



# **Tool for Assessing Health Needs**

**in relation to**

# **Orofacial Clefts**

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

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# PHG Foundation Needs Assessment Tool for Orofacial Clefts

Country / Territory of interest for present needs assessment on Orofacial Clefts:

## OFC-0 INTRODUCTION

Welcome to the PHG Foundation Congenital Disorders Needs Assessment Tool, for Orofacial Clefts (OFCs). 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 Situation 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.

### 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.

## OFC-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.

### OFC-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](#)

### OFC-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 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.

## OFC-E EPIDEMIOLOGY

This section helps you to bring together epidemiological data related to Orofacial Clefts, to understand the burden in your setting. The Calculator sheets already contain modelled estimates from PHGDB; note that these estimates are for isolated OFCs, i.e. those not associated with chromosomal anomalies or other structural malformations, as such they do not encompass the whole population of individuals with OFCs. You may add 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 or just prefer to use the PHGDB estimates. If your population is not the total population of your country or territory, the PHGDB estimates may not be accurate.**

### OFC-E1 Country and comparative epidemiology

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

**Box OFC-E1: Definitions**

Term	Enter definition here
Live birth	
Stillbirth	
Miscarriage	

#### OFC-E1.1 Summary country epidemiology for Orofacial Clefts

This section summarises the epidemiology of Orofacial Clefts in your country. The aim is to record basic 'headline' data for the prevalence of Orofacial Clefts in your country/territory, and the resulting mortality. Estimates from PHGDB are contained in the OFC-E1.1 calculator sheet.

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

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

#### OFC-E1.2 International comparative epidemiology

This section allows you to compare the situation in your population to a close neighbouring population. You will need to copy your chosen estimates from sheet OFC-E1.1 into the appropriate column here.

The Calculator sheet is pre-populated with data from a suggested appropriate comparison country, as well as estimates from your region and from the world. If you would prefer a different comparator, you can obtain PHGDB estimates for that country/territory from sheet OFC-E1.1 of the Calculator *for that country/territory*, which you can get from the Toolkit website.

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

**Note: Sections OFC-E2 and OFC-E3 ask for data from research studies, surveillance activities and other sources. Less detailed estimates of prevalence and effect are given by the PHGDB, in case these are not available for your population.**

## OFC-E2 Data on affected pregnancies

In this section you will record data on live births and still births affected by Orofacial Clefts, and terminations of pregnancy due to Orofacial Clefts. If national or local estimates are not available, please move to section E2.4 which gives you estimates from PHGDB.

### OFC-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 OFC-E2.2.

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

**Table OFC-E2.1** Research studies on pregnancies affected by Orofacial Clefts

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 (use space below).

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

>>> Go to Calculator sheet OFC-2.1

### OFC-E2.2 Data on affected pregnancies: Surveillance data

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

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

### **OFC-E2.3 Data on affected pregnancies: Other sources**

Are there other sources of data with information on affected live births, stillbirths or terminations of pregnancy? Sources of such data might include hospitals, primary care, or 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 OFC-E2.3 you will enter basic numbers of affected live births, stillbirths and terminations of pregnancy 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 from 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 OFC-E2.3

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

### **OFC-E2.4 Summary of affected pregnancies**

You may now combine estimates from research, surveillance and other health sector data and compare them to data from the PHGDB. Then you may choose your final estimates.

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

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

### **OFC-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 OFC-E2.5

## **OFC-E3 Mortality data**

Completing this section will help to show what the burden of mortality from Orofacial Clefts is in your population. If national or local estimates are not available, please move to section E3.4 which gives you estimates from PHGDB.

### **OFC-E3.1 Mortality data: Research studies**

Are national or local condition-specific mortality estimates available from research studies? If not, please continue to section OFC-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 OFC-E3.1** Research studies on mortality due to Orofacial Clefts

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 OFC-E3.1 and enter the best estimates for condition-specific mortality by age-group (infant, under-5, etc.).

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

**OFC-E3.2 Mortality data: Vital registration data**

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

It is important to consider sub-registration of deaths and under-ascertainment of specific causes of death. The tables in Calculator sheet OFC-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 from 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 OFC-E3.2

### OFC-E3.3 Mortality data: Other sources

If other sources have information on mortality due to the condition, please enter those sources into this table. If not available move to section OFC-E3.4.

**Table OFC-E3.3** Other sources of data on mortality due to Orofacial Clefts

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

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

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

### OFC-E3.4 Summary mortality estimates

Now, please combine estimates from research, surveillance and other health sector data and compare them to data from the MGDB. Then choose the best estimates.

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

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

### OFC-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 OFC-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 OFC-E3.5

## OFC-E4 Population prevalence

This section should make clear what the prevalence of Orofacial Clefts is in your population. Are national or local estimates available for the population prevalence of affected persons? If not, please move to section OFC-E4.3..

### OFC-E4.1 Population prevalence: Research studies

Are there research studies (including unpublished) providing prevalence estimates of Orofacial Clefts in your population? If so, please enter them in the following table. If not, please move to section OFC-E4.2.

**Table OFC-E4.1** Research studies on population prevalence of Orofacial Clefts

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 OFC-E4.1 and enter the best estimates for the overall prevalence of Orofacial Clefts 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.

>>> Go to Calculator sheet OFC-E4.1

### OFC-E4.2 Population prevalence: Other sources

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

**Table OFC-E4.2** Other sources of data on population prevalence of Orofacial Clefts

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:

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

>>> Go to Calculator sheet OFC-E4.2

### **OFC-E4.3 Population prevalence summary**

Now, please combine estimates from research and other sources and compare them to data from the PHGDB. Then choose the best estimates.

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

>>> Go to Calculator sheet OFC-E4.3

### **OFC-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.

>>> Go to Calculator sheet OFC-E4.4

### **OFC-E4.5 Population prevalence: Data needs**

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

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

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

## **OFC-INTERV FOLIC ACID EFFECTS AND NEWBORN SURGERY**

### **OFC-Interv1 Folic acid effects: Fortification**

Fortification of common foodstuffs with folic acid can raise the folate levels of the entire population. In this Calculator sheet you can:

- estimate the effect of fortification in your population, and
- discover the potential effect of hypothetical fortification regimes.

>>> Go to Calculator sheet OFC-Interv1

### **OFC-Interv2 Folic acid effects: Supplementation**

In addition to the population effect of fortification with folic acid, specific supplementation of folic acid in the form of folic acid pills can be given to pregnant women to improve folate levels.

When fortification is already in place in the population, the extra effect of supplementation is less than the effect of supplementation alone: in this Toolkit, the effect of supplementation in the presence of fortification is assumed to be 10% of the effect of supplementation alone. This assumption can be varied in Calculator sheet OFC-Interv2.

In that Calculator sheet you can:

- estimate the effect of folic acid supplementation alone, and
- estimate the effect of supplementation in the presence of fortification.

>>> Go to Calculator sheet OFC-Interv2

### **OFC-Interv3 Newborn diagnosis and surgery**

Diagnosis after birth and timely surgery can reduce the health burden of Orofacial Clefts. In Calculator sheet OFC-Interv3 you can estimate the health burden for different scenarios of coverage of newborn diagnosis and surgery.

>>> Go to Calculator sheet OFC-Interv3

## OFC-NA NEEDS ASSESSMENT SECTION

### OFC-NA1 Epidemiology

#### OFC-NA1.1 The size of the problem

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

>>> Go to Calculator sheet OFC-NA1

#### OFC-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
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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 OFC-NA2.**

## **OFC-NA2      Assessment of epidemiology, policies, services and information**

### **OFC-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 prenatal screening, diagnosis, counselling and interventions aimed at risk factors.

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

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

**OFC-NA2.2 Current situation and gaps**

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

**OFC-NA2.2.1 Policy and programmes**

Briefly list any policies or programmes for the care and prevention of Orofacial Clefts 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.

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

What can be done to tackle unmet needs?

**OFC-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. education on risks associated with alcohol and smoking)

Prevention during pregnancy (e.g. prenatal screening and diagnosis)

Care and prevention after birth (e.g. surgery, treatment of complications, rehabilitation)

Are the above services and interventions well integrated with other health services (e.g. maternal and child health 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 (e.g. communications between health service staff, and referral mechanisms)?

How are services and interventions monitored and evaluated?

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)?

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.

**OFC-NA2.2.3                      Information needs**

Comment on the quality of any existing surveillance and research data that are relevant to orofacial clefts.

Is there a need for changes in surveillance systems for the condition?

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

What can be done?

Is there a need for new research in relation to the condition?

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

What can be done?

Summary of the main gaps or unmet needs

Use Table OFC-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 OFC-NA2** Summary of levels of health needs in relation to Orofacial Clefts

Action areas	Policies/ Programmes	Services and Interventions			Overall
		Before Pregnancy	During Pregnancy	After Birth	
Public health education					
Multivitamin and folic acid				n/a	
Alcohol and smoking risk				n/a	
Family planning			n/a	n/a	
Prenatal screening		n/a		n/a	
Prenatal diagnosis		n/a		n/a	
Training on feeding techniques					
Newborn screening		n/a	n/a		
Newborn diagnosis		n/a	n/a		
Primary care diagnosis		n/a	n/a		
Surgical care		n/a	n/a		
Long term clinical care		n/a	n/a		
Social care		n/a	n/a		
Disability support		n/a			
Support group involvement		n/a			
Surveillance					
Research					
Professional education					
Workforce training					

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

## OFC-NA3 Assessment of intervention options

In this section you will consider what effect different interventions can have on the burden of Orofacial Clefts in your population.

### OFC-NA3.1 Quantitative assessment of interventions

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

Table OFC-NA3a in Calculator sheet OFC-NA3 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!*

>>> Go to Calculator sheet OFC-NA3

Tables OFC-NA3b to NA3e in Calculator sheet OFC-NA3 refer to the current and target (desirable) situations for interventions before birth and after birth. Please enter data in these tables. You may add or delete rows as appropriate.

>>> Return to Calculator sheet OFC-NA3

Table OFC-NA3f in Calculator sheet OFC-NA3 refers to outcomes. Figures for ‘current situation’ come from Tables OFC-NA1a and NA1b.

>>> Return to Calculator sheet OFC-NA3

### OFC-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.

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

Interventions	Coverage	Effectiveness	Cost-effectiveness	Impact
<b>Before pregnancy</b>				
Family planning, education				
Reduction of risks				
<b>During pregnancy</b>				
Prenatal screening				
Prenatal diagnosis				
Feeding advice				
<b>After birth</b>				
Newborn screening				
Newborn diagnosis				
Treatment services				
Feeding advice				
Care services (e.g. social support)				

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

Interventions	Achievable coverage	Effectiveness	Cost-effectiveness	Impact
<b>Before pregnancy</b>				
Family planning, education				
Reduction of risks				
<b>During pregnancy</b>				
Prenatal screening				
Prenatal diagnosis				
Feeding advice				
<b>After birth</b>				
Newborn screening				
Newborn diagnosis				
Treatment services				
Feeding advice				
Care services (e.g. social support)				

## OFC-NA4 Situation assessment

Now consider your environment and describe the **Strengths**, **Weaknesses**, **Opportunities** and **Threats** in relation to policies and services, using the SWOT diagram in Table OFC-NA4.

**Table OFC-NA4** SWOT diagram

Internal environment	External environment	
<b>Strengths</b>	<b>Opportunities</b>	+
<b>Weakness</b>	<b>Threats</b>	-

## OFC-NA5 Initial prioritisation: Comparing interventions

### The prioritisation team and processes

List the people and organisations invited to and involved in the initial prioritisation process in Table OFC-NA5a, and briefly explain how they were chosen.

**Table OFC-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 OFC-NA5b to OFC-NA5d. Start with the ground rules.

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

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

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

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

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

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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 it in a more systematic way (see the Prioritisation document). Show your results in Table OFC-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 OFC-NA5e** List of priority action areas and interventions for Orofacial Clefts

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

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

## OFC-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 Orofacial Clefts, 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<sup>1</sup>.

List the main services and interventions currently available for the care and prevention of the condition<sup>2</sup>.

<sup>1</sup> Possible reference sections: E1.1, NA1.1

<sup>2</sup> 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?<sup>3</sup>

What are the unmet needs as assessed by the Toolkit?<sup>4</sup>

Is it feasible to meet the identified needs?<sup>5</sup>

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<sup>3</sup> For example, in relation to resources, acceptability, and competing priorities. Possible reference section: NA2.2.2.

<sup>4</sup> 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

<sup>5</sup> You may wish to consider strengths, weaknesses, opportunities and threats. Possible reference section: NA4.

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

Describe how the prioritisation has been done and the main findings<sup>6</sup>.

List the planned activities and how they will be evaluated.

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<sup>6</sup> Possible reference section: NA53

List the proposed next steps.

## 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/hip/viz/basicindicatorbrowser.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](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](http://www.childinfo.org/countdown_638.htm)
10. Health of Nations  
<http://www.healthofnations.com/countries/map/outcomes/life>
11. Information on consanguinity  
[http://www.consang.net/index.php/Global\\_prevalence\\_tables](http://www.consang.net/index.php/Global_prevalence_tables)
12. Information on immunisation  
[http://apps.who.int/immunization\\_monitoring/en/globalsummary/countryprofileresult.cfm](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.