Maternal and Child Health (MCH)

WHAT YOU SHOULD KNOW

Every day, 16,000 children under the age of 5 die from mainly preventable or treatable causes; that’s 5.9 million children a year. Close to half of these under-5 deaths occur within the first month of life. One million children die on the day they are born, 2 million within the first week.

Additionally, almost 800 women die each day due to complications during pregnancy and childbirth. In the 19 countries where U.S. involvement has been greatest, maternal mortality declined by 43% 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 package in order to achieve optimal outcomes.

Significant progress has been made in improving maternal and child health, 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. Continued U.S. support and leadership, through bilateral partnerships and with multilateral stakeholders, are necessary to achieve this goal.

RECOMMENDATIONS FOR CONGRESS

Follow through on the U.S. commitment to end preventable child and maternal deaths (EPCMD) in a generation with financial and technical assistance, through support for the MCH account and in coordination with other priority global health accounts. Agencies must have the necessary support from Congress to ensure continued EPCMD prioritization and leadership, and effective programming with a focus on setting and reporting against established metrics of success. Additionally, as a leading donor for maternal and child health globally, the U.S. should encourage more financial and political support from multilateral and bilateral donors, endemic country governments, and the private sector.

Promote rapid scale-up of proven interventions; ensure sustained quality of proven interventions, including medical products; and invest in research and development of critical tools, such as vaccines and other essential health commodities, to improve the health of women and children around the world and address the causes of death and disability. Supporting programs that help address inequity and disparities within countries, as well as among them, will help achieve reductions in the mortality rates of women and children.

Increase support for bilateral and multilateral maternal and child health programs and 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; efforts to eradicate polio; U.S. Agency for International Development’s (USAID) global health programs (including nutrition; water, sanitation, and hygiene (WASH); and family planning); the Centers for Disease Control and Prevention (CDC) Global Health programs; and UN agencies, such as UNICEF. Congress should also advance policies that expand access to proven evidence-based interventions to end preventable child and maternal deaths and reject any attempts to restrict access to lifesaving services.
Investments in maternal and child health have proven to be a best-buy for the U.S. – for instance, cutting the global rate of child and maternal mortality in half since 1990, making it possible for the U.S. to commit to a goal of ending preventable child and maternal deaths within a generation.

Within the maternal and child health account, the U.S. invests its resources bilaterally through U.S. agencies and through multilateral efforts, including Gavi, while contributing technical leadership and support through other mechanisms, such as the World Health Organization (WHO) and the Sanitation and Water for All Partnership. These collective efforts have saved millions of lives while driving down costs and, at the same time, scaling up in areas such as reducing newborn deaths and improving immunization rates.

Within U.S. agencies, USAID serves as the lead implementing agency for maternal and child survival and has provided reportable benchmarks for achieving the U.S. commitment to saving the lives of 15 million children and nearly 600,000 women by 2020. The roadmap for success is outlined in the Acting on the Call report where USAID supports the scale up of high impact evidence-based approaches to drive down the leading killers of mothers and children. Its investments include ensuring access to high-quality antenatal, labor and delivery, and postpartum care; providing nutrition for women who are pregnant or recently gave birth, as well as for children; delivering lifesaving vaccines; saving newborns from severe infections; protecting young children from the risks of diarrhea, pneumonia, and malaria; supporting healthy timing and spacing of births through the provision of voluntary family planning to protect both women and children; and addressing co-morbidities, including HIV, malaria, and tuberculosis.

Alongside USAID’s programmatic efforts, the agency has also pioneered investments in innovation to improve health, 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 around health, development, and maternal and newborn survival, which have benefited communities and saved the lives of millions. USAID also trains frontline health workers to properly manage pregnancy, delivery, and complications for women and newborns and engages health professional associations to strengthen systems of care.

USAID’s efforts are complemented by the CDC – which provides scientific and technical assistance to strengthen health systems, including the health workforce, and is involved in immunization programs, such as the Measles & Rubella Initiative – and by the National Institutes of Health (NIH) – which supports basic and applied research for issues critical to maternal and child health, such as the causes of complicated pregnancies and deliveries. Additionally, U.S. funding for UNICEF also supports the procurement and delivery of critical child health commodities in developing countries.

U.S. commitments to Gavi are also critical in driving down vaccine-preventable deaths globally. Two of the leading killers of children are pneumonia and diarrhea, both of which have highly effective vaccines to prevent pneumococcal infections or severe bouts of rotavirus, which causes deadly diarrhea. U.S. contributions to Gavi’s 5 year strategy will help immunize 300 million children and save over 6 million lives.

As we have seen with recent outbreaks and pandemics, the need for increased investments in maternal and child health has never been greater. Continued U.S. support and leadership through bilateral partnerships and with multilateral stakeholders, EPCMD prioritization, and effective programming and reporting are necessary to continue progress.

Resources
Acting on the Call http://bit.ly/2eNQn7Y
WHO Child Health Fact Sheet http://bit.ly/2h5znXO

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Citations