

Maternal and Child Health Strategic Approach – Asia

Objectives

By 2013, USAID will work with national governments and national and international partners in Asia to implement sustainable approaches in MCH priority countries that will help improve equitable health services with an aim to:

- Decrease U5MR by 25 percent
- Decrease MMR by 25 percent
- Decrease malnutrition by 15 percent
- Increase skilled attendance at birth by 15 percent in the two lowest quintiles

MCH Priority Countries	
AFGHANISTAN	NEPAL
BANGLADESH	PAKISTAN
CAMBODIA	PHILIPPINES
INDIA*	TAJKISTAN
INDONESIA	

Problem statement

The Asia region is characterized by high, but falling, fertility and mortality rates and widespread malnutrition. Improvements have not been fast enough and countries, by and large, are not on track to meet MDGs 4 and 5. As progress has been achieved, neonatal mortality has become a proportionately more significant portion of child mortality. Hemorrhage is the biggest killer of childbearing women. In most countries in the region, maternal and child health has not kept pace with economic growth. Countries supported by USAID with CSH funding in maternal and child health display wide variability with respect to health and nutrition status indicators among and within countries. By nature of its large population, India has the greatest number of preventable maternal and child deaths in the world, even though parts of the country now have developed-world standards of health care.

What has been accomplished to date

Asia is a region that has recorded significant improvement in U5MR. In Afghanistan, there has been a reduction of U5MR by 25 percent over the past 5 years. Indonesia, Bangladesh, Nepal, Philippines, and India have reduced U5MR by more than half between 1990 and 2005. Likewise, there have been some successes in maternal mortality reduction, including Bangladesh and Indonesia. While low compared to the rest of the world, skilled attendance at birth is rising. Increasingly, governments are developing and implementing policies to strengthen health systems. Momentum for change and increased investment are evident in the surge of interest from multi-lateral, bilateral, and foundation partners and the involvement of governments in global and national partnerships to accelerate progress toward the maternal and child survival MDGs.

Challenges

The major challenges for USAID's MCH programs in the region include:

- Large population and population momentum
- Poverty
- Urbanization
- Rich-poor disparities
- In South Asia, the lowest per capita MCH spending in the world
- High use of unregulated private sector services
- Gender inequity resulting in excess female child deaths
- Conflict and frequent natural disasters

*Given India's size, the following states will be MCH priority areas rather than the whole country: Uttar Pradesh, Uttaranchal, and Jharkhand.

Overall, in Asia, 65 percent of health services are provided by the private sector. There is a relatively low proportion of public health expenditures with respect to overall government expenditures compared with other parts of the developing world. The health systems infrastructure is variable. Human resources are inadequate and often poorly distributed. Drugs and commodities are insufficient, although drug policy, including attention to antimicrobial resistance, is beginning to be addressed. Health information systems differ widely and in many places are inadequate for monitoring, evaluation, and quality improvement.

Strategies

USAID designs country programs according to the epidemiology, strength of health systems in place, commitment of government and all partners, and resources available. In the Asia region, Missions will include the following strategies:

- Leverage country and other resources through policies and technical assistance to promote expansion of high-impact interventions linked with health system strengthening for sustainability in public and private sectors
- Integrate maternal, newborn, and child health programs with family planning and, where possible, with infectious disease programs to reduce cost and improve services for mothers, newborns, and children
- Promote home-based essential newborn care and community-based management of newborn infections to reach the vast majority of newborns who do not have access to care
- Promote community-based care in prevention and treatment of illness and malnutrition to reach the most vulnerable
- Work with partners to scale up evidence-based best practices in MCH
- Emphasize programming approaches that address gender, religious and cultural beliefs, and practices that currently affect use of life-saving services
- Expand services in poor urban areas
- Identify approaches to improve use and delivery of services in both the public and private sector through research and documentation, and use results to inform programs in the country and region
- Advance financing approaches that align incentives with performance and health outcomes
- Promote increased MCH public expenditures on health through policy dialogue
- Enhance and utilize alliances and donor coordination to provide synergy and prevent overlap in use of scarce resources
- Especially in countries in conflict/post-conflict or affected by natural disaster, link with other USAID and USG investments and support flexible programming that delivers high-impact interventions while building local capacity