



Agency Priority Goal Action Plan

Maternal and Child Health

Goal Leaders:

Irene Koek, Senior Deputy Assistant Administrator, USAID Bureau for Global Health

Overview

Goal Statement

Support the global effort to prevent child and maternal deaths. By Sept 30, 2019, U.S. global leadership and assistance to prevent child and maternal deaths will annually reduce under-five mortality in 25 maternal and child health U.S. Government-priority countries by an average of two deaths per 1000 live births per year as compared to 2017.

Challenge

Globally, child mortality has declined by half since 1990; each day 18,000 more children, and 650 more mothers, will survive than in 1990. Despite this achievement, 5.6 million children, and 303,000 women still die every year, primarily from diseases or other preventable causes. The economic costs of disease and poor health are significant, especially in terms of lost national productivity and economic growth; this usually translates to instability, and fosters possible breeding grounds for conflict, terrorism, and other threats. USAID will continue to work with its partners in the U.S. Government (USG) and the global community to strengthen country health systems in an effort to prevent child and maternal deaths, as both have significant impact on global productivity and economic development.

Opportunity

By analyzing the causes of child and maternal death and the current coverage of life-saving interventions, USAID, as a global leader in the health sector, has identified programs and health systems that will have the greatest impact. In the 2017 Acting on the Call report, USAID outlined an approach to save the lives of 15 million children under five and 600,000 women by 2020. USAID and its partners will focus on utilizing diverse strategies applied in community, primary care, and higher-level facilities. USAID's maternal and child-survival programs are concentrated in 25 priority countries with the highest need, demonstrable political commitment, and the potential to leverage resources from the public and private sectors to improve health outcomes. Together, these countries account for 70 percent of maternal and child deaths worldwide, and nearly 60 percent of the global unmet need for family planning.

Goal Structure and Strategies

Goal

The overall goal of USAID's maternal and child health program is to decrease maternal and child mortality. To achieve this, USAID employs cost-effective, high-impact interventions, including procuring and delivering essential, safe health commodities and improving access to quality health services for the most vulnerable and underserved populations, down to the community level. Through efforts in [family planning](#), [maternal and child health](#), [malaria](#), and [nutrition](#), USAID is working to prevent child and maternal deaths.

Strategies

USAID's strategy to accelerate reduction in preventable maternal deaths includes promoting respectful care and high-impact interventions for the major causes of death in childbirth, especially postpartum hemorrhage and preeclampsia/eclampsia; strengthening health systems; and changing family and community behaviors to encourage more women to seek maternity care. USAID programs take into account and address cultural and financial factors that limit the utilization of life-saving care. Programs pay special attention to strengthening care during labor, delivery, and the vital first 48 hours post-partum, a particularly vulnerable time for women and their infants, as well as changing the attitudes of health workers towards their clients.

Health systems consist of all the people, institutions, resources, and activities that affect the health of the population, not just those provided or managed by governments. Strengthening health systems capacitates countries to better detect outbreaks, mitigate the transmission of disease, and prevent epidemics on their own. Implementing a full range of health-systems interventions promotes the sustainability of global health programs.

Goal Structure and Strategies

As outlined in the 2017 Acting on the Call report, USAID's approach to ending preventable child and maternal deaths focuses on helping host countries build strong, resilient health systems. USAID makes strategic investments to prevent child and maternal deaths by addressing key drivers of health and incentivizing domestic resource-mobilization to improve neonatal care and maternal care; reduce childhood illness; advance quality care for family planning; increase access to essential commodities; address undernutrition; and protect people from malaria, neglected tropical diseases, and other infectious diseases.

Governments and their partners need to take systematic action to reach all women, newborns, and children under-five with effective care. Scaling up select health-systems activities, chosen for their country-specific feasibility, is an essential element of USAID's efforts to prevent millions of child and maternal deaths worldwide. By working with governments, civil society, and the private sector to build strong health systems, USAID supports the implementation and maintenance of global health resilience and security for the United States.

Voluntary family planning (FP) is a critically important, cost-effective intervention to address child and maternal mortality. USAID FP programming continues to reduce maternal and child mortality by empowering families to time and space their births at the healthiest intervals for mother and child. These FP activities will include: mobilizing demand for modern FP services through behavior-change communication; improving the supply of, and logistics for, commodities; service-delivery; policy analysis and planning; biomedical, social science, and program research; knowledge-management; and monitoring and evaluation. Expanding access to voluntary FP information and services and improving commodity supply and logistics inherently benefits families, accelerates economic growth, and improves social stability.

Goal Structure and Strategies

Poor nutrition continues to be an underlying cause of approximately 45 percent of all deaths among children under-five years of age each year, and over a third of women in developing countries suffer from chronic undernutrition. USAID invests in activities that focus on the prevention of undernutrition through integrated services: improved women's nutrition services and counseling and feeding practices for infants and young children; exclusive breastfeeding and appropriate complementary feeding; delivery of nutrition services, such as micronutrient supplementation and food fortification; and strengthening nutrition governance.

Malaria remains a major cause of mortality among young children - one child still dies from malaria every two minutes, and, without sustained efforts, prior progress could be quickly reversed. USAID works with host countries and private partners to further reduce malaria deaths and substantially decrease malaria morbidity by: supporting partner countries in adapting to changing epidemiology and incorporating new tools; improving local capacity to collect and use information; mitigating the risk of a resurgence of malaria; and building capacity and health systems. Since malaria morbidity also adversely impacts school attendance and workplace productivity, a healthier population also contributes to improved education and a more-robust economy.

Summary of Progress (for indicators)

- A major component of preventing child and maternal deaths is ensuring access to contraceptive commodities. Expanding access to information on voluntary family planning and services, and improving commodity supply and logistics, inherently benefits families, accelerates economic growth, and improves social stability. In FY 2018 quarter three, USAID delivered 84 percent of purchased contraceptive commodities on time, surpassing the 80 percent target.
- FY 2018 quarter three on-time shipments exceeded the target value, primarily due to improvements in global supply chain operations, including: 1) enhancing visibility into field program commodity needs; 2) expanding collaboration and information sharing through the coordinated supply planning process; 3) updating inventory, procurement, and shipping approaches as part of the broader transition strategy; and 4) continuously communicating among all stakeholders to ensure appropriate procurement planning and order fulfillment.
- The procurement and shipment of contraceptive commodities is central to USAID's efforts to address child and maternal mortality. USAID family planning programming continues to reduce maternal and child mortality by: 1) enabling families to time and space their births at the healthiest intervals for mother and child; 2) mobilizing demand for modern family planning services through behavior-change communication; 3) improving the supply of and logistics for commodities; 4) policy analysis and planning; and 5) biomedical, social science, and program research. Data for the other four annual indicators will be available in FY 2019.

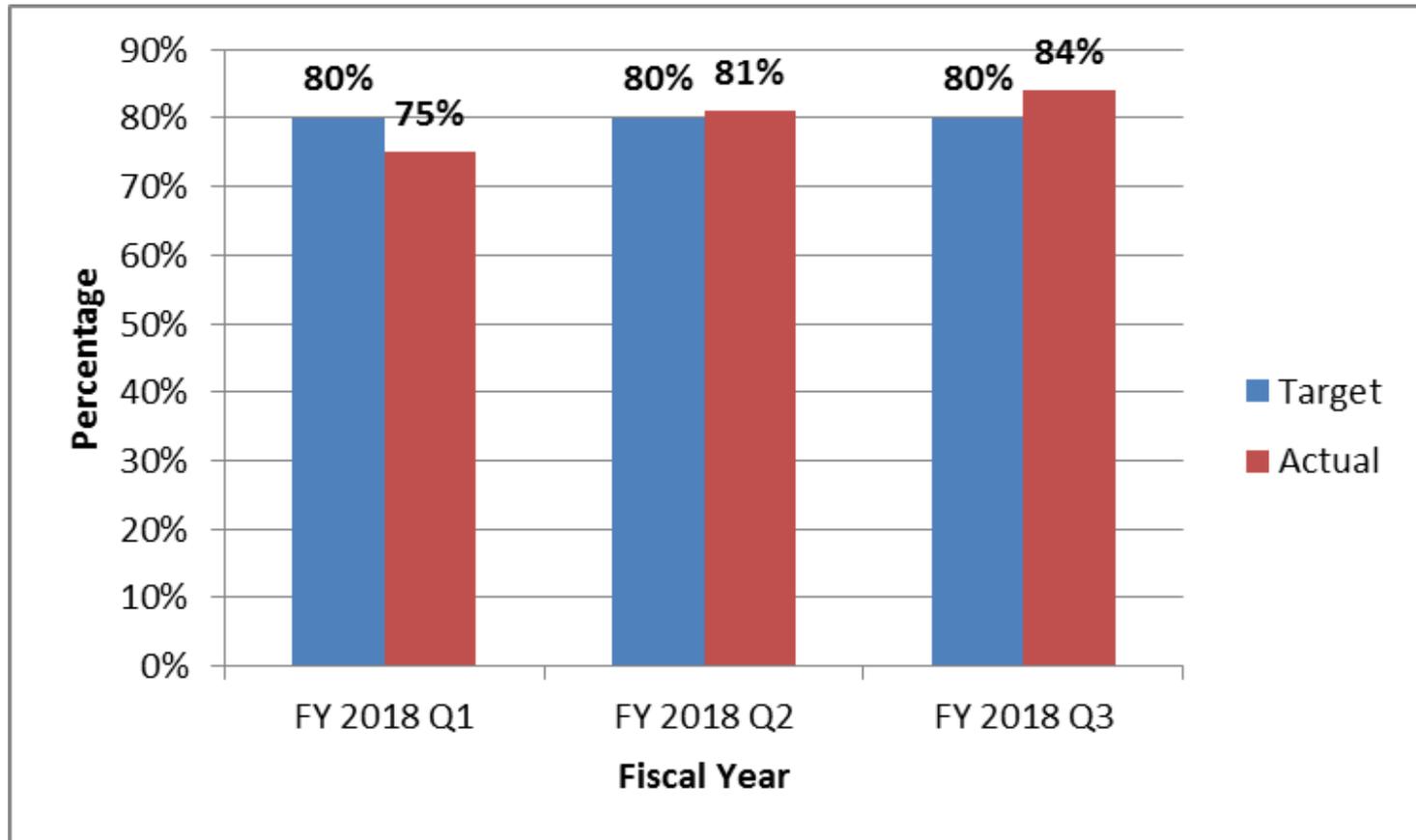
Summary of Progress (for milestones)

- The [2018 Acting on the Call Report: A Focus on the Journey to Self-Reliance for Preventing Child and Maternal Deaths](#) focuses on 25 priority countries' journeys to self-reliance for preventing child and maternal deaths. Self-reliance is a country's ability to finance and implement solutions to its own development challenges. Understanding where countries are in this effort helps USAID to partner with countries and support their efforts.
- In the report, USAID recounts progress since the 2012 Call to Action and identifies gaps in order to inform future programming and areas that need strengthening during the journey to self-reliance. For the first time ever, the Agency has calculated the return on investment to eliminate bottlenecks to improve health services. As in past years, this analysis builds on previous efforts and continues to refine how USAID works with partner governments to meet their health goals. This report is also part of a larger USAID effort to make sure child health is one of the measures of capacity to measure progress in the overall journey to self-reliance.
- USAID's work to eliminate health system bottlenecks can yield an average return on investment of 6 to 1, and will make around \$26.9 billion available to the health sector, in public and private funds.

Key Indicators

Quarterly Indicator:

Percent of shipments of contraceptive commodities that are on time

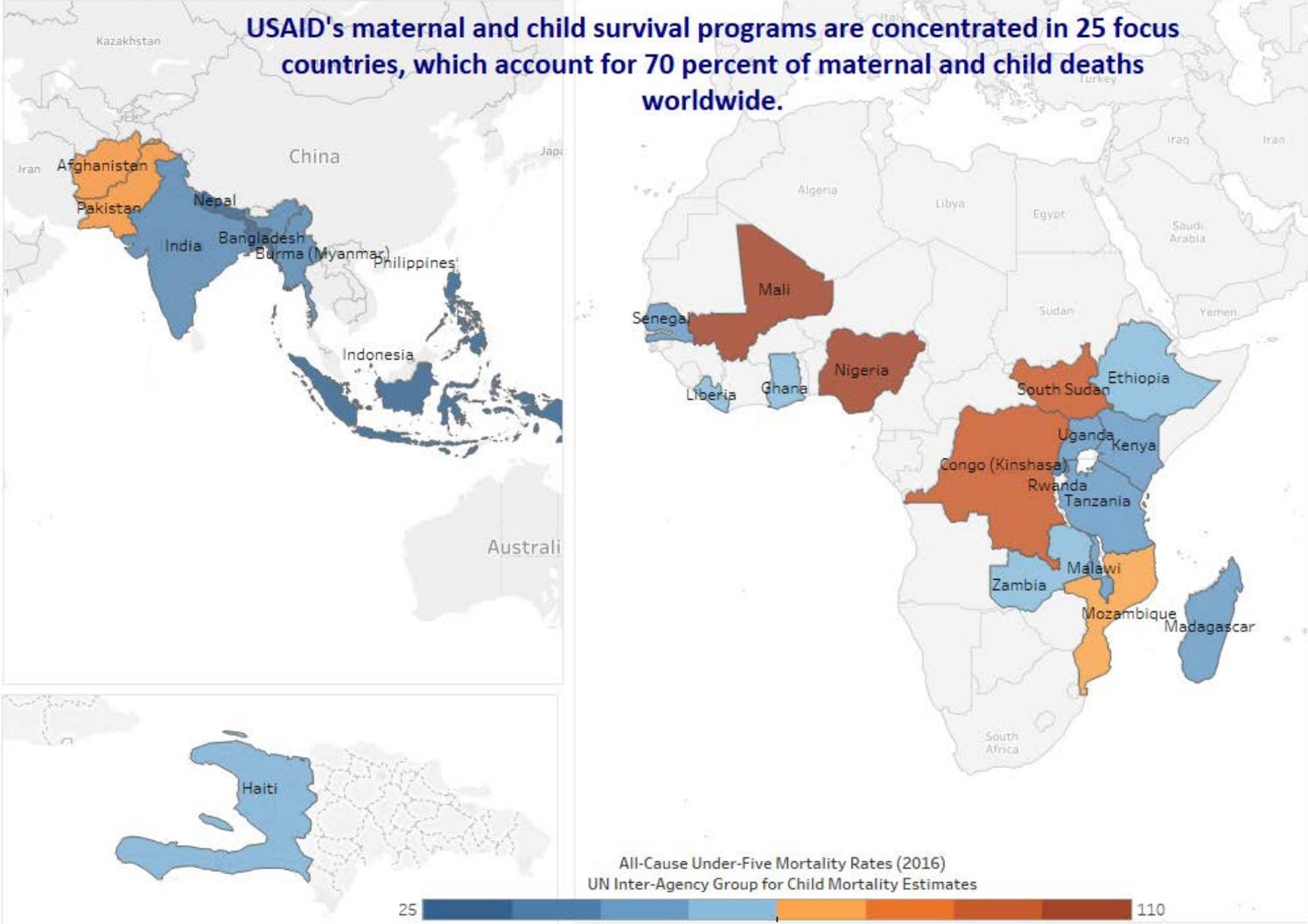


Key Indicators

Annual Indicators (data will be available with quarter four):

1. Absolute change in under-five mortality rate;
1. Absolute change in modern contraceptive prevalence rate;
1. Annual total number of people protected against malaria with insecticide treated nets;
1. Absolute change in total percentage of births delivered in a health facility; and
1. Absolute change in total percentage of children who received at least three doses of pneumococcal vaccine by 12 months of age.

Key Indicators



Key Milestones

Support the global effort to prevent child and maternal deaths: Through efforts in maternal and child health, malaria, family planning, and nutrition, USAID health programs work to strengthen child and maternal health—a cornerstone of public health—to reduce deaths, preempt pandemics and the spread of diseases, and foster prosperity and stability. The programs concentrate on countries with the highest need, demonstrable political commitment, and the potential to leverage internal resources from the public and private sectors.

Key Milestone	Milestone Due Date	Milestone Status	Comments
Approval of 24 Annual Malaria Operational Plans (MOPs) for the 24 priority Presidential Malaria Initiative (PMI) countries and one sub-region	Q1 2018	Complete	The Acting U.S. Global Malaria Coordinator formally approved the MOPs during the Interagency Advisory Group meeting on October 25, 2017. (President Trump named Dr. Kenneth Staley as the new Global Malaria Coordinator in April 2018).
Execute a data-driven review of country performance results across Fiscal Year (FY) 2017	Q2 2018	Complete	USAID completed an intensive review and analysis of annual performance data collected from over 63 operating units to assess progress in voluntary family planning, maternal and child health, nutrition, infectious-disease threats, malaria, and tuberculosis, as well as global health evaluations.
Release next <u>Acting on the Call</u> Report	Q3 2018	Complete	USAID released the report as scheduled on June 18, 2018.
Conduct thorough review of Health Implementation and Operational Plans for 25 U.S. Government maternal and child health priority countries	Q4 2018		
Approval of 24 Annual MOPs for the 24 priority PMI countries and one sub-region	Q1 2019		
Execute a data-driven review of country performance results across FY 2018	Q2 2019		
Release next <u>Acting on the Call</u> Report	Q3 2019		
Conduct thorough review of Health Implementation and Operational Plans for 25 U.S. Government maternal and child health priority countries	Q4 2019		

Data Accuracy and Reliability

USAID invests in technical assistance and data-collection at national, regional, and local levels to strengthen country health systems, improve outcomes, and save millions of lives. In 2016, USAID helped 82 million women and children gain access to essential health services. By focusing on building strong and resilient public and private health institutions, USAID, with the rest of the U.S. Government and its partners, leverages future gains toward building more sustainable progress.

USAID and its partners monitor and collect data regularly, to monitor performance and evaluate results against the goal of preventing child and maternal deaths. As healthy women and children are one of the best indicators of national stability, under-five mortality (U5MR) is both an indicator of child health and social and economic development. USAID monitors U5MR, as well as a suite of related indicators that reflect the return on USAID investments, and the overall strength of health systems.

U5MR is a key indicator for measuring child well-being, including health and nutritional status. Annually, the United Nations Inter-Agency Working Group on Mortality Estimates (IGME) collaborates with USAID, host countries, international partners, and subject-matter experts to review newly available data, conduct a data-quality assessment, and update estimates of child mortality. To estimate the U5MR trends for each country, a statistical model that uses the child mortality Demographic Health Survey (DHS) data is fitted to data points that meet quality standards established by the Inter-Agency Working Group, and then used to predict a trend line extrapolated to a common reference year.

Data are collected continuously at the end of each Fiscal Year, USAID aggregates data for individual countries and extrapolates trend lines by using a common reference year. Possible data limitations include lack or delays in reporting. Out year targets are projected using historical trends.

Additional Information

Contributing Programs

Organizations:

- USAID partners: Bureaus for Food Security; Economic Growth, Education, and Environment; Democracy, Conflict, and Humanitarian Assistance; Policy, Planning and Learning; Regional Bureaus; the Global Development Lab; and others as necessary and appropriate.
- Interagency partners: Departments of State, Treasury, Defense, Commerce, Agriculture, Health and Human Services, and Labor; Peace Corps; and the Millennium Challenge Corporation.
- Other important partners: faith-based organizations; host-country governments; the private sector; the Bill and Melinda Gates Foundation; industry partners; the Global Fund to Fight AIDS, Tuberculosis, and Malaria; GAVI, the vaccine fund; the United Nations Children's Fund; and the World Health Organization.