Leveraging data to advocate for access to lifesaving interventions for mothers and children

A supporting tool for PATH's Asset Tracker

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Data can be a powerful tool for ensuring that advocacy efforts to improve the health of women and children are rooted in evidence and lead to passage of sound policies and well-informed budgets. However, accessibility to data and knowledge of how to use the data are key. Tools that compile many trusted data points make the data-informed advocacy process easier.

PATH's Asset Tracker project set out to create one such tool. The result is a set of dashboards—available online here—to provide information on the status of scale-up of key evidence-based interventions that improve maternal, newborn, and child health and nutrition (MNCHN) outcomes and save lives. The MNCHN Asset Tracker dashboards allow users to quickly and efficiently compare different indicators across or within countries.
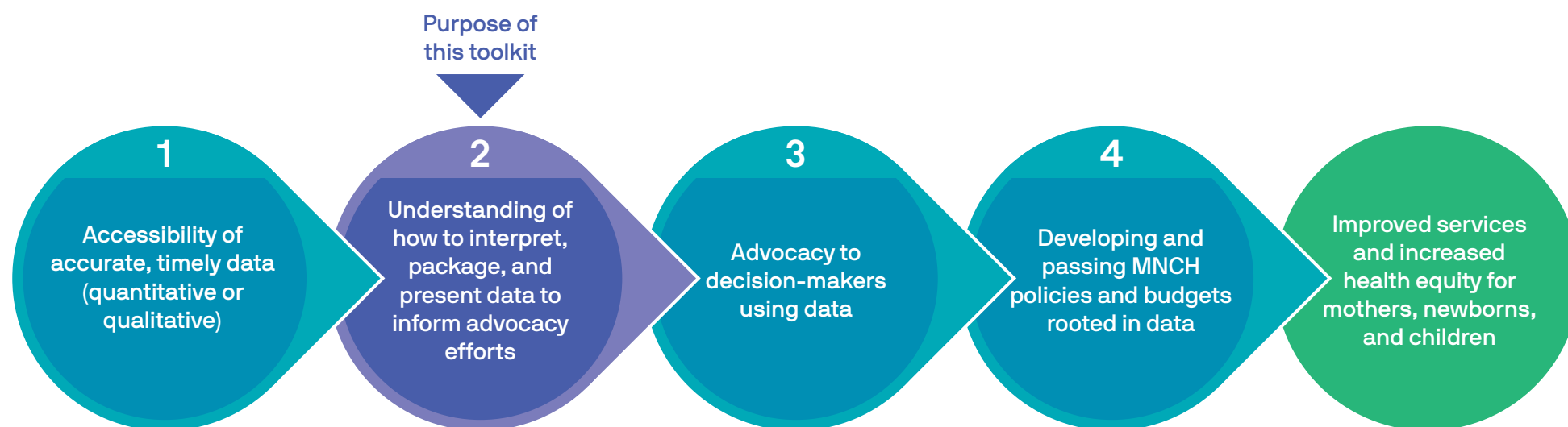
This guide is a how-to for reading, packaging, and presenting data from PATH's MNCHN Asset Tracker to inform advocacy efforts.

About this tool

As shown in the graphic below, there are many steps along the path from data collection to policy creation. This tool was designed to guide advocates on the second step: understanding how to read, package, and present data from PATH's MNCHN Asset Tracker to inform advocacy efforts.

In this document, you will find:

- Background on the Asset Tracker.
- A how-to guide on interacting with the Asset Tracker dashboards.
- Example from Nigeria using the Asset Tracker for advocacy.
- Other available data sources to inform MNCHN advocacy efforts.

Purpose of this toolkit

1 Accessibility of accurate, timely data (quantitative or qualitative)

2 Understanding of how to interpret, package, and present data to inform advocacy efforts

3 Advocacy to decision-makers using data

4 Developing and passing MNCH policies and budgets rooted in data

Improved services and increased health equity for mothers, newborns, and children

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The global agenda on MNCHN

Now more than ever, it is crucial that we collect and use data to identify and unblock barriers to delivery of high-quality MNCHN services to improve health and save lives.

Before the COVID-19 pandemic, programs that deliver services to mothers, newborns, and children were already underfunded compared with other social and health programs. Despite mortality being at the lowest recorded levels in 2019, there were still about 5 million deaths of children younger than five years and 112 million incidences of maternal disorders—such as hemorrhage, sepsis, and eclampsia—which together led to nearly 200,000 maternal deaths. Crucially, most of these deaths and morbidities were preventable.

With so much at stake, MNCHN services, which are a cornerstone of primary health care (PHC), should be central in discussions of building back better with the lessons we've learned from the ongoing fight against COVID-19.

The good news is that the goals are clear. World leaders and experts have united around the Sustainable Development Goal targets of ending preventable maternal, newborn, and child deaths, and two guiding frameworks—the Every Newborn: An Action Plan to End Preventable Deaths[1] and Ending Preventable Maternal Mortality (EPMM)[2]—provide clear milestones on how to catch up where progress has stagnated. These frameworks provide measurable, achievable targets related to equitable access to essential services, including prenatal care, skilled birth attendants, and sexual and reproductive health and rights that, if met, will lead to declines in deaths. With the recognition that nutrition is inextricably linked to health, World Health Organization (WHO) member states have also endorsed global targets for improving maternal,

THE IMPACT OF COVID-19 ON MNCH

Almost immediately after the COVID-19 pandemic began, women and children around the world were negatively impacted by disruptions to essential health services. Resources were diverted to pandemic response. Health centers were overwhelmed. Patients avoided seeking care out of fear of contracting COVID-19.

The World Health Organization reported disruptions in over 90% of countries surveyed.[3] In short, COVID-19 revealed the fragility of health systems and the vulnerabilities that underinvestment can create. Even now, as the acute stage of the pandemic has passed, the need for urgent action is clear to ensure these services are strengthened and to learn from this experience to strengthen systems for the future.

infant and young child nutrition. The targets include specific goals countries aim to achieve by 2025, including increases in exclusive breastfeeding and reductions in rates of wasting in children, low birth weight in newborns, and anemia in women of reproductive age.

Further, momentum is growing toward strengthening PHC, a critical component for creating strong, resilient health systems and reducing morbidity and mortality. PHC means working with multidisciplinary teams—doctors, nurses, community health volunteers, and others—to treat the person rather than the disease and empowering individuals, families, and communities to take charge of their own health. PHC helps ensure equitable access to high-quality services for all mothers and children by providing services directly in the communities where they live and addressing not only treatment needs but also prevention and health promotion.

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Quality MNCHN health services are not possible without access to essential medicines, devices, and interventions, such as uterotonics like misoprostol for postpartum hemorrhage prevention and treatment, tools for neonatal resuscitation, and kangaroo mother care to help small and sick newborns survive. Despite marked improvements in access to these MNCHN tools and interventions globally, progress has been slow and uneven, and significant gaps remain in their universal coverage, particularly in lower- and middle-income country settings. Combined with overarching policies related to health funding and PHC systems, insights on the barriers to uptake of key MNCHN tools and interventions can help guide efforts to advocate for improved health for women and children.

About PATH's MNCH Asset Tracker

Most of the tools and interventions to prevent maternal, newborn, and child deaths are not new—in fact many have been around for decades but still have not reached scale despite dedicated efforts by many stakeholders. So, what really are the barriers? Recognizing that lack of data to identify those barriers often leaves program decision-makers and advocates without the evidence they need to address them, PATH aimed to fill this gap. Specifically, PATH undertook a rapid but rigorous analysis of the access, uptake, implementation, and coverage of 14 proven MNCHN interventions (the list is available beginning on page 5 of this toolkit)—which we call "assets." These interventions or assets are tools, diagnostics, drugs, or even approaches. While the interventions we targeted are not the only options, they are widely accepted as some of the most impactful. As such, they offer useful insight.

In its first phase, began in 2019, the Asset Tracker project leveraged publicly available data from 81 countries monitored through the Countdown to 2030 mechanism.[4] These countries account for 90

HOW CAN THE ASSET TRACKER ADVANCE PHC AND UHC?

Primary health care (PHC) services address critical needs, such as maternal, newborn, and child health, and are a key component of universal health coverage (UHC). The Asset Tracker is a tool to help strengthen PHC—to help place the most important efforts where they are needed most and where they can have the biggest impact.

percent of all child deaths and 95 percent of all maternal deaths worldwide. We also performed extensive document and policy review and conducted in-depth interviews with global and national experts in a subset of seven focus countries.

The result was the Asset Tracker dashboard, available online here, which provides information on the status of scale-up of the 14 interventions (see Table 1).[5] PATH identified 26 milestones along the pathway to scale-up of these assets and mapped the progress of where each asset is along this pathway in each of the focus countries. The tracker draws on national health information systems, global and country surveys, and other widely accepted data sources to provide data for each asset on population coverage, availability, and further detail on the extent of implementation of each milestone for the asset. Much of these data are publicly available—you could collect them for yourself—but the Asset Tracker does the work for you, bringing all the data to one place so you can quickly and efficiently compare different indicators or countries.

PATH's MNCHN Asset Tracker is not the only tool to guide data-driven advocacy approaches to improve MNCHN. There are other tools that exist online to help inform these efforts—see Appendix A.

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TABLE 1. MNCHN interventions, common barriers, and proposed actions to overcome them.

	Assets	Barriers	Proposed actions
MATERNAL HEALTH	**Iron folic acid** to prevent maternal nutrient deficiencies, related birth defects, and low-birthweight babies	• Despite near-universal policy adoption, adherence to full dosage is low due to inconsistent antenatal care attendance and inadequate quality of counseling and program monitoring.	• Improve reach and quality of antenatal care, targeted and tailored by context. • Simultaneously invest in better products and formulations.
	Magnesium sulfate for hypertensive disorders of pregnancy	• Health systems issues and low end-user confidence limit demand and timely use. • Included on most Essential Medicines Lists (109 of 128), but implementation lags due to complex dosing and administration regimens, inconsistent supply and distribution, and lack of adequate diagnostic tools at delivery level.	• Adopt and disseminate clear and consistent training and guidelines. Support development of simple and user-friendly formulations. • Develop holistic strategies focused on early screening.
	Misoprostol for postpartum hemorrhage prevention and management	• Lack of strong World Health Organization endorsement for advance distribution for self-administration. • Concerns around safety and potential misuse.	• Harmonize country guidelines, identify best practices, and adopt new global recommendations into national guidelines.
	Oxytocin for postpartum hemorrhage prevention and management	• Quality issues, either from substandard manufacturing or cold chain breakdowns. • Ineffective dissemination of guidelines. • Restrictive policies.	• Prioritize improving the quality of oxytocin available in the supply chain. • Invest in innovations. Disseminate best practices nationally and subnationally.
NEWBORN HEALTH	**7.1% chlorhexidine** for umbilical cord care to prevent newborn infections	• Lack of domestic and donor funding for recurring procurement. • Only 2 of the 7 focus countries have costed implementation plans, which have been shown to increase scale-up.	• Prioritize annual procurement and budgeting, including at the subnational level. • Include in newborn care package under universal health coverage plans.
	Kangaroo mother care to help low-birthweight newborns survive	• Guidelines, curricula, and action plans for implementation lag behind policy adoption. • Misperceptions among health care workers and mothers, infrastructure constraints, and ineffective measurement persist.	• Prioritize annual procurement and budgeting, including at the subnational level. • Include in newborn care package under universal health coverage plans.
	Tools for **neonatal resuscitation**	• Insufficient equipment due to low funding and poor forecasting. • Poor health worker training and retention of skills. • Only 2 of the 7 focus countries have routine mentoring in place.	• Prioritize improved mentoring of facility-level perinatal quality improvement teams and budget for equipment and training.
	Community regimen for treatment of **possible serious bacterial infection**	• New intervention—only 50 of 76 countries have adopted a policy and only 18 have fully integrated the intervention into maternal, newborn, and child health policies.	• Focus on integrating guidelines and training health care workers. • Explore promising approaches such as postnatal care visits.
	Amoxicillin dispersible tablet for childhood pneumonia	• Nearly one-fourth of countries do not have guidelines. • Inconsistent availability within countries.	• Adopt and disseminate guidelines. • Address procurement and regulatory issues.

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Assets	Barriers	Proposed actions
NUTRITION		
Balanced energy protein supplementation during pregnancy	• Lack of consistent supply. • Lack of knowledge among providers and training among providers and decision-makers. • Low acceptability by community and siloed nature of nutritional interventions can impede flow of information to staff at all levels.	• Collect and use data on women's malnutrition to better inform national policy. • Clarify purpose with health workers at all levels via training and job aids. • Determine optimal source of product and best methods for integrating into programs (e.g., antenatal care) and data systems.
Feeding of small and sick newborns	• Lack of access to supplies and equipment to support breast milk provision. Infrastructure limitations result in mother-baby separation and mother's milk not reaching the infant. • Lack of safe alternatives when breast milk is not available (e.g., donor human milk). Limited human milk bank operations.	• Targeted investments in training, infrastructure, and systems are needed to support optimal feeding and lactation support to meet the special needs of small and sick newborns and their mothers.
Management of acute malnutrition in children less than five years old	• Prohibitive cost of food products needed for treatment leads to reliance on donor-funded procurement via nongovernmental partners from limited suppliers and distributors. • Stockouts are common. • Community stigma exists on use of supplementary and therapeutic foods.	• Create systematic guidance on how acute malnutrition can be managed with local food. • Market disruption is necessary to reduce cost of ready-to-use therapeutic foods and make them affordable to governments.
Multiple micronutrient supplements	• Lack of national policies and job aids. • Lack of product in the market. • Confusion with other supplements such as iron folic acid and micronutrient powders.	• Promote global advocacy, national guideline development, and regional production. • Conduct product branding.
Early initiation and exclusive breastfeeding	• Lack of skilled lactation support at birth, especially due to staff shortages. • Medical complications or policies that result in mother-infant separation at birth. • Cultural barriers (e.g., guidance to discard first milk, pressure to provide other fluids, lack of acceptance among mother and caregivers). Insufficient maternal leave policy or having to return to work or school. • Lactation/milk supply challenges.	• Advocate for increased funding for lactation support with sustained follow-up beyond the hospital into the community (including targeted behavior change and increased home visits). • Improve data collection and quality improvement initiatives. • Align maternity leave policies with exclusive breastfeeding recommendations.

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Reading the Asset Tracker dashboards

The Asset Tracker dashboards are divided into various tabs. This table describes the most relevant tabs and how you can use each.

TABLE 2. Asset Tracker dashboards.

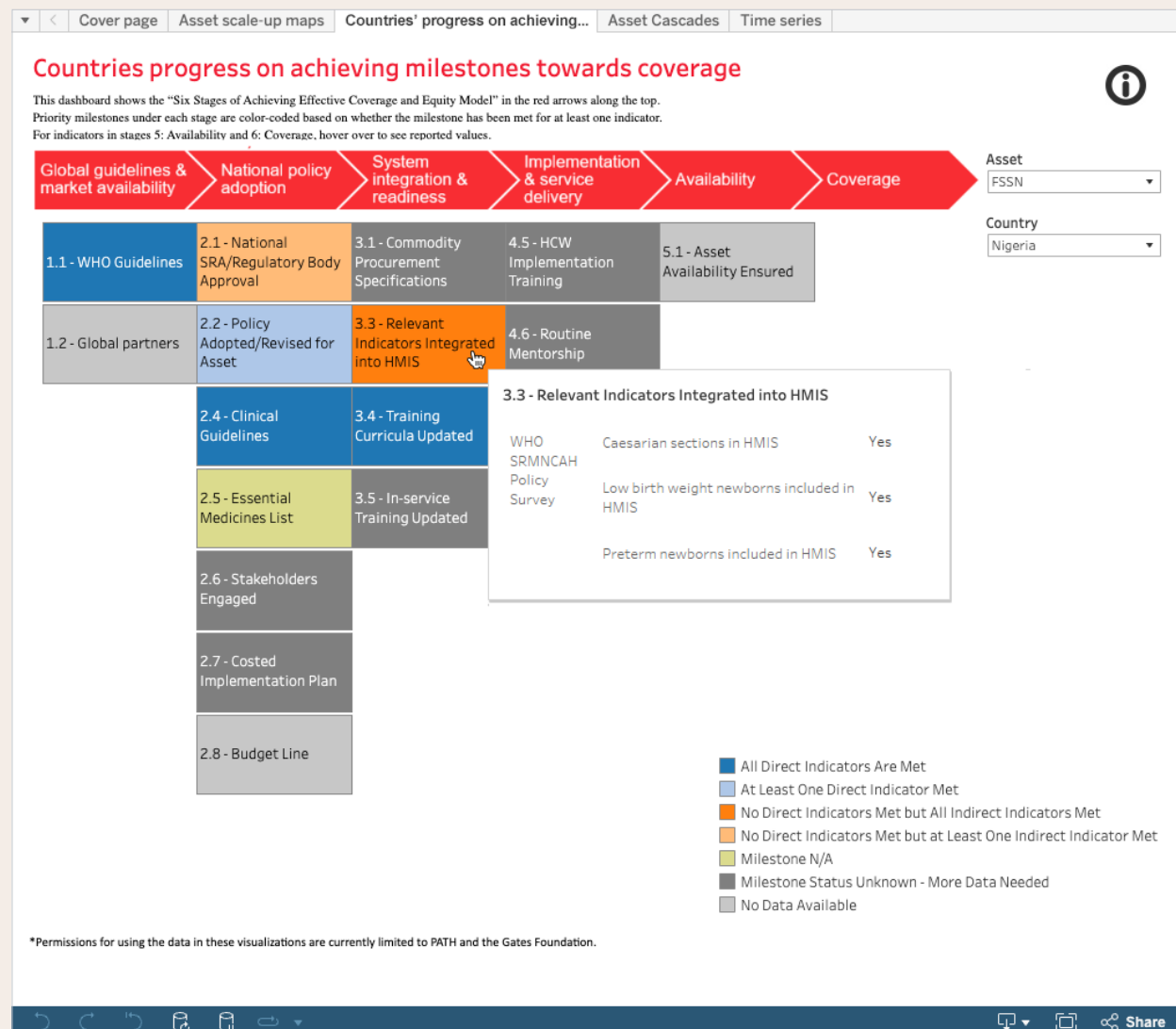| COVER PAGE	
Overview of the Asset Tracker	

COUNTRIES' PROGRESS ON ACHIEVING MILESTONES TOWARD COVERAGE

This tab lays out the milestones along the pathway to scale-up and coverage and highlights where a particular asset is, in a particular focus country, in terms of progress along that pathway. There is a summary of the pathway across the top, starting from global-level guidelines and market availability to national or local policymaking to implementation, and then availability, and finally to actual population coverage for the asset. Each square is a milestone. The colors provide information on achievement, for example dark blue means the milestone is achieved, red means not achieved, and gray means we don't know. Hover over the light blue boxes to see percent values.

Data provided: Detail about a specific asset/country combination

You choose: Asset, country

Countries included: Burkina Faso, Ethiopia, India (Bihar and Uttar Pradesh), Malawi, Nigeria, Tanzania

Cover page | Asset scale-up maps | Countries' progress on achieving... | Asset Cascades | Time series

Countries progress on achieving milestones towards coverage

This dashboard shows the "Six Stages of Achieving Effective Coverage and Equity Model" in the red arrows along the top.
Priority milestones under each stage are color-coded based on whether the milestone has been met for at least one indicator.
For indicators in stages 5: Availability and 6: Coverage, hover over to see reported values.

Global guidelines & market availability → National policy adoption → System integration & readiness → Implementation & service delivery → Availability → Coverage

Asset: FSSN
Country: Nigeria

1.1 - WHO Guidelines	2.1 - National SRA/Regulatory Body Approval	3.1 - Commodity Procurement Specifications	4.5 - HCW Implementation Training	5.1 - Asset Availability Ensured
1.2 - Global partners	2.2 - Policy Adopted/Revised for Asset	3.3 - Relevant Indicators Integrated into HMIS	4.6 - Routine Mentorship	
	2.4 - Clinical Guidelines	3.4 - Training Curricula Updated		
	2.5 - Essential Medicines List	3.5 - In-service Training Updated		
	2.6 - Stakeholders Engaged			
	2.7 - Costed Implementation Plan			
	2.8 - Budget Line			

3.3 - Relevant Indicators Integrated into HMIS

WHO SRMNCAH Policy Survey	Caesarian sections in HMIS	Yes
	Low birth weight newborns included in HMIS	Yes
	Preterm newborns included in HMIS	Yes

- All Direct Indicators Are Met
- At Least One Direct Indicator Met
- No Direct Indicators Met but All Indirect Indicators Met
- No Direct Indicators Met but at Least One Indirect Indicator Met
- Milestone N/A
- Milestone Status Unknown - More Data Needed
- No Data Available

*Permissions for using the data in these visualizations are currently limited to PATH and the Gates Foundation.

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ASSET SCALE-UP MAPS

This tab represents data as colors on a map, so that you can compare countries' progress toward any specific milestone for any asset. Choose an asset, and then choose the milestone to see if a country has achieved it for that asset. Then choose a specific indicator for that milestone: for each milestone, there may be several data indicators from different data sources, which give us different ways to measure the same idea. You should try a few—because they are from different data sources, they may tell you different things.

The map uses a gradient of colors to indicate percentages—the lighter colors mean lower/poorer coverage; in the case of yes/no indicators, blue represents yes, red represents no, and gray means unknown.

Data provided: Comparison of countries, for one specific asset

You choose: Asset, milestone, direct or indirect indicator, indicator (optional: year)

Countries included: 81

Cover page | Asset scale-up maps | Countries' progress on achieving... | Asset Cascades | Time series

Asset scale-up maps
Presence of global coalition/network on oxytocin

Asset
Oxytocin

Milestone
1.2 - Global partners

Year
Most recent data

Direct Indicators

Indicator Selection

Presence of global coalition/network on oxytocin

India Level of Detail
Bihar & Uttar Pradesh

■ Yes

Indicator Value

Null

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ASSET CASCADES

This tab explores data on how well the focus countries are doing with asset availability and use:

- What is the population of people who may need the asset? (target population)
- How likely is it that these people will seek health care? (service contact)
- How likely is it that care will be available when they are seeking it? (service likelihood/availability)
- How likely is it that an asset will be available, and used, when they need it? (crude coverage, quality-adjusted coverage, user-adjusted coverage, etc.)

Along the right side of the dashboard, the Causes of DALYs box provides an overview of the relative burden of relevant health issues—the problems that the asset may help resolve—in the chosen country. The health issues with the greatest percentages cause the greatest burden among the target population in that country.

Data provided: Detail about a specific asset/country combination

You choose: Country, asset

Countries included: Bangladesh, Burkina Faso, Ethiopia, India (Bihar and Uttar Pradesh), Malawi, Pakistan, Nigeria, Tanzania

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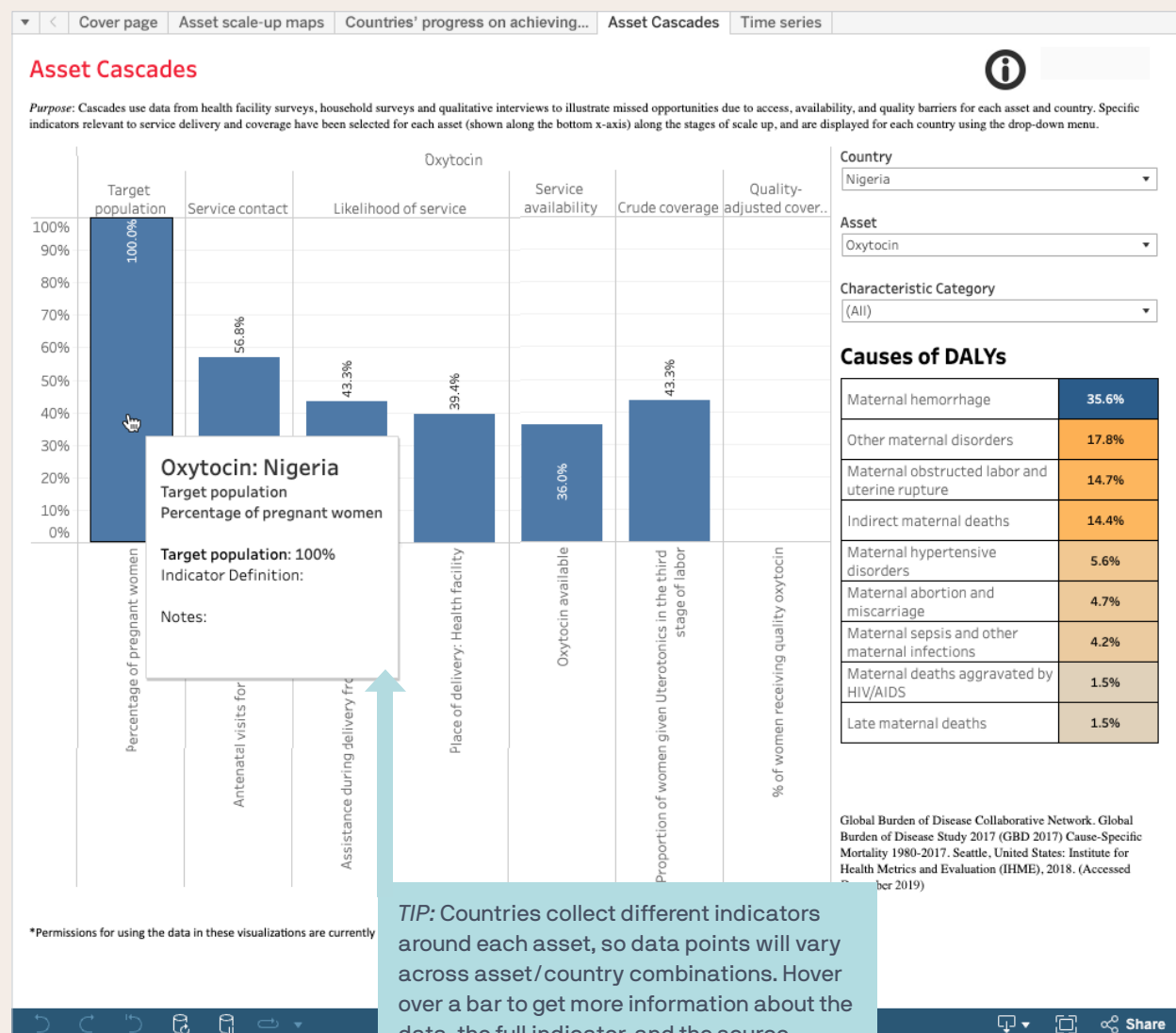
TIME SERIES

On this tab, you can see progress over time for availability and coverage indicators for a specific asset, across the subset of focus countries. Choose a data source and indicator to see how they change over time. (Note: The most recent data point for each data source is what is shown in the tabs on Asset cascades, Asset scale-up maps, and Countries' progress on achieving milestones toward coverage for that same country and asset.)
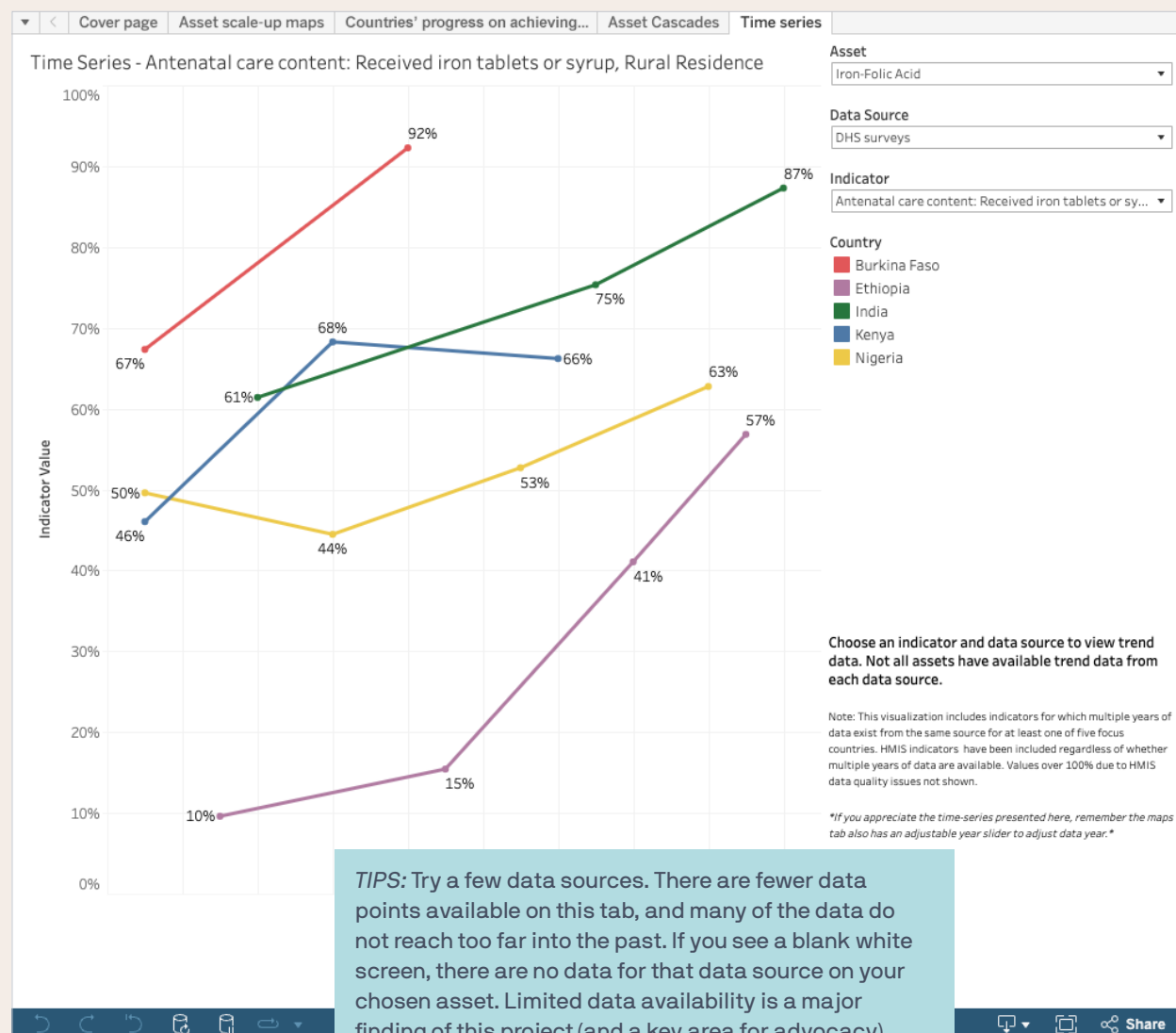
Data provided: Comparison of countries, for one specific asset

You choose: An asset, a data source, and an indicator within the chosen data source

Countries included: Burkina Faso, Ethiopia, India (Bihar and Uttar Pradesh), Malawi, Nigeria, Tanzania

OTHER TABS

If you want to dig into the data to see what is there, the **Indicator** tab lists all the data points available in the tracker, written out. Hover over the circles to see more information. The **Data source** tab gives a full list of which types of databases are available/included in the tracker for each country.

Time Series - Antenatal care content: Received iron tablets or syrup, Rural Residence

Asset: Iron-Folic Acid

Data Source: DHS surveys

Indicator: Antenatal care content: Received iron tablets or sy...

Country
- Burkina Faso
- Ethiopia
- India
- Kenya
- Nigeria

Choose an indicator and data source to view trend data. Not all assets have available trend data from each data source.

Note: This visualization includes indicators for which multiple years of data exist from the same source for at least one of five focus countries. HMIS indicators have been included regardless of whether multiple years of data are available. Values over 100% due to HMIS data quality issues not shown.

If you appreciate the time-series presented here, remember the maps tab also has an adjustable year slider to adjust data year.

TIPS: Try a few data sources. There are fewer data points available on this tab, and many of the data do not reach too far into the past. If you see a blank white screen, there are no data for that data source on your chosen asset. Limited data availability is a major finding of this project (and a key area for advocacy).

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Using the Asset Tracker data for advocacy: Case study of maternal health and postpartum hemorrhage in Nigeria

As an advocate, you can use the PATH's MNCHN Asset Tracker to see an overview of data around a particular asset in your country to identify possible areas to focus your efforts for maximum impact. Here, we use scale-up of oxytocin and misoprostol in Nigeria as a case study to demonstrate how you can use this tool to support your advocacy goals. If an advocate in Nigeria is working on policy changes to reduce postpartum hemorrhage, they may dig into the data on these two drugs to see what specific barriers their advocacy should aim to overcome.

Oxytocin and misoprostol can both be used for prevention and management of postpartum hemorrhage by health workers trained in their use. In 2019, WHO updated its recommendation[6] for settings where women give birth outside of a health facility and in the absence of skilled health personnel to encourage distribution of misoprostol to pregnant women for self-administration to prevent postpartum hemorrhage, only with targeted monitoring and evaluation.

The following table outlines how you can navigate each tab of the Asset Tracker to find data to support advocacy on this topic.

TABLE 3. How to use the Asset Tracker to inform advocacy for oxytocin and misoprostol to prevent and manage postpartum hemorrhage in Nigeria.

Asset Tracker tab	Summary	Recommended use of data	Conclusions about potential advocacy opportunities for oxytocin	Conclusions about potential advocacy opportunities for misoprostol
ASSET SCALE-UP MAPS	Represents data as colors on a map of the world to compare countries' progress toward a specific milestone for scale-up for any asset. **Inputs (you choose):** Asset, milestone **Output (dashboard provides):** Map of progress by country	Compare countries' progress toward scale-up of an asset, such as investigating which countries: • Have adopted a policy for the asset. • Have put the asset on their Essential Medicines List. • Have included the asset in their budget. • Have integrated the asset into their health management information system. • Have developed and/or disseminated training curricula or guidelines for the asset. • Have achieved good coverage and availability for the asset in the population.	• All countries surveyed in the region include oxytocin on their Essential Medicines List—**may not be an area that requires advocacy.** • Nigeria reports lower coverage of oxytocin than other countries surveyed in the region—**may be an opportunity for impactful advocacy.** • Nigeria does not have a specific budget line for oxytocin, but neither do any other countries in the area—**advocates should refer to budget norms in their context to determine if this would be a strong area for advocacy.**	Although a robust policy framework is in place for the use of misoprostol for postpartum hemorrhage, advocates may want to double-check that policy, clinical guidelines, and the Essential Medicines List include advance distribution of misoprostol for self-administration, per the 2019 WHO recommendation. If not, this could be a strong area for advocacy.

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Asset Tracker tab	Summary	Recommended use of data	Conclusions about potential advocacy opportunities for oxytocin	Conclusions about potential advocacy opportunities for misoprostol
COUNTRIES' PROGRESS ON ACHIEVING MILESTONES TOWARD COVERAGE	Lays out the milestones achieved by a specific country toward scale-up and availability of an asset **Inputs (you choose):** Asset, country **Output (dashboard provides):** Boxes indicating achievement or lack of achievement for each specific milestone toward scale-up	See more detail on how a country is scaling up or implementing policy around an asset—the strengths and the gaps. You can check this tab to see if your chosen country: • Has a strong policy foundation for the asset (policy adopted, clinical guidelines developed, stakeholders engaged).Have put the asset on their Essential Medicines List. • Has a strong financial foundation for the asset (costed implementation plan, budget line). • Is implementing a strong rollout of the asset (on logistics management information systems, active training, and mentorship for providers).	• In Nigeria, oxytocin is making good headway along the pathway to scale-up—there is a policy adopted for it, there are clinical guidelines, it is on the Essential Medicines List, it has been added to the country health survey dataset, etc. This demonstrates that **building political will may not be necessary or an optimal area for advocacy.** • Data on implementation of the policy foundation are lacking—advocates could push for improved routine data collection and reporting to enhance social accountability. There also may be **gaps in terms of training and mentorship that could be opportunities for advocacy impact.**	In Nigeria, advance distribution of misoprostol for self-administration could likely benefit from actions to **build political will for this intervention.** Advocates could call for action to **ensure availability of misoprostol tablets** at antenatal care or through community-based distribution of misoprostol to traditional birth attendants, community health workers, or lay health workers who attend home or community births and have been educated on how to administer misoprostol safely, or in contexts where women give birth at home—without skilled health personnel—and advance distribution of misoprostol to pregnant women themselves (during the last trimester of pregnancy) for self-administration.
ASSET CASCADES	Provides more detailed data on coverage and availability of a specific asset in a specific country **Inputs (you choose):** Asset, country **Output (dashboard provides):** Bar graph representing coverage levels, for a few different measures/indicators that tell a more complete story about service delivery	Use data on coverage and availability as evidence when talking to decision-makers or health care providers about gaps in service delivery. This tab can tell you: • How likely it is that people will be in contact with the health system when they need the asset (e.g., demand side). • How likely it is that the asset will be available to a person when they need it (e.g., availability in facilities). • How likely it is that the asset or intervention is actually administered to a person when they need it (e.g., end goal improving health outcomes).	• In Nigeria, about 60% of women do not deliver in a health facility (the setting where oxytocin would be administered). • Furthermore, oxytocin is only available in approximately 36% of facilities. If fewer than half of women are delivering in health facilities and only a third of facilities have oxytocin available, then actual oxytocin coverage would be low. **You could take this evidence to policymakers to advocate for preventing maternal hemorrhage by assuring availability of this lifesaving drug, among other priorities.**	Advance distribution of misoprostol for self-administration is recommended where women give birth outside of a health facility and in the absence of skilled health personnel. **As such, data in this tab support the advocacy goal identified above to expand the distribution of misoprostol during antenatal care to pregnant women who live in remote settings.**

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Asset Tracker tab	Summary	Recommended use of data	Conclusions about potential advocacy opportunities for oxytocin	Conclusions about potential advocacy opportunities for misoprostol
TIME SERIES	Shows how availability of an asset has changed over time across countries **Inputs (you choose):** Asset **Output (dashboard provides):** Line graphs of availability over time, with each line representing each country for which there are data	Compare historical data across countries on how the availability of an asset has changed over time. For instance, you could: • Look for places where availability increases (or decreases) rapidly in a specific country, then examine other data and/or the context in that country during that time period to discover possible reasons why. • See where your country fits in terms of asset availability relative to other countries in the region—and use that context to explain to policymakers where your country is behind or ahead. • Summarize historical trends on asset availability across Africa.	There are limited data available on oxytocin coverage from any country surveyed for the Asset Tracker, and nothing before 2016 (excepting Burkina Faso). **Advocates could use this information to frame their messaging,** including by asking for better tracking of coverage of this important drug. Coverage data could be used to assure accountability in domestic budget allocations.	Similarly there are no historical trend data on availability and use of advance distribution of misoprostol. **Identifying this data gap and ways to incorporate collection of data around misoprostol use into existing data collection systems is an important advocacy action.**

Using the Asset Tracker for subnational advocacy

While the Asset Tracker provides valuable information about the status of the 14 interventions at national level, subnational-level data are also important as realities of access and barriers can differ within a country. For countries where health system management and funding has been decentralized, this is even more important. This is a limitation to the Asset Tracker due to the resource-intensive process required to collect subnational data.

However, in 2021–2022, PATH conducted a second phase of the Asset Tracker project to further validate its analysis and better understand awareness among different stakeholders, assess the level of policy implementation and delivery of interventions, and further understand bottlenecks. The Phase 2 assessment was carried out in nine subnational geographies in five countries—Burkina Faso, Ethiopia, India, Kenya, and Nigeria—via interviews with providers and district health management team members, inventory spot checks at facilities, and focus group discussions with community health workers. These quantitative and qualitative data are specific to each particular subnational geography and represent a snapshot in time. While this information can be very helpful in giving a view into how providers and management staff perceive the scale of each of the 14 assets—and barriers and facilitators to their continued scale—it is not necessarily generalizable to larger geographies such as the country and/or region.

Advocates working in the five countries featured in Phase 2 will no doubt find these data rich and useful. However, for those working in other geographies, the Asset Tracker is still a useful tool as advocates can compare their own country-level data to national information and use this information to applaud policymakers for their efforts or encourage them to take more action to ensure women, newborns, and children in their geographies are not left behind.

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Endnotes

1. The global Every Newborn: An Action Plan to End Preventable Deaths, launched in 2014 and led by UNICEF and the World Health Organization, provides an actionable road map for reducing newborn mortality and preventing stillbirths in line with the United Nations Secretary-General's Every Woman Every Child movement. The framework establishes specific global and national targets and milestones for quality of care, newborn mortality and stillbirth rates, monitoring, investments, and the implementation of national plans to support reproductive, maternal, neonatal, child, and adolescent health.

2. Ending Preventable Maternal Mortality (EPMM) is a global multipartner initiative that outlines broad strategies for improving maternal health and well-being and achieving the Sustainable Development Goal target for maternal mortality ratio. The EPMM has established a set of context-specific targets and milestones to track progress to 2030. The framework is intentionally nonprescriptive and offers broad strategic objectives rather than a list of clinical interventions. The framework emphasizes the importance of short-, medium-, and long-term program planning to achieve and maintain high-performing systems that can deliver improved outcomes.

3. World Health Organization (WHO). *COVID-19 continues to disrupt essential health services in 90% of countries*. Geneva: WHO; 2021. Available at: https://www.who.int/news/item/23-04-2021-covid-19-continues-to-disrupt-essential-health-services-in-90-of-countries

4. Countdown to 2030 is a global collaboration to track the progress of lifesaving interventions for reproductive, maternal, newborn, child, and adolescent health and nutrition. Countdown generates evidence to foster advocacy and accountability for these issues and analyzes data on coverage of health interventions across socioeconomic status, gender, education, and geography, and on key drivers of change such as policy, finance, and other health system dimensions.

5. In Phase 3, PATH plans to add additional assets (to be determined).

6. World Health Organization. WHO Recommendation on Advance Misoprostol Distribution to Pregnant Women for Prevention of Postpartum Haemorrhage. Geneva: World Health Organization; 2020. https://www.who.int/publications/i/item/9789240013902.

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Data resources for advocacy: Summary of resources and tools for data analytics and visualization

Global health actors have invested in developing data resources and tools as global goods to support evidence-informed advocacy and decision-making by policymakers, advocates, health care providers, and other diverse players. These tools contain rich data from trusted national and global sources, which can be useful to advocates in

building strong advocacy cases to influence policies, investments, decisions, and accountability for RMNCAH and nutrition.

To orient advocates to resources and tools that provide multicountry data and evidence, **Table A1 summarizes several primary data resources** as well as tools that aggregate data from multiple sources, including their purpose, unique features, data sources, geography covered, and possible use cases for advocates, while **Table A2 summarizes key global guidance and frameworks** to support RMNCAH advocacy framing.

TABLE A1. RMNCAH + nutrition data resources and tools.

Name	What is it?	Unique features / differentiators	Data sources	Geography	Use case for advocates
WHO SRMNCAH Policy Database	Data portal with visualizations of RMNCAH policy indicators and searchable document repository.	- Ability to search for and visualize key RMNCAH policy indicators. - Searchable document repository of national RMNCAH laws, policies, guidelines, strategic plans, etc. - Country policy profiles organized by population and demographics, crosscutting RMNCAH, sexual and reproductive health, gender-based violence, maternal and newborn health, child health, and adolescent health. - Reports on the results of the 2018/2019 WHO RMNCAH policy survey are available.	Periodic WHO survey administered through a structured questionnaire.	150 WHO member states that responded to the 2018/2019 RMNCAH policy survey.	- Repository of documents (laws, guidelines, plans/strategy, etc.) available for policy tracking and implementation. Data can also be visualized on charts and maps for exporting and downloading, for use in advocacy briefs or other advocacy materials. - The tool offers a quick and efficient overview of a country's demographic and key RMNCAH indicators and policies. - Datasets for additional analysis can be requested.

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Name	What is it?	Unique features / differentiators	Data sources	Geography	Use case for advocates
WHO Maternal, Newborn, Child and Adolescent Health and Ageing Data Portal	Up-to-date global health data, including regional and country data organized separately in the areas of maternal, newborn, child, and adolescent health and ageing.	• Data can be visualized on charts and maps, which you can download. You are also able to export data files. • Links are available to other departments within WHO and other UN agencies for additional data and information in specific areas of interest. • A wealth of crosscutting data and resources relevant to RMNCAH are available. • Coverage data is included. • The above WHO RMNCAH Policy Database is also displayed here. • Dashboards and other visualizations are available, including adolescent health country profiles, RMNCAH country policy profiles, and country profiles for the Global Strategy for Women's, Children's and Adolescents' Health. The Child Health and Well Being Dashboard is also accessible.	Data for global monitoring are reported by UNICEF and WHO, based on national sources, including MICS, DHS, and other national household surveys, and joint estimates based on all available country data points, including administrative sources.	United Nations member states.	• Data visualized on charts and maps for exporting and downloading, for use in advocacy briefs or other advocacy materials. • Equity considerations through the use of crosscutting data—including demographic data, socioeconomic and environmental data, and policies.
UNICEF Data Portal	Portal for the latest available data related to children, including a variety of topical dashboards and datasets.	• Data/datasets related to children in the areas of RMNCAH, HIV/AIDS, COVID-19, WASH, immunization, and malnutrition, etc., are available. For example, specific dashboards include Child Health and Well Being Dashboard, Infant Feeding Data Dashboard, and COVID-19 and Children Data Hub, among others. • COVID-19 dashboard explores the impacts of the pandemic on child poverty, education, health, nutrition, and more. • Includes coverage data.	Data for global monitoring are reported by UNICEF and WHO, based on national sources, including MICS, DHS, and other national household surveys, and joint estimates based on all available country data points, including administrative sources.	United Nations member states.	• Includes interactive dashboards to visually showcase the data for advocates and decision-makers and downloadable data files. • Country reports include a wide range of Sustainable Development Goals (SDGs) and other indicators for child and adolescent health, nutrition, WASH, child protection, education, gender, and poverty. • Resource tab includes a variety of data-driven thought products, ranging from short brochures to in-depth analyses to support advocates.

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Name	What is it?	Unique features / differentiators	Data sources	Geography	Use case for advocates
UNICEF Multiple Indicator Cluster Surveys (MICSs)	Data on key indicators on the well-being of children and women to help shape policies.	• Largest source of statistically sound and internationally comparable data on children and women worldwide. • Major data source for more than 30 SDG indicators.	Household surveys focused on issues affecting the lives of women and children.	118 countries globally, primarily in Africa, Asia, and South America.	• Major data source for SDG indicators can be used by advocates to link to advocacy priorities and country goals. • Country reports, composed of household surveys, provide national data for a variety of health indicators for women and children.
Demographic and Health Surveys (DHS) Program	Collects, analyzes, and disseminates accurate and representative data on population, health, HIV, and nutrition through periodic surveys.	• Standardized surveys in conjunction with reports and respective datasets that make them very easy to use and follow. • Data collected from households, women, and children, among others. • Conducted periodically over time in most countries.	DHS surveys conducted periodically in more than 90 countries.	Most countries globally, predominantly in Africa, Asia, and South America.	Country reports are an excellent resource for pulling the most recent national and regional data for a variety of indicators, including examining progress over time.
UN Inter-agency Group for Child Mortality Estimation (IGME)	Data and estimates of stillbirth and child mortality rates for each country based on the research of the UN IGME.	Includes dashboards that analyze primary source data in different ways, highlighting disparities, SDG progress, and subnational trends, and includes country profiles focused on stillbirth.	• Estimates from compilation of population-based surveys (e.g., DHS, MICS, census). • UN IGME consists of UNICEF, WHO, the World Bank Group, and UN Department of Economic and Social Affairs Population Division, plus an expert technical advisory group of demographers, epidemiologists, and statisticians to inform the estimates.	United Nations member states.	• Highlighting and conveying disparities. • Side-by-side country comparisons.

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Name	What is it?	Unique features / differentiators	Data sources	Geography	Use case for advocates
GFF Data Portal	A data portal for accessing key indicators of MNCHN impact and tracking progress toward implementing GFF investment case.	• GFF logic model as organizing framework. • Country-specific profile pages with holistic view of finance, process, service delivery, and outcome data at national and subnational levels. • Map-based features to display subnational data and geographic equity, and subnational data for monitoring implementation progress (with percentage change over time). • Downloadable data tables and graphics.	• Core RMNCAH+N impact indicators from population-based surveys with links to country estimates. • Country-specific routine indicators from HMIS, and other country sources as applicable. • Output, medium- and long-term, and impact indicators aligned to GFF logic model. • Health financing and resource mapping data.	• 36 GFF countries. • Subnational data available for all countries implementing an investment case (currently 31).	• Data to support advocates in contributing to policy debates and resource mobilization efforts. • Equity considerations through geographic analyses: Subnational progress comparisons can help advocates and civil society organizations with data for targeting investments to subnational areas with slower progress or greater gaps.
PATH MNCHN Asset Tracker	A data visualization dashboard aggregating evidence on the status of scale-up for 14 "assets" (or interventions) that improve MNCHN.	• Set of dashboards that explores national-level data as well as subnational-level data and qualitative data in a subset of countries. • Pathway to scale up toward effective coverage (26 milestones) used as an organizing framework. • Compares countries' progress toward any specific milestone for any asset. • Integrates causes of morbidity (disability-adjusted life years) alongside coverage metrics, by asset. • Includes time series for implementation and coverage indicators in subset of countries. • Includes data quality audit results for HMIS indicators.	• Compilation of survey data, document review, and routine data sources (DHS, WHO SRMNCAH policy survey, UNICEF NutriDash, Global Breastfeeding Collective, Service Provision Assessment, Service Availability and Readiness Assessment, HMIS). • Indicator definitions and data sources available through hovering over tool tips. • Qualitative data collected from select subnational areas in 5 countries.	• 81 Countdown to 2030 countries. • Deeper analysis in 8 focus countries: Burkina Faso, Ethiopia, India, Kenya, Malawi, Nigeria, Pakistan, Tanzania. • Qualitative data from 5 countries: Burkina Faso, Ethiopia, India, Kenya, Nigeria.	• By bringing multiple surveys and other sources together in one place, the tool offers quick and efficient comparison of different indicators or countries. • Examines progress toward effective coverage for specific asset country combinations for focus countries, or for comparison across countries. • Utilizes data to support increased advocacy around scale-up for specific assets.

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Name	What is it?	Unique features / differentiators	Data sources	Geography	Use case for advocates
Countdown to 2030	Country profiles that track progress of RMNCAH+N interventions and analytic tools. Developed through collaboration of academic institutions, United Nations, World Bank, and civil society organizations to strengthen evidence and analytical capacity.	• RMNCAH country profiles in dashboard layout. • Country equity profiles with sex-disaggregated analysis. • Early childhood development profiles. • Data download feature to Excel. • Holistic conceptual framework to explain reductions in maternal, late fetal, and neonatal mortality and improvements in health.	Countdown does not collect new data but uses available data accessible to the public from UNICEF, WHO, and household surveys (DHS, MICS, and others) and country-level health information system data stored in DHIS2.	• Country profiles are available for all low- and middle-income countries for the national and equity profiles, and for all countries for the early childhood development profiles. • Additional resources are available for countries that are part of the GFF collaboration and the maternal newborn health exemplars study.	• Use country profiles to (1) highlight where progress has been slow and where there are data gaps and (2) hold country governments and partners to account for their commitments to the 2030 agenda. • Use analytic tools to measure equity, geospatial differences, effective coverage, and other factors.

TABLE A2. Global guidance and key frameworks and targets to support RMNCAH advocacy framing.

Name	What is it?	Unique features / differentiators	Targets	Use case for advocates
Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)	An updated Global Strategy, spanning the 15 years of the SDGs, provides guidance to accelerate momentum for women's, children's, and adolescents' health.	• Objectives and targets aligned to the SDGs. • Takes a life-course approach aiming for the highest attainable standards of health and well-being — physical, mental, and social — at every age.	Includes targets and indicators at the impact, outcome, and systems levels. The strategy includes five targets related to ending preventable deaths (survive), eight targets related to ensuring well-being (thrive), and five targets related to expanding enabling environments (transform).	Outlines nine action areas: 1. Country leadership. 2. Financing for health. 3. Health system resilience. 4. Individual potential. 5. Community engagement. 6. Multisector action. 7. Humanitarian and fragile settings. 8. Research and innovation. 9. Accountability for results, resources, and rights.

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Name	What is it?	Unique features / differentiators	Targets	Use case for advocates
Every Newborn Action Plan (ENAP) Framework	A global plan that presents evidence-based solutions to prevent newborn deaths and stillbirths and targets for ending preventable newborn deaths and stillbirths in support of Every Woman Every Child.	• Every Woman Every Child framework is the organizing model. • Framework accompanied by Every Newborn tracking tool by which country data is measured—includes a guidance note (2016). • Action plan was endorsed by 194 member states in 2014. Progress is reported on every few years at the direction of the DG. • Framework specifies four key targets. • Joint ENAP/EPMM progress report is planned for 2023. • Data compiled by country based on Every Newborn Tracking Tool. • Specific country activity and regional/ global efforts in support of national level progress are spotlighted.	Shared targets aligned across ENAP/EPMM: • Four or more antenatal care contacts. • Births attended by skilled birth attendants. • Early routine postnatal care (within 2 days). Additional ENAP specific targets: • National implementation plan for the care for small and sick newborns. • District-level availability of at least one level-2 inpatient unit to care for small and sick newborns, with respiratory support.	Outlines actions by constituency, including NGOs, communities, and/or parent groups.
Ending Preventable Maternal Mortality (EPMM) Framework	A global framework for EPMM that aims to improve maternal health and well-being and achieve the SDG target for Maternal Mortality Ratio.	• Framework specifies a set of strategic objectives and five key targets. • Joint ENAP/EPMM progress report is planned for 2023.	Shared targets aligned across ENAP/EPMM: • Four or more antenatal care contacts. • Births attended by skilled birth attendants. • Early routine postnatal care (within 2 days). Additional ENAP specific targets: • Population covered by Emergency Obstetric Care (EmOC). • Access to care and information for broader determinants of maternal health (sexual relations, contraceptive use, and reproductive health care).	Includes a call to action needed to reach the ambitious targets and goal.

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