

Countdown to 2015: Early breast feeding is the most equitable intervention, skilled birth attendance the least equitable

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An article in this week's edition of the *Lancet* tracks progress towards Millennium Development Goals 4 and 5, that promote maternal and child health. It finds that skilled birth attendant coverage was the least equitable intervention, while the most the most equitable intervention was early initiation of breastfeeding. The study is by Dr Aluisio J D Barros, Federal University of Pelotas, Brazil, and colleagues.

Since its inception, the Countdown to 2015 movement (Countdown) has emphasised the need to address inequities in [maternal and child health](#) as a key strategy to improve health and survival. For this new study, the authors reanalysed data for 12 maternal, newborn, and [child health](#) interventions from national surveys done in 54 Countdown countries between Jan 1, 2000, and Dec 31, 2008.

Skilled birth attendant coverage was the least equitable intervention, followed by four or more antenatal care visits. The most equitable intervention was early initiation of breastfeeding. Chad, Nigeria, Somalia, Ethiopia, Laos, and Niger were the most inequitable countries for the interventions examined, followed by Madagascar, Pakistan, and India. The most equitable countries were Uzbekistan and Kyrgyzstan. Community-based interventions were more equally distributed than those delivered in health facilities. For all interventions, variability in coverage between countries was larger for the poorest than for the richest individuals.

The authors say: "Intercountry variability in intervention coverage is much greater for the poorest wealth quintile in each country than for the richest, which suggests that even in the [poorest countries](#), wealthier individuals have mechanisms for gaining access to lifesaving interventions."

They conclude: "Immediate implications of our results include the need to give special attention, nationally, regionally, and internationally, to the most inequitable interventions. Community-based interventions were generally more equally distributed than were service-based interventions, which indicates that additional efforts are needed to reach the poorest individuals with such interventions. The most inequitable Countdown countries need renewed efforts from the international community."

In a linked Comment, Dr Robert I Goldenberg, Department of Obstetrics and Gynecology, Drexel University College of Medicine, Philadelphia, PA, USA, and Research Triangle Institute, Research Triangle Park, NC, USA and Dr Elizabeth M McClure, Research Triangle Institute, Research Triangle Park, NC, USA, say: "The Countdown to 2015 process is an excellent example of use of rigorously collected data to monitor health programmes and improve health outcomes. Similar data can be used across and within countries to assess disparities in care provision, which makes this process especially valuable."

They conclude: "Reductions in within-country disparities in coverage are most likely to be achieved within a functioning health system that uses data to establish goals for both outcomes and coverage, nationally, regionally, and locally. "

More information: [www.thelancet.com/journals/lan ... \(12\)60113-5/abstract](http://www.thelancet.com/journals/lan... (12)60113-5/abstract)

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