Ensuring child and maternal health: Measuring and reporting SDG #3

10th Session of OIC Statistical Commission, 5-7 October 2021

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Sustainable Development Goals & the Convention on the Right of the Child

unicef
for every child

- All SDGs are relevant to CRC
- All CRC articles are reflected in the SDG targets

https://www.u
/mapping-globa
development-a
rights-child

Global monitoring of child survival targets

Ensure healthy lives and promote well-being for all at all ages

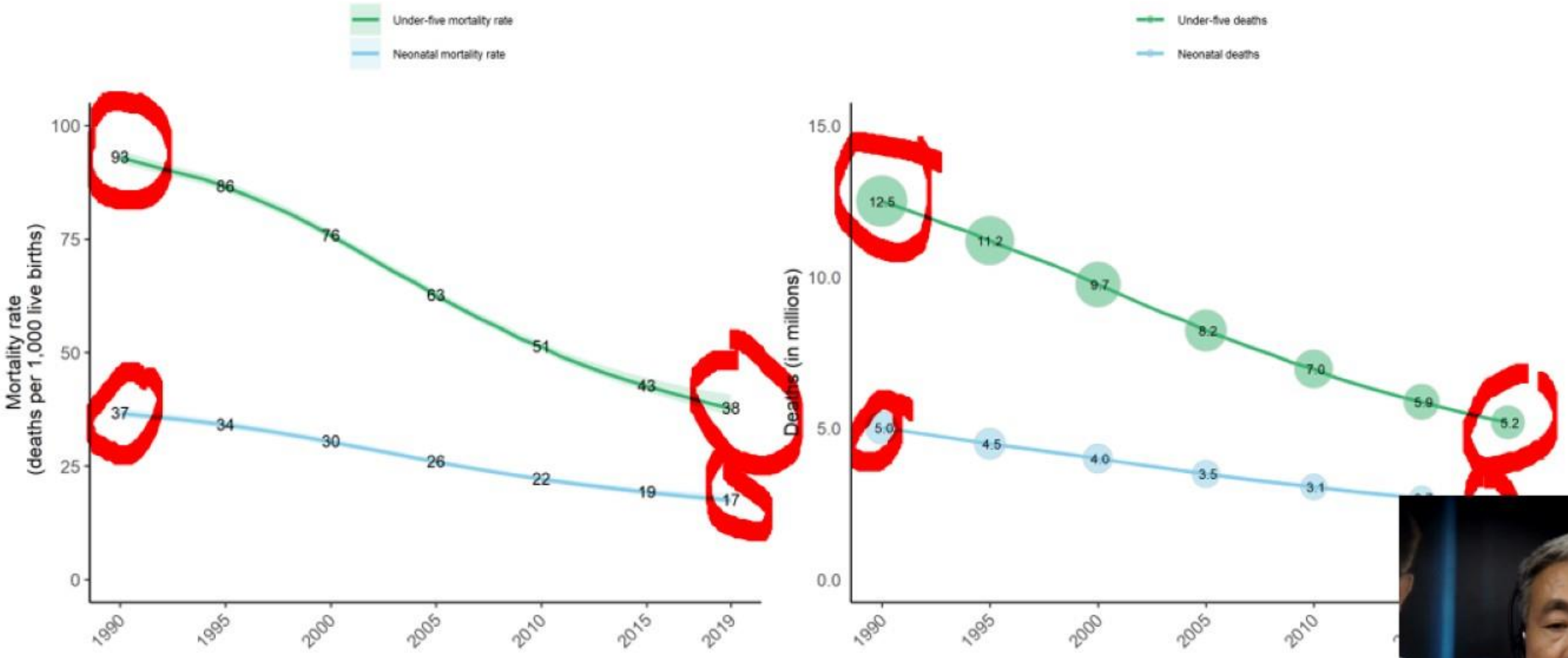
SDG TARGET 3.2, **by 2030**

3.2.1 under-five mortality rate ***≤ 25*** *deaths per 1,000 live births*

3.2.2 neonatal mortality rate ***≤ 12*** *deaths per 1,000 live births*

Child mortality declined by more than half for children under 5 years of age

Global mortality under-five and neonatal mortality rates and deaths by age, 1990-2019

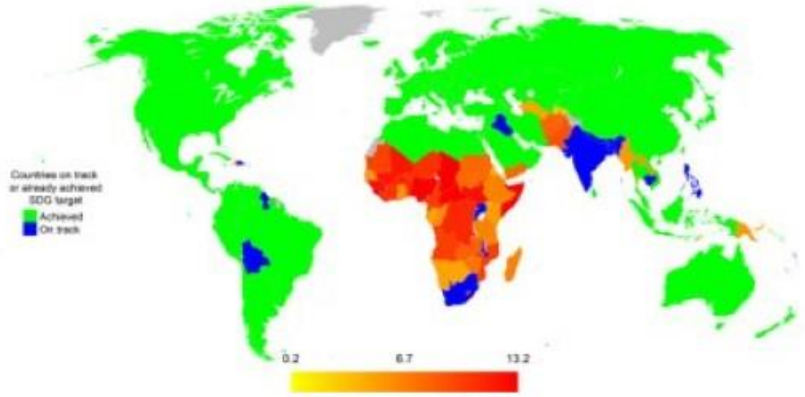


Source: United Nations Inter-agency Group for Child Mortality Estimation (UN IGME) 2020.

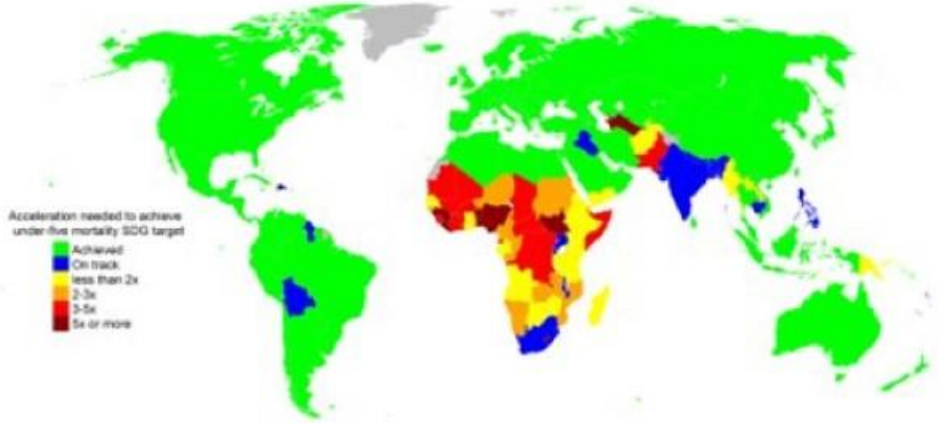
Countries that need (further) acceleration and lives saved

53 countries need acceleration to achieve SDG under-five mortality target;
Of them, 35 will need to at least double their current rate of reduction to achieve the SDG on time

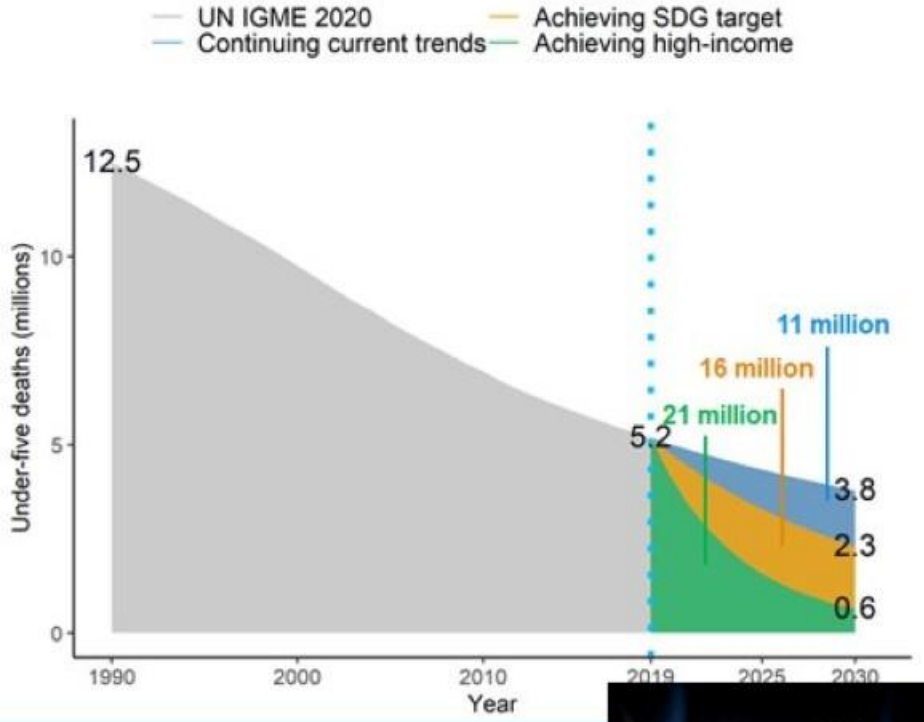
Annual rate of reduction (ARR) required to achieve SDG under-five mortality target, by country



Acceleration over current trends needed to achieve SDG under-five mortality target, by country



Estimated under-5 deaths and projected global number of under-5 deaths, 2020-2030, in three scenarios

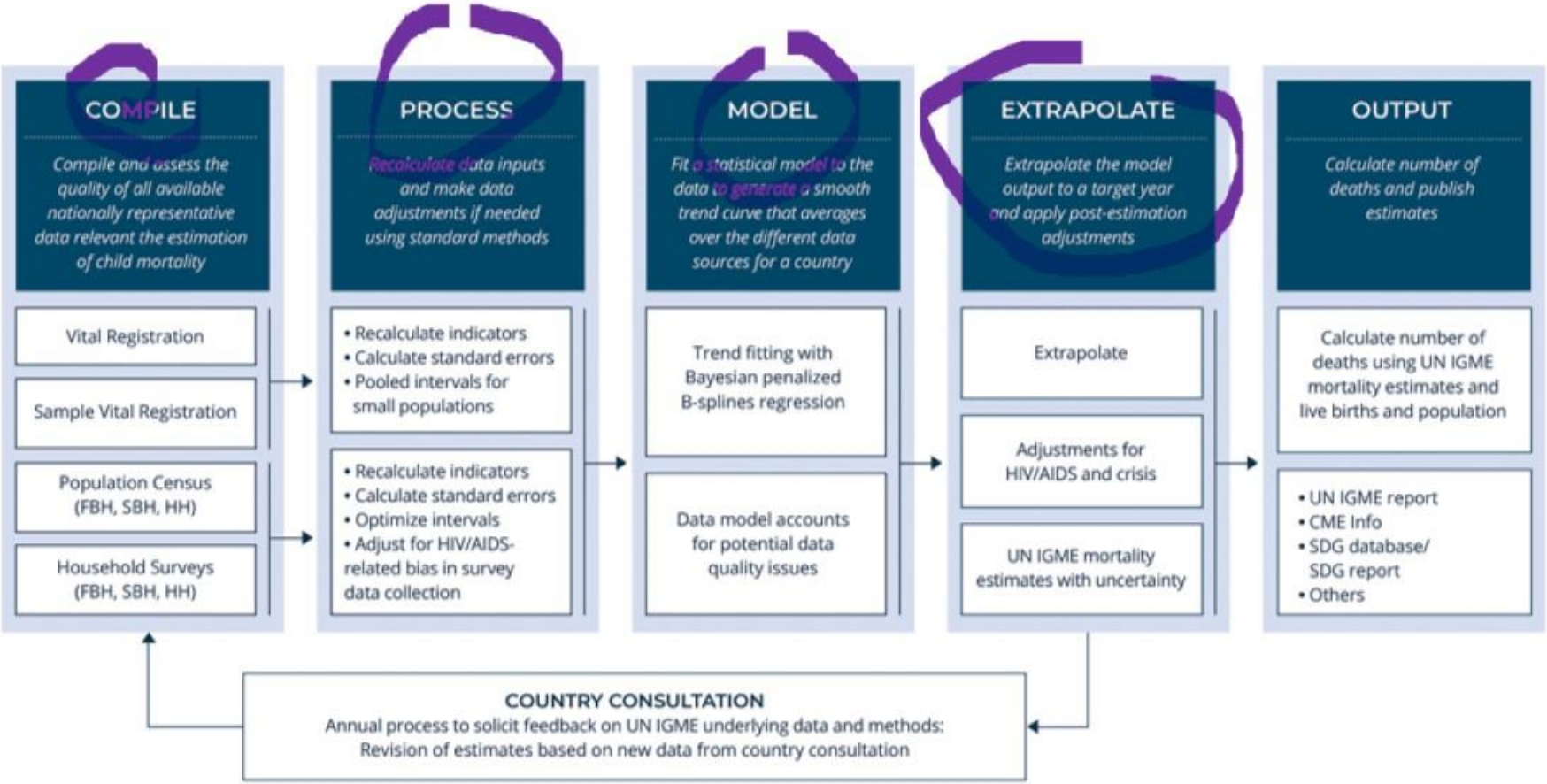


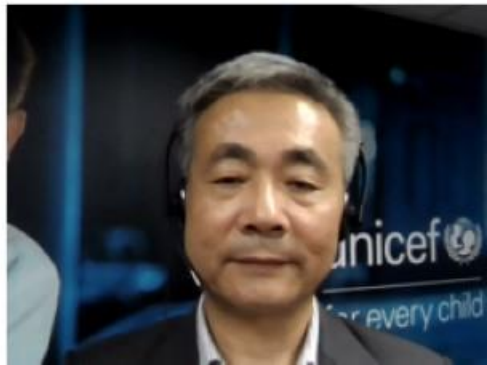
Accelerating progress to ach
would **save the lives of 11 m**
under age 5 in 2020-2030

Source: United Nations Inter-agency Group for Child Mortality Estimates (UN IGME)2020

Global monitoring of child survival targets

UNICEF on behalf of the UN Inter-agency Group for Child Mortality Estimation (UN IGME) produces annual estimates of under-five and neonatal mortality in consultation with countries





UN IGME country consultation

Purpose

- Inform countries of the forthcoming UN IGME estimates
- Provide opportunities to countries to share feedback on empirical data and the UN IGME estimates

Process

- UNICEF on behalf of UN IGME to send country consultation email to MoH and NSO focal points and copying SDG monitoring contact person
- UNICEF to send to NSO/MoH through country offices
- Regional workshop form part of the process
- Countries are given one-two months to provide feedback or new data

2020 country consultation results

- 98 among 195 countries responded with comments or additional data
- UN IGME draft estimates were revised for 86 countries using new data

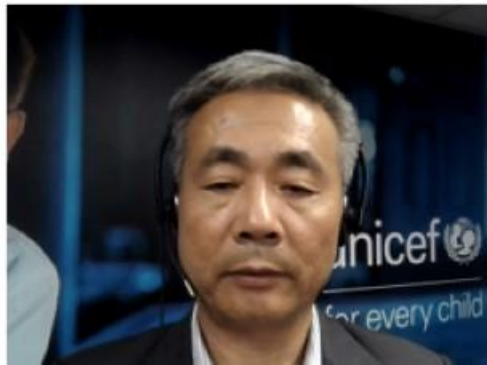
2021 country consultation process ongoing

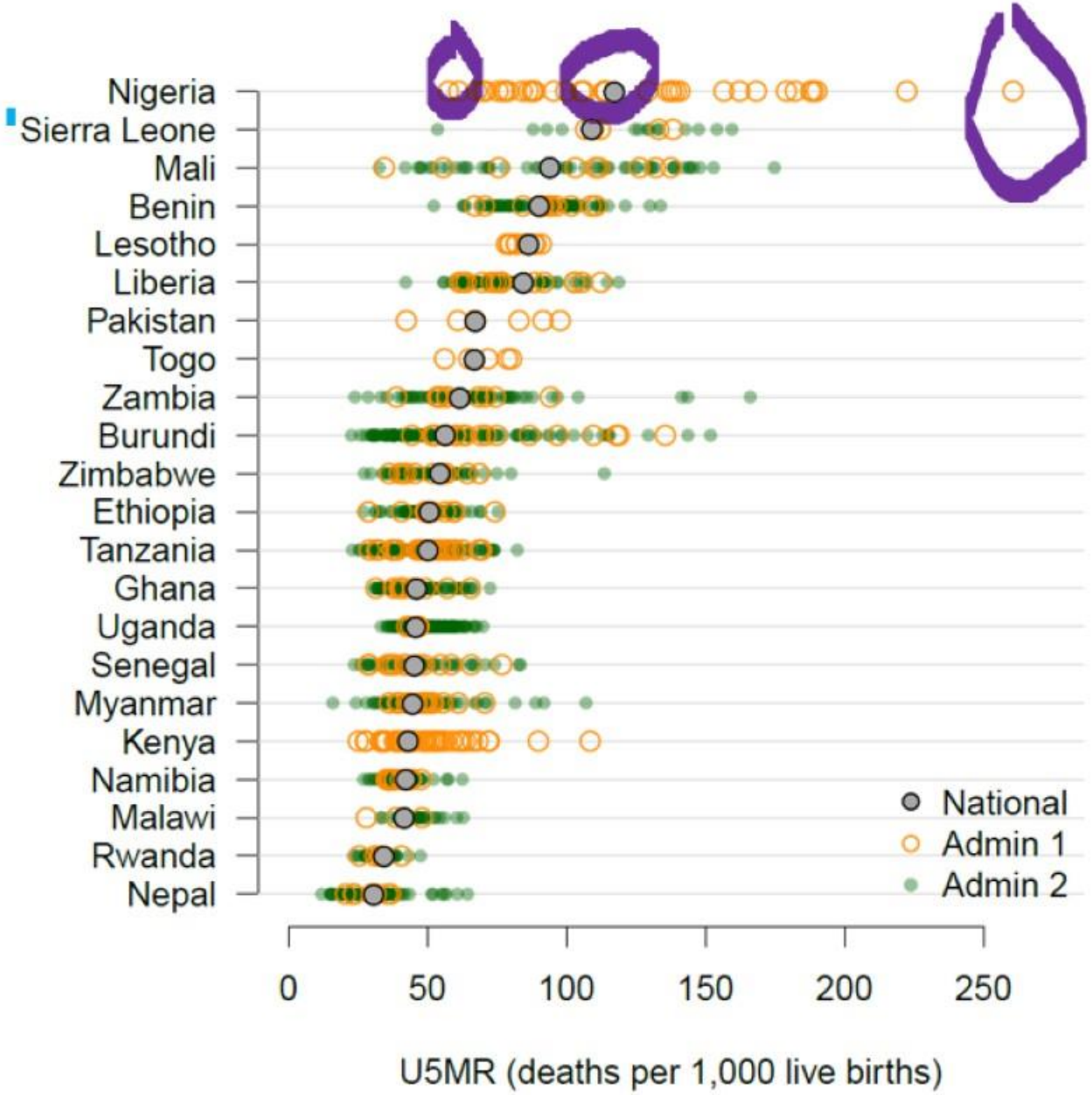
- September 2021 to mid-October 2021
- Delayed to assess excess mortality of COVID-19 based on quarterly data from vital registration, health management inf systems and demographic health and surveillance sites
- Planned release of estimates in December 2021

Timely data on mortality remain a challenge

Distribution of the country extrapolation period

Source: United Nations Inter-agency Group for Child Mortality Estimation (UN IGME) 2020.

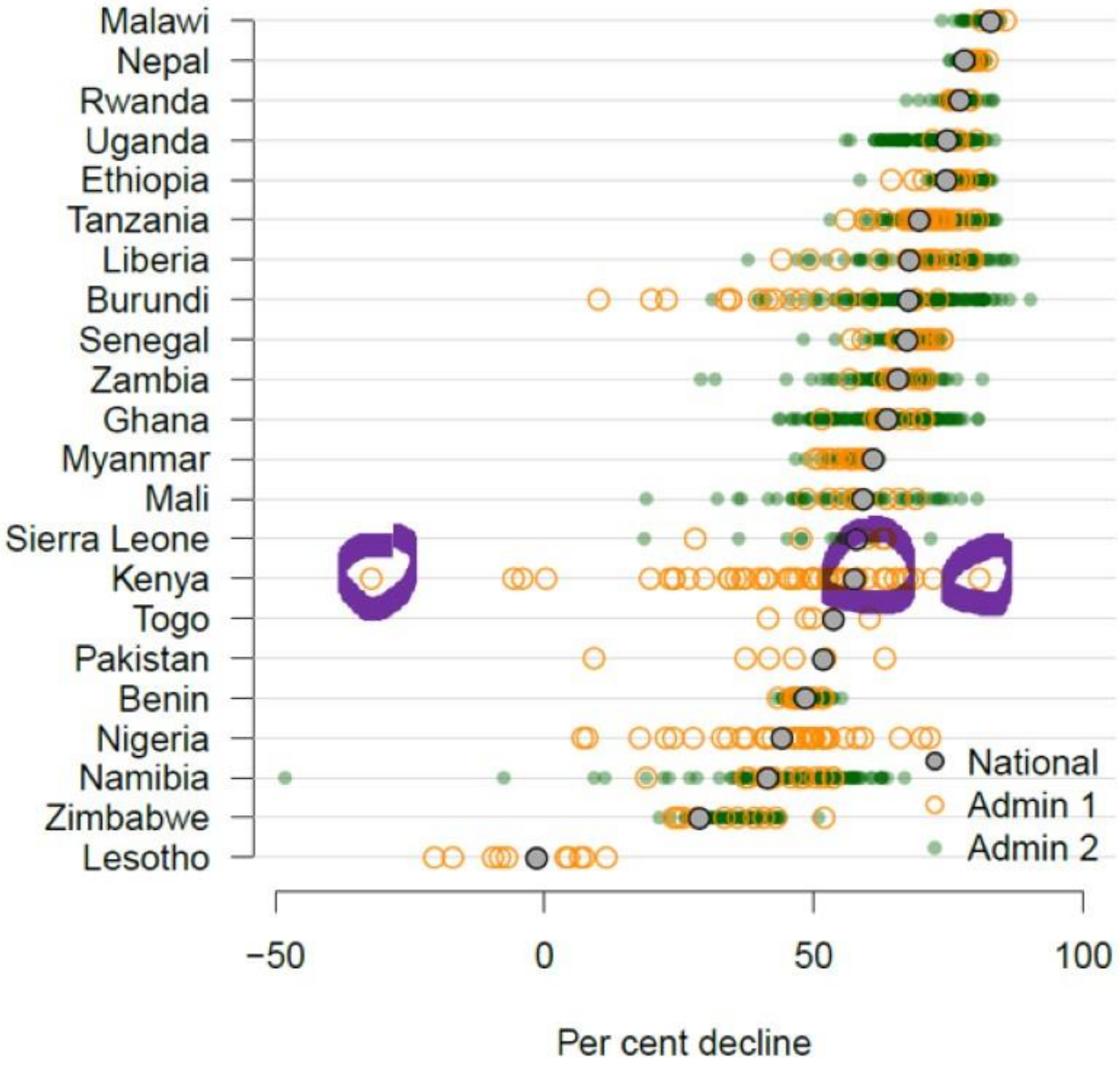




Subnational estimates can help target interventions where most needed.

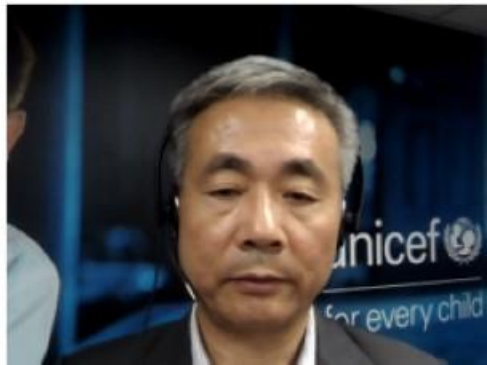
National under-five mortality estimate can obscure subnational variation.

Figure: Under-five mortality rates by administrative 1 and administrative 2 divisions for 22 countries, 2019



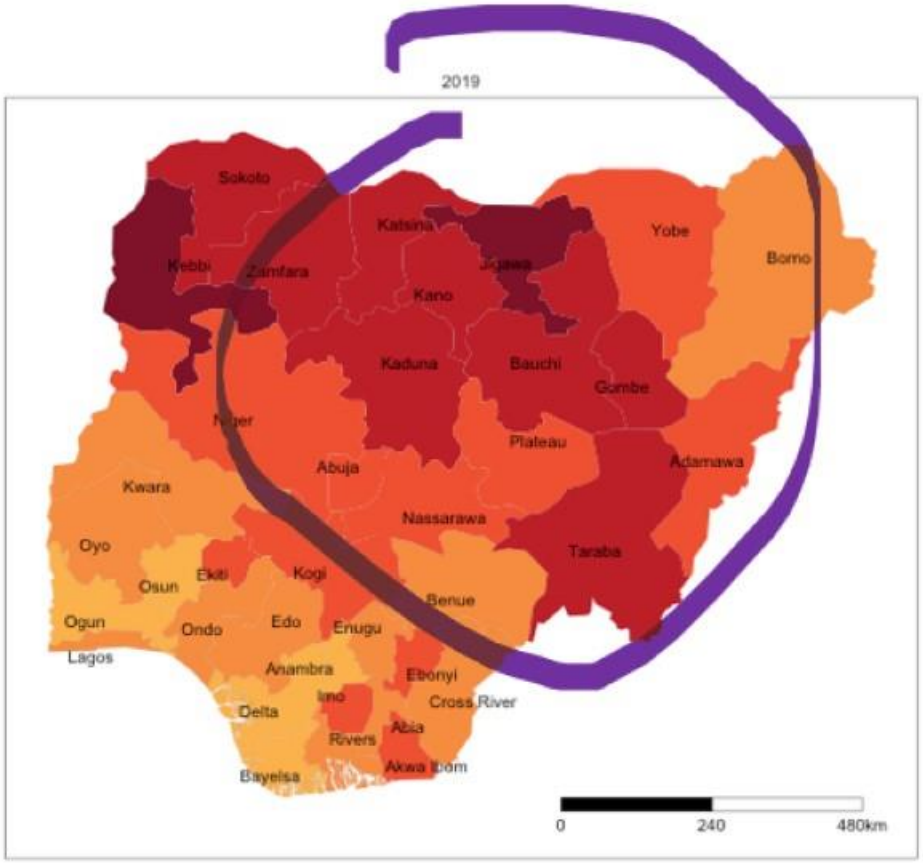
Subnational progress can be uneven, even in the face of national progress.

Figure: Per cent decline in under-five mortality rate 1990-2019 by administrative 1 and administrative 2 divisions for 22 countries



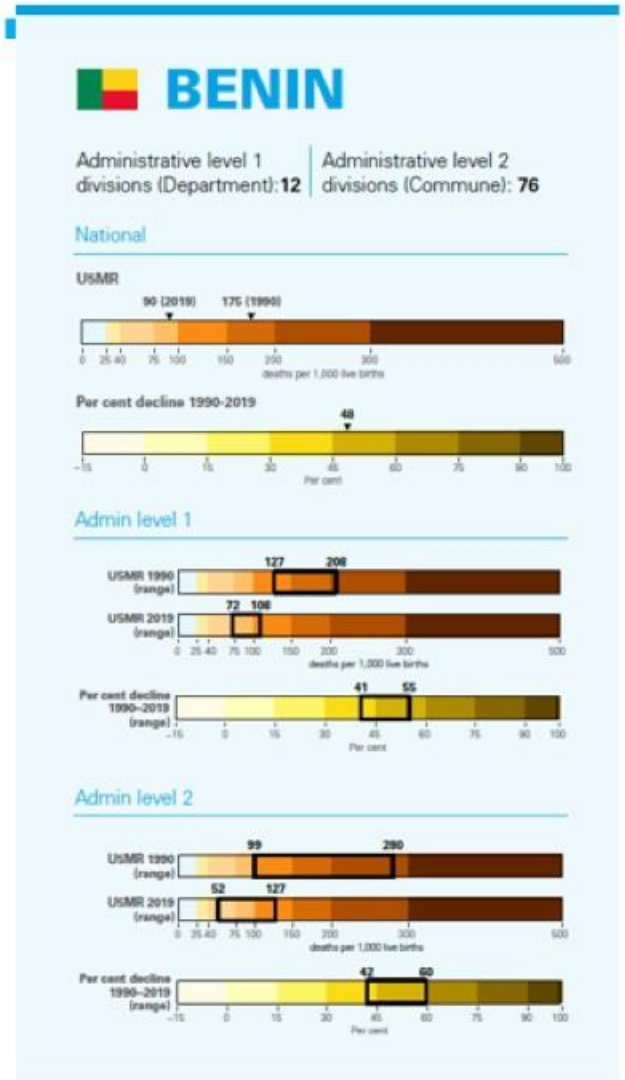
Under-five mortality rates by administrative 1 in Nigeria

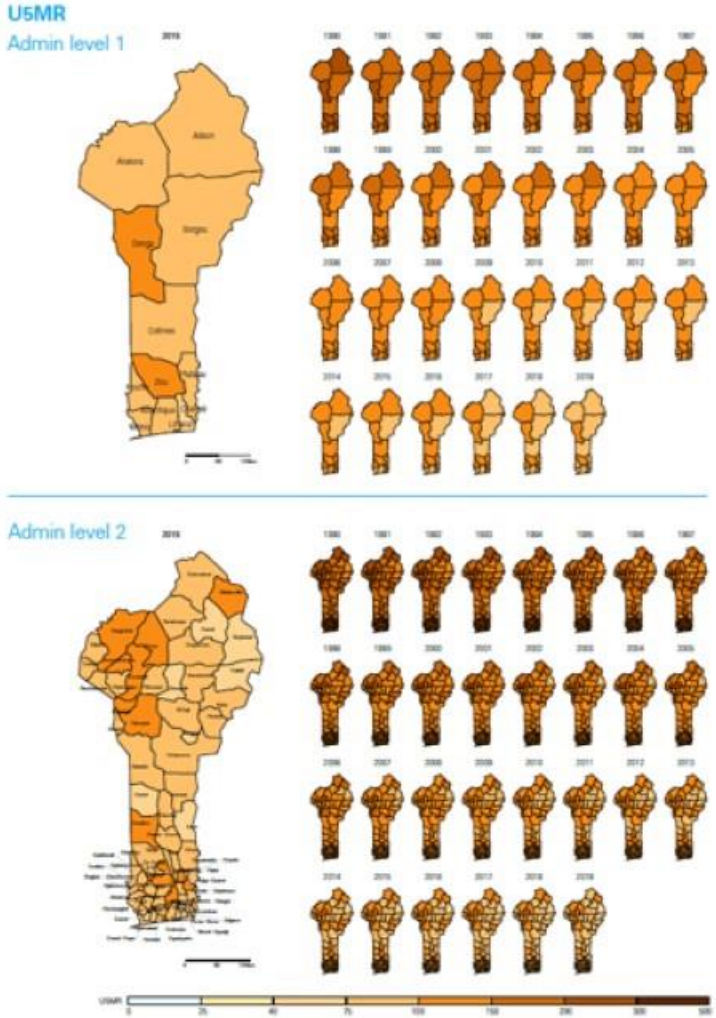
Admin Level 1

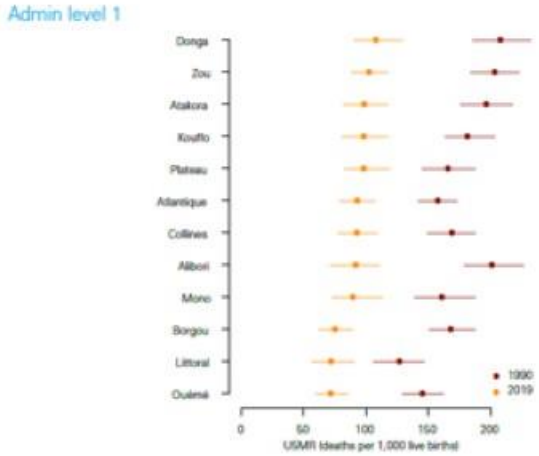


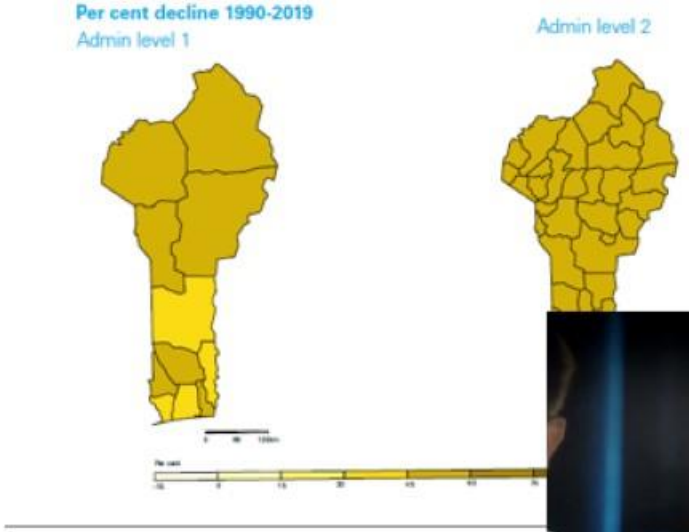
Note: These maps do not reflect a position by UN IGME agencies on the legal status of any country or territory or the delimitation of any frontier

Country Profiles





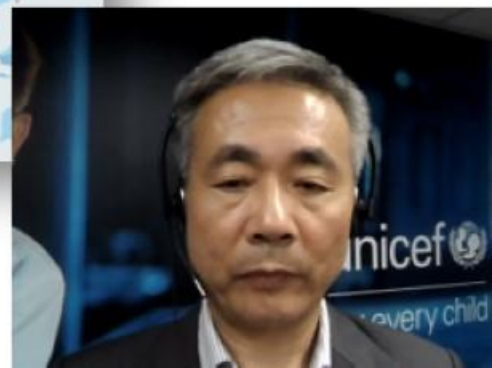




Outputs in 2020 UN IGME round

UN IGME annual report

UN IGME data portal – www.childmortality.org



Global monitoring of maternal and newborn health targets (3.1.2 SBA)

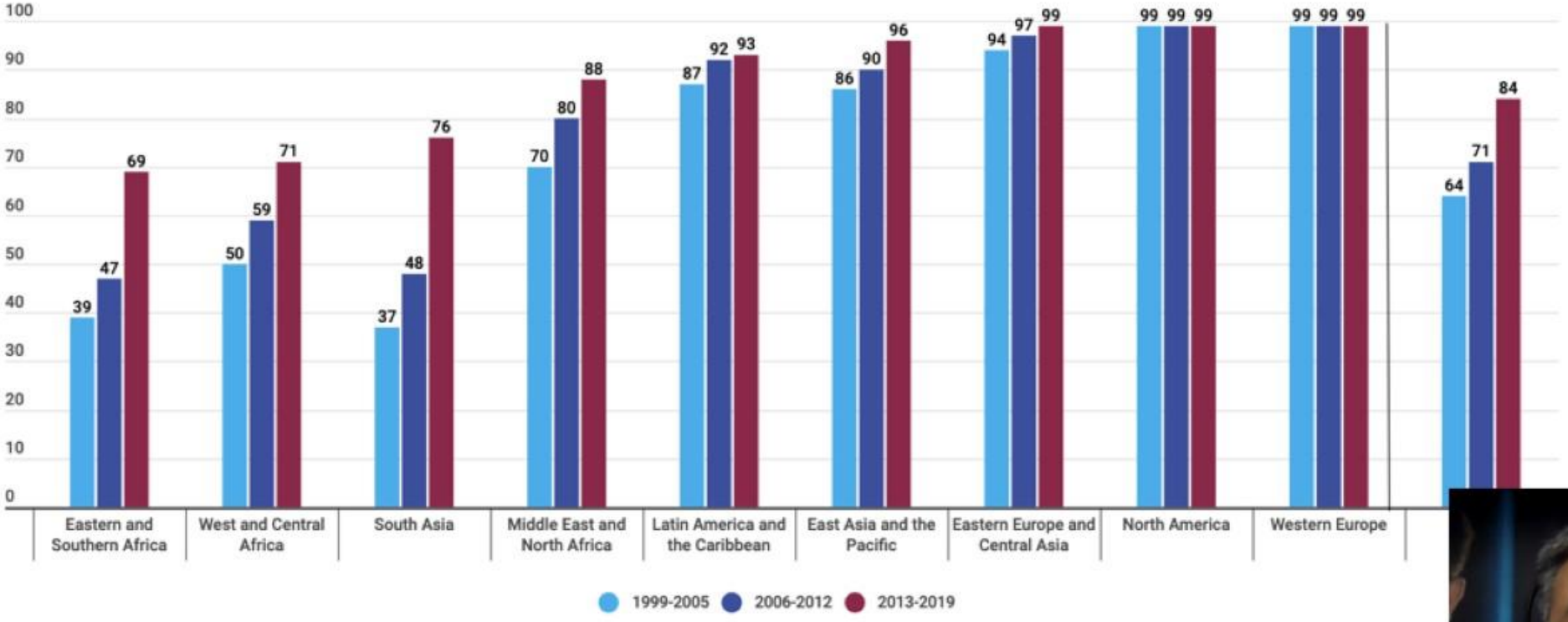
Ensure healthy lives and promote well-being for all at all ages

SDG Target 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

- 3.1.2 Proportion of births attended by skilled health personnel

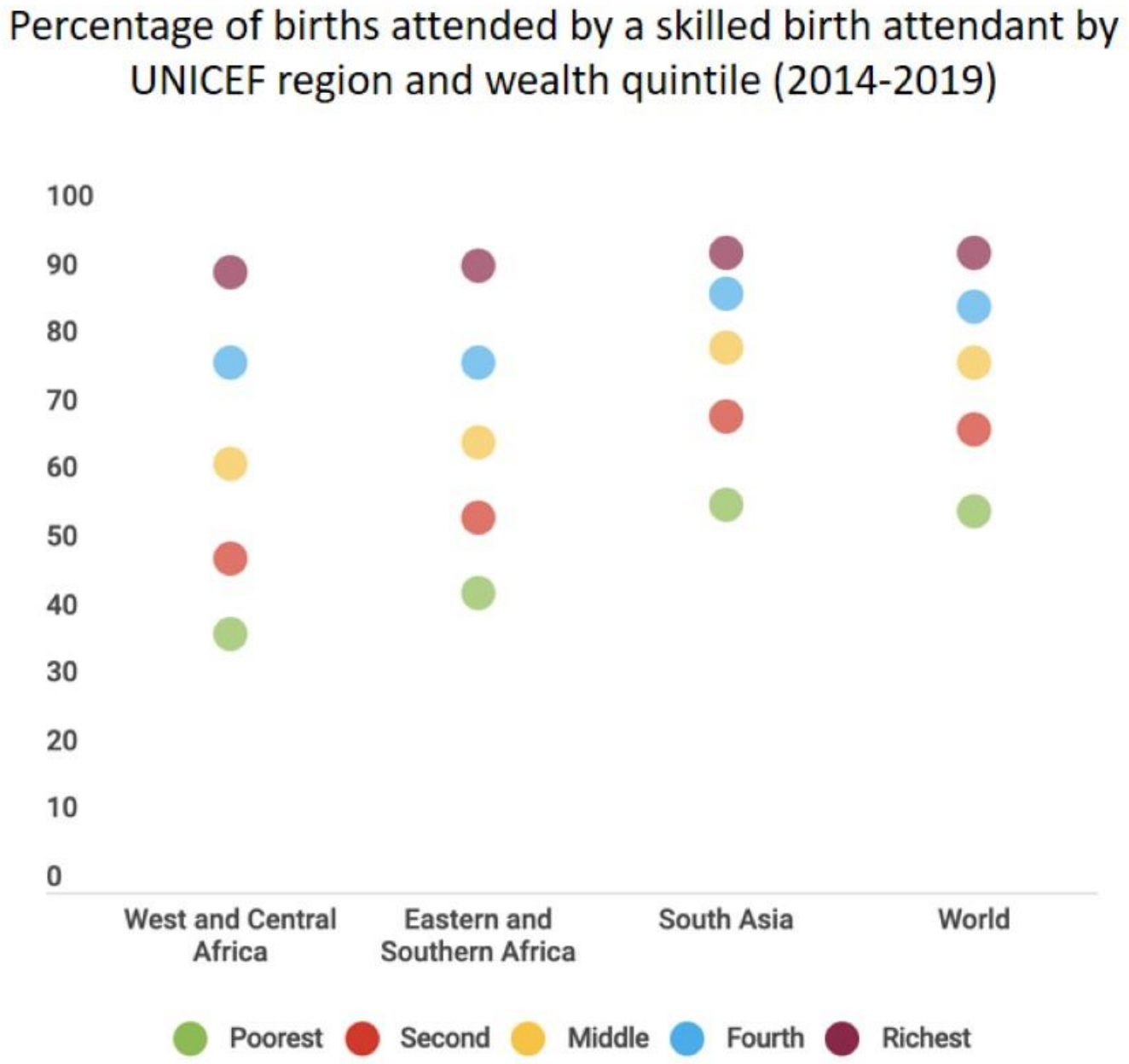
Despite recent progress, millions of births occur annually without any assistance from a skilled attendant

Percentage of births attended by a skilled birth attendant by UNICEF region (historical trends, 1999-2019)



Source: Joint UNICEF/WHO database 2020 of skilled health personnel, based on population based national househo
routine health systems.
Note: Data not shown for regions where population coverage is below 50%.

Large disparities in coverage (SDG 3.1.2 SBA)



Source: UNICEF global databases, 2019, based on MICS, DHS and other nationally representative household surveys.
Note: Data not shown for regions where population coverage is below 50%.

Global monitoring of maternal and newborn health targets (3.1.2 SBA)

Country consultation process:

- UNICEF/WHO review reported data, assess for quality and compliance with standard definition and data collection methodology.
- As part of annual country consultation by UNICEF, data in the harmonized database are shared with designated SDG country focal points.
- National authorities verify the national categories of ***skilled*** health personnel and validate the data.

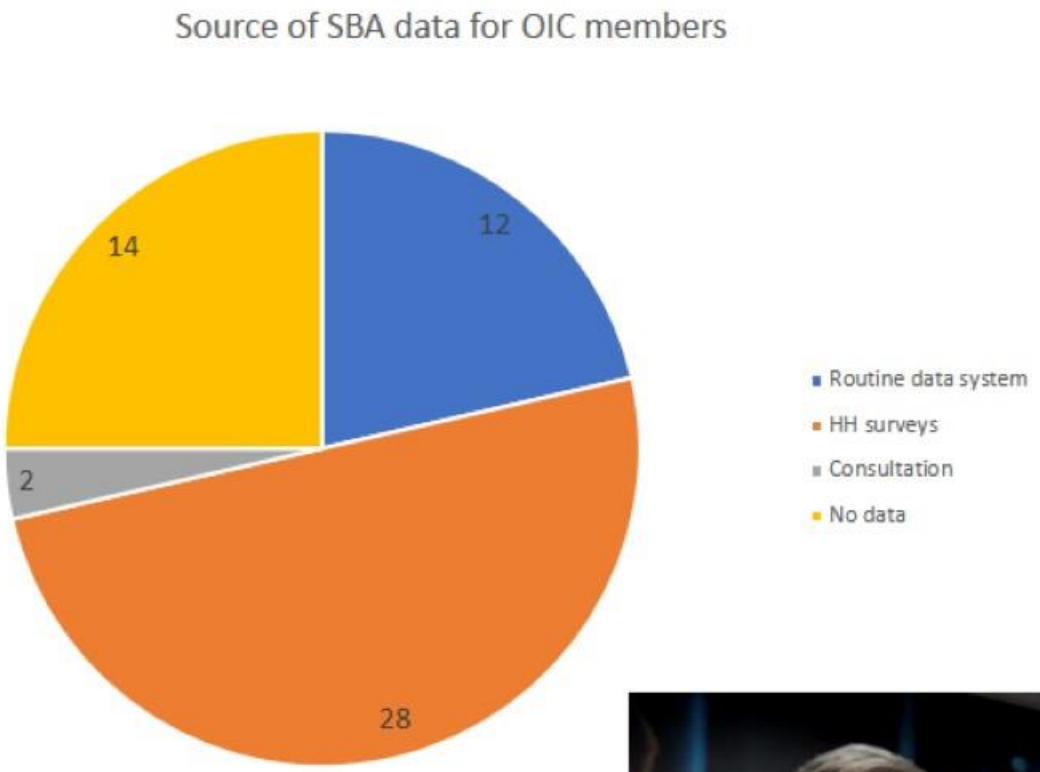
Measurement issues

- Some surveys report births attended by all providers, including those not considered ***skilled***, e.g. a community health worker.
- In these cases, the SBA value is adjusted to include only births attended by a physician, nurse, or a midwife.

Data gaps remain a challenge

42 OIC members (75%) had SBA data from the past 5 years (2016-present).

- **The main source of the SBA data was HH surveys:** 28 countries used HH surveys and 12 used routine system data. 2 countries provided data to UNICEF via country consultations.



Sources:
For list of OIC countries: https://www.worlddata.info/alliances/oic-organization-of-islamic-cooperation.php
For SBA data: https://data.unicef.org/wp-content/uploads/2018/06/Maternal-and-Newborn-Health-Coverage-Database-August-2021.xlsx

Resources

COVID-19 and children - UNICEF DATA

COVID-19 and children

UNICEF data hub

October 2020

Children are not the face of this pandemic. But they risk being among its biggest victims, as children's lives are nonetheless being changed in profound ways. All children, of all ages, and in all countries, are being affected, in particular by the socio-economic impacts and, in some cases, by mitigation measures that may inadvertently do more harm than good.

This is a universal crisis and, for some children, the impact will be lifelong.

Moreover, the harmful effects of this pandemic will not be distributed equally. They are expected to be most damaging for children in the poorest countries, and in the poorest neighbourhoods, and for those in already disadvantaged or vulnerable situations.

What can OIC members do

Participate in consultation

- Government SDG focal points
- Familiar with indicator methodology
- Existing data sources
- Engage with custodian agencies, including training

Broadly speaking

- Monitoring frameworks of national health strategies
- Indicators and disaggregation requirements
- Use all data sources for progress assessment & dissemination
- Investment in data improvements

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