceding the survey with a reported birth weight</td>
<td>Number of live births in the 3 or 5 years preceding the survey with a reported birth weight</td>
<td>Number of live births in the last 3 or 5 years</td>
</tr>
</tbody>
</table>

**Environmental: water, sanitation and hygiene**

<table>
<thead>
<tr>
<th>Population using basic drinking-water services</th>
<th>Population using drinking-water from an improved source provided collection time is not more than 30 minutes for a roundtrip including queuing; compliant with faecal and priority chemical standards</th>
<th>Population using drinking water from an improved source (piped water into dwelling, yard or plot; public taps or standpipes; boreholes or tube wells; protected dug wells; protected springs and rainwater) provided collection time is not more than 30 minutes for a roundtrip, including queuing; compliant with faecal and priority chemical standards</th>
<th>Total number of household members in households surveyed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population using basic sanitation services</td>
<td>Population using a basic sanitation facility that is not shared with other households</td>
<td>Population using a basic sanitation facility (flush or pour-flush toilets to sewer systems, septic tanks or pit latrines, ventilated improved pit latrines, pit latrines with a slab, and composting toilets) that is not shared with other households</td>
<td>Total population (or households)</td>
</tr>
<tr>
<td><strong>Intervention</strong></td>
<td><strong>Indicator definition</strong></td>
<td><strong>Numerator</strong></td>
<td><strong>Denominator</strong></td>
</tr>
<tr>
<td>------------------</td>
<td>--------------------------</td>
<td>---------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Population with hand washing facilities with soap and water at home</td>
<td>Proportion of population with a hand washing facility with soap and water in the household</td>
<td>Number of people with a hand washing facility with soap and water in the household</td>
<td>Number of people in survey sample</td>
</tr>
</tbody>
</table>

**Composite Coverage Indicator**

| Composite Coverage Indicator (CCI) | We present a map on the profile of each country with the composite coverage index (CCI) by region. The CCI is a simple way to summarize coverage across the maternal and child health continuum of care using a single number. It is calculated as the weighted mean of eight selected interventions demand for family planning satisfied with modern methods, antenatal care (4+ visits), skilled birth attendant, careseeking for pneumonia, ORS treatment for diarrhoea, and BCG, DTP3, and measles vaccines. | (DFPSmo + (ANC4 + SBA)/2 + (MCV1+BCG+2*DTP3)/4 + (ORS+careseeking for pneumonia) ) / 4 |

**Annex E. Definitions of demographic indicators**

**Table E1. Definitions of demographic indicators (population, birth, mortality, contextual)**

<table>
<thead>
<tr>
<th><strong>Indicator</strong></th>
<th><strong>Definition</strong></th>
<th><strong>Type</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population Indicators</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total population (000)</td>
<td>Total population (expressed in thousands)</td>
<td>Numeric</td>
</tr>
<tr>
<td>Total under 5 population (000)</td>
<td>Total population of children under 5 (expressed in thousands)</td>
<td>Numeric</td>
</tr>
<tr>
<td>Total adolescent population (10-19) (000)</td>
<td>Total population of adolescents age 10-19 years (expressed in thousands)</td>
<td>Numeric</td>
</tr>
<tr>
<td>Indicator</td>
<td>Definition</td>
<td>Type</td>
</tr>
<tr>
<td>-----------</td>
<td>------------</td>
<td>------</td>
</tr>
<tr>
<td>Urban population</td>
<td>Annual Urban Population at Mid-Year (thousands)</td>
<td>Numeric</td>
</tr>
<tr>
<td><strong>Birth Indicators</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Births (000)</td>
<td>Number of births in a given year, both sexes combined (expressed in thousands)</td>
<td>Numeric</td>
</tr>
<tr>
<td>Total fertility rate (births per woman)</td>
<td>The average number of children a hypothetical cohort of women would have at the end of their reproductive period if they were subject during their whole lives to the fertility rates of a given period and if they were not subject to mortality (expressed as number of children per woman)</td>
<td>Rate</td>
</tr>
<tr>
<td>Adolescent (15-19 years) birth rate (births per 1000 girls)</td>
<td>Number of live births per 1,000 adolescent women age 15-19</td>
<td>Rate</td>
</tr>
<tr>
<td>Birth registration</td>
<td>Percentage of children under age 5 who were registered at the moment of the survey. The numerator of this indicator includes children reported to have a birth certificate, regardless of whether or not it was seen by the interviewer, and those without a birth certificate whose mother or caregiver says the birth has been registered</td>
<td>Percentage</td>
</tr>
<tr>
<td><strong>Mortality Indicators</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal deaths</td>
<td>Defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes</td>
<td>Numeric</td>
</tr>
<tr>
<td>Lifetime risk of maternal deaths</td>
<td>The probability that a 15-year-old woman will die eventually from a maternal cause</td>
<td>Probability</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>The number of babies born with no sign of life at 28 weeks or more of gestation, per 1,000 total births.</td>
<td>Rate</td>
</tr>
<tr>
<td>Neonatal deaths, as % of all under five</td>
<td>Percentage of deaths of children under five that occur within the neonatal period (first 28 days of life)</td>
<td>Percentage</td>
</tr>
<tr>
<td>Under 5 deaths</td>
<td>Number of under-5 deaths</td>
<td>Numeric</td>
</tr>
<tr>
<td>Under 5 mortality rate (age 0-59 months)</td>
<td>Number of under-5 deaths per 1,000 live births (includes neonatal deaths)</td>
<td>Rate</td>
</tr>
<tr>
<td>Adolescent (10-19) mortality rate (per 100,000), by sex</td>
<td>Number of deaths among adolescents (10-19 years old) per 100,000 adolescent population.</td>
<td>Rate</td>
</tr>
<tr>
<td>Maternal Mortality Ratio</td>
<td>Number of maternal deaths during a given time period per 100,000 live births during the same time period</td>
<td>Ratio</td>
</tr>
<tr>
<td>Adolescent mortality rate (age 15-19)</td>
<td>Number of deaths among adolescents (15-19 years old) per 100,000 adolescent population.</td>
<td>Ratio</td>
</tr>
<tr>
<td>Child mortality rate (age 5-14)</td>
<td>Number of deaths among children (5-14 years old) per 100,000 child population.</td>
<td>Ratio</td>
</tr>
<tr>
<td>Child mortality rate (age 1-59 months)</td>
<td>Number of deaths among children (1-59 months years old) per 100,000 child population.</td>
<td>Ratio</td>
</tr>
<tr>
<td>Neonatal mortality rate</td>
<td>Number of deaths during the first 28 completed days of life per 1,000 live births</td>
<td>Rate</td>
</tr>
<tr>
<td>Cause of death US</td>
<td>Percentage of deaths for children under five that are attributable to direct and indirect causes</td>
<td>Percentage</td>
</tr>
<tr>
<td>Indicator</td>
<td>Definition</td>
<td>Type</td>
</tr>
<tr>
<td>-----------</td>
<td>------------</td>
<td>------</td>
</tr>
<tr>
<td>Cause of death 5-19</td>
<td>Percentage of deaths for children ages 5-19 that are attributable to direct and indirect causes</td>
<td>Percentage</td>
</tr>
<tr>
<td>Causes of maternal death (regional) bar chart</td>
<td>Percentage of maternal deaths that can be attributed to respective direct and indirect causes by MDG Region (see Table E2)</td>
<td>Percentage</td>
</tr>
</tbody>
</table>

**Contextual Indicators**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary completion rate, education (upper, female)</td>
<td>Percentage of young girls aged 3-5 years above the intended age for the last grade of secondary education who have completed that grade</td>
<td>Percentage</td>
</tr>
<tr>
<td>Early childhood development index</td>
<td>Proportion of children aged 24-59 months who are developmentally on track in health, learning and psychosocial well-being, by sex</td>
<td>Index</td>
</tr>
<tr>
<td>Heidelberg Conflict Barometer (Conflict Indicator)</td>
<td>Highest conflict intensity based on the Heidelberg Conflict Barometer</td>
<td>Index</td>
</tr>
</tbody>
</table>

**Table E2. MDG Region Groupings for Maternal Cause of Death**

<table>
<thead>
<tr>
<th>MDG Regions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latin America and Caribbean</td>
</tr>
<tr>
<td>North America</td>
</tr>
<tr>
<td>South Asia</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
</tr>
<tr>
<td>Caucasus and Central Asia</td>
</tr>
<tr>
<td>Eastern Asia</td>
</tr>
<tr>
<td>Northern Africa</td>
</tr>
<tr>
<td>Oceania</td>
</tr>
<tr>
<td>Southern Asia</td>
</tr>
<tr>
<td>South-eastern Asia</td>
</tr>
<tr>
<td>Western Asia</td>
</tr>
</tbody>
</table>
## Annex F. Definitions of drivers indicators (policies, systems and financing)

### Table F1. Definitions of drivers indicators (policies, systems and financing)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Criteria for ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Legislative policies</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Legal age limit for family planning for adolescents without spousal or parental consent | Is there a legal age limit for adolescents (married or unmarried) to access contraception without parental or spousal consent? | Yes = there is a legal age limit for unmarried/married adolescents to provide consent, without parental/legal guardian/spousal consent, to the contraceptive services or emergency contraception  
No = there is not a legal age limit for unmarried/married adolescents to provide consent, without parental/legal guardian/spousal consent, to the contraceptive services or emergency contraception  
Unknown = it was reported unknown if there is a legal age limit for unmarried/married adolescents to provide consent, without parental/legal guardian/spousal consent, to the contraceptive services or emergency contraception  
No data = no reported response for this question in the WHO Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health Policy Survey 2018-2019 |
| Legal status of abortion                      | Please note that there is great nuance to each legal ground of abortion than what is displayed on this profile, please see Table F2 for more detail. | Abortion allowed on the following grounds:  
  ● to save a woman’s life.  
  ● to preserve physical health.  
  ● to preserve mental health.  
  ● for economic and social reason  
  ● on request.  
  ● in case of rape or incest.  
  ● in case of foetal impairment.  
Response options:  
  ● Yes  
  ● No  
  ● Law varies by jurisdiction (where laws or policies vary by jurisdiction within the same country)  
  ● No interpretation was made (when there is no explicit reference in the source documents to the particular issue in question)  
  ● No data |
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Criteria for ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity protection (Convention 183)</td>
<td>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)</td>
<td>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). No = no ratification of any maternal protection convention.</td>
</tr>
<tr>
<td>International Code of Marketing of Breastmilk Substitutes</td>
<td>National policy has been adopted on all provisions stipulated in International Code of Marketing of Breastmilk Substitutes.</td>
<td>Based on a possible total of 100, all WHO Member States were classified as follows:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Substantially aligned with the Code = countries have enacted legislation or adopted regulations, decrees or other legally binding measures encompassing a significant set of provisions of the Code (score of 75 - 100)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Moderately aligned with the Code = countries have enacted legislation or adopted regulations, decrees or other legally binding measures encompassing a majority of provisions of the Code (score of 50 - &lt; 75)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Some provisions of the Code included = countries have enacted legislation or adopted regulations, decrees or other legally binding measures covering less than half of the provisions of the Code (score of &lt; 50)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• No legal measures = countries have taken no action or have implemented the Code only through voluntary agreements or other non-legal measures (includes countries that have drafted legislation but not enacted it)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• No data available</td>
</tr>
<tr>
<td>Legislation on food fortification (wheat, rice, maize)</td>
<td>National status of legislation on food fortification of wheat, rice, or maize</td>
<td>Mandatory = The country has legal documentation that has the effect of mandating fortification of a food with one or more vitamins or minerals Voluntary = The country has official documentation and/or a food standard that provides guidance or regulations for fortification, but does not have such</td>
</tr>
<tr>
<td>Indicator</td>
<td>Definition</td>
<td>Criteria for ranking</td>
</tr>
<tr>
<td>-----------</td>
<td>------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Documentation that has the effect of mandating fortification</td>
<td>No or unknown = A local expert has confirmed that the country does not have such documentation or a document has not been identified, or does not meet our inclusion criteria. No data available</td>
<td></td>
</tr>
<tr>
<td>Governance</td>
<td>Costed national implementation plan(s) for maternal, newborn, child, and reproductive health</td>
<td>National plan for scaling up maternal, newborn and child health interventions is available and costed. Either a maternal, newborn, child, or reproductive strategy/plan is costed for its entire duration (a plan with at least one component) Yes = Costed plan or plans to scale up maternal, newborn, child, and reproductive health interventions available at the national level. No = No costed implementation plan for maternal, newborn and child health available. Yes = Either a maternal, newborn, child, or reproductive strategy/plan is costed for its entire duration No = A maternal, newborn, child, and reproductive strategy/plan is NOT costed for its entire duration</td>
</tr>
<tr>
<td>Maternal death review</td>
<td>National policies or protocols to track maternal deaths according to seven possible components</td>
<td>Maternal death surveillance and response survey results tracking the following seven components: A national policy to notify all maternal deaths. A national policy to review all maternal deaths. A national maternal death review committee. A subnational maternal death review committee. Both national and subnational maternal death review committees. Frequency of meetings of the national maternal death review committee meetings (annual, semi-annually, quarterly, monthly) Response options: ● Yes ● No ● Unknown ● Not applicable ● No data</td>
</tr>
<tr>
<td>National policy/strategy to ensure engagement of civil</td>
<td>Is there a policy or strategy to ensure engagement of civil</td>
<td>Yes = civil society is involved in review of all maternal, newborn, child, and adolescent health programmes</td>
</tr>
<tr>
<td>Indicator</td>
<td>Definition</td>
<td>Criteria for ranking</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| society organisation representatives in periodic review of national     | society organization representatives in periodic review of national programmes for maternal, newborn, child, and adolescent health?                                                                      | No = civil society is not engaged in the review of all maternal, newborn, child, and adolescent health programmes  
Unknown = civil society involvement of review of maternal, newborn, child, and adolescent health programmes is unknown                                                                 |
| programmes for maternal, newborn, child, and adolescent health programmes |                                                                                                                                                                                                           |                                                                                                                                                                                                                      |
| National coordinating body that looks at RMNCAH or its components        | Is there a national coordinating body that looks at RMNCAH or its components?                                                                                                                                | Yes = there is a national coordinating body that looks at RMNCAH or its components  
No = there is no reported national coordinating body that looks at RMNCAH or its components  
No data = no data was reported on if there is a national coordinating body that looks at RMNCAH or its components |
| National human rights institution (e.g. Ombudsperson, national           | Is there a national human rights institution (e.g. Ombudsperson, national human rights commission/committee) mandated/authorized to consider matters related to RMNCAH  
(e.g. Ombudsperson, national human rights commission/committee) mandated/authorized to consider matters related to RMNCAH  
Unknown = it is unknown if there is a national human rights institution (e.g. Ombudsperson, national human rights commission/committee) mandated/authorized to consider matters related to RMNCAH  
No data = No data available                                                                 |
<p>| human rights commission/committee) mandated/authorized to consider matters related to RMNCAH |                                                                                                                                                                                                           |                                                                                                                                                                                                                      |
| Financing                                                                |                                                                                                                                                                                                           |                                                                                                                                                                                                                      |
| Total expenditure on health, per capita                                  | The sum of public and private health expenditures as a ratio of total population (current US $)                                                                                                           | Numerical                                                                                                                                                                                                            |
| General government expenditure on health, per capita                     | Health expenditures incurred by central, state/regional and local government authorities, excluding social security schemes. Included are nonmarket, non-profit institutions that are controlled and mainly financed by government units | Numerical                                                                                                                                                                                                            |</p>
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Criteria for ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-pocket expenditure as % of total expenditure on health</td>
<td>Level of out-of-pocket expenditure expressed as a percentage of total expenditure on health</td>
<td>Numerical</td>
</tr>
<tr>
<td>General government expenditure on health as % of total government expenditure</td>
<td>Level of general government expenditure on health expressed as a percentage of total expenditure on health</td>
<td>Numerical</td>
</tr>
<tr>
<td>Official development assistance plus to reproductive, maternal, newborn, child health (total and per capita)</td>
<td>Official development assistance to reproductive, maternal, newborn, child health using the Muskoka method, includes other regional/unspecified receipt amount</td>
<td>Numerical (USD in millions)</td>
</tr>
<tr>
<td>Official development assistance to maternal, newborn health (total and per birth)</td>
<td>Official development assistance to maternal, newborn health using the Muskoka method, includes other regional/unspecified receipt amount</td>
<td>Numerical (USD in millions)</td>
</tr>
<tr>
<td>Official development assistance to child health (total and per child under age five)</td>
<td>Official development assistance to child health using the Muskoka method includes, other regional/unspecified receipt amount</td>
<td>Numerical (USD in millions)</td>
</tr>
<tr>
<td>Official development assistance to reproductive health (total and per woman of reproductive age)</td>
<td>Official development assistance to reproductive health using the Muskoka method includes, other regional/unspecified receipt amount</td>
<td>Numerical (USD in millions)</td>
</tr>
</tbody>
</table>

**Service delivery**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Criteria for ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Density of skilled health professionals</td>
<td>Proportion of doctors, nurses and midwives who are available per 10,000 population</td>
<td>Expressed as a ratio</td>
</tr>
<tr>
<td></td>
<td>Numerator: number of health workers (doctors, nurses and midwives)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Denominator: 10,000 population</td>
<td></td>
</tr>
<tr>
<td>Midwives authorized for specific tasks</td>
<td>Midwifery personnel are authorized to deliver basic emergency obstetric and newborn care</td>
<td>Number of the seven lifesaving interventions tasks authorized:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Manual removal of placenta</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Administration of anticonvulsants</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Administration of oxytocics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Assisted instrumental delivery by vacuum extractor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Manual vacuum aspiration for retained products</td>
</tr>
<tr>
<td>Indicator</td>
<td>Definition</td>
<td>Criteria for ranking</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Newborn resuscitation with mask</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Parenteral administration of antibiotics</td>
</tr>
</tbody>
</table>

Table F2. Details on Legal Status of Abortion Indicator

<table>
<thead>
<tr>
<th>Legal status of abortion</th>
<th>Countries can have different legal ground for abortion depending upon gestational age. For simplicity of display, if a country had responded that legal grounds for abortion of “on request” then had responded “no” for any other legal grounds, the response was displayed as a checkmark. The following are countries that allow abortion upon request with no requirement for justification but had responded “no” for any other legal grounds of abortion. Listed are the gestational age limits for abortion upon request with no requirement for justification:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>● Azerbaijan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Vietnam</td>
</tr>
</tbody>
</table>

Additionally, each legal ground of abortion may have a gestational limit. Detailed information about each legal ground of abortion for individual countries can be found in the Global Abortion Policies Database: [https://abortion-policies.srhr.org/](https://abortion-policies.srhr.org/)

The following article describes legal categories of abortion in greater detail: [https://bmcinthealthhumrights.biomedcentral.com/articles/10.1186/s12914-018-0183-1](https://bmcinthealthhumrights.biomedcentral.com/articles/10.1186/s12914-018-0183-1)

Annex G. List of *Countdown* countries that contained data for at least one malaria indicator

Table G1.

<table>
<thead>
<tr>
<th>Afghanistan</th>
<th>Myanmar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>Namibia</td>
</tr>
<tr>
<td>Benin</td>
<td>Nepal</td>
</tr>
<tr>
<td>Botswana</td>
<td>Niger</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Nigeria</td>
</tr>
<tr>
<td>Burundi</td>
<td>Pakistan</td>
</tr>
<tr>
<td>Cambodia</td>
<td>Papua New Guinea</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Rwanda</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>Sao Tome and Principe</td>
</tr>
<tr>
<td>Chad</td>
<td>Senegal</td>
</tr>
<tr>
<td>Comoros</td>
<td>Sierra Leone</td>
</tr>
</tbody>
</table>
Annex H. Details on estimates produced by interagency or other groups used in the *Countdown* report—mortality, immunization, water and sanitation, Heidelberg Conflict barometer, early childhood development index, ODA plus. Methods for regional aggregates for intervention coverage indicators

*Mortality*

*Countdown to 2030* relies on UN interagency estimates on child and maternal mortality that are produced for official Sustainable 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-five mortality rate and number of under-five 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 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.

**Regional aggregates**

Regional aggregates for stillbirth rate are calculated by summing live births and stillbirths across countries in each region and dividing regional stillbirths by the sum of regional live births and regional stillbirths (i.e., total births). Regional aggregates for neonatal deaths, as % of all <5 are calculated as regional neonatal deaths divided by regional under 5 deaths. Regional aggregates for total under 5 deaths are calculated by summing deaths under 5 across countries in a given region. Regional aggregates for mortality rates (neonatal, under 5, 5-14, 10-19, 15-19) are calculated by aggregating the number of deaths for a particular age group estimated by the UN IGME and United Nations World Population Prospects, 2019 Revision. The data inputs, methods and full time series of the UN IGME estimates for all countries and regions are available at [http://www.data.unicef.org](http://www.data.unicef.org) and [www.childmortality.org](http://www.childmortality.org).

**Maternal mortality**

Maternal mortality estimates for 1990–2017 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—sparser 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 under-reporting. 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 2017. Covariates used in the models include gross domestic product per capita, general fertility rate and skilled birth attendance.
**Regional aggregates**

Regional aggregates of lifetime risk of maternal mortality are based on a weighted average of \((T_{15}-T_{50})/l_{15}\) for a given region (the average number of years lived between ages 15 and 50 years among survivors to age 15) multiplied by the maternal mortality ratio of that region. Regional aggregates of maternal mortality ratio are calculated as the estimated total number of maternal deaths divided by number of live births for that region.

For more information, see WHO, UNICEF, UNFPA, World Bank Group, United Nations Population Division (2019) and [https://www.who.int/data/gho/indicator-metadata-registry/imr-details/26](https://www.who.int/data/gho/indicator-metadata-registry/imr-details/26)

**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.

**Regional aggregates**

Regional aggregates for immunization coverage of DTP3, Measles and PCV3 are calculated as a weighted average using the population weight of number of infants surviving their first year of life from the United Nations World Population Prospects, 2022 Revision. Regional aggregates for coverage of HPV are calculated as a weighted average using the population weight of number of girls aged 15.

For each country’s final report for 2021 as well as methods, data sources and brief description of trends, see [www.data.unicef.org](http://www.data.unicef.org) and [www.who.int/immunization/monitoring_surveillance/data/en/](http://www.who.int/immunization/monitoring_surveillance/data/en/).

**Water and sanitation**

The drinking-water and sanitation coverage estimates in this report are produced by the World Health Organization–United Nations Children’s Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene. 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.
Regional aggregates

Regional aggregates for basic water, sanitation and hygiene services are calculated using a population-weighted average. Populations using basic services are summed for each regional grouping, and population-weighted rural and urban estimates are combined to calculate the regional and global populations with each level of service.

For specific country data, see http://www.childinfo.org and www.washdata.org.

Maternal newborn child and adolescent health

Regional aggregates for maternal, newborn, child, and adolescent health interventions are calculated using a population-weighted average. The population weights are indicator-specific and applied for each country. They accord with the appropriate target population for each indicator and are derived from the World Population Prospects 2022 Revision. Regional aggregates for a specific indicator are not displayed if at least 50% of the regional population does not have data for the indicator.

For specific country data, see www.data.unicef.org

Heidelberg Conflict Barometer

The Heidelberg Conflict Barometer is produced by the Institute for Political Science of the University of Heidelberg: the Heidelberg Institute for International Conflict Research, and the research group Conflict Information System. Using the operational definitions of official war declarations, number of casualties and refugees, and mode and quality of the course of the conflict, intensity of conflict based on state units and calendar years, an index score to measure conflict intensity is calculated using a point system for each of the aspects of the conflict. Details of the full methodology can be accessed at: https://hiik.de/hiik/methodology/?lang=en.

Early Childhood Development Index

The Early Childhood Development Index (ECDI) was developed using a module called ECD in the global Multiple Indicator Cluster Surveys (MICS) to determine whether children are developmentally on track as per the following four domains: literacy-numeracy, physical, learning, and social-emotional by asking through asking ten age-appropriate questions for children aged 3–4. The index is calculated as the percentage of children aged 3-4 who are developmentally on track in at least three of the four domains.

Methods for producing estimates of aid for RMNCH using the Muskoka2 method (ODA+)

The Muskoka2 method to track aid for RMNCH was developed as part of a collaboration between academics, donors, and other stakeholders, including Countdown to 2030 and the Partnership for Maternal Newborn & Child Health. Muskoka2 is an algorithm applied to aid datasets maintained by the Organisation for Economic Cooperation and Development (OECD). The Muskoka2 method seeks to estimate the monetary value of aid directly contributing to improvements in RMNCH outcomes. It includes the full monetary value of aid categorised by donors as being directed towards reproductive
health and family planning, and includes relevant shares of aid directed towards HIV, malaria and other infectious diseases; health systems and basic healthcare; the humanitarian and water and sanitation sectors; and general budget support. The shares of aid for HIV, malaria, tuberculosis and general budget support counted towards RMNCH vary between recipient countries and over time to account for differences in demography, epidemiology and health spending.

We applied the Muskoka2 method to the January 2021 release of the OECD’s Creditor Reporting System dataset. Data from all 49 bilateral (country) donors, 42 multilateral institutions, and 36 private donors who reported their disbursements to the OECD for the year 2019 are included. All disbursement data on official development assistance loans and grants and private development finance are included, while other flow types (equity investments and other official flows) are excluded.

The estimates we present of total aid for RMNCH include both aid directed toward the specific recipient country as well as relevant shares of aid directed towards regions and unspecified recipients. By contrast, the separate estimates of aid for maternal and newborn health, aid for the health of children aged 1–59 months, and aid for the reproductive health of non-pregnant women only include aid directed toward the specific recipient country and do not include any aid directed towards regional or unspecified recipients. The OECD does not consider American Samoa, Bulgaria, Romania, and the Russian Federation eligible to receive official development assistance (ODA), and so aid estimates are not applicable for these countries.

Aid estimates are presented in total and per relevant population. Estimates of the total population, number of women of reproductive age (15–49), number of live births, and number of children aged less than 5 years in 2019 are taken from World Population Prospects 2019 (medium variant). No population data are available for American Samoa, and only total population estimates are available for Dominica, the Marshall Islands, Tuvalu, and Kosovo; estimates of aid per relevant population are therefore unavailable for these countries.

## Annex I. List of Acronyms in Countdown2030 Profiles

<table>
<thead>
<tr>
<th>Type</th>
<th>Acronym</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal, Newborn, Child, &amp; Adolescent Health Indicators</td>
<td>ANC4</td>
<td>Antenatal care (4+ visits)</td>
</tr>
<tr>
<td></td>
<td>ART</td>
<td>Antiretroviral Therapy</td>
</tr>
<tr>
<td></td>
<td>BMI</td>
<td>Body Mass Index</td>
</tr>
<tr>
<td></td>
<td>CH</td>
<td>Child Health</td>
</tr>
<tr>
<td></td>
<td>DFP5(MM)</td>
<td>Demand for family planning satisfied with modern methods</td>
</tr>
<tr>
<td></td>
<td>DTP1</td>
<td>1st Dose of Diphtheria, Tetanus, Pertussis Vaccine</td>
</tr>
<tr>
<td></td>
<td>DTP3</td>
<td>3rd Dose of Diphtheria, Tetanus, Pertussis Vaccine</td>
</tr>
<tr>
<td></td>
<td>ITNs</td>
<td>Insecticide Treated Nets</td>
</tr>
<tr>
<td></td>
<td>MNH</td>
<td>Maternal Newborn Health</td>
</tr>
<tr>
<td></td>
<td>ODA</td>
<td>Official Development Assistance</td>
</tr>
<tr>
<td></td>
<td>ORS</td>
<td>Oral Rehydration Solution</td>
</tr>
<tr>
<td></td>
<td>PCV3</td>
<td>3rd Dose of Pneumococcal conjugate vaccine</td>
</tr>
<tr>
<td></td>
<td>RH</td>
<td>Reproductive health</td>
</tr>
<tr>
<td></td>
<td>RMNCH</td>
<td>Reproductive, maternal, newborn, child health</td>
</tr>
<tr>
<td></td>
<td>SBA</td>
<td>Skilled Birth Attendant</td>
</tr>
<tr>
<td>Causes of Death</td>
<td>ARI</td>
<td>Acute Respiratory Infection</td>
</tr>
<tr>
<td></td>
<td>BABT</td>
<td>Birth Asphyxia and Birth Trauma</td>
</tr>
<tr>
<td></td>
<td>IV</td>
<td>Interpersonal Violence</td>
</tr>
<tr>
<td></td>
<td>LRI</td>
<td>Lower respiratory infection</td>
</tr>
<tr>
<td></td>
<td>RTI</td>
<td>Road traffic injuries</td>
</tr>
<tr>
<td></td>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>Organizations, Working Groups, &amp; Data Sources</td>
<td>DHS</td>
<td>Demographic and Health Surveys</td>
</tr>
<tr>
<td></td>
<td>IGME</td>
<td>United Nations Interagency Group for Child Mortality Estimation</td>
</tr>
<tr>
<td></td>
<td>MICS</td>
<td>Multiple indicator cluster surveys</td>
</tr>
<tr>
<td></td>
<td>MMEIG</td>
<td>UN Maternal Mortality Estimation Interagency Group</td>
</tr>
<tr>
<td></td>
<td>NS</td>
<td>National Survey</td>
</tr>
<tr>
<td></td>
<td>UNICEF</td>
<td>United Nations International Children’s Emergency Fund</td>
</tr>
<tr>
<td></td>
<td>WB</td>
<td>World Bank</td>
</tr>
<tr>
<td></td>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>