Where are we with MDG 4 and 5?

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Partnership for Maternal, Newborn & Child Health
Aim of the presentation

• To summarise the status of child mortality-MDG 4- and maternal health -MDG 5- in countries where it is most matters

• To use the Countdown to 2015 report and The Lancet special issue
  – Collaborative effort to monitor coverage of priority interventions necessary to reduce child, maternal deaths
The global picture

• More than 500,000 women die during pregnancy and childbirth each year: 1 death every minute
• 3.3 million babies are still born, and 3 million die within a week of birth
• Almost 7 million child deaths occur after 28 days

1 death every 3 seconds

At least two-thirds of these deaths could be prevented, through better care, access to services and improved nutrition
Focus of Countdown to 2015

68 priority countries – 97% of maternal and child deaths
What does the Countdown track?

- Progress in countries in coverage of critical interventions across maternal, newborn and child health (MNCH) continuum of care
- Inequities in coverage
- Progress in health policy and strengthening of health systems
- Donor assistance to MNCH
Countdown to 2015—products
Countdown conference with IPU

• IPU-Union of Parliaments of 146 States
• Over 1000 MPs gather for the 118th Assembly, 13-18 April, in Cape Town
• Countdown/IPU Joint event:
  – Countdown presentation at IPU Assembly
  – IPU/Countdown Press Conference, launch of the report
  – Special session with Parliamentarians
Who are the partners in Countdown to 2015?

- UNICEF
- World Health Organization
- UNFPA
- The World Bank
- The Partnership for Maternal, Newborn & Child Health
- FAMILY CARE INTERNATIONAL
- Save the Children
- THE LANCET
- NORAD
- Australia Department of AID
- USAID
- DFID
- Bill & Melinda Gates Foundation
- IPA
- BASICS
- Johns Hopkins Bloomberg School of Public Health
- University of Aberdeen
- Aga Khan University
- London School of Hygiene & Tropical Medicine
- "Countdown to 2015 - Maternal, Newborn & Child Survival"
Coverage & equity results
68 countries; 97% of maternal and child deaths

- Only 16 countries (24%) on track to meet MDG4
- Of the 16, only 3 have moved from “not on track” to “on track” since the 2005 Countdown
- Good news – China is one of the 3 making progress
- 56 of 68 countries (82%) have high maternal mortality
Progress toward MDG4

- Rapid progress is possible. Further analysis of these “well-performing” countries is under way.
- No country in sub-Saharan Africa on this list.

- The 10 countries with least progress are in sub-Saharan Africa.
  - Most have contextual factors that threaten MNC health:
    - High HIV prevalence (>5%, 8/10)
    - Conflict (2/10)

**Table 3: Ten best and ten worst performing countries on progress towards MDG 4 since 1990**

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Peru</td>
<td>1</td>
<td>25</td>
<td>68%</td>
</tr>
<tr>
<td>Brazil</td>
<td>2</td>
<td>20</td>
<td>65%</td>
</tr>
<tr>
<td>Indonesia</td>
<td>3</td>
<td>34</td>
<td>63%</td>
</tr>
<tr>
<td>Egypt</td>
<td>4</td>
<td>35</td>
<td>62%</td>
</tr>
<tr>
<td>Nepal</td>
<td>5</td>
<td>59</td>
<td>58%</td>
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<tr>
<td>Morocco</td>
<td>6</td>
<td>37</td>
<td>58%</td>
</tr>
<tr>
<td>Laos</td>
<td>7</td>
<td>75</td>
<td>54%</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>8</td>
<td>69</td>
<td>54%</td>
</tr>
<tr>
<td>Bolivia</td>
<td>9</td>
<td>61</td>
<td>51%</td>
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<tr>
<td>Guatemala</td>
<td>10</td>
<td>41</td>
<td>50%</td>
</tr>
<tr>
<td>Chad</td>
<td>59</td>
<td>209</td>
<td>-4%</td>
</tr>
<tr>
<td>Cameroon</td>
<td>60</td>
<td>149</td>
<td>-7%</td>
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<tr>
<td>South Africa</td>
<td>61</td>
<td>69</td>
<td>-15%</td>
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<tr>
<td>Equatorial Guinea</td>
<td>62</td>
<td>206</td>
<td>-21%</td>
</tr>
<tr>
<td>Congo</td>
<td>63</td>
<td>126</td>
<td>-22%</td>
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<tr>
<td>Kenya</td>
<td>64</td>
<td>121</td>
<td>-25%</td>
</tr>
<tr>
<td>Lesotho</td>
<td>65</td>
<td>132</td>
<td>-31%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>66</td>
<td>105</td>
<td>-38%</td>
</tr>
<tr>
<td>Swaziland</td>
<td>67</td>
<td>164</td>
<td>-49%</td>
</tr>
<tr>
<td>Botswana</td>
<td>68</td>
<td>124</td>
<td>-114%</td>
</tr>
</tbody>
</table>
Progress toward MDG5

- None of these countries are in sub-Saharan Africa or South Asia
- Even among the ten “best performers”, 7 have ratios over 100

- 12 of 13 countries with highest MMRs are in sub-Saharan Africa
- Pattern of contextual differs from that of MDG4. Here:
  - High HIV prevalence (>5%, 8/10)
  - Conflict (2/10)

Table 4: Ranking of selected countries for maternal mortality as a proxy for progress towards MDG5

<table>
<thead>
<tr>
<th>Rank</th>
<th>Maternal mortality</th>
</tr>
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<tbody>
<tr>
<td>China</td>
<td>1</td>
</tr>
<tr>
<td>Mexico</td>
<td>2</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>3</td>
</tr>
<tr>
<td>Brazil</td>
<td>4</td>
</tr>
<tr>
<td>Egypt</td>
<td>5</td>
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<tr>
<td>Turkmenistan</td>
<td>6</td>
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<tr>
<td>Tajikistan</td>
<td>7</td>
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<tr>
<td>Philippines</td>
<td>8</td>
</tr>
<tr>
<td>Peru</td>
<td>9</td>
</tr>
<tr>
<td>Morocco</td>
<td>10</td>
</tr>
<tr>
<td>Congo, Democratic Republic</td>
<td>56=</td>
</tr>
<tr>
<td>Malawi</td>
<td>56=</td>
</tr>
<tr>
<td>Nigeria</td>
<td>56=</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>56=</td>
</tr>
<tr>
<td>Burundi</td>
<td>56=</td>
</tr>
<tr>
<td>Liberia</td>
<td>61</td>
</tr>
<tr>
<td>Rwanda</td>
<td>62</td>
</tr>
<tr>
<td>Somalia</td>
<td>63=</td>
</tr>
<tr>
<td>Angola</td>
<td>63=</td>
</tr>
<tr>
<td>Chad</td>
<td>65</td>
</tr>
<tr>
<td>Niger</td>
<td>66=</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>66=</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>68</td>
</tr>
</tbody>
</table>

Data are rank or deaths per 100,000 livebirths. MDG=millennium development goal.
Coverage failures across the continuum of care

For some interventions:

- Family planning
- Skilled attendant at delivery
- Clinical care for newborn and child illnesses

In some countries:

- Huge ranges across the 68 countries
Health Systems/Policy

Assessment of the health system and policy environment as a critical complement to tracking intervention coverage for maternal, newborn, and child health

Countdown to 2015: Maternal, Newborn & Child Survival
Selected health system and health policy indicators for monitoring progress in MNCH

23 countries have policy
22 countries code legislation
0 countries ratified ILO convention 183
31 countries costed plan for MDG 4+5

11/27 >50% functioning EMOC
27 countries MW authorised
39 countries newborn included in IMCI
18 countries pneumonia cmx policy
34 countries new ORS + zinc policy

Low government expenditure – high out of pocket expenditure

Countdown to 2015
Maternal, Newborn & Child Survival
Density of physicians, nurses and midwives per 1000 population

54 countries have fewer than 2.5 HC professionals per 1000 population: too few to make a difference

Figure 3: Density of physicians, nurses, and midwives in the 68 Countdown priority countries
Assessment of donor assistance to maternal, newborn and child health between 2003 and 2006

Giulia Greco, Tim Powell-Jackson, Jo Borghi, Anne Mills
London School of Hygiene and Tropical Medicine
Donor Aid to Maternal, Newborn and Child Health: has it been increasing?

- Total aid on MNCH rose from $2119 million in 2003 to $3482 million in 2006, representing 3% of 2006 total gross aid
- Child Health increased by 63%
- Maternal and Newborn Health increased by 66%
- Per capita aid to the 68 priority countries doubled
Yes, but what type of aid?

- Only 2% goes to general budget support
- The bulk of aid is delivered through projects - e.g. Malaria booster programme, polio eradication, vaccination campaigns
- Aid flows are volatile and variable across years
- Countries with greater child health needs receive more assistance, but aid to maternal and newborn health is not well targeted to needier countries
A closer look at donors …

In 2006, 8 donors disbursed more than double their 2003 contributions - but Greece, France and Italy reduced their disbursements.

Three donors (USA, WB, Global Fund) disbursed collectively more than half of total aid to MNCH

- bilateral aid increased by 45%
- multilateral aid increased by 68%
- Global Fund and GAVI increased by nearly 200%

Countdown to 2015
Maternal, Newborn & Child Survival
The majority of the priority countries received more aid, but 16 out of 68 received less – e.g. Brazil, Congo, Ghana, Burundi, Lesotho.

Some countries received more than $20 per child – e.g. Rwanda, Zambia and Equatorial Guinea; others less than $1 per child – e.g. Philippines, Mexico and China.

Figure: Percentage change in total official development assistance to maternal, newborn, and child health between 2003 and 2006 by recipient country.
Key messages

- Strengthen links across the continuum of care:
  - Service packages like antenatal and postnatal care must include effective interventions
  - Address key coverage gaps: contraception, skilled care during childbirth, postnatal care, treatment of childhood illness

- Childbirth and the immediate postnatal period are the riskiest, and most neglected
On collecting and using data:

✓ **Quality data need to be collected frequently and used locally:**
  → Timely data for standard indicators is essential for good decision-making
  → Assess quality as well as coverage of key interventions

✓ **Health outcomes need to be counted**
  → Maternal, newborn and child deaths, including stillbirths, need to be tracked and investigated
On financing:

- Resources for MNCH must increase dramatically:
  - Growth in ODA from 2003 to 2006 welcome, but must continue

- Aid must be less volatile, less tied to specific projects, and better targeted to countries most in need

Countdown to 2015
Maternal, Newborn & Child Survival
Most importantly: The country profiles tell the real story

Thank you