

We need to renew the child survival revolution

In 1990, [nearly 1 in 10 children died before their fifth birthday](#), mostly in impoverished countries. In the face of this overlooked crisis, the United Nations Children’s Fund (UNICEF) launched a child survival revolution. Over the next thirty years, the world came together to significantly reduce maternal and child mortality.

We made incredible gains through targeted interventions, but progress has begun to stall. In 2020, 5 million children died under the age of five—that’s 13,800 children every single day. Most of these children died from causes that almost never end lives in richer nations.

Preventable causes like malnutrition, pneumonia, and diarrhea account for most of these needless deaths, and death tolls are continuing to rise in the wake of COVID-19, climate change, and global conflict. The compounding crises are especially dangerous for women and girls, nearly [300,000](#) of whom die every single year from lack of basic healthcare for pregnancy and birth.*

Where you give birth should not be the strongest indicator of whether you will survive to see your baby grow up. Where a child is born should not determine whether they will live to celebrate their fifth birthday.

We need a new child survival revolution.

“The world produces enough food to feed everyone on earth. Hunger and malnutrition are therefore not due to lack of food alone, but are also the consequences of poverty, inequality, and misplaced priorities.”

–Kul Gautam, RESULTS Board Chair and former Deputy Director of UNICEF

** We recognize and respect that pregnant, birthing, postpartum, and parenting people have a range of gender identities and do not always identify as “women” or “mothers.” In recognition of the diversity of identities, this brief gives preference to gender-neutral terms such as “people,” “pregnant people,” and “birthing persons.” In references to studies or reports, we use the typically gendered language of the authors.*

Understanding maternal and child nutrition

Nutrition is a fundamental building block of health that must be accessible to everyone.

The problem of global malnutrition goes far beyond lack of food. [According to the United Nations, we already produce enough food](#) to feed everyone in the world—and then some. But we need to make sure that people have physical and economic access to the right types of food and micronutrients at the right time.

We all need proper nutrition to thrive. But at certain times in life we have unique nutritional needs. People of childbearing age who can get pregnant and young children require specific micronutrients to stay healthy and to grow. According to the World Health Organization (WHO):

- [Adolescent girls are particularly vulnerable to anemia](#), a form of malnutrition caused by a lack of iron. Peak iron needs occur between the ages of 12-15 and girls often eat last and least in their households. Anemia also makes pregnancy more dangerous. [Complications during pregnancy and childbirth](#) are the leading cause of death for 15–19-year-old girls globally.
- Access to [prenatal vitamins](#) can ensure people who are pregnant have folic acid, iron, calcium, and other vitamins and minerals needed for a healthy pregnancy.
- Young children have high micronutrient needs because they are developing faster than at any other time in life.

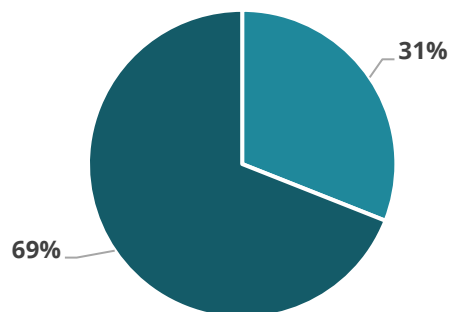
[New research published in the Lancet](#) has found that over half of preschool-aged children and two-thirds of non-pregnant women of reproductive age worldwide have micronutrient deficiencies. This means that millions of people are not able to access a nutritious diet at the times in their life where good nutrition matters the most.

More than half of preschool-aged children are deficient in at least one micronutrient



■ Not deficient ■ Deficient in at least one micronutrient

Over two thirds of women of reproductive age are deficient in at least one micronutrient



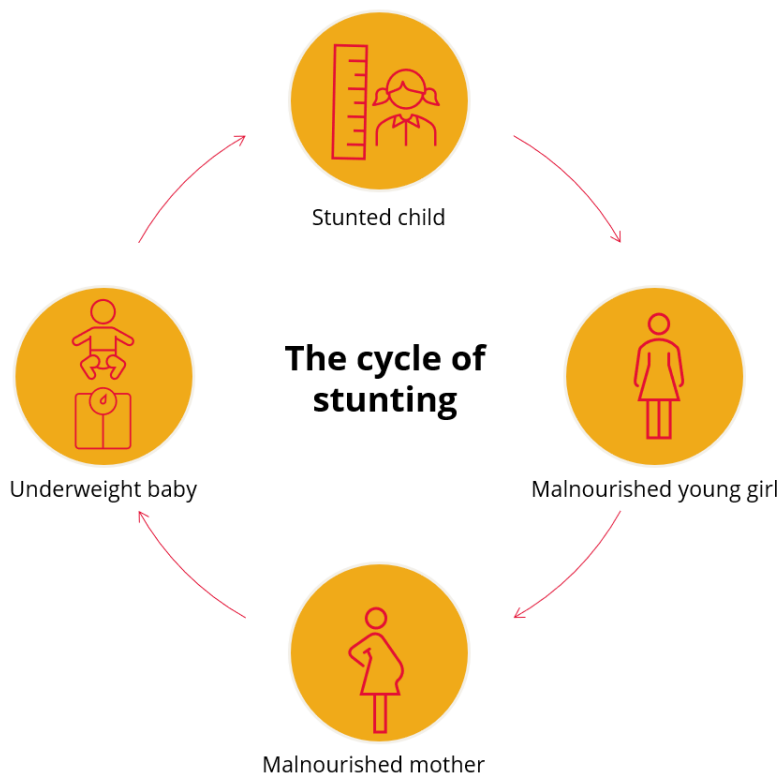
■ Not deficient ■ Deficient in at least one micronutrient

When children do not receive the proper micronutrients and calories needed to fuel their growing brains and bodies, it can lead to lifelong disability and death.

Stunting is when children don't grow well over time. It's often identified by height—when children are too short for their age—and is the result of chronic and prolonged malnutrition. Stunting and poverty go hand in hand. According to UNICEF, [22 percent](#) of all children globally are stunted.

Wasting is when a child is too thin for their height. Wasting is often a sign of acute malnutrition from recent and severe weight loss, usually from a combination of a low-quality diet and illness. Children who are wasted have a much higher risk of death than well-nourished children.

Malnourishment and stunting are part of a vicious cycle. When we interrupt it, the **positive effects ripple out for generations.**



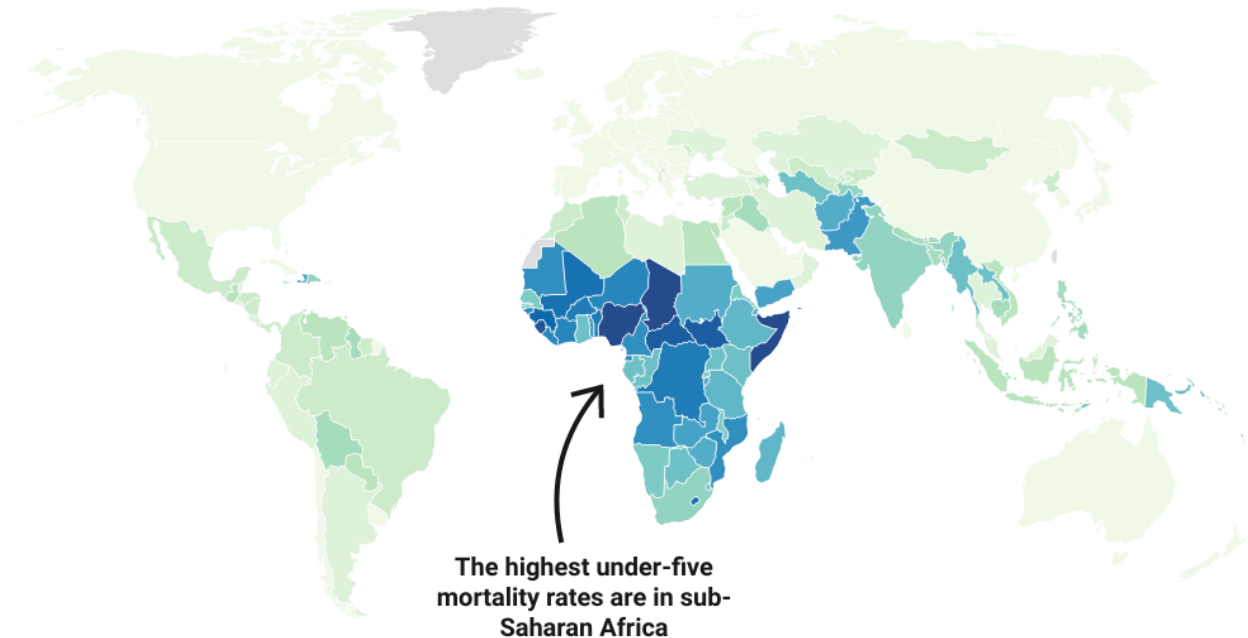
[When children are properly nourished](#) they go on to be healthier, attend school for longer, and be more economically successful as adults than their peers who were stunted. This helps break the cycle of poverty and malnutrition for their own children.

Oppression and inequity fuel malnutrition

All children deserve a strong start in life. Most children who are malnourished today live in

Asia and Africa, but malnutrition is not unique to those places. By examining the political and economic dimensions of malnutrition—in addition to the health and biological dimensions—the picture becomes clearer.

Today, impoverished countries and countries that were colonized continue to face the largest burden and worst effects of malnutrition.



Source: United Nations Interagency Group for Child Mortality Estimation (UNIGME), 2021.

In the 19th and 20th centuries, Western empires colonized almost every country in the world, causing widespread illness, poverty, and social and cultural collapse. The effects of these brutal regimes are still playing out today.

Under colonialism, communities suffered population loss due to famine, war, and disease. In addition, European colonizers imposed their laws, religion, and customs and undermined local and Indigenous knowledge.

Across Africa during the 20th century, pressures on food systems and an emphasis on cash crops, alongside the catastrophic HIV/AIDS epidemic, led to a shortened period of breastfeeding and an insufficient variety of nutritious foods for young children to eat when weaning from breastmilk. These and other factors compounded to make young children more prone to malnutrition.

Child deaths are concentrated in some of the world's most impoverished countries because of social and economic inequities like limited access to nutritious diets, safe water, and good quality health services that focus on holistic preventative care.

Maternal mortality rates are shockingly unequal. Nearly 95 percent of maternal deaths happen in low resource settings. The lifetime risk of maternal death in low-income countries is 1 in 45, compared to 1 in 5,400 for rich countries.

Vaccines are a gamechanger to save children's lives, especially in impoverished communities

Vaccines are responsible for reducing the spread of infectious diseases and saving millions of lives. Immunization can prevent diseases such as pneumonia, measles, and deadly diarrhea caused by rotavirus.



It costs \$18 per child to fully immunize children in low-income countries, reduced from \$24 in 2013.

Impoverished countries have fewer economic resources and less access to healthcare than wealthy countries. That means children in poor countries and hard to reach communities are more likely to suffer from preventable diseases when vaccination could have protected them. In order to improve the health and wellbeing of *all* children, we need to ensure equitable access to immunization and health care.

But we are moving farther away from the goal of equitable access to vaccines.

Because of health service interruptions during the COVID-19 pandemic, **global vaccination coverage has suffered the largest backslide in 30 years**. In 2021, 25 million infants missed lifesaving vaccines. This is happening against a backdrop of rapidly rising malnutrition which is creating a perfect storm for child health. Malnourished children already have weakened immunity, so missing vaccines or falling behind schedule means common childhood illnesses could become deadly.

Pneumonia: the leading killer of the world's children

One issue where incredible public health gains can be made is pneumonia. Pneumonia is an infection that causes the air sacs of the lungs to fill with pus and other liquids. It can be caused by bacteria, viruses, or fungi. Since 2000, under-five deaths due to pneumonia have declined by 55 percent thanks to vaccines and other interventions.

However, pneumonia remains the number one infectious disease killer of children globally. In 2019, an estimated 740,180 children under-five died of pneumonia. That is one child dying from pneumonia every 45 seconds. **Today, nearly 85 percent of child deaths from pneumonia occur in thirty countries, mostly in sub-Saharan Africa and Asia**. In those countries, children are sixty times more likely to get sick and die of pneumonia than children in wealthy countries. There is also significant inequality within countries—the most impoverished children are the most likely to die.

Increased access to vaccines is critical for driving down cases of pneumonia. Safe and affordable vaccines are the most cost-effective way to prevent pneumonia. Thanks to

innovative financial instruments rolled out by Gavi, the Vaccine alliance, the price of pneumonia vaccines has [decreased 43 percent](#) since 2009—from \$3.50 per dose to \$2.00 per dose.



[Between 2000-2019, pneumonia related child deaths declined by 14 percent](#) due to increased coverage of pneumonia-fighting vaccines.

Even with full vaccine coverage and other risk reducing behaviors, some children would still become sick with pneumonia and need access to healthcare—including appropriate diagnostic tests and treatment like antibiotics and supplemental oxygen.

Reaching children early in the disease prevents more severe illness and saves resources. [A multi-country review published in the Journal of Global Health](#) found that the total cost per episode to treat severe pneumonia in the community with a basic round of antibiotics was \$4. That's compared to \$55-\$243 for hospital care when the pneumonia goes untreated and becomes more complex. For more than a third of families in impoverished countries, these expenses are catastrophic, meaning they amount to more than 25 percent of household income.

No family should need to choose between buying food or buying lifesaving medicine for their children. And no child should die from preventable and treatable illnesses, like pneumonia, when there are highly effective, affordable ways to prevent and/or treat them.

We must protect and accelerate maternal health progress

Around the world, birth is often a joyful event. But for far too many families, it is a tragedy. Maternal mortality is unacceptably high. [According to UNICEF](#), nearly 300,000 women and girls die from complications of pregnancy and childbirth annually.

Blood loss, high blood pressure, and infections are among the leading killers of pregnant people annually. Most of these conditions can be prevented or treated with skilled medical care at the right time.

Pregnant people have better outcomes when they can access the basics: skilled healthcare workers, medical facilities with proper supplies, and a referral system to get emergency care if they need it. **By increasing access to high quality basic healthcare, we can prevent needless deaths. The ability to save hundreds of thousands of lives is within our reach.**

We can end deaths from malnutrition

After years of study, researchers have identified four nutrition interventions that are high-impact, cost-effective, and ready to scale up today to reach more people in need.

Sometimes called [the Power 4](#), these affordable interventions focus on the critical 1,000 days between pregnancy and a child's second birthday. Increasing U.S. investments in the Power 4 would significantly reduce global malnutrition.



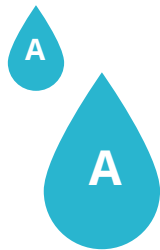
Supply all pregnant people with prenatal vitamins

A full dose of prenatal vitamins increases the chances that a baby will be born at a healthy weight and survive to their second birthday. Despite the proven benefits, a majority of pregnant people globally do not have access to these critical supplements.



Support families to reach their breastfeeding goals

Babies get the strongest start in life when they drink nothing but breastmilk until they are 6 months old. Breastmilk is the perfect food for newborns and the best way to protect them from malnutrition and disease. But only 41 percent of babies globally are exclusively fed breastmilk. Many parents and caregivers want to feed their babies breast milk but do not have access to the support and information they need to be successful.



Refocus on large-scale Vitamin A supplementation

Two high doses of Vitamin A per year is one of the most cost-effective ways to protect children from blindness, diarrhea, and other deadly illnesses. After years of progress, Vitamin A coverage across the world has started to drop at an alarming rate. And [according to UNICEF](#), children that have the greatest need for vitamin A supplementation—those who live in countries with the highest rates of child mortality—had the largest drop in coverage (nearly 50 percent) from 2019 to 2020.



Expand coverage of specialized foods to treat wasting

Millions of children every year require wasting treatment, and ordinary food alone is not enough to bring them back to health. Ready-to-Use Therapeutic Food (RUTF) is a simple medical food paste made of peanuts, powdered milk, and micronutrients that can bring wasted children back from the brink of death in weeks. But less than 25 percent of children with wasting have access to this lifesaving product.

Maternal health in Tanzania

Saved by the call: a phone referral system prevents needless deaths



In Tanzania, health workers are using a new phone call referral systems to fast-track decision-making and prevent maternal and child deaths.

This system, developed by USAID in partnership with the Government of Tanzania, saved the life of 36-year-old Doto Wilson last year. The mother of six survived a life-threatening childbirth complication when her midwife was able to

connect to a local hospital and arrange for emergency surgery as soon as Doto arrived.

This lifesaving service links community healthcare workers and facility care health providers through free calls. This strengthens the management of patient referrals and is giving an estimated 1.6 million people access to better care. [Read the full story by USAID.](#)

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Nutrition in Kyrgyz Republic

Equipping mothers with nutrition knowledge



Zhannat is a mother of five who is raising her children in the rural, tree-filled region of Southern Kyrgyzstan where she was raised. Zhannat believed giving her children solid foods at a young age would help them be more nourished and stronger—but as they grew up, the opposite seemed to be true.

Zhannat had just started feeding her youngest, 8-month-old Aitunuk, cookies dissolved in milk.

But then she attended a USAID-led nutrition training, where she learned proper breastfeeding posture, frequency of breastfeeding, what she should include in her own diet to support her baby's health, and more.

Zhannat decided to change course and exclusively breastfeed. As a result, baby Aitunuk fell sick much less often than her siblings. [Read the full story from USAID](#)

Photo by Maxime Fossat for USAID/Kyrgyz Republic. © 2023 USAID Publications.

Opportunities to take action in 2023

USAID: Making a difference in the global effort to end preventable maternal and child deaths

USAID's maternal and child survival programs envision a world where all women, newborns, and children survive and are able to reach their full potential. USAID leads the U.S. government's bilateral global maternal and child health efforts and is backed by strong bipartisan Congressional support. The record of success is clear. In 2021 alone, USAID helped more than ninety-one million women and children access essential lifesaving care.

To prevent maternal and child deaths, USAID works to scale up coverage of the health interventions that are proven to reduce mortality. USAID partners with host country governments, civil society, faith-based organizations, the private sector, and other key partners to save lives by reaching the most vulnerable women and children with high quality, respectful care.

USAID prioritizes maternal and newborn health, child health, immunization, and nutrition—among other sectors—in twenty-five priority countries. These priority countries account for more than two-thirds of maternal and child deaths worldwide.

What would additional resources buy?

We know that U.S. investment has contributed to saving millions of lives of pregnant people, mothers, and children. Maternal and child health and nutrition interventions are also among the most cost-effective global development programs and are pillars of USAID's global health programs. These investments are some of the most cost-effective and have the highest impact our foreign aid dollars can buy: [Every dollar](#) invested returns \$16 to the local economy.

	FY20 Enacted	FY21 Enacted	FY22 Enacted	FY23 House bill	FY23 Senate bill	FY23 Enacted	RESULTS FY24 Request
USAID Nutrition	\$150 million	\$150 million	\$155 million	\$160 million	\$160 million	\$160 million	\$300 million
USAID Maternal and child health	\$851 million	\$855 million	\$890 million	\$890 million	\$900 million	\$910 million	\$1.15 billion
Of which, Gavi, the Vaccine Alliance	\$290 million	\$290 million	\$290 million	\$290 million	\$290 million	\$290 million	\$340 million

Maternal and Child Health at USAID

Maternal and child deaths are preventable global crises that have terrible effects on individuals, families, communities, and the world. There are strong moral, public health, and economic arguments for why maternal and child health and nutrition must be a centerpiece of U.S. global health leadership. [With the right investments](#) in nutrition, 3.7 million lives could be saved by 2025.

For fiscal year 2024, RESULTS will join partners to call for \$1.1 billion for USAID’s Maternal and Child Health program, including \$340 million for Gavi, the Vaccine Alliance. This will enable USAID to recapture lost progress, reach more children and their families, and strengthen programs for the future.

Gavi, the Vaccine Alliance

Gavi works to save lives and protect health by increasing equitable and sustainable use of vaccines against deadly and debilitating diseases. As part of this mission, [Gavi has helped vaccinate](#) more than 981 million children in the most impoverished countries, preventing millions of future deaths.



[By 2030, immunization can prevent fifty-one million deaths](#)—but only if shots reach people in need. Currently, 1 in 5 children globally do not have access to essential immunizations.

Since 2010, Gavi has helped roll out two of the newest vaccines in 60+ countries to fight leading killers of kids: the pneumococcal vaccine, to prevent pneumonia, and the rotavirus vaccine, to prevent deadly diarrhea in children.

Equity is central to Gavi's mission. Communities that are marginalized and impoverished often make up a big part of the population that miss out on life-saving vaccines. To reach these communities, Gavi works with diverse partners from civil society who are vital to delivering vaccines and health services to those that need them most. In many countries, civil society organizations, in partnership with governments, [deliver up to 65 percent of immunization services](#), train health workers, and strengthen the health systems in their communities.

What would \$340 million for Gavi buy?

Since the early 2000s, the U.S. has supported Gavi's work through the annual appropriations process. Our current funding level of \$290 million per year is a part of a [\\$1 billion multi-year pledge that was made at the start of 2020](#). But fiscal year 2024 (FY2024) will be the first year outside of the pledge cycle and an important moment for re-setting the U.S. goals to end preventable child deaths and champion childhood immunizations after the backsliding seen during the pandemic. This year, Gavi is calling for an increase in funding of \$50 million—their first increase in over 4 years. RESULTS will join Gavi in asking the U.S. government to contribute at least \$340 million to support their goals of health equity and reaching more zero-dose children with life-saving immunizations.

Nutrition in Global Health at USAID

U.S. bilateral investments in fighting malnutrition are critical for driving down maternal and child deaths and ensuring children don't just survive but thrive. USAID's Nutrition program supports critical nutrition-specific interventions in [14 priority countries and 4 strategic support countries](#), often where the burden and severity of malnutrition are the greatest.

USAID aims to work with country partners to improve nutrition outcomes, enhance the cognitive and physical development of children, build resilience in communities, and advance development in these partner countries. **RESULTS will join partners to call for \$300 million in fiscal year 2024 for Nutrition in Global Health.** With these resources USAID can increase their impact in these countries and grow their reach to save more lives.

A moment to recommit and renew our promise

We can end preventable maternal and child deaths. The child survival revolution in the 1990s demonstrated that we can accomplish incredible things when we come together as a global community and unite for common goals.

Our allies are ready and eager to partner with us on the goal of ending preventable child and maternal deaths—but the US needs to step up. Our voices and our advocacy will help generate the political will to deliver on our promises to the world's children.