COUNTDOWN TO 2015 DECADE REPORT (2000–2010) with country profiles
Taking stock of maternal, newborn and child survival
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Countdown to 2015: key messages for 2010

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

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<th>Description</th>
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<tr>
<td>BCG</td>
<td>Bacille Calmette-Guérin</td>
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<tr>
<td>DPT</td>
<td>diphtheria and tetanus with pertussis</td>
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<td>GDP</td>
<td>gross domestic product</td>
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<td>HIV/AIDS</td>
<td>human immunodeficiency virus/acquired immune deficiency syndrome</td>
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<td>MDG</td>
<td>Millennium Development Goal</td>
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<td>ODA</td>
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Countdown headlines for 2010: saving the lives of the world’s women, newborns and children

Survival status

Millennium Development Goal 4—reduce child mortality

- Good news: 19 of the 68 Countdown countries are on track to achieve Millennium Development Goal (MDG) 4.
  - 17 countries have reduced child mortality by at least half.
  - 47 countries have accelerated their progress on child mortality since 2000.

- Much work remains: 49 Countdown countries are not on track to achieve MDG4.
  - 12 countries (including some currently on track) have seen their progress slow since 2000.

- Death and illness:
  - Globally 8.8 million children a year die before their fifth birthday, more than 40% of them during their first four weeks of life. At least two-thirds of all child deaths are preventable.
  - Pneumonia and diarrhoea remain the largest killers of children after the newborn period.
  - Undernutrition contributes to more than 1 in 3 child deaths.

Millennium Development Goal 5—improve maternal health

- Good news: new studies suggest that some progress is being made on reducing maternal mortality.

- Much work remains: both globally and in most Countdown countries, progress is insufficient to achieve MDG 5, particularly in Sub-Saharan Africa. Urgent action is needed to scale up proven interventions to improve reproductive and maternal health.

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

Coverage gains and gaps

- Progress is inconsistent: progress on coverage of lifesaving interventions across the continuum of care is uneven.
  - Some interventions delivered routinely through outreach or scheduled in advance (such as vaccinations and vitamin A supplementation) have achieved and sustained high coverage.
  - Interventions that must be provided in response to acute need (such as treatment of childhood illnesses and caesarean sections) show little progress.
  - Relatively new interventions that have received attention and resources, such as insecticide-treated nets and prevention of mother-to-child transmission of HIV, show rapid gains.

- Skilled care during childbirth: all women and newborns need access to a skilled attendant at birth, but overall coverage across the Countdown countries remains insufficient and uneven.
  - 10 countries showed coverage gains of more than 10 percentage points since 1990, and 3 countries—Burkina Faso,
Pakistan and Rwanda—had gains of more than 20 percentage points from around 2000 to around 2008.

- 11 countries have shown no progress in coverage since 1990.

- Family planning: wide disparities in coverage of family planning services across and within countries represent a missed opportunity to improve the health of women and young children.

- More information is needed: higher coverage is critical, but saving lives also depends on the quality of care. More information is needed on what care is actually provided during antenatal, childbirth and postnatal contacts.

**Health systems and policies**

- Health workers: 53 of the 68 Countdown countries are experiencing acute shortages of doctors, nurses and midwives. Overcoming these shortages and addressing the unequal distribution of health workers within countries require focused investment in training, deployment and retention.

- Financial barriers to access: the high proportion of health service costs paid out of pocket in nearly all Countdown countries puts families at risk of financial catastrophe. Making services free at the point of delivery helps increase utilization: financing mechanisms such as pre-payment and risk pooling can help make health services available and affordable for all.

- Improving access and quality of care: investment in health information and referral systems, equipment, medical supplies and infrastructure is critical to improving access to and quality of maternal, newborn and child health services.

- Adoption of policies: evidence-based policies can save and improve women’s and children’s lives. Bangladesh and Nepal, for example, have shown that implementing policies to increase access to diarrhoea and pneumonia treatment in the community reduces child deaths. More progress is needed: the number of Countdown countries that have adopted recommended policies for increasing access to quality care is still too low.

**Closing the equity gap**

- Inequities in access: coverage rates are substantially higher among women and children in better-off families than in poor families.

- The poor and excluded: high national coverage levels do not always indicate progress in reaching the poorest and most vulnerable women and children. Guatemala and Zambia, for example, have similar levels of overall coverage for a subset of proven maternal, newborn and child health interventions, but more women and children from the poorest families receive these services in Zambia than in Guatemala.

- Further research needed: countries with smaller gaps between rich and poor—including Bangladesh, Brazil, Egypt, Swaziland and Zambia—may provide models for reducing inequities through greater political commitment, specific targeting of low-income groups, redirecting of human resources and other strategies.

- Service provision: disparities are larger for services provided in health facilities (such as delivery care) than for those delivered at the community level (such as vaccines).

**Closing the funding gap**

- Financing the gap: preliminary estimates show that considerable additional funding and greater political commitment to maternal, newborn and child health are needed to achieve universal coverage of the full package of interventions in the 68 Countdown countries.

- Official development assistance (ODA):
  - ODA for maternal, newborn and child health increased between 2003 and 2007 but remains far below needed levels. Only 31% of all ODA for health was allocated to maternal, newborn and child health in 2007. Family planning received less funding in 2007 than in 2003.
  - ODA is not always targeted to countries with the greatest need. Achieving
MDGs 4 and 5 will require donors to improve their funding and allocation practices.

- National resources: although ODA is important, national resources are a much larger share of maternal, newborn and child health funding. Tracking government and nongovernment spending at the country level is essential so that policy-makers can allocate adequate resources for women’s and children’s health.

*Action now*

- All countries should:
  - Identify gaps in coverage and quality of care along the continuum of care for maternal, newborn and child health.
  - Improve the delivery of essential interventions and packages.
  - Identify inequities in coverage—by geographic area, ethnic group, income and the like—and initiate actions to provide universal coverage of essential interventions and packages.
  - Increase resource allocations for reproductive, maternal, newborn and child health services, ensuring that interventions and programmes are sufficiently funded.

- Other *Countdown* partners should work together with countries to:
  - Advocate for increased funding for reproductive, maternal, newborn and child health through innovative mechanisms and ensure that funding is predictable, consistent and responsive to national needs and plans.
  - Support country efforts to improve data collection and analysis by strengthening health information and vital registration systems as well as by undertaking additional surveys to measure mortality, coverage and funding.
  - Invest in implementation research to identify effective strategies for delivering proven interventions and quantify their impact.
  - Maximize financial and technical support for large-scale implementation of priority strategies and interventions.
  - Encourage the development and use of mechanisms for holding key actors accountable for fulfilling their commitments.
About *Countdown to 2015*

*Countdown to 2015: Tracking Progress in Maternal, Newborn and Child Survival*

- is a global movement of academics, governments, international agencies, health care professional associations, donors and nongovernmental organizations, with *The Lancet* as a key partner.
- uses country-specific data to stimulate and support country progress towards achieving the health-related MDGs.
- focuses on coverage of effective interventions for maternal, newborn and child health and coverage determinants, including health systems and policies, financial flows and equity.

*Countdown addresses multiple MDGs:*

- MDG 4 to reduce child mortality.
- MDG 5 to improve maternal health.
- MDG 1 to eradicate extreme poverty and hunger, specifically by addressing nutrition with a focus on infant and young child feeding.
- MDG 6 to combat HIV/AIDS, malaria and other diseases.
- MDG 7 to ensure environmental sustainability, through tracking improved access to safe water and improved sanitation.

*Countdown* tracks progress in the 68 countries where more than 95% of all maternal and child deaths occur (map 1).

*Countdown* focuses on countries (figure 1).

**FIGURE 1**

Sample country profile

**MAP 1**

The 68 *Countdown* Priority countries

Source: Authors’ compilation based on information supplied in text.
A key element of Countdown work is country profiles that bring together information on coverage levels for interventions proven to improve maternal, newborn and child health as well as relevant demographic, epidemiological, policy, health systems and financing indicators (box 1). The profiles are updated every two to three years with new data and estimates.

**BOX 1**

*Countdown: the best evidence to inform the right decisions*

**Scope of Countdown work**

*Countdown* focuses on four areas, each addressed by an interdisciplinary technical working group:

- **Coverage** for interventions proven effective in reducing maternal, newborn and child deaths. Coverage is defined as the proportion of the population who can benefit from an intervention who receives it.
- **Health systems and policies**, which provide an important context for coverage gains.
- **Financial flows to maternal, newborn and child health**, initially focused on ODA and now including national financing.
- **Equity** in intervention coverage, focused on the equitable distribution of coverage across socioeconomic quintiles in national populations.

*Countdown* recognizes the broader set of political, economic, social, technological and environmental determinants of coverage and mortality and incorporates them into analyses where relevant and feasible given available data.

**Data sources and methods**

The 2008 *Countdown* report describes how the priority *Countdown* countries were identified, the selection of interventions and approaches tracked through *Countdown*, and the coverage indicators associated with each. A full list of *Countdown* indicators and data sources as well as documentation on the methods used to calculate the equity measures, financing gap analysis and ODA estimates is available at http://www.countdown2015mnch.org.

**Data quality control**

Quality control of the coverage estimates for interventions and approaches effective in reducing maternal, newborn and child mortality is the responsibility of many different groups. *Countdown* supplements these efforts by working closely with the United Nations Children’s Fund (UNICEF) and others responsible for maintaining global databases and conducts additional quality checks to ensure consistency and reliability. Country profiles are shared with ministries of health and UN colleagues prior to publication. Work is under way to address continuing challenges in estimating coverage and associated uncertainty.

**Countdown databases within the broader context of maternal, newborn and child survival**

**New Countdown results expected in 2011**

This update reports on data for *Countdown* indicators available as of December 2009. A full *Countdown* report will be released in 2011 and will include:

- Updated estimates for maternal mortality.
- New coverage estimates for many countries drawing on recent national surveys.
- First results from in-depth analyses conducted by all technical working groups.
- Findings from cross-cutting analyses addressing priority questions.
- New ODA estimates for maternal, newborn and child health for 2008, financing for family planning, and domestic spending on maternal, newborn and child health for African and Asian *Countdown* countries.
Progress towards MDGs 4 and 5 is inextricably linked: improving maternal health will lead directly to reductions in deaths among newborns and young children. There are also shared challenges in improving health services across the continuum from pre-pregnancy through pregnancy, childbirth, the postnatal period, and childhood. This section focuses on trends in mortality; later sections look more in depth at intervention coverage and the related areas of health systems, financial flows and equity.

Good news! There has been huge progress in reducing deaths among children under age 5 worldwide. And yet the opportunity to save children’s lives has never been greater. Of the unacceptable burden of nearly 9 million deaths of children under age 5 that occur a year, at least two-thirds of them could be prevented using proven, affordable interventions. Table 1 shows country-specific progress towards MDG 4, including the estimated under-five mortality rates for 1990, 2000 and 2008, the average annual rate of reduction for 1990–2008 and its trend for 1990–2000 and 2000–2008, and a summary assessment of progress.

Of the 68 Countdown countries, 19 are on track to achieve MDG 4 (figure 2), and 17 of those have reduced mortality by at least half. In 47 Countdown countries the rate of change in progress over 2000–2008 increased compared with the 1990s. The annual average rate of reduction rose more than 4 percentage points in Azerbaijan, Botswana, China, Ghana, Lesotho, Rwanda and Swaziland. However, further absolute gains are needed to achieve the goal, except in Azerbaijan and Botswana, two countries that are on track.

Much remains to be done. In 12 countries progress has slowed since 2000; some are on track now but may not be if these trends continue (including Guatemala, Indonesia and the Philippines). National governments and their development partners must stay committed to child survival to prevent reversals in progress and because further gains are harder to achieve as mortality rates fall.

Mortality is not being reduced uniformly. Just over 40% of child deaths now occur in the first month of life. The growing concentration of child deaths in the newborn period is linked to maternal health and survival (box 2). Hundreds of thousands of women die each year because of complications related to pregnancy and childbirth. For every woman who dies, approximately 20 others suffer injuries, infection and disabilities, resulting in millions of women experiencing adverse pregnancy outcomes.
<table>
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<th>Country or territory</th>
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<td>250 217 194</td>
<td>1.4</td>
<td>Insufficient progress</td>
<td>↑ 1.4 1.4</td>
</tr>
<tr>
<td>Mauritania</td>
<td>129 122 118</td>
<td>0.5</td>
<td>No progress</td>
<td>↓ 0.6 0.4</td>
</tr>
<tr>
<td>Mexico</td>
<td>45 26 17</td>
<td>5.4</td>
<td>On track</td>
<td>↓ 5.5 5.3</td>
</tr>
<tr>
<td>Morocco</td>
<td>88 54 36</td>
<td>5.0</td>
<td>On track</td>
<td>↑ 4.9 5.1</td>
</tr>
<tr>
<td>Mozambique</td>
<td>249 183 130</td>
<td>3.6</td>
<td>Insufficient progress</td>
<td>↑ 3.1 4.3</td>
</tr>
<tr>
<td>Myanmar</td>
<td>120 107 98</td>
<td>1.1</td>
<td>Insufficient progress</td>
<td>↑ 1.1 1.1</td>
</tr>
<tr>
<td>Nepal</td>
<td>142 85 51</td>
<td>5.7</td>
<td>On track</td>
<td>↑ 5.1 6.4</td>
</tr>
<tr>
<td>Niger</td>
<td>305 227 167</td>
<td>3.3</td>
<td>Insufficient progress</td>
<td>↑ 3.0 3.8</td>
</tr>
<tr>
<td>Nigeria</td>
<td>230 207 186</td>
<td>1.2</td>
<td>Insufficient progress</td>
<td>↑ 1.1 1.3</td>
</tr>
</tbody>
</table>
### TABLE 1 (continued)

<table>
<thead>
<tr>
<th>Country or territory</th>
<th>Under-five mortality rate (per 1,000)</th>
<th>Average annual rate of reduction (%)</th>
<th>Summary assessment of progress</th>
<th>Average annual rate of reduction (1%)</th>
<th>Direction of change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pakistan</td>
<td>130</td>
<td>108</td>
<td>89</td>
<td>2.1</td>
<td>Insufficient progress</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>91</td>
<td>77</td>
<td>69</td>
<td>1.5</td>
<td>Insufficient progress</td>
</tr>
<tr>
<td>Peru</td>
<td>81</td>
<td>41</td>
<td>24</td>
<td>6.8</td>
<td>On track</td>
</tr>
<tr>
<td>Philippines</td>
<td>61</td>
<td>36</td>
<td>32</td>
<td>3.6</td>
<td>On track</td>
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<td>Rwanda</td>
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<tr>
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</tr>
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<td>No progress</td>
</tr>
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<tr>
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<td>109</td>
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<td>No progress</td>
</tr>
<tr>
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<td>83</td>
<td>0.1</td>
<td>No progress</td>
</tr>
<tr>
<td>Tajikistan</td>
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<td>94</td>
<td>64</td>
<td>3.4</td>
<td>Insufficient progress</td>
</tr>
<tr>
<td>Tanzania, U. Rep.</td>
<td>157</td>
<td>139</td>
<td>104</td>
<td>2.3</td>
<td>Insufficient progress</td>
</tr>
<tr>
<td>Togo</td>
<td>150</td>
<td>122</td>
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<td>Turkmenistan</td>
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<td>71</td>
<td>48</td>
<td>4.0</td>
<td>On track</td>
</tr>
<tr>
<td>Uganda</td>
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<td>158</td>
<td>135</td>
<td>1.8</td>
<td>Insufficient progress</td>
</tr>
<tr>
<td>Yemen</td>
<td>127</td>
<td>98</td>
<td>69</td>
<td>3.4</td>
<td>Insufficient progress</td>
</tr>
<tr>
<td>Zambia</td>
<td>172</td>
<td>169</td>
<td>148</td>
<td>0.8</td>
<td>No progress</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>79</td>
<td>102</td>
<td>96</td>
<td>–1.1</td>
<td>No progress</td>
</tr>
</tbody>
</table>

a. “On track” indicates that the under-five mortality rate for 2008 is less than 40 per 1,000 or that it is 40 or more with an average annual rate of reduction of 4% or higher for 1990–2008; “insufficient progress” indicates that the under-five mortality rate for 2008 is 40 or more with an average annual rate of reduction of 1%–3.9% for 1990–2008; “no progress” indicates that the under-five mortality rate for 2008 is 40 or more with an average annual rate of reduction of less than 1% for 1990–2008.

The maternal mortality ratio, the number of maternal deaths per 100,000 live births, is the most common measure of the magnitude of maternal mortality and is a progress indicator for MDG target 5A, which aims at reducing the ratio by three quarters over 1990–2015, implying an average annual rate of reduction of 5.5%.

New global and regional maternal mortality estimates were set to be released after this Countdown update went to press. Updated country estimates will be available in fall 2010 after extensive in-country consultation.

The work on regular updating of the estimates reflects the international community’s commitment to continuously improve assessment of the maternal mortality burden but also highlights the urgent need to invest in building country health information systems to monitor maternal mortality. The World Health Organization (WHO), UNICEF, the United Nations Population Fund (UNFPA) and the World Bank work closely with the United Nations Population Division, academic experts and countries to regularly update global, regional and country estimates of maternal mortality. There are preliminary indications of global progress, with some countries having achieved significant declines.\(^1\) A recent academic analysis using alternative statistical assumptions found an annual rate of reduction of 1.3% over 1990–2008,\(^2\) well short of the 5.5% needed to attain the MDG target.

Measuring maternal mortality remains a challenge. Identifying a maternal death requires accurate data on the deaths of women of reproductive age, including cause of death, pregnancy status and the time of death in relation to pregnancy or childbirth. These data are often missing, misclassified or underreported, particularly in low- and middle-income countries that lack fully functioning vital registration systems and where many women deliver at home. Early pregnancy deaths are especially difficult to identify. The weakness of many developing country health information systems results in the use of statistical modelling to develop maternal mortality estimates, which better indicate the order of magnitude of the problem. These estimates are subject to considerable uncertainty and vary with the assumptions and methods used. Important limitations of the maternal mortality ratio include:

- The maternal mortality ratio reflects only the risk of death once pregnant and misses the cumulative mortality risk associated with the number of pregnancies a woman has during her reproductive years.
- The maternal mortality ratio is difficult to measure, has large uncertainty bounds and must be interpreted cautiously—hence the need for real-time monitoring and surveillance of maternal deaths.
- The maternal mortality ratio focuses narrowly on mortality and may result in a lack of attention to the millions of women who suffer from “near-miss” events and short- and long-term pregnancy-related illnesses.\(^3\)

Preventing maternal mortality and the millions of pregnancy-related disabilities each year will require concentrated efforts to improve coverage of comprehensive family planning programmes and antenatal, childbirth, emergency obstetric and postnatal care—all indicators tracked in Countdown. Improving access to safe abortion care in countries where abortion is legal is also essential for reducing maternal deaths. Coverage of a skilled attendant at birth is a progress indicator for MDG target 5A and is a sensitive measure of health system strength. Over the past two decades coverage of a skilled attendant at birth has improved in all regions, with considerable gains in North Africa and South-East Asia (see figure 10).\(^4\)

Notes
2. Hogan and others 2010.
Causes of maternal and child deaths

What causes the 8.8 million child deaths each year?

New estimates of child deaths for 2008 show that pneumonia, diarrhoea and malaria remain the highest causes worldwide, together accounting for 41% of deaths (figure 3). More than 40% of child deaths occur in the neonatal period, and progress in reducing deaths has been slower for newborn deaths than for deaths among children ages one month to five years. Undernutrition contributes to more than one-third of child deaths. The majority of these deaths can and must be prevented by increasing coverage for known, affordable and effective interventions.

The country profiles highlight important regional and country variations in these causes. For example, estimates for Africa indicate that 29% of all child deaths occur in the neonatal period and that 49% of deaths after this period are due to pneumonia, diarrhoea or malaria. In contrast, estimates for South East Asia indicate that about 54% of child deaths occur in the neonatal period and that about 26% of postneonatal deaths are due to pneumonia, diarrhoea or malaria.

Global distribution of maternal causes of death

A maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, regardless of the site or duration of pregnancy, from any cause related to or aggravated by the pregnancy or its management. New estimates show that the leading causes of maternal deaths are haemorrhage and hypertension, which together account for more than half of maternal deaths (figure 4). Indirect causes, which include deaths due to conditions such as malaria, HIV/AIDS and cardiac diseases, account for about one-fifth of maternal deaths. Regional estimates show that haemorrhage and hypertension are among the top three causes of deaths in both South Asia and Sub-Saharan Africa, where the
The categories of maternal deaths are based on a new classification system developed by WHO that considers obstructed labour and anaemia to be contributing conditions rather than direct causes. Deaths related to these two conditions are now classified within the categories of haemorrhage or sepsis.

majority of maternal deaths occur. This is in contrast to developed countries, where other direct causes—for example, those related to complications of anaesthesia and caesarean sections—are the leading cause of death, reflecting global disparities in access to needed obstetrical care.
Social determinants of maternal, newborn and child health

In the words of the WHO Commission for Social Determinants of Health (2008), social determinants of maternal, newborn and child health “... are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities—the unfair and avoidable differences in health status seen within and between countries.”

Poverty and inequity are underlying contributors to many maternal, newborn and child deaths, and evidence shows that poor households have more than twice the risk of mortality of wealthy households. Poverty affects maternal, newborn and child health through a range of mechanisms. Poor diets and food insecurity increase the risk of illness and undernutrition (box 3); poor environmental conditions contribute to inadequate housing, water and sanitation; and family poverty reduces care-seeking and access to information and health care services. Poverty and lack of access to care can be compounded by conflict,

**Box 3**

**Undernutrition: a risk for women and children**

Undernutrition affects mortality and ill-health along the entire continuum of care from pre-pregnancy to early childhood.

Undernutrition, the result of poor dietary quality and inadequate intake of micronutrients as well as low energy intake, contributes to at least one-third of child deaths. Stunting, or low height for age, is a particularly important *Countdown* indicator because it reflects longer term nutritional deficiencies with implications for growth and development of children now and in future generations. Child undernutrition and infectious diseases are synergistic and cyclical, posing a major threat to child survival.

Maternal short stature and iron deficiency anaemia, which can increase the risk of death of the mother at delivery, contribute to at least 20% of maternal deaths. Maternal undernutrition also increases the probability of low birth weight, which in turn increases the probability of neonatal deaths due to infections and asphyxia. Measures of maternal undernutrition will be tracked by *Countdown* beginning in the 2011 report.

**Two-thirds of the world’s children affected by stunting live in just 10 *Countdown* countries**

<table>
<thead>
<tr>
<th>Country</th>
<th>Stunting prevalence (%)</th>
<th>Number of stunted children (thousands)</th>
<th>Share of developing country total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>48</td>
<td>60,788</td>
<td>31.2</td>
</tr>
<tr>
<td>China</td>
<td>22</td>
<td>12,685</td>
<td>6.5</td>
</tr>
<tr>
<td>Nigeria</td>
<td>41</td>
<td>10,158</td>
<td>5.2</td>
</tr>
<tr>
<td>Pakistan</td>
<td>42</td>
<td>9,886</td>
<td>5.1</td>
</tr>
<tr>
<td>Indonesia</td>
<td>37</td>
<td>7,688</td>
<td>3.9</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>43</td>
<td>7,219</td>
<td>3.7</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>51</td>
<td>6,788</td>
<td>3.5</td>
</tr>
<tr>
<td>Congo, Dem. Rep. of the</td>
<td>46</td>
<td>5,382</td>
<td>2.8</td>
</tr>
<tr>
<td>Philippines</td>
<td>34</td>
<td>6,317</td>
<td>1.9</td>
</tr>
<tr>
<td>Tanzania, U. Rep.</td>
<td>44</td>
<td>3,359</td>
<td>1.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>65.5</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Source: UNICEF 2009b.*

Source: Stewart, Dewey, and Ashorn 2010; Victora and others 2008; Black and others 2008; UNICEF 2009b.
population displacement and emergencies such as floods and drought. Recent analyses indicate that maternal, newborn and child health can be negatively affected by high burdens of noncommunicable diseases that increase the likelihood of catastrophic expenditures at the household level. Maternal, newborn and child health is also influenced by gender discrimination, low levels of female education, few income-earning opportunities for women and other societal factors affecting women’s empowerment. Further, the death of a mother increases the risk that her children will die.

A range of measures are available to address social determinants of health. Expanding educational programmes, introducing gender-based affirmative action policies and other programmes to achieve MDG3, implementing laws supportive of human rights and improving living and working conditions (for example, improving access to clean water and adequate sanitation) can all make a difference. Good governance and oversight of health systems can positively influence maternal, newborn and child health in difficult circumstances. In addition, tackling the inequitable distribution of power, money and resources should be a priority. Other successful approaches include addressing financial barriers to care by, for example, reducing or eliminating user fees or introducing targeted conditional cash transfer schemes. Women’s support groups have been shown to contribute measurable improvements in maternal, newborn and child health as well as mental health, suggesting that such strategies can be employed synergistically with health sector reforms to improve women’s empowerment and decision-making.
Coverage along the continuum of care

*Countdown* tracks coverage along a continuum of care from pre-pregnancy and childbirth through childhood up to age 5, highlighting missed opportunities for the delivery of lifesaving interventions. Median coverage levels for 20 *Countdown* interventions are summarized in figure 5 but they mask important variations in levels and progress at the country level.

**Coverage gaps**

The 2010 *Countdown* results show important gaps in coverage for three groups of interventions:

- Interventions immediately surrounding birth, such as the presence of a skilled attendant, ensuring the early initiation of breastfeeding and an early postnatal visit to check on the health of the mother and newborn.
- Interventions that require 24-hour access to a skilled health provider, such as treatment of childhood pneumonia, diarrhoea and malaria.
- Interventions introduced only recently, such as intermittent preventive treatment for malaria during pregnancy, or recently scaled-up interventions, such as the use of insecticide-treated nets.

**Equity gaps**

Data on the disparities in coverage between the poorest and the least-poor, shown later, highlight the poor-rich gap in access to these essential interventions.

### FIGURE 5

Coverage of interventions varies across the continuum of care

Median national coverage of interventions across the continuum of care for 20 *Countdown* interventions and approaches in *Countdown* countries, most recent year since 2000 (%)

a. Target coverage value is not 100%.

lifesaving interventions, including family planning services.

**Quality gaps**

Coverage estimates for service delivery contacts—such as antenatal care, skilled attendant at birth and postnatal visits for the mother—do not address the quality of that contact or whether it provided needed interventions such as active management of the third stage of labour or counselling on family planning. Quality assessments of such services are an essential part of sound programme management.

**Data gaps**

*Countdown* highlights data gaps that must be addressed to improve the ability of countries to make informed decisions on how to accelerate progress towards MDGs 4 and 5. For example, only 23 *Countdown* countries have data available on postnatal care for women, and six have data on postnatal care for newborns.
Addressing adolescent reproductive health—an essential part of the continuum of care

Newly included in this Countdown update are estimates of the adolescent birth rate, defined as the annual number of births to women ages 15–19 per 1,000 women in that age group. This is a progress indicator for MDG target 5.B for achieving universal access to reproductive health. Adolescent fertility is high in many Countdown countries (figure 6), which means that many young women face an elevated risk of maternal death and disability. Newborns and infants of adolescent mothers are also at higher risk of low birth weight and mortality.

Analysis of 23 Countdown countries in Sub-Saharan Africa with two consecutive Demographic and Health Surveys since 2000 shows at least a 10% drop in the adolescent fertility rate in 18 of them. In the majority of these countries, the declines are primarily among women from wealthier households, those living in urban areas and those with higher education levels.

Increasing access to family planning

Reducing unwanted pregnancies reduces overall births, including those among adolescent women, and therefore reduces maternal deaths and unsafe abortions. The impact of birth spacing on newborn and child survival is also important. Countdown tracks both the contraceptive prevalence rate—the percentage of women married or in union ages 15–49 who are practising, or whose sexual partners are practising, any form of contraception—and the unmet need for contraception—the percentage of married women who do not want a child or who want to postpone their next pregnancy but are not using any contraception (figure 7). Both are progress indicators for MDG target 5.B.

Trends in family planning coverage have been highly variable across countries. The small increase in the median coverage for the 42 countries with data on contraceptive prevalence from around 2000...
and around 2008 mask important increases and lack of progress in individual countries (figure 8). For example, Madagascar (box 4), Rwanda and Swaziland all increased coverage by more than 20 percentage points, but 12 other countries showed no change or a decrease in coverage, with Central African Republic and Togo seeing declines of 9 percentage points and Democratic Republic of Congo a decline of 11 percentage points. Decreased ODA to family planning from 1990 to 2007, among other factors, likely contributed to this lack of progress (see figure 22). There are also disparities in family planning coverage within countries, with lower coverage among women in poorer households and among adolescents relative to older women.
Contraceptive prevalence in Madagascar rose from 5.1% in 1992 to 29% in 2008–09, according to Demographic and Health Surveys (see figures). The Madagascar Family Planning Program attributes this success to three aspects of the programme:

- **Leadership and policy**
  - Strong leadership at the highest level (such as former President Marc Ravalomanana).
  - A target included at the highest level in the national development plan (Madagascar Action Plan target of 30% contraceptive prevalence in 2012).
  - Policy of providing contraceptives free in all public health facilities.
- **Community involvement**
  - Effective multisectoral collaboration with involvement of local authorities (17,433 Fokontany chiefs initiated and sensitized on family planning through a film and brochures).
  - National campaign of integrated activities for family planning, adolescent reproductive health and HIV/AIDS in 81% of public schools.
  - 3,000 women leaders initiated and sensitized on family planning.
  - Community health workers trained to provide family planning via injectable contraceptives.
- **Programme management**
  - Integration of family planning programme in all functional public health facilities, including 50 voluntary counselling and testing centres (all public and functional).
  - Family planning commodity security assured through coordination by a logistic committee, monitoring and periodic surveys.

**Source:** Demographic and Health Surveys.
Every birth safe

All women and their newborns need skilled care at birth and access to emergency care when complications develop. Outcomes around birth are a sensitive marker of the strength of health systems, including the quality of available care (figure 9). Life-threatening complications at birth require rapid response. Postpartum haemorrhage can kill a mother in a few hours, and a newborn who is not breathing at birth will be dead within minutes.

Addressing current global gaps for care at birth is critical to achieving MDGs 4 and 5. When mothers die during childbirth, it is rare for the newborn to survive, and the risk of mortality increases for any young children left behind in the household.

Coverage gap for care at birth

Some Countdown countries have made good progress in increasing the proportion of women attended by a skilled provider during childbirth, a progress indicator for MDG target 5.A. Three countries—Burkina Faso, Pakistan and Rwanda—had gains of more than 20 percentage points from around 2000 to around 2008, and 10 had gains of more than 10 percentage points since 1990 (figure 10). Gains were uneven, however, with 11 countries showing no progress. More effort is needed to ensure all pregnant women and newborns have access to a skilled provider.

Coverage gap for emergency obstetric care

Life-threatening complications during labour and delivery are often unpredictable and unpreventable. All pregnant women must have access to skilled care at birth (box 5) and a guarantee that basic or emergency obstetric care services are accessible when needed. Availability of such services is low in many Countdown countries (see page 29). Caesarean section coverage rates below 5% signal a lack of access to emergency obstetric care and indicate human resources and other health systems challenges; 33 of the 51 Countdown countries with data since 2000 had rural rates below 5%, and 4—Burkina Faso, Chad, Ethiopia and Niger—had rural rates below 1%.

Quality gaps in care before, during and immediately after childbirth

Antenatal, delivery and postnatal care are service contact points and offer opportunities for the provision of effective interventions that can prevent illness and save lives. Median coverage for four or more antenatal care visits was 50% across the 51 Countdown countries with data since 2000, ranging from 8% in Somalia to 89% in Brazil. Contact with a trained service provider during pregnancy provides the opportunity for delivery of numerous proven interventions that improve outcomes for mother and newborn, including treatment of hypertension to prevent eclampsia, tetanus...
immunization, intermittent preventive treatment for malaria and distribution of insecticide-treated nets, prevention of mother-to-child transmission of HIV, micronutrient supplementation, and counselling on family planning and birth preparedness. UNICEF, UNFPA and WHO recommend at least four antenatal care visits at key stages through pregnancy. The number of visits alone will not save lives, of course, unless high-quality, effective interventions are delivered during visits. Work is continuing on the measurement challenges associated with assessing coverage for individual interventions and service quality during antenatal care visits.

Not all women who have contact with a health provider during childbirth and in the immediate postnatal period receive the range of interventions that are needed (such as active management of the third stage of labour with the delivery of oxytocin to prevent post-partum haemorrhage). This quality gap is a missed opportunity to improve maternal and newborn health and reduce stillbirths. Postnatal care for mothers and newborns is another gap: data are lacking for many countries (45 of the 68 have no data), coverage is low in the 23 countries with data available (median coverage of 38%), and effective interventions are often not provided. Only six Countdown countries have data on postnatal care for the newborn, and the median coverage is low (4%).

Improving coverage of skilled attendant at birth requires strategies that address supply- and demand-side barriers to care and service quality. Some countries, such as Indonesia, are addressing supply-side barriers by training a new cadre of community midwives and bringing care into the home and local community. Other countries, such as Mozambique, are using task-shifting to enable midwives and other nonphysician clinicians to provide essential interventions, including caesarean sections.

Subnational examples of progress in India include public-private partnerships to increase the number of private obstetricians delivering services to the rural poor in Gujarat, conditional cash transfers and a remuneration mechanism for community health workers.¹ These initiatives need to be assessed for impact and for the feasibility of being scaled up.

On the demand side, reducing financial barriers is a common feature of success. Ghana recorded a rapid increase in facility births linked to the introduction of a national insurance scheme and new policies guaranteeing free care at birth.² Rwanda’s “Paying for Performance” strategy increased institutional deliveries by providing financial incentives to providers to increase the use and quality of care.³

Notes
Every newborn and child healthy

Solutions and innovations to save newborn lives

Risk of death is high for both mother and newborn in the first few days of life. There has been an explosion of interest and research in preventing newborn deaths, but some newer interventions are not yet reflected in Countdown tracking. Two examples are antenatal steroids—a high-impact, evidence-based intervention delivered during preterm labour that has been associated with a 53% reduction of newborn deaths due to preterm birth complications—and kangaroo mother care—a simple technique where the newborn is kept close to the mother's body in front, providing warmth, increased feeding, reduced infections and more rapid recognition of illness. New evidence shows that hospital-based kangaroo mother care can reduce deaths for newborns under 2,000 grams (almost all preterm) by 51%.

Evidence on the importance of providing postnatal care within two days of delivery has led to a joint WHO–UNICEF statement calling for broader implementation and scaling up. Simple interventions such as early initiation and exclusive breastfeeding (figure 11), keeping the newborn warm, hygienic cord and skin care have the potential to reduce a large number of newborn deaths.

Other known, proven interventions to protect the lives of newborns and young infants are tracked by Countdown to determine progress in coverage at the country level. Rates in 2010 show some important gains, but many missed opportunities.

FIGURE 11
Exclusive breastfeeding is a major contributor to child survival

Share of infants under the age of six months who are exclusively breastfed, Countdown countries that have increased rates of exclusive breastfeeding among infants less than age 6/00A0months 20 percentage points or more (%)

Source: UNICEF Global Databases, November 2009, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other national surveys.
Progress in preventing major childhood infectious diseases

Countdown results highlight progress on a country-by-country basis in preventing the infectious diseases responsible for the majority of child deaths. There has been important progress in combating malaria through increased use of insecticide-treated nets in malaria-endemic countries (figure 12) and in preventing mother-to-child transmission of HIV (box 6). More work needs to be done, however, for countries to reach the Roll Back Malaria target of 80% coverage of insecticide-treated nets by 2010 and universal coverage of prevention of mother-to-child transmission for HIV positive pregnant women.

Greater attention to improved water and sanitation can prevent diarrhoea

MDG target 7.C on environmental sustainability is to halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation. Median coverage in the 65 Countdown countries with data available since 2000 is 71% for use of an improved drinking water source and 41% for improved sanitation (figure 13). More efforts are needed to promote better hygiene and to ensure that adequate drinking water and sanitation are available to all in order to reduce child deaths from diarrhoea.

Improving infant and young child feeding practices will save lives

Available evidence demonstrates that child growth and development are optimized when:
• Breastfeeding is initiated within one hour of birth.
• Exclusive breastfeeding is continued up to age six months.
• Complementary feeding with safe and age-appropriate solid, semi-solid or soft foods is started at age six months.

Box 6 Preventing mother-to-child transmission of HIV

HIV accounts for a relatively small proportion of deaths among children under age 5 across the Countdown countries as a whole. But in a subset of 15 high-HIV-burden Countdown countries (those with prevalence of 5% or higher), it continues to be a major threat to survival and child development (see table). Preventing HIV infection in women and children requires a strategy across the continuum of care, integrating:
• Interventions directed at reducing infection among young people with access to information and testing.
• Interventions to meet the family planning needs of women living with HIV.
• Antiretroviral therapy where needed.
• Safe practices during childbirth.
• Guidance for selecting safe and optimal infant-feeding options to prevent mother-to-child transmission of HIV.
• Provision of antiretroviral regimens for the prevention of mother-to-child transmission of HIV.
• Scaling up early infant diagnosis to ensure prompt and effective treatment of infections.

There have been dramatic increases in prevention of mother-to-child transmission coverage in 9 of the 15 high-HIV-burden Countdown countries. Cameroon and the Central African Republic saw more modest gains, and Botswana (already at 95% coverage) and Congo saw limited gains (Malawi and the United Republic of Tanzania do not have data for 2008). These results demonstrate what is possible when both commitment and resources are focused on reaching a target population with a specific intervention.

<table>
<thead>
<tr>
<th>Country</th>
<th>2006</th>
<th>Range estimate</th>
<th>2008</th>
<th>Range estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botswana</td>
<td>.95</td>
<td>95–95</td>
<td>&gt;95</td>
<td>75–95</td>
</tr>
<tr>
<td>Cameroon</td>
<td>22</td>
<td>18–30</td>
<td>28</td>
<td>20–53</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>18</td>
<td>16–20</td>
<td>23</td>
<td>16–44</td>
</tr>
<tr>
<td>Gabon</td>
<td>4</td>
<td>3–5</td>
<td>35</td>
<td>22–70</td>
</tr>
<tr>
<td>Kenya</td>
<td>48</td>
<td>42–59</td>
<td>56</td>
<td>37–95</td>
</tr>
<tr>
<td>Lesotho</td>
<td>17</td>
<td>15–18</td>
<td>57</td>
<td>43–94</td>
</tr>
<tr>
<td>Malawi</td>
<td>14</td>
<td>12–16</td>
<td>—</td>
<td>41–95</td>
</tr>
<tr>
<td>Mozambique</td>
<td>13</td>
<td>11–15</td>
<td>42</td>
<td>26–93</td>
</tr>
<tr>
<td>South Africa</td>
<td>50</td>
<td>43–60</td>
<td>73</td>
<td>53–95</td>
</tr>
<tr>
<td>Swaziland</td>
<td>62</td>
<td>57–69</td>
<td>&gt;95</td>
<td>87–95</td>
</tr>
<tr>
<td>Tanzania, U. Rep.</td>
<td>15</td>
<td>14–16</td>
<td>—</td>
<td>53–95</td>
</tr>
<tr>
<td>Uganda</td>
<td>25</td>
<td>22–28</td>
<td>50</td>
<td>36–95</td>
</tr>
<tr>
<td>Zambia</td>
<td>35</td>
<td>31–39</td>
<td>59</td>
<td>43–95</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>17</td>
<td>16–19</td>
<td>36</td>
<td>26–64</td>
</tr>
</tbody>
</table>

— is not available.

Some *Countdown* countries are progressing in these areas, and 12 have increased exclusive breastfeeding rates by 20 percentage points or more (see figure 11). But most *Countdown* countries have much room for improvement (figure 14). Current median coverage based on latest available estimates since 2000 are 48% (ranging from 20% to 78%) for early initiation of breastfeeding, 34% (ranging from 1% to 88%) for exclusive breastfeeding among infants less than age 6 months and 66% (ranging from 15% to 93%) for timely introduction of complementary feeding.

**Vaccination and vitamin A**

Vaccination coverage rates have generally remained high, with median 2008 coverage rates in *Countdown* countries of 79% for measles vaccination (ranging from 23% in Chad to 99% in Brazil and Turkmenistan) and 83% for diphtheria and tetanus with pertussis (DPT3) vaccination (ranging from 20% in Chad to 99% in Morocco and Peru). Vaccination rates for neonatal tetanus also remain high, with a median of 83% of newborn children considered protected at birth in 2008 (ranging from 47% in Lao PDR to 97% in Sierra Leone). New vaccines for pneumococcal pneumonia and diarrhoea due to rotavirus can build on these delivery successes as they are scaled up in the next few years. Vitamin A supplementation (two doses) estimates for 2008
show a median of 86%, ranging from no vitamin A coverage in Chad and Gabon to 100% coverage in Burkina Faso and Somalia. Chad and Gabon faced major challenges to vitamin A delivery in 2008: Chad experienced a looting of supplies, and Gabon lacked the funding needed to carry out Child Health Days. These two examples are important reminders of the challenges many Countdown countries face in sustaining basic services.

**Coverage of correct treatment for childhood illness remains too low**

Progress in care-seeking and case management of common childhood diseases has been very slow. Scaling up case management requires families and communities to be aware of danger signs and to bring children for care. It also requires quality care to be available, which requires adequate human resources and commodities. Unless care is provided close to home, reducing mortality rates will be difficult (box 7).

Correct treatment of diarrhoea includes reducing susceptibility to severe diarrhoea and dehydration through improved nutrition and prompt treatment of watery diarrhoea with oral rehydration salts solution and zinc while continuing to feed the child. Median coverage of correct treatment of diarrhoea in Countdown countries was only 42% (figure 15)—a figure that masks variability across countries and in some instances within countries. There has been rapid policy uptake of “new” low-osmolarity oral rehydration salts and zinc, with 46 Countdown countries reporting having adopted such a policy.

Correct treatment of childhood pneumonia and neonatal infections (sepsis and pneumonia) includes antibiotics. This requires a caregiver to recognize signs of illness and seek care from a trained provider. Median coverage of careseeking was only 48% for the 64 Countdown countries with data available, while the median coverage of children with suspected signs of pneumonia who actually received an antibiotic was 27% in 35 countries with data.

Correct treatment of childhood malaria requires administration of an effective antimalarial within 24 hours of onset of symptoms. The current “gold standard” treatment in most malaria-endemic countries is artemisinin-based combination therapies, for which funding and procurement have rapidly increased. Beginning in 2010, Countdown will track coverage by type of antimalarial treatment because treatment with chloroquine and other antimalarials is no longer effective in most malaria-endemic countries. Figure 16 shows that tracking coverage by type of antimalarial is important for determining whether children are receiving effective treatment.
**What evidence is there of the effect of community case management?**

Community case management requires trained community health workers to deliver high-impact, curative interventions to children whose families lack access to facility-based care. Recent WHO–UNICEF joint statements summarize the evidence that community health workers can recognize and manage common life-threatening childhood illnesses. The statements cover diarrhoea, pneumonia, malaria and uncomplicated severe acute malnutrition. Several studies report positive outcomes of community case management on pneumonia, including a recent review suggesting a 70% reduction in pneumonia deaths among children under age 5 and others showing the effectiveness of community health worker administration of oral antibiotics for neonatal pneumonia in the absence of referral. Community case management has also been used effectively for malaria (including with artemisinin-based combination therapies) and diarrhoea treatment.

**Where is community case management working?**

Since the 2008 Countdown report, 11 countries have changed policy to allow community-based management of pneumonia, increasing the total number of Countdown countries in support of community case management to 29. Nepal and Senegal have already scaled up community programmes for management of pneumonia with positive results. Ethiopia and Uganda recently adopted supportive policies and are ready to introduce and rapidly scale up integrated community case management. And India and Malawi now implement integrated management of childhood illness at the community level. Preliminary results from Malawi have shown that health surveillance assistants (government-paid, multipurpose extension health workers) can perform an integrated assessment and treat children appropriately. Families appreciated the proximity and quality of care, and service utilization increased.

**What is next for community case management?**

Few studies or programmes have systematically evaluated the process and effect of integrated community case management for a comprehensive range of neonatal and childhood illnesses. However, evaluations of the effect of community case management for multiple childhood illness conditions are under way. More work is also necessary to assess a recommended package of services and tasks that a community health worker can deliver reasonably well. For example, would a community health worker providing community case management also be able to provide home-based newborn care? Studies to develop simplified antibiotic regimens for the treatment of neonatal sepsis have commenced and will inform the future role of community health workers in the treatment of severe newborn illness. Two studies from South Asia, for example, present evidence that community health workers can correctly provide treatment for neonatal sepsis with injection gentamicin, but this intervention has not been widely implemented.

Community case management may be particularly effective in settings where populations are experiencing conflict or natural disasters, but data are lacking. Countdown countries are tracking the evidence on community case management for newborns carefully, because standard inpatient treatment for seven days for newborn illnesses is not feasible for some families in many of these settings. Including the treatment of uncomplicated severe acute malnutrition in integrated community case management is a possibility.

**Notes**

1. WHO and UNICEF 2004b.
2. Theodoratou and others 2010.

Figure 16: Saving lives from malaria requires the right medicine

Source: UNICEF Global Databases, November 2009, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other national surveys.

Children with fever receiving antimalarial treatment, selected Countdown countries, various years (%)

- Liberia (2009)
- Gambia (2006)
- Uganda (2006)
- Cameroon (2006)
- Sudan (2006)
- Benin (2006)
- Togo (2006)
- Congo (2005)
- Burkina Faso (2006)
- Guinea–Bissau (2006)
- Guinea (2005)
- Zambie (2008)
- Ghana (2008)
- Mozambique (2008)
- Côte d’Ivoire (2006)
- Nigeria (2008)
- Niger (2006)
- Mali (2006)
- Sierra Leone (2008)
- Burundi (2005)
- Angola (2006–07)
- Malawi (2006)
- Kenya (2008–09)
- Mauritania (2007)
- Madagascar (2008–09)
- Namibia (2006–07)
- Ethiopia (2007)
- Djibouti (2006)
- Senegal (2008–09)
- Somalia (2006)
- São Tomé and Principe (2008–09)
- Madagascar (2008–09)
- Rwanda (2007–08)
- Zimbabwe (2005–06)
- Swaziland (2006–07)

Unweighted medians

Artemisinin-based combination therapy
Chloroquine
Other
Coverage of effective interventions is to a large extent the result of the quality and effectiveness by which health services reach people and people’s to access them. A well functioning health system comprises several building blocks that have multiple relationships and interactions, with people at the centre. To understand the context in which countries are making efforts to scale up maternal, newborn and child health interventions, the Countdown examined progress of key indicators related to each of the building blocks, complementing the information on intervention coverage (a direct function of service delivery).

**Human resources**

**The challenge: shortages and maldistribution**

Only 15 Countdown countries (22%) meet the critical threshold of 23 doctors, nurses and midwives per 10,000 people generally considered necessary to deliver essential health services. The shortage is compounded by uneven geographic distribution within countries.

Increased investment in education of health workers, strategies for motivating health workers to remain in underserved areas and effective regulatory frameworks (including those for skills substitution) are among the effective policy options for addressing critical workforce shortages and maldistribution.

**One potential solution: task-sharing to supplement services**

Ethiopia, Ghana and Pakistan are among the countries addressing workforce shortages and maldistribution challenges through comprehensive strategies, including deployment of health service providers at the community level. The United Republic of Tanzania and Zambia have authorized nonphysician clinicians to carry out certain specialized tasks. More than 90% of caesarean sections in rural areas in Malawi and Mozambique are performed by surgical technicians, with low morbidity and mortality.
Health financing

The challenge: excessive out-of-pocket payments

Median per capita health expenditure in the Countdown countries is $80 (in 2007 international dollars), and only five countries devote at least 15% of their national budgets to health. Only five countries have out-of-pocket expenditure as a percentage of total health expenditure of less than 15%; above this value households may be more vulnerable to catastrophic payments.

Maternal, newborn and child health services should be available, of good quality and free at the point of delivery in order to remove financial barriers to access and utilization.

Some solutions to move to universal access

A key step towards universal coverage is to move away from out-of-pocket payments through prepayment and risk-pooling schemes. Several countries—Mexico, with Seguro Popular, and China, with the New Rural Cooperative Medical Scheme—are moving in this direction. In Mali and Rwanda social health insurance schemes are achieving high coverage and showing a positive effect on access to priority health services, including maternal, newborn and child health. Uganda increased coverage of essential health services, particularly among the poor, by removing user fees.

Medicines and equipment

The challenge: continuous supply of commodities

Access to medical products, technologies and essential drugs remains erratic in many countries, contributing to low coverage of family planning and poor availability of emergency obstetric care services.

Updated policies on care for maternal, newborn and child conditions need to be accompanied by investment in infrastructure, medicines and supplies, in order to reach universal coverage and make an impact on women’s and children’s lives.

Possible solutions

Local production of zinc blister packs in Bangladesh combined with health education and promotion through private sector has rapidly increased coverage of zinc use rate in children with diarrhoea to 20%. Globally, UNICEF increased procurement of zinc from 20.5 million tablets in 2006 to 158 million tablets in 2008.
Health information

The challenge: timely, high-quality information

Decision-makers in most Countdown countries do not have the information they need to inform decisions and guide action. Vital statistics, including birth registration and maternal death notification, and programme funding are examples of mechanisms that can address barriers to the quality of and access to health services.

One potential solution: maternal death audit and remedial action

The comprehensive monitoring and evaluation approach adopted in Tamil Nadu, India, which includes stronger information generation and use for decision-making accompanied by maternal death audits and surveillance, has improved maternal and child indicators.

South Africa has also made progress in institutionalizing maternal death audits, which can reduce maternal and perinatal mortality.

Governance and leadership

The challenge: universal adoption of policies that support maternal, newborn and child health

Too few countries have adopted evidence-based policies to increase access to and quality of essential maternal, newborn and child health services as recommended by WHO–UNICEF joint statements. Just over one-third of Countdown countries allow midwives to perform lifesaving interventions, while 46 countries have updated guidelines on management of diarrhoea. Nevertheless, 29 countries have adopted national policies allowing community health workers to manage pneumonia, compared with 18 in the 2008 Countdown. The presence of a national, costed MNCH implementation plan, necessary to estimate and allocate resources efficiently was reported by 41 countries.

Possible solutions

Bangladesh and Nepal have shown that policies that increase access to treatment of diarrhoea and pneumonia in the community are effective in increasing coverage of child health interventions. Allowing midwives to perform lifesaving interventions increases access to basic emergency obstetric care services and can reduce maternal mortality.
National data on coverage levels often hide important disparities among population subgroups. The *Countdown* equity analyses include systematic breakdowns of key coverage indicators by wealth quintiles, maternal education, sex of the child, urban/rural residence and region of the country.36

One way to summarize equity analyses is through a mean coverage index. Each country profile includes a figure showing the mean coverage index consisting of an unweighted average of four intervention areas across the continuum of care. Each area includes selected indicators for eight reproductive, maternal, newborn and child interventions: family planning (need for family planning satisfied), maternal and newborn health (at least one antenatal visit and skilled attendant at delivery), immunizations (measles, BCG and DPT3) and curative child care (diarrhoea and pneumonia management: oral rehydration and continued feeding and care seeking for pneumonia).

Figure 18 uses Benin as an example. The mean coverage index of the eight interventions is 73% among children in the richest wealth quintile compared with 41% in the poorest wealth quintile. The top part of figure 18 shows the coverage gap—or how much of an increase is needed to achieve universal coverage with all eight interventions. The gap equals 100% minus the mean coverage index and is much greater for the poor than for the rich.

In all 38 *Countdown* countries with Demographic and Health Survey data, intervention coverage is substantially higher among mothers and children from better-off households than among those from poor households (figure 17). Countries with similar levels of overall coverage may differ substantially in terms of equity. For example, both Guatemala and Zambia have an overall coverage index of 59%, but in Guatemala mothers and children from households in the poorest quintile show 38% coverage while in Zambia they show 55% coverage. Countries with smaller gaps between rich and poor—such as Bangladesh, Brazil, Egypt, Swaziland and Zambia—should be better studied to understand how they managed to reduce inequalities.

The equity analysis gaps are markedly larger for maternal and newborn interventions than interventions delivered to older children (figure 19). Interventions that are most frequently delivered in fixed health facilities (for example, antenatal, delivery or postnatal care) tend to show greater disparities than those delivered at the community level (for example, vaccinations, vitamin A supplementation or insecticide-treated nets). Family planning interventions, which may be delivered in fixed facilities or at the community level, fall between these two groups in terms of inequalities. Early initiation of breastfeeding shows remarkably small disparities—possibly because it is largely dependent on longstanding cultural practices not yet affected by promotion efforts.
The gap in intervention coverage between rich and poor households varies by country

**FIGURE 17**

Mean coverage index, poorest and richest wealth quintiles, selected Countdown countries, various years (%)

*Note:* Mean coverage index is based on coverage rates of eight maternal, newborn and child health interventions: met need for family planning, at least one antenatal care visit, skilled attendant at birth, measles vaccination, DPT3 vaccination, BCG vaccination, oral rehydration and continued feeding, and careseeking for pneumonia.

*Source:* Demographic and Health Surveys.
The degree of inequality is markedly larger for maternal and newborn interventions than for those delivered to older children.

Average coverage levels of selected reproductive, maternal, newborn and child interventions, poorest and richest wealth quintile.

Note: Postnatal care refers to postnatal care for all newborn infants.

Source: Demographic and Health Surveys.
Brazil is one Countdown country on target to reach the MDGs related to child health and nutrition. Under-five mortality has been falling an average of 5.2% a year since 1990, considerably faster than the 4.4% needed to reach the MDG target. Currently, 22 of every 1,000 children now die before their fifth birthday. Underweight prevalence among children under age 5 dropped from 5.7% in 1990 to 2.2% in 2006–2007, while stunting fell from 19.9% to 7.1%.

Overall progress has been accompanied by a sharp decline in inequalities (see figures). In 1996 just over 70% of all births to mothers in the poorest socioeconomic quintile received skilled care during childbirth, but by 2007 coverage was universal. Likewise, stunting prevalence among children in the poorest quintile fell from 40% in 1989 to 10% in 2007, while remaining stable at 3%–5% in the richest quintile. These are only two examples among many for which equity improved in the last two decades.

Brazil’s success in reducing inequities cannot be attributed to a single factor. Although economic growth has been moderate since 1990, income distribution showed marked improvements in recent years. A nationwide, tax-based unified health system without any user fees was launched in 1988, and geographic targeting has guided the deployment of family health teams of doctors, nurses and community health workers in the poorest areas of the country. As a result, primary health care coverage is now virtually universal, as seen with skilled delivery. In addition, Brazil’s conditional cash transfer programmes cover about one third of the population, and multiple integrated health sector initiatives—including immunization, HIV control and breastfeeding promotion activities—have been highly successful.

Perhaps more than any single policy or initiative, the reduction of regional and socioeconomic disparities in health and development has been a central element in Brazil’s political agenda for the last 20 years, and it is now starting to bear fruit.
Country spotlight: Narrowing gender differentials in Bangladesh

Historically, Bangladeshi boys have been more likely to receive lifesaving interventions than girls have (see figure), a pattern common in South Asian countries. But in the past decade Bangladesh has seen gender disparities effectively disappear in coverage of measles vaccination. As with Brazil, the observed success cannot be attributed to a single initiative, but a series of initiatives aimed at women’s empowerment (micro-credit, women’s groups, female education and the like) coupled with greater access to health care, particularly through selective outreach by community workers, may account for these changes. An in-depth analysis in the Matlab area shows that community health workers contributed to reducing gender inequities in immunization coverage. Nevertheless, socioeconomic disparities in Bangladesh remain large.

Coverage of measles vaccination, by gender, Bangladesh, 1993–2007 (%)
Financing for maternal, newborn and child health

Monitoring financial resource flows for maternal, newborn and child health is a central part of the Countdown—determining the funding gap between resources currently available and the actual investments required to reach national and MDG targets and holding governments and the international community to account for investing adequately in the health of women and children. Policy-makers need financial information to make informed decisions on how to best allocate resources among competing needs, set priorities and ensure sustainable funding for programmes. This section presents an update on the financing gap and patterns in ODA; work on compiling data on national contributions is under way and will be reported in 2011.

Closing the gap: what resources are needed to scale up coverage of maternal, newborn and child interventions?

Preliminary estimates show that if current funding trends continue during 2008–2015, the 68 Countdown countries will face a roughly $60 billion funding gap relative to the costs of implementing a full package of maternal, newborn and child health Countdown interventions (figure 20). If public commitments by both aid donors and governments are met (assuming a linear increase to 15% of gross national product by 2015 for African countries committed to reaching the Abuja target and 10%–12% for all other Countdown countries), the gap remains $22 billion. This analysis shows that more funding is needed for countries to be able to provide universal coverage of essential maternal, newborn and child health services.

Official development assistance to maternal, newborn and child health shows promising trends

Total ODA for maternal, newborn and child health in 2007 was $4.1 billion, up 16% from 2006 and nearly double the $2.1 billion in 2003 (figure 21). Although these trends show improved commitment, ODA for maternal, newborn and child health accounted for only 31% of all ODA for health in 2007. ODA flows for maternal, newborn and child health are important to track, but national resources are a much larger share of funding for maternal, newborn and child health. Even for very low-income Countdown countries such as Ethiopia and Malawi, national sources account for half or more of total spending on reproductive and child health. Tracking government and nongovernment spending at the country level is essential for policy-makers to follow progress in making adequate resources available for women and children. Estimates of domestic expenditure on maternal, newborn and child health, including family planning, will be available in 2011 for a subset of Countdown countries.
There are important differences in levels and trends for ODA to child health, maternal and newborn health, and family planning, which is included in Countdown for the first time in this update. Following significant declines in the 1990s, ODA for family planning continued to decline in real terms concurrent with increases in ODA for maternal, newborn and child health (figure 22). This may indicate replacement, with funds targeted to family planning being reallocated to maternal, newborn and child health—especially given that some interventions are delivered in the same service settings. Accurate donor reporting, including correct attribution of funds to specific service areas, is a problem with available data. Better-resourced maternal and child health services result in improvements in maternal, newborn and child survival and other health benefits similar to those that result from strengthened family planning services in many cases. In-depth analyses of these questions are under way and will be reported in 2011.

### Is official development assistance targeted to countries in greatest need?

ODA flows are rarely well targeted to either the poorest countries or the countries with the greatest burden of mortality. Table 2 shows the distribution of ODA by country income group and under-five mortality level. The wide and overlapping range of ODA for maternal, newborn and child health per capita by country income group and of ODA to child health per child by under-five mortality level indicates the weak link between ODA levels and these two measures of need.
The majority of maternal, newborn and child deaths are preventable. Commitments to action are needed by governments and the international community to:

- Make every mother and child count, by registering and counting every birth and death.
- Ensure that every woman, newborn and child has access to essential health services, by overcoming financial barriers.
- Improve equity, by making services available to poor, remote and vulnerable populations.
- Ensure adequate numbers of skilled health workers in every district, by prioritizing training, distribution and retention.

**Specific actions for governments and leaders**

All countries should:

- Identify inequities in coverage—by geographic area, ethnic group, income and the like—and initiate actions to provide universal coverage of essential interventions and packages.
- Identify gaps in coverage and quality of care along the continuum of care.
- Initiate actions to improve the delivery of essential interventions and packages.
- Increase resource allocations for reproductive, maternal, newborn and child health services, ensuring that interventions and programmes are sufficiently funded.

Parliamentarians should:

- Participate in national and local reviews of health MDG data to monitor progress.
- Advocate for greater budgetary resources for maternal, newborn and child health and hold governments to account for meeting promised commitments.
- Review legislative frameworks to be sure evidence based policies for women’s and children’s health are adopted.

Countries on track to achieving their MDG4 and MDG5 targets should:

- Continue to improve coverage and maintain declines in child, newborn and maternal mortality.
- Ensure that all underserved populations are reached.
- Document and share experiences to show how effective policy changes, programme approaches and investments have helped improve maternal, newborn and child health.

Countries making progress towards achieving Millennium Development Goals 4 and 5 should:

- Identify high coverage interventions and document the approaches and investments that supported those achievements.
- Identify low coverage, but high impact, interventions in order to determine how best to provide additional attention and investment.
- Identify and overcome health system constraints and social determinants hindering high coverage.
- Broaden focus to reach underserved populations.

Countries not making progress in reaching Millennium Development Goals 4 and 5 should:

- Identify resource, health system and broader contextual constraints to high coverage.
- Develop national investment and implementation plans for scale-up of interventions proven to reduce maternal, newborn and child mortality.
- Learn from successful local programmes and global research findings.
- Adopt and implement evidence-based policies.
- Utilize international expertise and resources.
- Focus on scaling up using innovative strategies.

Countries that have not adopted internationally recommended policies should:

- Review those policies in relation to their own policies and conditions.
- Act on policies that will contribute to improving reproductive, maternal, newborn and child health.
Specific actions for the international community

- Increase and better target donor funding for reproductive, maternal, newborn, and child health through innovative mechanisms and ensure that funding is predictable, consistent and responsive to national needs and plans.
- Support country efforts to improve data collection and analysis by strengthening health information and vital registration systems as well as by undertaking additional surveys to measure mortality, coverage and financial flows.
- Invest in implementation research to identify effective strategies for delivering proven interventions and quantify their impact.
- Maximize financial and technical support for large-scale implementation of priority strategies and interventions.
- Encourage the development and use of mechanisms for holding key actors accountable for fulfilling their commitments.
Conclusion

_Countdown to 2015: Tracking Progress in Maternal, Newborn and Child Survival_ was founded on a commitment by academics, governments, international agencies, health care professional associations, donors and nongovernmental organizations to work together towards achieving Millennium Development Goals 4 and 5. By monitoring country progress in the 68 countries that account for more than 95% of all maternal and child deaths and by noting changes in both mortality and coverage of effective interventions, _Countdown_ calls attention to what can be achieved and highlights where countries, interventions and health systems have stalled.

This third _Countdown_ report documents changes since 2000, a decade of rapid progress for a few countries and continuing improvements for many others. Despite these positive signs, some countries have shown little or no improvement in mortality rates and coverage levels or have yet to adopt the policies or evidence-based interventions that save lives. This report explores coverage determinants—including health systems and policies, financial flows and equity—that help explain these differences and acknowledges the importance of social determinants to maternal, newborn and child health and survival.

_Countdown_ partners must work together now to increase their efforts and resources, focusing not just on one intervention or cause but on developing a functional continuum of basic services that save lives and improve health for millions of women, newborns and children. There is still time. This report shows that, by investing our attention and our financial resources, so much more is possible.
Country profiles

These individual country profiles represent the basic information to be analyzed at Countdown conferences and evidence for assessing progress since the first Countdown Report in 2005. Each profile presents the most recent available information on selected demographic measures of maternal, newborn and child survival and nutritional status, coverage rates for priority interventions, and selected indicators of equity, policy support, human resources and financial flows.

The information summarized in these pages is intended to help policy-makers and their partners assess progress and prioritize actions in the effort to reduce maternal, newborn and child mortality.

Afghanistan
Angola
Azerbaijan
Bangladesh
Benin
Bolivia
Botswana
Brazil
Burkina Faso
Burundi
Cambodia
Cameroon
Central African Republic
Chad
China
Congo
Congo, Democratic Republic of the
Côte d’Ivoire
Djibouti
Egypt
Equatorial Guinea
Eritrea
Ethiopia
Gabon
Gambia, The
Ghana

Guatemala
Guinea
Guinea-Bissau
Haiti
India
Indonesia
Iraq
Kenya
Korea, Democratic People’s Republic of
Lao People’s Democratic Republic
Lesotho
Liberia
Madagascar
Malawi
Mali
Mauritania
Mexico
Morocco
Mozambique
Myanmar
Nepal
Niger
Nigeria
Pakistan
Papua New Guinea
Peru
Philippines
Rwanda
Senegal
Sierra Leone
Somalia
South Africa
Sudan
Swaziland
Tajikistan
Tanzania, United Republic of
Togo
Turkmenistan
Uganda
Yemen
Zambia
Zimbabwe
Afghanistan

**Maternal, Newborn & Child Survival**

**DEMOGRAPHICS**

- Total population (000) 27,208 (2008)
- Total under-five population (000) 4,907 (2008)
- Births (000) 1,269 (2008)
- Birth registration (%) 6 (2003)
- Under-five mortality rate (per 1000 live births) 257 (2008)
- Infant mortality rate (per 1000 live births) 165 (2008)
- Neonatal mortality rate (per 1000 live births) 50 (2008)
- Total under-five deaths (000) 311 (2008)
- Maternal mortality ratio (per 100,000 live births) 1,800 (2005)
- Lifetime risk of maternal death (1 in N) 8 (2005)
- Total maternal deaths 26,000 (2005)

**Under-five mortality rate**

Deaths per 1000 live births

- Source: IGDE 2008

**Causes of under-five deaths, 2008**

Globally more than one third of child deaths are attributable to undernutrition

- Pneumonia 23%
- Diarrhoea 2%
- Other 5%
- Congenital 8%
- Tetanus 4%
- Injuries 4%
- Measles 1%
- Other 5%
- Haemorrhage 22%
- Asphyxia 26%
- Infection 33%

**INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN**

**NUTRITION**

- Stunting prevalence (moderate and severe, %) 59 (2003-2004)
- Complementary feeding rate (6-9 months, %) 29 (2003)
- Wasting prevalence (moderate and severe, %) 9 (2003-2004)
- Low birthweight incidence (%) ---

**Underweight prevalence**

Percent children < 5 years underweight for age*

- 2000: 37%
- 2003-2004: 33%

*Based on 2006 WHO reference population

**Exclusive breastfeeding**

Percent infants < 6 months exclusively breastfed

- No data

**Vitamin A supplementation**

Percent children 6-59 months receiving two doses of vitamin A during calendar year

- No data

**IMMUNIZATION**

- Percent of children immunised against measles
- Percent of children immunised with 3 doses DPT
- Percent of children immunised with 3 doses Hib

**Malaria prevention**

Percent children < 5 years sleeping under ITNs

- No data

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

Percent HIV+ pregnant women receiving ARVs for PMTCT

- No data

**PNEUMONIA**

- Percent children < 5 years with suspected pneumonia taken to appropriate health provider
- Percent children < 5 years with suspected pneumonia receiving antibiotics

- No data
MATERNAL AND NEWBORN HEALTH

- Adolescent birth rate (births per 1,000 woman) 151 (2001)
- Unmet need for family planning (%) —
- Antenatal visits for woman (4 or more visits, %) —
- Intermittent preventive treatment for malaria (%) NA*
- C-section rate (total, urban, rural, %) (Minimum target is 5% and maximum target is 15%) —, —, —
- Early initiation of breastfeeding (within 1 hr of birth, %) —
- Postnatal visit for baby (within 2 days for home births, %) —

### Causes of maternal deaths

Regional estimates for South Asia, 1997-2007

- Sepsis 7%
- Embolism 1%
- Abortion 15%
- Other direct 11%
- Hypertension 17%
- Indirect 19%
- Haemorrhage 35%

Source: WHO 2010

### Coverage along the continuum of care

- Contraceptive prevalence rate
- Antenatal visit (1 or more)
- Skilled attendant at birth
- *Postnatal care
- Exclusive breastfeeding
- Measles

### Antenatal care

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

- 2000: Rural 37, Urban 16, Total 76
- 2003: Rural 12, Urban 14, Total 26

Source: WHO/UNICEF JMP, 2010

### Skilled attendant at delivery

Percent live births attended by skilled health personnel

- 2000: Rural 12, Urban 14, Total 26
- 2003: Rural 27, Urban 36, Total 63

Source: WHO/UNICEF JMP, 2010

### Neonatal tetanus protection

Percent of newborns protected against tetanus

- 1990: No data
- 2000: No data
- 2005: No data
- 2010: 83

Source: WHO/UNICEF

WATER AND SANITATION

### Water

Percent population using improved drinking water sources

- 1995: Rural 1, Urban 12, Total 33
- 2008: Rural 39, Urban 37, Total 76

Source: WHO/UNICEF JMP, 2010

### Sanitation

Percent population using improved sanitation facilities

- 1995: Rural 27, Urban 36, Total 63
- 2008: Rural 30, Urban 37, Total 67

Source: WHO/UNICEF JMP, 2010

EQUITY

Coverage gap by wealth quintile

Average of eight key indicators

- No data

POLICIES

International Code of Marketing of Breastmilk Substitutes: Partial
New ORS formula and zinc for management of diarrhoea: Yes
Community treatment of pneumonia with antibiotics: Yes
IMCI adapted to cover newborns 0-1 week of age: No
Costed implementation plan(s) for maternal, newborn and child health available: Yes
Midwives be authorised to administer a core set of life saving interventions: Yes
Maternity protection in accordance with ILO Convention 183: No
Specific notification of maternal deaths: No

SYSTEMS

Financial Flows and Human Resources

- Per capita total expenditure on health (US$) 83 (2007)
- General government expenditure on health as % of total government expenditure (%) 4 (2007)
- Out-of-pocket expenditure as % of total expenditure on health (%) 76 (2007)
- Density of health workers (per 10,000 population) 7.0 (2005)
- Official Development Assistance to child health per child (US$) 14 (2007)
- Official Development Assistance to maternal and neonatal health per live birth (US$) 18 (2007)
- National availability of Emergency Obstetric Care services (% of recommended minimum) —

Afghanistan

Countdown to 2015
2010 Report
**Diagnostics**

- Total population (000) 18,021 (2008)
- Total under-five population (000) 3,170 (2008)
- Births (000) 774 (2008)
- Birth registration (%) 29 (2000)
- Under-five mortality rate (per 1000 live births) 220 (2008)
- Infant mortality rate (per 1000 live births) 130 (2008)
- Neonatal mortality rate (per 1000 live births) 47 (2008)
- Total under-five deaths (000) 165 (2008)
- Maternal mortality ratio (per 100,000 live births) 1,400 (2005)
- Lifetime risk of maternal death (1 in N) 12 (2005)
- Total maternal deaths 11,000 (2005)

**Under-five mortality rate**

Deaths per 1000 live births

- 260 (1990)
- 220 (1995)
- 220 (2000)
- 262 (2005)
- 220 (2010)
- 180 (2015)

Source: IGBE 2009

**Causes of under-five deaths, 2008**

Globally more than one third of child deaths are attributable to undernutrition

- Pneumonia 18%
- Malaria 25%
- Diarrhea 11%
- Measles 1%
- Injuries 3%
- Other 22%
- Congenital 7%
- Prematurity 26%
- Asphyxia 26%

Source: WHO/UNICEF 2010

**INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN**

**NUTRITION**

- Stunting prevalence (moderate and severe, %) 29 (2007)
- Complementary feeding rate (6-9 months, %) 77 (2001)
- Wasting prevalence (moderate and severe, %) 8 (2007)
- Low birthweight incidence (%) 12 (2000)

**Underweight prevalence**

Percent children < 5 years underweight for age*

- 1996: 37
- 2001: 26
- 2007: 16
- Other NS

**Exclusive breastfeeding**

Percent infants < 6 months exclusively breastfed

- 2001: 11

**Vitamin A supplementation**

Percent children 6-59 months receiving two doses of vitamin A during calendar year

- 2005: 65
- 2006: 80
- 2007: 36
- 2008: 82

Source: UNICEF

**IMMUNIZATION**

- Measles
- DPT
- Hib

**Malaria prevention**

Percent children < 5 years sleeping under ITNs

- 2006-2007: 18

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

Percent HIV+ pregnant women receiving ARVs for PMTCT

- 2005: 3
- 2006: 13
- 2007: 11
- 2008: 19

Source: UNICEF/UNAIDS/WHO

**Diarrhoeal disease treatment**

Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding

- No data

**Malaria treatment**

Proportion of children aged 0-59 months with fever receiving anti-malarial medicines

- 2006-2007: 29

Source: UNICEF

**Pneumonia treatment**

- Percent children < 5 months with suspected pneumonia taken to appropriate health provider
- Percent children < 5 years with suspected pneumonia receiving antibiotics

- No data
### MATERNAL AND NEWBORN HEALTH

#### Causes of maternal deaths
Regional estimates for Sub-Saharan Africa, 1997-2007

- **Sepsis** 19%
- **Abortion** 9%
- **Pregnancy** 9%
- **Other direct** 11%
- **Indirect** 17%
- **Hypertension** 19%
- **Haemorrhage** 34%

Source: WHO 2010

#### Coverage along the continuum of care

<table>
<thead>
<tr>
<th>Year</th>
<th>Pre-pregnancy</th>
<th>Pregnancy</th>
<th>Birth</th>
<th>Neonatal</th>
<th>Infant</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>78</td>
<td>40</td>
<td>30</td>
<td>80</td>
<td>78</td>
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<tr>
<td>2005</td>
<td>80</td>
<td>50</td>
<td>40</td>
<td>80</td>
<td>79</td>
</tr>
<tr>
<td>2010</td>
<td>83</td>
<td>60</td>
<td>50</td>
<td>87</td>
<td>82</td>
</tr>
</tbody>
</table>

Source: OHS, MICS, Other NS

See Annex for indicator definition

### WATER AND SANITATION

#### Water
Percent population using improved drinking water sources

<table>
<thead>
<tr>
<th>Year</th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>30%</td>
<td>40%</td>
<td>36%</td>
</tr>
<tr>
<td>2008</td>
<td>60%</td>
<td>50%</td>
<td>57%</td>
</tr>
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</table>

Source: WHO/UNICEF

#### Sanitation
Percent population using improved sanitation facilities

<table>
<thead>
<tr>
<th>Year</th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>6%</td>
<td>25%</td>
<td>18%</td>
</tr>
<tr>
<td>2008</td>
<td>57%</td>
<td>86%</td>
<td>79%</td>
</tr>
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</table>

Source: WHO/UNICEF

### POLICIES

<table>
<thead>
<tr>
<th>Policy</th>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>International Code of Marketing of Breastmilk Substitutes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>New ORS formula and zinc for management of diarrhoea</td>
<td>Partial</td>
<td></td>
</tr>
<tr>
<td>Community treatment of pneumonia with antibiotics</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>IMCI adapted to cover newborns 0-1 week of age</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Costed implementation plan(s) for maternal, newborn and child health available</td>
<td>Partial</td>
<td></td>
</tr>
<tr>
<td>Midwives be authorised to administer a core set of life saving interventions</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Maternity protection in accordance with ILO Convention 183</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Specific notification of maternal deaths</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

### SYSTEMS

<table>
<thead>
<tr>
<th>System</th>
<th>Location</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Financial Flows and Human Resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per capita total expenditure on health (US$)</td>
<td>131</td>
<td>(2007)</td>
</tr>
<tr>
<td>General government expenditure on health as % of total government expenditure (%)</td>
<td>5</td>
<td>(2007)</td>
</tr>
<tr>
<td>Out-of-pocket expenditure as % of total expenditure on health (%)</td>
<td>20</td>
<td>(2007)</td>
</tr>
<tr>
<td>Density of health workers (per 10,000 population)</td>
<td>14.3</td>
<td>(2004)</td>
</tr>
<tr>
<td>Official Development Assistance to child health per child (US$)</td>
<td>10</td>
<td>(2007)</td>
</tr>
<tr>
<td>Official Development Assistance to maternal and neonatal health per live birth (US$)</td>
<td>11</td>
<td>(2007)</td>
</tr>
<tr>
<td>National availability of Emergency Obstetric Care services (% of recommended minimum)</td>
<td>25</td>
<td>(2006)</td>
</tr>
</tbody>
</table>


**Angola**

Countdown to 2015
2010 Report
Azerbaijan

**DEMOGRAPHICS**

- Total population (000) 8,731 (2008)
- Total under-five population (000) 738 (2008)
- Births (000) 166 (2008)
- Birth registration (%) 94 (2006)
- Under-five mortality rate (per 1000 live births) 36 (2008)
- Infant mortality rate (per 1000 live births) 32 (2008)
- Neonatal mortality rate (per 1000 live births) 19 (2008)
- Under-five deaths (000) 6 (2008)
- Maternal mortality ratio (per 100,000 live births) 82 (2005)
- Lifetime risk of maternal death (1 in N) 670 (2005)
- Total maternal deaths 110 (2005)

**Under-five mortality rate**

- Deaths per 1000 live births

**Causes of under-five deaths, 2008**

- Globally more than one third of child deaths are attributable to undernutrition

**INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN**

**NUTRITION**

- Stunting prevalence (moderate and severe, %) 25 (2006)
- Wasting prevalence (moderate and severe, %) 7 (2006)
- Complementary feeding rate (6-9 months, %) 44 (2006)
- Low birthweight incidence (%) 10 (2006)

**Underweight prevalence**

- Percent children < 5 years underweight for age*

**Exclusive breastfeeding**

- Percent infants < 6 months exclusively breastfed

**Vitamin A supplementation**

- Percent children 6-59 months receiving two doses of vitamin A during calendar year

**IMMUNIZATION**

- Percent of children immunised against measles
- Percent of children immunised with 3 doses DPT
- Percent of children immunised with 3 doses Hib

**Malaria prevention**

- Percent children < 5 years sleeping under ITNs*

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

- Percent HIV+ pregnant women receiving ARVs for PMTCT

**Diarrhoeal disease treatment**

- Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding

**Malaria treatment**

- Percent febrile children < 5 years using antimalarials*

**Pneumonia treatment**

- Percent children < 5 years with suspected pneumonia taken to appropriate health provider
- Percent children < 5 years with suspected pneumonia receiving antibiotics

*Based on 2008 WHO reference population

*See Annex for indicator definition

Source: DHS, MICS, Other NS
**MATERNAL AND NEWBORN HEALTH**

**Adolescent birth rate (births per 1,000 women)**  42  (2008)

**Unmet need for family planning (%)**  23  (2006)

**Antenatal visits for woman (4 or more visits, %)**  45  (2006)

**Intermittent preventive treatment for malaria (%)**  NA*

**C-section rate (total, urban, rural, %)**  
(Minimum target is 5% and maximum target is 15%)  5, 5, 4  (2006)

**Early initiation of breastfeeding (within 1 hr of birth, %)**  32  (2006)

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

*Not applicable

**Causes of maternal deaths**

Regional estimates for Commonwealth of independent states, 1997-2007

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemorrhage</td>
<td>27%</td>
<td>27%</td>
<td>36%</td>
<td>36%</td>
<td>36%</td>
</tr>
<tr>
<td>Sepsis</td>
<td>10%</td>
<td>12%</td>
<td>12%</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>14%</td>
<td>14%</td>
<td>14%</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Indirect</td>
<td>18%</td>
<td>18%</td>
<td>18%</td>
<td>18%</td>
<td>18%</td>
</tr>
<tr>
<td>Embolism</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Other direct</td>
<td>13%</td>
<td>13%</td>
<td>13%</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>Abortion</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Source: WHO 2010

**Coverage along the continuum of care**

- Contraceptive prevalence rate
- Antenatal visit (1 or more)
- Skilled attendant at birth
- *Postnatal care
- Exclusive breastfeeding
- Measles

<table>
<thead>
<tr>
<th>Component</th>
<th>Coverage</th>
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<tbody>
<tr>
<td>Contraception</td>
<td>51.7%</td>
</tr>
<tr>
<td>Antenatal Visit</td>
<td>77.1%</td>
</tr>
<tr>
<td>Skilled Attendant</td>
<td>88.3%</td>
</tr>
<tr>
<td>*Postnatal Care</td>
<td>66.2%</td>
</tr>
<tr>
<td>Exclusive Breastfeeding</td>
<td>66.2%</td>
</tr>
<tr>
<td>Measles</td>
<td>88.3%</td>
</tr>
</tbody>
</table>

Source: DHS, MICS, Other NS

**Skilled attendant at delivery**

Percent live births attended by skilled health personnel

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>66%</td>
<td>70%</td>
<td>77%</td>
<td>80%</td>
<td>77%</td>
<td>71%</td>
<td>68%</td>
</tr>
<tr>
<td>Urban</td>
<td>71%</td>
<td>70%</td>
<td>68%</td>
<td>68%</td>
<td>66%</td>
<td>44%</td>
<td>45%</td>
</tr>
<tr>
<td>Total</td>
<td>66%</td>
<td>70%</td>
<td>71%</td>
<td>68%</td>
<td>71%</td>
<td>51%</td>
<td>45%</td>
</tr>
</tbody>
</table>


**Neonatal tetanus protection**

Percent of newborns protected against tetanus

**WATER AND SANITATION**

**Water**

Percent population using improved drinking water sources

<table>
<thead>
<tr>
<th>Year</th>
<th>1990</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>49%</td>
<td>80%</td>
</tr>
<tr>
<td>Urban</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td>Total</td>
<td>69%</td>
<td>80%</td>
</tr>
</tbody>
</table>


**Sanitation**

Percent population using improved sanitation facilities

<table>
<thead>
<tr>
<th>Year</th>
<th>1995</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>20%</td>
<td>51%</td>
</tr>
<tr>
<td>Urban</td>
<td>10%</td>
<td>45%</td>
</tr>
<tr>
<td>Total</td>
<td>30%</td>
<td>45%</td>
</tr>
</tbody>
</table>


**SYSTEMS**

**Financial Flows and Human Resources**

- Per capita total expenditure on health (US$) 284 (2007)
- General government expenditure on health as % of total government expenditure (%) 4 (2007)
- Out-of-pocket expenditure as % of total expenditure on health (%) 64 (2007)
- Density of health workers (per 10,000 population) 122.1 (2007)
- Official Development Assistance to child health per child (US$) 2 (2007)
- Official Development Assistance to maternal and neonatal health per live birth (US$) 8 (2007)
- National availability of Emergency Obstetric Care services (% of recommended minimum) ---

**POLICIES**

- International Code of Marketing of Breastmilk Substitutes Partial
- New ORS formula and zinc for management of diarrhoea No
- Community treatment of pneumonia with antibiotics Partial
- IMCI adapted to cover newborns 0-1 week of age No
- Costed implementation plan(s) for maternal, newborn and child health available No
- Midwives be authorised to administer a core set of life saving interventions Partial
- Maternity protection in accordance with ILO Convention 183 Partial
- Specific notification of maternal deaths Yes

**EQUITY**

**Coverage gap by wealth quintile**

Average of eight key indicators

- Coverage gap
- Mean coverage

Source: DHS 2006

**REGIONAL ESTIMATES FOR COMMONWEALTH OF INDEPENDENT STATES, 1997-2007**

- Hemorrhage 27%
- Sepsis 10%
- Hypertension 14%
- Indirect 18%
- Embolism 10%
- Other direct 13%
- Abortion 7%

Source: WHO 2010

**Azerbaijan**

**Countdown to 2015**

2010 Report
**Bangladesh**

**DEMOGRAPHICS**

- Total population (000) 160,000 (2008)
- Total under-five population (000) 16,710 (2008)
- Births (000) 3,430 (2008)
- Birth registration (%) 10 (2006)
- Under-five mortality rate (per 1000 live births) 54 (2008)
- Infant mortality rate (per 1000 live births) 43 (2008)
- Neonatal mortality rate (per 1000 live births) 33 (2008)
- Total under-five deaths (000) 183 (2008)
- Maternal mortality ratio (per 100,000 live births) 570 (2006)
- Total under-five population (000) 160,000 (2008)
- Total maternal deaths 21,000 (2005)

**INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN**

**NUTRITION**

- Stunting prevalence (moderate and severe, %) 43 (2007)
- Wasting prevalence (moderate and severe, %) 17 (2007)
- Complementary feeding rate (6-9 months, %) 74 (2007)
- Exclusive breastfeeding (0-6 months) 22 (2006)
- Exclusive breastfeeding (6-11 months) 40 (2006)

**CHILDBIRTH**

- Maternity protection in accordance with ILO
- Costed implementation plan(s) for maternal, newborn and child health

**CARE**

- Specific notification of maternal deaths
- Midwives be authorised to administer a core set of life saving interventions
- Substitutes

**IMMUNIZATION**

- Percent children immunised against measles
- Percent children immunised with 3 doses DPT
- Percent children immunised with 3 doses Hib

**MALARIA**

- Percent children <5 years sleeping under ITNs
- Percent children immunised with 3 doses DPT
- Percent children immunised with 3 doses Hib

**VACCINES**

- Percent children immunised with 3 doses DPT
- Percent children immunised with 3 doses Hib

**PNEUMOCOCCUS**

- Percent children <5 years with suspected pneumonia taken to appropriate health provider
- Percent children <5 years with suspected pneumonia receiving antibiotics

**SLEEPING UNDER MATTRESSES**

- Percent children <5 years sleeping under ITNs

**DIARRHEA**

- Percent children <5 years with diarrhoea receiving oral rehydration
- Percent children <5 years with diarrhoea receiving oral rehydration

**HEALTH SYSTEM**

- Mortality rate for children under 5 years
- Mortality rate for children under 5 years

**QUALITY OF CARE**

- Skilled health provider during pregnancy
- Skilled health provider during pregnancy

**FINANCIAL**

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

**SANITATION**

- Percent population using improved drinking water sources
- Percent population using improved drinking water sources

**INFANT NUTRITION**

- Percent infants <6 months exclusively breastfed
- Percent infants <6 months exclusively breastfed

**ABORTION**

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

**PILOT PROJECTS**

- Skilled attendant at delivery
- Skilled attendant at delivery

**SCHOOL ADOPTIONS**

- Percent children <5 years sleeping under ITNs
- Percent children <5 years sleeping under ITNs

**WATER**

- Percent children <5 years sleeping under ITNs
- Percent children <5 years sleeping under ITNs

**COSTS**

- Percent children <5 years sleeping under ITNs
- Percent children <5 years sleeping under ITNs

**HIV/AIDS**

- Percent children <5 years sleeping under ITNs
- Percent children <5 years sleeping under ITNs

**INFECTION**

- Percent children <5 years sleeping under ITNs
- Percent children <5 years sleeping under ITNs

**DIABETES**

- Percent children <5 years sleeping under ITNs
- Percent children <5 years sleeping under ITNs

**MALARIA**

- Percent children <5 years sleeping under ITNs
- Percent children <5 years sleeping under ITNs
MATERNAL AND NEWBORN HEALTH

Adolescent birth rate (births per 1,000 women) 133 (2005)
Unmet need for family planning (%) 17 (2007)
Antenatal visits for woman (4 or more visits, %) 21 (2007)
Intermittent preventive treatment for malaria (%) NA*
C-section rate (total, urban, rural, %) (Minimum target is 5% and maximum target is 15%) 8, 16, 5 (2007)
Early initiation of breastfeeding (within 1 hr of birth, %) 43 (2007)
Postnatal visit for baby (within 2 days for home births, %) 19 (2007)

Causes of maternal deaths
Regional estimates for South Asia, 1997-2007

Coverage along the continuum of care

Water and sanitation

Water
Percent population using improved drinking water sources

Sanitation
Percent population using improved sanitation facilities

EQUITY

Coverage gap by wealth quintile
Average of eight key indicators

Policies

International Code of Marketing of Breastmilk Substitutes Partial
New ORS formula and zinc for management of diarrhoea Yes
Community treatment of pneumonia with antibiotics Yes
IMCI adapted to cover newborns 0-1 week of age Yes
Costed implementation plan(s) for maternal, newborn and child health available Partial
Midwives be authorised to administer a core set of life saving interventions Partial
Maternity protection in accordance with ILO Convention 183 No
Specific notification of maternal deaths Partial

Financial Flows and Human Resources

Per capita total expenditure on health (US$) 42 (2007)
General government expenditure on health as % of total government expenditure (%) 8 (2007)
Out-of-pocket expenditure as % of total expenditure on health (%) 65 (2007)
Density of health workers (per 10,000 population) 5.8 (2005)
Official Development Assistance to child health per child (US$) 3 (2007)
Official Development Assistance to maternal and neonatal health per live birth (US$) 8 (2007)
National availability of Emergency Obstetric Care services (% of recommended minimum) ---

Systems

Bangladesh
Countdown to 2015
2010 Report
MATERNAL AND NEWBORN HEALTH

Adolescent birth rate (births per 1,000 women) 114 (2004)
Unmet need for family planning (%) 30 (2006)
Antenatal visits for woman (4 or more visits, %) 61 (2006)
Intermittent preventive treatment for malaria (%) 3 (2006)
C-section rate (total, urban, rural, %)
(Minimum target is 5% and maximum target is 15%) 4, 6, 2 (2008)
Early initiation of breastfeeding (within 1 hr of birth, %) 54 (2006)
Postnatal visit for baby (within 2 days for home births, %) ---

Causes of maternal deaths
Regional estimates for Sub-Saharan Africa, 1997-2007

Coverage along the continuum of care

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

WATER AND SANITATION

Water
Percent population using improved drinking water sources

Sanitation
Percent population using improved sanitation facilities

EQUITY

Coverage gap by wealth quintile
Average of eight key indicators

POLICIES

International Code of Marketing of Breastmilk Substitutes Yes
New ORS formula and zinc for management of diarrhoea Yes
Community treatment of pneumonia with antibiotics Partial
IMCI adapted to cover newborns 0-1 week of age Yes
Costed implementation plan(s) for maternal, newborn and child health available Yes
Midwives be authorised to administer a core set of life saving interventions Partial
Maternity protection in accordance with ILO Convention 183 No
Specific notification of maternal deaths Yes

SYSTEMS

Financial Flows and Human Resources
Per capita total expenditure on health (US$) 70 (2007)
General government expenditure on health as % of total government expenditure (%) 11 (2007)
Out-of-pocket expenditure as % of total expenditure on health (%) 46 (2007)
Density of health workers (per 10,000 population) 8.3 (2008)
Official Development Assistance to child health per child (US$) 12 (2007)
Official Development Assistance to maternal and neonatal health per live birth (US$) 14 (2007)
National availability of Emergency Obstetric Care services (% of recommended minimum) 66 (2002)
**Bolivia**

### DEMOGRAPHICS

- **Total population (000)**: 9,694 (2008)
- **Total under-five population (000)**: 1,245 (2008)
- **Births (000)**: 263 (2008)
- **Birth registration (%)**: 74 (2001)
- **Under-five mortality rate (per 1000 live births)**: 14 (2008)
- **Infant mortality rate (per 1000 live births)**: 25 (2008)
- **Neonatal mortality rate (per 1000 live births)**: 290 (2005)
- **Maternal mortality ratio (per 100,000 live births)**: 760 (2005)
- **Total maternal deaths**: 7

### INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN

#### NUTRITION

- **Stunting prevalence (moderate and severe, %)**: 32 (2003)
- **Wasting prevalence (moderate and severe, %)**: 2 (2003)
- **Complementary feeding rate (6-9 months, %)**: 81 (2008)
- **Low birthweight incidence (%)**: 7 (2003)

#### CHILD HEALTH

##### Immunization

- **Percent of children immunised against measles**: 88 (2008)
- **Percent of children immunised with 3 doses DPT**: 83 (2008)
- **Percent of children immunised with 3 doses Hib**: 83 (2008)

##### Malaria prevention

- **Percent children < 5 years sleeping under ITNs***: 86 (2008)

##### Malaria treatment

- **Percent febrile children < 5 years using antimalarials***: 59 (2003)

##### Diarrhoeal disease treatment

- **Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding**: 40 (2008)

##### Pneumonia treatment

- **Percent children < 5 years with suspected pneumonia taken to appropriate health provider**: 43 (2008)
- **Percent children < 5 years with suspected pneumonia receiving antibiotics**: 54 (2003)
Botswana

**DEMOGRAPHICS**

- Total population (000) 1,921 (2008)
- Total under-five population (000) 221 (2008)
- Births (000) 47 (2008)
- Birth registration (%) 58 (2000)
- Under-five mortality rate (per 1000 live births) 31 (2008)
- Infant mortality rate (per 1000 live births) 26 (2008)
- Neonatal mortality rate (per 1000 live births) 16 (2008)
- Total under-five deaths (000) 1 (2008)
- Maternal mortality ratio (per 100,000 live births) 170 (2005)
- Total population (000) 1,921 (2008)
- Total under-five population (000) 221 (2008)
- Births (000) 47 (2008)
- Birth registration (%) 58 (2000)
- Under-five mortality rate (per 1000 live births) 31 (2008)
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- Maternal mortality ratio (per 100,000 live births) 170 (2005)
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- Total under-five population (000) 221 (2008)
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- Neonatal mortality rate (per 1000 live births) 16 (2008)
- Total under-five deaths (000) 1 (2008)
- Maternal mortality ratio (per 100,000 live births) 170 (2005)

**INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN**

**NUTRITION**

- Stunting prevalence (moderate and severe, %) 29 (2000)
- Complementary feeding rate (6-9 months, %) 57 (2000)
- Wasting prevalence (moderate and severe, %) 6 (2000)
- Low birthweight incidence (%) 10 (2000)

**Underweight prevalence**


**Exclusive breastfeeding**

- Percent infants < 6 months exclusively breastfed 34 (2000)

**Vitamin A supplementation**

- Percent children 6-59 months receiving two doses of vitamin A during calendar year 15 (2005)

**IMMUNIZATION**

- Percent of children immunised against measles 94 (2000)
- Percent of children immunised with 3 doses DPT 94 (2000)
- Percent of children immunised with 3 doses Hib 94 (2000)

**Malaria prevention**

- Percent children < 5 years sleeping under ITNs 6 (2000)

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

- Percent HIV+ pregnant women receiving ARVs for PMTCT
  - 2004: 78%
  - 2005: 56%
  - 2006: >95%
  - 2007: >95%
  - 2008: >95%

**Diarrhoeal disease treatment**

- Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding 7 (2000)

**Malaria treatment**

- Percent febrile children < 5 years using antimalarials No data

**Pneumonia treatment**

- Percent children < 5 years with suspected pneumonia taken to appropriate health provider 14 (2000)
- Percent children < 5 years with suspected pneumonia receiving antibiotics No data

---

*Source: WHO/UNICEF*
**Brazil**

**Demosographics**
- Total population (000): 191,972 (2008)
- Total under-five population (000): 16,125 (2008)
- Birth registration (%): 89 (2005)
- Under-five mortality rate (per 1000 live births): 22 (2008)
- Total under-five deaths (000): 4,100 (2005)

**Under-five mortality rate**
- Deaths per 1000 live births
- Source: IGME 2009

**Causes of under-five deaths, 2008**
- Globally more than one third of child deaths are attributable to undernutrition

**Birth registration (%)**
- 1 in N

**Total maternal deaths**
- 2006

**Total under-five deaths (000)**
- 2006

**Maternal mortality ratio (per 100,000 live births)**
- 2008

**Percent population using improved drinking water sources**
- 2003

**Percent women aged 15-49 years attended at least once by a health provider**
- Antenatal care
- 2008

**Prevention of mother to child transmission of HIV**
- Percent HIV+ pregnant women receiving ARVs for PMTCT
- 2007

**Exclusive breastfeeding**
- Percent infants < 6 months exclusively breastfed
- 2006

**Exclusive breastfeeding**
- Percent infants < 6 months exclusively breastfed
- 2006

**Preterm**
- 32%

**Infection**
- 15%

**Other**
- 18%

**Prematurity**
- 32%

**Pneumonia**
- 8%

**Diarrhoea**
- 4%

**HIV/AIDS**
- 0%

**Maternal deaths**
- 2006

**Neonatal tetanus protection**
- 100%

**Partial**
- 80%

**Full**
- 20%

**Abortion**
- 10%

**Percent women aged 15-49 years attended at least once by a health provider**
- Antenatal care
- 2008

**Vitamin A supplementation**
- Percent children 6-59 months receiving two doses of vitamin A during calendar year
- No data

**IMCI adapted to cover newborns 0-1 week of age**
- Yes

**Community treatment of pneumonia with antibiotics**
- Yes

**Substitutes**
- No

**Specific notification of maternal deaths**
- Yes

**Pneumonia treatment**
- Percent children < 5 years with suspected pneumonia taken to appropriate health provider
- 2007

**Prevention of mother to child transmission of HIV**
- Percent HIV+ pregnant women receiving ARVs for PMTCT
- 2007

**Exclusive breastfeeding**
- Percent infants < 6 months exclusively breastfed
- 2006

**Diarrhoeal disease treatment**
- Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding
- No data

**Malaria treatment**
- Percent febrile children < 5 years using antimalarials*
- 2006

**Pneumonia treatment**
- Percent children < 5 years with suspected pneumonia receiving antibiotics
- 2007

**Underweight prevalence**
- Percent children < 5 years underweight for age*
- 2008

**Exclusive breastfeeding**
- Percent infants < 6 months exclusively breastfed
- 2006

**Vitamin A supplementation**
- Percent children 6-59 months receiving two doses of vitamin A during calendar year
- No data

**Malaria prevention**
- Percent children < 5 years sleeping under ITNs*
- 2008

**Prevention of mother to child transmission of HIV**
- Percent HIV+ pregnant women receiving ARVs for PMTCT
- 2007

**Exclusive breastfeeding**
- Percent infants < 6 months exclusively breastfed
- 2006

**Vitamin A supplementation**
- Percent children 6-59 months receiving two doses of vitamin A during calendar year
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**Malaria treatment**
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- 2006

**Pneumonia treatment**
- Percent children < 5 years with suspected pneumonia receiving antibiotics
- 2007

**Exclusive breastfeeding**
- Percent infants < 6 months exclusively breastfed
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**Malaria treatment**
- Percent febrile children < 5 years using antimalarials*
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**Pneumonia treatment**
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- No data

**Malaria treatment**
- Percent febrile children < 5 years using antimalarials*
- 2006

**Pneumonia treatment**
- Percent children < 5 years with suspected pneumonia receiving antibiotics
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**Exclusive breastfeeding**
- Percent infants < 6 months exclusively breastfed
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**Vitamin A supplementation**
- Percent children 6-59 months receiving two doses of vitamin A during calendar year
- No data

**Malaria treatment**
- Percent febrile children < 5 years using antimalarials*
- 2006

**Pneumonia treatment**
- Percent children < 5 years with suspected pneumonia receiving antibiotics
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**Exclusive breastfeeding**
- Percent infants < 6 months exclusively breastfed
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**Vitamin A supplementation**
- Percent children 6-59 months receiving two doses of vitamin A during calendar year
- No data

**Malaria treatment**
- Percent febrile children < 5 years using antimalarials*
- 2006

**Pneumonia treatment**
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**Exclusive breastfeeding**
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**Vitamin A supplementation**
- Percent children 6-59 months receiving two doses of vitamin A during calendar year
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**Malaria treatment**
- Percent febrile children < 5 years using antimalarials*
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**Pneumonia treatment**
- Percent children < 5 years with suspected pneumonia receiving antibiotics
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- Percent children 6-59 months receiving two doses of vitamin A during calendar year
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**Malaria treatment**
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**Pneumonia treatment**
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**Exclusive breastfeeding**
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- Percent children 6-59 months receiving two doses of vitamin A during calendar year
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**Malaria treatment**
- Percent febrile children < 5 years using antimalarials*
- 2006

**Pneumonia treatment**
- Percent children < 5 years with suspected pneumonia receiving antibiotics
- 2007

**Exclusive breastfeeding**
- Percent infants < 6 months exclusively breastfed
- 2006

**Vitamin A supplementation**
- Percent children 6-59 months receiving two doses of vitamin A during calendar year
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**Malaria treatment**
- Percent febrile children < 5 years using antimalarials*
- 2006

**Pneumonia treatment**
- Percent children < 5 years with suspected pneumonia receiving antibiotics
- 2007

**Exclusive breastfeeding**
- Percent infants < 6 months exclusively breastfed
- 2006

**Vitamin A supplementation**
- Percent children 6-59 months receiving two doses of vitamin A during calendar year
- No data

**Malaria treatment**
- Percent febrile children < 5 years using antimalarials*
- 2006

**Pneumonia treatment**
- Percent children < 5 years with suspected pneumonia receiving antibiotics
- 2007
MATERNAL AND NEWBORN HEALTH

Adolescent birth rate (births per 1,000 women) 56 (2008)
Unmet need for family planning (%) 7 (1996)
Antenatal visits for woman (4 or more visits, %) 89 (2006)
Intermittent preventive treatment for malaria (%) NA*
C-section rate (total, urban, rural, %) 
(Minimum target is 5% and maximum target is 15%) 46, 35, 45 (2006)
Early initiation of breastfeeding (within 1 hr of birth, %) 43 (2006)
Postnatal visit for baby (within 2 days for home births, %) ---

CAUSES OF MATERNAL DEATHS

Regional estimates for Latin America / Caribbean, 1997-2007

- Sepsis: 7%
- Hypertension: 26%
- Haemorrhage: 23%
- Indirect: 20%
- Other direct: 11%
- Abortion: 10%

Coverage along the continuum of care

Contraceptive prevalence rate
- Pre-pregnancy
- Pregnancy
- Skilled attendant at birth
- Postnatal care
- Exclusive breastfeeding
- Measles

Neonatal tetanus protection

Percent of newborns protected against tetanus

WATER AND SANITATION

Water

Percent population using improved drinking water sources

Sanitation

Percent population using improved sanitation facilities

EQUITY

Coverage gap by wealth quintile

Average of eight key indicators

POLICIES

International Code of Marketing of Breastmilk Substitutes Yes
New ORS formula and zinc for management of diarrhoea No
Community treatment of pneumonia with antibiotics No
IMCI adapted to cover newborns 0-1 week of age Yes
Costed implementation plan(s) for maternal, newborn and child health available Partial
Midwives be authorised to administer a core set of life saving interventions Partial
Maternity protection in accordance with ILO Convention 183 Partial
Specific notification of maternal deaths Yes

FINANCIAL FLOWS AND HUMAN RESOURCES

Per capita total expenditure on health (US$) 837 (2007)
General government expenditure on health as % of total government expenditure (%) 5 (2007)
Out-of-pocket expenditure as % of total expenditure on health (%) 34 (2007)
Density of health workers (per 10,000 population) 46.0 (2006)
Official Development Assistance to child health per child (US$) 0 (2007)
Official Development Assistance to maternal and neonatal health per live birth (US$) 0 (2007)
National availability of Emergency Obstetric Care services (% of recommended minimum) ---
Burkina Faso

**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Total population (000)</th>
<th>15,234 (2008)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total under-five population (000)</td>
<td>2,934 (2008)</td>
</tr>
<tr>
<td>Births (000)</td>
<td>721 (2008)</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>64 (2006)</td>
</tr>
<tr>
<td>Under-five mortality rate (per 1000 live births)</td>
<td>169 (2008)</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>92 (2008)</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>36 (2008)</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>117 (2008)</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100,000 live births)</td>
<td>721 (2006)</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>4,300 (2005)</td>
</tr>
</tbody>
</table>

**INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN**

**NUTRITION**

| Stunting prevalence (moderate and severe, %) | 41 (2006) |
| Wasting prevalence (moderate and severe, %) | 25 (2006) |

**Underweight prevalence**

Percent children < 5 years underweight for age*

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<td>30</td>
<td>34</td>
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**Exclusive breastfeeding**

Percent infants < 6 months exclusively breastfed

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<td>1992-1993</td>
<td>3</td>
<td>6</td>
<td>19</td>
<td>7</td>
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<td>1998-1999</td>
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<td>2003</td>
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<td>2006</td>
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</table>

**Vitamin A supplementation**

Percent children 6-59 months receiving two doses of vitamin A during calendar year

<table>
<thead>
<tr>
<th>Year</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
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<tbody>
<tr>
<td>2005</td>
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**CHILD HEALTH**

**Immunization**

<table>
<thead>
<tr>
<th>Year</th>
<th>2003</th>
<th>2006</th>
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<td>2003</td>
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<td>2006</td>
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</table>

**Malaria treatment**

Percent febrile children < 5 years using antimalarials

<table>
<thead>
<tr>
<th>Year</th>
<th>1993</th>
<th>2003</th>
<th>2006</th>
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<tbody>
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<td>1993</td>
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<td>2003</td>
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<tr>
<td>2006</td>
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</tbody>
</table>

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

Percent HIV+ pregnant women receiving ARVs for PMTCT

<table>
<thead>
<tr>
<th>Year</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
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<tbody>
<tr>
<td>2004</td>
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<td>2006</td>
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</tbody>
</table>

**Diarrhoeal disease treatment**

Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding

<table>
<thead>
<tr>
<th>Year</th>
<th>2003</th>
<th>2006</th>
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<tbody>
<tr>
<td>2003</td>
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<tr>
<td>2006</td>
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</tbody>
</table>

**Pneumonia treatment**

Percent children < 5 years with suspected pneumonia taken to appropriate health provider

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<tbody>
<tr>
<td>1995-1996</td>
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<tr>
<td>2006</td>
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</tbody>
</table>

*Based on 2006 WHO reference population
MATERNAL AND NEWBORN HEALTH

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

Skilled attendant at delivery
Percent live births attended by skilled health personnel

Neonatal tetanus protection
Percent of newborns protected against tetanus

WATER AND SANITATION

Water
Percent population using improved drinking water sources

Sanitation
Percent population using improved sanitation facilities

EQUITY

Coverage gap by wealth quintile
Average of eight key indicators

POLICIES

International Code of Marketing of Breastmilk Substitutes
New ORS formula and zinc for management of diarrhoea
Community treatment of pneumonia with antibiotics
IMCI adapted to cover newborns 0-1 week of age
Costed implementation plan(s) for maternal, newborn and child health available
Midwives be authorised to administer a core set of life saving interventions
Maternity protection in accordance with ILO Convention 183
Specific notification of maternal deaths

SYSTEMS

Financial Flows and Human Resources
Per capta total expenditure on health (US$)
General government expenditure on health as % of total government expenditure (%)
Out-of-pocket expenditure as % of total expenditure on health (%)
Density of health workers (per 10,000 population)
Official Development Assistance to child health per child (US$)
Official Development Assistance to maternal and neonatal health per live birth (US$)
National availability of Emergency Obstetric Care services (% of recommended minimum)
Burundi

**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value (Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>8,074 (2008)</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>1,155 (2008)</td>
</tr>
<tr>
<td>Births (000)</td>
<td>278 (2008)</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>60 (2005)</td>
</tr>
<tr>
<td>Under-five mortality rate (per 1000 live births)</td>
<td>168 (2008)</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>102 (2008)</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>42 (2008)</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>45 (2008)</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100,000 live births)</td>
<td>1,100 (2005)</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>16 (2005)</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>3,900 (2005)</td>
</tr>
</tbody>
</table>

**INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN**

**NUTRITION**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stunting prevalence (moderate and severe, %)</td>
<td>63 (2005)</td>
</tr>
<tr>
<td>Wasting prevalence (moderate and severe, %)</td>
<td>8 (2005)</td>
</tr>
</tbody>
</table>

**Underweight prevalence**

- Percent children < 5 years underweight for age:
  - 2000: 39%
  - 2005: 35%

**Exclusive breastfeeding**

- Percent infants < 6 months exclusively breastfed:
  - 1987 DHS: 77%
  - 2000 MICS: 62%
  - 2005 MICS: 45%

**Vitamin A supplementation**

- Percent children 6-59 months receiving two doses of vitamin A during calendar year:
  - 2005: 83%
  - 2006: 80%
  - 2007: 83%
  - 2008: 80%

**Immunization**

- Percent of children immunised against measles:
  - 2005: 92%

- Percent of children immunised with 3 doses DPT:
  - 2005: 84%

- Percent of children immunised with 3 doses Hib:
  - 2005: 92%

**Diarrhoeal disease treatment**

- Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding:
  - 2000 MICS: 16%
  - 2005 MICS: 23%

**Malaria prevention**

- Percent children < 5 years sleeping under ITNs:
  - 2000 MICS: 1%
  - 2005 MICS: 8%

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

- Percent HIV+ pregnant women receiving ARVs for PMTCT:
  - 2004: 2%
  - 2005: 3%
  - 2006: 7%
  - 2007: 7%
  - 2008: 9%

**Malaria treatment**

- Percent febrile children < 5 years using antimalarials:
  - 2000 MICS: 31%
  - 2005 MICS: 30%

**Pneumonia treatment**

- Percent children < 5 years with suspected pneumonia taken to appropriate health provider:
  - 1987 DHS: 1%
  - 2005 MICS: 40%

- Percent children < 5 years with suspected pneumonia receiving antibiotics:
  - 2000 MICS: 38%
  - 2005 MICS: 26%

**Causes of under-five deaths, 2008**

- Globally more than one third of child deaths are attributable to undernutrition

- Causes of neonatal deaths:
  - Diarrhoea 26%
  - Malaria 23%
  - Other 19%
  - Infection 19%
  - Asphyxia 17%
  - Premature death 13%
  - Congenital defects 10%
  - Other 10%

**Causes of maternal deaths**

- Skilled attendant
  - 2000 MICS: 84%
  - 2005 MICS: 97%

**Child Health Services**

- Percent live births attended by skilled health personnel:
  - 2000 MICS: 92%

- Percent of newborns protected against tetanus:
  - 2000 MICS: 100%

- Percent live births to women attended by skilled health personnel:
  - 2000 MICS: 92%

- Percent of newborns protected against tetanus:
  - 2000 MICS: 100%
MATERNAL AND NEWBORN HEALTH

Adolescent birth rate (births per 1,000 women) 30 (2001)
Unmet need for family planning (%) 29 (2002)
Antenatal visits for woman (4 or more visits, %) ---
Interruption of preventive treatment for malaria (%) NA*
C-section rate (total, urban, rural, %) (Minimum target is 5% and maximum target is 15%) ---, ---, ---
Early initiation of breastfeeding (within 1 hr of birth, %) ---
Postnatal visit for baby (within 2 days for home births, %) ---

*Not applicable

Causes of maternal deaths
Regional estimates for Sub-Saharan Africa, 1997-2007

<table>
<thead>
<tr>
<th>Cause</th>
<th>1987</th>
<th>2000</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sepsis</td>
<td>19</td>
<td>25</td>
<td>34</td>
</tr>
<tr>
<td>Embolism</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abortion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemorrhage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other direct</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indirect</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: WHO 2010

Coverage along the continuum of care

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptive prevalence</td>
<td>44</td>
<td>41</td>
<td>44</td>
<td>46</td>
<td>49</td>
</tr>
<tr>
<td>Antenatal visit (1 or more)</td>
<td>26</td>
<td>9</td>
<td>1997</td>
<td>1998</td>
<td>1999</td>
</tr>
<tr>
<td>Skilled attendant at birth</td>
<td>78</td>
<td>62</td>
<td>92</td>
<td>84</td>
<td>78</td>
</tr>
<tr>
<td>*Postnatal care</td>
<td>19</td>
<td>44</td>
<td>46</td>
<td>49</td>
<td>46</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>72</td>
<td>62</td>
<td>92</td>
<td>84</td>
<td>78</td>
</tr>
<tr>
<td>Measles</td>
<td>19</td>
<td>44</td>
<td>46</td>
<td>49</td>
<td>46</td>
</tr>
</tbody>
</table>

Source: DHS, MICS, Other NS

WATER AND SANITATION

Water
Percent population using improved drinking water sources

<table>
<thead>
<tr>
<th>Year</th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>68</td>
<td>97</td>
<td>74</td>
</tr>
<tr>
<td>2008</td>
<td>71</td>
<td>83</td>
<td>77</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF 2010

Sanitation
Percent population using improved sanitation facilities

<table>
<thead>
<tr>
<th>Year</th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>44</td>
<td>41</td>
<td>44</td>
</tr>
<tr>
<td>2008</td>
<td>46</td>
<td>49</td>
<td>46</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF 2010

EQUITY

Coverage gap by wealth quintile
Average of eight key indicators

<table>
<thead>
<tr>
<th>Wealth quintile</th>
<th>Coverage gap</th>
<th>Mean coverage</th>
</tr>
</thead>
</table>

Source: MICS 2000

Policies

<table>
<thead>
<tr>
<th>Policy/Condition</th>
<th>Source/Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>International Code of Marketing of Breastmilk Substitutes</td>
<td>Partial</td>
</tr>
<tr>
<td>New ORS formula and zinc for management of diarrhoea</td>
<td>Partial</td>
</tr>
<tr>
<td>Community treatment of pneumonia with antibiotics</td>
<td>No</td>
</tr>
<tr>
<td>IMCI adapted to cover newborns 0-1 week of age</td>
<td>Partial</td>
</tr>
<tr>
<td>Costed implementation plan(s) for maternal, newborn and child health available</td>
<td>Partial</td>
</tr>
<tr>
<td>Midwives be authorised to administer a core set of life saving interventions</td>
<td>No</td>
</tr>
<tr>
<td>Maternity protection in accordance with ILO Convention 183</td>
<td>No</td>
</tr>
<tr>
<td>Specific notification of maternal deaths</td>
<td>Partial</td>
</tr>
</tbody>
</table>

Financial Flows and Human Resources

<table>
<thead>
<tr>
<th>Component</th>
<th>Source/Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per capita total expenditure on health (US$)</td>
<td>51 (2007)</td>
</tr>
<tr>
<td>General government expenditure on health as % of total government expenditure (%)</td>
<td>13 (2007)</td>
</tr>
<tr>
<td>Out-of-pocket expenditure as % of total expenditure on health (%)</td>
<td>38 (2007)</td>
</tr>
<tr>
<td>Density of health workers (per 10,000 population)</td>
<td>2.2 (2004)</td>
</tr>
<tr>
<td>Official Development Assistance to child health per child (US$)</td>
<td>15 (2007)</td>
</tr>
<tr>
<td>Official Development Assistance to maternal and neonatal health per live birth (US$)</td>
<td>19 (2007)</td>
</tr>
<tr>
<td>National availability of Emergency Obstetric Care services (% of recommended minimum)</td>
<td>---</td>
</tr>
</tbody>
</table>
**Cambodia**

### Demographics
- Total population (000) 14,562 (2008)
- Total under-five population (000) 1,611 (2008)
- Births (000) 361 (2008)
- Birth registration (%) 66 (2005)
- Under-five mortality rate (per 1000 live births) 32 (2008)
- Total under-five deaths (000) 320 (2005)
- Maternal mortality rate 1 in N (2008)
- Maternal underweight (mean BMI) 89 (2005)

### Causes of under-five deaths, 2008
- Maternal causes 27%
- Pneumonia 26%
- Diarrhoea 2%
- Tetanus 1%
- Haemorrhage 1%
- Asphyxia 9%
- Other 27%

### Under-five mortality rate
- Deaths per 1000 live births
  - Source: IGME 2009

### Causes of neonatal deaths
- Sepsis 8%
- Respiratory distress 7%
- Congenital abnormalities 1%
- Other 27%

### Interim Infusion Coverage for Mothers, Newborns and Children

#### Nutrition
- Stunting prevalence (moderate and severe, %) 42 (2005)
- Wasting prevalence (moderate and severe, %) 9 (2005)
- Complementary feeding rate (6-9 months, %) 82 (2005)
- Low birthweight incidence (%)
- Source: WHO/UNICEF

#### Exclusive breastfeeding
- Percent infants < 6 months exclusively breastfed
- Source: UNICEF

#### Immunization
- Percent of children immunised against measles
- Percent of children immunised with 3 doses DPT
- Percent of children immunised with 3 doses Hib
- Source: WHO/UNICEF

#### Malaria prevention
- Percent children < 5 years sleeping under ITNs
- Source: UNICEF/WHO

#### Prevention of mother to child transmission of HIV
- Percent HIV+ pregnant women receiving ARVs for PMTCT
- Source: UNICEF/WHO

#### Pneumonia treatment
- Percent children < 5 years with suspected pneumonia taken to appropriate health provider
- Percent children < 5 years with suspected pneumonia receiving antibiotics

#### Diarrhoeal disease treatment
- Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding
- Source: WHO/UNICEF

#### Pneumonia treatment
- Percent children < 5 years with suspected pneumonia taken to appropriate health provider
- Percent children < 5 years with suspected pneumonia receiving antibiotics
- Source: WHO/UNICEF

---

*See Annex for indicator definition*
MATERNAL AND NEWBORN HEALTH

Adolescent birth rate (births per 1,000 women) 52 (2003)
Unmet need for family planning (%) 25 (2005)
Antenatal visits for woman (4 or more visits, %) 27 (2005)
Intermittent preventive treatment for malaria (%) NA*
C-section rate (total, urban, rural, %) (Minimum target is 5% and maximum target is 15%) 2, 6, 1 (2005)
Early initiation of breastfeeding (within 1 hr of birth, %) 35 (2005)
Postnatal visit for baby (within 2 days for home births, %) ---

Causes of maternal deaths
Regional estimates for South East Asia, 1997-2007

Coverage along the continuum of care

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

Skilled attendant at delivery
Percent live births attended by skilled health personnel

Neonatal tetanus protection
Percent of newborns protected against tetanus

WATER AND SANITATION

Water
Percent population using improved drinking water sources

Sanitation
Percent population using improved sanitation facilities

EQUITY

Coverage gap by wealth quintile
Average of eight key indicators

POLICIES

International Code of Marketing of Breast milk Substitutes Partial
New ORS formula and zinc for management of diarhoea Yes
Community treatment of pneumonia with antibiotics Yes
IMCI adapted to cover newborns 0-1 week of age Yes
Costed implementation plan(s) for maternal, newborn and child health available Yes
Midwives be authorised to administer a core set of life saving interventions Partial
Maternity protection in accordance with ILO Convention 183 No
Specific notification of maternal deaths Partial

SYSTEMS

Financial Flows and Human Resources
Per capita total expenditure on health (US$) 108 (2007)
General government expenditure on health as % of total government expenditure (%) 11 (2007)
Out-of-pocket expenditure as % of total expenditure on health (%) 60 (2007)
Density of health workers (per 10,000 population) 10.1 (2000)
Official Development Assistance to child health per child (US$) 8 (2007)
Official Development Assistance to maternal and neonatal health per live birth (US$) 27 (2007)
National availability of Emergency Obstetric Care services (% of recommended minimum) 33 (2008)
**Cameroon**

### DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Category</th>
<th>2006</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>19,088</td>
<td>19,088</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>3,106</td>
<td>3,016</td>
</tr>
<tr>
<td>Births (000)</td>
<td>704</td>
<td>704</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>70</td>
<td>60</td>
</tr>
<tr>
<td>Under-five mortality rate (per 1000 live births)</td>
<td>131</td>
<td>50</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>82</td>
<td>50</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>31</td>
<td>50</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>89</td>
<td>50</td>
</tr>
<tr>
<td>Maternal mortality rate (per 1000 live births)</td>
<td>1,000</td>
<td>50</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>24</td>
<td>15</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>5,700</td>
<td>5,700</td>
</tr>
</tbody>
</table>

### Causes of under-five deaths, 2008

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria</td>
<td>19%</td>
</tr>
<tr>
<td>Measles</td>
<td>16%</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>16%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>16%</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>16%</td>
</tr>
<tr>
<td>Other 5%</td>
<td>1%</td>
</tr>
<tr>
<td>Congenital 5%</td>
<td>1%</td>
</tr>
<tr>
<td>Infection 24%</td>
<td>1%</td>
</tr>
<tr>
<td>Asphyxia 26%</td>
<td>1%</td>
</tr>
<tr>
<td>Premature 34%</td>
<td>1%</td>
</tr>
</tbody>
</table>

### Under-five mortality rate

Deaths per 1000 live births

- 1990: 149
- 1995: 131
- 2000: 119
- 2005: 100
- 2010: 80
- 2015: 50

**MDG Target:**

- 2000: 150
- 2015: 50

Source: DHS 2005

### INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN

#### NUTRITION

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2006</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stunting prevalence (moderate and severe, %)</td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td>Wasting prevalence (moderate and severe, %)</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Complementary feeding rate (6-9 months, %)</td>
<td>64</td>
<td>84</td>
</tr>
<tr>
<td>Low birthweight incidence (%)</td>
<td>11</td>
<td>11</td>
</tr>
</tbody>
</table>

#### CHILD HEALTH

### Immunization

- **Measles**
  - Percent of children immunised against measles: 84%
  - Percent of children immunised with 3 doses DPT: 80%
  - Percent of children immunised with 3 doses Hib: 80%

### Malaria prevention

- **Percent children <5 years sleeping under ITNs**
  - 2000: 1%
  - 2004: 1%
  - 2006: 13%

### Prevention of mother to child transmission of HIV

- **Percent HIV+ pregnant women receiving ARVs for PMTCT**
  - 2004: 12%
  - 2005: 21%
  - 2006: 21%
  - 2007: 28%

### Diarrhoeal disease treatment

- **Percent children <5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding**
  - 2000: 32%
  - 2004: 43%
  - 2006: 22%

### Malaria treatment

- **Percent febrile children <5 years using antimalarials**
  - 2000: 66%
  - 2004: 66%
  - 2006: 58%

### Pneumonia treatment

- **Percent children <5 years with suspected pneumonia taken to appropriate health provider**
  - 2000: 44%
  - 2004: 34%
  - 2006: 38%

- **Percent children <5 years with suspected pneumonia receiving antibiotics**
  - 2000: 44%
  - 2004: 34%
  - 2006: 38%

*Based on 2006 WHO reference population*
MATERNAL AND NEWBORN HEALTH

Adolescent birth rate (births per 1,000 women) 141 (2002)
Unmet need for family planning (%) 20 (2004)
Antenatal visits for woman (4 or more visits, %) 60 (2004)
Interruption treatment for malaria (%) 6 (2006)
C-section rate (total, urban, rural, %)
(Minimum target is 5% and maximum target is 15%) 2, 4, 1 (2004)
Early initiation of breastfeeding (within 1 hr of birth, %) 20 (2006)
Postnatal visit for baby (within 2 days for home births, %) ---

Causes of maternal deaths
Regional estimates for Sub-Saharan Africa, 1997-2007

Coverage along the continuum of care

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

Skilled attendant at delivery
Percent live births attended by skilled health personnel

Neonatal tetanus protection
Percent of newborns protected against tetanus

WATER AND SANITATION

Water
Percent population using improved drinking water sources

Sanitation
Percent population using improved sanitation facilities

EQUITY

Coverage gap by wealth quintile
Average of eight key indicators

POLICIES

International Code of Marketing of Breastmilk Substitutes Yes
New ORS formula and zinc for management of diarrhoea Yes
Community treatment of pneumonia with antibiotics Yes
IMCI adapted to cover newborns 0-1 week of age Yes
Costed implementation plan(s) for maternal, newborn and child health available Yes
Midwives be authorised to administer a core set of lifesaving interventions Yes
Maternity protection in accordance with ILO Convention 183 Partial
Specific notification of maternal deaths No

SYSTEMS

Financial Flows and Human Resources
Per capita total expenditure on health (US$) 104 (2007)
General government expenditure on health as % of total government expenditure (%) 8 (2007)
Out-of-pocket expenditure as % of total expenditure on health (%) 70 (2007)
Density of health workers (per 10,000 population) 17.9 (2004)
Official Development Assistance to child health per child (US$) 4 (2007)
Official Development Assistance to maternal and neonatal health per live birth (US$) 6 (2007)
National availability of Emergency Obstetric Care services (% of recommended minimum) 29 (2000)
Central African Republic

**DEMOGRAPHICS**

Total population (000) 4,339 (2008)
Total under-five population (000) 656 (2008)
Births (000) 154 (2008)
Birth registration (%) 49 (2006)
Under-five mortality rate (per 1000 live births) 178 (2000)
Infant mortality rate (per 1000 live births) 173 (2000)
Neonatal mortality rate (per 1000 live births) 173 (2000)
Total under-five deaths (000) 26 (2008)
Total maternal deaths 1,500 (2005)

**Under-five mortality rate**
Deaths per 1000 live births

**Causes of under-five deaths, 2008**

Globally more than one third of child deaths are attributable to undernutrition

**INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN**

**NUTRITION**

Stunting prevalence (moderate and severe, %) 43 (2006)
Wasting prevalence (moderate and severe, %) 12 (2006)

**Underweight prevalence**
Percent children < 5 years underweight for age*

**Exclusive breastfeeding**
Percent infants < 6 months exclusively breastfed

**Vitamin A supplementation**
Percent children 6-59 months receiving two doses of vitamin A during calendar year

**IMMUNIZATION**

- Percent of children immunised against measles
- Percent of children immunised with 3 doses DPT
- Percent of children immunised with 3 doses Hib

**Diarrhoeal disease treatment**
Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding

**Malaria prevention**
Percent children < 5 years sleeping under ITNs

**Prevention of mother to child transmission of HIV**
Percent HIV+ pregnant women receiving ARVs for PMTCT

**Malaria treatment**
Percent febrile children < 5 years using antimalarials

**Pneumonia treatment**
Percent children < 5 years with suspected pneumonia taken to appropriate health provider
Percent children < 5 years with suspected pneumonia receiving antibiotics
**MATERNAL AND NEWBORN HEALTH**

**Adolescent birth rate (births per 1,000 women)** 133 (2003)

**Unmet need for family planning (%)** 16 (1994-95)

**Antenatal visits for woman (4 or more visits, %)** 40 (1994-95)

**Intermittent preventive treatment for malaria (%)** 9 (2006)

**C-section rate (total, urban, rural, %)** (Minimum target is 5% and maximum target is 15%) 2, 2, 2 (1994-95)

**Early initiation of breastfeeding (within 1 hr of birth, %)** 39 (2006)

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

**Causes of maternal deaths**

Regional estimates for Sub-Saharan Africa, 1997-2007

- Sepsis 9%
- Embolism 1%
- Haemorrhage 34%
- Indirect 17%
- Hypertension 19%
- Other direct 11%
- Abortion 9%

Source: WHO 2010

**Coverage along the continuum of care**

- Contraceptive prevalence rate
- Antenatal visit (1 or more)
- Skilled attendant at birth
- *Postnatal care
- Exclusive breastfeeding
- Measles

Source: DHS, MICS, Other NS

**Antenatal care**

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

- 2000: 62
- 2006: 69

Source: DHS, MICS, Other NS

**Skilled attendant at delivery**

Percent live births attended by skilled health personnel

- 1994-1995: 46
- 2000: 44
- 2006: 53

Source: WHO/CHERG 2010

**Neonatal tetanus protection**

Percent of newborns protected against tetanus

- 1990: 51
- 1995: 57
- 2000: 67
- 2005: 78
- 2008: 86

Source: UNICEF

**WATER AND SANITATION**

**Water**

Percent population using improved drinking water sources

- Total: 61 (1990), 67 (2008)

Source: WHO/UNICEF JMP, 2010

**Sanitation**

Percent population using improved sanitation facilities

- Rural: 5 (1990), 21 (2008)

Source: WHO/UNICEF JMP, 2010

**EQUITY**

**Coverage gap by wealth quintile**

Average of eight key indicators

**POLICIES**

International Code of Marketing of Breastmilk Substitutes: No

New ORS formula and zinc for management of diarrhoea: No

Community treatment of pneumonia with antibiotics: No

IMCI adapted to cover newborns 0-1 week of age: Yes

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

Midwives be authorised to administer a core set of life saving interventions: Yes

Maternity protection in accordance with ILO Convention 183: Partial

Specific notification of maternal deaths: No

**SYSTEMS**

**Financial Flows and Human Resources**

- Per capita total expenditure on health (US$) 30 (2007)
- General government expenditure on health as % of total government expenditure (%) 11 (2007)
- Out-of-pocket expenditure as % of total expenditure on health (%) 62 (2007)
- Density of health workers (per 10,000 population) 4.9 (2004)
- Official Development Assistance to child health per child (US$) 10 (2007)
- Official Development Assistance to maternal and neonatal health per live birth (US$) 23 (2007)
- National availability of Emergency Obstetric Care services (% of recommended minimum) ---

Central African Republic

Countdown to 2015
2010 Report
**Demenographics**

- Total population (000): 10,914 (2008)
- Total under-five population (000): 1,985 (2008)
- Births (000): 498 (2008)
- Under-five mortality rate (per 1000 live births): 209 (2008)
- Infant mortality rate (per 1000 live births): 124 (2008)
- Neonatal mortality rate (per 1000 live births): 44 (2008)
- Total under-five deaths (000): 99 (2008)
- Maternal mortality ratio (per 100,000 live births): ---

**Causes of under-five deaths, 2008**

- Pneumonia 21%
- Diarrhoea 22%
- Other 11%
- Infection 25%
- Asphyxia 29%
- Other 5%

**Under-five mortality rate**

Deaths per 1000 live births

**Underweight prevalence**

Percent children < 5 years underweight for age

**Exclusive breastfeeding**

Percent infants < 6 months exclusively breastfed

**Vitamin A supplementation**

Percent children 6-59 months receiving two doses of vitamin A during calendar year

**INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN**

**NUTRITION**

- Stunting prevalence (moderate and severe, %): ---
- Complementary feeding rate (6-9 months, %): 77 (2004)
- Wasting prevalence (moderate and severe, %): ---
- Low birthweight incidence (%): 22 (2004)

**CHILD HEALTH**

- Percent of children immunised with 3 doses Hib
- Percent of children immunised with 3 doses DPT
- Percent of children immunised against measles

**Child Health**

- Percent child < 5 years sleeping under ITNs
- Percent children 6-59 months receiving two doses of vitamin A
- Percent of children < 5 years with suspected pneumonia taken to appropriate health provider
- Percent of children < 5 years using antimalarials

**Diaserhoeal disease treatment**

Percent children < 5 years with diaspheoeal receiving oral rehydration therapy or increased fluids, with continued feeding

**Malaria prevention**

Percent children < 5 years sleeping under ITNs

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

Percent HIV+ pregnant women receiving ARVs for PMTCT

**Pneumonia treatment**

Percent children < 5 years with suspected pneumonia receiving antibiotics
MATERNAL AND NEWBORN HEALTH

Adolescent birth rate (births per 1,000 woman) 193 (2002)
Unmet need for family planning (%) 23 (2004)
Antenatal visits for woman (4 or more visits, %) 18 (2004)
Intermittent preventive treatment for malaria (%) ---
C-section rate (total, urban, rural, %) (Minimum target is 5% and maximum target is 15%) 0, 1, 0 (2004)
Early initiation of breastfeeding (within 1 hr of birth, %) 34 (2004)
Postnatal visit for baby (within 2 days for home births, %) ---

Causes of maternal deaths
Regional estimates for Sub-Saharan Africa, 1997-2007

Coverage along the continuum of care

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

Skilled attendant at delivery
Percent live births attended by skilled health personnel

Neonatal tetanus protection
Percent of newborns protected against tetanus

WATER AND SANITATION

Water
Percent population using improved drinking water sources

Sanitation
Percent population using improved sanitation facilities

POLICIES

International Code of Marketing of Breastmilk Substitutes No
New ORS formula and zinc for management of diarrhoea Yes
Community treatment of pneumonia with antibiotics No
IMCI adapted to cover newborns 0-1 week of age No
Costed implementation plan(s) for maternal, newborn and child health available Yes
Midwives be authorised to administer a core set of life saving interventions Yes
Maternity protection in accordance with ILO Convention 183 No
Specific notification of maternal deaths No

SYSTEMS

Financial Flows and Human Resources
Per capita total expenditure on health (US$) 72 (2007)
General government expenditure on health as % of total government expenditure (%) 14 (2007)
Out-of-pocket expenditure as % of total expenditure on health (%) 42 (2007)
Density of health workers (per 10,000 population) 3.2 (2004)
Official Development Assistance to child health per child (US$) 6 (2007)
Official Development Assistance to maternal and neonatal health per live birth (US$) 8 (2007)
National availability of Emergency Obstetric Care services (% of recommended minimum) 40 (2002)
## DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Total population (000)</th>
<th>1,337,411 (2008)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total under-five population (000)</td>
<td>86,881 (2008)</td>
</tr>
<tr>
<td>Births (000)</td>
<td>18,134 (2008)</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>---</td>
</tr>
<tr>
<td>Under-five mortality rate (per 1000 live births)</td>
<td>21 (2008)</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>18 (2008)</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>11 (2008)</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>365 (2008)</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100,000 live births)</td>
<td>45 (2005)</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>1,300 (2005)</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>7,800 (2005)</td>
</tr>
</tbody>
</table>

## Under-five mortality rate

Deaths per 1000 live births

<table>
<thead>
<tr>
<th>Year</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>50</td>
</tr>
<tr>
<td>1995</td>
<td>45</td>
</tr>
<tr>
<td>2000</td>
<td>40</td>
</tr>
<tr>
<td>2005</td>
<td>35</td>
</tr>
<tr>
<td>2010</td>
<td>30</td>
</tr>
<tr>
<td>2015</td>
<td>25</td>
</tr>
</tbody>
</table>

MDG Target: 0

Source: UNICEF 2009

## Causes of under-five deaths, 2008

Globally more than one third of child deaths are attributable to undernutrition

- Diarrhoea: 33%
- Pneumonia: 15%
- Malaria: 10%
- Other: 31%

Source: WHO/UNICEF 2010

## INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN

### NUTRITION

- Stunting prevalence (moderate and severe, %) | 15 (2005)
- Wasting prevalence (moderate and severe, %) | ---
- Complementary feeding rate (6-9 months, %) | 32 (2003)
- Underweight prevalence
  - Percent children < 5 years underweight for age*  
  - 2002: 7%  
  - 2005: 6%

### CHILD HEALTH

- Immunization
  - Percent of children immunised against measles
  - Percent of children with 3 doses DPT
  - Percent of children with 3 doses Hib
  
- Malaria prevention
  - Percent children < 5 years sleeping under ITNs*
  - 1990: 79%
  - 2000: 97%
  - 2008: 94%

- Diarrhoeal disease treatment
  - Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding
  - No data

- Malaria treatment
  - Percent febrile children < 5 years using antimalarials*
  - No data

- Prevention of mother to child transmission of HIV
  - Percent HIV+ pregnant women receiving ARVs for PMTCT
  - No data

- Pneumonia treatment
  - Percent children < 5 years with suspected pneumonia taken to appropriate health provider
  - No data
  - Percent children < 5 years with suspected pneumonia receiving antibiotics
  - No data

*Based on 2006 WHO reference population

---

**China**

Maternal, Newborn & Child Survival

**Countdown to 2015**

---
MATERNAL AND NEWBORN HEALTH

Adolescent birth rate (births per 1,000 women) 5 (2008)
Unmet need for family planning (%) 2 (2001)
Antenatal visits for woman (4 or more visits, %) ---
Intermittent preventive treatment for malaria (%) NA*
C-section rate (total, urban, rural, %) (Minimum target is 5% and maximum target is 15%) ---, ---, ---
Early initiation of breastfeeding (within 1 hr of birth, %) ---
Postnatal visit for baby (within 2 days for home births, %) ---

*Not applicable

Water and Sanitation

Water
Percent population using improved drinking water sources

<table>
<thead>
<tr>
<th>Year</th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>56</td>
<td>92</td>
<td>67</td>
</tr>
<tr>
<td>2008</td>
<td>62</td>
<td>96</td>
<td>89</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF

Sanitation
Percent population using improved sanitation facilities

<table>
<thead>
<tr>
<th>Year</th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>38</td>
<td>48</td>
<td>41</td>
</tr>
<tr>
<td>2008</td>
<td>52</td>
<td>58</td>
<td>55</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF

Policies

International Code of Marketing of Breastmilk Substitutes Partial
New ORS formula and zinc for management of diarrhoea Yes
Community treatment of pneumonia with antibiotics Yes
IMCI adapted to cover newborns 0-1 week of age Yes
Costed implementation plan(s) for maternal, newborn and child health available Yes
Midwives be authorised to administer a core set of life saving interventions Partial
Maternity protection in accordance with ILO Convention 183 No
Specific notification of maternal deaths Yes

Finical Flows and Human Resources

Per capita total expenditure on health (US$) 233 (2007)
General government expenditure on health as % of total government expenditure (%) 10 (2007)
Out-of-pocket expenditure as % of total expenditure on health (%) 51 (2007)
Density of health workers (per 10,000 population) 23.8 (2003)
Official Development Assistance to child health per child (US$) 0 (2007)
Official Development Assistance to maternal and neonatal health per live birth (US$) 1 (2007)
National availability of Emergency Obstetric Care services (% of recommended minimum) ---

EQUITY

Coverage gap by wealth quintile

Average of eight key indicators

No data

Systems

Sociodemographic Indicators

Total maternal deaths

Life time risk of maternal death (1 in N)

Infant mortality rate (per 1000 live births)

Under-five mortality rate (per 1000 live births)

Birth registration (%)

Births (000)

Total under-five population (000)

Total population (000)

INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN

DEMOGRAPHICS

Percent children < 5 years underweight for age*

Underweight prevalence

Therapy or increased fluids, with continued feeding

Percent of children immunised with 3 doses Hib

Percent of children immunised with 3 doses DPT

Percent of children immunised against measles

Immunization

100

Percent

20

60

20

40

60

0

Other NS

7 6

No data *Sub-national risk of malaria transmission

No data 2005

China

Globally more than one third of child deaths are attributable to

Source: IGME 2009

Deaths per 1000 live births

Percent children < 5 years sleeping under ITNs*

Malaria prevention

Source: UNICEF/UNAIDS/WHO

Percent infants < 6 months exclusively breastfed

Exclusive breastfeeding

Source: WHO 2010

Percent children 6-59 months receiving vitamin A doses

Vitamin A supplementation

Source: Other NS

Percent HIV+ pregnant women receiving ARVs for PMTCT

Prevention of mother to child transmission of HIV

Source: WHO/CHERG 2010

Percent children < 5 years with suspected pneumonia taken to

Pneumonia treatment

Source: Other NS

Percent children < 5 years with suspected pneumonia taken to

Pneumonia treatment

Source: Other NS

Percent of children with suspected pneumonia taken to

Pneumonia treatment

Source: Other NS

Percent population using improved drinking water sources

Water

Percent of population using improved drinking water sources

<table>
<thead>
<tr>
<th>Year</th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
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<td>92</td>
<td>67</td>
</tr>
<tr>
<td>2008</td>
<td>62</td>
<td>96</td>
<td>89</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF

Percent of population using improved sanitation facilities

Sanitation

Percent of population using improved sanitation facilities

<table>
<thead>
<tr>
<th>Year</th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
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<td>48</td>
<td>41</td>
</tr>
<tr>
<td>2008</td>
<td>52</td>
<td>58</td>
<td>55</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF

Financial Flows and Human Resources

Per capita total expenditure on health (US$) 233 (2007)
General government expenditure on health as % of total government expenditure (%) 10 (2007)
Out-of-pocket expenditure as % of total expenditure on health (%) 51 (2007)
Density of health workers (per 10,000 population) 23.8 (2003)
Official Development Assistance to child health per child (US$) 0 (2007)
Official Development Assistance to maternal and neonatal health per live birth (US$) 1 (2007)
National availability of Emergency Obstetric Care services (% of recommended minimum) ---

Countdown to 2015
2010 Report
**Congo**

**Maternal, Newborn & Child Survival**

### DEMOGRAPHICS

- **Total population (000)**: 3,615 (2008)
- **Total under-five population (000)**: 551 (2008)
- **Births (000)**: 125 (2008)
- **Birth registration (%)**: 81 (2005)
- **Under-five mortality rate (per 1000 live births)**: 127 (2008)
- **Infant mortality rate (per 1000 live births)**: 80 (2008)
- **Neonatal mortality rate (per 1000 live births)**: 34 (2008)
- **Total under-five deaths (000)**: 16 (2008)
- **Maternal mortality ratio (per 100,000 live births)**: 740 (2005)
- **Total maternal deaths**: 1,300 (2005)
- **Births (000)**: 125 (2008)
- **Birth registration (%)**: 81 (2005)
- **Under-five mortality rate (per 1000 live births)**: 127 (2008)
- **Infant mortality rate (per 1000 live births)**: 80 (2008)
- **Neonatal mortality rate (per 1000 live births)**: 34 (2008)
- **Total under-five deaths (000)**: 16 (2008)
- **Maternal mortality ratio (per 100,000 live births)**: 740 (2005)
- **Total maternal deaths**: 1,300 (2005)

**INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN**

**NUTRITION**

- **Stunting prevalence (moderate and severe, %)**: 30 (2005)
- **Wasting prevalence (moderate and severe, %)**: 8 (2005)

#### Underweight prevalence

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1987</td>
<td>21%</td>
</tr>
<tr>
<td>2005</td>
<td>11%</td>
</tr>
</tbody>
</table>

**Exclusive breastfeeding**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>19%</td>
</tr>
</tbody>
</table>

**Vitamin A supplementation**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>78%</td>
</tr>
</tbody>
</table>

**Infection prevention**

- **Complementary feeding rate (6-9 months, %)**: 78 (2005)
- **Low birthweight incidence (%)**: 13 (2005)

### IMMUNIZATION

- **Percent of children immunised against measles**: 89 (2005)
- **Percent of children immunised with 3 doses DPT**: 79 (2005)
- **Percent of children immunised with 3 doses Hib**:

### MALARIA PREVENTION

- **Percent children < 5 years sleeping under ITNs**:
  - 2005: 6

### DIARRHEAL DISEASE TREATMENT

- **Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding**: 39 (2005)

### MALARIA TREATMENT

- **Percent febrile children < 5 years using antimalarials**: 48 (2005)

### PNEUMONIA TREATMENT

- **Percent children < 5 years with suspected pneumonia taken to appropriate health provider**:
  - 2005: 48
- **Percent children < 5 years with suspected pneumonia receiving antibiotics**:
  - 2005: 48

**Causes of under-five deaths, 2008**

- **Diarrhoea**: 24%
- **HIV/AIDS**: 14%
- **Pneumonia**: 14%
- **Injuries**: 1%
- **Measles**: 1%
- **Haemorrhage**: 24%
- **Tetanus**: 0%
- **Other**: 15%
- **Other**: 28%
- **Neonatal**: 14%
- **Asphyxia**: 23%
- **Premature**: 39%

**Causes of neonatal deaths**

- **Diarrhoea**: 15%
- **HIV/AIDS**: 14%
- **Pneumonia**: 14%
- **Injuries**: 1%
- **Measles**: 1%
- **Haemorrhage**: 24%
- **Tetanus**: 0%
- **Other**: 15%
- **Other**: 28%
- **Neonatal**: 14%
- **Asphyxia**: 23%
- **Premature**: 39%

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

<table>
<thead>
<tr>
<th>Period</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>20%</td>
</tr>
<tr>
<td>2000</td>
<td>40%</td>
</tr>
<tr>
<td>2005</td>
<td>60%</td>
</tr>
<tr>
<td>2010</td>
<td>80%</td>
</tr>
</tbody>
</table>

**Low birthweight incidence (%)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>30%</td>
</tr>
<tr>
<td>2000</td>
<td>30%</td>
</tr>
<tr>
<td>2005</td>
<td>20%</td>
</tr>
</tbody>
</table>

**Complementary feeding rate (6-9 months, %)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>20%</td>
</tr>
<tr>
<td>2000</td>
<td>40%</td>
</tr>
<tr>
<td>2005</td>
<td>60%</td>
</tr>
<tr>
<td>2010</td>
<td>80%</td>
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</table>

**Low birthweight incidence (%)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>1990</td>
<td>10%</td>
</tr>
<tr>
<td>2000</td>
<td>20%</td>
</tr>
<tr>
<td>2005</td>
<td>30%</td>
</tr>
</tbody>
</table>

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

**Services (% of recommended minimum)**

- **Birth registration**: Total: 81 (2005), Rural: 82 (2005)
- **Antenatal care**: Total: 83 (2005), Rural: 71 (2005)
- **Skilled attendant at delivery**: Total: 86 (2005), Rural: 83 (2005)
- **Neonatal tetanus protection**: Total: 100 (2005), Rural: 100 (2005)

**Percentage population using improved drinking water sources**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>9%</td>
</tr>
<tr>
<td>2000</td>
<td>10%</td>
</tr>
<tr>
<td>2005</td>
<td>79%</td>
</tr>
</tbody>
</table>

**Adolescent birth rate (births per 1,000 women)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>8%</td>
</tr>
<tr>
<td>2000</td>
<td>7%</td>
</tr>
<tr>
<td>2005</td>
<td>6%</td>
</tr>
</tbody>
</table>

**Injuries**: 5% for all causes

**Other**: 15%

**Diarrhoea**: 2%

**Tetanus**: 0%

**Asphyxia**: 23%

**Premature**: 39%

**HIV/AIDS**: 24%

**Pneumonia**: 14%
MATERNAL AND NEWBORN HEALTH

Adolescent birth rate (births per 1,000 women) 132 (2003)
Unmet need for family planning (%) 16 (2005)
Antenatal visits for woman (4 or more visits, %) 75 (2005)
Intermittent preventive treatment for malaria (%) ---
C-section rate (total, urban, rural, %)
(Minimum target is 5% and maximum target is 15%) 3, 4, 2 (2005)
Early initiation of breastfeeding (within 1 hr of birth, %) 39 (2005)
Postnatal visit for baby (within 2 days for home births, %) ---

**Causes of maternal deaths**
Regional estimates for Sub-Saharan Africa, 1997-2007

- Sepsis 9%
- Embolism 1%
- Abortion 9%
- Haemorrhage 34%
- Other direct 11%
- Indirect 17%
- Hypertension 19%

Coverage along the continuum of care

<table>
<thead>
<tr>
<th>Source</th>
<th>Contraceptive prevalence rate</th>
<th>Antenatal visit (1 or more)</th>
<th>Skilled attendant at birth</th>
<th><em>Postnatal care</em></th>
<th>Exclusive breastfeeding</th>
<th>Measles</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>---</td>
<td>19</td>
<td>83</td>
<td>79</td>
<td>79</td>
<td></td>
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<tr>
<td>1995</td>
<td>---</td>
<td>20</td>
<td>86</td>
<td>83</td>
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<tr>
<td>2000</td>
<td>26</td>
<td>34</td>
<td>93</td>
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<td>93</td>
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<td>2005</td>
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<td>83</td>
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<td>2008</td>
<td>82</td>
<td>86</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

WATER AND SANITATION

**Water**
Percent population using improved drinking water sources

- Rural
- Urban
- Total

Source: WHO/UNICEF JMP, 2010

**Sanitation**
Percent population using improved sanitation facilities

- Rural
- Urban
- Total

Source: WHO/UNICEF JMP, 2010

POLICIES

- International Code of Marketing of Breastmilk Substitutes No
- New ORS formula and zinc for management of diarrhoea Yes
- Community treatment of pneumonia with antibiotics No
- IMCI adapted to cover newborns 0-1 week of age Yes
- Costed implementation plan(s) for maternal, newborn and child health available Yes
- Midwives be authorised to administer a core set of life saving interventions Yes
- Maternity protection in accordance with ILO Convention 183 No
- Specific notification of maternal deaths No

SYSTEMS

**Financial Flows and Human Resources**
Per capita total expenditure on health (US$) 90 (2007)
General government expenditure on health as % of total government expenditure (%) 5 (2007)
Out-of-pocket expenditure as % of total expenditure on health (%) 30 (2007)
Density of health workers (per 10,000 population) 9.2 (2007)
Official Development Assistance to child health per child (US$) 7 (2007)
Official Development Assistance to maternal and neonatal health per live birth (US$) 8 (2007)
National availability of Emergency Obstetric Care services (% of recommended minimum) ---
**DEMOGRAPHICS**

Total population (000) 64,257 (2008)
Total under-five population (000) 11,829 (2008)
Births (000) 2,886 (2008)
Birth registration (%) 31 (2007)
Under-five mortality rate (per 1000 live births) 199 (2008)
Infant mortality rate (per 1000 live births) 126 (2008)
Neonatal mortality rate (per 1000 live births) 56 (2008)
Total under-five deaths (000) 554 (2008)
Maternal mortality rate (per 100,000 live births) 1,100 (2005)
Lifetime risk of maternal death (1 in N) 13 (2005)
Total maternal deaths 32,000 (2005)

**INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN**

**NUTRITION**

Stunting prevalence (moderate and severe, %) 46 (2007)
Wasting prevalence (moderate and severe, %) 10 (2007)
Percent children < 5 years with diarrhoea receiving oral rehydration 100 (2007)
Diarrhoeal disease treatment 100 (2007)
Percent of children immunised with 3 doses DPT 100 (2007)
Immunization 100 (2007)
Percent children < 5 years sleeping under ITNs 100 (2007)
Percent children 6-59 months receiving two doses of vitamin A 100 (2007)
Vitamin A supplementation 100 (2007)

**CHILD HEALTH**

**Immunization**

- Percent of children immunised against measles
- Percent of children immunised with 3 doses DPT
- Percent of children immunised with 3 doses Hib

**Malaria prevention**

Percent children < 5 years sleeping under ITNs

**Diarrhoeal disease treatment**

Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding

**Malaria treatment**

Percent febrile children < 5 years using antimalarials

**Pneumonia treatment**

- Percent children < 5 years with suspected pneumonia taken to appropriate health provider
- Percent children < 5 years with suspected pneumonia receiving antibiotics
MATERNAL AND NEWBORN HEALTH

Adolescent birth rate (births per 1,000 women) 127 (2005)
Unmet need for family planning (%) 24 (2007)
Antenatal visits for woman (4 or more visits, %) 47 (2007)
Interruption of treatment for malaria (%) 5 (2007)
C-section rate (total, urban, rural, %)
  (Minimum target is 5% and maximum target is 15%) 4, 5, 4 (2007)
Early initiation of breastfeeding (within 1 hr of birth, %) 48 (2007)
Postnatal visit for baby (within 2 days for home births, %) ---

Causes of maternal deaths
Regional estimates for Sub-Saharan Africa, 1997-2007

Coverage along the continuum of care

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

Skilled attendant at delivery
Percent live births attended by skilled health personnel

Neonatal tetanus protection
Percent of newborns protected against tetanus

Water and Sanitation

Water
Percent population using improved drinking water sources

Sanitation
Percent population using improved sanitation facilities

POLICIES

International Code of Marketing of Breastmilk Substitutes Partial
New ORS formula and zinc for management of diarrhoea Yes
Community treatment of pneumonia with antibiotics Yes
IMCI adapted to cover newborns 0-1 week of age Yes
Costed implementation plan(s) for maternal, newborn and child health available Yes
Midwives be authorised to administer a core set of life saving interventions Yes
Maternity protection in accordance with ILO Convention 183 Yes
Specific notification of maternal deaths Yes

Financial Flows and Human Resources

Per capita total expenditure on health (US$) 17 (2007)
General government expenditure on health as % of total government expenditure (%) 6 (2007)
Out-of-pocket expenditure as % of total expenditure on health (%) 41 (2007)
Density of health workers (per 10,000 population) 6.4 (2004)
Official Development Assistance to child health per child (US$) 5 (2007)
Official Development Assistance to maternal and neonatal health per live birth (US$) 6 (2007)
National availability of Emergency Obstetric Care services (% of recommended minimum) ---

EQUITY

Coverage gap by wealth quintile
Average of eight key indicators

Congo, Democratic Republic of the...
Côte d’Ivoire

MATERNAL AND NEWBORN HEALTH

Total maternal deaths

Maternal mortality ratio (per 100,000 live births)

Infant mortality rate (per 1000 live births)

Under-five mortality rate (per 1000 live births)

Birth registration (%)

Total under-five population (000)

INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN

NUTRITION

Percent children < 5 years underweight for age*

Exclusive breastfeeding

Percent infants < 6 months exclusively breastfed

Underweight prevalence

Percent children < 5 years underweight for age*

Vitamin A supplementation

Percent children 6-59 months receiving two doses of vitamin A during calendar year

COMPLIANCE WITH MDG TARGET

Under-five mortality rate

Deaths per 1000 live births

Causes of neonatal deaths

Causes of under-five deaths, 2008

Globally more than one third of child deaths are attributable to undernutrition

Causes of neonatal deaths

Immunization

Percent children immunised against measles

Percent of children immunised with 3 doses Hib

Percent of children immunised with 3 doses DPT

Immunization

Percent children immunised against measles

Percent of children immunised with 3 doses Hib

Percent of children immunised with 3 doses DPT

Malaria prevention

Percent children < 5 years sleeping under ITNs

Prevention of mother to child transmission of HIV

Percent HIV+ pregnant women receiving ARVs for PMTCT

Diarrhoeal disease treatment

Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding

Malaria treatment

Percent febrile children < 5 years using antimalarials

Pneumonia treatment

Percent children < 5 years with suspected pneumonia taken to appropriate health provider

Percent children < 5 years with suspected pneumonia receiving antibiotics

*See Annex for indicator definition

Source: WHO/UNICEF

*Based on 2006 WHO reference population

Source: UNICEF

Source: WHO 2010

Source: UNICEF/UNAIDS/WHO

Source: DHS

Source: MICS

Source: Other NS
### MATERNAL AND NEWBORN HEALTH

#### Causes of maternal deaths
Regional estimates for Sub-Saharan Africa, 1997-2007

- Sepsis: 34%
- Embolism: 9%
- Haemorrhage: 9%
- Abortion: 4%
- Other direct: 11%
- Indirect: 17%
- Hypertension: 19%

Source: WHO 2010

#### Coverage along the continuum of care

- Contraceptive prevalence rate
- Antenatal visit (1 or more)
- Skilled attendant at birth
- *Postnatal care Exclusive breastfeeding
- Measles

Source: DHS, MICS, Other NS

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994</td>
<td>83</td>
<td>84</td>
<td>88</td>
</tr>
<tr>
<td>1998-1999</td>
<td>87</td>
<td>88</td>
<td>87</td>
</tr>
<tr>
<td>2000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: DHS, MICS, Other NS

#### Skilled attendant at delivery
Percent live births attended by skilled health personnel

<table>
<thead>
<tr>
<th>Year</th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994</td>
<td>45</td>
<td>63</td>
<td>45</td>
</tr>
<tr>
<td>1998-1999</td>
<td>68</td>
<td>63</td>
<td>68</td>
</tr>
<tr>
<td>2000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2003-2004</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td>55</td>
<td>57</td>
<td>55</td>
</tr>
<tr>
<td>2006</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: DHS, MICS, Other NS

#### Neonatal tetanus protection
Percent of newborns protected against tetanus

<table>
<thead>
<tr>
<th>Year</th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>92</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1995</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: DHS, MICS, Other NS

### WATER AND SANITATION

#### Water
Percent population using improved drinking water sources

<table>
<thead>
<tr>
<th>Year</th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>67</td>
<td>90</td>
<td>76</td>
</tr>
<tr>
<td>2008</td>
<td>68</td>
<td>95</td>
<td>89</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF JMP, 2010

#### Sanitation
Percent population using improved sanitation facilities

<table>
<thead>
<tr>
<th>Year</th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>8</td>
<td>38</td>
<td>20</td>
</tr>
<tr>
<td>2008</td>
<td>11</td>
<td>36</td>
<td>23</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF JMP, 2010

### EQUITY

#### Coverage gap by wealth quintile
Average of eight key indicators

Source: MICS 2006

### POLICIES

- International Code of Marketing of Breastmilk Substitutes: No
- New ORS formula and zinc for management of diarrhoea: Partial
- Community treatment of pneumonia with antibiotics: Partial
- IMCI adapted to cover newborns 0-1 week of age: No
- Costed implementation plan(s) for maternal, newborn and child health available: Yes
- Midwives be authorised to administer a core set of life saving interventions: Partial
- Maternity protection in accordance with ILO Convention 183: Partial
- Specific notification of maternal deaths: Partial

### SYSTEMS

#### Financial Flows and Human Resources

- Per capita total expenditure on health (US$): 67 (2007)
- General government expenditure on health as % of total government expenditure (%): 5 (2007)
- Out-of-pocket expenditure as % of total expenditure on health (%): 67 (2007)
- Density of health workers (per 10,000 population): 6.2 (2008)
- National availability of Emergency Obstetric Care services (% of recommended minimum): ---

Côte d’Ivoire

Countdown to 2015
2010 Report
### Demographics

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value (Year)</th>
</tr>
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<tbody>
<tr>
<td>Total population (000)</td>
<td>849 (2008)</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>106 (2008)</td>
</tr>
<tr>
<td>Births (000)</td>
<td>24 (2008)</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>89 (2006)</td>
</tr>
<tr>
<td>Under-five mortality rate (per 1000 live births)</td>
<td>95 (2008)</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>76 (2008)</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>36 (2008)</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>2 (2008)</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100,000 live births)</td>
<td>41 (2005)</td>
</tr>
</tbody>
</table>

### Causes of Under-five Deaths, 2008

- **HIV/AIDS**: 6%
- **Injuries**: 40%
- **Pneumonia**: 16%
- **Diarrhoea**: 18%
- **Malaria**: 38%
- **Measles**: 0%
- **Neonatal**: 0%
- **Other**: 19%
- **Congenital**: 16%
- **Asphyxia**: 23%
- **Infection**: 25%
- **Premature**: 29%

### Intervention Coverage for Mothers, Newborns and Children

#### Nutrition

- **Stunting prevalence (moderate and severe, %)**: 33 (2007)
- **Wasting prevalence (moderate and severe, %)**: 17 (2007)

#### Immunization

- **Percent children < 5 years sleeping under ITNs**: 2006: 89%
- **Percent of children immunized with 3 doses Hib**: 2006: 73%
- **Percent of children immunized with 3 doses DPT**: 2006: 69%

#### Pneumonia Treatment

- **Percent children < 5 years with suspected pneumonia taking to appropriate health provider**: 2006: 10%
- **Percent children < 5 years with suspected pneumonia receiving antibiotics**: 2006: 10%

#### Child Health

- **Vitamin A supplementation**: 2006: 92%
- **Exclusive breastfeeding**: 2006: 1%
- **Underweight prevalence**: 2007: 31%
MATERNAL AND NEWBORN HEALTH

- Adolescent birth rate (births per 1,000 women): 27 (2000)
- Unmet need for family planning (%): —
- Antenatal visits for woman (4 or more visits, %): 7 (2002)
- Interim preventive treatment for malaria (%): —
- C-section rate (total, urban, rural, %): (Minimum target is 5% and maximum target is 15%) 12, 26, 38, — (2008)
- Early initiation of breastfeeding (within 1 hr of birth, %): 55 (2006)
- Postnatal visit for baby (within 2 days for home births, %): —

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

Water and Sanitation

- Water: Percent population using improved drinking water sources
- Sanitation: Percent population using improved sanitation facilities

EQUITY

Coverage gap by wealth quintile
Average of eight key indicators

POLICIES

- International Code of Marketing of Breastmilk Substitutes: Partial
- New ORS formula and zinc for management of diarrhoea: Yes
- Community treatment of pneumonia with antibiotics: No
- IMCI adapted to cover newborns 0-1 week of age: No
- Costed implementation plan(s) for maternal, newborn and child health available: Yes
- Midwives be authorised to administer a core set of life saving interventions: Partial
- Maternity protection in accordance with ILO Convention 183: No
- Specific notification of maternal deaths: Yes

Financial Flows and Human Resources

- Per capita total expenditure on health (US$): 148 (2007)
- General government expenditure on health as % of total government expenditure (%): 14 (2007)
- Out-of-pocket expenditure as % of total expenditure on health (%): 23 (2007)
- Density of health workers (per 10,000 population): 7.5 (2005)

Source: WHO/UNICEF
**Demosographics**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value (2008)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>81,527</td>
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<tr>
<td>Total under-five population (000)</td>
<td>9,447</td>
</tr>
<tr>
<td>Births (000)</td>
<td>2,015</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>99</td>
</tr>
<tr>
<td>Under-five mortality rate (per 1000 live births)</td>
<td>23</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>20</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>13</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>45</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100,000 live births)</td>
<td>233</td>
</tr>
<tr>
<td>Neonatal mortality ratio (per 100,000 live births)</td>
<td>30</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>2,400</td>
</tr>
</tbody>
</table>

**Under-five mortality rate**

- Deaths per 1000 live births
  - 1990: 60
  - 2000: 50
  - 2005: 40
  - 2010: 30
  - 2015: 20

**Causes of under-five deaths, 2008**

- MDG Target: 100
- Malnutrition: 61%
- Other: 39%

**Causes of under-neonatal deaths**

- MDG Target: 100
- Neoplastic: 9%
- Other: 91%

**Intervention coverage for mothers, newborns and children**

**Nutrition**

- Stunting prevalence (moderate and severe, %): 29 (2008)
- Wasting prevalence (moderate and severe, %): 7 (2008)
- Complementary feeding rate (6-9 months, %): 66 (2008)
- Low birthweight incidence (%): 13 (2008)

**Underweight prevalence**


**Exclusive breastfeeding**

- Percent infants < 6 months exclusively breastfed:
  - 1992: 46
  - 1995: 56
  - 2000: 57
  - 2003: 30
  - 2005: 38
  - 2008: 53

**Vitamin A supplementation**

- Percent children 6-59 months receiving two doses of vitamin A during calendar year:
  - 2005: 90
  - 2006: 93
  - 2007: 87
  - 2008: 68

**Child health**

**Immunization**

- Percent of children immunised against measles:
  - 1990: 0
  - 1994: 100
  - 1998: 100
  - 2002: 100
  - 2006: 92
  - 2008: 89

**Malaria prevention**

- Percent children < 5 years sleeping under ITNs:
  - 1992: 97
  - 1995: 92

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

- Percent HIV+ pregnant women receiving ARVs for PMTCT:
  - 2007: 2
  - 2008: 3

**Diarrheal disease treatment**

- Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding:
  - 2000: 29
  - 2003: 26
  - 2005: 27
  - 2008: 19

**Malaria treatment**

- Percent febrile children < 5 years using antimalarials:
  - 1992: 59
  - 1995: 62
  - 2000: 66
  - 2003: 75
  - 2005: 73
  - 2008: 79

**Pneumonia treatment**

- Percent children < 5 years with suspected pneumonia to appropriate health provider:
  - 1992: 59
  - 1995: 62
  - 2000: 66
  - 2003: 75
  - 2005: 73
  - 2008: 79

- Percent children < 5 years with suspected pneumonia receiving antibiotics:
  - 1992: 25
  - 1995: 25
  - 2000: 30
  - 2003: 30
  - 2005: 30
  - 2008: 30
**MATERNAL AND NEWBORN HEALTH**

- **Adolescent birth rate (births per 1,000 women)**: 50 (2008)
- **Unmet need for family planning (%):** 9 (2008)
- **Antenatal visits for woman (4 or more visits, %):** 66 (2008)
- **Intermittent preventive treatment for malaria (%):** NA*
- **C-section rate (total, urban, rural, %):** (Minimum target is 5% and maximum target is 15%) 28, 37, 22 (2008)
- **Early initiation of breastfeeding (within 1 hr of birth, %):** 56 (2008)
- **Postnatal visit for baby (within 2 days for home births, %):** 8 (2008)

*Not applicable

**Causes of maternal deaths**


- Abortion
- Sepsis
- Prematurity
- Hypertension

**Coverage along the continuum of care**

- Contraceptive prevalence rate
- Antenatal care (1 or more)
- Skilled attendant at birth
- Postnatal care
- Exclusive breastfeeding
- Measles

**Antenatal care**

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

**Skilled attendant at delivery**

Percent live births attended by skilled health personnel

**Neonatal tetanus protection**

Percent of newborns protected against tetanus

**WATER AND SANITATION**

**Water**

Percent population using improved drinking water sources

**Sanitation**

Percent population using improved sanitation facilities

**EQUITY**

Coverage gap by wealth quintile

Average of eight key indicators

**POLICIES**

- International Code of Marketing of Breastmilk Substitutes: Partial
- New ORS formula and zinc for management of diarrhoea: Yes
- Community treatment of pneumonia with antibiotics: No
- IMCI adapted to cover newborns 0-1 week of age: Yes
- Costed implementation plan(s) for maternal, newborn and child health available: Yes
- Midwives be authorised to administer a core set of life saving interventions: Partial
- Maternity protection in accordance with ILO Convention 183: No
- Specific notification of maternal deaths: Yes

**SYSTEMS**

**Financial Flows and Human Resources**

- Per capita total expenditure on health (US$): 310 (2007)
- General government expenditure on health as % of total government expenditure (%): 7 (2007)
- Out-of-pocket expenditure as % of total expenditure on health (%): 59 (2007)
- Density of health workers (per 10,000 population): 57.8 (2005)
- National availability of Emergency Obstetric Care services (% of recommended minimum): ---

**Source:** WHO 2010

**See Annex for indicator definition**
**Equatorial Guinea**

### DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Value (Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>659 (2008)</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>103 (2008)</td>
</tr>
<tr>
<td>Births (000)</td>
<td>25 (2008)</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>32 (2000)</td>
</tr>
<tr>
<td>Under-five mortality rate (per 1000 live births)</td>
<td>148 (2008)</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>90 (2008)</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>40 (2008)</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>3 (2008)</td>
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<tr>
<td>Maternal mortality ratio (per 100,000 live births)</td>
<td>148 (2008)</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>3 (2008)</td>
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<tr>
<td>Maternal mortality ratio (per 100,000 live births)</td>
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</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>3 (2008)</td>
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<tr>
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<td>3 (2008)</td>
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<td>Maternal mortality ratio (per 100,000 live births)</td>
<td>148 (2008)</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>3 (2008)</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100,000 live births)</td>
<td>148 (2008)</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>3 (2008)</td>
</tr>
</tbody>
</table>

### Under-five mortality rate

Deaths per 1000 live births

**Causes of under-five deaths, 2008**

- Globally more than one third of child deaths are attributable to undernutrition

**Causes of neonatal deaths**

- Tetanus 0%
- Diarrhoea 2%
- Other 9%
- Congenital 10%
- Infection 21%
- Asphyxia 26%
- Premature 35%

### INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN

#### NUTRITION

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent children &lt; 5 years underweight for age*</td>
<td>16 (2000)</td>
</tr>
<tr>
<td>Percent of children immunised with 3 doses DPT</td>
<td>51 (2000)</td>
</tr>
<tr>
<td>Percent of children immunised with 3 doses Hib</td>
<td>33 (2000)</td>
</tr>
</tbody>
</table>

#### CHILD HEALTH

**Immunization**

- Percent of children immunised against measles
- Percent of children immunised with 3 doses DPT
- Percent of children immunised with 3 doses Hib

**Malaria prevention**

- Percent children < 5 years sleeping under ITNs

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

- Percent HIV+ pregnant women receiving ARVs for PMTCT

**Diarrhoeal disease treatment**

- Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding

**Malaria treatment**

- Percent febrile children < 5 years using antimalarials

**Pneumonia treatment**

- Percent children < 5 years with suspected pneumonia taken to appropriate health provider
- Percent children < 5 years with suspected pneumonia receiving antibiotics

---

*Based on 2006 WHO reference population*
MATERNAL AND NEWBORN HEALTH

Adolescent birth rate (births per 1,000 women) 128 (2001)
Unmet need for family planning (%) —
Antenatal visits for woman (4 or more visits, %) —
Interruption of treatment for malaria (%) —
C-section rate (total, urban, rural, %) (Minimum target is 5% and maximum target is 15%) —, —, —, —
Early initiation of breastfeeding (within 1 hr of birth, %) —
Postnatal visit for baby (within 2 days for home births, %) —

Water and Sanitation

Water
Percent population using improved drinking water sources

Sanitation
Percent population using improved sanitation facilities

EQUITY

Coverage gap by wealth quintile
Average of eight key indicators

No data

POLICIES

International Code of Marketing of Breastmilk Substitutes No
New ORS formula and zinc for management of diarrhoea Yes
Community treatment of pneumonia with antibiotics Yes
IMCI adapted to cover newborns 0-1 week of age No
Costed implementation plan(s) for maternal, newborn and child health available Partial
Midwives be authorised to administer a core set of life saving interventions Partial
Maternity protection in accordance with ILO Convention 183 Partial
Specific notification of maternal deaths Partial

Financial Flows and Human Resources
Per capita total expenditure on health (US$) 543 (2007)
General government expenditure on health as % of total government expenditure (%) 7 (2007)
Out-of-pocket expenditure as % of total expenditure on health (%) 15 (2007)
Density of health workers (per 10,000 population) 8.3 (2004)
Official Development Assistance to child health per child (US$) 22 (2007)
Official Development Assistance to maternal and neonatal health per live birth (US$) 52 (2007)
National availability of Emergency Obstetric Care services (% of recommended minimum) —

SYSTEMS

Equatorial Guinea
Eritrea

**Under-five mortality rate**

Deaths per 1000 live births

- 1990: 150
- 1995: 120
- 2000: 90
- 2005: 60
- 2010: 40
- 2015: 20

**Causes of under-five deaths, 2008**

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventable</td>
<td>70</td>
</tr>
<tr>
<td>Other</td>
<td>30</td>
</tr>
</tbody>
</table>

**Indicators**

- **Total population (000)**: 4,927 (2008)
- **Under-five population (000)**: 811 (2008)
- **Births (000)**: 182 (2008)
- **Birth registration (%)**: ---
- **Low birthweight incidence (%)**: 14 (2002)
- **Complementary feeding rate (6-9 months, %)**: 43 (2002)
- **Vitamin A supplementation**: 100 (2002)

**Child Health**

- **Percent children < 5 years exclusively breastfed**: 52 (2002)
- **Preterm 35%**: 29 (2002)
- **Infection 22%**: 28 (2002)
- **Other 7%**: 52 (2002)
- **Haemorrhage 34%**: 28 (2002)
- **Other 7%**: 39 (2002)

**Immunization**

- Percent of children immunised against measles: 97 (2008)
- Percent of children immunised with 3 doses DPT: 95 (2008)
- Percent of children immunised with 3 doses Hib: 95 (2008)

**Diarrhoeal disease treatment**

- Percent children < 5 years with diarrhoeal disease treatment: 54 (2002)

**Pneumonia treatment**

- Percent children < 5 years with suspected pneumonia treated: 44 (2002)
- Percent children < 5 years with suspected pneumonia treated by appropriate health provider: 4 (2002)
- Percent children < 5 years with suspected pneumonia treated with antibiotics: 4 (2002)

**Underweight prevalence**

Percent children < 5 years underweight for age*

- 1993: 37
- 1995: 40
- 2002: 35

**Exclusive breastfeeding**

Percent infants < 6 months exclusively breastfed

- 1995: 59
- 2002: 52

**Vitamin A supplementation**

Percent children 6-59 months receiving two doses of vitamin A during calendar year

- 2005: 50
- 2006: 55
- 2007: 50
- 2008: 49

**Causes of maternal deaths, 2008**

- Haemorrhage: 21%
- Infection: 22%
- Other: 7%
- Other: 7%
- Other: 7%

**Under-five mortality rate**

Deaths per 1000 live births

- 1990: 150
- 1995: 120
- 2000: 90
- 2005: 60
- 2010: 40
- 2015: 20

**Causes of neonatal deaths**

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neonatal</td>
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<tr>
<td>Malaria</td>
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<tr>
<td>Other</td>
<td>21</td>
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<td>Other</td>
<td>21</td>
</tr>
<tr>
<td>Other</td>
<td>21</td>
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<tr>
<td>Other</td>
<td>21</td>
</tr>
</tbody>
</table>

**Prevention of maternal death**

- Lifetime risk of maternal death (1 in N)
- Maternal mortality ratio (per 100,000 live births)

**Total maternal deaths**

- 2002: 120
- 2005: 182
- 2008: 295
**Ethiopia**

### DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value (Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>80,713 (2008)</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>13,323 (2008)</td>
</tr>
<tr>
<td>Births (000)</td>
<td>3,093 (2008)</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>7 (2005)</td>
</tr>
<tr>
<td>Under-five mortality rate (per 1000 live births)</td>
<td>199 (2008)</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>7 (2005)</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>321 (2008)</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>27 (2005)</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>22,000 (2005)</td>
</tr>
</tbody>
</table>

### INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN

**NUTRITION**

- **Stunting prevalence (moderate and severe, %)**: 51 (2005)
- **Complementary feeding rate (6-9 months, %)**: 54 (2005)
- **Wasting prevalence (moderate and severe, %)**: 12 (2005)
- **Low birthweight incidence (%)**: 20 (2005)

**Underweight prevalence**

- Percent children < 5 years underweight for age:
  - 2000: 42
  - 2005: 33

**Exclusive breastfeeding**

- Percent infants < 6 months exclusively breastfed:
  - 2000: 54
  - 2005: 49

**Vitamin A supplementation**

- Percent children 6-59 months receiving two doses of vitamin A during calendar year:
  - 2005: 59
  - 2006: 60
  - 2007: 68
  - 2008: 74

### IMMUNIZATION

- **Percent children immunised against measles**: 81 (2005)
- **Percent children immunised with 3 doses DPT**: 81 (2005)
- **Percent children immunised with 3 doses Hib**: 74 (2005)

### MALARIA PREVENTION

- **Percent children < 5 years sleeping under ITNs**: 2 (2005), 33 (2007)

### PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV

- **Percent HIV+ pregnant women receiving ARVs for PMTCT**:
  - 2004: 3
  - 2005: 5
  - 2006: 5
  - 2007: 12
  - 2008: 18

### DIARRHEAL DISEASE TREATMENT

- **Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding**: 15 (2005)

### MALARIA TREATMENT

- **Percent febrile children < 5 years using antimalarials**:
  - 2000: 3
  - 2005: 3
  - 2007: 10

### PNEUMONIA TREATMENT

- **Percent children < 5 years with suspected pneumonia taken to appropriate health provider**:
  - 2000: 16
  - 2005: 19
  - 2007: 5

---

*See Annex for indicator definition*
Gabon

DEMOGRAPHICS

Total population (000) 1,445 (2008)
Total under-five population (000) 182 (2008)
Births (000) 40 (2008)
Birth registration (%) 89 (2000)
Under-five mortality rate (per 1000 live births) 77 (2008)
Infant mortality rate (per 1000 live births) 57 (2008)
Neonatal mortality rate (per 1000 live births) 28 (2008)
Total under-five deaths (000) 3 (2008)
Maternal mortality ratio (per 100,000 live births) 57 (2000)

Under-five mortality rate
Deaths per 1000 live births

Causes of under-five deaths, 2008
Globally more than one third of child deaths are attributable to undernutrition

INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN

NUTRITION

Stunting prevalence (moderate and severe, %) 25 (2000)
Wasting prevalence (moderate and severe, %) 4 (2000)
Complementary feeding rate (6-9 months, %) 62 (2000)
Low birthweight incidence (%) 14 (2000)

Underweight prevalence
Percent children < 5 years underweight for age*

Exclusive breastfeeding
Percent infants < 6 months exclusively breastfed

Vitamin A supplementation
Percent children 6-59 months receiving two doses of vitamin A during calender year

CHILDH HEALTH

Immunization
- Percent of children immunised against measles
- Percent of children immunised with 3 doses DPT
- Percent of children immunised with 3 doses Hib

Malaria prevention
Percent children < 5 years sleeping under ITNs

Prevention of mother to child transmission of HIV
Percent HIV+ pregnant women receiving ARVs for PMTCT

Diarrhoeal disease treatment
Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding

Malaria treatment
Percent febrile children < 5 years using antimalarials

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

*Based on 2006 WHO reference population
MATERNAL AND NEWBORN HEALTH

Adolescent birth rate (births per 1,000 women) 144 (1998)
Unmet need for family planning (%) 28 (2000)
Antenatal visits for woman (4 or more visits, %) 63 (2000)
Interventions prevent treatment for malaria (%) ---
C-section rate (total, urban, rural, %) (Minimum target is 5% and maximum target is 15%) 6,6,4 (2000)
Early initiation of breastfeeding (within 1 hr of birth, %) 71 (2000)
Postnatal visit for baby (within 2 days for home births, %) ---

Water and Sanitation

Water
Percent population using improved drinking water sources

Sanitation
Percent population using improved sanitation facilities

Policies

International Code of Marketing of Breastmilk Substitutes Yes
New ORS formula and zinc for management of diarrhoea Yes
Community treatment of pneumonia with antibiotics Yes
IMCI adapted to cover newborns 0-1 week of age Yes
Costed implementation plan(s) for maternal, newborn and child health available Yes
Midwives be authorised to administer a core set of life saving interventions Yes
Maternity protection in accordance with ILO Convention 183 Partial
Specific notification of maternal deaths No

Systems

Financial Flows and Human Resources
Per capita total expenditure on health (US$) 650 (2007)
General government expenditure on health as % of total government expenditure (%) 14 (2007)
Out-of-pocket expenditure as % of total expenditure on health (%) 36 (2007)
Density of health workers (per 10,000 population) 53.1 (2004)
Official Development Assistance to child health per child (US$) 12 (2007)
Official Development Assistance to maternal and neonatal health per live birth (US$) 37 (2007)
National availability of Emergency Obstetric Care services (% of recommended minimum) 123 (2001)
**MATERNAL AND NEWBORN HEALTH**

- Adolescent birth rate (births per 1,000 women): 104 (2000)
- Unmet need for family planning (%): ---
- Antenatal visits for woman (4 or more visits, %): ---
- Intermittent preventive treatment for malaria (%): 33 (2006)
- C-section rate (total, urban, rural, %) (Minimum target is 5% and maximum target is 15%): ---, ---
- Early initiation of breastfeeding (within 1 hr of birth, %): 48 (2006)
- Postnatal visit for baby (within 2 days for home births, %): ---

**Causes of maternal deaths**

Regional estimates for Sub-Saharan Africa, 1997-2007

- Sepsis: 34%
- Embolism: 1%
- Haemorrhage: 34%
- Hypertension: 19%
- Other direct: 11%
- Indirect: 17%
- Abortion: 9%
- Other direct: 1%

**Coverage along the continuum of care**

- Contraceptive prevalence rate
- Antenatal visit (1 or more)
- Skilled attendant at birth
- *Postnatal care
- Exclusive breastfeeding
- Measles

**Antenatal care**

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>2000</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Skilled attendant at delivery**

Percent live births attended by skilled health personnel

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>1990</th>
<th>Other NS</th>
<th>2000</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Neonatal tetanus protection**

Percent of newborns protected against tetanus

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>1990</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**WATER AND SANITATION**

**Water**

Percent population using improved drinking water sources

<table>
<thead>
<tr>
<th>Year</th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sanitation**

Percent population using improved sanitation facilities

<table>
<thead>
<tr>
<th>Year</th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EQUITY**

**Coverage gap by wealth quintile**

Average of eight key indicators

**SYSTEMS**

**Financial Flows and Human Resources**

- Per capita total expenditure on health (US$): 90 (2007)
- General government expenditure on health as % of total government expenditure (%): 12 (2007)
- Out-of-pocket expenditure as % of total expenditure on health (%): ---
- Density of health workers (per 10,000 population): 6.1 (2008)
- National availability of Emergency Obstetric Care services (% of recommended minimum): 86 (2002)
Guatemala

DEMOGRAPHICS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>13,686</td>
<td>13,716</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>2,118</td>
<td>2,124</td>
</tr>
<tr>
<td>Births (000)</td>
<td>453</td>
<td>453</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Maternal mortality ratio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal mortality ratio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neatnaul mortality ratio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>1,300 (2005)</td>
<td>1,300 (2005)</td>
</tr>
</tbody>
</table>

INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN

NUTRITION

<table>
<thead>
<tr>
<th>Measure</th>
<th>2002</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stunting prevalence (moderate and severe, %)</td>
<td>54</td>
<td>67</td>
</tr>
<tr>
<td>Wasting prevalence (moderate and severe, %)</td>
<td>2</td>
<td>12</td>
</tr>
</tbody>
</table>

Underweight prevalence

Percent children < 5 years underweight for age

Exclusive breastfeeding

Percent infants < 6 months exclusively breastfed

Under-five mortality rate

Deaths per 1000 live births

Source: DHS 2002, Other NS

Vitamin A supplementation

Percent children 6-59 months receiving two doses of vitamin A during calendar year

Source: UNICEF

CHILD HEALTH

Immunization

- Percent of children immunised against measles
- Percent of children immunised with 3 doses DPT
- Percent of children immunised with 3 doses Hib

Malaria prevention

Percent children < 5 years sleeping under ITNs

Source: WHO 2010

Prevention of mother to child transmission of HIV

Percent HIV+ pregnant women receiving ARVs for PMTCT

Source: WHO/UNICEF

Diarrhoeal disease treatment

Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding

No data

Malaria treatment

Percent febrile children < 5 years using antimalarials

Source: WHO/UNICEF

Pneumonia treatment

- Percent children < 5 years with suspected pneumonia taken to appropriate health provider
- Percent children < 5 years with suspected pneumonia receiving antibiotics

Source: WHO/UNICEF

Causes of under-five deaths, 2008

- Diarrhoea 6%
- Tetanus 5%
- Other 4%
- Congenital 10%
- Infection 12%
- Asphyxia 13%
- Premature 56%

Source: WHO/UNICEF

Other NS
**MATERNAL AND NEWBORN HEALTH**

- Adolescent birth rate (births per 1,000 women) 92 (2008)
- Unmet need for family planning (%) 28 (2002)
- Antenatal visits for woman (4 or more visits, %) ---
- Intermittent preventive treatment for malaria (%) NA*
- C-section rate (total, urban, rural, %) 11,19,8 (2002)
- Early initiation of breastfeeding (within 1 hr of birth, %) 60 (2002)
- Postnatal visit for baby (within 2 days for home births, %) ---

*See Annex for indicator definition

**NUTRITION**

- Percent children < 5 years underweight for age* 46-51
- Underweight prevalence 40%
- Underweight prevalence 60%
- 0%

- Other NS 1995-1999
- 2002

- Diarrhoeal disease treatment 85%
- Percent of children immunised with 3 doses Hib 100%
- Percent of children immunised with 3 doses DPT 100%
- Percent of children immunised against measles 100%

**DEMOGRAPHICS**

- Percent children < 5 years sleeping under ITNs* 71%
- Complementary feeding rate (6-9 months, %) 17%
-Exclusive breastfeeding 40%
- Percent febrile children < 5 years using antimalarials* 51%
- Malaria treatment 60%
- Percent children < 5 years with suspected pneumonia taken to health services (%) 40%

**C-section rate (total, urban, rural, %) (Minimum target is 5% and maximum target is 15%)**

- Urban: 75%
- Rural: 51%
- Total: 62%

**SKELOTO-MUSCULAR SYSTEM**

- Maternity protection in accordance with ILO Convention 183 Partial
- Midwives be authorised to administer a core set of life saving interventions Partial
- Specific notification of maternal deaths Partial

**WATER AND SANITATION**

- Water Percent population using improved drinking water sources
  - Rural: 98%
  - Urban: 91%
  - Total: 90%

- Sanitation Percent population using improved sanitation facilities
  - Rural: 84%
  - Urban: 84%
  - Total: 84%

**Policies**

- International Code of Marketing of Breastmilk Substitutes Yes
- New ORS formula and zinc for management of diarrhoea Partial
- Community treatment of pneumonia with antibiotics Yes
- IMCI adapted to cover newborns 0-1 week of age Partial
- Costed implementation plan(s) for maternal, newborn and child health available Partial
- Midwives be authorised to administer a core set of life saving interventions Partial
- Maternity protection in accordance with ILO Convention 183 Partial
- Specific notification of maternal deaths Partial

**FINANCIAL FLOWS AND HUMAN RESOURCES**

- Per capita total expenditure on health (US$) 334 (2007)
- General government expenditure on health as % of total government expenditure (%) 14 (2007)
- Out-of-pocket expenditure as % of total expenditure on health (%) 66 (2007)
- Density of health workers (per 10,000 population) 49.5 (1999)
- Official Development Assistance to child health per child (US$) 7 (2007)
- Official Development Assistance to maternal and neonatal health per live birth (US$) 15 (2007)
- National availability of Emergency Obstetric Care services (% of recommended minimum) ---
MATERNAL AND NEWBORN HEALTH

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

Skilled attendant at delivery
Percent live births attended by skilled health personnel

Neonatal tetanus protection
Percent of newborns protected against tetanus

WATER AND SANITATION

Water
Percent population using improved drinking water sources

Sanitation
Percent population using improved sanitation facilities

SYSTEMS

Financial Flows and Human Resources
Per capita total expenditure on health (US$) 62 (2007)
General government expenditure on health as % of total government expenditure (%) 5 (2007)
Out-of-pocket expenditure as % of total expenditure on health (%) 89 (2007)
Density of health workers (per 10,000 population) 1.4 (2005)
Official Development Assistance to maternal and neonatal health per live birth (US$) 8 (2007)
National availability of Emergency Obstetric Care services (% of recommended minimum) 25 (2002)

POLICIES

International Code of Marketing of Breastmilk Substitutes Partial
New ORS formula and zinc for management of diarrhoea No
Community treatment of pneumonia with antibiotics No
IMCI adapted to cover newborns 0-1 week of age No
Costed implementation plan(s) for maternal, newborn and child health available No
Midwives be authorised to administer a core set of life saving interventions Partial
Maternity protection in accordance with ILO Convention 183 Partial
Specific notification of maternal deaths Partial

Guinea
Countdown to 2015
2010 Report
**Guinea-Bissau**

**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Total population (000)</th>
<th>1,575 (2008)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total under-five population (000)</td>
<td>265 (2008)</td>
</tr>
<tr>
<td>Births (000)</td>
<td>65 (2008)</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>39 (2006)</td>
</tr>
<tr>
<td>Under-five mortality rate (per 1000 live births)</td>
<td>195 (2008)</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>117 (2008)</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>45 (2008)</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>12 (2008)</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100,000 live births)</td>
<td>1,100 (2005)</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>13 (2005)</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>890 (2005)</td>
</tr>
</tbody>
</table>

**Under-five mortality rate**

Deaths per 1000 live births

Source: IGME 2008

**Causes of under-five deaths, 2008**

Globally more than one third of child deaths are attributable to undernutrition

<table>
<thead>
<tr>
<th>Causes of neonatal deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neonatal infection 24%</td>
</tr>
<tr>
<td>Infection 29%</td>
</tr>
<tr>
<td>Prematurity 32%</td>
</tr>
<tr>
<td>Diarrhoea 2%</td>
</tr>
<tr>
<td>HIV/AIDS 2%</td>
</tr>
<tr>
<td>Measles 2%</td>
</tr>
<tr>
<td>Other causes 17%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other direct causes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria 18%</td>
</tr>
<tr>
<td>Tetanus 1%</td>
</tr>
<tr>
<td>Embolism 9%</td>
</tr>
<tr>
<td>Abortion 9%</td>
</tr>
<tr>
<td>Haemorrhage 11%</td>
</tr>
<tr>
<td>Infection 29%</td>
</tr>
</tbody>
</table>
| Hypertension 33%

**INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN**

**NUTRITION**

| Stunting prevalence (moderate and severe, %) | 47 (2006) |
| Wasting prevalence (moderate and severe, %) | 8 (2006)  |
| Complementary feeding rate (6-9 months, %) | 35 (2006) |
| Low birthweight incidence (%) | 24 (2006) |

**Underweight prevalence**

Percent children < 5 years underweight for age*

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>22</td>
</tr>
<tr>
<td>2006</td>
<td>15</td>
</tr>
</tbody>
</table>

**Exclusive breastfeeding**

Percent infants < 6 months exclusively breastfed

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>37</td>
</tr>
<tr>
<td>2006</td>
<td>16</td>
</tr>
</tbody>
</table>

**Vitamin A supplementation**

Percent children 6-59 months receiving two doses of vitamin A during calendar year

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>59</td>
</tr>
<tr>
<td>2006</td>
<td>64</td>
</tr>
<tr>
<td>2007</td>
<td>68</td>
</tr>
<tr>
<td>2008</td>
<td></td>
</tr>
</tbody>
</table>

**IMMUNIZATION**

- Percent of children immunised against measles
- Percent of children immunised with 3 doses DPT
- Percent of children immunised with 3 doses Hib

**Malaria prevention**

Percent children < 5 years sleeping under ITNs

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>7</td>
</tr>
<tr>
<td>2006</td>
<td>39</td>
</tr>
</tbody>
</table>

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

Percent HIV+ pregnant women receiving ARVs for PMTCT

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>13</td>
</tr>
<tr>
<td>2007</td>
<td>23</td>
</tr>
<tr>
<td>2008</td>
<td>20</td>
</tr>
</tbody>
</table>

**Diarrhoeal disease treatment**

Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>23</td>
</tr>
<tr>
<td>2006</td>
<td>25</td>
</tr>
</tbody>
</table>

**Malaria treatment**

Percent febrile children < 5 years using antimalarials

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>58</td>
</tr>
<tr>
<td>2006</td>
<td>46</td>
</tr>
</tbody>
</table>

**Pneumonia treatment**

Percent children < 5 years with suspected pneumonia taken to appropriate health provider

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>64</td>
</tr>
<tr>
<td>2006</td>
<td>57</td>
</tr>
</tbody>
</table>

---

*Based on 2006 WHO reference population

Source: WHO/CHERG 2010

**Distribution of causes of under-five deaths, 2008**

- Globally more than one third of child deaths are attributable to undernutrition
- Diarrhoea 2%
- Neonatal infection 24%
- Infection 29%
- Prematurity 32%
- Malaria 18%
- Tetanus 1%
- Embolism 9%
- Abortion 9%
- Haemorrhage 11%
- Hypertension 33%

---

**Regional estimates for Sub-Saharan Africa, 1997-2007**

Causes of maternal deaths

- Delivery complications 52%
- Haemorrhage 23%
- Infection 17%

Causes of neonatal deaths

- Infection 29%
- Congenital 6%
- Diarrhoea 2%
- Tetanus 1%

---

**Antenatal visits for woman (4 or more visits, %)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td></td>
</tr>
<tr>
<td>1995</td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td></td>
</tr>
<tr>
<td>1995</td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td></td>
</tr>
<tr>
<td>2010</td>
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<td>2015</td>
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**Unmet need for family planning (%)**

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<tr>
<th>Year</th>
<th>Percent</th>
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<tbody>
<tr>
<td>1990</td>
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<td>2005</td>
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<tr>
<td>2010</td>
<td></td>
</tr>
<tr>
<td>2015</td>
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</tbody>
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**Skilled attendant at delivery**

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<th>Year</th>
<th>Percent</th>
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<tbody>
<tr>
<td>1990</td>
<td></td>
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<td>2005</td>
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<td>2010</td>
<td></td>
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<tr>
<td>2015</td>
<td></td>
</tr>
</tbody>
</table>

---

**Costed implementation plan(s) for maternal, newborn & child survival**

- Community treatment of pneumonia with antibiotics
- New ORS formula and zinc for management of dehydration
- Costed implementation plan for antenatal care, delivery and postnatal care
- Costed implementation plan for immunization
- Costed implementation plan for nutritional programs

---

**Antenatal care services (% of recommended minimum)**

- Percent population using improved drinking water sources
- Percent population using improved sanitation facilities
- Percent live births attended by skilled health personnel
- Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

Source: WHO 2010

---

**Malaria prevention**

- Percent children < 5 years with suspected pneumonia taken to appropriate health provider
- Percent children < 5 years with suspected pneumonia receiving antibiotics

---

**Contraceptive prevalence**

- Percent currently using contraception
- Percent ever used contraception
- Percent of sexual women using contraception

Source: UNFPA

---

**Finances and human resources**

- Financial flows and human resources
- Official Development Assistance to child health expenditures
- General government expenditure on health as % of GDP

Source: UNICEF

---

**Regional estimates for Sub-Saharan Africa, 1997-2007**

Causes of maternal deaths

- Delivery complications 52%
- Haemorrhage 23%
- Infection 17%

Causes of neonatal deaths

- Infection 29%
- Congenital 6%
- Diarrhoea 2%
- Tetanus 1%

---

**Neonatal period**

- Septicemia 2%
- Infection 29%
- Congenital 6%
- Diarrhoea 2%
- Tetanus 1%

---

**Hypertension**

- Pre-pregnancy 32%
- Pregnancy 6%
- Infancy 33%
- Birth 17%

---

**HIV/AIDS**

- Pre-pregnancy 32%
- Pregnancy 6%
- Infancy 33%
- Birth 17%

---

**Pre-pregnancy**

- Septicemia 2%
- Infection 29%
- Congenital 6%
- Diarrhoea 2%
- Tetanus 1%

---

**Prenatal**

- Septicemia 2%
- Infection 29%
- Congenital 6%
- Diarrhoea 2%
- Tetanus 1%

---

**Postnatal**

- Septicemia 2%
- Infection 29%
- Congenital 6%
- Diarrhoea 2%
- Tetanus 1%

---

**Neonatal**

- Septicemia 2%
- Infection 29%
- Congenital 6%
- Diarrhoea 2%
- Tetanus 1%

---

**Infancy**

- Septicemia 2%
- Infection 29%
- Congenital 6%
- Diarrhoea 2%
- Tetanus 1%

---

**Birth**

- Septicemia 2%
- Infection 29%
- Congenital 6%
- Diarrhoea 2%
- Tetanus 1%
**MATERNAL AND NEWBORN HEALTH**

- Adolescent birth rate (births per 1,000 women): 170 (2000)
- Unmet need for family planning (%): ---
- Antenatal visits for woman (4 or more visits, %): ---
- Intermittent preventive treatment for malaria (%): 7 (2006)
- C-section rate (total, urban, rural, %): (Minimum target is 5% and maximum target is 15%) ---, ---, ---
- Early initiation of breastfeeding (within 1 hr of birth, %): 23 (2006)
- Postnatal visit for baby (within 2 days for home births, %): ---

**Causes of maternal deaths**

Regional estimates for Sub-Saharan Africa, 1997-2007

- Sepsis: 9%
- Embolism: 1%
- Abortion: 9%
- Haemorrhage: 34%
- Other direct: 11%
- Indirect: 17%
- Hypertension: 19%

**Coverage along the continuum of care**

- Contraceptive prevalence rate: 10 (2005)
- Antenatal visit (1 or more): 39 (1995)
- Skilled attendant at birth: 16 (2005)
- *Postnatal care Exclusive breastfeeding Measles:
  - Measles: 76 (2005)

**Antenatal care**

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

- 2000: 62 MICS, 78 MICS
- 2006: MICS, MICS

**Skilled attendant at delivery**

Percent live births attended by skilled health personnel

- 1990-1995: 25 Other NS, 35 MICS, 39 MICS
- 2000: MICS, MICS, MICS
- 2006: MICS, MICS

**Neonatal tetanus protection**

Percent of newborns protected against tetanus


**WATER AND SANITATION**

**Water**

Percent population using improved drinking water sources

- Rural: 41 2005, 52 2008

**Sanitation**

Percent population using improved sanitation facilities

- Rural: 6 1995, 16 2008
- Total: 49 1995, 55 2008

**EQUITY**

**Coverage gap by wealth quintile**

Average of eight key indicators

**POLICIES**

- International Code of Marketing of Breastmilk Substitutes: Partial
- New ORS formula and zinc for management of diarrhoea: Partial
- Community treatment of pneumonia with antibiotics: No
- IMCI adapted to cover newborns 0-1 week of age: No
- Costed implementation plan(s) for maternal, newborn and child health available: Yes
- Midwives be authorised to administer a core set of life saving interventions: No
- Maternity protection in accordance with ILO Convention 183: No
- Specific notification of maternal deaths: Yes

**SYSTEMS**

**Financial Flows and Human Resources**

- Per capita total expenditure on health (US$): 33 (2007)
- General government expenditure on health as % of total government expenditure (%): 4 (2007)
- Out-of-pocket expenditure as % of total expenditure on health (%): 41 (2007)
- Density of health workers (per 10,000 population): 6.0 (2008)
- National availability of Emergency Obstetric Care services (% of recommended minimum): 127 (2002)

---

Guinea-Bissau

Countdown to 2015
2010 Report
Haiti

**Maternal, Newborn & Child Survival**

### DEMOGRAPHICS

- Total population (000) 9,876 (2008)
- Total under-five population (000) 1,252 (2008)
- Births (000) 273 (2008)
- Birth registration (%) 81 (2005)
- Under-five mortality rate (per 1000 live births) 72 (2008)
- Infant mortality rate (per 1000 live births) 54 (2008)
- Maternal mortality ratio (per 100,000 live births) 44 (2008)
- Total neonatal deaths (000) 1,252 (2008)
- Maternal mortality ratio (per 100,000 live births) 25 (2005)
- Maternal mortality ratio (per 100,000 live births) 30 (2007)
- Maternal mortality ratio (per 100,000 live births) 40 (2009)
- Maternal mortality ratio (per 100,000 live births) 60 (2005)
- Maternal mortality ratio (per 100,000 live births) 80 (2008)
- Total maternal deaths 1,252 (2008)
- Total maternal deaths 1,700 (2005)

### INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN

#### NUTRITION

- Stunting prevalence (moderate and severe, %) 29 (2005-2006)
- Wasting prevalence (moderate and severe, %) 10 (2005-2006)
- Complementary feeding rate (6-9 months, %) 87 (2005-2006)
- Low birthweight incidence (%) 25 (2005-2006)

#### CHILD HEALTH

- Percent children < 5 years underweight for age* 18 (2005-2006)
- Percent children < 5 years sleeping under ITNs* 41 (2005-2006)
- Percent infants < 6 months exclusively breastfed 42 (2005-2006)
- Percent infants < 6 months exclusively breastfed 34 (2005-2006)

#### IMMUNIZATION

- Percent of children immunised against measles
- Percent of children immunised with 3 doses DPT
- Percent of children immunised with 3 doses Hib

#### MALARIA PREVENTION

- Percent children < 5 years sleeping under ITNs*
- Percent children 6-59 months receiving two doses of vitamin A

#### MALARIA TREATMENT

- Percent children < 5 years with suspected malaria using antimalarials*
- Percent children < 5 years using antimalarials*

#### PNEUMONIA TREATMENT

- Percent children < 5 years with suspected pneumonia using antibiotics
- Percent children < 5 years with suspected pneumonia using antibiotics

#### DIARRHEA DISEASE TREATMENT

- Percent children < 5 years with diarrheal disease using ORS or zinc
- Percent children < 5 years with diarrheal disease using ORS or zinc

#### PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV

- Percent HIV+ pregnant women receiving ARVs for PMTCT
- Percent HIV+ pregnant women receiving ARVs for PMTCT

#### CAUSES OF UNDER-FIVE DEATHS, 2008

- Causes of neonatal deaths
- Causes of maternal deaths
- Causes of under-five deaths, 2008

### EQUITY

- Coverage gap by wealth quintile
- Coverage gap by wealth quintile
- Average of eight key indicators

---

*See Annex for indicator definition
**MATERNAL AND NEWBORN HEALTH**

- Adolescent birth rate (births per 1,000 women): 69 (2003)
- Unmet need for family planning (%): 38 (2005-06)
- Antenatal visits for woman (4 or more visits, %): 54 (2005-06)
- Intermittent preventive treatment for malaria (%): ---
- C-section rate (total, urban, rural, %): 3, 6, 1 (2006)
- Early initiation of breastfeeding (within 1 hr of birth, %): 44 (2005-06)
- Postnatal visit for baby (within 2 days for home births, %): 4 (2006)

**Causes of maternal deaths**

Regional estimates for Latin America / Caribbean, 1997-2007

- Sepsis 26%
- Abortion 7%
- Hypertension 3%
- Embolism 3%
- Haemorrhage 23%
- Other direct 11%
- Indirect 20%

**Coverage along the continuum of care**

- Contraceptive prevalence rate
  - 1990: 50
  - 1995: 53
  - 2000: 54
  - 2008: 32

- Antenatal visit (1 or more)
  - 1990: 19
  - 1994: 20
  - 1998: 22
  - 2002: 20
  - 2008: 26

- Skilled attendant at birth
  - 1990: 54
  - 1994: 60
  - 1998: 72
  - 2002: 41
  - 2008: 58

**Antenatal care**

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

- 1984-1989: 71%
- 1994-1995: 68%
- 2000: 79%
- 2005-2006: 85%

**Skilled attendant at delivery**

Percent live births attended by skilled health personnel

- 1989: 23%
- 1994-1995: 21%
- 2000: 24%
- 2005-2006: 26%

**Neonatal tetanus protection**

Percent of newborns protected against tetanus

- 1990: 12%
- 1995: 13%
- 2000: 15%
- 2005-2006: 19%

**WATER AND SANITATION**

**Water**

Percent population using improved drinking water sources

- 1990: 41%
- 2008: 63%

**Sanitation**

Percent population using improved sanitation facilities

- 1990: 19%
- 2008: 17%

**POLICIES**

**International Code of Marketing of Breastmilk Substitutes**

- Partial

**New ORS formula and zinc for management of diarrhoea**

- No

**Community treatment of pneumonia with antibiotics**

- No

**IMCI adapted to cover newborns 0-1 week of age**

- No

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

- No

**Midwives be authorised to administer a core set of life saving interventions**

- No

**Maternity protection in accordance with ILO Convention 183**

- No

**Specific notification of maternal deaths**

- No

**SYSTEMS**

**Financial Flows and Human Resources**

- Per capita total expenditure on health (US$): 58 (2007)
- General government expenditure on health as % of total government expenditure (%): 9 (2007)
- Out-of-pocket expenditure as % of total expenditure on health (%): 44 (2007)
- Density of health workers (per 10,000 population): 3.6 (1998)
- Official Development Assistance to child health per child (US$): 16 (2007)
- National availability of Emergency Obstetric Care services (% of recommended minimum): ---
**Maternal and Newborn Health**

*Based on 2006 WHO reference population

**Total Maternal Deaths**

**Maternal Mortality Ratio (per 100,000 live births)**

**Neonatal Mortality Rate (per 1000 live births)**

**Infant Mortality Rate (per 1000 live births)**

**Under-five Mortality Rate (per 1000 live births)**

**Births (000)**

**Total Under-five Population (000)**

**Total Population (000)**

**Child Health**

**Nutrition**

**Intervention Coverage for Mothers, Newborns and Children**

**NUTRITION**

Stunting prevalence (moderate and severe, %) 48 (2005-2006)

Wasting prevalence (moderate and severe, %) 20 (2005-2006)

Complementary feeding rate (6-9 months, %) 57 (2005-2006)

Low birthweight incidence (%) 28 (2005-2006)

**Underweight Prevalence**

Percent children < 5 years underweight for age*

<table>
<thead>
<tr>
<th>Year</th>
<th>NFHS</th>
<th>NFHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998-1999</td>
<td>44</td>
<td>43</td>
</tr>
<tr>
<td>2005-2006</td>
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</tbody>
</table>

*Based on 2006 WHO reference population

**Exclusive Breastfeeding**

Percent infants < 6 months exclusively breastfed

<table>
<thead>
<tr>
<th>Year</th>
<th>NFHS</th>
<th>NFHS</th>
<th>NFHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992-1993</td>
<td>44</td>
<td>46</td>
<td>39</td>
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<td>1998-1999</td>
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<tr>
<td>2000</td>
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<tr>
<td>2005-2006</td>
<td>48</td>
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</tr>
</tbody>
</table>

**Vitamin A Supplementation**

Percent children 6-59 months receiving two doses of vitamin A during calendar year

<table>
<thead>
<tr>
<th>Year</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
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<tbody>
<tr>
<td>2005</td>
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<td>2006</td>
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<td>45</td>
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<tr>
<td>2007</td>
<td></td>
<td>33</td>
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<tr>
<td>2008</td>
<td></td>
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<td>53</td>
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</tbody>
</table>

**Child Health**

**Immunization**

- Percent of children immunized against measles
- Percent of children immunized with 3 doses DPT
- Percent of children immunized with 3 doses Hib

**Malaria Prevention**

Percent children < 5 years sleeping under ITNs*

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<thead>
<tr>
<th>Year</th>
<th>NFHS</th>
<th>NFHS</th>
<th>NFHS</th>
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<tr>
<td>1990-1995</td>
<td>70</td>
<td>66</td>
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<tr>
<td>1995-2000</td>
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<td>2005-2008</td>
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</table>

*Sub-national risk of malaria transmission

**Prevention of Mother to Child Transmission of HIV**

Percent HIV+ pregnant women receiving ARVs for PMTCT

**Diarrhoeal Disease Treatment**

Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding

<table>
<thead>
<tr>
<th>Year</th>
<th>NFHS</th>
<th>NFHS</th>
<th>NFHS</th>
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<tbody>
<tr>
<td>2005-2006</td>
<td>33</td>
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</tbody>
</table>

**Pneumonia Treatment**

- Percent children < 5 years with suspected pneumonia taken to appropriate health provider
- Percent children < 5 years with suspected pneumonia receiving antibiotics

**Malaria Treatment**

Percent febrile children < 5 years using antimalarials*

<table>
<thead>
<tr>
<th>Year</th>
<th>NFHS</th>
<th>NFHS</th>
<th>NFHS</th>
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</thead>
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<tr>
<td>2000</td>
<td>12</td>
<td>8</td>
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<tr>
<td>2005-2006</td>
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</tbody>
</table>

*Sub-national risk of malaria transmission

**Causes of Under-five Deaths, 2008**

Globally more than one third of child deaths are attributable to undernutrition
**MATERNAL AND NEWBORN HEALTH**

**Adolescent birth rate (births per 1,000 women)**  
45 (2006)

**Unmet need for family planning (%)**  
13 (2005-06)

**Antenatal visits for woman (4 or more visits, %)**  
37 (2005-06)

**Intermittent preventive treatment for malaria (%)**  
NA*

**C-section rate (total, urban, rural, %)**  
(Minimum target is 5% and maximum target is 15%)  
1990: 33%  
1994: 66%  
1998: 72%  
2002: 74%  
2006: 91%  
2008: 94%

**Early initiation of breastfeeding (within 1 hr of birth, %)**  
25 (2005-06)

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

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

**Skilled attendant at delivery**  
Percent live births attended by skilled health personnel

**Neonatal tetanus protection**  
Percent of newborns protected against tetanus

**Causes of maternal deaths**  
Regional estimates for South Asia, 1997-2007

**Coverage along the continuum of care**

**WATER AND SANITATION**

**Water**  
Percent population using improved drinking water sources

**Sanitation**  
Percent population using improved sanitation facilities

**Policies**

- International Code of Marketing of Breastmilk Substitutes: Yes
- New ORS formula and zinc for management of diarrhoea: Yes
- Community treatment of pneumonia with antibiotics: Yes
- IMCI adapted to cover newborns 0-1 week of age: Yes
- Costed implementation plan(s) for maternal, newborn and child health available: Yes
- Midwives be authorised to administer a core set of life saving interventions: Partial
- Maternity protection in accordance with ILO Convention 183: No
- Specific notification of maternal deaths: Yes

**Financial Flows and Human Resources**

- Per capita total expenditure on health (US$): 109 (2007)
- General government expenditure on health as % of total government expenditure (%): 4 (2007)
- Out-of-pocket expenditure as % of total expenditure on health (%): 66 (2005)
- Density of health workers (per 10,000 population): 18.5 (2005)
- National availability of Emergency Obstetric Care services (% of recommended minimum): ---

**Systems**

- **Coverage gap by wealth quintile**  
  Average of eight key indicators

**Systems**

- **Source:** WHO/UNICEF

---

*See Annex for indicator definition*
Indonesia

**DEMOGRAPHICS**

- Total population (000) 227,345 (2008)
- Total under-five population (000) 20,891 (2008)
- Births (000) 4,220 (2008)
- Birth registration (%) 55 (2002)
- Under-five mortality rate (per 1000 live births) 41 (2008)
- Infant mortality rate (per 1000 live births) 31 (2008)
- Neonatal mortality rate (per 1000 live births) 19 (2008)
- Total under-five deaths (000) 173 (2008)
- Maternal mortality ratio (per 100,000 live births) 420 (2005)
- Maternal mortality (1 in N) 97 (2005)
- Total maternal deaths 19,000 (2005)

**INTERVENTION COVERAGE FOR MOTHERS, NEWBORNs AND CHILDREN**

**NUTRITION**

- Stunting prevalence (moderate and severe, %) 37 (2007)
- Wasting prevalence (moderate and severe, %) 14 (2007)
- Complementary feeding rate (6-9 months, %) 75 (2007)
- Low birthweight incidence (%) 9 (2007)
- Percent children 6-59 months receiving two doses of vitamin A 83 (2000), 77 (2007)

**CHILD HEALTH**

- Percent children < 5 years with suspected pneumonia taken to health provider 41 (2000), 29 (2007)
- Percent children 6-59 months receiving two doses of vitamin A 83 (2000), 77 (2007)

**Causes of under-five deaths, 2008**

- Globally more than one third of child deaths are attributable to undernutrition

**IMMUNIZATION**

- Percent children < 5 years sleeping under ITNs* 83 (2000), 77 (2007)

**DIARRHOEAL DISEASE TREATMENT**


**PNEUMONIA TREATMENT**


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

- Percent HIV+ pregnant women receiving ARVs for PMTCT 0 (2004), 0 (2005), 0 (2006), 0 (2007, 2008)

**Causes of neonatal deaths**

- Neonatal death 46%
- Asphyxia 22%
- Premature delivery 41%
- Other causes 5%

*See Annex for indicator definition
**INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN**

### NUTRITION

**Underweight prevalence**

<table>
<thead>
<tr>
<th>Year</th>
<th>MICS</th>
<th>Percent children &lt; 5 years underweight for age</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>2006</td>
<td></td>
<td>6</td>
</tr>
</tbody>
</table>

*Based on 2006 WHO reference population

**Exclusive breastfeeding**

<table>
<thead>
<tr>
<th>Year</th>
<th>MICS</th>
<th>Percent infants &lt; 6 months exclusively breastfed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>2006</td>
<td></td>
<td>25</td>
</tr>
</tbody>
</table>

**Vitamin A supplementation**

No data

### CHILD HEALTH

#### Immunization

- Percent of children immunised against measles
- Percent of children immunised with 3 doses DPT
- Percent of children immunised with 3 doses Hib

#### Malaria prevention

- Percent children < 5 years sleeping under ITNs*

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

Percent HIV+ pregnant women receiving ARVs for PMTCT

No data

#### Diarrhoeal disease treatment

Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding

#### Malaria treatment

Percent febrile children < 5 years using antimalarials*

#### Pneumonia treatment

- Percent children < 5 years with suspected pneumonia taken to appropriate health provider
- Percent children < 5 years with suspected pneumonia receiving antibiotics

*Very limited risk of malaria transmission

---

**Causes of neonatal deaths, 2008**

- Neonatal 56%
- Malaria 14%
- Other 14%
- Asphyxia 21%
- Pneumonia 14%
- Infection 21%
- Maternal 9%
- Premat 39%
- Congenital 13%
- Other 4%
- Tetanus 2%
- Haemorrhage 5%
- Injuries 0%
- HIV/AIDS 0%
- Other NS 0%

**Causes of under-five deaths, 2008**

- Congenital 13%
- Malaria 68%
- Pneumonia 69
- Other 76
- Measles 69
- Diarrhoea 11
- Infection 21
- Maternal 56
- Embolism 72
- Neonatal 5
- Asphyxia 21
- Malaria 11
- Other NS 0

**Under-five mortality rate**

Deaths per 1000 live births

**Causes of maternal deaths, 2008**

- Maternal 56
- Neonatal 9
- Pneumonia 14
- Infection 21
- Maternal 56
- Premat 39
- Congenital 13
- Other 4
- Tetanus 2
- Asphyxia 21
- Malaria 11
- Other NS 0

**Maternal mortality ratio (per 100,000 live births)**

**Infant mortality rate (per 1000 live births)**

**Under-five mortality rate (per 1000 live births)**

---

**Total population (000)**

30,096 (2008)

**Total under-five population (000)**

4,450 (2008)

**Births (000)**

944 (2008)

**Birth registration (%)**

95 (2006)

**Under-five mortality rate (per 1000 live births)**

44 (2008)

**Infant mortality rate (per 1000 live births)**

36 (2008)

**Neonatal mortality rate (per 1000 live births)**

25 (2008)

**Total under-five deaths (000)**

41 (2008)

**Maternal mortality ratio (per 100,000 live births)**

944 (2008)

**Life time risk of maternal death (1 in N)**

72 (2005)

**Total maternal deaths**

2,900 (2005)

---

**IMMUNIZATION**

- Percent children immunised with 3 doses Hib
- Percent children immunised with 3 doses DPT
- Percent children immunised against measles

**Anti-malarial treatment**

- Percent children < 5 years with suspected malaria taken to appropriate health provider
- Percent children < 5 years with suspected malaria receiving appropriate treatment

**Skilled attendant at delivery**

- Percent women attended at least once by a skilled attendant during pregnancy

---

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

- 2000 MICS 55
- 2006 MICS 79

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

- 2000 MICS 20
- 2006 MICS 44

**Intermittent preventive treatment for malaria (%)**

- 2000 MICS 69
- 2006 MICS 84

**Skilled health provider during pregnancy**

- Percent women attended at least once by a skilled health provider during pregnancy

**antenatal care services (% of recommended minimum)**

- 1990 14%
- 1995 19%
- 2000 32%
- 2005 48%
- 2010 60%

**Maternity protection in accordance with ILO Convention 183**

- No data

**Costed implementation plan(s) for maternal, infant and child health**

- Yes
- No

---

**WATER AND SANITATION**

- Percent population using improved water sources
- Percent population using improved sanitation facilities

**DENOMINATOR DATA**

- Births (000)
- Total population (000)
- Total maternal deaths
- Total under-five population (000)
- Birth registration (%)
MATERNAL AND NEWBORN HEALTH

Adolescent birth rate (births per 1,000 women) 68 (2005)
Unmet need for family planning (%) ---
Antenatal visits for woman (4 or more visits, %) ---
Interruption of pregnancy treatment for malaria (%) NA*
C-section rate (total, urban, rural, %) (Minimum target is 5% and maximum target is 15%) 21, 24, 15 (2006)
Early initiation of breastfeeding (within 1 hr of birth, %) 31 (2006)
Postnatal visit for baby (within 2 days for home births, %) ---

Causes of maternal deaths
Regional estimates for West Asia, 1997-2007

Coverage along the continuum of care

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

Skilled attendant at delivery
Percent live births attended by skilled health personnel

Neonatal tetanus protection
Percent of newborns protected against tetanus

WATER AND SANITATION

Water
Percent population using improved drinking water sources

Sanitation
Percent population using improved sanitation facilities

Policies

International Code of Marketing of Breastmilk Substitutes Partial
New ORS formula and zinc for management of diarrhoea Partial
Community treatment of pneumonia with antibiotics No
IMCI adapted to cover newborns 0-1 week of age Yes
Costed implementation plan(s) for maternal, newborn and child health available Yes
Midwives be authorised to administer a core set of life saving interventions No
Maternity protection in accordance with ILO Convention 183 No
Specific notification of maternal deaths Yes

Financial Flows and Human Resources

Per capita total expenditure on health (US$) 78 (2007)
General government expenditure on health as % of total government expenditure (%) 3 (2007)
Out-of-pocket expenditure as % of total expenditure on health (%) 25 (2007)
Density of health workers (per 10,000 population) 15.8 (2007)
Official Development Assistance to child health per child (US$) 12 (2007)
Official Development Assistance to maternal and neonatal health per live birth (US$) 30 (2007)
National availability of Emergency Obstetric Care services (% of recommended minimum) ---

EQUITY

Coverage gap by wealth quintile
Average of eight key indicators

No data

SYSTEMS
**Kenya**

### MATERNAL AND NEWBORN HEALTH

- **Stunting prevalence (moderate and severe, %)** Based on 2006 WHO reference population
- **Maternal mortality ratio (per 100,000 live births)**
- **Total under-five deaths (000)**
- **Infant mortality rate (per 1000 live births)**
- **Total population (000)**

### NUTRITION

#### INTELLIGENCE COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN

#### NUTRITION

- **Percent children < 5 years underweight for age**
- **Percent children < 5 years underweight for age**
- **Underweight prevalence**
- **Exclusive breastfeeding**
- **Percent infants < 6 months exclusively breastfed**
- **Vitamin A supplementation**
- **Percent children 6-59 months receiving two doses of vitamin A during calender year**

#### IMMUNIZATION

- **Percent of children immunised against measles**
- **Percent of children immunised with 3 doses DPT**
- **Percent of children immunised with 3 doses Hib**

#### MALARIA PREVENTION

- **Percent children < 5 years sleeping under ITNs**
- **Percent children < 5 years with suspected pneumonia receiving life saving interventions**
- **Percent children < 5 years with suspected pneumonia taken to hospital**

#### DIARRHOEA DISEASE TREATMENT

- **Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding**

#### MALARIOSE TREATMENT

- **Percent febrile children < 5 years using antimalarials**

#### PNEUMONIA TREATMENT

- **Percent children < 5 years with suspected pneumonia treated with appropriate health provider**
- **Percent children < 5 years with suspected pneumonia receiving antibiotics**

### CHILD HEALTH

- **Percent live births attended by skilled health personnel**
- **Percent of newborns protected against tetanus**
- **Neonatal tetanus protection**
- **Percent of newborns protected against tetanus**
- **Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy**
- **Percent of women attended at least once by a skilled health provider during pregnancy**
- **Antenatal care**

### Causes of under-five deaths, 2008

- **HIV/AIDS**
- **Infecciones**
- **Other causes**
- **Neonatal period**
- **Pre-term**
- **Other**
- **Inflammation**
- **Infections**
- **Other causes**
- **Asphyxia**
- **Haemorrhage**
- **Hypertension**
- **Emboli**
- **Diabetes**

### Equity

- **Coverage gap by wealth quintile**
- **Average of eight key indicators**
- **MDG Target**

### Financial Flows and Human Resources

- **Per capita total expenditure on health (US$)**
- **General government expenditure on health as official development assistance to maternal and child health available**
- **Density of health workers (per 10,000 population)**
- **Out-of-pocket expenditure as % of total government expenditure on health**

### MDG Target

- **MDG Target reached by 2015**
- **MDG Target not reached by 2015**

### Data Sources

- WHO/CHERG 2010
- UNICEF/UNAIDS/WHO
- DHS 2003

---

**Countdown to 2015**

**Maternal, Newborn & Child Survival**
MATERNAL AND NEWBORN HEALTH

Adolescent birth rate (births per 1,000 women) 103 (2008)
Unmet need for family planning (%) 25 (2009)
Antenatal visits for woman (4 or more visits, %) 52 (2003)
Interventions for malaria (%) 15 (2008-09)
C-section rate (total, urban, rural, %) (Minimum target is 5% and maximum target is 15%) 4, 9, 3 (2003)
Early initiation of breastfeeding (within 1 hr of birth, %) 52 (2003)
Postnatal visit for baby (within 2 days for home births, %) ---

Causes of maternal deaths
Regional estimates for Sub-Saharan Africa, 1997-2007

Coverage along the continuum of care

Water and sanitation

Water
Percent population using improved drinking water sources

Sanitation
Percent population using improved sanitation facilities

EQUITY

Coverage gap by wealth quintile
Average of eight key indicators

Policies

Financial Flows and Human Resources

International Code of Marketing of Breastmilk Substitutes Partial
New ORS formula and zinc for management of diarrhoea Yes
Community treatment of pneumonia with antibiotics No
IMCI adapted to cover newborns 0-1 week of age Yes
Costed implementation plan(s) for maternal, newborn and child health services (No) Yes
Midwives be authorised to administer a core set of life saving interventions Yes
Maternity protection in accordance with ILO Convention 183 No
Specific notification of maternal deaths Yes

系统的

肯尼亚

 Countdown to 2015
 2010 Report
**Korea, Democratic People’s Republic of**

**DEMOGRAPHICS**

| Total population (000) | 23,819 (2008) |
| Total under-five population (000) | 1,575 (2008) |
| Births (000) | 327 (2008) |
| Birth registration (%) | 99 (2000) |
| Under-five mortality rate (per 1000 live births) | 140 (2008) |
| Neonatal mortality rate (per 1000 live births) | 370 (2008) |
| Total under-five deaths (000) | 327 (2008) |
| Total maternal deaths | 1,300 (2005) |

**INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN**

**NUTRITION**

- **Stunting prevalence** (moderate and severe, %): 45 (2004)
- **Wasting prevalence** (moderate and severe, %): 9 (2004)

**Underweight prevalence**

- Percent children < 5 years underweight for age

- 1998: 56
- 2000: 25
- 2002: 18
- 2004: 21

**Exclusive breastfeeding**

- Percent infants < 6 months exclusively breastfed

- 2004: 65

**Vitamin A supplementation**

- Percent children 6-59 months receiving two doses of vitamin A during calender year

- 2008: 98%

**CHILD HEALTH**

**Immunization**

- Percent of children immunised against measles
- Percent of children immunised with 3 doses DPT
- Percent of children immunised with 3 doses Hib

- 1990: 88
- 1994: 92
- 1998: 88
- 2002: 92
- 2006: 92
- 2008: 92

**Malaria prevention**

- Percent children < 5 years sleeping under ITNs

- *Very limited risk of malaria transmission*

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

- Percent HIV+ pregnant women receiving ARVs for PMTCT

- *No data*

**Malaria treatment**

- Percent febrile children < 5 years using antimalarials

- *Very limited risk of malaria transmission*

**Diarrhoal disease treatment**

- Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding

- *No data*

**Pneumonia treatment**

- Percent children < 5 years with suspected pneumonia taken to appropriate health provider
- Percent children < 5 years with suspected pneumonia receiving antibiotics

- 2004: 92

**Causes of under-five deaths, 2008**

- Globally more than one third of child deaths are attributable to undernutrition

- **Neonatal deaths**
  - Neonatal 51%
  - Infection 20%
  - Asphyxia 23%
  - Preterm 0%

- **Other causes**
  - Other 18%

**Causes of neonatal deaths**

- Tetanus 0%
- Malaria 2%
- Other 4%
- Congenital 11%
- Infection 20%

**Vitamin A supplementation**

- Percent children 6-59 months receiving two doses of vitamin A during calender year

- 2008: 98%

**Child mortality**

- Under-five mortality rate

- Deaths per 1000 live births

- 1990: 56
- 1995: 55
- 2000: 55
- 2005: 18
- 2010: 5
- 2015: 10

**Causes of under-five deaths, 2008**

- Globally more than one third of child deaths are attributable to undernutrition

- **Neonatal deaths**
  - Neonatal 51%
  - Infection 20%
  - Asphyxia 23%
  - Preterm 0%

- **Other causes**
  - Other 18%

**Vitamin A supplementation**

- Percent children 6-59 months receiving two doses of vitamin A during calender year

- 2008: 98%
MATERNAL AND NEWBORN HEALTH

Adolescent birth rate (births per 1,000 women) 0 (1994)
Unmet need for family planning (%) --
Antenatal visits for woman (4 or more visits, %) --
Intermittent preventive treatment for malaria (%) NA*
C-section rate (total, urban, rural, %) (Minimum target is 5% and maximum target is 15%) -- -- -- --
Early initiation of breastfeeding (within 1 hr of birth, %) --
Postnatal visit for baby (within 2 days for home births, %) --

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

No data

Causes of maternal deaths
Regional estimates for East Asia, 1997-2007

Coverage along the continuum of care

Water and Sanitation

Water
Percent population using improved drinking water sources

Sanitation
Percent population using improved sanitation facilities

Percent population using improved water sources and sanitation facilities

Percent population using improved water sources

Source: WHO/UNICEF JMP, 2010

Source: WHO/UNICEF JMP, 2010

Source: WHO/UNICEF JMP, 2010

EQUITY

Coverage gap by wealth quintile
Average of eight key indicators

Source: WHO/UNICEF JMP, 2010

Source: WHO/UNICEF JMP, 2010

Source: WHO/UNICEF JMP, 2010

Financial Flows and Human Resources
Per capita total expenditure on health (US$) --
General government expenditure on health as % of total government expenditure (%) --
Out-of-pocket expenditure as % of total expenditure on health (%) --
Density of health workers (per 10,000 population) 74.1 (2003)
Official Development Assistance to child health per child (US$) 3 (2007)
Official Development Assistance to maternal and neonatal health per live birth (US$) 9 (2007)
National availability of Emergency Obstetric Care services (% of recommended minimum) --

Source: Countdown to 2015

2010 Report

Korea, Democratic People's Republic of
### MATERNAL AND NEWBORN HEALTH

- **Adolescent birth rate** (births per 1,000 women) 110 (2005)
- **Unmet need for family planning (%)** 40 (2000)
- **Antenatal visits for woman (4 or more visits, %)** ---
- **Intermittent preventive treatment for malaria (%)** 1 (2006)
- **C-section rate (total, urban, rural, %)** (Minimum target is 5% and maximum target is 15%) ---, ---, ---
- **Early initiation of breastfeeding (within 1 hr of birth, %)** 30 (2006)
- **Postnatal visit for baby (within 2 days for home births, %)** ---

#### Causes of maternal deaths
Regional estimates for South East Asia, 1997-2007

- **Embolism** 2%
- **Sepsis** 8%
- **Abortion** 9%
- **Other direct** 10%
- **Hypertension** 17%
- **Indirect** 22%
- **Haemorrhage** 32%

#### Coverage along the continuum of care

- **Contraceptive prevalence rate**
- **Antenatal visit (1 or more)**
- **Skilled attendant at birth**
- ***Postnatal care**
- **Exclusive breastfeeding**
- **Measles**

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

<table>
<thead>
<tr>
<th>Year</th>
<th>MICS</th>
<th>2000</th>
<th>2006</th>
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<td>27</td>
<td>35</td>
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</tbody>
</table>

#### Skilled attendant at delivery
Percent live births attended by skilled health personnel

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<th>Year</th>
<th>MICS</th>
<th>2000</th>
<th>2006</th>
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<td>20</td>
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#### Neontal tetanus protection
Percent of newborns protected against tetanus

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### WATER AND SANITATION

#### Water
Percent population using improved drinking water sources

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<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>37</td>
<td>44</td>
<td>51</td>
</tr>
<tr>
<td>2008</td>
<td>57</td>
<td>51</td>
<td>57</td>
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</tbody>
</table>

#### Sanitation
Percent population using improved sanitation facilities

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>10</td>
<td>18</td>
<td>38</td>
</tr>
<tr>
<td>2008</td>
<td>63</td>
<td>68</td>
<td>86</td>
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</tbody>
</table>

### EQUITY

- **Coverage gap by wealth quintile**
  Average of eight key indicators

#### Policies

- **International Code of Marketing of Breastmilk Substitutes** Partial
- **New ORS formula and zinc for management of diarrhoea** Partial
- **Community treatment of pneumonia with antibiotics** Partial
- **IMCI adapted to cover newborns 0-1 week of age** No
- **Costed implementation plan(s) for maternal, newborn and child health available** Yes
- **Midwives be authorised to administer a core set of life saving interventions** Partial
- **Maternity protection in accordance with ILO Convention 183** No
- **Specific notification of maternal deaths** Partial

#### Financial Flows and Human Resources

- **Per capita total expenditure on health (US$)** 84 (2007)
- **General government expenditure on health as % of total government expenditure (%)** 4 (2007)
- **Out-of-pocket expenditure as % of total expenditure on health (%)** 62 (2007)
- **Density of health workers (per 10,000 population)** 13.2 (2004)
- **Official Development Assistance to child health per child (US$)** 7 (2007)
- **Official Development Assistance to maternal and neonatal health per live birth (US$)** 25 (2007)
- **National availability of Emergency Obstetric Care services (% of recommended minimum)** ---

**Lao People’s Democratic Republic**
Lesotho

**Maternal, Newborn & Child Survival**

**Demographics**

- Total population (000) 2,049 (2008)
- Total under-five population (000) 272 (2008)
- Births (000) 59 (2008)
- Birth registration (%) 26 (2004)
- Under-five mortality rate (per 1000 live births) 79 (2008)
- Infant mortality rate (per 1000 live births) 63 (2008)
- Neonatal mortality rate (per 1000 live births) 37 (2008)
- Total under-five deaths (000) 5 (2008)
- Maternal mortality ratio (per 100,000 live births) 960 (2005)
- Lifetime risk of maternal death (1 in N) 45 (2005)
- Total maternal deaths 480 (2005)

**Under-five Mortality Rate**

Deaths per 1000 live births

- Source: UNICEF 2009

**Causes of under-five deaths, 2008**

Globally more than one third of child deaths are attributable to undernutrition

- Neonatal death 48%
- Pneumonia 11%
- Diarrhoea 2%
- Other neonatal causes 13%

**Intervention Coverage for Mothers, Newborns and Children**

**Nutrition**

- Stunting prevalence (moderate and severe, %) 42 (2007)
- Wasting prevalence (moderate and severe, %) 2 (2007)
- Complementary feeding rate (6-9 months, %) 79 (2004)
- Low birthweight incidence (%) 13 (2004)

**Underweight Prevalence**

Percent children < 5 years underweight for age*

- Based on 2006 WHO reference population

**Exclusive Breastfeeding**

Percent infants < 6 months exclusively breastfed

**Vitamin A Supplementation**

Percent children 6-59 months receiving two doses of vitamin A during calendar year

**Child Health**

**Immunization**

- Percent of children immunised against measles
- Percent of children immunised with 3 doses DPT
- Percent of children immunised with 3 doses Hib

**Malaria Prevention**

Percent children < 5 years sleeping under ITNs*

- **Very limited risk of malaria transmission**

**Diarrhoeal Disease Treatment**

Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding

**Malaria Treatment**

Percent febrile children < 5 years using antimalarials*

- **Very limited risk of malaria transmission**

**Pneumonia Treatment**

- Percent children < 5 years with suspected pneumonia taken to appropriate health provider
- Percent children < 5 years with suspected pneumonia receiving antibiotics

**Causes of under-five deaths, 2008**

- Neonatal death 48%
- Pneumonia 11%
- Diarrhoea 2%
- Other neonatal causes 13%

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

Percent HIV+ pregnant women receiving ARVs for PMTCT

**Other Direct**

- Other child health

**Other Indirect**

- Other water and sanitation

**Other 5%**

- Other

**Obstetrics**

- Antenatal visits for woman (4 or more visits, %)
- Early initiation of breastfeeding (within 1 hr of birth, %)
- C-section rate (total, urban, rural)
- Intermittent preventive treatment for malaria (%)
- Unmet need for family planning (%)
- Adolescent birth rate (births per 1,000 women)

**Malaria Prevention**

- Percent children < 5 years sleeping under ITNs*

**Infections**

- Malaria
- Other 5%
- Conjugal 8%
- Congenital 8%
- Infection 25%

**Deaths per 1000 live births**

- Source: DHS, MICS, Other NS
Liberia

**DEMOGRAPHICS**

- Total population (000) 3,793 (2008)
- Total under-five population (000) 619 (2008)
- Births (000) 145 (2008)
- Birth registration (%) 4 (2007)
- Under-five mortality rate (per 1000 live births) 145 (2008)
- Infant mortality rate (per 1000 live births) 100 (2008)
- Neonatal mortality rate (per 1000 live births) 44 (2008)
- Total under-five deaths (000) 20 (2008)
- Maternal mortality ratio (per 100,000 live births) 1,200 (2005)
- Lifetime risk of maternal death (1 in N) 12 (2005)
- Total maternal deaths 2,100 (2005)

**CAUSES OF UNDER-FIVE DEATHS, 2008**

- Globally more than one third of child deaths are attributable to undernutrition

**INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN**

**NUTRITION**

- Stunting prevalence (moderate and severe, %) 39 (2007)
- Wasting prevalence (moderate and severe, %) 8 (2007)
- Complementary feeding rate (6-9 months, %) 62 (2007)
- Low birthweight incidence (%) 8 (2007)
- Birth registration (%) 4 (2007)

**Vitamin A supplementation**

- Percent children 6-59 months receiving two doses of vitamin A (Minimum target is 5% and maximum target is 15%)

**CHILD HEALTH**

**Immunization**

- Percent children immunised against measles
- Percent children immunised with 3 doses DPT
- Percent children immunised with 3 doses Hib

**Malaria prevention**

- Percent children < 5 years sleeping under ITNs

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

- Percent HIV+ pregnant women receiving ARVs for PMTCT

**Diarrhoeal disease treatment**

- Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding

**Malaria treatment**

- Percent febrile children < 5 years using antimalarials

**Pneumonia treatment**

- Percent children < 5 years with suspected pneumonia taken to appropriate health provider
- Percent children < 5 years with suspected pneumonia receiving antibiotics

---

*Source: WHO/UNICEF*
### Maternal and Newborn Health

- **Adolescent birth rate (births per 1,000 women):** 177 (2007)
- **Unmet need for family planning (%):** 36 (2007)
- **Antenatal visits for woman (4 or more visits, %):** 66 (2007)
- **Interruption of treatment for malaria (%):** 45 (2009)
- **C-section rate (total, urban, rural, %):** Minimum target is 5% and maximum target is 15% (2007)
- **Early initiation of breastfeeding (within 1 hr of birth, %):** 67 (2007)
- **Postnatal visit for baby (within 2 days for home births, %):** ---

### Causes of maternal deaths

Regional estimates for Sub-Saharan Africa, 1997-2007

- **Sepsis:** 9%
- **Abortion:** 1%
- **Other direct:** 11%
- **Indirect:** 17%
- **Hypertension:** 19%
- **Haemorrhage:** 34%
- **Embolism:** 1%
- **Other:** 2%

### Coverage along the continuum of care

- **Contraceptive prevalence rate:** 79 (2007)
- **Antenatal visit (1 or more):** 46 (2007)
- **Skilled attendant at birth:** 60 (2007)
- ***Postnatal care:** 29 (2007)
- **Exclusive breastfeeding:** 64 (2007)
- **Measles:** 100 (2007)

### Child Health

#### Intervention Coverage for Mothers, Newborns and Children

- **Percent children < 5 years underweight for age**:
  - Underweight prevalence
  - 1990: 23
  - 1994: 20
  - 1998: 17
  - 2002: 14
  - 2006: 12
  - 2008: 10

- **Percent children 6-59 months receiving two doses of vitamin A**:
  - 2005: 20
  - 2006: 20
  - 2007: 20

- **Percent children < 5 years with suspected pneumonia taken to appropriate health provider**:
  - 2007: 21

### Water and Sanitation

- **Water:** Percent population using improved drinking water sources
  - Rural
  - 1990: 34
  - 2008: 68
  - 2010 Report

### Sanitation

- **Sanitation:** Percent population using improved sanitation facilities
  - Rural
  - 1990: 3
  - 2008: 25

### Policies

- **International Code of Marketing of Breastmilk Substitutes:** No
- **New ORS formula and zinc for management of diarrhoea:** Yes
- **Community treatment of pneumonia with antibiotics:** Partial
- **IMCI adapted to cover newborns 0-1 week of age:** Yes
- **Costed implementation plan(s) for maternal, newborn and child health available:** Yes
- **Midwives be authorised to administer a core set of life saving interventions:** Yes
- **Maternity protection in accordance with ILO Convention 183:** No
- **Specific notification of maternal deaths:** Partial

### Systems

#### Financial Flows and Human Resources

- **Per capita total expenditure on health (US$):** 39 (2007)
- **General government expenditure on health as % of total government expenditure (%):** 17 (2007)
- **Out-of-pocket expenditure as % of total expenditure on health (%):** 39 (2007)
- **Density of health workers (per 10,000 population):** 2.8 (2008)
- **Official Development Assistance to child health per child (US$):** 22 (2007)
- **Official Development Assistance to maternal and neonatal health per live birth (US$):** 67 (2007)
- **National availability of Emergency Obstetric Care services (% of recommended minimum):** ---

### EQUITY

#### Coverage gap by wealth quintile

Average of eight key indicators

- **Coverage gap:**
  - 2007: 67
- **Mean coverage:**
  - 2007: 72

---

Liberia

Countdown to 2015
2010 Report
**DEMOGRAPHICS**

Total population (000) 19,111 (2008)
Total under-five population (000) 3,060 (2008)
Births (000) 687 (2008)
Birth registration (%) 75 (2003-04)
Under-five mortality rate (per 1000 live births) 106 (2008)
Infant mortality rate (per 1000 live births) 68 (2008)
Neonatal mortality rate (per 1000 live births) 35 (2008)
Total under-five deaths (000) 71 (2008)
Maternal mortality ratio (per 100,000 live births) 510 (2005)
Maternal mortality rate (1 in N) 38 (2005)
Total maternal deaths 3,600 (2005)

**INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN**

**NUTRITION**

- **Stunting prevalence** (moderate and severe, %) 53 (2003-04)
- **Wasting prevalence** (moderate and severe, %) 15 (2003-04)
- **Complementary feeding rate** (6-9 months, %) 78 (2003-04)
- **Low birthweight incidence** (%) 17 (2003-04)

**Underweight prevalence**

<table>
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<tr>
<th>Year</th>
<th>DHS</th>
<th>MICS</th>
<th>2003-2004</th>
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<td>1992</td>
<td>36</td>
<td>38</td>
<td>36</td>
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<td>1997</td>
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*Based on 2006 WHO reference population

**Exclusive breastfeeding**

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<th>DHS</th>
<th>MICS</th>
<th>2003-2004</th>
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<tr>
<td>1992</td>
<td>38</td>
<td>48</td>
<td>41</td>
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<td>1997</td>
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<td>2008</td>
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**Vitamin A supplementation**

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<tr>
<th>Year</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
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**IMMUNIZATION**

- **Percent of children immunised against measles**
- **Percent of children immunised with 3 doses DPT**
- **Percent of children immunised with 3 doses Hib**

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</thead>
<tbody>
<tr>
<td>DHS</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MICS</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MALARIA PREVENTION**

- **Percent children < 5 years sleeping under ITNs**

<table>
<thead>
<tr>
<th>Year</th>
<th>2000</th>
<th>2008-2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS</td>
<td>0</td>
<td>46</td>
</tr>
<tr>
<td>MICS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- **Percent HIV+ pregnant women receiving ARVs for PMTCT**

<table>
<thead>
<tr>
<th>Year</th>
<th>2004</th>
<th>2005</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>MICS</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**DIARRHEAL DISEASE TREATMENT**

- **Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding**

<table>
<thead>
<tr>
<th>Year</th>
<th>2000</th>
<th>2003-2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS</td>
<td>47</td>
<td>47</td>
</tr>
<tr>
<td>MICS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PNEUMONIA TREATMENT**

- **Percent children < 5 years with suspected pneumonia taken to appropriate health provider**
- **Percent children < 5 years with suspected pneumonia receiving antibiotics**

<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS</td>
<td>42</td>
<td>20</td>
<td>37</td>
<td>47</td>
<td>48</td>
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<tr>
<td>MICS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**MATERNAL AND NEWBORN HEALTH**

- **Adolescent birth rate (births per 1,000 women)**: 148 (2008)
- **Unmet need for family planning (%)**: 24 (2003-04)
- **Antenatal visits for woman (4 or more visits, %)**: 49 (2008-09)
- **Interruption of treatment for malaria (%)**: 6 (2008-09)
- **C-section rate (total, urban, rural, %)**: Minimum target is 5% and maximum target is 15% (2003-04)
- **Early initiation of breastfeeding (within 1 hour of birth, %)**: 62 (2003-04)
- **Postnatal visit for baby (within 2 days for home births, %)**: 1

**Causes of maternal deaths**

Regional estimates for Sub-Saharan Africa, 1997-2007

- **Sepsis**: 22%
- **Embolism**: 4%
- **Abortion**: 9%
- **Haemorrhage**: 34%
- **Indirect**: 17%
- **Hypertension**: 19%
- **Other direct**: 11%

**Coverage along the continuum of care**

- **Contraceptive prevalence rate**: 40 (2003-04)
- **Antenatal visit (1 or more)**: 41 (2003-04)
- **Skilled attendant at birth**: 67 (2003-04)
- ***Postnatal care***
  - Exclusive breastfeeding: 81 (2003-04)

**Water and Sanitation**

**Water**

- **Percent population using improved drinking water sources**
  - Rural
  - Urban
  - Total

**Sanitation**

- **Percent population using improved sanitation facilities**
  - Rural
  - Urban
  - Total

**EQUITY**

**Coverage gap by wealth quintile**

- **Average of eight key indicators**

**Policies**

- **International Code of Marketing of Breastmilk Substitutes**: Yes
- **New ORS formula and zinc for management of diarrhoea**: Yes
- **Community treatment of pneumonia with antibiotics**: Yes
- **IMCI adapted to cover newborns 0-1 week of age**: Yes
- **Costed implementation plan(s) for maternal, newborn and child health available**: Yes
- **Midwives be authorised to administer a core set of life saving interventions**: Yes
- **Maternity protection in accordance with ILO Convention 183**: No
- **Specific notification of maternal deaths**: Partial

**Financial Flows and Human Resources**

- **Per capita total expenditure on health (US$)**: 41 (2007)
- **General government expenditure on health as % of total government expenditure (%)**: 15 (2007)
- **Out-of-pocket expenditure as % of total expenditure on health (%)**: 23 (2007)
- **Density of health workers (per 10,000 population)**: 4.8 (2007)
- **Official Development Assistance to child health per child (US$)**: 10 (2007)
- **Official Development Assistance to maternal and neonatal health per live birth (US$)**: 17 (2007)
- **National availability of Emergency Obstetric Care services (% of recommended minimum)**: 30 (2002-2003)

**Systems**

**Madagascar**

- **Countdown to 2015**
- **2010 Report**
### Malawi

#### Demographics

- **Total population (000):** 14,846 (2008)
- **Total under-five population (000):** 2,591 (2008)
- **Births (000):** 599 (2008)
- **Birth registration (%):** ---
- **Stunting prevalence (moderate and severe, %):** Based on 2006 WHO reference population
- **Under-five mortality rate (deaths per 1000 live births):**
  - **1990:** 225
  - **1995:** 200
  - **2000:** 175
  - **2005:** 150
  - **2010:** 125
  - **2015:** 100

#### Causes of under-five deaths, 2008

- **Pneumonia:** 11%
- **Diarrhoea:** 11%
- **Infections:** 2%
- **Measles:** 0%
- **HIV/AIDS:** 14%
- **Neonatal deaths:**
  - **Tetanus:** 1%
  - **Prematurity:** 26%
  - **Asphyxia:** 26%
  - **Congenital anomalies:** 8%
  - **Hypertension:** 3%
  - **Other:** 15%

#### Under-five mortality rate

Deaths per 1000 live births

- **Source:** UNESCO 2009

#### INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN

### Nutrition

- **Stunting prevalence (moderate and severe, %):** 53 (2006)
- **Wasting prevalence (moderate and severe, %):** 4 (2006)
- **Complementary feeding rate (6-9 months, %):** 89 (2006)
- **Low birthweight incidence (%):**
  - **1990:** 20
  - **2000:** 15
  - **2006:** 10

#### Immunization

- **Percent of newborns protected against tetanus:**
  - **1990:** 0
  - **2000:** 20
  - **2005:** 40
  - **2008:** 60

#### Malaria Prevention

- **Percent children < 5 years sleeping under ITNs:**
  - **2000:** 3
  - **2004:** 15
  - **2006:** 25

#### Vitamin A Supplementation

- **Percent children 6-59 months receiving two doses of vitamin A during calendar year:**
  - **2005:** 86
  - **2006:** 89
  - **2007:** 90
  - **2008:** 95

#### Pneumonia Treatment

- **Percent children < 5 years with suspected pneumonia taken to appropriate health provider:**
  - **1990:** 0
  - **1994:** 20
  - **1998:** 40
  - **2002:** 60

#### Child Health

- **Birth registration (%):**
  - **1990:** 100
  - **2000:** 100
  - **2004:** 100
  - **2006:** 100
- **Births (000):**
  - **1990:** 1,100
  - **2000:** 700
  - **2004:** 599
  - **2006:** 1,100

- **Total maternal deaths:** 6,000 (2005)
- **Total under-five deaths (000):**
  - **1990:** 1,100
  - **2000:** 700
  - **2004:** 599
  - **2006:** 1,100

- **Neonatal mortality rate (per 1000 live births):**
  - **1990:** 18
  - **2000:** 15
  - **2004:** 16
  - **2006:** 15

- **Infant mortality rate (per 1000 live births):**
  - **1990:** 56
  - **2000:** 59
  - **2004:** 65
  - **2006:** 65

- **Total maternal deaths:**
  - **1990:** 20
  - **2000:** 24
  - **2004:** 24
  - **2006:** 25

#### Water and Sanitation Equity

- **Percent population using improved sanitation facilities:**
  - **1990:** 33
  - **2000:** 44
  - **2004:** 53
  - **2006:** 59

#### Preventive Health Services

- **Percent children under 5 years vaccinated for tetanus:**
  - **1990:** 100
  - **2000:** 100
  - **2004:** 100
  - **2006:** 100

- **Percent children under 5 years vaccinated for polio:**
  - **1990:** 0
  - **2000:** 0
  - **2004:** 0
  - **2006:** 0

- **Percent of births attended by skilled personnel:**
  - **1990:** 100
  - **2000:** 100
  - **2004:** 100

#### Causes of Neonatal Deaths

- **Asphyxia:** 26%
- **Congenital anomalies:** 8%
- **Hypertension:** 3%
- **Other:** 15%

#### Immunization System Policies

- **Density of health workers (per 10,000 population):**
  - **1990:** 37
  - **2000:** 57
  - **2006:** 56

#### Specific notification of maternal deaths

- **Skilled attendant at delivery:** Yes

#### Official Development Assistance to maternal and child health

- **Official Development Assistance to maternal health:**
  - **1990:** 19
  - **2000:** 37
  - **2005:** 50

- **Official Development Assistance to child health:**
  - **1990:** 19
  - **2000:** 37
  - **2005:** 50

- **Skilled birth attendant availability:** Yes

#### Density of health workers (per 10,000 population)

- **1990:** 37
- **2000:** 57
- **2006:** 56

- **Percent of newborns protected against tetanus:**
  - **1990:** 100
  - **2000:** 100
  - **2004:** 100
  - **2006:** 100

- **Percent of children < 5 years sleeping under ITNs:**
  - **1990:** 0
  - **2000:** 20
  - **2004:** 40
  - **2006:** 60

- **Percent of children < 5 years with suspected pneumonia taken to appropriate health provider:**
  - **1990:** 0
  - **1994:** 20
  - **1998:** 40
  - **2002:** 60

- **Percent of children < 5 years vaccinated for tetanus:**
  - **1990:** 100
  - **2000:** 100
  - **2004:** 100
  - **2006:** 100

- **Percent of children < 5 years vaccinated for polio:**
  - **1990:** 0
  - **2000:** 0
  - **2004:** 0
  - **2006:** 0

- **Percent of children < 5 years using antimalarials:**
  - **1990:** 0
  - **1994:** 20
  - **1998:** 40
  - **2002:** 60

- **Percent of children < 5 years using appropriate health provider:**
  - **1990:** 0
  - **1994:** 20
  - **1998:** 40
  - **2002:** 60

- **Percent of children < 5 years using appropriate health provider:**
  - **1990:** 0
  - **1994:** 20
  - **1998:** 40
  - **2002:** 60

- **Percent of children < 5 years using antibiotics:**
  - **1990:** 0
  - **1994:** 20
  - **1998:** 40
  - **2002:** 60
MATERNAL AND NEWBORN HEALTH

Adolescent birth rate (births per 1,000 women) 190 (2004)
Unmet need for family planning (%) 31 (2006)
Antenatal visits for woman (4 or more visits, %) 35 (2006)
Interruption preventive treatment for malaria (%) 4 (2006)
C-section rate (total, urban, rural, %) 2, 4, 1 (2006)
Early initiation of breastfeeding (within 1 hr of birth, %) 46 (2006)
Postnatal visit for baby (within 2 days for home births, %) ---

Causes of maternal deaths
Regional estimates for Sub-Saharan Africa, 1997-2007

Coverage along the continuum of care

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

Skilled attendant at delivery
Percent live births attended by skilled health personnel

Neonatal tetanus protection
Percent of newborns protected against tetanus

Water and sanitation

Water
Percent population using improved drinking water sources

Sanitation
Percent population using improved sanitation facilities

EQUITY

Coverage gap by wealth quintile
Average of eight key indicators

POLICIES

International Code of Marketing of Breastmilk Substitutes Partial
New ORS formula and zinc for management of diarrhoea Partial
Community treatment of pneumonia with antibiotics Yes
IMCI adapted to cover newborns 0-1 week of age Yes
Costed implementation plan(s) for maternal, newborn and child health available Yes
Midwives be authorised to administer a core set of life saving interventions Partial
Maternity protection in accordance with ILO Convention 183 Yes
Specific notification of maternal deaths Yes

SYSTEMS

Financial Flows and Human Resources
Per capita total expenditure on health (US$) 67 (2007)
General government expenditure on health as % of total government expenditure (%) 12 (2007)
Out-of-pocket expenditure as % of total expenditure on health (%) 48 (2007)
Density of health workers (per 10,000 population) 2.7 (2007)
Official Development Assistance to child health per child (US$) 13 (2007)
Official Development Assistance to maternal and neonatal health per live birth (US$) 23 (2007)
National availability of Emergency Obstetric Care services (% of recommended minimum) 38 (2003)
Mauritania

**DEMOGRAPHICS**

- Total population (000) 3,215 (2008)
- Total under-five population (000) 475 (2008)
- Births (000) 108 (2008)
- Birth registration (%) 56 (2007)
- Under-five mortality rate (per 1000 live births) 118 (2008)
- Infant mortality rate (per 1000 live births) 75 (2008)
- Neonatal mortality rate (per 1000 live births) 45 (2008)
- Total under-five deaths (000) 12 (2008)
- Maternal mortality ratio (per 100,000 live births) 820 (2005)
- Maternal mortality (per 100,000 live births) 22 (2005)
- Total maternal deaths 1,000 (2005)

**INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN**

**NUTRITION**

- Stunting prevalence (moderate and severe, %) 32 (2006)
- Wasting prevalence (moderate and severe, %) 12 (2006)

**Underweight prevalence**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Rate</td>
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<td>20</td>
<td>30</td>
<td>25</td>
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</table>

**Exclusive breastfeeding**

<table>
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<tr>
<th>Year</th>
<th>2000-2001</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>20</td>
<td>11</td>
<td>16</td>
</tr>
</tbody>
</table>

**Complementary feeding rate (6-9 months, %)**

- 72 (2008)

**Low birthweight incidence (%)**

- 34 (2007)

**Vitamin A supplementation**

- Percent children 6-59 months receiving two doses of vitamin A during calendar year

**CHILD HEALTH**

**Immunization**

- Percent of children immunised against measles
- Percent of children vaccinated with 3 doses DPT
- Percent of children vaccinated with 3 doses Hib

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<tr>
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</thead>
<tbody>
<tr>
<td>Rate</td>
<td>74</td>
<td>68</td>
<td>76</td>
<td>76</td>
<td>75</td>
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</tbody>
</table>

**Malaria prevention**

- Percent children < 5 years sleeping under ITNs*

<table>
<thead>
<tr>
<th>Year</th>
<th>2003-2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Year</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>50</td>
<td>40</td>
<td>30</td>
<td>20</td>
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</tbody>
</table>

**Diarrhoeal disease treatment**

- Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding

<table>
<thead>
<tr>
<th>Year</th>
<th>2000-2001</th>
<th>2007</th>
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</thead>
<tbody>
<tr>
<td>Rate</td>
<td>9</td>
<td>32</td>
</tr>
</tbody>
</table>

**Malaria treatment**

- Percent febrile children < 5 years using antimalarials*

<table>
<thead>
<tr>
<th>Year</th>
<th>2003-2004</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>39</td>
<td>21</td>
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</tbody>
</table>

**Pneumonia treatment**

- Percent children < 5 years with suspected pneumonia taken to appropriate health provider

<table>
<thead>
<tr>
<th>Year</th>
<th>2000-2001</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>41</td>
<td>24</td>
</tr>
</tbody>
</table>

*Based on 2006 WHO reference population
MATERNAL AND NEWBORN HEALTH

Adolescent birth rate (births per 1,000 women) 88 (2002)
Unmet need for family planning (%) 32 (2000-01)
Antenatal visits for woman (4 or more visits, %) 16 (2000-01)
Interventions prevented for malaria (%) ---
C-section rate (total, urban, rural, %) (Minimum target is 5% and maximum target is 15%) 3.6, 1 (2000-01)
Early initiation of breastfeeding (within 1 hr of birth, %) 60 (2008)
Postnatal visit for baby (within 2 days for home births, %) ---

Causes of maternal deaths
Regional estimates for Sub-Saharan Africa, 1997-2007

Coverage along the continuum of care

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

Skilled attendant at delivery
Percent live births attended by skilled health personnel

Neonatal tetanus protection
Percent of new borns protected against tetanus

WATER AND SANITATION

Water
Percent population using improved drinking water sources

Sanitation
Percent population using improved sanitation facilities

EQUITY

Coverage gap by wealth quintile
Average of eight key indicators

POLICIES

International Code of Marketing of Breastmilk Substitutes No
New ORS formula and zinc for management of diarrhoea No
Community treatment of pneumonia with antibiotics No
IMCI adapted to cover newborns 0-1 week of age No
Costed implementation plan(s) for maternal, newborn and child health available No
Midwives be authorised to administer a core set of life saving interventions Yes
Maternity protection in accordance with ILO Convention 183 Partial
Specific notification of maternal deaths Partial

SYSTEMS

Financial Flows and Human Resources
Per capita total expenditure on health (US$) 47 (2007)
General government expenditure on health as % of total government expenditure (%) 5 (2007)
Out-of-pocket expenditure as % of total expenditure on health (%) 35 (2007)
Density of health workers (per 10,000 population) 8.0 (2009)
Official Development Assistance to child health per child (US$) 6 (2007)
Official Development Assistance to maternal and neonatal health per live birth (US$) 27 (2007)
National availability of Emergency Obstetric Care services (% of recommended minimum) 31 (2000)
**Mexico**

### DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Total population (000)</th>
<th>108,555 (2008)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total under-five population (000)</td>
<td>10,281 (2008)</td>
</tr>
<tr>
<td>Births (000)</td>
<td>2,049 (2008)</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>---</td>
</tr>
<tr>
<td>Under-five mortality rate (per 1000 live births)</td>
<td>17 (2008)</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>15 (2008)</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>7 (2008)</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>36 (2008)</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100,000 live births)</td>
<td>60 (2005)</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>670 (2005)</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>1,300 (2008)</td>
</tr>
</tbody>
</table>

### NUTRITION

**Underweight prevalence**

- Percent children < 5 years underweight for age: 3

**Exclusive breastfeeding**

- Percent infants < 6 months exclusively breastfed: 38

**Vitamin A supplementation**

No data

### CHILD HEALTH

#### Immunization

- Percent of children immunised against measles
- Percent of children immunised with 3 doses DPT
- Percent of children immunised with 3 doses Hib

#### Malaria prevention

- Percent children < 5 years sleeping under ITNs: 96%

#### Malaria treatment

- Percent febrile children < 5 years using antimalarials: 96%

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

- Percent HIV+ pregnant women receiving ARVs for PMTCT: 8%

#### Diarrhoeal disease treatment

No data

#### Pneumonia treatment

No data

### INTERVENTION COVERAGE FOR MOTHERS, NEWBORNs AND CHILDREN

#### NUTRITION

- Stunting prevalence (moderate and severe, %): ---
- Wasting prevalence (moderate and severe, %): ---

#### COMPLEMENTARY FEEDING RATE (6-9 months, %) 36 (1987)

#### LOW BIRTHWEIGHT INCIDENCE (%) 8 (2006)

#### EXCLUSIVE BREASTFEEDING

Percent infants < 6 months exclusively breastfed: 38

#### VITAMIN A SUPPLEMENTATION

No data

#### IMMUNIZATION

- Percent of children immunised against measles: 96%
- Percent of children immunised with 3 doses DPT: 96%
- Percent of children immunised with 3 doses Hib: 96%

#### MALARIA PREVENTION

- Percent children < 5 years sleeping under ITNs: 96%

#### MALARIA TREATMENT

- Percent febrile children < 5 years using antimalarials: 96%

#### PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV

- Percent HIV+ pregnant women receiving ARVs for PMTCT: 8%

#### DIARRHEAŁ DISEASE TREATMENT

No data

#### PNEUMONIA TREATMENT

No data

### CAUSES OF UNDER-FIVE DEATHS, 2008

Globally more than one third of child deaths are attributable to undernutrition.

#### CAUSES OF NEONATAL DEATHS

- Diarrhoea: 41%
- Other: 35%
- Infections: 17%
- Prematurity: 24%
- Congenital disorders: 9%
- Other: 8%

### WATER AND SANITATION EQUITY

- Percent population using improved sanitation facilities: 100%

### SYSTEMS

- Percent skilled health personnel attended at least once by a woman aged 15-49 years: 100%

### POLICIES

- Per capita total expenditure on health (US$): 819

### COSTED IMPLEMENTATION PLAN(S) FOR MATERNAL, NEWBORN AND CHILD HEALTH AVAILABLE

<table>
<thead>
<tr>
<th>Year</th>
<th>Plan(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
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</tr>
<tr>
<td>1994</td>
<td>No</td>
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<td>No</td>
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<td>2005</td>
<td>Yes</td>
</tr>
<tr>
<td>2006</td>
<td>Yes</td>
</tr>
<tr>
<td>2007</td>
<td>Yes</td>
</tr>
<tr>
<td>2008</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### UNMET NEED FOR FAMILY PLANNING (%)

- Minimum target is 5% and maximum target is 15%

### ADULT MORTALITY RATE (M) 12 (2005)

### INFANT MORTALITY RATE (M) 24 (2005)

### UNDER-FIVE MORTALITY RATE (M) 48 (2005)

### DEATHS PER 1000 LIVE BIRTHS

- Under-five mortality rate: 17
- Neonatal mortality rate: 15
- Infant mortality rate: 17
- Maternal mortality ratio: 60

### Source

Source: IGME 2009

Source: WHO/UNICEF JMP, 2010

Source: WHO 2010

Source: UNICEF/UNAIDS/WHO

Source: WHO/CHERG 2010

Source: WHO/UNICEF 2010
MATERNAL AND NEWBORN HEALTH

Adolescent birth rate (births per 1,000 women) 90 (2008)
Unmet need for family planning (%) 12 (2006)
Antenatal visits for woman (4 or more visits, %) ---
Intermittent preventive treatment for malaria (%) NA*
C-section rate (total, urban, rural, %) (Minimum target is 5% and maximum target is 15%) 38, ---, --- (2006)
Early initiation of breastfeeding (within 1 hr of birth, %) ---
Postnatal visit for baby (within 2 days for home births, %) ---

Based on 2006 WHO reference population

DEMOGRAPHICS

Underweight prevalence

therapy or increased fluids, with continued feeding

Percent of children immunised with 3 doses DPT

Percent of children immunised against measles

Immunization

Percent

0
20
40
60
80
100


No data

Other NS

2005

3

Source: IGME 2009

Source: WHO/UNICEF JMP, 2010

Other NS

1987

DHS

84

1990

96

2008

4
discussion

Source: WHO 2010

Source: WHO/UNICEF

WATER AND SANITATION

Water

Percent population using improved drinking water sources

Sanitation

Percent population using improved sanitation facilities

Coverage gap by wealth quintile

Average of eight key indicators

No data

Policies

International Code of Marketing of Breastmilk Substitutes Partial
New ORS formula and zinc for management of diarrhoea Partial
Community treatment of pneumonia with antibiotics Yes
IMCI adapted to cover newborns 0-1 week of age No
Costed implementation plan(s) for maternal, newborn and child health available Yes
Midwives be authorised to administer a core set of life saving interventions No
Maternity protection in accordance with ILO Convention 183 Partial
Specific notification of maternal deaths Yes

Financial Flows and Human Resources

Per capita total expenditure on health (US$) 819 (2007)
General government expenditure on health as % of total government expenditure (%) 16 (2007)
Out-of-pocket expenditure as % of total expenditure on health (%) 51 (2007)
Density of health workers (per 10,000 population) 88 (2004)
Official Development Assistance to child health per child (US$) 0 (2007)
Official Development Assistance to maternal and neonatal health per live birth (US$) 1 (2007)
National availability of Emergency Obstetric Care services (% of recommended minimum) ---
**Maternal and Newborn Health**

**Adolescent birth rate (births per 1,000 women)**: 18 (2005)

**Unmet need for family planning (%)**: 10 (2003-04)

**Antenatal visits for woman (4 or more visits, %)**: 31 (2003-04)

**Intermittent preventive treatment for malaria (%)**: NA*

**C-section rate (total, urban, rural, %)**: 5, 9, (2003-04)

**Early initiation of breastfeeding (within 1 hr of birth, %)**: 52 (2003-04)

**Postnatal visit for baby (within 2 days for home births, %)**: 52 (2003-04)

**C-section rate (total, urban, rural, %)**: 5, 9, (2003-04)

**Early initiation of breastfeeding (within 1 hr of birth, %)**: 52 (2003-04)

**Postnatal visit for baby (within 2 days for home births, %)**: 52 (2003-04)

**Skilled attendant at delivery**

Percent live births attended by skilled health personnel

**Neonatal tetanus protection**

Percent of newborns protected against tetanus

**Water and Sanitation**

**Water**

Percent population using improved drinking water sources

**Sanitation**

Percent population using improved sanitation facilities

**Coverage gap by wealth quintile**

Average of eight key indicators

**Policies**

- International Code of Marketing of Breastmilk Substitutes: No
- New ORS formula and zinc for management of diarrhea: No
- Community treatment of pneumonia with antibiotics: No
- IMCI adapted to cover newborns 0-1 week of age: Yes
- Costed implementation plan(s) for maternal, newborn and child health available: Partial
- Midwives be authorised to administer a core set of life saving interventions: ---
- Maternity protection in accordance with ILO Convention 183: No
- Specific notification of maternal deaths: Yes

**EQUITY**

**SYSTEMS**

**Financial Flows and Human Resources**

- Per capita total expenditure on health (US$): 202 (2007)
- General government expenditure on health as % of total government expenditure (%): 6 (2007)
- Out-of-pocket expenditure as % of total expenditure on health (%): 57 (2007)
- Density of health workers (per 10,000 population): 13.4 (2007)
- National availability of Emergency Obstetric Care services (% of recommended minimum): 69 (2000)
**Mozambique**

### DEMOGRAPHICS

- Total population (000) 22,383 (2008)
- Total under-five population (000) 3,820 (2008)
- Births (000) 876 (2008)
- Birth registration (%) 31 (2008)
- Under-five mortality rate (per 1000 live births) 110 (2008)
- Infant mortality rate (per 1000 live births) 90 (2008)
- Neonatal mortality rate (per 1000 live births) 43 (2008)
- Total under-five deaths (000) 110 (2008)
- Maternal mortality rate (per 1000 live births) 5 (2005)
- Maternal mortality ratio (per 100,000 live births) 520 (2005)
- Lifetime risk of maternal death (1 in N) 45 (2005)
- Total maternal deaths 6,000 (2005)

### UNDER-FIVE MORTALITY RATE

- Deaths per 1000 live births

### CAUSES OF UNDER-FIVE DEATHS, 2008

- Diarrhoea 11%
- Malaria 13%
- Pneumonia 13%
- Measles 2%
- Injuries 0%
- Other 5%
- Tetanus 2%
- Congenital 7%
- Asphyxia 25%
- Prematurity 29%
- Infection 31%

### INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN

#### NUTRITION

- Stunting prevalence (moderate and severe, %) 47 (2003)
- Wasting prevalence (moderate and severe, %) 5 (2003)

#### UNDERWEIGHT PREVALENCE

- Percent children < 5 years underweight for age*

#### EXCLUSIVE BREASTFEEDING

- Percent infants < 6 months exclusively breastfed

#### VITAMIN A SUPPLEMENTATION

- Percent children 6-59 months receiving two doses of vitamin A during calendar year

### IMMUNIZATION

- Percent of children immunised against measles
- Percent of children immunised with 3 doses DPT
- Percent of children immunised with 3 doses Hib

### MALARIA PREVENTION

- Percent children < 5 years sleeping under ITNs

### MALARIA TREATMENT

- Percent febrile children < 5 years using antimalarials

### PNEUMONIA TREATMENT

- Percent children < 5 years with suspected pneumonia taken to appropriate health provider
- Percent children < 5 years with suspected pneumonia receiving antibiotics

### WATER AND SANITATION EQUITY

- Percent women aged 15-49 years attended at least once by a skilled health personnel

### CAUSES OF UNDER-FIVE DEATHS, 2008

- Diarrhoea 11%
- Malaria 13%
- Pneumonia 13%
- Measles 2%
- Injuries 0%
- Other 5%
- Tetanus 2%
- Congenital 7%
- Asphyxia 25%
- Prematurity 29%
- Infection 31%
**Myanmar**

### DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2003</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>4,629</td>
<td>4,629</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>3,700</td>
<td>3,700</td>
</tr>
<tr>
<td>Births (000)</td>
<td>1020</td>
<td>1020</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>65</td>
<td>65</td>
</tr>
<tr>
<td>Under-five mortality rate (per 1000 live births)</td>
<td>98</td>
<td>98</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>71</td>
<td>71</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
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<td>48</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>98</td>
<td>98</td>
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<tr>
<td>Maternal mortality ratio (per 100,000 live births)</td>
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<td>380</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
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<td>110</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>3,700</td>
<td>3,700</td>
</tr>
</tbody>
</table>

### NUTRITION

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2000</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent children &lt; 5 years underweight for age*</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Complementary feeding rate (6-9 months, %)</td>
<td>66</td>
<td>66</td>
</tr>
<tr>
<td>Low birthweight incidence (%)</td>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>

### IMMUNIZATION

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of children immunised against measles</td>
<td>85</td>
<td>82</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of children immunised with 3 doses DPT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of children immunised with 3 doses Hib</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### MALARIA PREVENTION

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2000</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent children &lt; 5 years sleeping under ITNs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### MALARIA TREATMENT

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2000</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent febrile children &lt; 5 years using antimalarials</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PNEUMONIA TREATMENT

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2000</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent children &lt; 5 years with suspected pneumonia taken to appropriate health provider</td>
<td>48</td>
<td>66</td>
</tr>
<tr>
<td>Percent children &lt; 5 years with suspected pneumonia receiving antibiotics</td>
<td>No data</td>
<td>No data</td>
</tr>
</tbody>
</table>

---

*Based on 2006 WHO reference population
### MATERNAL AND NEWBORN HEALTH

- **Adolescent birth rate (births per 1,000 women)**: 29 (1999)
- **Unmet need for family planning (%)**: 19 (2001)
- **Antenatal visits for woman (4 or more visits, %)**: 22 (2001)
- **Intermittent preventive treatment for malaria (%)**
  - C-section rate (total, urban, rural, %)
  - (Minimum target is 5% and maximum target is 15%)  ---, ---, ---
  - Early initiation of breastfeeding (within 1 hr of birth, %)  ---
  - Postnatal visit for baby (within 2 days for home births, %)  ---
- **C-section rate**, **Early initiation of breastfeeding**, **Postnatal visit**

### Causes of maternal deaths

- **Embolism**: 2%
- **Sepsis**: 8%
- **Abortion**: 9%
- **Other direct**: 10%
- **Hypertension**: 17%
- **Indirect**: 22%

Regional estimates for South East Asia, 1997-2007

**Source:** WHO 2010

### Coverage along the continuum of care

- **Contraceptive prevalence rate**
- **Antenatal visit (1 or more)**
- **Skilled attendant at birth**
- **Postnatal care**
- **Exclusive breastfeeding**
- **Measles**

### WATER AND SANITATION

#### Water

- **Percent population using improved drinking water sources**
  - 1990: 47 (Rural), 57 (Urban), 69 (Total)
  - 2008: 71 (Rural), 76 (Urban), 75 (Total)

#### Sanitation

- **Percent population using improved sanitation facilities**
  - 1995: 39 (Rural), 49 (Urban), 47 (Total)
  - 2008: 81 (Rural), 86 (Urban), 82 (Total)

### EQUITY

#### Coverage gap by wealth quintile

- **Mean coverage**
- **Coverage gap**

### POLICIES

#### International Code of Marketing of Breast Milk Substitutes
- No

#### New ORS formula and zinc for management of diarrhoea
- Yes

#### Community treatment of pneumonia with antibiotics
- No

#### IMCI adapted to cover newborns 0-1 week of age
- No

#### Costed implementation plan(s) for maternal, newborn and child health available
- Partial

#### Midwives be authorised to administer a core set of life saving interventions
- Partial

#### Maternity protection in accordance with ILO Convention 183
- No

#### Specific notification of maternal deaths
- Yes

### SYSTEMS

#### Financial Flows and Human Resources

- **Per capita total expenditure on health (US$)**: 21 (2007)
- **General government expenditure on health as % of total government expenditure (%)**: 1 (2007)
- **Out-of-pocket expenditure as % of total expenditure on health (%)**: 84 (2007)
- **Density of health workers (per 10,000 population)**: 13.4 (2004)
- **Official Development Assistance to child health per child (US$)**: 2 (2007)
- **Official Development Assistance to maternal and neonatal health per live birth (US$)**: 4 (2007)
- **National availability of Emergency Obstetric Care services (% of recommended minimum)**: ---

#### Myanmar

**Countdown to 2015 2010 Report**
**DEMOGRAPHICS**

- Total population (000) 28,810 (2008)
- Total under-five population (000) 3,535 (2008)
- Births (000) 732 (2008)
- Birth registration (%) 35 (2006)
- Under-five mortality rate (per 1000 live births) 41 (2008)
- Infant mortality rate (per 1000 live births) 31 (2008)
- Total under-five deaths (000) 3,535 (2005)
- Maternal mortality ratio (per 100,000 live births) 47 (2005)
- Total maternal deaths 6,500 (2005)

**INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN**

**NUTRITION**

- Percent children < 5 years underweight for height 20 (2006)
- Percent of children < 5 years sleeping under ITNs* 68 (2001), 53 (2006)
- Percent children < 5 years with suspected pneumonia receiving antibiotics 93 (2005), 95 (2006)

**IMMUNIZATION**


**MALARIA PREVENTION**

- Percent children < 5 years sleeping under ITNs* 82 (1996), 79 (2000)
- Percent children < 5 years immunised against malaria 82 (1996), 79 (2000)

**DIARRHEAL DISEASE TREATMENT**

- Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding 37 (2006)

**MALARIA TREATMENT**

- Proportion of children aged 0-59 months with fever receiving anti-malarial medicines 0 (2006)

**PNEUMONIA TREATMENT**


*Source: DHS, MICS, Other NS

*Based on 2006 WHO reference population

### Causes of under-five deaths, 2008

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diarrhoea</td>
<td>10%</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>9%</td>
</tr>
<tr>
<td>Tetanus</td>
<td>2%</td>
</tr>
<tr>
<td>Congenital</td>
<td>6%</td>
</tr>
<tr>
<td>Pfeiffer's</td>
<td>27%</td>
</tr>
<tr>
<td>Asphyxia</td>
<td>29%</td>
</tr>
<tr>
<td>Infection</td>
<td>18%</td>
</tr>
</tbody>
</table>

*Source: WHO/CHERG 2010

### Vitamin A Supplementation

- Percent children 6-59 months receiving two doses of vitamin A during calendar year 95 (2005), 95 (2006), 92 (2008)

*Source: UNICEF

### Causes of neonatal deaths, 2008

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection</td>
<td>30%</td>
</tr>
<tr>
<td>Neonatal</td>
<td>61%</td>
</tr>
<tr>
<td>Haemorrhage</td>
<td>10%</td>
</tr>
<tr>
<td>Other</td>
<td>10%</td>
</tr>
</tbody>
</table>

*Source: WHO/CHERG 2010
MATERNAL AND NEWBORN HEALTH

Adolescent birth rate (births per 1,000 women) 106 (2004)
Unmet need for family planning (%) 25 (2006)
Antenatal visits for woman (4 or more visits, %) 29 (2006)
Intermittent preventive treatment for malaria (%) NA*
C-section rate (total, urban, rural, %)
(Minimum target is 5% and maximum target is 15%) 3, 8, 2 (2006)
Early initiation of breastfeeding (within 1 hr of birth, %) 35 (2006)
Postnatal visit for baby (within 2 days for home births, %) 2 (2006)

NUTRITION

Percent children < 5 years underweight for age*

Percent children < 5 years with diarrhoea receiving oral rehydration

Percent of children immunised with 3 doses Hib

Percent of children immunised with 3 doses DPT

Low birthweight incidence (%)

Sub-national risk of malaria transmission

Other NS

Nepal

Desired fertility

Other NS


Sepsis 7%
Abortion 10%
Other direct 11%
Hypertension 17%
Indirect 19%
Haemorrhage 35%

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


0 20 40 60 80 100

15 24 27 28 44

DHS Other NS

DHS

Skilled attendant at delivery
Percent live births attended by skilled health personnel


0 20 40 60 80 100

7 9 12 11 20 19

DHS Other NS

DHS

Neonatal tetanus protection
Percent of newborns protected against tetanus


0 20 40 60 80 100

DHS

EQUITY

Coverage gap by wealth quintile
Average of eight key indicators

Poorest 2nd 3rd 4th Wealthiest

Source: WHO/UNICEF JMP, 2010

 Source: WHO/UNICEF JMP, 2010

Source: WHO/UNICEF JMP, 2010

Source: WHO/UNICEF JMP, 2010

Source: UNICEF/UNAIDS/WHO

Vitamin A supplementation

Prevention of mother to child transmission

Exclusive breastfeeding

Pneumonia treatment

Proportion of children aged 0-59 months with fever receiving appropriate health provider treatment

Pneumonia

Costed implementation plan(s) for maternal, newborn and child health services

Costed implementation plan(s) for other health services

Specific notification of maternal deaths

Partial

International Code of Marketing of Breastmilk Substitutes

Yes

New ORS formula and zinc for management of diarrhoea

Yes

Community treatment of pneumonia with antibiotics

Yes

IMCI adapted to cover newborns 0-1 week of age

Partial

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

Partial

Midwives be authorised to administer a core set of life saving interventions

Partial

Maternity protection in accordance with ILO Convention 183

No

Specific notification of maternal deaths

Partial

SYSTEMS

Financial Flows and Human Resources

Per capita total expenditure on health (US$) 53 (2007)
General government expenditure on health as % of total government expenditure (%) 11 (2007)
Out-of-pocket expenditure as % of total expenditure on health (%) 55 (2007)
Density of health workers (per 10,000 population) 6.7 (2004)
Official Development Assistance to child health per child (US$) 5 (2007)
Official Development Assistance to maternal and neonatal health per live birth (US$) 16 (2007)
National availability of Emergency Obstetric Care services (% of recommended minimum) ---
Stunting prevalence (moderate and severe, %) 47 (2008)
Wasting prevalence (moderate and severe, %) 12 (2008)
Complementary feeding rate (6-9 months, %) 66 (2008)
Low birthweight incidence (%) 27 (2006)

Under-five mortality rate
Deaths per 1000 live births

Underweight prevalence
Percent children < 5 years underweight for age*

Exclusive breastfeeding
Percent infants < 6 months exclusively breastfed

Vitamin A supplementation
Percent children 6-59 months receiving two doses of vitamin A during calendar year

Source: WHO/UNICEF

Immunization
- Percent of children immunised against measles
- Percent of children immunised with 3 doses DPT
- Percent of children immunised with 3 doses Hib

Malaria prevention
Percent children < 5 years sleeping under ITNs

Prevention of mother to child transmission of HIV
Percent HIV+ pregnant women receiving ARVs for PMTCT

Diarrhoeal disease treatment
Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding

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

Source: WHO/CHERG 2010

*Based on 2005 WHO reference population

Source: UNICEF

Source: DHS

Source: MICS

Source: DHS

Source: MICS

Source: Other NS
MATERNAL AND NEWBORN HEALTH

- **Adolescent birth rate (births per 1,000 women)**: 199 (2004)
- **Unmet need for family planning (%)**: 16 (2006)
- **Antenatal visits for woman (4 or more visits, %)**: 15 (2006)
- **Interruption preventive treatment for malaria (%)**: 0 (2006)
- **C-section rate (total, urban, rural, %)**: 1, 5, 0 (2006)
- **Early initiation of breastfeeding (within 1 hr of birth, %)**: 38 (2008)
- **Postnatal visit for baby (within 2 days for home births, %)**: ---

**Causes of maternal deaths**
Regional estimates for Sub-Saharan Africa, 1997-2007

- Sepsis 9%
- Abortion 9%
- Haemorrhage 34%
- Hypertension 19%
- Other direct 11%
- Indirect 17%
- Embolism 1%

**Coverage along the continuum of care**

- **Contraceptive prevalence rate**
- **Antenatal visit (1 or more)**
- **Skilled attendant at birth**
- **Postnatal care**
- **Exclusive breastfeeding**
- **Measles**

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992</td>
<td>30</td>
<td>39</td>
<td>69</td>
</tr>
<tr>
<td>1998</td>
<td>41</td>
<td>48</td>
<td>89</td>
</tr>
<tr>
<td>2000</td>
<td>41</td>
<td>48</td>
<td>89</td>
</tr>
<tr>
<td>2006</td>
<td>41</td>
<td>48</td>
<td>89</td>
</tr>
</tbody>
</table>

**Skilled attendant at delivery**
Percent live births attended by skilled health personnel

<table>
<thead>
<tr>
<th>Year</th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992</td>
<td>15</td>
<td>18</td>
<td>33</td>
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<tr>
<td>1998</td>
<td>15</td>
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<td>2000</td>
<td>16</td>
<td>16</td>
<td>32</td>
</tr>
<tr>
<td>2006</td>
<td>16</td>
<td>16</td>
<td>32</td>
</tr>
</tbody>
</table>

**Neonatal tetanus protection**
Percent of newborns protected against tetanus

<table>
<thead>
<tr>
<th>Year</th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>19</td>
<td>19</td>
<td>38</td>
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<tr>
<td>1995</td>
<td>19</td>
<td>19</td>
<td>38</td>
</tr>
<tr>
<td>2000</td>
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<td>19</td>
<td>38</td>
</tr>
<tr>
<td>2006</td>
<td>19</td>
<td>19</td>
<td>38</td>
</tr>
</tbody>
</table>

**WATER AND SANITATION**

- **Water**
  - Percent population using improved drinking water sources

**Sanitation**
Percent population using improved sanitation facilities

<table>
<thead>
<tr>
<th>Year</th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>2</td>
<td>19</td>
<td>21</td>
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<tr>
<td>1995</td>
<td>4</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>2000</td>
<td>4</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>2006</td>
<td>9</td>
<td>9</td>
<td>18</td>
</tr>
</tbody>
</table>

**EQUITY**

**Coverage gap by wealth quintile**
Average of eight key indicators

**POLICIES**

- **International Code of Marketing of Breastmilk Substitutes**: Partial
- **New ORS formula and zinc for management of diarrhoea**: Yes
- **Community treatment of pneumonia with antibiotics**: Yes
- **IMCI adapted to cover newborns 0-1 week of age**: Yes
- **Costed implementation plan(s) for maternal, newborn and child health available**: Yes
- **Midwives be authorised to administer a core set of life saving interventions**: Yes
- **Maternity protection in accordance with ILO Convention 183**: Partial
- **Specific notification of maternal deaths**: No

**SYSTEMS**

**Financial Flows and Human Resources**

- **Per capita total expenditure on health (US$)**: 35 (2007)
- **General government expenditure on health as % of total government expenditure (%%)**: 12 (2007)
- **Out-of-pocket expenditure as % of total expenditure on health (%)**: 45 (2007)
- **Density of health workers (per 10,000 population)**: 1.6 (2008)
- **Official Development Assistance to child health per child (US$)**: 10 (2007)
- **Official Development Assistance to maternal and neonatal health per live birth (US$)**: 11 (2007)
- **National availability of Emergency Obstetric Care services (% of recommended minimum)**: 68 (2000)

Source: WHO 2010
Source: DHS, MICS, Other NS
Source: WHO/UNICEF JMP, 2010
Source: UNICEF
Source: Source: DHS, MICS, Other NS
MATERNAL AND NEWBORN HEALTH

Adolescent birth rate (births per 1,000 women) 123 (2008)
Unmet need for family planning (%) 20 (2008)
Antenatal visits for woman (4 or more visits, %) 45 (2008)
Interruption of antenatal care for malaria (%) 5 (2008)
C-section rate (total, urban, rural, %) (Minimum target is 5% and maximum target is 15%) 2, 4, 1 (2008)
Early initiation of breastfeeding (within 1 hr of birth, %) 38 (2008)
Postnatal visit for baby (within 2 days for home births, %) ---

CAUSES OF MATERNAL DEATHS

Regional estimates for Sub-Saharan Africa, 1997-2007

Covered by maternal deaths

Contraceptive prevalence rate 15 (2005)
Antenatal visit (1 or more) 58 (2005)
Skilled attendant at birth 39 (2005)
*Postnatal care 39 (2005)
Exclusive breastfeeding measures 13 (2005)

Neonatal tetanus protection

Percent of newborns protected against tetanus

Source: DHS, MICS, Other NS

WATER AND SANITATION

Water

Percent population using improved drinking water sources

Sanitation

Percent population using improved sanitation facilities

POLICIES

International Code of Marketing of Breastmilk Substitutes Yes
New ORS formula and zinc for management of diarrhoea Yes
Community treatment of pneumonia with antibiotics Yes
IMCI adapted to cover newborns 0-1 week of age Yes
Costed implementation plan(s) for maternal, newborn and child health available Yes
Midwives be authorised to administer a core set of life saving interventions Partial
Maternity protection in accordance with ILO Convention 183 No
Specific notification of maternal deaths No

SYSTEMS

Financial Flows and Human Resources

Per capita total expenditure on health (US$) 131 (2007)
General government expenditure on health as % of total government expenditure (%) 7 (2007)
Out-of-pocket expenditure as % of total expenditure on health (%) 72 (2007)
Density of health workers (per 10,000 population) 20.1 (2008)
Official Development Assistance to child health per child (US$) 4 (2007)
Official Development Assistance to maternal and neonatal health per live birth (US$) 4 (2007)
National availability of Emergency Obstetric Care services (% of recommended minimum) ---

Nigeria

Countdown to 2015
2010 Report
Pakistan

**Maternal, Newborn & Child Survival**

**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Category</th>
<th>Value (2008)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>176,952</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>23,778</td>
</tr>
<tr>
<td>Births (000)</td>
<td>5,337</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>---</td>
</tr>
<tr>
<td>Under-five mortality rate (per 1000 live births)</td>
<td>89 (2008)</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>72 (2008)</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>53 (2008)</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>465 (2008)</td>
</tr>
<tr>
<td>Maternal mortality rate (per 100,000 live births)</td>
<td>320 (2005)</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>74 (2005)</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>15,000 (2005)</td>
</tr>
</tbody>
</table>

**Under-five mortality rate**

Deaths per 1000 live births

<table>
<thead>
<tr>
<th>Year</th>
<th>DHS</th>
<th>MICS</th>
<th>Other NS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1995</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Causes of under-five deaths, 2008**

Globally more than one third of child deaths are attributable to undernutrition

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>0%</td>
</tr>
<tr>
<td>Malnutrition</td>
<td>0%</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>2%</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>11%</td>
</tr>
<tr>
<td>Other</td>
<td>11%</td>
</tr>
<tr>
<td>Tetanus</td>
<td>2%</td>
</tr>
<tr>
<td>Congenital</td>
<td>10%</td>
</tr>
<tr>
<td>Asphyxia</td>
<td>14%</td>
</tr>
<tr>
<td>Haemorrhage</td>
<td>61%</td>
</tr>
<tr>
<td>Premature</td>
<td>27%</td>
</tr>
<tr>
<td>Infection</td>
<td>31%</td>
</tr>
</tbody>
</table>

**INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN**

**NUTRITION**

- **Stunting prevalence** (moderate and severe, %) 42 (2001-2002)
- **Wasting prevalence** (moderate and severe, %) 14 (2001-2002)
- **Complementary feeding rate** (6-9 months, %) 36 (2006-2007)
- **Low birthweight incidence** (% of recommended minimum) 32 (2006-2007)

**Underweight prevalence**

Percent children < 5 years underweight for age*

<table>
<thead>
<tr>
<th>Year</th>
<th>DHS</th>
<th>MICS</th>
<th>Other NS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990-1991</td>
<td>39</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2001-2002</td>
<td>31</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Exclusive breastfeeding**

Percent infants < 6 months exclusively breastfed

<table>
<thead>
<tr>
<th>Year</th>
<th>DHS</th>
<th>MICS</th>
<th>Other NS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>16</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>2006-2007</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Vitamin A supplementation**

Percent children 6-59 months receiving two doses of vitamin A during calendar year

<table>
<thead>
<tr>
<th>Year</th>
<th>DHS</th>
<th>MICS</th>
<th>Other NS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>97</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IMMUNIZATION**

- **Percent of children immunised against measles**
- **Percent of children immunised with 3 doses DPT**
- **Percent of children immunised with 3 doses Hib**

<table>
<thead>
<tr>
<th>Year</th>
<th>DHS</th>
<th>MICS</th>
<th>Other NS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1994</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1998</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2002</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>73</td>
<td>65</td>
<td></td>
</tr>
</tbody>
</table>

**DIARRHEAL DISEASE TREATMENT**

Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding

<table>
<thead>
<tr>
<th>Year</th>
<th>DHS</th>
<th>MICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-2007</td>
<td>37</td>
<td></td>
</tr>
</tbody>
</table>

**MALARIA**

- **Malaria prevention** Percent children < 5 years sleeping under ITNs
- **Malaria treatment** Percent febrile children < 5 years using antimalarials
- **Pneumonia treatment** Percent children < 5 years with suspected pneumonia taken to appropriate health provider

**Causes of neonatal deaths**

- **Neonatal deaths** 61%
- **Diarrhoea** 14%
- **HIV/AIDS** 0%
- **Malaria** 0%
- **Maternal causes** 11%
- **Asphyxia** 24%
- **Haemorrhage** 35%
- **Embolism** 1%

**Financial Flows and Human Resources**

<table>
<thead>
<tr>
<th>Category</th>
<th>Value (2008)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total maternal deaths</td>
<td>15,000</td>
</tr>
</tbody>
</table>

*Based on 2006 WHO reference population

Source: UNICEF, WHO

---

**Child Health**

---

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

Percent HIV+ pregnant women receiving ARVs for PMTCT

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td></td>
</tr>
</tbody>
</table>

Source: UNICEF, UNAIDS, WHO

---

**Causes of under-five deaths, 2008**

Globally more than one third of child deaths are attributable to undernutrition

Source: WHO/UNICEF

---

**DHS**

---

**MICS**

---

**Other NS**

---

**MDG Target**

---

**Countdown to 2015**

---

**Maternal, Newborn & Child Survival**

---

**Pakistan**

---

**District Health System**

---

**MDG Target**

---

**Nationwide**

---

**Pakistan**

---

**MDG Target**

---

**Countdown to 2015**

---

**Maternal, Newborn & Child Survival**

---

**Pakistan**

---

**MDG Target**

---

**Countdown to 2015**

---

**Maternal, Newborn & Child Survival**

---

**Pakistan**

---

**MDG Target**

---

**Countdown to 2015**

---

**Maternal, Newborn & Child Survival**

---

**Pakistan**

---

**MDG Target**

---

**Countdown to 2015**
Papua New Guinea

**Demosographics**

<table>
<thead>
<tr>
<th>Metric</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>6,577</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>950</td>
</tr>
<tr>
<td>Births (000)</td>
<td>207</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>---</td>
</tr>
<tr>
<td>Under-five mortality rate (per 1000 live births)</td>
<td>69</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>53</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>26</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>14</td>
</tr>
<tr>
<td>Maternal mortality rate (1 in N)</td>
<td>830</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>55</td>
</tr>
</tbody>
</table>

**Causes of under-five deaths, 2008**

- Diarrhoea: 5%
- Malaria: 3%
- Pneumonia: 20%
- Other: 6%

**Causes of neonatal deaths**

- Diarrhoea: 2%
- Tetanus: 3%
- Infection: 23%
- Other: 29%

**Under-five mortality rate**

![Graph showing under-five mortality rate over time](source: WHO/CHERG 2010)

**Underweight prevalence**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent children &lt; 5 years underweight for age*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1962-1983</td>
<td>25</td>
</tr>
<tr>
<td>Other NS</td>
<td>18</td>
</tr>
<tr>
<td>2005</td>
<td>18</td>
</tr>
</tbody>
</table>

**Exclusive breastfeeding**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent infants &lt; 6 months exclusively breastfed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996 DHS</td>
<td>59</td>
</tr>
<tr>
<td>2006 DHS</td>
<td>56</td>
</tr>
</tbody>
</table>

**Vitamin A supplementation**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent children 6-59 months receiving two doses of vitamin A during calendar year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>7</td>
</tr>
<tr>
<td>2006</td>
<td>7</td>
</tr>
<tr>
<td>2007</td>
<td>7</td>
</tr>
<tr>
<td>2008</td>
<td>7</td>
</tr>
</tbody>
</table>

**Immunization**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent children immunised against measles</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>32</td>
</tr>
<tr>
<td>1995</td>
<td>41</td>
</tr>
<tr>
<td>2000</td>
<td>53</td>
</tr>
<tr>
<td>2005</td>
<td>54</td>
</tr>
<tr>
<td>2008</td>
<td>52</td>
</tr>
</tbody>
</table>

**Malaria prevention**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent children &lt; 5 years sleeping under ITNs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>No data</td>
</tr>
<tr>
<td>1995</td>
<td>No data</td>
</tr>
<tr>
<td>2000</td>
<td>No data</td>
</tr>
<tr>
<td>2005</td>
<td>No data</td>
</tr>
<tr>
<td>2008</td>
<td>No data</td>
</tr>
</tbody>
</table>

**Diarrhoeal disease treatment**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent children &lt; 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>No data</td>
</tr>
<tr>
<td>1995</td>
<td>No data</td>
</tr>
<tr>
<td>2000</td>
<td>No data</td>
</tr>
<tr>
<td>2005</td>
<td>No data</td>
</tr>
<tr>
<td>2008</td>
<td>No data</td>
</tr>
</tbody>
</table>

**Malaria treatment**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent febrile children &lt; 5 years using antimalarials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>No data</td>
</tr>
<tr>
<td>1995</td>
<td>No data</td>
</tr>
<tr>
<td>2000</td>
<td>No data</td>
</tr>
<tr>
<td>2005</td>
<td>No data</td>
</tr>
<tr>
<td>2008</td>
<td>No data</td>
</tr>
</tbody>
</table>

**Pneumonia treatment**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent children &lt; 5 years with suspected pneumonia taken to appropriate health provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996 DHS</td>
<td>75</td>
</tr>
<tr>
<td>2006 DHS</td>
<td>63*</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent HIV+ pregnant women receiving ARVs for PMTCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>---</td>
</tr>
<tr>
<td>2005</td>
<td>---</td>
</tr>
<tr>
<td>2006</td>
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</tr>
<tr>
<td>2007</td>
<td>4</td>
</tr>
<tr>
<td>2008</td>
<td>13</td>
</tr>
</tbody>
</table>

*Source: UNICEF/UNAIDS/WHO*

*Only includes children under 3 years of age.

---

**Indicators for measuring the development of maternal, newborn and child health and nutrition**

- Immunization rates
- Malaria prevention and treatment
- Diarrhoeal disease treatment
- Pneumonia treatment
- Vitamin A supplementation
- Malaria prevention and treatment
- Immunization rates
- Malaria prevention and treatment
- Diarrhoeal disease treatment
- Pneumonia treatment
- Vitamin A supplementation

**Source:** WHO/UNICEF
**MATERNAL AND NEWBORN HEALTH**

- **Adolescent birth rate (births per 1,000 women):** 70 (2000)
- **Unmet need for family planning (%):** ---
- **Antenatal visits for woman (4 or more visits, %):** 55 (2006)
- **Intermittent preventive treatment for malaria (%):** ---
- **C-section rate (total, rural, urban, %):** (Minimum target is 5% and maximum target is 15%) --- --- ---
- **Early initiation of breastfeeding (within 1 hr of birth, %):** ---
- **Postnatal visit for baby (within 2 days for home births, %):** ---

**Causes of maternal deaths**

- Regional estimates for Oceania, 1997-2007
- **Sepsis:** 8%
- **Embolism:** 1%
- **Abortion:** 9%
- **Other direct:** 10%
- **Hypertension:** 15%
- **Indirect:** 25%
- **Haemorrhage:** 33%

**Coverage along the continuum of care**

- **Contraceptive prevalence rate**
- **Antenatal visit (1 or more)**
- **Skilled attendant at birth**
- **Postnatal care**
- **Exclusive breastfeeding**
- **Measles**

**Antenatal care**

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

<table>
<thead>
<tr>
<th>Year</th>
<th>1996</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS</td>
<td>78</td>
<td>79</td>
</tr>
<tr>
<td>Other NS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Skilled attendant at delivery**

Percent live births attended by skilled health personnel

<table>
<thead>
<tr>
<th>Year</th>
<th>1996</th>
<th>2000</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS</td>
<td>53</td>
<td>41</td>
<td>53</td>
</tr>
<tr>
<td>Other NS</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Neonatal tetanus protection**

Percent of newborns protected against tetanus

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>61</td>
</tr>
</tbody>
</table>

**WATER AND SANITATION**

**Water**

Percent population using improved drinking water sources

<table>
<thead>
<tr>
<th>Year</th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>32</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>2008</td>
<td>89</td>
<td>41</td>
<td>60</td>
</tr>
</tbody>
</table>

**Sanitation**

Percent population using improved sanitation facilities

<table>
<thead>
<tr>
<th>Year</th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>42</td>
<td>78</td>
<td>60</td>
</tr>
<tr>
<td>2008</td>
<td>47</td>
<td>71</td>
<td>71</td>
</tr>
</tbody>
</table>

**EQUITY**

**Coverage gap by wealth quintile**

Average of eight key indicators

- No data

**POLICIES**

<table>
<thead>
<tr>
<th>Policy</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>International Code of Marketing of Breastmilk Substitutes</td>
<td>Partial</td>
</tr>
<tr>
<td>New ORS formula and zinc for management of diarrhoea</td>
<td>No</td>
</tr>
<tr>
<td>Community treatment of pneumonia with antibiotics</td>
<td>No</td>
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<tr>
<td>IMCI adapted to cover newborns 0-1 week of age</td>
<td>Partial</td>
</tr>
<tr>
<td>Costed implementation plan(s) for maternal, newborn and child health available</td>
<td>Partial</td>
</tr>
<tr>
<td>Midwives be authorised to administer a core set of life saving interventions</td>
<td>Partial</td>
</tr>
<tr>
<td>Maternity protection in accordance with ILO Convention 183</td>
<td>Partial</td>
</tr>
<tr>
<td>Specific notification of maternal deaths</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**SYSTEMS**

**Financial Flows and Human Resources**

- **Per capita total expenditure on health (US$):** 65 (2007)
- **General government expenditure on health as % of total government expenditure (%):** 7 (2007)
- **Out-of-pocket expenditure as % of total expenditure on health (%):** 8 (2007)
- **Density of health workers (per 10,000 population):** 5.8 (2000)
- **Official Development Assistance to child health per child (US$):** 11 (2007)
- **Official Development Assistance to maternal and neonatal health per live birth (US$):** 24 (2007)
- **National availability of Emergency Obstetric Care services (% of recommended minimum):** ---

**Papua New Guinea**

Countdown to 2015
2010 Report
**Peru**

### DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Metric</th>
<th>2000</th>
<th>2005</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>28,837</td>
<td>29,325</td>
<td>29,848</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>2,975</td>
<td>2,975</td>
<td>2,975</td>
</tr>
<tr>
<td>Births (000)</td>
<td>609</td>
<td>609</td>
<td>609</td>
</tr>
<tr>
<td>Birth registration (%)</td>
<td>93</td>
<td>93</td>
<td>93</td>
</tr>
<tr>
<td>Under-five mortality rate (per 1000 live births)</td>
<td>24</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>22</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>13</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>15</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100,000 live births)</td>
<td>15</td>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>

### INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN

#### NUTRITION

- **Underweight prevalence**: Percent children < 5 years underweight for age
- **Exclusive breastfeeding**: Percent infants < 6 months exclusively breastfed
- **Vitamin A supplementation**: Percent children 6-59 months receiving two doses of vitamin A

#### IMMUNIZATION

- **Malaria prevention**: Percent children < 5 years sleeping under ITNs

#### DIARRHEAL DISEASE TREATMENT

- **Malaria treatment**: Percent febrile children < 5 years using antimalarials

#### PNEUMONIA TREATMENT

- **Pneumonia treatment**: Percent children < 5 years with suspected pneumonia taken to appropriate health provider

#### MALARIA TREATMENT

- **Malaria prevention**: Percent children < 5 years sleeping under ITNs

### CHILD HEALTH

- **Causes of under-five deaths, 2008**: Globally more than one third of child deaths are attributable to undernutrition
- **Causes of neonatal deaths**: Neonatal period

### WATER AND SANITATION EQUITY

- **Percent population using improved drinking water sources**:
- **Water**: Percent population using improved drinking water sources
- **Sanitation**: Percent population using improved sanitation facilities

### Maternal Health

- **Maternal mortality ratio**: Maternal mortality ratio (per 100,000 live births)

### Demographic Indicators

- **Total under-five population (000)**: 2,975 (2000), 2,975 (2005), 2,975 (2008)
- **Births (000)**: 609 (2000), 609 (2005), 609 (2008)
**MATERNAL AND NEWBORN HEALTH**

- **Adolescent birth rate** (births per 1,000 women): 69 (2008)
- **Unmet need for family planning (%):** 23 (2006-2008)
- **Antenatal visits for woman (4 or more visits, %):** 92 (2004)
- **Intermittent preventive treatment for malaria (%):** 51 (2007)
- **C-section rate (total, urban, rural, %):** 87 (2008), 90 (2008), 87 (2008)
- **Early initiation of breastfeeding (within 1 hr of birth, %):** 48 (2008)
- **Postnatal visit for baby (within 2 days for home births, %):** ---

**Causes of maternal deaths**

Regional estimates for Latin America / Caribbean, 1997-2007

- **Severe sepsis:** 7%
- **Hypertension:** 26%
- **Abortion:** 10%
- **Embolism:** 3%
- **Other direct:** 11%
- **Indirect:** 20%
- **Haemorrhage:** 23%

**Coverage along the continuum of care**

- **Contraceptive prevalence rate**
- **Antenatal visit (1 or more)**
- **Skilled attendant at birth**
- ***Postnatal care**
- **Exclusive breastfeeding**
- **Measles**

**Antenatal care**

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

- **1986:** 56
- **1991-1992:** 64
- **1996:** 67
- **2000:** 84
- **2004-2006:** 91

**Skilled attendant at delivery**

Percent live births attended by skilled health personnel

- **1992:** 53
- **1996:** 56
- **2000:** 59
- **2004-2006:** 71

**Neonatal tetanus protection**

Percent of newborns protected against tetanus

- **1990:** 0%
- **2007:** 67%

**WATER AND SANITATION**

**Water**

Percent population using improved drinking water sources

- **Rural:** 45 (1990), 75 (2008)
- **Urban:** 88 (1990), 61 (2008)
- **Total:** 61 (1990), 62 (2008)

**Sanitation**

Percent population using improved sanitation facilities

- **Rural:** 16 (1990), 36 (2008)
- **Urban:** 71 (1990), 64 (2008)
- **Total:** 36 (1990), 68 (2008)

**EQUITY**

**Coverage gap by wealth quintile**

Average of eight key indicators

**POLICIES**

International Code of Marketing of Breastmilk Substitutes: Yes
New ORS formula and zinc for management of diarrhoea: Yes
Community treatment of pneumonia with antibiotics: Partial
IMCI adapted to cover newborns 0-1 week of age: Yes
Costed implementation plan(s) for maternal, newborn and child health available: Yes
Midwives be authorised to administer a core set of life saving interventions: Partial
Maternity protection in accordance with ILO Convention 183: Partial
Specific notification of maternal deaths: Yes

**SYSTEMS**

**Financial Flows and Human Resources**

- Per capita total expenditure on health (US$): 327 (2007)
- General government expenditure on health as % of total government expenditure (%): 16 (2007)
- Out-of-pocket expenditure as % of total expenditure on health (%): 31 (2007)
- Density of health workers (per 10,000 population): 11.8 (1999)
- National availability of Emergency Obstetric Care services (% of recommended minimum): ---
MATERNAL AND NEWBORN HEALTH

Adolescent birth rate (births per 1,000 women) 54 (2007)
Unmet need for family planning (%) 17 (2003)
Antenatal visits for woman (4 or more visits, %) 70 (2003)
Interruption of treatment for malaria (%) NA*
C-section rate (total, urban, rural, %) (Minimum target is 5% and maximum target is 15%) 7, 10, 5 (2003)
Early initiation of breastfeeding (within 1 hr of birth, %) 54 (2003)
Postnatal visit for baby (within 2 days for home births, %) ---

WATER AND SANITATION

Water
Percent population using improved drinking water sources

Sanitation
Percent population using improved sanitation facilities

POLICIES

International Code of Marketing of Breast milk Substitutes Yes
New ORS formula and zinc for management of diarrhoea Yes
Community treatment of pneumonia with antibiotics No
IMCI adapted to cover newborns 0-1 week of age No
Costed implementation plans for maternal, newborn and child health available No
Midwives be authorised to administer a core set of life saving interventions No
Maternity protection in accordance with ILO Convention 183 No
Specific notification of maternal deaths Partial

SYSTEMS

Financial Flows and Human Resources
Per capita total expenditure on health (US$) 130 (2007)
General government expenditure on health as % of total government expenditure (%) 7 (2007)
Out-of-pocket expenditure as % of total expenditure on health (%) 55 (2007)
Density of health workers (per 10,000 population) 72.7 (2002)
Official Development Assistance to child health per child (US$) 2 (2007)
Official Development Assistance to maternal and neonatal health per live birth (US$) 5 (2007)
National availability of Emergency Obstetric Care services (% of recommended minimum) ---
### DEMOGRAPHICS

- **Total population (000)**: 9,721 (2008)
- **Total under-five population (000)**: 1,646 (2008)
- **Births (000)**: 403 (2008)
- **Birth registration (%)**:
  - 2002: 24
  - 2004: 20
  - 2005: 18
- **Underweight prevalence (%)**:
  - 1992: 51
  - 2000: 49
  - 2005: 47
- **Wasting prevalence (%)**:
  - 1992: 5
  - 2000: 4
  - 2005: 3
- **Low birthweight incidence (%)**:
  - 2002: 9
  - 2004: 7
  - 2005: 6
- **Under-five mortality rate (per 1000 live births)**:
  - 1990: 124
  - 1995: 112
  - 2000: 100
  - 2005: 112
  - 2010: 58
  - 2015: 54
  - **MDG Target**: 54

### UNDER-FIVE MORTALITY RATE

- **Deaths per 1000 live births**:
  - 1990: 124
  - 1995: 112
  - 2000: 100
  - 2005: 112
  - 2010: 58
  - 2015: 54
  - **MDG Target**: 54

### Causes of under-five deaths, 2008

- **Global**: More than one third of child deaths are attributable to undernutrition
- **Common causes**:
  - **Maternal**
    - Malaria
    - Pneumonia
    - Diarrhoea
  - **Neonatal**
    - Tetanus
    - Neonatal infections
    - Other
  - **Infant**
    - Infections
    - Hypertension
    - Haemorrhage

### INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN

#### NUTRITION

- **Stunting prevalence (moderate and severe, %)**: 51 (2005)
- **Wasting prevalence (moderate and severe, %)**: 5 (2005)
- **Complementary feeding rate (6-9 months, %)**: 69 (2005)
- **Low birthweight incidence (%)**: 6 (2005)

#### CHILD HEALTH

- **Underweight prevalence**
  - Percent children < 5 years underweight for age:
    - 2002: 51
    - 2004: 49
    - 2005: 47
- **Exclusive breastfeeding**
  - Percent infants < 6 months exclusively breastfed:
    - 2005: 88
- **Vitamin A supplementation**
  - Percent children 6-59 months receiving two doses of vitamin A during calendar year:
    - 2005: 89
  - **Immunization**
    - Percent children immunised against measles:
      - 2002: 87
      - 2004: 92
      - 2005: 92
    - Percent children immunised with 3 doses DPT:
      - 2002: 52
      - 2004: 52
      - 2005: 52
    - Percent children immunised with 3 doses Hib:
      - 2002: 47
      - 2004: 47
      - 2005: 47

#### MALARIA PREVENTION

- **Percent children < 5 years sleeping under ITNs**:
  - 2005: 88
  - 2007-2008: 88
- **Prevention of mother to child transmission of HIV**
  - Percent HIV+ pregnant women receiving ARVs for PMTCT:
    - 2004: 30
    - 2005: 28
    - 2006: 28
    - 2007: 28
    - 2008: 28

#### PNEUMONIA TREATMENT

- **Percent children < 5 years with suspected pneumonia taken to appropriate health provider**:
  - 2002: 10
  - 2004: 10
  - 2005: 10
  - 2007-2008: 10
- **Percent children < 5 years with suspected pneumonia receiving antibiotics**:
  - 2002: 10
  - 2004: 10
  - 2005: 10
  - 2007-2008: 10
Senegal

**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Total population (000)</th>
<th>12,211 (2008)</th>
</tr>
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<tbody>
<tr>
<td>Total under-five population (000)</td>
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<tr>
<td>Births (000)</td>
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<td>Birth registration (%)</td>
<td>55 (2005)</td>
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<tr>
<td>Under-five mortality rate (per 1000 live births)</td>
<td>108 (2008)</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>57 (2008)</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>34 (2008)</td>
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<tr>
<td>Total under-five deaths (000)</td>
<td>49 (2008)</td>
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<tr>
<td>Maternal mortality ratio (per 100,000 live births)</td>
<td>980 (2005)</td>
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<td>Lifetime risk of maternal death (1 in N)</td>
<td>21 (2005)</td>
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<tr>
<td>Total maternal deaths</td>
<td>4,100 (2005)</td>
</tr>
</tbody>
</table>

**INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN**

**NUTRITION**

- **Stunting prevalence (moderate and severe, %)**: 19 (2005)
- **Wasting prevalence (moderate and severe, %)**: 9 (2005)
- **Complementary feeding rate (6-9 months, %)**: 61 (2005)
- **Low birthweight incidence (%)**: 19 (2005)

**CHILD HEALTH**

**Immunization**

- **Percent of children immunised against measles**
- **Percent of children immunised with 3 doses DPT**
- **Percent of children immunised with 3 doses Hib**

**Malaria prevention**

- **Percent children ≤ 5 years sleeping under ITNs**

**Diarrhoeal disease treatment**

- **Percent children ≤ 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding**

**Malaria treatment**

- **Percent febrile children ≤ 5 years using antimalarials**

**Pneumonia treatment**

- **Percent children ≤ 5 years with suspected pneumonia taken to appropriate health provider**
- **Percent children ≤ 5 years with suspected pneumonia receiving antibiotics**

**Causes of under-five deaths, 2008**

- Globally more than one third of child deaths are attributable to undernutrition

**Causes of maternal deaths**

- Female genital mutilation and complications of pregnancy and childbirth

**Other NS**: Non-Sample

*Source: WHO/UNICEF*
**MATERNAL AND NEWBORN HEALTH**

- Adolescent birth rate (births per 1,000 women): 96 (2007)
- Unmet need for family planning (%): 32 (2005)
- Antenatal visits for woman (4 or more visits, %): 40 (2005)
- Intermittent preventive treatment for malaria (%): 52 (2008-09)
- C-section rate (total, urban, rural, %): 3, 7, 1 (2005)
- Early initiation of breastfeeding (within 1 hr of birth, %): 23 (2005)
- Postnatal visit for baby (within 2 days for home births, %):
- **Causes of maternal deaths**
  - Regional estimates for Sub-Saharan Africa, 1997-2007
  - Source: WHO 2010
- **Coverage along the continuum of care**
  - Source: DHS, MICS, Other NS

**WATER AND SANITATION**

- **Antenatal care**
  - Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy:
  - Source: WHO/UNICEF JMP 2010

- **Skilled attendant at delivery**
  - Percent live births attended by skilled health personnel:
  - Source: WHO/UNICEF JMP 2010

- **Neonatal tetanus protection**
  - Percent of newborns protected against tetanus:

**EQUITY**

- **Coverage gap by wealth quintile**
  - Average of eight key indicators:
  - Source: DHS 2005

**POLICIES**

- International Code of Marketing of Breastmilk Substitutes: Partial
- New ORS formula and zinc for management of diarrhoea: Yes
- Community treatment of pneumonia with antibiotics: Yes
- IMCI adapted to cover newborns 0-1 week of age: No
- Costed implementation plan(s) for maternal, newborn and child health available: Yes
- Midwives to be authorised to administer a core set of life saving interventions: Yes
- Maternity protection in accordance with ILO Convention 183: Partial
- Specific notification of maternal deaths: No

**SYSTEMS**

- **Financial Flows and Human Resources**
  - Per capita total expenditure on health (US$): 99 (2007)
  - General government expenditure on health as % of total government expenditure (%): 12 (2007)
  - Out-of-pocket expenditure as % of total expenditure on health (%): 35 (2007)
  - Density of health workers (per 10,000 population): 4.8 (2008)
  - Official Development Assistance to child health per child (US$): 8 (2007)

**Senegal**

- Source: UNICEF/UNAIDS/WHO
Sierra Leone

DEMOGRAPHICS

Total population (000) 5,560 (2008)
Total under-five population (000) 947 (2008)
Births (000) 223 (2008)
Birth registration (%) 51 (2008)
Under-five mortality rate (per 1000 live births) 194 (2008)
Infant mortality rate (per 1000 live births) 123 (2008)
Neonatal mortality rate (per 1000 live births) 45 (2008)
Total under-five deaths (000) 43 (2008)
Maternal mortality ratio (per 100,000 live births) 2,100 (2005)
Lifetime risk of maternal death (1 in N) 8 (2005)
Total maternal deaths 5,400 (2005)

Under-five mortality rate

Deaths per 1000 live births

Causes of under-five deaths, 2008

Globally more than one third of child deaths are attributable to under nutrition

INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN

Stunting prevalence (moderate and severe, %) 36 (2008)
Wasting prevalence (moderate and severe, %) 10 (2008)
Complementary feeding rate (6-9 months, %) 73 (2008)
Low birthweight incidence (%) 24 (2005)

Underweight prevalence

Percent children < 5 years underweight for age*

Exclusive breastfeeding

Percent infants < 6 months exclusively breastfed

Vitamin A supplementation

Percent children 6-59 months receiving two doses of vitamin A during calender year

NUTRITION

Source: WHO/UNICEF

EQUITY

Source: WHO/UNICEF JMP, 2010

CHILD HEALTH

Immunization

- Percent of children immunised against measles
- Percent of children immunised with 3 doses DPT
- Percent of children immunised with 3 doses Hib

Malaria prevention

Percent children < 5 years sleeping under ITNs

Prevention of mother to child transmission of HIV

Percent HIV+ pregnant women receiving ARVs for PMTCT

Diarrhoeal disease treatment

Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding

Malaria treatment

Percent febrile children < 5 years using antimalarials

Pneumonia treatment

- Percent children < 5 years with suspected pneumonia taken to appropriate health provider
- Percent children < 5 years with suspected pneumonia receiving antibiotics

Source: IGE 2009

Source: WHO/UNICEF

*See Annex for indicator definition
MATERNAL AND NEWBORN HEALTH

Adolescent birth rate (births per 1,000 women) 143 (2008)
Unmet need for family planning (%) 28 (2008)
Antenatal visits for woman (4 or more visits, %) 56 (2008)
Interruption of treatment for malaria (%) 10 (2008)
C-section rate (total, urban, rural, %) (Minimum target is 5% and maximum target is 15%) 2, 3, 1 (2008)
Early initiation of breastfeeding (within 1 hr of birth, %) 51 (2008)
Postnatal visit for baby (within 2 days for home births, %) ---

 Causes of maternal deaths
Regional estimates for Sub-Saharan Africa, 1997-2007

Coverage along the continuum of care

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

Skilled attendant at delivery
Percent live births attended by skilled health personnel

Neonatal tetanus protection
Percent of newborns protected against tetanus

WATER AND SANITATION

Water
Percent population using improved drinking water sources

Sanitation
Percent population using improved sanitation facilities

POLICIES

International Code of Marketing of Breastmilk Substitutes  No
New ORS formula and zinc for management of diarrhoea Yes
Community treatment of pneumonia with antibiotics Yes
IMCI adapted to cover newborns 0-1 week of age Yes
Costed implementation plan(s) for maternal, newborn and child health available Partial
Midwives be authorised to administer a core set of life saving interventions Partial
Maternity protection in accordance with ILO Convention 183 No
Specific notification of maternal deaths Partial

SYSTEMS

Financial Flows and Human Resources
Per capita total expenditure on health (US$) 32 (2007)
General government expenditure on health as % of total government expenditure (%) 8 (2007)
Out-of-pocket expenditure as % of total expenditure on health (%) 40 (2007)
Density of health workers (per 10,000 population) 1.9 (2008)
Official Development Assistance to child health per child (US$) 14 (2007)
Official Development Assistance to maternal and neonatal health per live birth (US$) 35 (2007)
National availability of Emergency Obstetric Care services (% of recommended minimum) 24 (2008)
**Maternal, Newborn & Child Survival**

**Somalia**

**Demographics**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value (2008)</th>
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<tbody>
<tr>
<td>Total population (000)</td>
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</tr>
<tr>
<td>Total under-five population (000)</td>
<td>1,611</td>
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<tr>
<td>Births (000)</td>
<td>395</td>
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<tr>
<td>Birth registration (%)</td>
<td>3</td>
</tr>
<tr>
<td>Under-five mortality rate (per 1000 live births)</td>
<td>67</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>179</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100,000 live births)</td>
<td>900</td>
</tr>
<tr>
<td>Under-five population (000)</td>
<td>395</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100,000 live births)</td>
<td>15</td>
</tr>
</tbody>
</table>

**Under-five mortality rate**

Deaths per 1000 live births

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate (per 1000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>120</td>
</tr>
<tr>
<td>1995</td>
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<tr>
<td>2000</td>
<td>120</td>
</tr>
<tr>
<td>2005</td>
<td>120</td>
</tr>
<tr>
<td>2010</td>
<td>120</td>
</tr>
<tr>
<td>2015</td>
<td>120</td>
</tr>
</tbody>
</table>

**Causes of under-five deaths, 2008**

Globally more than one third of child deaths are attributable to undernutrition

- Diarrhea: 4%
- Other: 5%
- Congenital: 8%
- Tetanus: 9%
- Infection: 23%
- Pneumonia: 17%
- Malaria: 21%
- Neonatal: 32%
- Apneia: 27%

**INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN**

**Nutrition**

- Stunting prevalence (moderate and severe, %): 42 (2006)
- Wasting prevalence (moderate and severe, %): 13 (2006)
- Complementary feeding rate (6-9 months, %): 15 (2006)
- Low birthweight incidence (%): ---

**Underweight prevalence**

Percent children < 5 years underweight for age*

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td>16</td>
</tr>
<tr>
<td>1999</td>
<td>23</td>
</tr>
<tr>
<td>2006</td>
<td>32</td>
</tr>
</tbody>
</table>

**Exclusive breastfeeding**

Percent infants < 6 months exclusively breastfed

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>20</td>
</tr>
<tr>
<td>2006</td>
<td>20</td>
</tr>
</tbody>
</table>

**Child Health**

**Immunization**

- Percent of children immunised against measles
- Percent of children immunised with 3 doses DPT
- Percent of children immunised with 3 doses Hib

**Malaria prevention**

Percent children < 5 years sleeping under ITNs

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>11</td>
</tr>
</tbody>
</table>

**Diarrhoeal disease treatment**

Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>7</td>
</tr>
</tbody>
</table>

**Malaria treatment**

Percent febrile children < 5 years using antimalarials

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>8</td>
</tr>
</tbody>
</table>

**Pneumonia treatment**

- Percent children < 5 years with suspected pneumonia taken to appropriate health provider
- Percent children < 5 years with suspected pneumonia receiving antibiotics

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>13</td>
</tr>
</tbody>
</table>

**Causes of neonatal deaths**

- Infant: 56%
- Neonatal: 4%
- Other: 17%
- Malaria: 21%
- Pneumonia: 32%
- Asphyxia: 27%

**Skilled attendant at delivery**

- Antenatal visit (4 or more visits, %)
- Postnatal visit for baby (within 2 days for home births, %)
- Early initiation of breastfeeding (within 1 hr of birth, %)
- C-section rate (total, urban, %)

**Unmet need for family planning (%)**

- Skilled health provider during pregnancy
- Antenatal care
- Postnatal visit for baby
- Early initiation of breastfeeding

**Regional estimates for Sub-Saharan Africa, 1997-2007**

**Causes of maternal death**

- Maternal mortality ratio (per 100,000 live births)
- Lifetime risk of maternal death (1 in N)
- Total maternal deaths

**Underweight prevalence**

Percent children < 5 years underweight for age*

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td>16</td>
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<tr>
<td>1999</td>
<td>23</td>
</tr>
<tr>
<td>2006</td>
<td>32</td>
</tr>
</tbody>
</table>

**Exclusive breastfeeding**

Percent infants < 6 months exclusively breastfed

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>20</td>
</tr>
<tr>
<td>2006</td>
<td>20</td>
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</tbody>
</table>

**Vitamin A supplementation**

Percent children 6-59 months receiving two doses of vitamin A during calendar year

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate (%)</th>
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<tbody>
<tr>
<td>2005</td>
<td>0</td>
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<td>2006</td>
<td>14</td>
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<td>2007</td>
<td>4</td>
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<td>2008</td>
<td>100</td>
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**Source:** WHO/UNICEF 2010

*Based on 2006 WHO reference population

---

*See Annex for indicator definition

**Vitamin A supplementation**

Percent children 6-59 months receiving two doses of vitamin A during calendar year

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate (%)</th>
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<tr>
<td>2005</td>
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<td>2006</td>
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<td>2007</td>
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<td>2008</td>
<td>100</td>
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**Source:** UNICEF
**South Africa**

### DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Measure</th>
<th>Value (Year)</th>
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<tbody>
<tr>
<td>Total population (000)</td>
<td>49,668 (2008)</td>
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<td>Total under-five population (000)</td>
<td>5,200 (2008)</td>
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<tr>
<td>Births (000)</td>
<td>1,091 (2008)</td>
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<td>Birth registration (%)</td>
<td>78 (2006)</td>
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<td>Under-five mortality rate (per 1000 live births)</td>
<td>67 (2008)</td>
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<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>48 (2008)</td>
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<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>20 (2008)</td>
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<td>Total under-five deaths (000)</td>
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<td>Maternal mortality ratio (per 100,000 live births)</td>
<td>5,200 (2008)</td>
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<td>Causes of under-five deaths, 2008</td>
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<tr>
<td>Neonatal death</td>
<td>19 (2008)</td>
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<tr>
<td>Infection</td>
<td>18%</td>
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<tr>
<td>Neonatal deaths</td>
<td>29%</td>
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<tr>
<td>HIV/AIDS</td>
<td>46%</td>
</tr>
<tr>
<td>Congenital</td>
<td>8%</td>
</tr>
<tr>
<td>Subnaternal</td>
<td>6%</td>
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<tr>
<td>Delivery complications</td>
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<td>Premature</td>
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<td>Preterm</td>
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<td>Timely</td>
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<tr>
<td>Other</td>
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<tr>
<td>Other NS</td>
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<tr>
<td>TotalRural Urban TotalRural Urban Total</td>
<td></td>
</tr>
<tr>
<td>Total</td>
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### INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN

#### NUTRITION

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value (Year)</th>
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<tbody>
<tr>
<td>Stunting prevalence (moderate and severe, %)</td>
<td>33 (2003)</td>
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<tr>
<td>Wasting prevalence (moderate and severe, %)</td>
<td>6 (2003)</td>
</tr>
<tr>
<td>Complementary feeding rate (6-9 months, %)</td>
<td>49 (2003)</td>
</tr>
<tr>
<td>Low birthweight incidence (%)</td>
<td>15 (1998)</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td></td>
</tr>
<tr>
<td>Percent infants &lt; 6 months exclusively breastfed</td>
<td></td>
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</tbody>
</table>

#### CHILD HEALTH

**Immunization**

- Percent of children immunised against measles
- Percent of children immunised with 3 doses DPT
- Percent of children immunised with 3 doses Hib

**Malaria prevention**

- Percent children ≤5 years sleeping under ITNs*

**Malaria treatment**

- Percent febrile children < 5 years using antimalarials*

**Diarrhoeal disease treatment**

- Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding

**Pneumonia treatment**

- Percent children < 5 years with suspected pneumonia taken to appropriate health provider
- Percent children < 5 years with suspected pneumonia receiving antibiotics

*See Annex for indicator definition

---

*Based on 2006 WHO reference population

---

**Under-five mortality rate**

- Deaths per 1000 live births

**Causes of under-five deaths, 2008**

- Globally 1 in 3 child deaths are attributable to undernutrition

---

**Vitamin A supplementation**

- Percent children 6-59 months receiving two doses of vitamin A during calendar year

---

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

- Percent HIV+ pregnant women receiving ARVs for PMTCT

---

**Pre-term deaths**

- Percent children < 5 years with suspected pneumonia taken to appropriate health provider
- Percent children < 5 years with suspected pneumonia receiving antibiotics
**Sudan**

**DEMOGRAPHICS**

- Total population (000) 41,348 (2008)
- Total under-five population (000) 5,836 (2008)
- Births (000) 1,296 (2008)
- Birth registration (%) 33 (2006)
- Under-five mortality rate (per 1000 live births) 109 (2008)
- Infant mortality rate (per 1000 live births) 70 (2008)
- Neonatal mortality rate (per 1000 live births) 41 (2008)
- Total under-five deaths (000) 138 (2008)
- Maternal mortality ratio (per 100,000 live births) 450 (2005)
- Lifetime risk of maternal death (1 in N) 53 (2005)
- Total maternal deaths 5,300 (2005)

**Under-five mortality rate**

Deaths per 1000 live births

- 1990: 124
- 1995: 120
- 2000: 115
- 2005: 110
- 2010: 105
- 2015: 100

**Causes of under-five deaths, 2008**

Globally more than one third of child deaths are attributable to undernutrition

- Diarrhoea 10%
- Pneumonia 10%
- Malaria 25%
- Neonatal 38%
- HIV/AIDS 2%
- Infection 21%
- Other 13%

**INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN**

**NUTRITION**

- Stunting prevalence (moderate and severe, %) 40 (2006)
- Wasting prevalence (moderate and severe, %) 16 (2006)
- Underweight prevalence Percent children < 5 years underweight for age* 17, 31, 38, 27
- Exclusive breastfeeding Percent infants < 6 months exclusively breastfed 13, 16, 34
- Complementary feeding rate (6-9 months, %) 56 (2006)
- Low birthweight incidence (%) 31 (1999)
- Vitamin A supplementation Percent children 6-59 months receiving two doses of vitamin A during calendar year 67, 90, 67

**IMMUNIZATION**

- Percent of children immunised against measles
- Percent of children immunised with 3 doses DPT
- Percent of children immunised with 3 doses Hib

**DIARRHEAL DISEASE TREATMENT**

- Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding 38, 56

**MALARIA TREATMENT**

- Percent febrile children < 5 years using antimalarials 50, 54

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

- Percent HIV+ pregnant women receiving ARVs for PMTCT 0, 28

**PEMUNIA TREATMENT**

- Percent children < 5 years with suspected pneumonia taken to appropriate health provider 57, 90
- Percent children < 5 years with suspected pneumonia receiving antibiotics

*Based on 2006 WHO reference population

**CHILD HEALTH**

**Underweight prevalence**

Percent children < 5 years underweight for age*


**Exclusive breastfeeding**

Percent infants < 6 months exclusively breastfed


**Vitamin A supplementation**

Percent children 6-59 months receiving two doses of vitamin A during calendar year


**Malaria prevention**

Percent children < 5 years sleeping under ITNs

2000: 0, 2006: 28

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

Percent HIV+ pregnant women receiving ARVs for PMTCT

2007: <1, 1

**Diarrhoeal disease treatment**

Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding

2000: 38, 2006: 56

**Malaria treatment**

Percent febrile children < 5 years using antimalarials

2000: 50, 2006: 54

**Pneumonia treatment**

Percent children < 5 years with suspected pneumonia taken to appropriate health provider

2000: 57, 2006: 90

Percent children < 5 years with suspected pneumonia receiving antibiotics

2000: 57, 2006: 90
Swaziland

**Demographics**

- Total population (000) 1,168 (2008)
- Total under-five population (000) 159 (2008)
- Births (000) 35 (2008)
- Birth registration (%) 30 (2006-07)
- Under-five mortality rate (per 1000 live births) 83 (2008)
- Infant mortality rate (per 1000 live births) 59 (2008)
- Neonatal mortality rate (per 1000 live births) 18 (2008)
- Total under-five deaths (000) 3 (2008)
- Maternal mortality ratio (per 100,000 live births) 390 (2005)
- Lifetime risk of maternal death (1 in N) 3% (2008)
- Total under-five population (000) 1,168 (2008)
- Total population (000) 1,168 (2008)

**Causes of under-five deaths, 2008**

- Injuries 23%
- Diarrhoea 9%
- Other 11%
- Prematurity 37%
- Other 11%
- Asphyxia 20%
- Other 11%
- Tetanus 1%
- Infections 22%
- Other 11%
- Others 1%

**Nutrition**

- Stunting prevalence (moderate and severe, %) 29 (2006-07)
- Wasting prevalence (moderate and severe, %) 3 (2006-07)

**Underweight prevalence**


**Exclusive breastfeeding**

- Percent infants < 6 months exclusively breastfed 2000 24, 2006-2007 32

**Vitamin A supplementation**

- Percent children 6-59 months receiving two doses of vitamin A 2000 100, 2006-2007 100

**Immunization**

- Percent of children immunised against measles 1990 95, 1994 95
- Percent of children immunised with 3 doses DPT 1990 95, 1994 95
- Percent of children immunised with 3 doses Hib 1990 95, 1994 95

**Malaria prevention**

- Percent children < 5 years sleeping under ITNs* 2000 0, 2006-2007 1

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

- Percent HIV+ pregnant women receiving ARVs for PMTCT 2004 6, 2005 49, 2006 84, 2007 90, 2008 >95

**Diarrhoeal disease treatment**

- Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding 2000 25, 2006-2007 22

**Malaria treatment**

- Percent febrile children < 5 years using antimalarials* 2000 26, 2006-2007 1

**Pneumonia treatment**

- Percent children < 5 years with suspected pneumonia taken to appropriate health provider 2000 60, 2006-2007 73
- Percent children < 5 years with suspected pneumonia receiving antibiotics 2000 24, 2006-2007 24
MATERNAL AND NEWBORN HEALTH

Adolescent birth rate (births per 1,000 women) 111 (2004)
Unmet need for family planning (%) 24 (2006-07)
Antenatal visits for woman (4 or more visits, %) 79 (2006-07)
Interruption of contraception (per 1000) 1 (2006-07)
C-section rate (total, urban, rural, %) (Minimum target is 5% and maximum target is 15%) 8, 8, 8 (2006-07)
Early initiation of breastfeeding (within 1 hr of birth, %) 67 (2006-07)
Postnatal visit for baby (within 2 days for home births, %) ---

Causes of maternal deaths
Regional estimates for Sub-Saharan Africa, 1997-2007

Skilled attendant at delivery
Percent live births attended by skilled health personnel

Neonatal tetanus protection
Percent of newborns protected against tetanus

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

WATER AND SANITATION

Water
Percent population using improved drinking water sources

Sanitation
Percent population using improved sanitation facilities

POLICIES

International Code of Marketing of Breastmilk Substitutes Partial
New ORS formula and zinc for management of diarrhoea Yes
Community treatment of pneumonia with antibiotics No
IMCI adapted to cover newborns 0-1 week of age Yes
Costed implementation plan(s) for maternal, newborn and child health available No
Midwives be authorised to administer a core set of life saving interventions Yes
Maternity protection in accordance with ILO Convention 183 No
Specific notification of maternal deaths Yes

SYSTEMS

Financial Flows and Human Resources
Per capita total expenditure on health (US$) 287 (2007)
General government expenditure on health as % of total government expenditure (%) 9 (2007)
Out-of-pocket expenditure as % of total expenditure on health (%) 16 (2007)
Density of health workers (per 10,000 population) 64.6 (2004)
Official Development Assistance to child health per child (US$) 16 (2007)
Official Development Assistance to maternal and neonatal health per live birth (US$) 17 (2007)
National availability of Emergency Obstetric Care services (% of recommended minimum) ---
Tajikistan

DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value (Year)</th>
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<tbody>
<tr>
<td>Total population (000)</td>
<td>6,836 (2008)</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>871 (2008)</td>
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<tr>
<td>Births (000)</td>
<td>193 (2008)</td>
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<tr>
<td>Birth registration (%)</td>
<td>88 (2005)</td>
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<tr>
<td>Under-five mortality rate (per 1000 live births)</td>
<td>64 (2008)</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>54 (2008)</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>22 (2008)</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>12 (2008)</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100,000 live births)</td>
<td>170 (2005)</td>
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<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>160 (2005)</td>
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<tr>
<td>Total maternal deaths</td>
<td>320 (2005)</td>
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<tr>
<td>Under-five mortality rate</td>
<td></td>
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INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN

NUTRITION

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value (Year)</th>
</tr>
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<tbody>
<tr>
<td>Stunting prevalence (moderate and severe, %)</td>
<td>39 (2007)</td>
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<tr>
<td>Wasting prevalence (moderate and severe, %)</td>
<td>7 (2007)</td>
</tr>
<tr>
<td>Complementary feeding rate (6-9 months, %)</td>
<td>15 (2005)</td>
</tr>
<tr>
<td>Low birthweight incidence (%)</td>
<td>10 (2005)</td>
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<tr>
<td>Percent children &lt; 5 years underweight for age*</td>
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<td>2005</td>
<td>14</td>
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<tr>
<td>2007</td>
<td>15</td>
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<td>Other NS</td>
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CHILDH HEALTH

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<td>Immunization</td>
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<td>Percent children immunised against measles</td>
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</tr>
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<td>1990</td>
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<td>1994</td>
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<td>2002</td>
<td>16</td>
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<td>2006</td>
<td>17</td>
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<td>2008</td>
<td>18</td>
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<td>Percent children immunised with 3 doses DPT</td>
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<td>1994</td>
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<td>2006</td>
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<td>2008</td>
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<tr>
<td>Percent children immunised with 3 doses Hib</td>
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<td>26</td>
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<td>1994</td>
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<td>2002</td>
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<td>2006</td>
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<td>2008</td>
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<td>Diarrhoeal disease treatment</td>
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<tr>
<td>Percent children &lt; 5 years with diarrhea receiving oral rehydration therapy or increased fluids, with continued feeding</td>
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<tr>
<td>2000</td>
<td>29</td>
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<td>2005</td>
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<td>Malaria prevention</td>
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<td>Percent children &lt; 5 years sleeping under ITNs*</td>
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<td>Pneumonia treatment</td>
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<td>Percent children &lt; 5 years with suspected pneumonia taken to appropriate health provider</td>
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<td>2000</td>
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<tr>
<td>2005</td>
<td>22</td>
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<tr>
<td>Percent children &lt; 5 years with suspected pneumonia receiving antibiotics</td>
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</table>

Causes of under-five deaths, 2008

Globally more than one third of child deaths are attributable to undernutrition

Vitamin A supplementation

Prevention of mother to child transmission of HIV

Preventive strategies

Pregnancy

Pre-pregnancy

Birth

Infancy

Tajikistan

IMCI adapted to cover newborns 0-1 week of age

Community treatment of pneumonia with antibiotics

Exclusively breastfed

Exclusive breastfeeding

Percent HIV+ pregnant women receiving ARVs for PMTCT

Nulliparous women be provided with safe, effective and acceptable contraceptive methods

2002

2007

2008

UNICEF

2015

64

41

51
**MATERNAL AND NEWBORN HEALTH**

Adolescent birth rate (births per 1,000 women) 27 (2005)
Unmet need for family planning (%) ---
Antenatal visits for woman (4 or more visits, %) 49 (2007)
Intermittent preventive treatment for malaria (%) NA*
C-section rate (total, urban, rural, %) (Minimum target is 5% and maximum target is 15%) ---, ---, ---
Early initiation of breastfeeding (within 1 hr of birth, %) 61 (2005)
Postnatal visit for baby (within 2 days for home births, %) ---

*Not applicable

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
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<td>2007</td>
<td>71</td>
<td>77</td>
<td>89</td>
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</table>

**Skilled attendant at delivery**
Percent live births attended by skilled health personnel

<table>
<thead>
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<td>2000</td>
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<td>2005</td>
<td>83</td>
<td>86</td>
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<td>2007</td>
<td>83</td>
<td>86</td>
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</table>

**NEONATAL TETANUS PROTECTION**
Percent of newborns protected against tetanus

No data

**WATER AND SANITATION**

**Water**
Percent population using improved drinking water sources

<table>
<thead>
<tr>
<th>Year</th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
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<td>45</td>
<td>58</td>
<td>61</td>
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<td>2008</td>
<td>70</td>
<td>94</td>
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**Sanitation**
Percent population using improved sanitation facilities

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<th>Total</th>
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<tr>
<td>1995</td>
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<tr>
<td>2007</td>
<td>94</td>
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**SYSTEMS**

**Financial Flows and Human Resources**

<table>
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<th>Source</th>
<th>Indicator</th>
<th>2006 (as % of GDP)</th>
<th>2007 (as % of GDP)</th>
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<td>Tajikistan</td>
<td>Total government expenditure on health as % of GDP</td>
<td>10%</td>
<td>10%</td>
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<td>Per capita total expenditure on health (US$)</td>
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<td>General government expenditure on health as % of total government expenditure (%)</td>
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<td>Tajikistan</td>
<td>Other direct expenditure as % of total expenditure on health (%)</td>
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<td>Tajikistan</td>
<td>Density of health workers (per 10,000 population)</td>
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<td>Official Development Assistance to maternal, newborn and child health services (US$)</td>
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<tr>
<td>Tajikistan</td>
<td>Official Development Assistance to maternal and neonatal health per live birth (US$)</td>
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<tr>
<td>Tajikistan</td>
<td>National availability of Emergency Obstetric Care services (% of recommended minimum)</td>
<td>10</td>
<td>10</td>
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</tbody>
</table>
**Demographics**

- Total population (000) 42,484 (2008)
- Total under-five population (000) 7,566 (2008)
- Births (000) 1,771 (2008)
- Birth registration (%) 8 (2004-05)
- Under-five mortality rate (per 1000 live births) 104 (2008)
- Infant mortality rate (per 1000 live births) 67 (2008)
- Neonatal mortality rate (per 1000 live births) 33 (2008)
- Total under-five deaths (000) 175 (2008)
- Maternal mortality rate (per 100,000 live births) 950 (2005)
- Maternal mortality ratio (per 100,000 live births) 24 (2005)
- Total maternal deaths 13,000 (2005)

**Under-five mortality rate**

Deaths per 1000 live births

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<td>148</td>
<td>129</td>
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<td>114</td>
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**Causes of under-five deaths, 2008**

- Globally more than one third of child deaths are attributable to undernutrition
- Infection: 27%
- Pneumonia: 13%
- HIV/AIDS: 9%
- Congenital anomalies: 8%
- Other: 9%

**Causes of maternal deaths, 2005**

- Infection: 30%
- Hypertension: 24%
- Embolism: 23%
- Malaria: 22%
- Others: 17%

**Intervention Coverage for Mothers, Newborns and Children**

**NUTRITION**

- Stunting prevalence (moderate and severe, %) 44 (2004-05)
- Wasting prevalence (moderate and severe, %) 4 (2004-05)
- Complementary feeding rate (6-9 months, %) 91 (2004-05)
- Low birthweight incidence (%): 10 (2004-05)

**Underweight prevalence**

- Percent children < 5 years underweight for age*

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>25</td>
<td>27</td>
<td>25</td>
<td>17</td>
</tr>
</tbody>
</table>

**Exclusive breastfeeding**

- Percent infants < 6 months exclusively breastfed

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>23</td>
<td>29</td>
<td>32</td>
<td>41</td>
</tr>
</tbody>
</table>

**Exclusive breastfeeding**

- Percent children 6-59 months receiving two doses of vitamin A

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>20</td>
<td>40</td>
<td>60</td>
<td>80</td>
</tr>
</tbody>
</table>

**Child Health**

**Malaria prevention**

- Percent children < 5 years sleeping under ITNs

<table>
<thead>
<tr>
<th>Year</th>
<th>1999</th>
<th>2004-2005</th>
<th>2007-2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>2</td>
<td>16</td>
<td>26</td>
</tr>
</tbody>
</table>

**Diarrhoeal disease treatment**

- Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding

<table>
<thead>
<tr>
<th>Year</th>
<th>2004-2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>53</td>
</tr>
</tbody>
</table>

**Pneumonia treatment**

- Percent children < 5 years with suspected pneumonia taken to appropriate health provider

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>65</td>
<td>70</td>
<td>68</td>
<td>59</td>
</tr>
</tbody>
</table>

*Based on 2006 WHO reference population
**MATERNAL AND NEWBORN HEALTH**

- **Adolescent birth rate (births per 1,000 women) 139 (2003)**
- **Unmet need for family planning (%) 22 (2004-05)**
- **Antenatal visits for woman (4 or more visits, %) 62 (2004-05)**
- **Intermittent preventive treatment for malaria (%) 30 (2007-08)**
- **C-section rate (total, urban, rural, %)**
  - Minimum target is 5% and maximum target is 15%
  - 38.2 (2004-05)
- **EPTC (2003)**
- **Early initiation of breastfeeding (within 1 hr of birth, %) 67 (2004-05)**
- **Postnatal visit for baby (within 2 days for home births, %) ---**

**Causes of maternal deaths**
Regional estimates for Sub-Saharan Africa, 1997-2007

- **Sepsis 9%**
- **Emboli 1%**
- **Abortion 9%**
- **Other direct 11%**
- **Indirect 17%**
- **Hypertension 19%**
- **Haemorrhage 34%**

**Coverage along the continuum of care**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptive prevalence rate</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Antenatal visit at 1 or more</td>
<td>26</td>
<td>38</td>
<td>43</td>
<td>41</td>
<td>88</td>
</tr>
<tr>
<td>Skilled attendant at birth</td>
<td>76</td>
<td>78</td>
<td>80</td>
<td>80</td>
<td>81</td>
</tr>
<tr>
<td><em>Postnatal care</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>25</td>
<td>32</td>
<td>45</td>
<td>36</td>
<td>34</td>
</tr>
<tr>
<td>Measles</td>
<td>45</td>
<td>36</td>
<td>32</td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td>Measles</td>
<td>52</td>
<td>56</td>
<td>45</td>
<td>45</td>
<td>45</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>DHS</td>
<td>62</td>
<td>50</td>
<td>43</td>
<td>78</td>
<td>76</td>
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<tr>
<td>Other NS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**WATER AND SANITATION**

**Water**
Percent population using improved drinking water sources

<table>
<thead>
<tr>
<th>Year</th>
<th>1990</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>46</td>
<td>94</td>
</tr>
<tr>
<td>Urban</td>
<td>65</td>
<td>64</td>
</tr>
<tr>
<td>Total</td>
<td>80</td>
<td>100</td>
</tr>
</tbody>
</table>

**Sanitation**
Percent population using improved sanitation facilities

<table>
<thead>
<tr>
<th>Year</th>
<th>1990</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>23</td>
<td>24</td>
</tr>
<tr>
<td>Urban</td>
<td>27</td>
<td>24</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>48</td>
</tr>
</tbody>
</table>

**POLICIES**

- International Code of Marketing of Breastmilk Substitutes: Yes
- New ORS formula and zinc for management of diarrhoea: Yes
- Community treatment of pneumonia with antibiotics: No
- IMCI adapted to cover newborns 0-1 week of age: Yes
- Costed implementation plan(s) for maternal, newborn and child health available: Yes
- Midwives be authorised to administer a core set of life saving interventions: Yes
- Maternity protection in accordance with ILO Convention 183: No
- Specific notification of maternal deaths: Yes

**SYSTEMS**

**Financial Flows and Human Resources**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per capita total expenditure on health (US$)</td>
<td>63</td>
<td>63</td>
</tr>
<tr>
<td>General government expenditure on health as % of total government expenditure (%)</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Out-of-pocket expenditure as % of total expenditure on health (%)</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td>Density of health workers (per 10,000 population)</td>
<td>2.5</td>
<td>2.5</td>
</tr>
<tr>
<td>Official Development Assistance to child health per child (US$)</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Official Development Assistance to maternal and neonatal health per live birth (US$)</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>National availability of Emergency Obstetric Care services (% of recommended minimum)</td>
<td>21</td>
<td>21</td>
</tr>
</tbody>
</table>

**Tanzania, United Republic of**

**Countdown to 2015 2010 Report**

See Annex for indicator definition
**COUNTDOWN TO 2015**

**Maternal, Newborn & Child Survival**

**Togo**

### DEMOGRAPHICS

- **Total population (000)**: 6,459 (2008)
- **Total under-five population (000)**: 947 (2008)
- **Births (000)**: 213 (2008)
- **Birth registration (%)**: 78 (2006)
- **Under-five mortality rate (per 1000 live births)**: 46 (2008)
- **Infant mortality rate (per 1000 live births)**: 40 (2008)
- **Neonatal mortality rate (per 1000 live births)**: 33 (2008)
- **Total under-five deaths (000)**: 20 (2008)
- **Maternal mortality rate (%)**: 126 (1990)
- **Total maternal deaths**: 1,200 (2005)

### UNDER-FIVE MORTALITY RATE

**Deaths per 1000 live births**

- **1990**: 150
- **1995**: 120
- **2000**: 98
- **2005**: 50
- **2010**: 30
- **2015**: 20

### CAUSES OF UNDER-FIVE DEATHS, 2008

- **Died of infection**: 43%
- **Died of preterm**: 25%
- **Died of birth asphyxia**: 10%
- **Died of drowning**: 6%
- **Died of congenital anomaly**: 5%
- **Died of other causes**: 1%

### INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN

**NUTRITION**


**Vitamin A supplementation (percent children 6-59 months)**: 89 (2000), 64 (2006)

### IMMUNIZATION

- **Percent children immunised against measles (4 doses)**: 100 (2006)
- **Percent children immunised with 3 doses DPT**: 77 (2006)
- **Percent children immunised with 3 doses Hib**: 24 (2006)

### DIARRHOEAL DISEASE TREATMENT

- **Percent children < 5 years with diarrhoea seeking ORS and/or zinc**: 25 (2000), 22 (2006)

### MALARIA TREATMENT

- **Percent febrile children < 5 years using antimalarials**: 60 (2000), 48 (2006)

### PNEUMONIA TREATMENT


---

*Based on 2008 WHO reference population*
MATERNAL AND NEWBORN HEALTH

Adolescent birth rate (births per 1,000 women) 89 (1996)
Unmet need for family planning (%) 32 (1998)
Antenatal visits for woman (4 or more visits, %) 46 (1998)
Intermittent preventive treatment for malaria (%) 18 (2006)
C-section rate (total, urban, rural, %) 2, 5, 1 (1998)
Early initiation of breastfeeding (within 1 hr of birth, %) 53 (2008)
Postnatal visit for baby (within 2 days for home births, %) —

Causes of maternal deaths
Regional estimates for Sub-Saharan Africa, 1997-2007

Coverage along the continuum of care

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

Skilled attendant at delivery
Percent live births attended by skilled health personnel

Neonatal tetanus protection
Percent of newborns protected against tetanus

Water and Sanitation

Water
Percent population using improved drinking water sources

Sanitation
Percent population using improved sanitation facilities

EQUITY

Coverage gap by wealth quintile
Average of eight key indicators

Policies

International Code of Marketing of Breastmilk Substitutes Partial
New ORS formula and zinc for management of diarrhoea Yes
Community treatment of pneumonia with antibiotics Yes
IMCI adapted to cover newborns 0-1 week of age No
Costed implementation plan(s) for maternal, newborn and child health available Yes
Midwives be authorised to administer a core set of life saving interventions Yes
Maternity protection in accordance with ILO Convention 183 No
Specific notification of maternal deaths Yes

Financial Flows and Human Resources
Per capita total expenditure on health (US$) 68 (2007)
General government expenditure on health as % of total government expenditure (%) 8 (2007)
Out-of-pocket expenditure as % of total expenditure on health (%) 63 (2007)
Density of health workers (per 10,000 population) 3.2 (2008)
Official Development Assistance to child health per child (US$) 8 (2007)
Official Development Assistance to maternal and neonatal health per live birth (US$) 11 (2007)
National availability of Emergency Obstetric Care services (% of recommended minimum) —

Systems

Togo
Countdown to 2015
2010 Report
**Demographics**

- Total population (000) 5,044 (2008)
- Under-five population (000) 518 (2008)
- Births (000) 111 (2008)
- Birth registration (%) 96 (2006)
- Under-five mortality rate (per 1000 live births) 48 (2008)
- Infant mortality rate (per 1000 live births) 43 (2008)
- Neonatal mortality rate (per 1000 live births) 21 (2008)
- Total under-five deaths (000) 5 (2008)
- Maternal mortality ratio (per 100,000 live births) 8 (2005)
- Maternal mortality ratio (per 100,000 live births) 130 (2005)
- Lifetime risk of maternal death (1 in N) 290 (2005)
- Total maternal deaths 140 (2005)

**Under-five mortality rate**

Deaths per 1000 live births

![Under-five mortality rate chart](chart.png)

**Causes of under-five deaths, 2008**

Globally more than one third of child deaths are attributable to undernutrition

![Causes of under-five deaths chart](chart.png)

**Intervention Coverage for Mothers, Newborns and Children**

**Nutrition**

- Stunting prevalence (moderate and severe, %) 19 (2006)
- Wasting prevalence (moderate and severe, %) 7 (2006)
- Complementary feeding rate (6-9 months, %) 54 (2006)
- Low birthweight incidence (%) 4 (2006)

**Underweight prevalence**

Percent children < 5 years underweight for age

![Underweight prevalence chart](chart.png)

**Exclusive breastfeeding**

Percent infants < 6 months exclusively breastfed

![Exclusive breastfeeding chart](chart.png)

**Vitamin A supplementation**

Percent children 6-59 months receiving two doses of vitamin A during calendar year

No data

**Child Health**

**Immunization**

- Percent of children immunised against measles
- Percent of children immunised with 3 doses DPT
- Percent of children immunised with 3 doses Hib

![Immunization chart](chart.png)

**Malaria prevention**

Percent children < 5 years sleeping under ITNs

*Very limited risk of malaria transmission

![Malaria prevention chart](chart.png)

**Diarrhoeal disease treatment**

Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding

![Diarrhoeal disease treatment chart](chart.png)

**Malaria treatment**

Percent febrile children < 5 years using antimalarials

*Very limited risk of malaria transmission

![Malaria treatment chart](chart.png)

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

Percent HIV+ pregnant women receiving ARVs for PMTCT

No data

![Prevention of mother to child transmission of HIV chart](chart.png)

**Pneumonia treatment**

- Percent children < 5 years with suspected pneumonia taken to appropriate health provider
- Percent children < 5 years with suspected pneumonia receiving antibiotics

![Pneumonia treatment chart](chart.png)

**Skilled attendant at delivery**

- Antenatal visit for woman (4 or more visits, %)
- Postnatal visit for baby (within 2 days for home births, %)
- Early initiation of breastfeeding (within 1 hr of birth, %)
- C-section rate (total, urban, %)
- Adolescent birth rate (births per 1,000 women)

![Skilled attendant at delivery chart](chart.png)

**Water and sanitation**

- Percent population using improved drinking water sources
- Sanitation

![Water and sanitation chart](chart.png)

**Globally more than one third of child deaths are attributable to undernutrition.**

![Globally more than one third of child deaths are attributable to undernutrition chart](chart.png)

**Causes of neonatal deaths**

- Tetanus
- Infection
- Asphyxia
- Premature

![Causes of neonatal deaths chart](chart.png)

**Causes of neonatal death: 2008**

![Causes of neonatal death: 2008 chart](chart.png)

**Preterm births and low birthweight.**

![Preterm births and low birthweight chart](chart.png)

**Causes of under-five deaths, 2008**

![Causes of under-five deaths, 2008 chart](chart.png)
MATERNAL AND NEWBORN HEALTH

Adolescent birth rate (births per 1,000 women) 21 (2006)
Unmet need for family planning (%) 10 (2000)
Antenatal visits for woman (4 or more visits, %) 83 (2000)
Intermittent preventive treatment for malaria (%) NA*
C-section rate (total, urban, rural, %)
(Minimum target is 5% and maximum target is 15%) 3, 4, 2 (2000)
Early initiation of breastfeeding (within 1 hr of birth, %) 60 (2008)
Postnatal visit for baby (within 2 days for home births, %) ---

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

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

*Based on 2006 WHO reference population

**Total maternal deaths**

**Lifetime risk of maternal death (1 in N)**

**Total under-five deaths (000)**

**Neonatal mortality rate (per 1000 live births)**

**Infant mortality rate (per 1000 live births)**

**Under-five mortality rate (per 1000 live births)**

**Births (000)**

**Total under-five population (000)**

**Total population (000)**

---

CHILD HEALTH

**NUTRITION**

Percent children < 5 years underweight for age*

Underweight prevalence

**DEMOGRAPHICS**

**Source: WHO/UNICEF**

Percent children < 5 years with diarrhoea receiving oral rehydration

Percent of children immunised with 3 doses DPT

Percent of children immunised against measles

---

**Source: IGME 2009**

**Deaths per 1000 live births**

**Under-five mortality rate**

**Malaria prevention**

**Exclusive breastfeeding**

**Malaria treatment**

**Causes of under-five deaths, 2008**

Globally more than one third of child deaths are attributable to:

- Diarrhoea 21%
- Lower respiratory infections 11%
- Malaria 6%
- Neonatal complications 6%
- Vaccine preventable diseases 4%
- Other 4%

**Percent children 6-59 months receiving two doses of vitamin A**

---

**Source: WHO/CHERG 2010**

**Vitamin A supplementation**

**Percent HIV+ pregnant women receiving ARVs for PMTCT**

---

**Source: WHO 2010**

**Antenatal care**

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

**Skilled attendant at delivery**

Percent live births attended by skilled health personnel

**Neonatal tetanus protection**

Percent of newborns protected against tetanus

---

WATER AND SANITATION

**Water**

Percent population using improved drinking water sources

**Sanitation**

Percent population using improved sanitation facilities

---

EQUITY

**Coverage gap by wealth quintile**

Average of eight key indicators

---

POLICIES

**International Code of Marketing of Breastmilk Substitutes** Yes

**New ORS formula and zinc for management of diarrhoea** Yes

**Community treatment of pneumonia with antibiotics** Partial

**IMCI adapted to cover newborns 0-1 week of age** No

**Costed implementation plan(s) for maternal, newborn and child health available** Partial

**Midwives be authorised to administer a core set of life saving interventions** Partial

**Maternity protection in accordance with ILO Convention 183** No

**Specific notification of maternal deaths** No

---

SYSTEMS

**Financial Flows and Human Resources**

- Per capita total expenditure on health (US$) 153 (2007)
- General government expenditure on health as % of total government expenditure (%) 10 (2007)
- Out-of-pocket expenditure as % of total expenditure on health (%) 48 (2007)
- Density of health workers (per 10,000 population) 69.6 (2007)
- Official Development Assistance to child health per child (US$) 3 (2007)
- Official Development Assistance to maternal and neonatal health per live birth (US$) 6 (2007)
- National availability of Emergency Obstetric Care services (% of recommended minimum) ---

---

Turkmenistan

Countdown to 2015
2010 Report
Uganda

**Demographics**

<table>
<thead>
<tr>
<th>Total population (000)</th>
<th>31,657 (2008)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total under-five population (000)</td>
<td>6,182 (2008)</td>
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<tr>
<td>Births (000)</td>
<td>1,466 (2008)</td>
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<tr>
<td>Birth registration (%)</td>
<td>21 (2006)</td>
</tr>
<tr>
<td>Under-five mortality rate (per 1000 live births)</td>
<td>135 (2008)</td>
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<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>85 (2008)</td>
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<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>31 (2008)</td>
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<tr>
<td>Total under-five deaths (000)</td>
<td>190 (2008)</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100,000 live births)</td>
<td>6 (2006)</td>
</tr>
<tr>
<td>Total under-five deaths (1 in 1000 live births)</td>
<td>25 (2005)</td>
</tr>
<tr>
<td>Total maternal deaths</td>
<td>8,100 (2005)</td>
</tr>
</tbody>
</table>

**Under-five mortality rate**

Deaths per 1000 live births

**Causes of under-five deaths, 2008**

Globally more than one third of child deaths are attributable to undernutrition

**INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN**

**Nutrition**

| Stunting prevalence (moderate and severe, %) | 38 (2006) |
| Wasting prevalence (moderate and severe, %) | 6 (2006) |
| Complementary feeding rate (6-9 months, %) | 80 (2006) |
| Low birthweight incidence (%) | 14 (2006) |

**Exclusive breastfeeding**

Percent infants < 6 months exclusively breastfed

**Vitamin A supplementation**

Percent children 6-59 months receiving two doses of vitamin A during calendar year

**Child Health**

**Immunization**

- Percent of children immunised against measles
- Percent of children immunised with 3 doses DPT
- Percent of children immunised with 3 doses Hib

**Malaria prevention**

Percent children < 5 years sleeping under ITNs

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

Percent HIV+ pregnant women receiving ARVs for PMTCT

**Diarrhoeal disease treatment**

Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding

**Malaria treatment**

Percent febrile children < 5 years using antimalarials

**Pneumonia treatment**

- Percent children < 5 years with suspected pneumonia taken to appropriate health provider
- Percent children < 5 years with suspected pneumonia receiving antibiotics
**Zambia**

**INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN**

**NUTRITION**

- Stunting prevalence (moderate and severe, %) 45 (2007)
- Wasting prevalence (moderate and severe, %) 5 (2007)
- Complementary feeding rate (6-9 months, %) 93 (2007)
- Low birthweight incidence (%) 11 (2007)

**CHILD HEALTH**

- Percent infants < 6 months exclusively breastfed 66 (2008)
- Percent children 6-59 months receiving two doses of vitamin A 96 (2008)
- Percent children under 5 years of age receiving two doses of DTP vaccine 80 (2008)
- Percent children under 5 years of age receiving two doses of Hib vaccine 96 (2008)
- Percent of newborns protected against tetanus 96 (2008)
- Percent children < 5 years sleeping under ITNs 41 (2008)
- Percent of pregnant women receiving ARVs for PMTCT 69 (2008)
- Percent of pregnant women using a modern contraception 41 (2008)
- Percent of children immunised with 3 doses Hib 80 (2008)
- Percent of children immunised against measles 80 (2008)
- Percent of children immunised with 3 doses DTP 85 (2008)

**DEMOGRAPHICS**

- Total population (000) 12,620 (2008)
- Total under-five population (000) 2,282 (2008)
- Births (000) 542 (2008)
- Birth registration (%) 10 (2000)
- Under-five mortality rate (per 1000 live births) 148 (2008)
- Infant mortality rate (per 1000 live births) 92 (2008)
- Neonatal mortality rate (per 1000 live births) 36 (2008)
- Total under-five deaths (000) 77 (2008)
- Maternal mortality rate (per 100,000 live births) 830 (2005)
- Lifetime risk of maternal death (1 in N) **57** (2006)

**Malaria prevention**

- Percent children < 5 years sleeping under ITNs 41 (2008)

**Causes of under-five deaths, 2008**

- MDG Target

**Causes of neonatal deaths**

- Pneumonia 12%
- Measles 3%
- Injuries 1%
- Tetanus 1%
- Diarrhoea 2%
- Other 5%
- Congenital 7%
- Asphyxia 28%
- Preterm 29%
- Infection 29%

**Diarrhoeal disease treatment**

- Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding 56 (2007)

**Malaria treatment**

- Percent febrile children < 5 years using antimalarials 43 (2008)

**Pneumonia treatment**

- Percent children < 5 years with suspected pneumonia taken to appropriate health provider 47 (2007)
- Percent children < 5 years with suspected pneumonia receiving antibiotics 47 (2007)
MATERNAL AND NEWBORN HEALTH

Causes of maternal deaths
Regional estimates for Sub-Saharan Africa, 1997-2007

Coverage along the continuum of care

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

Skilled attendant at delivery
Percent live births attended by skilled health personnel

Neonatal tetanus protection
Percent of newborns protected against tetanus

WATER AND SANITATION

Water
Percent population using improved drinking water sources

Sanitation
Percent population using improved sanitation facilities

EQUITY

Coverage gap by wealth quintile
Average of eight key indicators

POLICIES

International Code of Marketing of Breastmilk Substitutes
Partial
New ORS formula and zinc for management of diarrhoea
Yes
Community treatment of pneumonia with antibiotics
Partial
IMCI adapted to cover newborns 0-1 week of age
Yes
Costed implementation plan(s) for maternal, newborn and child health available
Partial
Midwives be authorised to administer a core set of life saving interventions
Yes
Maternity protection in accordance with ILO Convention 183
Partial
Specific notification of maternal deaths
Yes

SYSTEMS

Financial Flows and Human Resources
Per capita total expenditure on health (US$) 79 (2007)
General government expenditure on health as % of total government expenditure (%) 15 (2007)
Out-of-pocket expenditure as % of total expenditure on health (%) 29 (2007)
Density of health workers (per 10,000 population) 7.7 (2006)
Official Development Assistance to child health per child (US$) 27 (2007)
Official Development Assistance to maternal and neonatal health per live birth (US$) 28 (2007)
National availability of Emergency Obstetric Care services (% of recommended minimum) 41 (2004-2006)
Zimbabwe

**Under-five mortality rate**
Deaths per 1000 live births

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>100</td>
<td>80</td>
<td>60</td>
<td>40</td>
<td>20</td>
<td>10</td>
</tr>
</tbody>
</table>

Source: DHS 2005-2006

**Causes of under-five deaths, 2008**
Globally more than one third of child deaths are attributable to undernutrition

- Measles: 10%
- Diarrhoea: 9%
- Injuries: 3%
- Neonatal: 10%
- HIV/AIDS: 21%
- Other: 10%
- Infection: 10%
- Asphyxia: 10%
- Premature: 10%

**Underweight prevalence**
Percent children < 5 years underweight for age*

<table>
<thead>
<tr>
<th>Year</th>
<th>1988</th>
<th>1994</th>
<th>2000</th>
<th>2005</th>
</tr>
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<tbody>
<tr>
<td>Rate</td>
<td>8%</td>
<td>12%</td>
<td>12%</td>
<td>12%</td>
</tr>
</tbody>
</table>

*Based on 2006 WHO reference population

**Exclusive breastfeeding**
Percent infants < 6 months exclusively breastfed

<table>
<thead>
<tr>
<th>Year</th>
<th>1988</th>
<th>1994</th>
<th>2000</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>10%</td>
<td>11%</td>
<td>32%</td>
<td>22%</td>
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</tbody>
</table>

**Vitamin A supplementation**
Percent children 6-59 months receiving two doses of vitamin A during calendar year

<table>
<thead>
<tr>
<th>Year</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>81%</td>
<td>67%</td>
<td>83%</td>
<td>20%</td>
</tr>
</tbody>
</table>

**Malaria prevention**
Percent children < 5 years sleeping under ITNs

<table>
<thead>
<tr>
<th>Year</th>
<th>2005-2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>66%</td>
</tr>
</tbody>
</table>

**Prevention of mother to child transmission of HIV**
Percent HIV+ pregnant women receiving ARVs for PMTCT

<table>
<thead>
<tr>
<th>Year</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>26%</td>
<td>16%</td>
<td>12%</td>
<td>7%</td>
<td>3%</td>
</tr>
</tbody>
</table>

**Diarrhoeal disease treatment**
Percent children < 5 years with diarrhea receiving oral rehydration therapy or increased fluids, with continued feeding

<table>
<thead>
<tr>
<th>Year</th>
<th>2005-2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>47%</td>
</tr>
</tbody>
</table>

**Malaria treatment**
Percent febrile children < 5 years using antimalarials

<table>
<thead>
<tr>
<th>Year</th>
<th>2005-2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>5%</td>
</tr>
</tbody>
</table>

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

**Immunization**

- Percent of children immunised against measles
- Percent of children immunised with 3 doses DPT
- Percent of children immunised with 3 doses Hib

**CHILD HEALTH**

- Antenatal visit for woman (4 or more visits, %)
- Postnatal visit for baby (within 2 days for home births, %)
- Early initiation of breastfeeding (within 1 hr of birth, %)
- C-section rate (total, urban, %)
- Adolescent birth rate (births per 1,000 women)
- Contraceptive use among women of reproductive age (%)
- Teenage pregnancy rates (%)
- Early marriage (age of first sexual intercourse, years)
- Female genital mutilation/cutting
- Maternal mortality ratio (per 100,000 live births)
- Total maternal deaths
- Total under-five deaths (000)
- Neonatal mortality rate (per 1000 live births)
- Infant mortality rate (per 1000 live births)
- Under-five mortality rate (per 1000 live births)
- Birth registration (%)
### Annex A

**Country profile indicators and data sources**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data source</th>
<th>Global database</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Demographics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total population</td>
<td>United Nations Population Division</td>
<td>United Nations Population Division</td>
</tr>
<tr>
<td>Total children under-five population</td>
<td>United Nations Population Division</td>
<td>United Nations Population Division</td>
</tr>
<tr>
<td>Total births</td>
<td>United Nations Population Division</td>
<td>United Nations Population Division</td>
</tr>
<tr>
<td>Birth registration</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>Neonatal mortality rate</td>
<td>World Health Organization</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>Cause of death of children under age 5</td>
<td>World Health Organization/Child Health Epidemiology Reference Group</td>
<td>World Health Organization/Child Health Epidemiology Reference Group</td>
</tr>
<tr>
<td>Causes of neonatal deaths</td>
<td>World Health Organization/Child Health Epidemiology Reference Group</td>
<td>World Health Organization/Child Health Epidemiology Reference Group</td>
</tr>
<tr>
<td>Maternal deaths by cause (regional)</td>
<td>World Health Organization</td>
<td>World Health Organization</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
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<tr>
<td>Underweight prevalence</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys</td>
<td>United Nations Children’s Fund/World Health Organization</td>
</tr>
<tr>
<td>Stunting prevalence</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys</td>
<td>United Nations Children’s Fund/World Health Organization</td>
</tr>
<tr>
<td>Wasting prevalence</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys</td>
<td>United Nations Children’s Fund/World Health Organization</td>
</tr>
<tr>
<td>Exclusive breastfeeding rate (&lt;6 months)</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>Complementary feeding rate (6-9 months)</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>Low birthweight incidence</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>Vitamin A supplementation (2 doses)</td>
<td>National Immunization Days Reporting, Demographic and Health Surveys, Multiple Indicator Cluster Survey, Routine reporting</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td><strong>Child health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles immunization coverage</td>
<td>Routine reporting, Multiple Indicator Cluster Surveys, Demographic and Health Surveys</td>
<td>United Nations Children’s Fund/World Health Organization</td>
</tr>
<tr>
<td>Three doses of combined diphtheria/ pertussis/tetanus vaccine immunization coverage (DPT)</td>
<td>Routine reporting, Multiple Indicator Cluster Surveys, Demographic and Health Surveys</td>
<td>United Nations Children’s Fund/World Health Organization</td>
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<tr>
<td>Hib3 immunization coverage</td>
<td>Routine reporting, Multiple Indicator Cluster Surveys, Demographic and Health Surveys</td>
<td>United Nations Children’s Fund/World Health Organization</td>
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<tr>
<td>Children under age 5 sleeping under insecticide-treated nets</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Malaria Indicator Surveys</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>Indicator</td>
<td>Data source</td>
<td>Global database</td>
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<td>Antimalarial treatment (children under age 5 with fever)</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Malaria Indicator Surveys</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>Pneumonia Careseeking for pneumonia</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>Pneumonia Antibiotic treatment for pneumonia</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>Diarrhoeal diseases Oral rehydration therapy and continued feeding</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>Maternal and newborn health</td>
<td></td>
<td></td>
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<tr>
<td>Adolescent birth rate Adolescent birth rate</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys, other national surveys</td>
<td>United Nations Population Fund/United Nations Population Division</td>
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<tr>
<td>Unmet need Unmet need for family planning</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys</td>
<td>United Nations Population Fund</td>
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<tr>
<td>Antenatal care Antenatal care (at least one visit)</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys, other national surveys</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>Antenatal care (four or more visits)</td>
<td>Demographic and Health Surveys, Reproductive Health Survey, other national surveys</td>
<td>United Nations Children’s Fund</td>
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<td>Intermittent preventive treatment of malaria during pregnancy Intermittent preventive treatment for pregnant women</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>Neonatal tetanus protection Neonatal tetanus protection</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys</td>
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<td>Delivery care Skilled attendant at birth</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys, other national surveys</td>
<td>United Nations Children’s Fund</td>
</tr>
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<td>Caesarean section Caesarean section rate</td>
<td>Demographic and Health Surveys, Reproductive Health Survey, other national surveys</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>Postnatal visit Postnatal visit for mother</td>
<td>Demographic and Health Surveys</td>
<td>Special data analysis by Saving Newborn Lives</td>
</tr>
<tr>
<td>Postnatal visit for newborn</td>
<td>Demographic and Health Surveys</td>
<td>Special data analysis by Saving Newborn Lives</td>
</tr>
<tr>
<td>Breastfeeding Early initiation of breastfeeding</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys</td>
<td>United Nations Children’s Fund</td>
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<td>Contraceptive prevalence Contraceptive prevalence rate</td>
<td>Multiple Indicator Cluster Surveys, Demographic and Health Surveys, Reproductive Health Surveys, other national surveys</td>
<td>United Nations Population Fund/United Nations Population Division</td>
</tr>
<tr>
<td>Water and sanitation</td>
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<td></td>
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<tr>
<td>Policies, systems and equities</td>
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<td>Integrated management of childhood illness adapted to cover newborns ages 0–1 week</td>
<td>World Health Organization</td>
<td>Special data compilation by World Health Organization</td>
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<tr>
<td>Costed implementation plan for maternal, newborn and child health available Midwives authorized to administer a core set of life-saving interventions</td>
<td>World Health Organization</td>
<td>Special data compilation by World Health Organization</td>
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<tr>
<td>Indicator</td>
<td>Data source</td>
<td>Global database</td>
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<tr>
<td>-----------</td>
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<td>Maternity protection in accordance with International Labour Organization Convention 183</td>
<td>International Labour Organization Database of Conditions of Work and Employment Laws – Maternity Protection</td>
<td>International Labour Organization</td>
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<td>Specific notification of maternal deaths</td>
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<td>Special data compilation by World Health Organization</td>
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<td>Systems Per capita expenditure on health</td>
<td>World Health Organization, International Travel and Health Report 2010</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>General government expenditure on health as percentage of total government expenditure</td>
<td>World Health Organization, International Travel and Health Report 2010</td>
<td>World Health Organization</td>
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<tr>
<td>Out-of-pocket expenditure as percentage of total expenditure on health</td>
<td>World Health Organization, International Travel and Health Report 2010</td>
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<td>Density of doctors, midwives and nurses per 10,000 population</td>
<td>World Health Organization, Global Atlas of the Health Workforce</td>
<td>World Health Organization</td>
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<tr>
<td>Official development assistance to child health per child</td>
<td>Organisation for Economic Co-operation and Development/Development Assistance Committee</td>
<td>London School of Health and Tropical Medicine</td>
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<tr>
<td>Official development assistance to maternal and neonatal health per live birth</td>
<td>Organisation for Economic Co-operation and Development/Development Assistance Committee</td>
<td>London School of Health and Tropical Medicine</td>
</tr>
<tr>
<td>Equity Coverage gap by wealth quintile (based on a weighted average of coverage levels of reproductive, maternal, newborn and child interventions)</td>
<td>Demographic and Health Surveys</td>
<td>Special data analysis by Federal University of Pelotas, Brazil, and the World Health Organization</td>
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</table>
## Annex B

### Definitions of Countdown indicators

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Indicator definition</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exclusive breastfeeding (&lt;6 months)</td>
<td>Percentage of infants ages 0–5 months who are exclusively breastfed</td>
<td>Number of infants ages 0–5 months who are exclusively breastfed</td>
<td>Total number of infants ages 0–5 months surveyed</td>
</tr>
<tr>
<td>Complementary feeding (6–9 months)</td>
<td>Percentage of infants ages 6–9 months who are breastfed and receive complementary food</td>
<td>Number of infants ages 6–9 months who are breastfed and receive complementary food</td>
<td>Total number of infants ages 6–9 months surveyed</td>
</tr>
<tr>
<td>Vitamin A supplementation</td>
<td>Percentage of children ages 6–59 months who received two doses of vitamin A during the calendar year</td>
<td>Number of children ages 6–59 months who received two doses of vitamin A during the calendar year</td>
<td>Total number of children ages 6–59 months surveyed</td>
</tr>
<tr>
<td><strong>Child health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles immunization coverage</td>
<td>Percentage of infants immunized with measles containing vaccine</td>
<td>Number of children ages 12–23 months who were immunized against measles</td>
<td>Total number of children ages 12–23 months surveyed</td>
</tr>
<tr>
<td>Three doses of combined diphtheria/pertussis/tetanus (DPT) vaccine immunization coverage</td>
<td>Percentage of infants who received three doses of diphtheria/pertussis/tetanus vaccine</td>
<td>Number of children ages 12–23 months receiving three doses of diphtheria/pertussis/tetanus vaccine</td>
<td>Total number of children ages 12–23 months surveyed</td>
</tr>
<tr>
<td>Three doses of Haemophilus influenzae type B immunization coverage</td>
<td>Percentage of infants who received three doses of Haemophilus influenzae type B vaccine</td>
<td>Number of children ages 12–23 months receiving three doses of Haemophilus influenzae type B vaccine</td>
<td>Total number of children ages 12–23 months surveyed</td>
</tr>
<tr>
<td>Oral rehydration therapy and continued feeding</td>
<td>Percentage of children ages 0–59 months who received oral rehydration therapy and continued feeding</td>
<td>Number of children ages 0–59 months who received oral rehydration therapy and continued feeding</td>
<td>Total number of children ages 0–59 months who received oral rehydration therapy and continued feeding</td>
</tr>
<tr>
<td>Insecticide-treated net use</td>
<td>Percentage of children ages 0–59 months sleeping under an insecticide-treated mosquito net</td>
<td>Number of children ages 0–59 months sleeping under an insecticide-treated mosquito net</td>
<td>Total number of children ages 0–59 months surveyed</td>
</tr>
<tr>
<td>Antimalarial treatment</td>
<td>Percentage of children ages 0–59 months who received any appropriate antimalarial drugs</td>
<td>Number of children ages 0–59 months who received any appropriate antimalarial drugs</td>
<td>Total number of children ages 0–59 months who received any appropriate antimalarial drugs</td>
</tr>
<tr>
<td>Prevention of mother-to-child transmission of HIV</td>
<td>Percentage of HIV-infected pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission</td>
<td>Number of HIV-infected pregnant women who received antiretrovirals</td>
<td>Estimated unrounded number of HIV-infected pregnant women</td>
</tr>
<tr>
<td>Careseeking for pneumonia</td>
<td>Percentage of children ages 0–59 months with suspected pneumonia taken to an appropriate health provider</td>
<td>Number of children ages 0–59 months who were taken to an appropriate health provider</td>
<td>Total number of children ages 0–59 months who were taken to an appropriate health provider</td>
</tr>
<tr>
<td>Antibiotic treatment for pneumonia</td>
<td>Percentage of children ages 0–59 months with suspected pneumonia who received antibiotics</td>
<td>Number of children ages 0–59 months who received antibiotics</td>
<td>Total number of children ages 0–59 months who received antibiotics</td>
</tr>
<tr>
<td><strong>Maternal and newborn health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraceptive prevalence</td>
<td>Percentage of women currently married or in union ages 15–49 that are using (or whose partner is using) a contraceptive method (either modern or traditional)</td>
<td>Number of women currently married or in union ages 15–49 years that are using (or whose partner is using) a contraceptive method (either modern or traditional)</td>
<td>Total number of women ages 15–49 that are currently married or in union</td>
</tr>
<tr>
<td>Adolescent birth rate</td>
<td>Number of births to adolescent women per 1,000 adolescent women</td>
<td>Number of live births to adolescent women per 1,000 adolescent women</td>
<td>1,000 adolescent women ages 15–19</td>
</tr>
<tr>
<td>Unmet need for family planning</td>
<td>Percentage of women who are currently married or in union that have an unmet need for contraception</td>
<td>Number of women who are currently married or in union that are fecund and want to space their births or limit the number of children they have but that are not currently using contraception</td>
<td>Total number of women who are currently married or in union</td>
</tr>
<tr>
<td>Antenatal care (at least one visit)</td>
<td>Percentage of women attended at least once during pregnancy by skilled health personnel for reasons related to the pregnancy</td>
<td>Number of women attended at least once during pregnancy by skilled health personnel (doctor, nurse, midwife or auxiliary midwife) for reasons related to the pregnancy in the X years prior to the survey</td>
<td>Total number of women who had a live birth occurring in the same period</td>
</tr>
<tr>
<td>Antenatal care (four or more visits)</td>
<td>Percentage of women attended at least four times during pregnancy by any provider (skilled or unskilled) for reasons related to the pregnancy</td>
<td>Number of women attended at least four times during pregnancy by any provider (skilled or unskilled) for reasons related to the pregnancy in the X years prior to the survey</td>
<td>Total number of women who had a live birth occurring in the same period</td>
</tr>
<tr>
<td>Neonatal tetanus protection</td>
<td>Percentage of newborns protected against tetanus</td>
<td>Number of mothers with a live birth in the year prior to the survey who received two doses of tetanus toxoid vaccine within the appropriate interval prior to the infant’s birth</td>
<td>Total number of women ages 15–49 with a live birth in the year prior to the survey</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Intervention</th>
<th>Indicator definition</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
</thead>
<tbody>
<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 at risk for malaria who received two or more doses of a sulfadoxine-pyrimethamine (Fansidar™) to prevent malaria during their last pregnancy that led to a live birth</td>
<td>Total number of women surveyed who delivered a live newborn within the last two years</td>
</tr>
<tr>
<td>Skilled attendant at birth</td>
<td>Percentage of live births attended by skilled health personnel</td>
<td>Number of live births to women ages 15–49 years in the X years prior to the survey attended during delivery by skilled health personnel (doctor, nurse, midwife or auxiliary midwife)</td>
<td>Total number of live births to women ages 15–49 years in the X years prior to the survey</td>
</tr>
<tr>
<td>Caesarean section rate</td>
<td>Percentage of live births delivered by Caesarean section</td>
<td>Number of live births to women ages 15–49 years in the X years prior to the survey delivered by caesarean section</td>
<td>Total number of live births to women ages 15–49 years in the X years prior to the survey</td>
</tr>
<tr>
<td>Early initiation of breastfeeding</td>
<td>Percentage of newborns put to the breast within one hour of birth</td>
<td>Number of women with a live birth in the X years prior to the survey who put the newborn infant to the breast within 1 hour of birth</td>
<td>Total number of women with a live birth in the X years prior to the survey</td>
</tr>
<tr>
<td>Postnatal care for mothers^4</td>
<td>Percentage of mothers who received postnatal care visit within two days of childbirth</td>
<td>Number of women who received a postnatal care visit within two days of childbirth (regardless of place of delivery)</td>
<td>Total number of women ages 15–49 years with a last live birth in the x years prior to the survey (regardless of place of delivery)</td>
</tr>
<tr>
<td>Postnatal care for babies who were born at home</td>
<td>Percentage of babies born outside a facility who received a postnatal care visit within two days of birth</td>
<td>Number of babies born outside of a health facility who received a postnatal care visit within two days of birth^1</td>
<td>Total number of last-born babies born outside of a health facility in the X years prior to the survey^6</td>
</tr>
</tbody>
</table>

### Water and sanitation

| Use of improved drinking water sources             | Percentage of the population using improved drinking water sources                     | Number of household members living in households using improved drinking water sources (including household connections, public standpipe, borehole, protected dug well, protected spring, rainwater collection) | Total number of household members in households surveyed                                      |
| Use of improved sanitation facilities             | Percentage of the population using improved sanitation facilities                     | Number of household members using improved sanitation facilities (including connection to a public sewer, connection to a septic system, pour-flush latrine, simple pit latrine, or a ventilated improved pit latrine) | Total number of household members in households surveyed                                      |

**Notes**

a. More details on the HIV estimates methodology can be found at www.unaids.org.
b. Also referred to as the age-specific fertility rate for women ages 15–19.
c. The reference period may differ between surveys.
d. The reference period may differ between surveys.
e. As used for postnatal care in figure 4.
f. Information on postnatal care for babies who were born in health facilities has historically not been collected by Demographic and Health Surveys.
g. This denominator differs from the all births denominator used for the indicator for postnatal care for mother. Therefore, the coverage for mother and newborn cannot be compared.
### Annex C
#### Definitions of policy and health systems indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Indicator definition</th>
<th>Criteria for ranking</th>
</tr>
</thead>
</table>
| Midwives authorized to administer a core set of life-saving interventions | National policy adopted authorizing midwives to administer the following: • parental antibiotics • parental oxytocics • parental anticonvulsants • manual removal of placenta • removal of retained products of conception • assisted vaginal delivery • newborn resuscitation | Yes: midwives authorized for all tasks  
Partial: midwives authorized for some tasks  
No: midwives not authorized for any of these tasks |
| Specific notification of maternal deaths | National policy adopted requiring health professionals to notify any maternal death | Yes: national policy adopted and implemented  
Partial: national policy adopted but no systematic implementation  
No: no national policy |
| Integrated management of childhood illness adapted to cover newborns ages 0–1 week | National integrated management of childhood illness guidelines adapted to cover major conditions affecting newborn survival in the first week of life | Yes: National integrated management of childhood illness guidelines adapted and in line with World Health Organization generic guidelines 2006  
Partial: National integrated management of childhood illness guidelines adapted but not fully in line with World Health Organization generic guidelines 2006  
No: National integrated management of childhood illness guidelines not adapted |
| New oral rehydration salts formula and zinc for management of diarrhoea | National policy guidelines adopted on management of diarrhoea with low osmolarity oral rehydration salts and zinc supplements | Yes: low osmolarity oral rehydration salts and zinc supplements in national policy  
Partial: low osmolarity oral rehydration salts or zinc supplements in national policy  
No: low osmolarity oral rehydration salts and zinc supplements not promoted in national policy |
| Community treatment of pneumonia with antibiotics | National policy adopted authorizing community health workers to identify and manage pneumonia with antibiotics | Yes: community health workers authorized to give antibiotics for pneumonia  
Partial: no national policy but some implementation of community-based management of pneumonia  
No: no national policy and no implementation |
| Maternity protection in accordance with International Labour Organization Convention 183 | International Labour Organization Convention 183 ratified by the country or national legislation in compliance with three key provisions of International Labour Organization Convention 183 (length of maternity leave and level and source of funding of maternity benefits—namely 14 weeks paid at 66% of previous earnings by social security or general revenue) | Yes: International Labour Organization Convention 183 ratified (maternity leave of at least 14 weeks with cash benefits of previous earnings paid by social security or public funds)  
Partial: International Labour Organization Convention 183 not ratified but previous maternity convention ratified (maternity leave of at least 12 weeks with cash benefit paid by social security or public funds)  
No: no ratification of any maternity protection convention |
Partial: voluntary agreements or some provisions of the International Code of Marketing of Breastmilk Substitutes adopted in legislation  
No: no legislation and no voluntary agreements adopted in relation to the International Code of Marketing of Breastmilk Substitutes |
| Costed implementation plan for maternal, newborn and child health | National plan or plans for scaling up maternal, newborn and child health interventions available and costed | Yes: costed plan or plans to scale up maternal, newborn and child health interventions available at national level  
Partial: costed plan available for either maternal and newborn health or child health  
No: no costed implementation plan for maternal, newborn and child health available |
<p>| Per capita expenditure on health (at international dollar rate) | Data on per capita health expenditure in international dollars for 2004 in this edition of Countdown are not comparable with data in previous editions because the estimates in this edition are based on the new purchasing power parity series from the World Bank’s 2005 International Comparison Program. Data for 2004 and 2006 in this edition are fully comparable. | Numerical |
| Per capita expenditure on health as percentage of total government expenditure | | Numerical |</p>
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Indicator definition</th>
<th>Criteria for ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-pocket expenditure as percentage of total expenditure on health</td>
<td></td>
<td>Numerical</td>
</tr>
<tr>
<td>Density of health workers per 10,000 population</td>
<td>Total number of physicians, nurses and midwives relative to the overall population</td>
<td>Numerical minimum standard: 23 health workers per 10,000 people needed to deliver basic maternal and child health services</td>
</tr>
<tr>
<td>Availability of emergency obstetric care services as percentage of recommended minimum</td>
<td>Minimum recommended is five emergency obstetric care facilities per 500,000 people, including one comprehensive and four basic emergency obstetric care facilities. (The breakdown of comprehensive and basic by population and geographic area is available in country assessment reports but not included in the Countdown.)</td>
<td>Availability is expressed as a percentage of the minimum acceptable number of emergency obstetric care facilities. The minimum acceptable number of emergency obstetric care facilities (comprehensive and basic) is calculated by dividing the population by 500,000 and multiplying by 5. The percentage of recommended minimum number of emergency obstetric care facilities is calculated by dividing the number of functioning emergency obstetric care facilities by the recommended number and multiplying by 100. To qualify as a fully functioning basic or comprehensive emergency obstetric care facility, a facility must provide a standard set of signal functions.</td>
</tr>
</tbody>
</table>
Appendix D
Technical notes on measuring equity in reproductive, maternal, newborn and child health through the coverage gap index

Coverage indicators

The measure of equity constructed for the Countdown report is the coverage gap index. For guidance on interpreting the coverage gap graphs in the country profiles, please see the section on explanation and interpretation of coverage gap below. The coverage gap index combines information on four intervention areas across the continuum of care: family planning, maternal and newborn care, immunization and treatment of sick children. Data from Demographic and Health Surveys and Multiple Indicator Cluster Surveys on eight coverage indicators in these four intervention areas was used to construct the coverage gap index (table D1).

Calculation of the coverage gap index

The coverage gap index was calculated using the formula:

\[
100\% - \left( \frac{\text{ORT} + \text{ARI}}{2} + \frac{\text{FPS} + \text{SBA} + \text{ANC}}{2} + \frac{\text{MSL} + 2 \times \text{DPT3} + \text{BCG}}{4} \right) / 4
\]

Each of the four intervention areas is given equal weight.

If need data on need for family planning satisfied were not available, the contraceptive prevalence rate among married women ages 15–49 was used to estimate the need satisfied according to the following formula: FPS = CPR * 1.07 + 27. This formula was derived from analysis of more than 100 Demographic and Health Surveys with data on both unmet need and contraceptive prevalence rate.

Wealth index

The coverage gap index was calculated for the total sample for each country and data point. To measure equity, the total sample must be divided into groups by socioeconomic status. Demographic and Health Surveys and Multiple Indicator Cluster Surveys do not collect information on income and expenditure, which could be used to do this. But the surveys do collect information on asset ownership and availability of basic household services. For the purposes of analyzing socioeconomic inequalities in health, it has been shown that using such variables to develop an index of socioeconomic status leads to similar results as using income or expenditure data.40

For coverage of health interventions in the Demographic and Health Surveys, data from an analysis by Gwatkin and others (2007) were used. They took information on household assets and access to basic household services from Demographic and Health Surveys to construct a wealth index. The index was used to rank households and then divide the household population into quintiles. Results from recent

<table>
<thead>
<tr>
<th>Number</th>
<th>Indicator</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a.</td>
<td>Need for family planning satisfied (FPS)</td>
<td>Percentage of currently married women who are fecund and say that they do not want any more children or that they want to wait two or more years before having another child or who had an unwanted pregnancy in the previous six months that are using contraception (any method)</td>
</tr>
<tr>
<td>1b.</td>
<td>Contraceptive prevalence rate (CPR)</td>
<td>Percentage of women ages 15–49 currently married or in union who are using (or whose partner is using) a modern contraceptive method</td>
</tr>
<tr>
<td>2.</td>
<td>Antenatal care (ANC)</td>
<td>Percentage of women attended at least once during pregnancy by skilled health personnel for reasons related to the pregnancy in the three years prior to the survey</td>
</tr>
<tr>
<td>3.</td>
<td>Skilled birth attendance (SBA)</td>
<td>Percentage of live births in the three years prior to the survey attended by skilled health personnel (doctor, nurse, midwife or auxiliary midwife)</td>
</tr>
<tr>
<td>4.</td>
<td>Measles vaccination (MSL)</td>
<td>Percentage of children ages 12–23 months who are immunized against measles</td>
</tr>
<tr>
<td>5.</td>
<td>Diphtheria, pertussis and tetanus vaccination (three doses of combined DPT vaccine)</td>
<td>Percentage of children ages 12–23 months who received three doses of DPT vaccine</td>
</tr>
<tr>
<td>6.</td>
<td>BCG vaccination (BCG)</td>
<td>Percentage of children age 1–23 months currently vaccinated against BCG</td>
</tr>
<tr>
<td>7.</td>
<td>Oral rehydration therapy (ORT)</td>
<td>Percentage of children under age 5 with diarrhoea in the last two weeks who received oral rehydration therapy (oral rehydration salts packets, recommended home solution or increased fluids) and continued feeding</td>
</tr>
<tr>
<td>8.</td>
<td>Treatment of acute respiratory infection (ARI)</td>
<td>Percentage of children ages 0–59 months with suspected pneumonia (cough and dyspnoea) who sought care from a health provider</td>
</tr>
</tbody>
</table>
Demographic and Health Surveys results were also included. For Multiple Indicator Cluster Surveys, data from the United Nations Children’s Fund’s Multiple Indicator Cluster Surveys website (http://childinfo.org) were used for those countries as well as data points for which a wealth index had been constructed.41

Explanation and interpretation of coverage gap graph

The x-axis shows the wealth quintiles; from the poorest quintile to the best-off quintile. The y-axis shows the mean coverage of the selected interventions (in green, bottom part of the area chart) and the coverage gap (in red, top part of the area chart). The coverage gap represents how much the mean coverage is below 100%.

The difference between the poorest and richest quintiles and the shape of the line show the patterns of inequality within a country. First, the greater the inequality between the poorest and richest quintiles, the steeper the upward slope of the mean coverage line. With a few exceptions, the green area increases moving from the poorest quintile to the best-off quintile in the country profiles, showing higher coverage (and therefore a smaller gap) among the better off.

The shape of the area is equally important.42 The way the lines are curved can illustrate where inequities are concentrated. There are three main patterns. First, bottom inequity occurs when the poorest lag behind. Second, top inequity occurs when the richest do substantially better than the other quintiles. The intermediate pattern is more or less linear. Coverage increases by a similar fraction as one goes from the poorest to the richest quintile.

The shape of the coverage gap line can inform policies to address inequities. Many country graphs have relatively straight upward-sloping lines from the poorest to the best-off quintile, which would suggest that efforts should be made to increase the overall coverage of interventions, but with special attention paid to the poor. A top inequity pattern, as illustrated in the Nigeria and Uganda country profiles, with a relatively small coverage gap among the best-off quintile, suggests that inequities would be reduced by raising the overall population coverage of interventions.

An upward slope from the poorest quintile to the second-poorest quintile and then a more or less straight line (or at least less steep) to the best-off quintile would be an example of bottom inequity, as shown in the South Africa country profile. Such a pattern indicates that inequities are concentrated among the poorest and that the most appropriate policy response would be to target that particular group.
Annex E
Countdown priority countries considered to be malaria endemic

Table E1 indicates which Countdown priority countries are malaria endemic—defined as having a documented risk of *Plasmodium falciparum* transmission nationwide and throughout the year—and which countries have subnational risk, mostly *p. vivax*, no risk or very limited risk.

<table>
<thead>
<tr>
<th>Malaria-endemic countries (n = 45)</th>
<th>Countries with subnational risk of <em>Plasmodium falciparum</em> transmission (n = 14)</th>
<th>Countries with mostly <em>p. vivax</em>, no <em>Plasmodium falciparum</em> or very limited risk (n = 9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>Kenya</td>
<td>Bolivia</td>
</tr>
<tr>
<td>Angola</td>
<td>Lao PDR</td>
<td>Brazil</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>Liberia</td>
<td>China</td>
</tr>
<tr>
<td>Benin</td>
<td>Madagascar</td>
<td>Haiti</td>
</tr>
<tr>
<td>Botswana</td>
<td>Malawi</td>
<td>India</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Mali</td>
<td>Indonesia</td>
</tr>
<tr>
<td>Burundi</td>
<td>Mozambique</td>
<td>Mauritania</td>
</tr>
<tr>
<td>Cambodia</td>
<td>Myanmar</td>
<td>Nepal</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Niger</td>
<td>Peru</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>Nigeria</td>
<td>Philippines</td>
</tr>
<tr>
<td>Chad</td>
<td>Pakistan</td>
<td>South Africa</td>
</tr>
<tr>
<td>Congo</td>
<td>Papua New Guinea</td>
<td>Swaziland</td>
</tr>
<tr>
<td>Congo, Dem. Rep. of the</td>
<td>Rwanda</td>
<td>Tajikistan</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>Senegal</td>
<td>Yemen</td>
</tr>
<tr>
<td>Djibouti</td>
<td>Sierra Leone</td>
<td></td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>Somalia</td>
<td></td>
</tr>
<tr>
<td>Eritrea</td>
<td>Sudan</td>
<td></td>
</tr>
<tr>
<td>Gabon</td>
<td>Togo</td>
<td></td>
</tr>
<tr>
<td>Gambia</td>
<td>Uganda</td>
<td></td>
</tr>
<tr>
<td>Ghana</td>
<td>Zambia</td>
<td></td>
</tr>
<tr>
<td>Guinea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Country has lower risk of *Plasmodium falciparum* transmission in identifiable areas (such as certain urban centres) but the highest prevention strategy is still recommended nationwide.

*Source: WHO 2010.*
Annex F
Details on estimates from the Inter-agency Group for Child Mortality Estimation used in the Countdown report

Child mortality estimates

The child mortality estimates in this report (infant mortality rate, under-five mortality rate and under-five deaths) are based on the work of the Inter-agency Group for Child Mortality Estimation, which includes the United Nations Children’s Fund (UNICEF), the World Health Organization (WHO), the United Nations Population Division and the World Bank. The estimates are the official UN estimates for measuring progress towards Millennium Development Goal 4—reducing child mortality. The Inter-agency Group for Child Mortality Estimation compiles data available from all possible nationally representative sources for a country, including household surveys, censuses, vital registration and then like, and uses a model to fit a regression line to the data to produce the mortality estimates. Estimates are updated every year after a detailed review of all newly available data points. The review occasionally results in adjustments to previously reported estimates. The full time series for all countries is published at www.childinfo.org and www.childmortality.org.

Maternal mortality estimates

Maternal mortality estimates for 2005 are based on the work of an interagency group comprising the WHO, UNICEF, the United Nations Population Fund and the World Bank. The model-based estimates use a dual approach to take into account the frequent underreporting and misclassification of maternal deaths. For more information, see WHO, UNICEF, UNFPA and World Bank (2007).

Immunization

The immunization data published in this report are based on the work of the WHO and UNICEF. The estimates should not be confused with other sources of information, such as Demographic and Health Surveys, Multiple Indicator Cluster Surveys, or Ministries of Health. The WHO and UNICEF derive national estimates of immunization coverage each year and send each country a draft report for review. Based on comments and new evidence from the country reviews, final reports are published in August with data for the preceding year. All new evidence, such as final survey reports received after publication, are taken into consideration for the following year’s estimates. For each country’s final report for 2008 as well as data sources and a description of trends, see www.childinfo.org.

Water and Sanitation

The drinking water and sanitation coverage estimates are produced by the WHO–UNICEF Joint Monitoring Programme for Water Supply and Sanitation. The estimates are the official UN estimates for measuring progress towards the Millennium Development Goal targets for drinking water and sanitation. They use a standard classification of what constitutes coverage. The Joint Monitoring Programme does not report the findings of the latest nationally representative household survey or census. Instead, it estimates coverage using a linear regression line that is based on coverage data from all available household sample surveys and census. For specific country data, see www.childinfo.org and www.wssinfo.org.
Annex G
Calculating the financing gap for maternal, newborn and child health

To project likely trends of financial flows to maternal, newborn and child health over 2008–2015, a spreadsheet model was developed covering two scenarios: a business as usual scenario based on past experience and a public commitments scenario based on national government and bilateral donor commitments (see table G1 for the main assumptions of the model).

To estimate the financing gap, forecasted expenditure was compared with costs of scaling up maternal, newborn and child interventions. The costs used were estimated by the Millennium Development Goals 4 and 5 costing and impact estimate group for the Global Campaign for the Health Millennium Development Goals (2008).

Data were converted from nominal values in national currency units into real data with a 2007 base year using country-specific consumer price index growth rates and then converted into U.S. dollars using International Monetary Fund exchange rates.

The complete aid activities database for 2007 was analyzed and coded according to the methodology used in Powell-Jackson and others.

| TABLE G1 |
| Assumptions of the two scenarios in the model for projecting financial flows to maternal, newborn and child health |

<table>
<thead>
<tr>
<th>Variable</th>
<th>Scenario 1: business as usual</th>
<th>Scenario 2: public commitments</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Panel A: General government health expenditure</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GDP forecast</td>
<td>Country-specific annual growth rates</td>
<td></td>
<td>International Monetary Fund World Economic Outlook</td>
</tr>
<tr>
<td>Ratio of general government expenditure to GDP</td>
<td>Average 2000–2007</td>
<td></td>
<td>World Health Organization and International Monetary Fund historic data</td>
</tr>
<tr>
<td>Ratio of general government expenditure for health to general government expenditure</td>
<td>Average 2000–2007</td>
<td>Linear increase to 15% for African countries</td>
<td>World Health Organization historic data</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Linear increase to 12% for non-African countries</td>
<td>Abuja Declaration</td>
</tr>
<tr>
<td>Distribution of external health expenditure among public and private financing agents</td>
<td>70% government financing agents</td>
<td></td>
<td>Mean of estimates from national health accounts reports</td>
</tr>
<tr>
<td></td>
<td>30% private financing agents</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Panel B: Private health expenditure</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private health expenditure</td>
<td>Increases in line with real GDP growth from 2007 baseline value</td>
<td></td>
<td>Best estimate</td>
</tr>
<tr>
<td>Distribution of external health expenditure among public and private financing agents</td>
<td>70% government financing agents</td>
<td></td>
<td>Mean of estimates from national health accounts reports</td>
</tr>
<tr>
<td></td>
<td>30% private financing agents</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Panel C: external health expenditure</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual real GDP growth in donor countries</td>
<td>2% a year</td>
<td></td>
<td>Organisation for Economic Co-operation and Development/Development Assistance Committee projections of net official development assistance</td>
</tr>
<tr>
<td>Ratio of official development assistance to GDP in donor countries</td>
<td>2008–2015 remains constant at 2007 ratio</td>
<td>Linear increase to 0.7% in 2015, or the ratio committed to in 2010, whichever is higher. Exceptions are Japan and the United States: linear increase to 0.3% in 2015</td>
<td>Organisation for Economic Co-operation and Development/Development Assistance Committee 2007 data</td>
</tr>
<tr>
<td>Distribution of official development assistance to health and across study countries</td>
<td>2008–2015 remains constant at 2007 apportionment</td>
<td></td>
<td>Organisation for Economic Co-operation and Development Creditor Reporting System 2007 data</td>
</tr>
<tr>
<td><strong>Panel D: maternal, newborn and child health expenditure</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ratio of maternal, newborn and child health expenditure to health expenditure</td>
<td>Government expenditure: 25%</td>
<td></td>
<td>National health accounts reports</td>
</tr>
<tr>
<td></td>
<td>Private expenditure: 25%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>External expenditure: 25%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(2006) and Greco and others (2010). This is a preliminary analysis; a final analysis of the 2007 and 2008 data will be completed by December 2010.

All 22 donor countries and the EU members of the Organisation for Economic Co-operation and Development’s Development Assistance Committee were included. In addition, the World Bank, UNICEF, the Joint United Nations Programme on HIV/AIDS, the Global Alliance for Vaccines and Immunisation and the Global Fund to Fight AIDS, Tuberculosis and Malaria were included as multilateral development organizations and global health funds. After two years of nonreporting, the United Nations Population Fund reported data for 2007, so its disbursements are also included.

For all but one donor, the analysis used data from the Organisation for Economic Co-operation and Development Creditor Reporting System database (www.oecd.org/dac/stats/idsonline). The Global Alliance for Vaccines and Immunisation provided disbursement data, which were also included in the analysis. Disbursements from the Global Fund to fight AIDS, Tuberculosis and Malaria were available in the Creditor Reporting System database, but data were cross-checked against the data on the Global Fund website and found to be consistent. The World Bank did not report disbursements, so its commitment data were used instead.
Notes

1. You and others 2009.
5. Gwatkin and others 2007.
8. Wall and others 2009.
10. Lawn and others 2010.
15. WHO 2009.
18. Pereira and others 2007; Vaz and others 1999.
23. Gonzalez-Pier and others 2007.
28. SUZY Project, ICDDR, B 2009 (personal communication).
31. WHO Regional Office for South-East Asia 2009.
32. South Africa Every Death Counts Writing Group 2008.
34. Dawson and others 2008.
41. For more information on the calculation of the wealth index from DHS and MICS data, please refer to Rutstein and Johnson (2004).
42. Victora and others 2005.
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Gonzalez-Pier, E., and others. 2007. “Priority Setting for Health Interventions in Mexico’s System of


Powell-Jackson, T., and others 2006. “Countdown to 2015: Tracking Donor Assistance to Maternal,


Countdown to 2015
with country profiles
Taking stock of maternal, newborn and child survival

www.countdown2015mnch.org