PHG Needs Assessment Calculator Thailand Rhesus Haemolytic Disease of the Newborn

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Demography

Thailand 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		Yo	our estimat	es	Cho	sen estima	ates
Age group	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4 years	1844815	1771822.8558	3616638			0			0
5-9 years	1544913	1480462.3473	3025375			0			0
10-14 years	1543617	1443636.0852	2987253			0			0
15-19 years	1476493	1357091.1013	2833584			0			0
20-24 years	1229710	1148159.0792	2377869			0			0
25-29 years	907707	887978.56398	1795686			0			0
30-34 years	692827.3	695264.65023	1388092			0			0
35-39 years	483223.3	501527.11796	984750.4			0			0
40-44 years	387883	411378.46007	799261.5			0			0
45-49 years	335165.6	358327.48264	693493.1			0			0
50-54 years	267219.2	278769.79026	545989			0			0
55-59 years	203903.8	196545.65274	400449.5			0			0
60-64 years	161471.4	151837.9478	313309.4			0			0
65+ years	376015.6	354270.43973	730286			0			0
Total	11454963	11037071.574	22492035	0	0	0	0	0	0
Female population aged 15-44 years		5001398.9728			-			-	
Data year		2009 report	ed in 2011						
Source, Year			UN 2011						

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

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### **PHG** Foundation

# Demography

	Estimate	Source, Year	Your	Source,	Chosen	Source,
Crude birth rate Flevel is ransd (DB) rtaliear / 1000			estimate	Year	estimate	Year
population	11.86	Unicef, 2013				
Still birth rate (SB): Still births (SB) / year / 1000 total births	4.35	WHO, 2009				
Total births in 1000s (LB+SB) per year	824	Unicef, 2013				
Infant mortality rate: infant deaths / 1000 LB / year	10.6	Unicef, 2013				
Under-5 mortality rate: U5 deaths / 1000 LB / year	12.3	Unicef, 2013				
Percentage births in women >35 years						
Life expectancy at birth (yrs)	74.13	Unicef, 2013				
% of marriages consanguineous						

	Estimate	Source, Year	Your	Source,	Chosen	Source,
Maternal health			estimate	Year	estimate	Year
Prenatal visits – at least 1 visit (%)	99.1	Unicef, 2013				
Prenatal visits – at least 4 visits (%)	79.6	Unicef, 2013				
Births attended by skilled health personnel (%)	99.5	Unicef, 2013				
Contraception prevalence rate (%)	79.6	Unicef, 2013				
Unmet need for family planning (%)	3.1	WHO, 2006				
Total fertility rate	1.56	Unicef, 2013				
% home births						
% births at health care services	99.40	Unicef, 2013				
Number of neonata <b>Nexchainaticals</b> by SBA / trained	Estimate	Source, Year	Your estimate	Source, Year	Chosen estimate	Source, Year
staff						
% neonatal examinations by SBA/ trained staff						

Socio-economic indicators	Estimate	Source, Year	 · · ·	 Source, Year
Gross national income per capita (PPP int. \$)	8390	Unicef, 2013		
% population living on < US\$1 per day	<2.0	Unicef, 2013		
Birth registration coverage (%)	99.4	WHO 2005-		
Death registration coverage (%)	50-74	WHO,2006		

LB = live births PPP = purchasing power parity SBA = skilled birth attendant

HealthServices

Thailand 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. \$)	353.3	WHO 2011	estimate	i eai	estimate	Tear
				_		
Total expenditure on health as percentage of GDP	4.1	WHO 2011				
Per capita government expenditure on health (PPP int. \$)	266.6	WHO 2011				
External resources for health as percentage of total expenditure on health	27	WHO 2011				
General government expenditure on health as percentage of total expenditure on health	75.5	WHO 2011				
Out-of-pocket expenditure as percentage of private expenditure on health	55.8	WHO 2011				
Private expenditure on health as percentage of total expenditure on health	24.5	WHO 2011				
General government expenditure on health as percentage of total government expenditure	14.5	WHO 2011				

	E a time a ta	Source,	Your	Source,	Chosen	Source,
Health Workforce	Estimate	Year	estimate	Year	estimate	Year
Number of nursing and midwifery personnel	96704	WHO, 2004				
Nursing and midwifery personnel density (per 10,000 population)	15.2	WHO, 2004				
Number of physicians	18918	WHO, 2004				
Physician density (per 10,000 population)	2.98	WHO, 2004				
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			estimate	I Cal	estimate	I Cal
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 facillities for safe terminations of pregnancies for fetal defects						

**PPP = purchasing power parity** 

GDP = gross domestic product

SBA = skilled birth attendant

CD = congenital disorders

## Thailand

Rhesus Haemolytic Disease of the Newborn RHD 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 (/100	0)					
Live birth prevalence (LB)			0.04			
Stillbirth prevalence (SB)			0.04			
Total birth prevalence (LB+SB)			0.07			
All age groups						
<1 year olds						
1-4 year olds						
5-14 year olds						
15-44 year olds						
45+ year olds						
Number of cases by age group						
Annual live births			30			
All age groups						
<1 year olds						
1-4 year olds						
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)			70			
No. deaths < 1yr			3			
No. deaths 1-4 yrs			1			
No. deaths < 5 yrs			3			
Infant mortality / 1000 LB			0.00			
Under-5 mortality / 1000 LB			0.00			
Years of life lost						

Thailand

Rhesus Haemolytic Disease of the Newborn

RHD Epidemiology 1.2: International comparison

	Your chosen		Comparison	
Epidemiological indicator	estimates	Country	Region	World
Prevalence at birth and by age-group (/100	)0 people)		(Asia, Southeas	t)
Live birth prevalence (LB)		0.04	0.03	0.25
Stillbirth prevalence (SB)		0.04		
Total birth prevalence (LB+SB)		0.07	0.03	0.25
All age groups				
<1 year olds				
1-4 year olds				
5-14 year olds				
15-44 year olds				
45+ year olds				
Number of cases by age-group				
Annual live births		30	301	33850
All age groups				
<1 year olds				
1-4 year olds				
5-14 year olds				
15-44 year olds				
45+ year olds				
No. cases by level of impairment				
No or minor disability				
Moderate disability				
Severe disability				
Mortality and morbidity				
Mean life expectancy (yrs)		70	29.13	25.26
No. deaths < 1yr		3	139	21195
No. deaths 1-4 yrs		1	46	7064
No. deaths < 5 yrs		3	185	28259
Infant mortality / 1000 LB		0.00	0.46	0.63
Under-5 mortality / 1000 LB		0.00	0.61	0.83
Years of life lost				

### Thailand

Rhesus Haemolytic Disease of the Newborn

RHD 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 RHD-E2.1 of the Tool), enter the best estimates for the prevalence of affected births and terminations 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 stillbirths	SB prevalence / 1000 TB	Comments
Best estimate			
Lower estimate			
Higher estimate			

Thailand

Rhesus Haemolytic Disease of the Newborn

RHD 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. 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			

	Number of affected stillbirths	Stillbirth prevalence / 1000 TB	Comments
Best estimate			
Lower estimate			
Higher estimate			

# Thailand

Rhesus Haemolytic Disease of the Newborn

RHD 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 recorded 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			1
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 stillbirths in total population (number of affected still births from data source / (coverage x completeness))	#DIV/0!	#DIV/0!	

## RHD-E2.3

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 still births	SB prevalence / 1000 TB
Best estimate		
Lower estimate		
Higher estimate		

Thailand

Rhesus Haemolytic Disease of the Newborn

RHD Epidemiology 2.4: Summary of affected pregnancies

Indicator	Your estimates	Range	PHGDB minimum estimates	Chosen estimates	Range	Source
Number of annual affected live births			30			
Annual birth prevalence / 1000 TB			0.04			
Number of annual affected still births						
Stillbirth prevalence / 1000 TB/year			0.04			

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.

#### Thailand

Rhesus Haemolytic Disease of the Newborn RHD 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

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

	1	

#### Thailand

Rhesus Haemolytic Disease of the Newborn RHD Epidemiology 3.1: Mortality data: Research studies

Source, year, site	Sample size	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			

LB = live births

Thailand

Rhesus Haemolytic Disease of the Newborn

RHD 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	#DIV/0
(condition-specific neonatal deaths / 1000 live births in the same year)	
Registered condition-specific infant mortality (condition-specific infant deaths / 1000 live births in the	#DIV/0
Registered condition-specific under-5 mortality (condition-specific under-5 deaths / 1000 live births in the	#DIV/0
same year)	

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	R	ange: 0 to 1
PWp和ation coverage: what proportion of the total country/territory population is covered by the vital	R	ange: 0 to 1
Design a see fainment (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!	

#### Thailand

Rhesus Haemolytic Disease of the Newborn RHD Epidemiology 3.3: Mortality data: 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).

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

#### Thailand

Rhesus Haemolytic Disease of the Newborn RHD 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						
Number of annual live births (in 1000s)			873			
Number of annual affected neonatal deaths			2			
Number of affected neonatal deaths / 1000 LB			0.00			
Number of annual affected infant deaths			3			
Number of affected infant deaths / 1000 LB			0.00			
Number of annual affected under-5 deaths			3			
Number of affected under-5 deaths / 1000 LB			0.00			
Mean life expectancy at birth in affected			70			
<b>Dthol</b> qndicators (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.

Thailand

Rhesus Haemolytic Disease of the Newborn

RHD Epidemiology 3.5: Sub-population variation in mortality

Age group: neonatal Population sub-group	Cause-specific, group-specific neonatal mortality ratio / 1000 LB	Reason for variation

Age group: infant Population sub-group	Cause-specific, group-specific infant mortality ratio / 1000 LB	Reason for variation

	Cause-specific, group-specific under-5 mortality ratio / 1000 LB	Reason for variation

Age group:			Reason for variation	
Population sub-group	affected persons	mortality ratio / 1000 population		

Thailand

Rhesus Haemolytic Disease of the Newborn

RHD Epidemiology 4.1: Population prevalence: Research studies

Study, year, site	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.

Thailand

Rhesus Haemolytic Disease of the Newborn

RHD 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.

Thailand

Rhesus Haemolytic Disease of the Newborn

RHD Epidemiology 4.3: Summary of population prevalence

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.

Thailand

Rhesus Haemolytic Disease of the Newborn

RHD 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!	

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)

# Thailand

Rhesus Haemolytic Disease of the Newborn

SCD Intervention 1:Effects of prenatal screening and treatment

Baseline prevalence of RHD per 1000 TB		
Variables		
Coverage of prenatal screening		Range: 0 to
Proportion of RhD negative women receiving anti-D		Range: 0 to
Effectiveness of anti-D in RhD negative women		Range: 0 to
Results		
% prevalence reduction due to PNS & treatment <sup>1</sup>	0%	
Prevalence reduction due to PNS & treatment, per 1000 TB <sup>2</sup>	0.000	
Final prevalence of RHD-affected live births and still births		
after PNS & treatment, per 1000 TB <sup>3</sup>	0.000	

RHD = Rhesus Haemolytic Disease of the Newborn

PNS = prenatal screening

TB = total births (live births + still births)

<sup>1</sup> (Coverage of PNS X Proportion of women receiving anti-D) X Effectiveness of anti-D

 $^{\rm 2}$  % prevalence reduction due to PNS and treatment X Baseline prevalence of RHD

<sup>3</sup> Baseline prevalence of RHD – Prevalence reduction due to PNS and treatment

#### Thailand

Rhesus Haemolytic Disease of the Newborn

RHD Intervention 2:Effects of NBS and management on Rhesus Haemolytic Disease of the Newborn

Baseline birth prevalence of RHD, per 1000 LB		
Variables		
Coverage of newborn screening		Range: 0 to 1
Proportion of positive-screened patients receiving treatment		Range: 0 to 1
Effectiveness of treatment		Range: 0 to 1
Results		
Proportional reduction of uncontrolled cases through NBS and treatment <sup>1</sup>	0	
Prevalence of uncontrolled RHD deficiency after newborn screening and treatment, per 1000 LB <sup>2</sup>	0	

LB = live births

NBS = newborn screening

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<sup>1</sup>Coverage of newborn screening X Proportion of screen-positive cases receiving treatment X Effectiveness of treatment

<sup>2</sup>Baseline birth prevalence – (Proportional reduction of uncontrolled cases of RHD X Baseline birth prevalence)

### Thailand Rhesus Haemolytic Disease of the Newborn RHD Needs Assessment Calculator 1: Quantitative baseline

 Table RHD-NA1a
 Burden of Rhesus Haemolytic Disease of the Newborn in pregnancy, at birth and at population level

		Chosen estimates		Notes
Indicator	Number (n)		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 groups)	0	0	0	Drawn from sheet E1.1

# Table RCD-NA1b Rhesus Haemolytic Disease of the Newborn mortality indicators

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

# Thailand Rhesus Haemolytic Disease of the Newborn RHD Needs Assessment Calculator 3: Quantitative assessment of interventions

Table SCD-NA3aEstimated prevalence interventions for Sick		
Indicator	Number (n) Prevalence (r	
Potential live births		
Potential still births		

Table RHD-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 anti D prophylaxis				
Effect of prenatal diagnosis and treatment				
Effect of neonatal diagnosis				
Effect of treatment of newborn				
Overall effect				

Table RHD-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 anti D prophylaxis				
Effect of prenatal diagnosis and treatment				
Effect of neonatal diagnosis				
Effect of treatment of newborn				
Overall effect				

Table RHD-NA3d	Current situation ir	Current situation in relation to interventions after birth			
Intervention	Coverage (%)	Coverage (%) Cases managed (n) Cases man			
Newborn diagnosis					
Phototherapy					
Blood transfusion					
Social care and support					
Overall effect					

Table RHD-NA3e	Target situation in	Target situation in relation to interventions after birth			
Intervention	Coverage (%)	Coverage (%) Cases managed (n) Cases managed/100			
Newborn diagnosis					
Phototherapy					
Blood transfusion					
Social care and support					
Overall effect					

Table RHD-NA3f	Current and desired outcomes			
	Current situation		Target situation	
Indicator	Annual number (n)	Incidence (n/1000)	Annual number (n)	Incidence (n/1000)
Estimated affected pregnancies				
Live births (LB)		D	0	
Still births (SB)		D	0	
All births (LB+SB)		D	0	
Estimated population prevalence		·		
All age groups				
Estimated mortality				
Neonatal deaths		D	0	
Infant deaths		D	0	
Under-5 deaths		D	0	