**Task 1**

Figure 1:

A graph of different colored bars

Description automatically generated

The Sustainable Development Goal target (SDG 3.2.1) is to reduce under-five mortality rate (U5MR) to at least as low as 25 per 1,000 live births by 2030[[1]](#footnote-1). To achieve this, it is essential that women receive the care they need during pregnancy to ensure healthy outcomes for their child. Figure 1 shows the weighted average coverage of two essential MNCH services – antenatal care (4+ visits) and skilled birth attendance across countries classified by their progress towards the 2030 U5MR target: acceleration needed (off-track), on-track and achieved.

From 2018-2022, coverage of at least four antenatal care visits (ANC4) was lowest in off-track countries at 54.4%, slightly higher in on-track countries at 56.5%, and highest in countries that met the U5MR target at 88.4%. Similarly, the percentage of births attended by a skilled birth attendant (SAB) was lowest in off-track countries (63.8%), moderate in on-track countries (85.7%), and highest in countries that achieved the target (97.3%). SAB coverage was higher than ANC4 in all country groups, with a larger difference between off-track and on-track countries for SAB (21.9 percentage points) compared to ANC4 (2.1 percentage points). Overall, countries that have achieved the U5MR goal had the highest coverage for both indicators.

When interpreting the data, it is important to consider the following caveats. Countries have data from different data sources (surveys and admin data), which use different methods and can introduce variability. The target population used for weighting is from 2022, while the year of the data points varies across countries.

Data quality issues may include biases from surveys, such as sampling and recall bias, particularly for remember the number of antenatal care visits received if countries with poor documentation. Data may also reflect services received in different years than reported due to mothers receiving services in years prior to the year of end of fieldwork – this could especially be an issue if fieldwork ended in 2018 – really the services could have been delivered outside of the time period. Some countries may have multiple datapoints, but only the latest is used. The time period covers COVID years for some countries where coverage (the latest data point) may have declined due to COVID-related disruptions. For other countries, COVID years may not be included. As such, we are including pre-covid and covid data. Sample size can affect data reliability, especially in lower-quality surveys. Many of these caveats can be addressed in the survey design stage.

For admin data, data quality issues may include outliers, incomplete reporting and missingness. In addition, limitations of aggregated data is that it mask disparities, such as the wide range in ANC4 coverage among off-track countries, from 24.4% in Somalia to 97.6% in Turkmenistan. Aggregated data are heavily influenced by just a few countries with extremely large target populations, such as India.

1. https://unstats.un.org/sdgs/indicators/Global-Indicator-Framework-after-2024-refinement-English.pdf [↑](#footnote-ref-1)