Countdown collects and analyses data from the 68 countries that account for at least 95% of maternal and child deaths. It produces country profiles that present coverage data for a range of key health services, including:
- Contraceptive use.
- Antenatal care.
- Skilled attendance at delivery.
- Postnatal care.
- Child health.
- Financial investments in maternal, newborn and child health.
- Equity of access, health systems and policy.

Key findings
The 2010 Countdown Decade Report concludes that achieving MDGs 4 and 5 is still possible by the deadline year 2015, but only a dramatic acceleration of political commitment and financial investment can make it happen.

There is 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 MDGs 4 and 5 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.

Key findings in the 2010 Decade Report are listed on the reverse.

The Countdown initiative
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 (MDGs) 4 and 5.

Countdown adds value by forging a clear, evidence-based consensus on priority interventions and coverage indicators for maternal, newborn and child health and by providing a mechanism for holding countries and their partners accountable for results. Countdown also addresses MDG 1 (eradicate poverty and hunger), MDG 6 (combat HIV/AIDS, malaria and other diseases) and MDG 7 (ensure environmental sustainability).
Survival status

**Millennium Development Goal 4 — reduce child mortality**
- 19 of the 68 Countdown countries are on track to achieve MDG 4.
- Globally, 8.8 million children each year die before their fifth birthday, more than 46% of them during their first four weeks of life.
- At least two-thirds of all child deaths are preventable, with pneumonia and diarrhoea as 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**
- New studies suggest that some progress is being made on reducing maternal mortality, but globally and in most Countdown countries, progress is not sufficient to achieve MDG 5.
- 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.

Coverage gains and gaps

**Progress on coverage of lifesaving interventions across the continuum of care is uneven.**
- Skilled care during childbirth, including emergency care for mothers and newborns, is critical: about 2 million lives a year are lost to complications occurring during labour and delivery.
- 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.

**Health systems and policies**
- 53 of the 68 Countdown countries are experiencing acute shortages of doctors, nurses and midwives.
- 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.
- Countries should aggressively pursue policies to make health services available and affordable for all by making services free at point of delivery and exploring innovative financing strategies.

Closings the equity gap

- 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.
- The poor and excluded: high national coverage levels do not always indicate progress in reaching the poorest and most vulnerable women and children.

**Closing the funding gap**
- Funding is increasing for maternal and child health, but at too slow a pace, and funding for family planning has declined.
- Official development assistance is not always targeted to countries with the greatest need.

**Action now**

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.

**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.
- 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 and maternal, newborn and child health.
- Support country efforts to improve data collection and analysis.
- Invest in implementation research.
- Maximize financial and technical support for large-scale implementation of priority strategies and interventions.
- Encourage accountability of key actors to keep their promises.

**New Countdown results are expected in 2011.**

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<tr>
<th>Median national coverage of interventions across the continuum of care for 20 Countdown interventions and approaches in Countdown countries, most recent year since 2000 (%)</th>
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<tbody>
<tr>
<td><strong>Pre-pregnancy</strong></td>
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<td><strong>Pregnancy</strong></td>
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- Improved drinking water
- Improved sanitation facilities
- Improved diet
- Improved nutrition
- Improved immunization
- Vitamin A supplementation (two doses)
- Children sleeping under insecticide-treated nets
- Vitamin A supplementation (first year of life)
- Children sleeping under mosquito net
- Bacille Calmette-Guérin (BCG) immunization
- Neonatal tetanus protection
- Measles immunization
- Data collection and analysis
- Early initiation of breastfeeding (less than age 6 months)
- Complementary feeding (age 6–9 months)
- Exclusive breastfeeding (age 6–9 months)
- Improved drinking water
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