Tool for Assessing Health Needs

in relation to

Fetal Alcohol Spectrum Disorder

Part of the PHG Foundation Toolkit for Assessing Health Needs in relation to Congenital Disorders

Version 1.1, September 2013

PHG Foundation Needs Assessment Tool for Fetal Alcohol Spectrum Disorder

Country / Territory of interest for present needs assessment on Fetal Alcohol Spectrum Disorder.

FASD-0   INTRODUCTION

Welcome to the PHG Foundation Congenital Disorders Needs Assessment Tool for Fetal Alcohol Spectrum Disorder (FASD). This Tool consists of seven sections which are explained briefly in the Guide:

- the Country Profile
- the Epidemiology section
- the Interventions section
- the Needs Assessment section
- the Environmental Assessment
- the Initial Prioritisation
- the Summary Report

The narrative and the written instructions are contained in the Tool, while numerical input and calculations are performed in the Calculator. The Tool and the Calculator should be used alongside one another. Where you need to put data into the Calculator, you will see an instruction.

Please note: Throughout the Tool and Calculator we have asked for epidemiological data in relation to Fetal Alcohol Syndrome (FAS) only. This is due to paucity of data and the fact that FAS is the most clinically recognisable form and is the only clinical condition in this spectrum, recognised by the International Statistical Classification of Diseases and Related Health Problems (ICD 10). If data on FAS is available it is likely to be the best proxy for FASD, however, please be aware that FAS is the severe presentation of the spectrum of FASD and it is likely that FAS data will be underestimates if you are considering all forms of FASD. You may use the same template to compile data on FASD; however, please be aware that comparability with other data sets will be affected if differing diagnostic criteria have been used.

Decision points

At certain points you will be prompted to decide whether it is necessary to continue with your present needs assessment. If the burden is low, for example, you may decide your efforts are better used on another topic, but this should be made explicit.

Subpopulations

If there is substantial variation in burden or service factors between population sub-groups, a whole-population needs assessment may not be appropriate. It may be necessary to conduct separate assessments for the individual groups, or to focus your assessment on a group that is particularly affected. At the minimum, you should ensure that substantially higher or lower rates in an identified population sub-group do not lead to inaccurate estimates for the whole population.

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FASD-CP COUNTRY PROFILE

Demographic and health service factors are key determinants of the scale of congenital disorders and of the potential to provide care and prevention.

> **Note: If you or others coordinating PHG needs assessments have already completed Demography and Health services sheets in another topic Calculator for this population, you can copy that data into the present Calculator.**

Population definition: briefly describe the population if you are not using the whole country.

Some sources containing data relevant to the Country Profile are given in Appendix 1, located at the end of this document.

FASD-CP1 Demography

Demographic factors in a population have important effects on the burden of congenital disorders. Variables such as maternal age and level of consanguineous marriage affect the incidence of disorders, while variables such as birth rate and contraceptive prevalence affect the absolute number of births. Other indicators are useful for understanding the general context.

In the sheet of the Calculator named 'Demography' there are estimates of various important demographic indicators. You can add data from your own sources.

>>> Go to Calculator sheet Demography

FASD-CP2 Health services

Ideally, activities related to the care and prevention of congenital disorders are well integrated into health services, and particularly into family planning, women's, maternal, newborn, child, genetic and public health services.

Please give a summary description of the operation of health services and programmes in the country or territory. Describe their accessibility and coverage, and who is responsible for them.

Please list relevant national health policies, legislation and guidelines in relation to the pre-conception period, pregnancy and childhood, including genetic services and screening for genetic conditions.

There are several variables that it will be important to consider when assessing the potential for change and when completing the prioritisation process. Please now go to the Health Services sheet in the Calculator (HealthServices) and enter estimates of the health-service indicators listed there.

>>> Go to Calculator sheet HealthServices

Please summarise the country profile, highlighting where the indicators are unsatisfactory. Comment on areas for improvement in the indicators.

FASD-E   EPIDEMIOLOGY

This section helps bring together epidemiological data related to Fetal Alcohol Syndrome (FAS), to understand the burden in your setting. If this data is available it is likely to be the best proxy for FASD; however, please be aware that FAS is the severe presentation of the spectrum of FASD and it is likely that FAS data will be underestimates if you are considering all forms of FASD. You may use the same template to compile data on FASD; however, please be aware that comparability with other data sets will be affected if differing diagnostic criteria have been used.

You should enter data from research studies, surveillance systems or other sources, assessed for representativeness and quality.

Decision point: You may skip this section if you do not know of further estimates.

FASD-E1   Country and comparative epidemiology

First, please complete some definitions as used in your country in Box FASD-E1.

Box FASD-E1 Definitions

Terms	Enter definition here
Live birth	
Stillbirth	
Miscarriage	

FASD-E1.1   Summary country epidemiology for Fetal Alcohol Syndrome

This section summarises the epidemiology of Fetal Alcohol Syndrome in your country. The aim is to record basic 'headline' data for the prevalence of Fetal Alcohol Syndrome in your country/territory, and the resulting mortality.

Once you have completed the epidemiology section, you will be asked to consider whether you need to update this section.

>>> Go to Calculator sheet FASD-E1.1

FASD-E1.2   International comparative epidemiology

This section allows you to compare the situation in your population estimates at national, regional and world level, if this information is available.

You will need to copy your chosen estimates from sheet FASD-E1.1 into the appropriate column here.

>>> Go to Calculator sheet FASD-E1.2

Note: The following sections FASD-E2 and FASD-E3 ask for data from research studies, surveillance activities and other sources.

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FASD-E2 Data on affected pregnancies

In this section you will record data on live births and still births affected by Fetal Alcohol Syndrome. If this data is available it is likely to be the best proxy for FASD. If national or local estimates are not available please move to section E3.

FASD-E2.1 Data on affected pregnancies: Research studies

Are national or local estimates for the prevalence of affected births available from research studies? If not, please move to section FASD-E2.2.

If research studies with information on birth prevalence of Fetal Alcohol Syndrome in your population are available, please list these here, including an indication of their quality and findings.

Table FASD-E2.1 Research studies on pregnancies affected by Fetal Alcohol Syndrome

Study author, year, site	Sample size	Study quality and representativeness	Main findings

Comment on existing studies and the quality of information they provide on the birth prevalence for your country and sub-groups of the population.

Now copy these studies into the Calculator sheet FASD-E2.1 and complete that sheet.

>>> Go to Calculator sheet FASD-2.1

FASD-E2.2 Data on affected pregnancies: Surveillance data

Are data on pregnancies affected by Fetal Alcohol Syndrome available from surveillance systems, for your population? If not, please move on to section FASD-E2.3. If surveillance data are available, please fill in the table in Calculator sheet FASD-E2.2.

>>> Go to Calculator sheet FASD-E2.2

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FASD-E2.3   Data on affected pregnancies: Other sources

Are there other sources of data with information on affected live births or stillbirths? Sources of such data might include hospital, primary care, surveys or estimates by charities with specific interest in the condition.

If yes, it is important to consider the completeness, quality and representativeness of the data. In Calculator sheet FASD-E2.3 you will enter basic numbers of affected live births and still births recorded from your data source. You will also estimate numbers for the whole country/territory, based on an assessment of how complete the source data is, and how much of the country/territory it covers. You will finally select the best estimates based on these data sources.

If the burden in the population covered by these data sources is different to the burden in the total population of your country/territory, you can weight your data. For a brief description of weighting, please see the Weighting section in the Guide.

>>> Go to Calculator sheet FASD-E2.3

If you do not have data from other sources please continue to section FASD-E2.4.

FASD-E2.4   Summary of affected pregnancies

You may now combine estimates from research, surveillance and other health sector data to give your final estimates.

Please ensure you enter a chosen estimate in the appropriate column as these will be used later.

>>> Go to Calculator sheet FASD-E2.4

FASD-E2.5   Sub-population variation in affected pregnancies

If the birth prevalence rates vary by population sub-group (e.g. geographically or according to another factor), please indicate any population groups with different prevalence estimates from the whole population and describe reasons for variation. If a group is substantially different from the general population, you may wish to conduct a needs assessment for that group alone.

>>> Go to Calculator sheet FASD-E2.5

FASD-E3   Mortality data

Completing this section will help to show what the burden of mortality from Fetal Alcohol Syndrome is in your population. If data are unavailable please move onto the next section.

FASD-E3.1   Mortality data: Research studies

Are national or local condition-specific mortality estimates available from research studies? If not, please continue to section FASD-E3.2. If study estimates are available, please complete the table below on studies (including unpublished) providing mortality information in the country. Be aware of the need to differentiate between age groups when considering mortality – the Calculator sheet asks for mortality estimates for different age groups.

Table FASD-E3.1   Research studies on mortality due to Fetal Alcohol Syndrome

Source, year, site	Sample size	Age groups covered	Study quality and representativeness	Main findings

Comment on existing studies and on the quality of information they provide on mortality in the country and population sub-groups.

Now, copy the table of studies into Calculator sheet FASD-E3.1 and enter the best estimates for condition-specific mortality by age-group (infant, under-5, etc).

>>> Go to Calculator sheet FASD-E3.1

FASD-E3.2   Mortality data: Vital registration data

If there are national or local vital registration mortality statistics with information on Fetal Alcohol Syndrome, you can use sheet FASD-E3.2 of the Calculator to record numbers and rates of affected deaths. If there are no vital registration statistics please continue to section FASD-E3.3.

It is important to consider under-registration of deaths and under-ascertainment of specific causes of death. The tables in Calculator sheet FASD-E3.2 allow you first to enter registered deaths for various age groups, and second to estimate numbers and ratios of deaths for the whole country/territory, based on an assessment of how complete the vital registration data is, and how much of the country/territory it covers.

If the burden in the population covered by your vital registration data is different to the burden in the total population of your country/territory, you can weight your data. For a brief description of weighting, please see the Weighting section in the Guide.

>>> Go to Calculator sheet FASD-E3.2

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FASD-E3.3 Mortality data: Other sources

If other sources have information on mortality due to the condition, please enter those sources into this table.

Table FASD-E3.3 Other sources of data on mortality due to Fetal Alcohol Syndrome

Source, year, site	Sample size	Age groups covered	Study quality and representativeness	Main findings

Now copy these sources into the Calculator sheet FASD-E3.3 and complete the quantitative estimates in that sheet.

>>> Go to Calculator sheet FASD-E3.3

FASD-E3.4 Summary mortality estimates

Now, please combine estimates from research, surveillance and other health sector data to give final estimates. Please ensure you enter a chosen estimate in the appropriate column as these will be used later.

>>> Go to Calculator sheet FASD-E3.4

FASD-E3.5 Sub-population variation in mortality

Does condition-specific mortality vary between identifiable sub-groups in your population (e.g. geographically or according to other factors)? If not, continue to section FASD-E3.6.

If the mortality does vary by population sub-group, indicate any population sub-groups with different mortality estimates from the whole population and describe reasons for variation.

>>> Go to Calculator sheet FASD-E3.5

FASD-E4 Population prevalence

This section should make clear what the prevalence of Fetal Alcohol Syndrome is in your population. Are data on country or local estimates for the population prevalence of affected persons available? If not, please move to the next section.

FASD-E4.1 Population prevalence: Research studies

Are there research studies (including unpublished) providing prevalence estimates of Fetal Alcohol Syndrome in your population? If so, please enter them in table FASD-E4.1. If not, please move to section FASD-E4.2.

Table FASD-E4.1 Research studies on population prevalence of Fetal Alcohol Syndrome

Source, year, site	Sample size	Study quality and representativeness	Main findings and comments

Comment on these studies and on the quality of information they provide on the population prevalence for the country or for sub-groups of the population.

Use the studies above to generate an estimate of the general population prevalence. Move to Calculator sheet FASD-E4.1 and enter the best estimates for the overall prevalence of Fetal Alcohol Spectrum Syndrome in your population. Give a range of values to reflect uncertainty of estimates and within-country variation. If studies are not representative of the whole country population you may wish to adjust the results.

FASD-E4.2   Population prevalence: Other sources

Are there other sources of data with information on the population prevalence of Fetal Alcohol Spectrum Syndrome in your country/territory? Sources of such data might include hospital, primary care, surveys or estimates by charities with specific interest in the condition. If so, please complete this table. If not, please move to section FASD-E4.3.

Table FASD-E4.2   Other sources of data on population prevalence of Fetal Alcohol Syndrome

Source, year, site	Sample size	Study quality and representativeness	Main findings

Comment on existing data from health services and other sources, including quality of information they provide on the population prevalence for the country and sub-groups of the populations.

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Use data from the sources above to generate an estimate of the general population prevalence. Move to Calculator sheet FASD-E4.2 and enter the best estimates for the overall prevalence of Fetal Alcohol Syndrome in your population. Give a range of values to reflect uncertainty of estimates and within-country variation.

FASD-E4.3   Population prevalence summary

Now, please combine estimates from research studies and other sources, and choose the best estimates. Please ensure you enter a chosen estimate in the appropriate column as these will be used later.

FASD-E4.4   Sub-population prevalence variation

Does the population prevalence vary across the country/territory?

If the prevalence varies by population sub-group (e.g. geographically or according to other factors), indicate any population sub-groups with different prevalence estimates from the whole population and describe reasons for variation.

First, describe reasons for choice of population sub-groups:

Now, go to the Calculator and enter data on prevalence variation by population sub-group.

FASD-E4.5   Population prevalence: data needs

Please list below any needs for further data from research, and outline whether and how this could be achieved.

Please list below any needs for further surveillance and health services data (or improvement in data quality) and outline how this could be achieved.

Note: You may now want to revisit the national and comparative epidemiology profiles completed previously (in sheets FASD-E1.1 and 1.2 of the Calculator).

FASD-INTERV   ALCOHOL REDUCTION

FASD-Interv1   Effect of alcohol reduction interventions on birth prevalence

This sheet allows you to estimate the effect on birth prevalence of FASD of changes in levels of unsafe drinking. You can estimate the effect of reduction in both preconception drinking and in drinking during pregnancy.

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FASD-NA   NEEDS ASSESSMENT SECTION

FASD-NA1   Epidemiology

FASD-NA1.1   The size of the problem

During the epidemiology section above, you chose estimates for the burden of Fetal Alcohol Syndrome and for mortality indicators. The Calculator sheet FASD-NA1 contains tables recording the chosen estimates from the Calculator sheets FASD-E2.4 and FASD-E3.4. You may create similar tables for specific sub-groups of the condition as appropriate.

>>> Go to Calculator sheet FASD-NA1

FASD-NA1.2   Preliminary assessment of public health significance

Based on the epidemiology and your experience, how do you rate this as a public health problem in the country or territory in relation to all causes of congenital disorders?

Very low	Low	Medium	High	Very high	Do not know

Explain your choice.

Decision point: If you do not consider this to be a significant public health problem and no specific policies and interventions are required as a priority, you may stop here and move to another topic. Otherwise, continue with section FASD-NA2.

FASD-NA2 Assessment of epidemiology, policies, services and information

FASD-NA2.1 Desired situation

First outline the desired situation ('where do we want to be?') in relation to the epidemiology, care and prevention of the condition.

Epidemiology (outcomes indicators, e.g. for prevalence and mortality)

Policies and programmes that would be optimal for delivering effective care and prevention in your country or region.

Services and interventions that may be delivered, such as education on risks of alcohol, preconception alcohol intake screening, prenatal alcohol intake screening, brief interventions to reduce alcohol consumption, diagnosis of affected infants and children, counselling and interventions aimed at risk factors.

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Information availability (e.g. registries, surveillance, health service indicators)

Desired outputs resulting from action (e.g. availability, coverage and quality of policies, interventions and services)

FASD-NA2.2   Current situation and gaps

Now please assess the current situation and unmet needs ('where are we now?'), indicating potential areas for action.

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FASD-NA2.2.1   Policy and programmes

Briefly list any policies or programmes for the care and prevention of Fetal Alcohol Spectrum Disorder and Fetal alcohol syndrome in your country or territory, and who is responsible for them (e.g. Institution, Ministry or Department).

Care

Prevention

Are there gaps or inadequacies in policies or programmes and in their implementation? Give details.

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If yes, are there plans to address them? Give details.

What can be done to tackle unmet needs?

FASD-NA2.2.2 Services and interventions

List services and interventions for prevention and care, and comment on their quality and who provides them.

Prevention before pregnancy, both directed to high risk groups and population wide (e.g. identification of alcohol consumption among women of childbearing age and intervention programmes)

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Prevention during pregnancy (e.g. prenatal screening for alcohol consumption and intervention programmes)

Care and prevention after birth (e.g. identification of cases, treatment of complications)

Are the above services and interventions well integrated with other health services (e.g. maternal and child health services, specialist substance abuse services and social care services)?

How do these target people at different life stages (i.e. before and during pregnancy and after birth)?

Are there appropriate and integrated pathways for prevention and care? (communications between health service staff, and referral mechanisms)

How are services and interventions monitored and evaluated?

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Are services and interventions satisfactorily delivered?

Are services and interventions delivered across the country or territory equitably, according to the needs of different populations?

Are there any gaps or inadequacies in the delivery of services and interventions? If yes, what are the main reasons (e.g. lack of priority, planning, financial resources, facilities and equipment, trained personnel, managerial deficiencies)?

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If there are gaps, are there plans to address them? Give details.

If not, is there a need for service changes or implementation of new services or interventions? List what could be done and how.

FASD-NA2.2.3   Information needs

Comment on the quality of any existing data on FAS, FASD and levels of alcohol consumption among women.

Is there a need for changes in surveillance systems for the condition or alcohol consumption among women?

If there are unmet information needs, how much does the absence of appropriate **surveillance data** impede action?

What can be done?

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Is there a need for new research in relation to alcohol consumption in women, FAS and FASD?

If there are unmet information needs, how much does the absence of appropriate **research data** impede action?

What can be done?

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Summary of the main gaps or unmet needs

Use Table FASD-NA2 to enter the level of met **needs** for policies and programmes, services and interventions, considering key life stages as appropriate. Use a numerical code system from 1 to 5, to reflect '1' mostly unmet (high need) to '5' mostly met (low need), with '3' representing an intermediate level of met needs. Therefore '1' represents an unsatisfactory situation, and '5' represents an optimum situation. You may use the action areas listed below, and add items as you find appropriate.

Table FASD-NA2   Summary of levels of health needs in relation to the condition

Action areas	Policies/ Programmes	Services and Interventions			Overall
		Before Pregnancy	During Pregnancy	After Birth	
Public education					
Professional education					
Legislation and regulation					
Screening of women's alcohol consumption					
Brief intervention programmes				n/a	
Intensive interventions				n/a	
Newborn screening		n/a	n/a		
Newborn and child diagnosis		n/a	n/a		
Referral care plan for FASD		n/a			
Primary care diagnosis					
Diagnosis in school aged children		n/a	n/a		
Acute clinical care		n/a	n/a		
Long term clinical care and behavioural interventions for FASD		n/a	n/a		
Social care					
Disability support		n/a			
Support group involvement					
Education and screening in schools					
Surveillance					
Research					
Workforce training					

Use the space below to summarise the main gaps or unmet needs identified

FASD-NA3 Assessment of intervention options

In this section you will consider what effect different interventions can have on the burden of Fetal Alcohol Spectrum Disorder in your population.

FASD-NA3.1 Quantitative assessment of interventions

Here, you should fill in data relating to the prevalence of Fetal Alcohol Syndrome in different intervention scenarios: in the absence of interventions, in the current situation, and in the desired situation.

Table FASD-NA3a relates to 'potential cases' – expected numbers of cases and rates in the absence of any interventions (if coverage = zero).

Please note: there is no Calculator sheet NA2. This is deliberate!

Tables FASD-NA3b to NA3g refer to the current and target (desirable) situations for interventions before pregnancy, during pregnancy and after birth. Please enter data to these tables. You may add or delete rows as appropriate.

Table FASD-NA3h refers to outcomes. Figures for 'current situation' come from Tables FASD-NA1a and NA1b.

FASD-NA3.2 Qualitative assessment of interventions

Now consider existing interventions and their coverage, effectiveness, cost-effectiveness, and current impact. Use numbers between '1' (very low) and '5' (very high). Please enter or delete rows as appropriate.

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Table FASD-NA3.2a Qualitative assessment of the impact of **current** interventions

Interventions	Coverage	Effectiveness	Cost-effectiveness	Impact
Before pregnancy				
Family planning, education				
Universal interventions affecting rate and number of women of childbearing age consuming alcohol				
Targeted interventions on rate and number of women of childbearing age consuming alcohol				
Overall effect				
During pregnancy				
Education				
Universal interventions on rate and number of pregnant women consuming alcohol				
Targeted interventions on rate and number of pregnant women consuming alcohol				
Overall effect				
After birth				
Newborn screening				
Newborn diagnosis				
School based screening/ diagnosis				
Effect of clinical and behavioural interventions				
Effect of social care and support				
Effect of education interventions				

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Now consider the potential for the implementation of new interventions or changes to existing ones, in relation to their achievable coverage, effectiveness, cost-effectiveness and potential impact. Use numbers between '1' (very low) and '5' (very high). Please enter or delete rows as appropriate.

Table FASD-NA3.2b Qualitative assessment of the **expected impact** of interventions

Interventions	Coverage	Effectiveness	Cost-effectiveness	Impact
Before pregnancy				
Family planning, education				
Universal interventions affecting rate and number of women of childbearing age consuming alcohol				
Targeted interventions on rate and number of women of childbearing age consuming alcohol				
Overall effect				
During pregnancy				
Education				
Universal interventions on rate and number of pregnant women consuming alcohol				
Targeted interventions on rate and number of pregnant women consuming alcohol				
Overall effect				
After birth				
Newborn screening				
Newborn diagnosis				
School based screening/ diagnosis				
Effect of clinical and behavioural interventions				
Effect of social care and support				
Effect of education interventions				

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FASD-NA4 Situation assessment

Now consider your environment and describe the **S**trengths, **W**eaknesses, **O**pportunities and **T**hreats in relation to policies and services, using the SWOT diagram in Table FASD-NA4.

Table FASD-NA4 SWOT diagram

Internal environment	External environment	
Strengths	**Opportunities**	**+**
Weakness	**Threats**	**–**

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FASD-NA5 Initial prioritisation: Comparing interventions for the prevention and care of the condition

The prioritisation team and processes

List the persons and organisations invited for and involved in the initial prioritisation process in Table FASD-NA5a, and briefly explain how they were chosen.

Table FASD-NA5a The prioritisation team

Person invited	Organisation represented	Accepted (Y/N)

Brief explanation of choice of participants and give any other comments:

Now consider in the group your ground rules, prioritisation criteria and action areas, and complete Tables FASD-NA5b to FASD-NA5d. Start with the ground rules.

Table FASD-NA5b Ground rules for the prioritisation process (add rows if needed)

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Now list in Table FASD-NA5c the prioritisation criteria you will use. You may wish to add weights to each criterion (from '0' to '1') in the table.

Table FASD-NA5c   List of criteria for prioritisation of interventions (add rows if needed)

Based on your assessment of needs, please consider and list in Table FASD-NA5d action areas for consideration.

Table FASD-NA5d   List of action areas for consideration (add rows if needed)

Based on the criteria selected, compare the action areas and rank them from the highest to the lowest priority. You may enter the results directly, following your discussions. You may find it helpful to use decision analysis software, so as to do this in a more systematic way (see the Prioritisation document). Show your results in Table FASD-NA5e by entering the selected 'Action Areas' from the highest priority (1) onwards, using as many rows as appropriate. Tick the last column for all action areas that you consider are of sufficient priority to carry over to the later stages of the prioritisation process. This will enable these results to be compared with those for other conditions or topics at a later stage.

Table FASD-NA5e   List of priority action areas and interventions for the condition.

Priority	Action area	Carry over
1. highest		
2.		
3.		
4		
5		

You have completed this Section! Now please proceed to the Summary Report.

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FASD-NA6   Summary report

It is now time to bring together the main findings of your needs assessment into a summary report. This will present in one place the basic information about the burden of Fetal Alcohol Syndrome and Fetal Alcohol Spectrum Disorder, the present state of interventions and the potential to improve care and reduce incidence.

Briefly describe the population and condition

Briefly describe the epidemiology of the condition, including within-country and international comparisons, and highlighting any high risk groups[1]

List the main services and interventions currently available for the care and prevention of the condition[2]

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[1] Possible reference sections: E1.1, NA1.1
[2] You may wish to include an assessment of the effectiveness, cost-effectiveness, coverage, quality and level of satisfaction with the interventions or services. Possible reference section: NA3.1, NA3.2.

Are there any threats to the continuation of services?[3]

What are the unmet needs as assessed by the Toolkit?[4]

Is it feasible to meet the identified needs?[5]

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[3] For example, in relation to resources, acceptability, and competing priorities. Possible reference section: NA2.2.2.

[4] You may wish to consider the following questions: i) What are the main needs? ii) Is appropriate information available? iii) Are appropriate legislation, policies and programmes in place? iv) Are appropriate services and interventions in place? v) Are prevalence rates (both at birth and population level) as low as they can be? vi) Is prevention before pregnancy being delivered effectively, cost-effectively and according to need? vii) Is prevention during pregnancy being delivered effectively, cost-effectively and according to need? viii) Is prevention and care after birth being delivered effectively, cost-effectively and according to need? ix) Are prevention and care activities being delivered fairly (equitably)? Possible reference sections: NA2 and NA3

[5] You may wish to consider strengths, weaknesses, opportunities and threats. Possible reference section: NA4.

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What actions may be required to respond to the unmet needs?

Describe how the prioritisation has been done and the main findings.

List the planned activities and how they will be evaluated[6]

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[6] Possible reference section: NA5e

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List the proposed next steps

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APPENDIX 1 – SOURCES OF DATA FOR THE COUNTRY PROFILE

For demographic, socio-economic and other indicators for your country or world regions, you may use the links below or other sources available to you.

1. Health Indicators database. Pan American Health Org (PAHO)
http://ais.paho.org/phip/viz/basicindicatorbrowaser.asp

2. WHO Statistical Information System (WHOSIS)
http://www.who.int/whosis/whostat/2010/en/index.html

3. Indicator definitions. (WHO)
http://www.who.int/whosis/indicators/en

4. UNICEF country statistics
http://www.unicef.org/statistics/index_countrystats.html

5. UN Demographic Yearbook (UNDY) series
http://unstats.un.org/unsd/demographic/products/dyb/dyb2.htm

6. UNICEF reports on The State of the World's Children
http://www.unicef.org/sowc08/statistics/statistics.php

7. WHO data and statistics (various links)
http://www.who.int/research/en/

8. Global health Observatory (GHO)
http://www.who.int/gho/en/index.html

9. Countdown to 2015 (profiles for selected countries)
http://www.childinfo.org/countdown_638.htm

10. Health of Nations
http://www.healthofnations.com/countries/map/outcomes/life

11. Consanguinity
http://www.consang.net/index.php/Global_prevalence_tables

12. Immunisation
http://apps.who.int/immunization_monitoring/en/globalsummary/countryprofileresult.cfm

13. UN Statistics Division
http://unstats.un.org/unsd/demographic/products/socind/health.htm

Please list your own sources of data below

1.

2.

3.

http://toolkit.bornhealthy.org