

Overview: A Strategic Approach for USAID Maternal and Child Health (MCH) Programming

Background

For more than two decades, the U.S. Congress has represented the American people's support for the U.S. Agency for International Development's (USAID) Child Survival and Maternal Health programs. USAID, in turn, has worked to turn this support into real progress in saving the lives and improving the health of mothers and children in many of the world's poorest countries. The Agency has contributed to global progress in maternal and child health by:

- Supporting the development and introduction of cost-effective, evidence-based interventions that can save lives in developing countries, from oral rehydration therapy and vitamin A supplementation in the 1980s and 1990s to management of postpartum hemorrhage and essential newborn care;
- Providing leadership to keep the attention of developing country governments and global leaders on the need to address the basic health and nutrition needs of the most vulnerable women, children, and families; and
- Supporting country-level programs that deliver high-impact interventions, measure results, and contribute to building countries' health systems and human capacity.

With this sustained U.S. leadership, efforts to improve the survival and health of mothers and children have delivered unprecedented public health success at global scale. When USAID and UNICEF, with Congressional support, launched the global "Child Survival Revolution" in the early 1980s, the number of children dying each year was estimated at 15 million. If no action had been taken, with increased numbers of children in the world, that number would now be more than 17 million. Instead, in 2007, UNICEF announced that – for the first time since systematic measurement began – the estimated number of under-5 child deaths was below 10 million. This means that more than 7 million children's lives are being saved each year.

As illustrated in figure 1, a number of USAID-assisted countries – including some of the world's poorest and most challenging, such as Afghanistan, Cambodia, Ethiopia, Haiti, Madagascar, Nepal, and Tanzania – have shown that the survival of children can be improved by

FIGURE 1

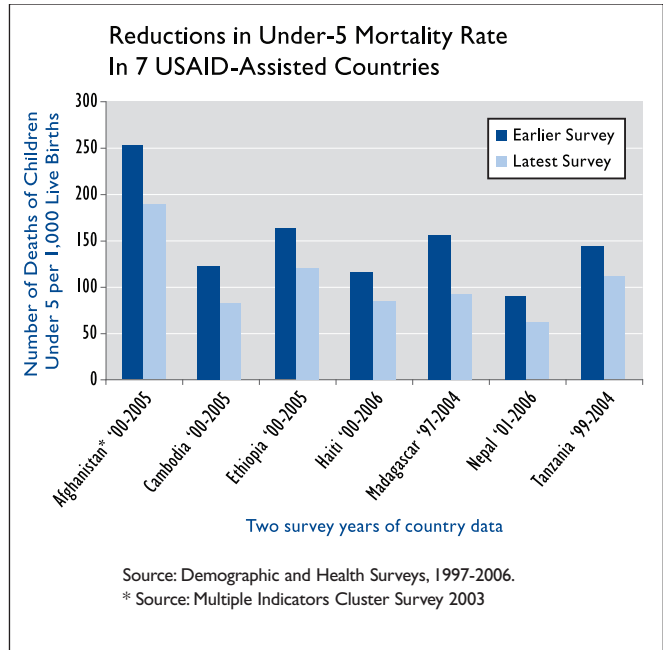
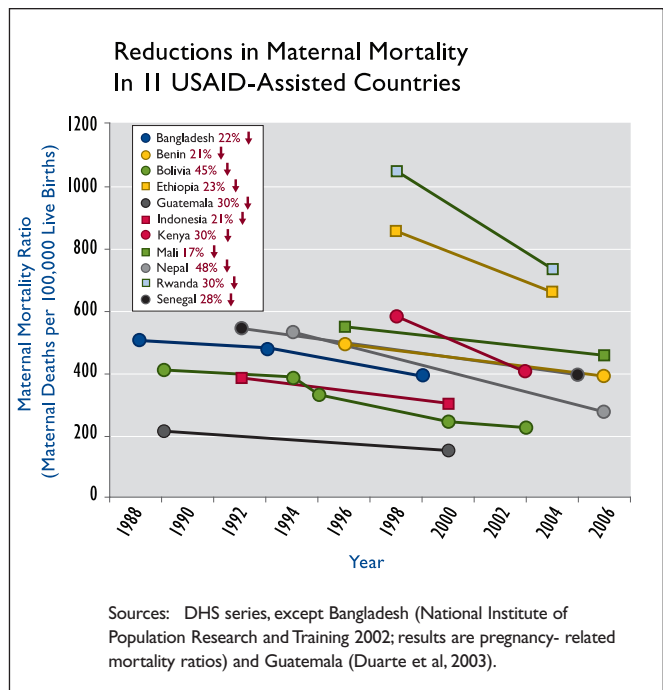


FIGURE 2



20 to 30 percent or more in just 5 to 7 years. Likewise, countries with USAID support have made significant reductions in maternal mortality, as well. As shown in figure 2, over the course of a decade, declines of 17 to 48 percent have been documented in 11 countries.

These successes show what can be done with host government commitment, sustained support, and effective programs that deliver vital maternal and child health services. They are the foundation for USAID's continued and expanded MCH efforts.

The unmet need for those efforts is clearly apparent in the 9.7 million remaining child deaths and half a million maternal deaths – most of them preventable – that still occur every year, almost all of them in the developing world. These deaths, and the lives deprived of productivity and prosperity by disease and hunger, represent a significant “unfinished agenda” in the decades-long effort to protect and improve the survival, health, and nutrition of mothers and children in developing countries. Global attention to this agenda has sharpened in recent years, with heightened interest in accelerating progress toward the 2015 Millennium Development Goals (MDGs). Achieving these goals will require the most effective and strategic use of resources by the global health community of multilateral and bilateral donors, host-country governments, civil society organizations, and private sector partners.

Recognizing this need to continue and accelerate progress, the 2008 foreign assistance appropriation, enacted in December 2007, provided USAID with a 25 percent increase in funding for its maternal and child health programs. With that appropriation came a mandate to report on “how its child survival programs are working toward the goal of reducing child mortality by two-thirds” and “to provide specific information about how the funding supports country efforts to reduce child mortality as well as how USAID funding complements the work of other private and public donors.” The legislation requires USAID to submit a report at the completion of the first 6 months following enactment.

This report responds to these requirements and identifies USAID's initial steps to achieve greatest impact with this increased support for maternal and child health. As described in the report, these steps have included the strategic allocation to countries of FY08 MCH funding and identification of a set of “MCH priority countries,” defined in terms of need (maternal and child mortality) as well as the presence of USAID Missions in countries and the capacity of those Missions and the countries

themselves to implement expanded MCH programming. During the first 6 months of 2008, technical staff from GH and Regional Bureaus provided assistance to Missions in many of the priority countries to help them achieve the greatest possible program effectiveness and in-country leverage from their MCH funding; this process will continue throughout the year. This report also provides details on the MCH programs and funding levels of these priority countries.

The challenge

Despite significant progress over the past two decades, nearly 20 children under 5 still die every minute – almost 10 million each year – from causes that could be prevented from proven MCH interventions. Four million of these are newborn infants who die within their first month of life. In addition, 500,000 women die each year from complications of pregnancy and childbirth that likewise could be prevented.

USAID's goals

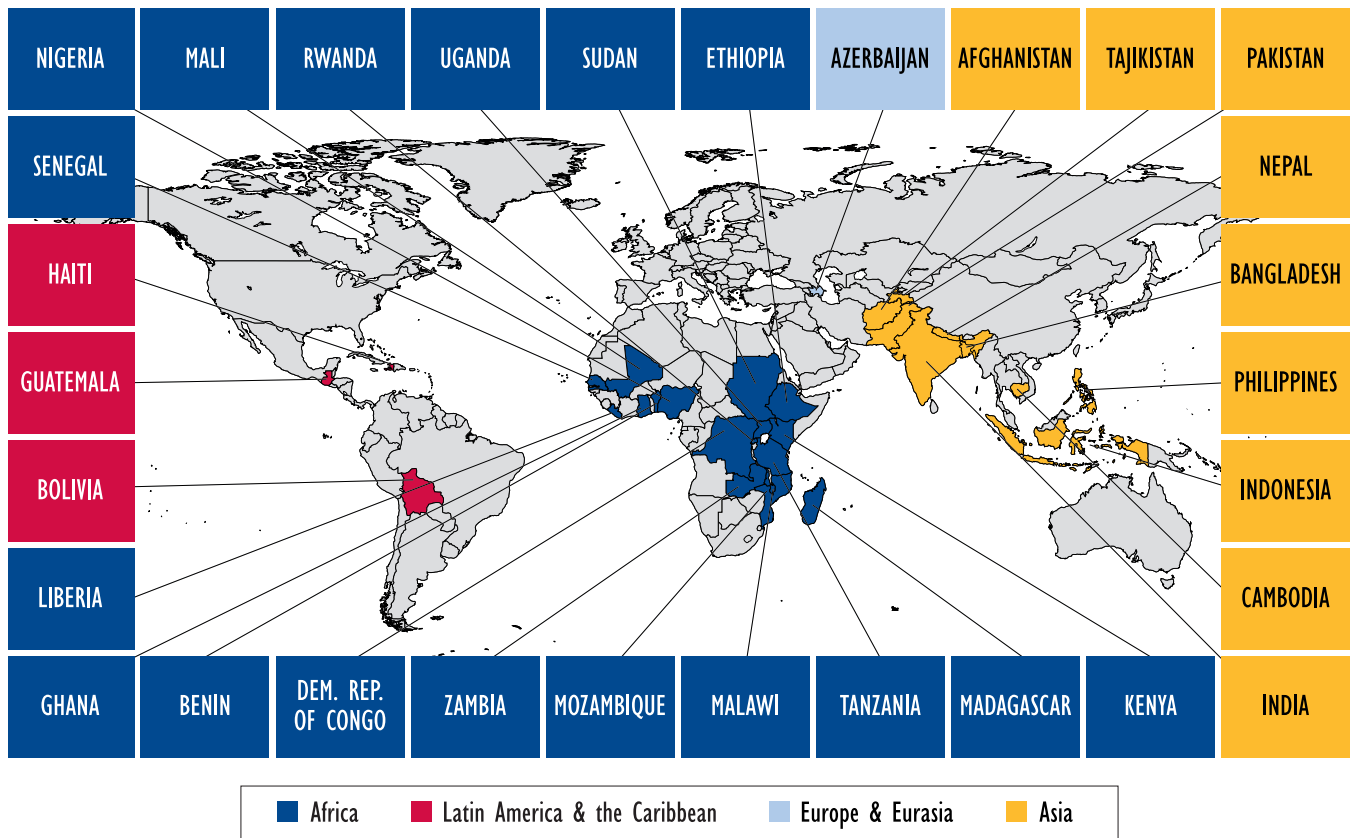
By 2013, USAID will support achievement of:

- Average reductions of both under-5 mortality rate (U5MR) and maternal mortality ratio (MMR) by 25 percent in 30 high mortality-burden countries
- Average reductions of child malnutrition by 15 percent in at least 10 of these countries
- Addressing the human resources crisis by increasing by at least 100,000 the number of functional (trained, equipped, and supervised) community health workers and volunteers serving at primary care and community levels

The keys to achieving these goals are:

- Delivering high-impact interventions that prevent or treat the major causes of maternal and child mortality and malnutrition, such as antenatal care and skilled birth attendance; postnatal and newborn care; breastfeeding, appropriate child feeding, and management of acute severe malnutrition; immunization; vitamin A and zinc supplementation; and prevention and treatment of diarrhea and pneumonia
- Strengthening essential elements of health systems, including human resources, pharmaceutical management and logistics, financing, quality assurance, governance, and information systems

MCH PRIORITY COUNTRIES AS OF MARCH 2008



Achieving the goals: Targeting countries

USAID will focus the majority of its maternal and child health resources from the Global Health and Child Survival account in 30 priority countries that account for at least 50 percent of infant, child, and maternal deaths worldwide. These countries are characterized by both high magnitude (i.e., numbers) and severity (rates) of maternal and child deaths. They also meet other criteria:

- Their governments have demonstrated a commitment to working with partners and civil society to achieve accelerated reductions in maternal and under-5 mortality.
- The country and the USAID Mission have the capacity to manage and program the required maternal and child health resources.
- There are opportunities to interact with other U.S. Government (USG) resources, such as Title II food aid, the President's Malaria Initiative, the U.S. President's Emergency Plan for AIDS Relief, family planning and reproductive health activities, and the Office of U.S. Foreign Disaster Assistance programs.

- There are also opportunities for effective leveraging of USAID resources against those of the host country as well as other international partners such as multilateral agencies and other bilateral donors; and global funding mechanisms, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the GAVI Alliance.

Achieving the goals: Strategic programming

USAID will aim to achieve and sustain the greatest possible reduction of maternal and child mortality and malnutrition through programs that:

- Focus on maternal, newborn, and child mortality reduction as a clear goal;
- Identify and scale up high-impact interventions most relevant to the country, using country-specific epidemiology as the basis for identifying priorities and interventions;
- Specifically aim for impact at scale, while linking increased coverage of key interventions to measured change in inputs and outputs;

- Strengthen health systems and human capacity to support and sustain improved maternal and child health outcomes;
- Support the most effective approaches to deliver key interventions to families and communities that need them by identifying the best mix of system strengthening, demand creation, and community and public-private approaches;
- Introduce approaches that link water and sanitation investments to improved women's and children's health; and
- Complement other USG, donor, and host country resources.

In addition, in priority countries that are recovering from conflict, USAID will implement tailored programs that extend basic services as quickly as possible while rebuilding the foundations of health systems.

The focus is on approaches that are evidence-based, replicable, and scalable, and that contribute to building

systems and capacities to support countries in moving to the next stage of transformational development.

Achieving the goals: Partnerships

Effective partnerships will be critical for achieving the MCH goals. USAID's principal partners are the governments of host countries, guided by those countries' national strategies and plans.

USAID will pursue innovative working relationships with private-sector partners at the global, regional, and country levels to enhance health services in priority countries, recognizing that USAID Administrator Fore has set a target of tripling the number of such partnerships during 2008.

USAID will also strategically position its MCH program support to complement the resources of international partners (such as GAVI Health Systems Strengthening funding), other donors, multilateral organizations, and nongovernmental organizations (NGOs) operating in priority countries.