

PHG Needs Assessment Calculator
Marshall Islands
Congenital Hypothyroidism

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(There is no sheet CHT-NA2.)

Please note condition specific data in this sheet relates to thyroid a/dysgenesis, plus the rare inherited thyroid disorders, as detected by neonatal screening in countries without iodine deficiency.

Marshall Islands**Shared Data****Demographic, maternal health and socio-economic indicators**

Please read first! If you have already completed a needs assessment for a different topic in this country, you will be able to copy the Demography information from that Calculator into here. The information should be the same.

By default, the Toolkit contains information at the national level.

If you would like to use a different population, then replace country information with that of your specific population of interest.

Number of persons by age-group and sex	Estimates			Your estimates			Chosen estimates		
Age group	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4 years	3957	3695	7652			0			0
5-9 years	3384	3256	6640			0			0
10-14 years	3886	3627	7513			0			0
15-19 years	3193	3123	6316			0			0
20-24 years	2266	2279	4545			0			0
25-29 years	1890	1860	3750			0			0
30-34 years	1652	1568	3220			0			0
35-39 years	1456	1396	2852			0			0
40-44 years	1195	1195	2390			0			0
45-49 years	1119	904	2023			0			0
50-54 years	731	634	1365			0			0
55-59 years	432	360	792			0			0
60-64 years	293	304	597			0			0
65+ years	533	566	1099			0			0
Total	0	0	50840	0	0	0	0	0	0
Female population aged 15-44 years		0			-			-	
Data year									
Source, Year									

Ethnicity. Please enter data for the main ethnic groups if you are working with a population that is different from that of the country.

Ethnic group	Number	% population

Fertility and mortality	Estimate	Source, Year	Your estimate	Source, Year	Chosen estimate	Source, Year
Crude birth rate: live births (LB) / year / 1000 population						
Still birth rate (SB): Still births (SB) / year / 1000 total births	15	WHO, 2009				
Total births in 1000s (LB+SB) per year	0	Unicef, 2007				
Infant mortality rate: infant deaths / 1000 LB / year	22	UNICEF				
Under-5 mortality rate: U5 deaths / 1000 LB / year	26	UNICEF				
Percentage births in women >35 years						
Life expectancy at birth (yrs)	59	WHO, 2009				
% of marriages consanguineous						

Maternal health	Estimate	Source, Year	Your estimate	Source, Year	Chosen estimate	Source, Year
Prenatal visits – at least 1 visit (%)	81	WHO, 2007				
Prenatal visits – at least 4 visits (%)	77	WHO, 2007				
Births attended by skilled health personnel (%)	94.1	WHO, 2007				
Contraception prevalence rate (%)	44.6	WHO, 2007				
Unmet need for family planning (%)	8.1	WHO, 2007				
Total fertility rate	3.6	WHO, 2009				
% home births						
% births at health care services						
Newborn health	Estimate	Source, Year	Your estimate	Source, Year	Chosen estimate	Source, Year
Number of neonatal examinations by SBA / trained staff						
% neonatal examinations by SBA/ trained staff						

Socio-economic indicators	Estimate	Source, Year	Your estimate	Source, Year	Chosen estimate	Source, Year
Gross national income per capita (PPP int. \$)						
% population living on < US\$1 per day						
Birth registration coverage (%)	96	WHO, 2007				
Death registration coverage (%)						

LB = live births

PPP = purchasing power parity

SBA = skilled birth attendant

Marshall Islands**Shared Data****Health Services Data**

Please read first! If you have already completed a needs assessment for a different topic in this country, you will be able to copy the Health Services information from that Calculator into here. The information should be the same.

This section provides health-service-related information for your country.

By default, the Toolkit contains information at the national level.

If you would like to use a different population, then replace country information with that of your specific population of interest.

Health Expenditure	Estimate	Source, Year	Your estimate	Source, Year	Chosen estimate	Source, Year
Per capita total expenditure on health (PPP int. \$)	300	WHO, 2009				
Total expenditure on health as percentage of GDP	16.5	WHO, 2009				
Per capita government expenditure on health (PPP int. \$)	293	WHO, 2009				
External resources for health as percentage of total expenditure on health	57.7	WHO, 2009				
General government expenditure on health as percentage of total expenditure on health	97.5	WHO, 2009				
Out-of-pocket expenditure as percentage of private expenditure on health	100.0	WHO, 2009				
Private expenditure on health as percentage of total expenditure on health	2.5	WHO, 2009				
General government expenditure on health as percentage of total government expenditure	20.1	WHO, 2009				

Health Workforce	Estimate	Source, Year	Your estimate	Source, Year	Chosen estimate	Source, Year
Number of nursing and midwifery personnel	172	WHO, 2008				
Nursing and midwifery personnel density (per 10,000 population)	25.3	WHO, 2008				
Number of physicians	38	WHO, 2008				
Physician density (per 10 000 population)	5.59	WHO, 2008				
Number of obstetricians						
Number of paediatricians						
Number of paediatric surgeons						
Number of paediatric cardiac surgeons						

Number of paediatric neurosurgeons						
Number of clinical geneticists						
Number of genetic counsellors						
Number of community health workers						
Number of skilled birth attendants (SBA)						
Density of SBA						
Number of lab staff providing cytogenetic testing						
Number of lab staff providing molecular genetics						
Number of lab staff providing biochemical tests for genetics						
Number of skilled health attendants						

Infrastructure	Estimate	Source, Year	Your estimate	Source, Year	Chosen estimate	Source, Year
Number of maternity units						
Number of services providing specialised care for people with CD						
Number of family planning services						
Number of preconception services						
Number of services providing prenatal care						
Number of services providing newborn care						
Number of facilities providing genetic services						
Number of laboratories providing cytogenetics						
Number of laboratories providing molecular genetics						
Number of laboratories providing biochemical tests for genetics						
Number of facilities for terminations of pregnancies for fetal defects						

PPP = purchasing power parity

GDP = gross domestic product

SBA = skilled birth attendant

CD = congenital disorders

Marshall Islands**Congenital Hypothyroidism****CHT Epidemiology 1.1: Country epidemiology**

Epidemiological indicator	Your estimates	Range	PHGDB minimum estimates	Chosen estimates	Range	Source
Year of estimate						
Prevalence at birth and by age-group(/1000)						
Live birth prevalence (LB)			0.25			
Stillbirth prevalence (SB)			0.00			
Total birth prevalence (LB+SB)			0.25			
All age groups						
<1 year olds			0.16			
1-4 year olds			0.16			
5-14 year olds						
15-44 year olds						
45+ year olds						
Number of cases by age group						
Annual live births			0			
All age groups						
<1 year olds			0			
1-4 year olds			1			
5-14 year olds						
15-44 year olds						
45+ year olds						
No. of cases by level of impairment						
No or minor disability*						
Moderate disability**						
Severe disability***						
Mortality and morbidity						
Mean life expectancy (yrs)			14.4			
No. deaths < 1yr			0			
No. deaths 1-4 yrs			0			
No. deaths < 5 yrs			0			
Infant mortality / 1000 LB			0.04			
Under-5 mortality / 1000 LB			0.21			
Years of life lost						

LB = live births *Treated and effectively cured, **Treated with residual disability, ***Untreated disorder

Marshall Islands**Congenital Hypothyroidism****CHT Epidemiology 1.2: International comparison**

	Your chosen estimates	Comparison		
Epidemiological indicator		Country	Region	World
Prevalence at birth and by age-group (/1000 people)		(Oceania)		
Live birth prevalence (LB)		0.25	0.25	0.22
Stillbirth prevalence (SB)		0.00	0.00	0.00
Total birth prevalence (LB+SB)		0.25	0.25	0.22
All age groups				
<1 year olds		0.16		
1-4 year olds		0.16		
5-14 year olds				
15-44 year olds				
45+ year olds				
Number of cases by age-group				
Annual live births		0	58	28651
All age groups				
<1 year olds		0	48	24227
1-4 year olds		1	109	61519
5-14 year olds				
15-44 year olds				
45+ year olds				
No. cases by level of impairment				
No or minimum disability				
Moderate disability				
Severe disability				
Mortality and morbidity				
Mean life expectancy (yrs)		14.4		
No. deaths < 1yr		0	10	4424
No. deaths 1-4 yrs		0	41	17695
No. deaths < 5 yrs		0	51	22118
Infant mortality / 1000 LB		0.04	0.04	0.03
Under-5 mortality / 1000 LB		0.21	0.22	0.17
Years of life lost				

LB = live births *Treated and effectively cured, **Treated with residual disability, ***Untreated disorder

Marshall Islands**Congenital Hypothyroidism****CHT Epidemiology 2.1: Data on affected pregnancies: Research studies**

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

Based on the studies listed above (or in section CHT-E2.1 of the Tool), enter the best estimates for the prevalence of affected births and stillbirths in the country, and a range of values to reflect uncertainty or within-country variation.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

Estimates for the total country/territory	Number of affected live births	LB prevalence / 1000 TB	Comments
Best estimate			
Lower estimate			
Higher estimate			
Estimates for the total country/territory	Number of affected still births	SB prevalence / 1000 TB	Comments
Best estimate			
Lower estimate			
Higher estimate			

TB = total births (live births + stillbirths); ToP = termination of pregnancy

Marshall Islands**Congenital Hypothyroidism****CHT Epidemiology 2.2: Data on affected pregnancies: Surveillance**

Based on surveillance data, enter the best estimates for the prevalence of the condition in live births and still births in the country. Give a range of values to reflect uncertainty and within-country variation, and use comments for information on data quality, uncertainty and representativeness.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

Estimates for the total country/territory	Number of affected live births	Birth prevalence / 1000 TB	Comments
Best estimate			
Lower estimate			
Higher estimate			

Estimates for the total country/territory	Number of affected still births	Stillbirth prevalence / 1000 TB	Comments
Best estimate			
Lower estimate			
Higher estimate			

TB = total births (live births + stillbirths); ToP = termination of pregnancy

Marshall Islands**Congenital Hypothyroidism****CHT Epidemiology 2.3: Data on affected pregnancies: Other sources**

	Source 1:	Source 2:	Notes
Enter year and source of data – use last year with information available.			
Basic Numbers			
Number of affected live births / year, from data source			
Total number of live births / year, from data source			
Number of affected still births / year, from data source			
Total number of stillbirths / year, from data source			
Total number of affected births / year (live and still)	0	0	
Total number of births / year, from data source	0	0	
Total number of women aged 15-44			
Live birth prevalence: recorded and estimated			
Recorded live birth prevalence (affected recorded live births / 1000 total births)	#DIV/0!	#DIV/0!	
Estimated completeness of recording: what proportion of true affected live births in your data source were recorded?			Range: 0 to 1
Estimated coverage of recorded live births (number of recorded live births / total live births in country or territory)			Range: 0 to 1
Estimated live birth prevalence (recorded prevalence / completeness)	#DIV/0!	#DIV/0!	
Estimated true number of affected live births in data source (number of recorded affected live births / completeness)	#DIV/0!	#DIV/0!	
Estimated number of affected live births in total population (number of affected live births from data source / (coverage x completeness))	#DIV/0!	#DIV/0!	
Stillbirth prevalence: recorded and estimated			
Recorded stillbirth prevalence (affected recorded still births / 1000 recorded total births)	#DIV/0!	#DIV/0!	
Estimated completeness of recording: what proportion of true affected stillbirths in your data source were recorded?			Range: 0 to 1
Estimated coverage of recorded stillbirths (number of recorded still births / total still births in country or territory)			Range: 0 to 1
Estimated stillbirth prevalence (recorded prevalence / completeness)	#DIV/0!	#DIV/0!	
Estimated true number of affected stillbirths in data source (number of recorded affected still births / completeness)	#DIV/0!	#DIV/0!	
Estimated number of affected still births in total population (number of affected still births from data source / (coverage x completeness))	#DIV/0!	#DIV/0!	

Based on the sources above, enter the best prevalence estimates for your population, and a range of values to reflect uncertainty of estimates and within country variation.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

Estimates for the whole country/territory	Number of affected live births	LB prevalence / 1000 TB
Best estimate		
Lower estimate		
Higher estimate		
Estimates for the whole country/territory	Number of affected stillbirths	SB prevalence / 1000 TB
Best estimate		
Lower estimate		
Higher estimate		

TB = total births (live births + stillbirths)

Marshall Islands**Congenital Hypothyroidism****CHT Epidemiology 2.4: Summary of affected pregnancies**

Indicator	Your estimates	Range	PHGDB minimum estimates	Chosen estimates	Range	Source
Number of annual affected live births			0			
Annual birth prevalence / 1000 TB			0.25			
Number of annual affected stillbirths			0			
Stillbirth prevalence / 1000 TB / year			0.00			

If there are specific sub-types of condition, you can repeat this exercise below. However, you should consider (a) whether sub-types would have different implications for advocacy, and (b) whether a sub-type might require a full, specific needs assessment.

TB = total births (live births + stillbirths);

Marshall Islands**Congenital Hypothyroidism****CHT Epidemiology 2.5: Sub-population variation in affected pregnancies**

If the birth prevalence rates vary by population sub-group (e.g. geographically or by another factor), 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.

Population sub-group	Number of affected live births	LB prevalence / 1000 TB	Reason for variation

Population sub-group	Number of affected stillbirths	SB prevalence / 1000 TB	Reason for variation

TB = total births (live births + stillbirths); ToP = termination of pregnancy

Marshall Islands**Congenital Hypothyroidism****CHT Epidemiology 3.1: Mortality data: Research studies**

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

Based on the studies above, enter the best estimates for the specific mortality by age-group e.g. infant, under 5s, etc, as appropriate, and a range of values to reflect uncertainty of estimates and within-country variation.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

Mortality estimates	Number of deaths	Ratio (deaths / 1000 LB)	Comments
Neonatal group (<28 days)			
Best estimate			
Lower estimate			
Higher estimate			
Infant group (<1 year)			
Best estimate			
Lower estimate			
Higher estimate			
Under-5 group (<5 years)			
Best estimate			
Lower estimate			
Higher estimate			
Other age group:			
Best estimate			
Lower estimate			
Higher estimate			

Marshall Islands**Congenital Hypothyroidism****CHT Epidemiology 3.2: Mortality data: Vital registration data**

Fill in the blank cells based on your vital registration data.	
Enter year and source of data	
Registered data	
Total registered live births	
Registered condition-specific neonatal deaths (first 28 days of life)	
Registered condition-specific infant deaths (first year of life)	
Registered condition-specific under-5 deaths (first 5 years of life)	
Registered condition-specific neonatal mortality ratio (condition-specific neonatal deaths / 1000 live births in the same year)	#DIV/0!
Registered condition-specific infant mortality (condition-specific infant deaths / 1000 live births in the same year)	#DIV/0!
Registered condition-specific under-5 mortality (condition-specific under-5 deaths / 1000 live births in the same year)	#DIV/0!

Adjustment for under-ascertainment of cause of death and sub-registration of deaths: Enter estimates in the highlighted cells. It is not always possible to adjust the estimates, in which case you may give the value '1', accepting that the estimates in these cases will usually be biased towards low values. (Or you may move to the next section.)
It is assumed that under-ascertainment is stable across age-groups; if ascertainment varies by age-group, you could use separate estimates for each age group.

Estimated completeness of recording: what proportion of deaths in affected persons were registered as such?		Range: 0 to 1
Population coverage: what proportion of the total country/territory population is covered by the vital registration?		Range: 0 to 1
Death ascertainment (population coverage x completeness)	0	
Estimated values for the total country/ territory population		
Estimated number of live births in total population	#DIV/0!	
Estimated number of neonatal deaths in total population (number of deaths registered in neonatal period / ascertainment)	#DIV/0!	
Estimated number of infant deaths in total population (number of deaths registered in first year of life / ascertainment)	#DIV/0!	
Estimated number of under-5 deaths in total population (number of deaths registered in under-5s / ascertainment)	#DIV/0!	
Estimated neonatal mortality ratio (estimated neonatal deaths / 1000 live births)	#DIV/0!	
Estimated infant mortality ratio (estimated infant deaths / 1000 live births)	#DIV/0!	
Estimated under-5 mortality ratio (estimated under-5 deaths / 1000 live births)	#DIV/0!	

Marshall Islands**Congenital Hypothyroidism****CHT Epidemiology 3.3: Mortality data: Other sources**

Source, year, site	Sample size	Age group	Data quality and representativeness	Main findings

Based on data from the sources above, enter estimates for the disease-specific deaths and mortality rates in your population.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

	Neonatal mortality		Infant mortality		Under-5 mortality	
Estimates for the total country/territory	Value	Ratio/1000 LB	Value	Ratio/1000 LB	Value	Ratio/1000 LB
Best estimate						
Lower estimate						
Higher estimate						

Marshall Islands**Congenital Hypothyroidism****CHT Epidemiology 3.4: Summary mortality estimates**

Indicator	Your estimates	Range	PHGDB minimum estimates	Chosen estimates	Range	Source
Year of data collection						
Number of annual deaths in affected persons			0			
Number of annual live births (in 1000s)			1.50			
Number of annual affected neonatal deaths			0			
Number of affected neonatal deaths / 1000 LB			0.00			
Number of annual affected infant deaths			0			
Number of affected infant deaths/ 1000 LB			0.04			
Number of annual affected under-5 deaths			0			
Number of affected under-5 deaths / 1000 LB			0.21			
Mean life expectancy at birth in affected people			14.4			
Other indicators (e.g. survival following surgical procedure, etc)						

If there are specific sub-types of condition, you can repeat this exercise (copy table and paste below). However, you should consider (a) whether sub-types would have different implications for advocacy, and (b) whether a sub-type might require a full, specific needs assessment.

Marshall Islands**Congenital Hypothyroidism****CHT Epidemiology 3.5: Sub-population variation in mortality**

Age group: neonatal Population sub-group	Number of deaths in affected persons	Cause-specific, group-specific neonatal mortality ratio / 1000 LB	Reason for variation

Age group: infant Population sub-group	Number of deaths in affected persons	Cause-specific, group-specific infant mortality ratio / 1000 LB	Reason for variation

Age group: under 5 Population sub-group	Number of deaths in affected persons	Cause-specific, group-specific under-5 mortality ratio / 1000 LB	Reason for variation

Age group: Population sub-group	Number of deaths in affected persons	Cause-specific, group-specific mortality ratio / 1000 population	Reason for variation

Marshall Islands**Congenital Hypothyroidism****CHT Epidemiology 4.1: Population prevalence: Research studies**

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

Based on the studies above, enter the best estimates for population prevalence, and a range of values to reflect uncertainty of estimates and within-country variation.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

	Prevalence / 1000 persons	Range	Comments
Best estimate			
Lower estimate			
Higher estimate			

If there are specific sub-types of condition, you can repeat this exercise (copy table and paste below). However, you should consider (a) whether sub-types would have different implications for advocacy, and (b) whether a sub-type might require a full, specific needs assessment.

Marshall Islands**Congenital Hypothyroidism****CHT Epidemiology 4.2: Population prevalence: Other sources**

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

Based on data from the sources above, enter estimates for the disease-specific deaths and mortality rates in your population.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

	Prevalence / 1000 persons	Range	Comments
Best estimate			
Lower estimate			
Higher estimate			

If there are specific sub-types of condition, you can repeat this exercise (copy table and paste below). However, you should consider (a) whether sub-types would have different implications for advocacy, and (b) whether a sub-type might require a full, specific needs assessment.

Marshall Islands**Congenital Hypothyroidism****CHT Epidemiology 4.3: Population prevalence summary**

Source of estimates	Estimated total population number of affected persons	Range	Estimated total population prevalence / 1000 persons	Range
1				
2				
3				
4				
5				
PHGDB				
Chosen estimates				

If there are specific sub-types of condition, you can repeat this exercise (copy table and paste below). However, you should consider (a) whether sub-types would have different implications for advocacy, and (b) whether a sub-type might require a full, specific needs assessment.

Marshall Islands**Congenital Hypothyroidism****CHT Epidemiology 4.4: Sub-population prevalence variation**

Population sub-group	Number of affected people	Total number of people in population sub-group	Population prevalence per 1000 people	Reason for variation
			#DIV/0!	
			#DIV/0!	
			#DIV/0!	
			#DIV/0!	

If there are specific sub-types of condition, you can repeat this exercise (copy table and paste below). However, you should consider (a) whether sub-types would have different implications for advocacy, and (b) whether a sub-type might require a full, specific needs assessment.

Formula in column D: Number of affected people/ (Total number of people in population subgroup/1000)

Marshall Islands**Congenital Hypothyroidism****CHT Interventions 1: Effect of newborn diagnosis and treatment**

Baseline birth prevalence of CHT, per 1000 total births*		
Variables		
Coverage of newborn screening		Range: 0 to 1
Proportion of positive-screened patients receiving diagnosis treatment		Range: 0 to 1
Effectiveness of treatment		Range: 0 to 1
Results		
Proportional reduction of uncontrolled cases of CHT through NBS and treatment ¹	0	
Prevalence of uncontrolled CHT after newborn screening and treatment, per 1000 total births ²	0	

LB = live births

CHT = congenital hypothyroidism

NBS = newborn screening

* If you don't have data on birth prevalence but do have data on screening, you can estimate birth prevalence by combining the proportion screened positive with the number of total births. (This assumes that screening is randomly distributed in the population).

¹Coverage of newborn screening X Proportion of screen-positive cases receiving treatment X Effectiveness of treatment

²Baseline birth prevalence – (Proportional reduction of uncontrolled cases of CHT X Baseline birth prevalence)

Marshall Islands**Congenital Hypothyroidism****CHT Needs assessment 1: Quantitative baseline****Table CHT-NA1a Burden of Congenital Hypothyroidism in pregnancy, at birth and at population level**

Indicator	Chosen estimates			Notes
	Number (n)	n/1000 pregnancy outcomes	Range of prevalence (/1000 TB)	
Annual affected live births (LB)	0	0	0	Drawn from sheet E2.4
Annual affected stillbirths (SB)	0	0	0	Drawn from sheet E2.4
Annual affected births (LB+SB)	0	0		Drawn from sheet E2.4
Annual affected persons (all age)	0	0	0	Drawn from sheet E1.1

Table CHT-NA1b Congenital Hypothyroidism mortality indicators

Indicator	Chosen estimates			Notes
	Number (n)	n/1000 LB	Range of prevalence (/1000 LB)	
Annual overall mortality	0			Drawn from sheet E3.4
Annual neonatal mortality	0	0	0	Drawn from sheet E3.4
Annual infant mortality	0	0	0	Drawn from sheet E3.4
Annual under-5 mortality	0	0	0	Drawn from sheet E3.4
Mean life expectancy at birth in	0		0	Drawn from sheet E3.4

TB = total births (live births + stillbirths)

LB = live births

Marshall Islands**Congenital Hypothyroidism****CHT Needs assessment 3: Quantitative assessment of interventions**

Table CHT-NA3a	Estimated prevalence in the absence of interventions for Congenital Hypothyroidism	
Indicator	Number (n)	Prevalence (n/1000)
Potential live births		
Potential still births		

Table CHT-NA3b	Current situation in relation to interventions before birth		
Intervention	Coverage (%)	Cases averted (n)	Cases averted/1000 LB
Effect of family planning, education			
Effect of iodine fortification			
Effect of iodine supplementation			
Overall effect			

Table CHT-NA3c	Target situation in relation to interventions before birth		
Intervention	Coverage (%)	Cases averted (n)	Cases averted/1000 LB
Effect of family planning, education			
Effect of iodine fortification			
Effect of iodine supplementation			
Overall effect			

Table CHT-NA3d	Current situation in relation to interventions after birth		
Intervention	Coverage (%)	Cases managed (n)	Cases managed/1000 LB
Effect of newborn screening			
Effect of newborn diagnosis			
Treatment services			
Overall effect			

Table CHT-NA3e	Target situation in relation to interventions after birth		
Intervention	Coverage (%)	Cases managed (n)	Cases managed/1000 LB
Effect of newborn screening			
Effect of newborn diagnosis			
Treatment services			
Overall effect			

Table CHT-NA3f	Current and desired outcomes			
	Current situation		Target situation	
Indicator	Annual number (n)	Prevalence (n/1000)	Annual number (n)	Prevalence (n/1000)
Estimated affected pregnancies				
Live births (LB)	0	0		
Stillbirths (SB)	0	0		
Total births (LB+SB)	0	0		
Estimated population prevalence				
All age groups				
Estimated mortality / 1000 live births				
Neonatal deaths	0	0		
Infant deaths	0	0		
Under-5 deaths	0	0		