The U.S. Government and Global Maternal & Child Health Efforts

Key Facts

- Millions of pregnant women, new mothers, and children experience severe illness or death each year, largely from preventable or treatable causes. Almost all maternal and child deaths (99%) occur in low- and middle-income countries, with Africa being the hardest hit region.

- The U.S. government (U.S.) has a long history of supporting global maternal and child health (MCH) efforts and is the largest donor government to MCH activities in the world, in addition to being the single largest donor to nutrition efforts in the world.

- In recent years, the U.S. has placed a higher priority on MCH and adopted “ending preventable child and maternal deaths” as one of its three main global health goals.

- Total U.S. funding for MCH and nutrition was $1.4 billion in FY 2017, up from $728 million in FY 2006. It includes the U.S. contributions to Gavi, the Vaccine Alliance, and the U.N. Children’s Fund (UNICEF) as well as support for polio activities. The current Administration, however, has proposed reduced MCH funding for FY 2018.

Global Situation

The health of mothers and children is interrelated and affected by multiple factors. Millions of pregnant women, new mothers, and children experience severe illness or death each year, largely from preventable or treatable causes. Almost all maternal and child deaths (99%) occur in the developing world, with Africa being the hardest hit region. Attention to maternal and child health (MCH) has been growing, under-five and maternal mortality have fallen substantially since 1990, and improving MCH is seen as critical to fostering economic development.

**Maternal Health:** The health of mothers during pregnancy, childbirth, and in the postpartum period.

**Child Health:** The health of children from birth through adolescence, with a focus on the health of children under the age of five. Newborn health is the health of babies from birth through the first 28 days of life.

Still, as efforts focus on achieving new global MCH goals such as ending preventable deaths among newborns and children under five and reducing global maternal mortality, significant challenges remain. Although
effective interventions are available, lack of funding and limited access to services have hampered progress, particularly on maternal health.

**IMPACT**

Each year, an estimated 5.9 million children under age five – primarily infants – die from largely preventable or treatable causes. In addition, approximately 303,000 women die during pregnancy and childbirth each year, and millions more experience severe adverse consequences. These challenges are especially prevalent in developing countries, with significant disparities between developing and developed regions in maternal and under-five mortality (see Table 1). Furthermore, sub-Saharan Africa is the hardest hit region in the world, followed by Southern Asia; together they account for more than 80% of maternal and under-five deaths.

<table>
<thead>
<tr>
<th>Region</th>
<th>Maternal Mortality Rate (MMR) (deaths/100,000 live births)</th>
<th>Under-Five Mortality Rate (U5MR) (deaths/1,000 live births)</th>
<th>Skilled Attendant at Birth (%) 2014</th>
<th>Children Under Five Moderately or Severely Underweight (%) 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global</td>
<td>216</td>
<td>43</td>
<td>71</td>
<td>14</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>546</td>
<td>83</td>
<td>52</td>
<td>20</td>
</tr>
<tr>
<td>Southern Asia</td>
<td>176</td>
<td>51</td>
<td>52</td>
<td>28</td>
</tr>
<tr>
<td>Oceania</td>
<td>187</td>
<td>51</td>
<td>--</td>
<td>19</td>
</tr>
<tr>
<td>Caucasus and Central Asia</td>
<td>33</td>
<td>32</td>
<td>96</td>
<td>4</td>
</tr>
<tr>
<td>South-Eastern Asia</td>
<td>110</td>
<td>27</td>
<td>82</td>
<td>16</td>
</tr>
<tr>
<td>Western Asia</td>
<td>91</td>
<td>22</td>
<td>86</td>
<td>4</td>
</tr>
<tr>
<td>Northern Africa</td>
<td>70</td>
<td>24</td>
<td>90</td>
<td>4</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>67</td>
<td>18</td>
<td>92</td>
<td>2</td>
</tr>
<tr>
<td>Eastern Asia</td>
<td>27</td>
<td>11</td>
<td>100</td>
<td>2</td>
</tr>
<tr>
<td>Developed Regions</td>
<td>12</td>
<td>6</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Developing Regions</td>
<td>239</td>
<td>47</td>
<td>70</td>
<td>--</td>
</tr>
</tbody>
</table>

NOTES: -- indicates data not available.

**MATERNAL MORTALITY**

More than a quarter (27%) of all maternal deaths are due to severe bleeding, mostly after childbirth (postpartum hemorrhage). Sepsis (11%), unsafe abortion (8%), and hypertension (14%) are other major causes. Diseases that complicate pregnancy, including malaria, anemia, and HIV, account for about 28% of maternal deaths. Inadequate care during pregnancy and high fertility rates, often due to a lack of access to contraception and other family planning/reproductive health (FP/RH) services, increase the lifetime risk of maternal death.

**NEWBORN AND UNDER-FIVE MORTALITY**

Complications due to premature births account for more than a quarter (35%) of newborn deaths, followed by delivery-related complications (24%), sepsis (15%), congenital abnormalities (11%), pneumonia (6%), tetanus (1%), diarrhea (1%), and other causes of death (7%). Low birth weight is a major risk factor and indirect cause of newborn death.

Newborn deaths account for most child deaths (45%), followed by pneumonia (13%), diarrhea (9%), injuries (6%), malaria (5%), HIV/AIDS (1%), measles (1%), and other causes of death (20%). Undernutrition significantly increases children’s vulnerability to these conditions, as does the lack of access to clean water and sanitation.
**Interventions**

Key interventions that reduce the risk of maternal mortality include skilled care at birth and emergency obstetric care. Newborn deaths may be substantially reduced through increased use of simple, low-cost interventions, such as breastfeeding, keeping newborns warm and dry, and treating severe newborn infections. When scaled-up, interventions such as immunizations, oral rehydration therapy (ORT), and insecticide-treated mosquito nets (ITNs) have contributed to significant reductions in child morbidity and mortality over the last two decades. Other effective child health interventions include improved access to and use of clean water, sanitation, and hygiene practices like handwashing; improved nutrition; and the treatment of neglected tropical diseases (NTDs). Strengthening health systems and increasing access to services, including through community-based clinics, are also important, and interventions have been found to be more effective when integrated within a comprehensive continuum of care.

**Global Goals**

There are several key global goals for expanding access to and improving MCH services, including:

**SDGs 2 & 3: Save Mothers and Children’s Lives and End All Forms of Malnutrition**

Global MCH targets were adopted in 2015 as part of Sustainable Development Goals (SDGs) 2 and 3 and are to, by 2030:

- reduce the global MMR\(^{18}\) and end preventable deaths of newborns and under-five children\(^{19}\) (as targets under SDG 3, which is “ensure healthy lives and promote well-being for all at all ages”); and
- end all forms of malnutrition (as a target under SDG 2, which is “end hunger, achieve food security and improved nutrition, and promote sustainable agriculture”).\(^{20}\)

The SDGs are the successor to the Millennium Development Goals (MDGs), which also included MCH targets under MDGs 4 (reduce child mortality) and 5 (improve maternal health).\(^{21}\)

Among the global efforts designed to support countries’ progress toward meeting these goals is the Every Woman, Every Child (EWEC) movement and the Scaling Up Nutrition (SUN) movement, which were both launched in 2010. The U.N.-led EWEC movement aims to operationalize the 2015 *Global Strategy for Women’s, Children’s, and Adolescents’ Health* by combining the efforts of partners who commit to advancing MCH and related efforts with the goal of ending preventable maternal, newborn, child, and adolescent deaths and stillbirths by 2030, among other goals.\(^{22}\) The SUN movement is an initiative that aims to bring together partner efforts to support households and women, in particular, and which recognizes that nutrition, maternal health, and child survival are closely linked.\(^{23}\)

**Global Nutrition for Growth Compact**

The Global Nutrition for Growth Compact includes a goal of reducing stunting in children and nutrient deficiencies in women and children. Endorsed in 2013 by more than 40 developing country and donor governments, including the U.S., as well as other stakeholders, it commits them to, by 2020:\(^{24}\)
• ensuring that at least 500 million pregnant women and children under two are reached with effective nutrition interventions;
• reducing the number of children under five stunted by at least 20 million; and
• saving at least 1.7 million under-fives by preventing stunting and increasing breastfeeding and treatment of severe acute malnutrition.

U.S. Government Efforts
The U.S. has been involved in global MCH efforts for more than 50 years. The first U.S. international efforts in the area of MCH began in the 1960s and focused on child survival research, including pioneering research on ORT conducted by the U.S. military, the U.S. Agency for International Development (USAID), and the National Institutes of Health (NIH). Early programs included fortifying international food aid with vitamin A (deficiency of which can cause blindness, compromise immune system function, and retard growth among young children) and efforts to control malaria. The U.S. increased support for its child health efforts in FY 1985 when Congress provided $85 million for child survival activities, nearly doubling funding for this purpose. USAID then developed its first maternal health project in 1989 and introduced a newborn survival strategy in 2001. More recently, Congress has increased MCH funding, and the U.S. government has adopted a longer-term goal of ending preventable child and maternal deaths by 2035.

Organization
USAID serves as the lead U.S. implementing agency for MCH activities, and its efforts are complemented by those of the Centers for Disease Control and Prevention (CDC), NIH, and the Peace Corps. Collectively, U.S. activities reach nearly 40 countries.

USAID
USAID funds a range of MCH interventions (see Table 2), and its MCH efforts focus on 25 “priority countries” that are mostly in Africa and Southern Asia. With a strategic emphasis on reaching the most vulnerable populations and improving access to and the quality of care and services for mothers and children across U.S. global health efforts, the agency’s near-term goal is to save 15 million child lives and 600,000 women’s lives from 2012 through 2020 in priority countries, which account for 70% of the global maternal and child deaths. Additionally, in 2014, USAID released, for the first time, a multisectoral nutrition strategy that focuses on improving linkages among its humanitarian, global health, and development efforts to better address both the direct and underlying causes of malnutrition and to build resilience and food security in vulnerable communities.

Table 2: U.S. Government-Funded Maternal & Child Health (MCH) Interventions

<table>
<thead>
<tr>
<th>Newborns and Children</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essential newborn care</td>
<td>Skilled care at birth</td>
</tr>
<tr>
<td>Postnatal visits</td>
<td>Emergency obstetric care</td>
</tr>
<tr>
<td>Prevention and treatment of severe childhood diseases</td>
<td>Improved access to FP/RH and birth spacing</td>
</tr>
<tr>
<td>Immunizations, including those for polio, measles, and tetanus</td>
<td>Antenatal care, including aseptic techniques to prevent sepsis</td>
</tr>
<tr>
<td>Malaria prevention (including ITNs) and, for mothers, intermittent preventive treatment during pregnancy (IPTp)</td>
<td></td>
</tr>
<tr>
<td>HIV prevention/treatment/care, including prevention of mother-to-child transmission (PMTCT) of HIV</td>
<td></td>
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<tr>
<td>Improved nutrition/supplementation</td>
<td></td>
</tr>
<tr>
<td>Clean water, sanitation, and hygiene efforts</td>
<td></td>
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<tr>
<td>Health systems strengthening (health workforce, information systems, pharmaceutical management, infrastructure development)</td>
<td></td>
</tr>
<tr>
<td>Implementation science and operational research</td>
<td></td>
</tr>
</tbody>
</table>
**OTHER U.S. MCH EFFORTS**

**CDC** operates immunization programs, provides scientific and technical assistance, and works to build capacity in a broad array of MCH (and related RH) areas. It also serves as a World Health Organization Collaborating Center on reproductive, maternal, perinatal, and child health.\(^{31}\) **NIH** addresses MCH by carrying out basic science and implementation research, sometimes in cooperation with other countries.\(^{32}\) The **Peace Corps** carries out MCH-related volunteer projects around the world.\(^{33}\)

Additionally, U.S. global FP/RH efforts are also critical to improving MCH (the internationally agreed upon definition of reproductive health includes both FP and MCH), although Congress directs funding to and USAID operates these programs separately.\(^{34}\) See the KFF [fact sheet](#) on U.S. FP/RH efforts.

Other U.S. global health and related efforts addressing conditions that threaten the health of many pregnant women, new mothers, and children include the President’s Emergency Plan for AIDS Relief (PEPFAR), the President’s Malaria Initiative (PMI), USAID’s NTD Program, Feed the Future, and clean water efforts under the Water for the Poor and Water for the World Acts. See the KFF fact sheets on U.S. PEPFAR efforts, U.S. malaria efforts, and U.S. NTD efforts.

**MULTILATERAL EFFORTS**

The U.S. government partners with several international institutions and supports global MCH funding mechanisms. Among them are:

- **Gavi**, the Vaccine Alliance (a multilateral financing mechanism aiming to increase access to immunization in poor countries to which the U.S. is one of the largest donors; see the KFF [fact sheet](#) on the U.S. and Gavi);\(^{35}\)
- **the Global Financing Facility** (GFF, a partnership to improve the health of women, children, and adolescents through innovative financing in which the U.S. is an investor);\(^{36}\)
- **the Global Polio Eradication Initiative** (GPEI, a public-private partnership aiming to advance efforts to eradicate polio to which the U.S. is the second largest donor; see the KFF [fact sheet](#) on U.S. polio efforts);\(^{37}\)
- **the Partnership for Maternal, Newborn, and Child Health** (PMNCH, an alliance aiming to “provide a platform for organizations to align objectives, strategies and resources, and agree on interventions to improve maternal, newborn, child and adolescent health” in which the U.S. participates);\(^{38}\) and
- **the United Nations Children’s Fund** (UNICEF, a U.N. agency aiming to improve the lives of children, particularly the most disadvantaged children, to which the U.S. is the largest donor; UNICEF is one of the largest purchasers of vaccines worldwide).\(^{39}\)

**FUNDING**\(^{40}\)

Total U.S. funding for MCH and nutrition, which includes the U.S. contributions to Gavi and UNICEF as well as support for polio activities, has increased from $728 million in FY 2006 to $1.4 billion in FY 2017 (see Figure 1).\(^{41}\) However, the current Administration has proposed reduced MCH funding for FY 2018.

Most U.S. funding for MCH and nutrition is provided through the Global Health Programs account at USAID, with additional funding provided through the Economic Support Fund account. MCH funding is also provided
Key Issues for the U.S.

Recent international and U.S. activities have brought new attention to and funding for MCH efforts. As the global community endeavors to support and fund efforts to achieve SDGs 2 and 3’s MCH and nutrition targets, perhaps two of the main questions are about the extent to which the new U.S. presidential administration will support MCH efforts, in light of its proposal to reduce MCH funding, and the strength of bipartisan support for MCH in Congress. Other key issues and challenges for U.S. efforts include:

- continuing to expand access to and ensure the quality of MCH services, while building local capacity, in the current restrained funding environment;
- reaching the most vulnerable;
- supporting advances in research and uptake of new technologies and vaccines;
- further integration of MCH efforts with other U.S. global health programs (such as family planning and reproductive health as well as global HIV under PEPFAR) and broader U.S. development efforts (including education and food security); and
- coordinating these efforts with the activities of other donors and partner countries in order to maximize the impact of available resources.

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8. Country classifications are based on MDG regional designations.
9. Percent of births attended by a skilled birth attendant, which is defined as an accredited health professional - such as a midwife, doctor, or nurse - who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth, and the immediate postnatal period, and in the identification, management, and referral of complications in women and newborns.
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18. To less than 70 per 100,000 live births.

19. For neonatal mortality, to at least as low as 12 per 1,000 live births, and for under-five mortality, to at least as low as 25 per 1,000 live births.


21. The world missed these targets in 2015, but substantial progress was made, with under-five mortality having fallen by 53% and maternal mortality by 45% compared to 1990 levels. UN, *The Millennium Development Goals [MDGs] Report 2015*, 2015

22. The updated strategy succeeds the original *Global Strategy for Women's and Children's Health*, which was issued in 2010 and set the goal of saving the lives of 16 million women and children by 2015.


24. The Global Nutrition for Growth Compact, June 2013, http://www.who.int/pmnch/media/events/2013/nutritionforgrowth/en/. Progress toward the compact's goals is tracked by, among others, the Nutrition for Growth partnership, which is led by the governments of the United Kingdom, Brazil, and Japan governments, and involves philanthropic foundations and civil society organizations; see Nutrition for Growth website, http://nutritionforgrowth.org/nutrition-growth/.


26. KFF analysis of data from the U.S. Foreign Assistance Dashboard website, ForeignAssistance.gov. Additional countries may be reached through USAID regional programs and other efforts.


31. CDC, Global Reproductive Health website, www.cdc.gov/reproductivehealth/Global/index.htm. According to WHO, “WHO collaborating centres are institutions such as research institutes, parts of universities or academies, which are designated by the Director-General to carry out activities in support of the Organization’s programmes.” See WHO, “WHO Collaborating Centres,” webpage, http://www.who.int/collaboratingcentres/en/, for more information.


36. The GFF was launched in 2015 as “a multi-stakeholder partnership that supports country-led efforts to improve the health of women, children, and adolescents,” and the U.S. is as a member of the Investors Group that oversees the partnership’s overall activities; see https://www.globalfinancingfacility.org/introduction.


Prior to FY 2009, nutrition funding was included as part of maternal and child health.

Represents specified funding for international MCH and nutrition programs in the President’s budget request, ForeignAssistance.gov, and Congressional appropriations bills. Additional support for international MCH and nutrition programs is provided through research activities at NIH.