



Aid Works

America Making A Difference

Maternal and Child Health

The U.S. Role

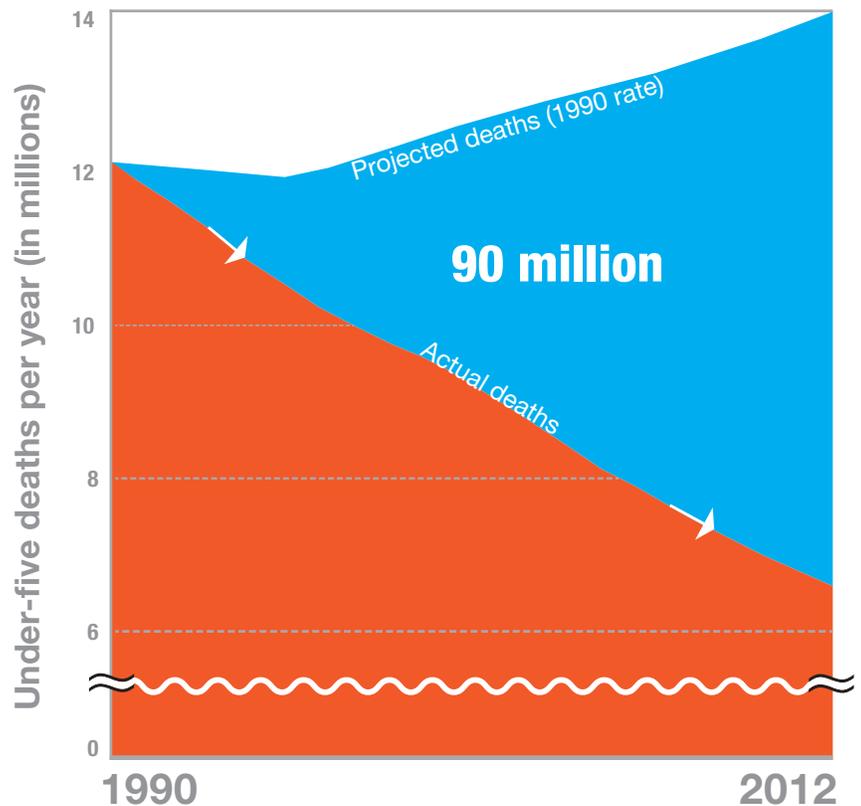
In 1985, USAID and UNICEF launched an initiative to combat preventable childhood diseases.¹ In the decades since, as a leading innovator and one of the largest donors to global maternal and child health (MCH) efforts², the U.S. – led by USAID – has played a vital role in the development and delivery of low-cost, high-impact interventions to improve the health of the most vulnerable children and mothers.

(continued on back)

Achievements

- » In USAID’s 24 MCH priority countries, between 1990 and 2011:
 - ◊ Annual **deaths of children under 5** were cut from 7.7 million to 4.8 million.³
 - ◊ Newborn mortality rates declined **33 percent**.⁴
 - ◊ Women’s death rates from childbirth or pregnancy sank 5 percent per year on average – faster than the global average.⁵
- » Globally, around **17,000 fewer children died every day** in 2012 than in 1990.⁶ (continued on back)

Since 1990,
90 million children have been saved
due to global efforts to reduce child mortality.⁷



A UNITED VOICE FOR GLOBAL CHANGE

1400 16th Street, NW, Suite 210
Washington, D.C. 20036 USA
202.667.8227 • www.InterAction.org

Why it Matters

- » In 2012, **6.6 million children** died before their fifth birthday – around 18,000 per day.⁸
- » Of the number above, nearly 3 million – almost **8,000 per day** – were babies who died in their first 28 days of life.⁹
- » In 2013, nearly 800 women died every day from **preventable causes** related to pregnancy and childbirth.¹⁰
- » Good health pays dividends throughout life. One academic study projects a **nine-fold payback** in social and economic benefits in less-developed countries from modest increases in health spending.¹¹

The U.S. Role (continued)

USAID has prioritized easy-to-use interventions with the highest impact on the leading causes of under-5 child death – pneumonia, diarrhea, malnutrition, prematurity, asphyxia, malaria and newborn sepsis – and has addressed mothers’ needs with programs that improve access to voluntary family planning and target complications related to pregnancy and birth. USAID also engages in partnerships with corporations and multilateral organizations in pursuit of shared MCH goals.¹²



Photo: Marcio Borges, USAID

Success Story: Timor-Leste: Walking Together on the Long Road to Health¹³

▲ Nurse Fernanda Soares examines 5-month-old Miguel da Costa. She correctly diagnosed his pneumonia and very likely saved his life.

At the Manatuto Health Center, 40-year-old Brizida da Costa sat on a hospital bed with her 5-month-old son, Miguel. “He had a fever and was coughing,” she explains, so she decided to bring him to the clinic. She said she thought it was serious since she had recently seen a poster urging parents to bring their children to the clinic if they were sick. The diagnosis was pneumonia, one of the biggest causes of child death in Timor-Leste.

Nurse Fernanda Soares stood close by the bed. “There is a real possibility the baby would have died if Brizida had not taken her son to the clinic,” she said. Soares was able to diagnose the condition correctly and give the appropriate treatment to Miguel.

A major factor in Soares’s successful diagnosis was training that she received to recognize and treat many of the most common, and most dangerous, childhood illnesses. The training is part of a new supportive supervision approach being implemented through the USAID-supported Integrated Management of Childhood Illness (IMCI) program.

Achievements (continued)

- » A **public-private alliance** composed of USAID, the American Academy of Pediatrics, corporations and NGOs – called Helping Babies Breathe – has trained and equipped over 100,000 birth attendants in less-developed countries in the resuscitation of newborns.¹⁴

Endnotes

- 1 “Two Decades of Progress: USAID’s Child Survival and Maternal Health Program,” USAID, 2009, p. 2. pdf.usaid.gov/pdf_docs/PDACC044.pdf.
- 2 “The U.S. Government and Global Maternal, Newborn, and Child Health,” The Henry J. Kaiser Family Foundation, 1/15/2013.
- 3 “Global Health Programs: Progress Report to Congress FY2012,” USAID, May 2013, p. 3.
- 4 “Global Health Programs: Progress Report to Congress FY2012,” USAID, May 2013, p. 2.
- 5 “Global Health Programs: Progress Report to Congress FY2012,” USAID, May 2013, p. 2.
- 6 “Levels & Trends in Child Mortality: Report 2013,” UNICEF and the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), p. 1.
- 7 “Committing to Child Survival: A Promise Renewed. Progress Report 2013,” UNICEF, September, 2013, p. 3. Graph data from “Trends in under-five mortality rates, 1960–2012,” UNICEF, www.childinfo.org/mortality_ufmrcountrydata.php.
- 8 “Levels and Trends in Child Mortality: Report 2013,” UNICEF and UN IGME, p. 1.
- 9 Ibid, p. 13.
- 10 “Maternal mortality,” WHO, 2014. www.who.int/mediacentre/factsheets/fs348/en/.
- 11 Stenberg, K. et al. “Advancing social and economic development by investing in women’s and children’s health: a new Global Investment Framework,” *The Lancet*, April, 2014, pp. 1333–1354.
- 12 One example is the Mobile Alliance for Maternal Action (MAMA) which uses mobile phones to improve maternal health in developing countries. MAMA includes USAID, Johnson and Johnson, the United Nations Foundation, mHealth Alliance, and BabyCenter.
- 13 Excerpts from “Timor-Leste: Walking Together on the Long Road to Health,” USAID Frontlines Magazine Online Edition, May/June 2012. www.usaid.gov/news-information/frontlines/child-survival-ethiopia-edition/timor-leste-walking-together-long-road.
- 14 “HBB Matrix (Updated April 2013)” and “About Helping Babies Breathe.” www.helpingbabiesbreathe.org.