In sub-Saharan Africa, where the situation of young children is most dire, UNICEF, WHO and the World Bank collaborated in 2006 on an analysis of what it would cost to reduce child mortality there (see Panel, Chapter 4, page 78). By scaling up the existing interventions highlighted in this report, deaths of children under five could be reduced by 35 per cent by 2009 at an additional cost of about US$2.50 per capita (or about US$800 per life saved). To fully achieve MDG 4, a reduction in under-five mortality by two thirds by 2015, would require additional strengthening of Africa’s health systems, as well as the introduction of new interventions, such as vaccines against rotavirus and pneumococcal infections. The analysis found that it is entirely feasible to save the lives of more than 5 million children and nearly 200,000 mothers a year. What would saving these lives cost? An additional US$10 per capita per year (or less than US$2,000 per life saved). At the 2005 G8 Summit in Gleneagles, Scotland, the major industrialized nations pledged to double their aid to Africa by 2010. Yet, as of mid-2007, there is little advance in this direction. African countries, too, have been remiss in demonstrating their commitment to their own children. In the Abuja Declaration, adopted at the Organization of African Unity’s special summit on AIDS in 2001, African leaders included a commitment to devote 15 per cent of their national budgets to health. Yet six years later, only a few countries have managed to do so.

The resources are available to meet the health-related MDGs. The world is richer than it has ever been. Financial flows to developing countries are at record levels, in terms of private debt inflows, foreign direct investment, portfolio equity and remittances. And yet, while official development assistance has doubled since 2000, its increase has lagged a year. What would saving these lives cost? An additional US$10 per capita per year (or less than US$2,000 per life saved). At the 2005 G8 Summit in Gleneagles, Scotland, the major

**Strengthening data collection and monitoring for public health decisions**

“It is not because countries are poor that they cannot afford good health information; it is because they are poor that they cannot afford to be without it.” – Health Metrics Network, World Health Organization

Sound information is central to public health decisions, informing policy, programmes, budgets and evaluations and forming the basis of accountability for governments to their commitments and to their citizens. In many developing countries, however, underinvestment in health information systems has left gaps in data collection, dissemination and analysis. With health challenges on the rise and the deadline for the health-related Millennium Development Goals drawing ever closer, fulfilling the demand for sound information is imperative.

Before the mid-1990s, critical gaps in data hindered accurate and effective analysis for making such public health decisions. For example, only 38 developing countries had data on whether undernutrition rates among children were rising or falling – a basic indicator of child health and well-being. To help fill these important data gaps and to facilitate monitoring of the 1990 World Summit for Children goals, UNICEF initiated the Multiple Indicator Cluster Surveys (MICS) in 1995. MICS are designed to provide quantitative data on a wide range of topics, including child health and nutrition, child protection, education, HIV and AIDS, and maternal health.

Since 1995, nearly 200 MICS have been conducted in approximately 100 countries and territories. The current round of surveys, implemented in more than 50 countries during 2005–2006, provides data for 21 of 53 MDG sub-indicators. Together with the Demographic and Health Surveys, a complementary initiative sponsored by the United States Agency for International Development (USAID) with which data are harmonized, this is the largest single source of information for MDG monitoring.

Monitoring progress towards the Millennium Development Goals has also stimulated the formation of a series of interagency groups that address specific technical and methodological issues, including standardizing indicators and monitoring tools, building statistical capacity at the country level, developing joint estimates and harmonizing monitoring work between partners. These groups focus on such areas as under-five and maternal mortality, water and sanitation, immunization, malaria, and HIV and AIDS.

There is also an urgent need to improve overall data systems at the national level so they may more reliably report robust and timely data that can be used for informing public health decisions. This is a long-term effort, and the World Health Organization and the Health Metrics Network (HMN), among others, are working closely with countries and other initiatives to improve health information systems. Specifically, the objective is to develop a comprehensive system that would incorporate all the multiple subsystems and data sources that, taken together, contribute to generating health information: surveys, vital registration, censuses, disease surveillance and response, service statistics, health management information, financial data and resource tracking. The development of such a comprehensive system would require enhanced coordination and cooperation between countries and international partners, working together based on one harmonized plan for a unified system. This comprehensive data system would thereby reduce duplication, fragmentation and overlap in data collection and reporting.

See References, page 108.

Yet, in their single-mindedness to produce results, it has been argued that global partnerships are often donor- and commodity-driven rather than country- and community-centred. Moreover, a frequent focus on single diseases has sometimes meant an over-reliance on vertical interventions and insufficient emphasis on integrating services and strengthening national health systems. The message that has been widely heard – and heeded – is that developing countries must take the lead and ‘own’ the solutions to their health problems. This will require greater harmonization and alignment with developing countries’ own priorities, systems and procedures. Indeed, this was the position adopted in the Paris Declaration on Aid Effectiveness in March 2005, which is providing a framework through which donor partnerships and renewed commitment on the part of all stakeholders are required to realize the health needs of all mothers, newborns and children. A health worker discusses immunization with a mother, United Republic of Tanzania.