

Countdown to 2030 Initiative for Women, Children and Adolescents' Health in Africa

Strengthening evidence use for action and accountability

(CD2030) initiative aims to promote increased coverage and access to reproductive, maternal, newborn, child, and adolescents' health (RMNCAH) services to all people and ensure disadvantaged groups are not left behind.



Globally, there has been substantial progress in reducing maternal and deaths such that between 1990 and 2015, maternal and under-five child mortality declined by 44% and 58% respectively.¹² However, maternal mortality remains unacceptably high, especially in developing countries. At least two-thirds of all annual maternal and child deaths worldwide occur in sub-Saharan Africa. Beyond inequities across countries and regions, significant inequities within countries persist.

There has been growing concern about inequities in health globally. For example, even though there is an improvement in overall health outcomes, there are significant gaps and some countries – especially those affected by conflict – are far behind. Further, coverage of interventions has increased, but the quality of services is wanting. Inequalities in coverage and mortality have reduced, but there are significant disparities between the poor and wealthy, those living in urban and rural areas among other stratifications.

Countdown to 2030 (CD2030) initiative aims to promote increased coverage and access to reproductive, maternal, newborn, child, and adolescents' health (RMNCAH) and nutrition services to all people and ensure disadvantaged groups and nutrition are not left behind. CD2030 is a global initiative that covers low and middle - income countries that account for 90% of all child deaths and 95% of all maternal deaths. In this brief, we will highlight the initiative's work in Africa.

About Countdown to 2030

The CD2030 initiative aims to strengthen the evidence base and country analytical capacity for the accountability of women, children, and adolescents' health. It contributes to innovative measurement research and analyses to provide evidence that informs decision making for policy, programming, and financing. Five principles guide the CD2030 activities:

1 Focus on coverage

Timely data on intervention coverage are essential for proper program management. Governments and their partners need up-to-date information on whether their programs are reaching targeted groups. CD2030 promotes the district, regional, and national managers and their partners to address low coverage rates by examining how interventions are delivered and revising service delivery plans.

2 Equity

The CD2030 provides original analyses of inequalities on the coverage of interventions by wealth, sex of the child, place of residence, and other social determinants. These analyses consistently show systematic pro-rich inequalities for virtually all coverage indicators.

¹World Health Organization Fact sheet – Children: reducing mortality – September 2018

²World Health Organization Fact sheet – Maternal mortality – February 2018

Data availability for equity analyses has improved, but much scope for progress remains. Repeated surveys using a consistent measurement of equity stratifiers, such as wealth, gender, residence, and ethnicity, are required to identify priority groups and track sub-national progress over time.

3 Build on existing goals and monitoring efforts

Today's reproductive, maternal, newborn, child, adolescents', and nutrition indicators reflect a concerted attempt to define and measure indicators consistently, permitting the assessment of trends over time. The initiative tracking complements and promotes country-level monitoring of women, children and adolescents' health programs. It ensures that policies, plans, and resources are in place and that programs and strategies are implemented fully and adequately. CD2030 aims to build on country-level data to attract attention and resources to address service delivery barriers. Further, it seeks to accelerate progress towards the health-related Sustainable Development Goals (SDGs) and particularly on universal health coverage for RMNCAH.

4 Promote effective interventions

The initiative monitors coverage for interventions and approaches feasible for broad implementation in priority countries. It also considers their proven effectiveness in improving reproductive, maternal, newborn, child and adolescents' health and nutrition.

5 Maintain a country and regional orientation

A primary objective for CD2030 is to build the sustainable capacity and competency of in-country researchers to conduct country-specific and multi-country research and analysis. CD2030 promotes in-country and regional research through its case studies, secondary analyses, and peer-reviewed publications. Further, by bringing together diverse individuals with equivalent experience, CD2030 participants aim to spark and support new insights and detailed directions for improving the health and survival of women, children, and adolescents'.

Institutionalization of evidence use

Through the CD2030, researchers compile, publish, and report on critical data that indicate country progress — or lack of progress — in providing equitable coverage of effective health interventions for women, children, and adolescents'. The evidence is reliable, comparable across countries and time, nationally representative, transparent and understandable by policymakers and program managers, and

regularly available. The initiative aims to strengthen efforts to hold governments and development partners accountable for fulfilling their commitments to the SDGs and the Global Strategy for Women's, Children's and Adolescents' Health.

Figure 1: CD2030 strategy for institutionalizing evidence use in Africa.

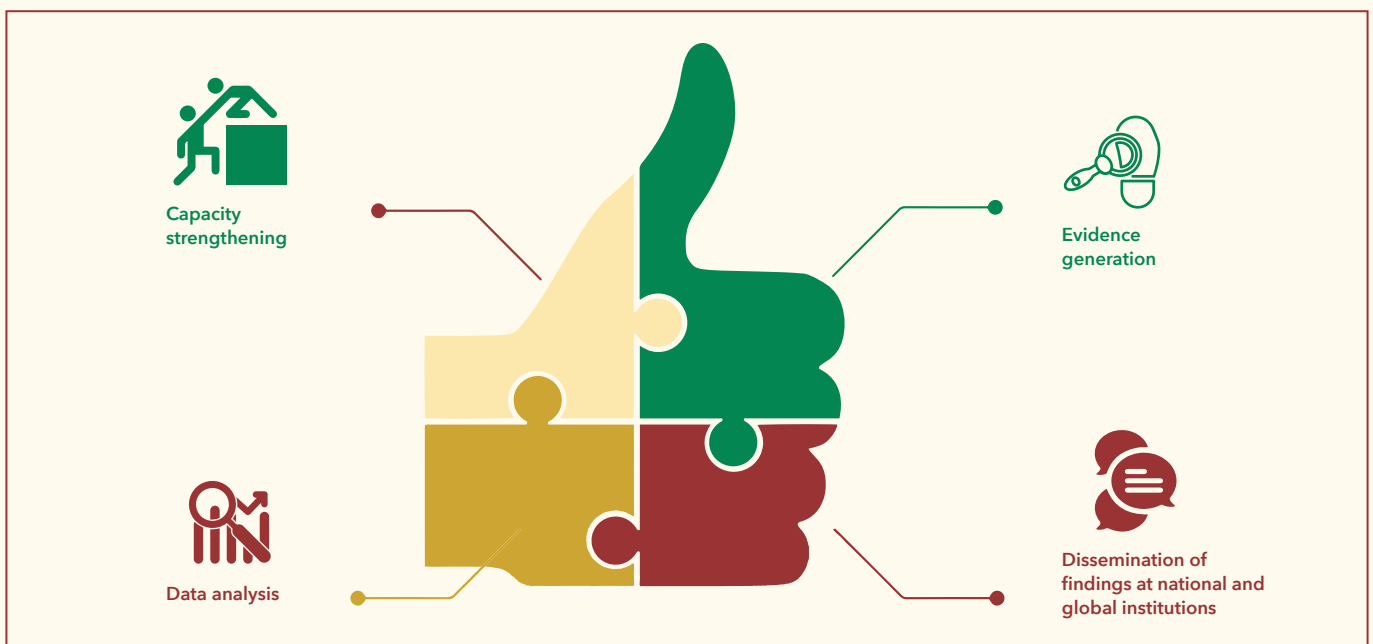


Figure 1: CD2030 strategy for institutionalizing evidence use in Africa.

Global Achievements

1. **Global monitoring products:** the 2018 global report (<http://countdown2030.org/reports-and-publications/countdown-2017-report>) with an accompanying Lancet article (2018 Jan 30); general RMNCAH and nutrition continuum of care country profiles and equity profiles for the 81 countries.
2. **In-depth data and analyses for multiple global partner reports:** the WHO Global Strategy Readiness Report, the annual reports of the Independent Advisory Panel, UNFPA's State of the World's Population Report, and the Global Nutrition Report.
3. **Global measurement products:** the submission of a 12 papers supplement in August 2019 to the BMJ Global Health on RMNCAH inequalities, early childhood development, armed conflict, nutrition and governance

for women, children and adolescents' health. The articles will be published in February 2020 in the open access, online journal that targets policymakers, funders, researchers, clinicians, and frontline healthcare workers.

4. **Formation of regional networks:** in Africa, two networks, the East and Southern Africa (ESA) and West and Central Africa (WCA) enhance the analysis of RMNCAH data to inform policies and programs. They generate evidence from existing data and strengthen country analytical capacity through training and provision of technical support. The results that focus on the coverage of continuum of care and equity indicators are shared through scientific articles and country dissemination events. They are also used in the national reviews of health sector strategic plans and country RMNCAH plans.

Africa's Regional Hubs

i) East and Southern Africa (ESA)

The ESA Countdown to 2030 network is coordinated by African Population and Health Research Center (APHRC). The network, brings together research and public health institutions with ministries of health in 19 countries in East and Southern Africa to strengthen the evidence in support of RMNCAH and nutrition programs.

The ESA region includes about half of the population in sub-Saharan Africa, and fertility levels remain high, particularly in

East African countries. Child and maternal mortality rates in the region came down in the Millennium Development Goal era. Achieving SDG targets is possible if robust evidence drives the implementation of appropriate, effective, and efficient interventions. Such an approach will enhance equity in access to quality health services and gender equality.

The network convenes multi-country workshops that strengthen the capacity of country and regional institutions to conduct detailed analysis on RMNCAH and nutrition and effectively communicate the findings to policymakers.

4



Four multi-country data analysis workshops were held in Kenya and Ethiopia for teams from **19 countries** in the sub-region, including representatives from public health institutions and ministries of health.

Two workshops on analysis analysis of inequalities in the RMNCAH and nutrition continuum of care with survey data.



- inequities by wealth quintiles at the national level,



- sub-national inequities related to health system performance,



- disparities between urban and rural, with a focus on the urban poor).

From these findings, publications are at an advance stage of preparation.



The third workshop focused on health facility data analysis. A summary paper has been submitted to BMJ Global Health, co-funded by WHO/NORAD with analysts from ministries of health and public health institutions in **16 countries**.



The fourth workshop was on analysis of inequalities in adolescents' sexual and reproductive health. It was attended by data analysts from **10 countries** (co-funded by Canada).

All workshops included significant interaction with the country teams before and after the workshops on data and analyses.

ii) West and Central Africa (WCA)

The WCA network is coordinated by the West African Health Organization (WAHO) and includes 15 countries. Child and maternal mortality rates in WCA are considerably higher than in the other sub-regions of Africa. It is linked to emergencies as a result of conflicts in the region.

RMNCH data to support policy and program development are available, mostly from surveys, and there is increasing demand for its analyses. However, institutional capacity for

analysis is limited in almost all countries, and few actors are working on evidence generation and capacity strengthening in the region. To address this gap, CD2030 established a regional consortium of research or statistical institutions and ministries of health to strengthen the evidence in support of RMNCAH and nutrition programs through multi-country studies. Further, to enhance the capacity of the country and regional institutions to conduct RMNCAH and nutrition-related analyses, research and effectively communicate the findings to policymakers.



WCA held four analytical workshops. The first two focused on inequalities in the continuum of care using survey data.

All **15 countries** in West Africa participated in the workshop as well as **five countries** from Central Africa.



In all, there were **67 participants**, including Countdown partners and facilitators, resulting in **36 WCA participants** from ministries of health and public health institutions.

Based on these analyses, CD supported WAHO in developing a regional report on trends **CD2030** inequalities in the continuum of care in the region.



A health facility data analysis workshop was conducted (co-financed by WHO) for the same **20 countries** in WCA, with strong representation from ministries of health and country public health institutions. The workshop had **50 participants**. Country teams learned how to better assess and report on data quality issues with health facility data.

This work will significantly improve health facility-based coverage statistics for **RMNCAH**.



A high-level **CD2030** dissemination activity based on the equity results from the workshops was conducted in Niger in July 2019, supported by APHRC.

Countdown to 2030 Partners in Africa

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- United Nations Children's Fund, New York City, United States.
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