MATERNAL AND CHILD HEALTH

WHAT YOU SHOULD KNOW

Every day, 15,000 children under the age of 5 die from mainly preventable or treatable causes, which adds up to 5.4 million children each year. Close to half of these deaths occur within the first month of life. An estimated 1 million children die on the day they are born; 2.6 million die before turning one month old.

Over 830 women die each day due to complications during pregnancy and childbirth. However, in the 19 countries where U.S. involvement has been most significant, maternal mortality has declined by 44% in the last 20 years.

These preventable deaths primarily occur in resource-limited settings, where women and children lack access to basic health care services before, during, and after pregnancy and childbirth. The most effective interventions often don’t require expensive tools or services and are best provided as a health services package in order to achieve optimal outcomes.

Significant progress has been made in improving maternal and child health globally, in part due to increased U.S. leadership and support. Since 1990, the annual number of child and maternal deaths has been more than halved.

The United States has committed to saving the lives of 15 million children and nearly 600,000 women by 2020, as well as to strengthen health systems that enable countries to plan, fund, and manage their own continued progress in maternal and child health (MCH). Continued U.S. support and leadership, with the help of bilateral partnerships and multilateral stakeholders, are necessary to achieve this goal.

The U.S. Agency for International Development (USAID) predicts that its work to eliminate health system bottlenecks can yield an average 6-to-1 return on investment and will make approximately $26.9 billion in public and private funds available in the health sector.

Achieving a grand convergence in global health by 2035 — reducing maternal and child death rates to universally low levels within a generation — is estimated to produce benefits exceeding the costs of investment by 9 to 20 times for low- and lower-middle-income countries.

RECOMMENDATIONS FOR CONGRESS

Follow through on the U.S. commitment to prevent child and maternal deaths with financial and technical assistance: support the MCH account in coordination with other priority global health accounts. Agencies must have the necessary support from Congress to ensure continued prioritization, leadership, and effective programming, with a focus on reporting against established metrics of success. As a leading global MCH donor, the United States should also encourage more financial and political support from multilateral and bilateral donors, endemic country governments, and the private sector.

Increase support for bilateral and multilateral MCH programs; provide robust funding for other global health and development initiatives that are vital to achieving maternal, newborn, and child health goals. These programs include the U.S. contributions to Gavi, the Vaccine Alliance (Gavi), and other efforts to eradicate polio; USAID global health programs, including nutrition, family planning, and water, sanitation, and hygiene (WASH) initiatives; Centers for Disease Control and Prevention (CDC) global health programs; and UN agencies, such as the United Nations Children’s Fund (UNICEF). Congress should also advance policies that expand access to proven, evidence-based interventions for preventing child and maternal deaths, while rejecting any attempts to restrict access to lifesaving services.

Promote the rapid scale-up of proven, quality interventions, including medical products. Invest in the research and development (R&D) of new critical tools, such as vaccines and other essential health commodities that will improve global MCH and address related causes of death and disability. By supporting health programs that work to reduce gender inequity and disparities within countries, as well as across borders, Congress can help dramatically reduce the mortality rates of women and children. For instance, if coverage of only 11 new interventions is scaled up to meet the need, a projected 6 million maternal and child deaths can be prevented.
MATERNAL AND CHILD HEALTH

WHY THIS INVESTMENT IS IMPORTANT

MCH investments have proven to be “best buys” for the United States. Since 1990, for instance, this support has helped to cut the global rate of child and maternal mortality in half, making it possible for the United States to commit to a future goal of fully preventing child and maternal deaths.

Within the MCH account, the United States invests its resources bilaterally through multiple U.S. agencies, as well as multilaterally, through organizations such as Gavi. The United States also contributes key technical leadership and support through other mechanisms, such as the Sanitation and Water for All partnership and World Health Organization (WHO). These collective efforts have saved millions of lives while driving down health costs and, at the same time, scaling up to help in other areas, such as reducing newborn deaths and improving immunization rates.

USAID serves as the lead implementing agency in the U.S. for maternal and child survival, providing reportable benchmarks for the U.S. commitment to save the lives of 15 million children and nearly 600,000 women by 2020. In the past 10 years, USAID has helped save the lives of more than 5 million children and 200,000 women. USAID outlines a roadmap for success in its Acting on the Call initiative, which supports the scale-up of high-impact, evidence-based approaches for driving down the leading killers of mothers and children. Its investments help to ensure access to high-quality antenatal, labor, delivery, and postpartum care; provide nutrition for children and for women who are pregnant or recently gave birth; deliver lifesaving vaccines; save newborns from severe infections; protect young children from the risks of diarrhea, pneumonia, and malaria; support the healthy timing and spacing of births through voluntary family planning that protects both women and children; and address comorbidities, including HIV, malaria, and tuberculosis. Statistical modeling has demonstrated that, if a 25% cut to USAID MCH programming was to be enacted, 20.5 million mothers and children would fall out of reach for maternal and child survival programs each year — and an estimated 2 million lives that could have benefited from USAID help from 2018 to 2019 would be lost.8

Alongside USAID programmatic efforts, the agency has also pioneered other methods for improving MCH and global health — including through the Saving Lives at Birth grand challenge, an initiative of the U.S. Global Development Lab and the Center for Accelerating Innovation and Impact. These efforts mobilize some of the world’s brightest thinkers, researchers, and entrepreneurs to innovate solutions for health, development, and maternal and newborn survival, benefiting many communities and saving the lives of millions. To strengthen systems of care, USAID also engages health-professional associations and trains frontline health workers to properly manage pregnancy, delivery, and complications for women and newborns.

USAID efforts are complemented by CDC activities, which provide scientific and technical assistance to strengthen health systems and workforces, and involve immunization programs such as the Measles & Rubella Initiative. Another close partner is the National Institutes of Health (NIH), which supports basic and applied research for issues critical to MCH, such as the causes of complicated pregnancies and deliveries. Additionally, U.S. funding for UNICEF supports the procurement and delivery of critical child-health commodities in developing countries.

U.S. commitments to Gavi are also key in driving down vaccine-preventable deaths globally. Two of the leading killers of children are pneumonia and diarrhea, yet both can be averted by highly effective vaccines that prevent pneumococcal infections or severe bouts of rotavirus, which causes deadly diarrhea. U.S. contributions to the Gavi five year strategy are expected to help immunize 300 million children against these threats and save over 6 million lives.

As seen with recent outbreaks and pandemics, the need for increased investments in MCH has never been greater. Continued U.S. support and leadership, with the help of bilateral partnerships and multilateral stakeholders, can prioritize the lifesaving interventions, effective programming, and evidence-based reporting necessary to continue progress.

RESOURCES

CONTRIBUTORS
Brandon Ball, PATH, bball@path.org
Crickett Nicovich, RESULTS, cnicovich@results.org

CITATIONS