The Lancet. Called The Child Survival series, the articles helped to spur awareness and called for immediate action to translate knowledge into practice. The group’s work is now being continued by a new coalition of scientists, policymakers, activists and health-programme managers participating in the Countdown to 2015: Tracking Progress in Maternal, Newborn and Child Mortality. The Countdown initiative is sponsoring a series of conferences that began in December 2003 and will take place approximately every two years until 2015 (the next one will be held in April 2008 in Cape Town, South Africa).

The Countdown gathers data on the progress countries are making as they broaden coverage of interventions that have proved effective in reducing the deaths of children under five. Early on it was recognized that although every region of the world needed to accelerate progress, countries with the greatest number or the highest rates of under-five deaths should be prioritized. To this end, Countdown to 2015 partners, including UNICEF, have identified 60 priority countries for child survival initiatives, based on two criteria: countries with more than 50,000 deaths of children under five and countries with an annual under-five mortality rate and proven programmes, further scaling up is urgently required.

Priority 1: Focusing on countries where the burden of child mortality is highest

In 2003, concerned that progress on child survival was behind schedule, a group of technical experts working on diverse aspects of child health came together for a workshop on child survival in Bellagio, Italy, sponsored by the Rockefeller Foundation. Later that year, the Bellagio Child Survival Group published a series of articles on maternal, newborn and child survival and health in the British medical journal and probed the reasons for the slow progress. The Bellagio Child Survival Group sponsored a series of conferences begun in December 2003 and will take place approximately every two years until 2015 (the next one will be held in April 2008 in Cape Town, South Africa).

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The continuum of maternal, newborn and child health care emphasizes the interrelationship between undernutrition and the deaths of mothers, newborns and children. The continuum consists of a focus on two dimensions in the provision of packages of essential primary-health-care services:

- Time: The need to ensure essential services for mothers and children during pregnancy, childbirth, the postpartum period, infancy and early childhood (see Figure 1.18). The focus on this element was anchored by the recognition that the burden of child mortality is greatest during the birth period – before, during and after – and that the time when mortality and morbidity risks are highest is for both mother and child.

- Place: Linking the delivery of essential services in a dynamic primary-health-care system that integrates home, community, outreach and facility-based care (see Figure 1.19). The impetus for this focus is the recognition that gaps in care are often most prevalent at the locations – the household and community – where care is most required.

The continuum of care concept has emerged in response to the fact that maternal, newborn and child deaths share a number of similar and interrelated structural causes with undernutrition. These causes include such factors as: food insecurity, female illiteracy, early pregnancy and poor birth outcomes, including low birthweights; inadequate feeding practices, lack of hygiene and access to safe water or adequate sanitation; exclusion from access to health and nutrition services as a result of poverty, geographic or political marginalization; and poorly resourced, unresponsive and culturally inappropriate health and nutrition services.

The continuum of care also reflects lessons learned from evidence and experience in maternal, newborn and child health during recent decades. In the past, safe motherhood and child survival programmes were often operated separately, leaving disconnections in care that affected both mothers and newborns. It is now recognized that delivering specific interventions at pivotal points in the continuum has multiple benefits. Linking interventions in packages can also increase their efficiency and cost-effectiveness. Integrating services can encourage their uptake and provide opportunities to enhance coverage. The primary focus is on providing universal coverage of essential interventions throughout the life cycle in an integrated primary-health-care system.

The projected impact of achieving a high rate of coverage with a continuum of health care could be profound. In sub-Saharan Africa, achieving a continuum of care that covered 90 per cent of mothers and newborns could aver two thirds of newborn deaths, saving 800,000 lives each year.

The paradigm is increasingly being adopted in international public health policies and programmes, and forms the foundation of the work of the Partnership for Maternal, Newborn & Child Health (see Chapter 2, page 43, for details of the Partnership).