



Maternal and Child Health Policy Brief

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Introduction: RESULTS 2024 Child Health Campaign

Time for new U.S. pledges for vaccines and nutrition around the world

Parents, nurses, doctors, and community leaders have worked for decades to provide a healthier start to life for children, and child deaths have plummeted over the last 30 years. The U.S. government has played a key role in making this possible, through the financial backing for child health in the lowest income¹ countries around the world.

Over the next year, world leaders will be invited to make new commitments for two of the most powerful tools for child health: access to quality nutrition and lifesaving vaccines. The U.S. can and must show up to do its part. For each of these major global moments, we need two things from the United States:

- 1) a specific, bold, new financial pledge
- 2) a powerful public signal to the world, encouraging others to be bold

The timing of each of these pledging events isn't yet firm — but we know they will take place in a time of serious political uncertainty, right in the midst of a presidential election. This makes the *early*, *bipartisan*, and *public* support of Congress even more essential. Members of Congress have long come together in a bipartisan way to support nutrition and vaccines globally, and we need to make sure they're ready to do it again.

Over the course of the year, RESULTS volunteers can help make this possible by:

- Getting members of Congress to weigh in on the annual funding process

¹ Throughout this document, we use the term “low-income” or “lowest-income” country to align with language used in the global health space. However, RESULTS recognizes labelling countries with a specific income (e.g., low-income country) can be problematic and oversimplified.

- Building cosponsors and support for congressional resolutions and letters to the Biden administration
- Broad media published across red/blue, urban/rural divides, to show the Biden administration the depth of constituent support
- Engaging members of Congress and candidates directly on the campaign trail

The first big opportunity: Gavi, the Vaccine Alliance

Since it was founded in 2000, Gavi has helped to [immunize more than one billion children](#), supporting the lowest-income countries. Every year, Gavi provides vaccines to protect **half** the new children born on earth.

Yet millions of children still do not have any lifesaving vaccine at all. Gavi is focused on changing this. And because of COVID-19, we saw the biggest drop in routine immunization in a generation. Gavi is laying out a strategy right now to support countries to get back on track — and to roll out the newest lifesaving vaccines. But they need the funding to make it possible.

Later this year, world leaders will gather to reinvest in Gavi's next plan. We need the U.S. government to show up with a bold, multiyear pledge to Gavi — making sure the U.S. continues to do its part on vaccines.

Gavi will launch its investment case — its financial ask of world leaders — at an event in Paris this June, 2024. The U.S. government doesn't need to wait: they can show up to this Paris summit with a new, bold, multiyear pledge in hand — showing that access to vaccines is a bipartisan priority for the United States. The Biden administration needs to hear in advance that they have the backing of Congress and the country needs to be bold.

The next big opportunity: the “Nutrition for Growth” Summit

By early 2025, world leaders will come together once again to focus on child health. The “Nutrition for Growth” Summit every four years is a chance for governments all across the world to get on stage and make new commitments in tackling the devastating but preventable scourge of malnutrition.

With malnutrition helping cause nearly half of all child deaths, the U.S. needs to come forward with a bold set of policy and funding pledges to support the global community.

As the Nutrition for Growth Summit gets closer, we'll have a clear set of asks for the administration and members of Congress. Stay tuned for more details.

Ready to take action?

Check out our [latest tools for advocacy](#).

Want to learn more?

Read on to understand the issues in more depth.

We can end preventable child deaths

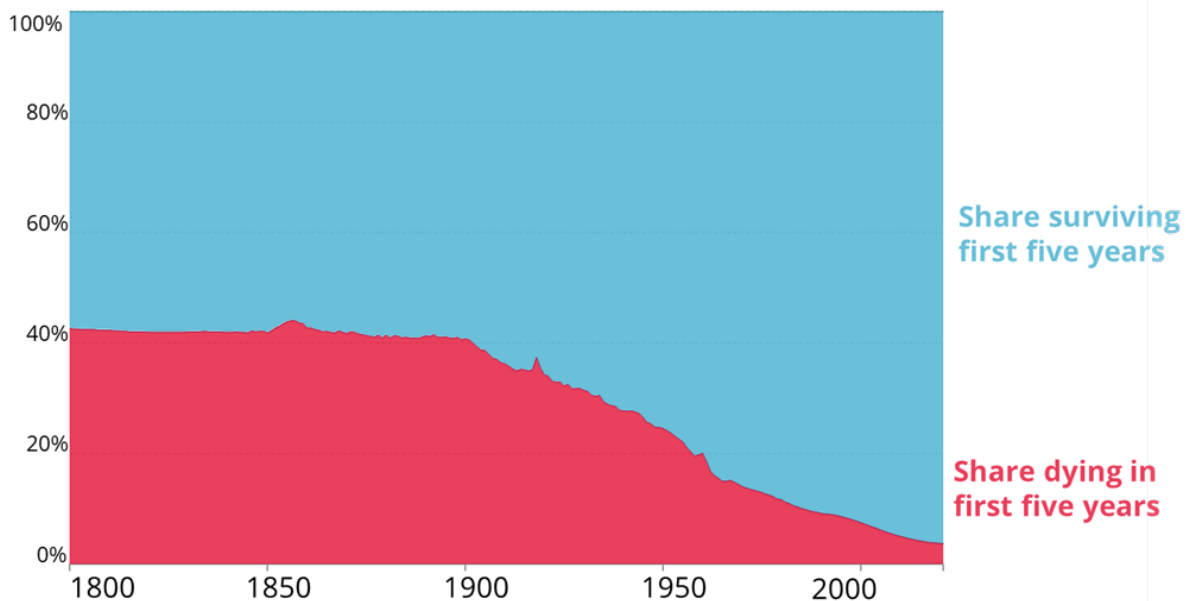
The vision of RESULTS is to be a leading catalyst of rapid progress toward a world where extreme poverty no longer exists and where nobody dies of causes in one part of the world that are easily preventable in other parts of the world.

For thousands of years, no matter where a child was born, about half of them died. Researchers estimate [child mortality rates have averaged around 40 to 50 percent](#) across different locations and time periods: from Ancient Rome in 200 CE, to Japan in 1300, to Sweden in 1750. Today, that rate is closer to 4 percent (see graph below). [Unfortunately, progress is not reaching all communities and families](#) at the same pace. If you take a closer look at the data, it is clear that inequality has become much more extreme. Last year there were nearly 5 million preventable deaths of children under age 5, and an additional 1.9 million stillbirths — many of which could have been prevented.

In the richest parts of the world, child deaths have become rare due to improved living conditions and sustained government investment in social safety nets and routine immunization programs. **We know what works to save lives and prevent disease and death. Now, we need to galvanize the political will to reach all children.**

Global child mortality

The estimated share of newborns who die or survive the first five years of life.



Data source: United Nations Inter-agency Group for Child Mortality Estimation (2023); Gapminder based on UN IGME & UN WPP (2020)
OurWorldInData.org/child-mortality | CC BY

Understanding maternal and child nutrition



Source: UNICEF/UN0668294/Dejongh

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

Malnutrition continues to be the underlying cause of nearly half of all childhood deaths. Diseases like malaria or pneumonia, or even simple diarrhea, become far more dangerous if a child's immune system is already stressed by malnutrition.

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. Calories alone aren't enough. We all need proper **nutrition** to thrive.

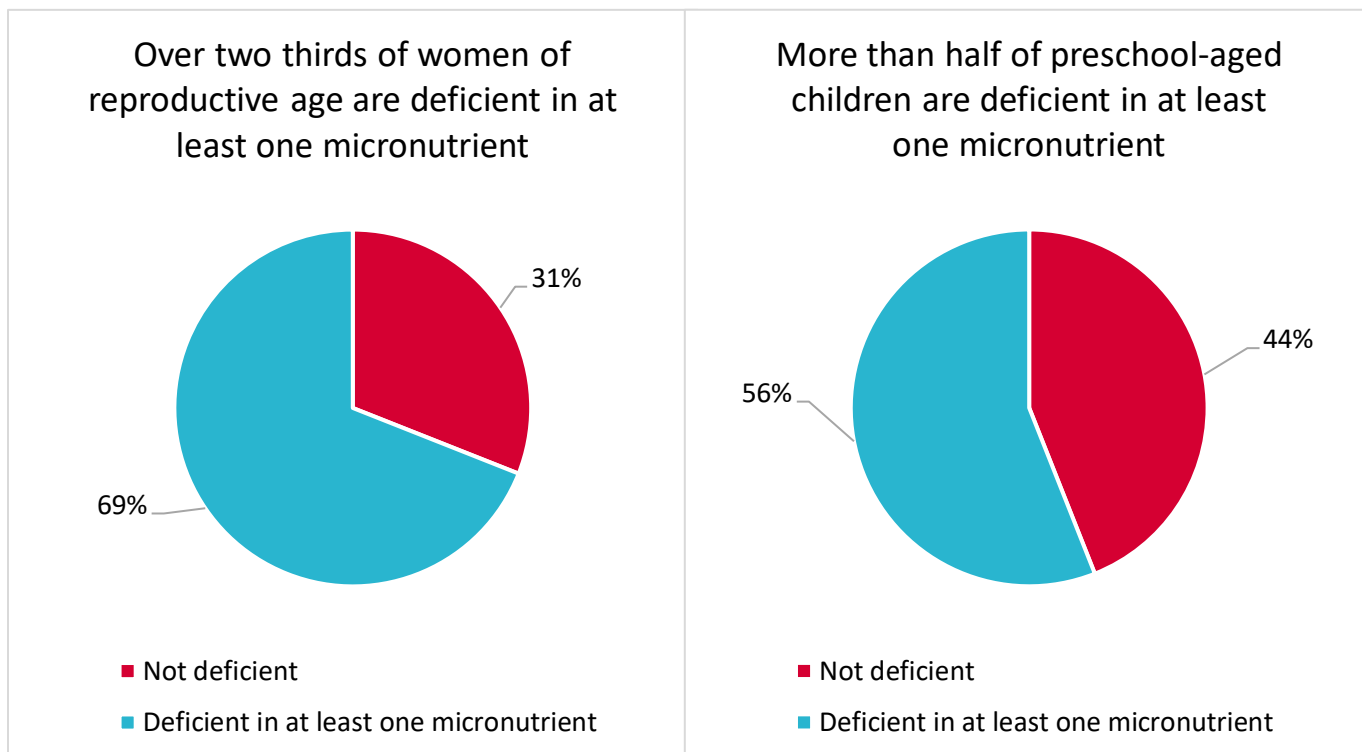
And at certain times in life we have even more unique nutritional needs. People of childbearing age who can get pregnant, babies, and young children require specific micronutrients to stay healthy and grow.

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 to 15 and girls often eat last and the least in their households. Anemia also makes pregnancy more dangerous. [Complications during pregnancy and childbirth](#) are the leading cause of death for 15- to 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 (see below graphs). 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.



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 are often linked. 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.

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 breast/chestfeeding 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 breastmilk but do not have access to the support and information to be successful.



Refocus on Vitamin A

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.



Reach more people with 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. It looks like simple peanut butter but can bring children with wasting back from the brink of death in weeks. Less than 25 percent of children with wasting have access to this lifesaving product.

Understanding access to childhood vaccines

Children are particularly vulnerable to infectious illnesses.

[Children are not “mini adults” for infections.](#) When we are babies and young children, our bodies have usually not been exposed to many diseases, and our ability to fight off infection — our immune system — is weak. Vaccines teach our bodies to have an immune response to common diseases. Your immune system keeps a memory of this, as a “blueprint” for how to respond, so you are less likely to get seriously sick in the future.

Vaccines are a gamechanger for child survival... but some communities are being left behind.

Viruses, parasites, and bacteria that attack humans have existed for as long as we have. There is evidence that *mycobacterium tuberculosis*, which causes tuberculosis (TB) has been with us for as long as 3 million years. There are written accounts from China in the mid-1500s of exposing healthy people to smallpox in order to create immunity.

But there was a period of incredibly rapid scientific and medical innovation in the past 200 years that transformed life for billions of people. From the 1930s to 1960s, an [unprecedented number of new and effective vaccines](#) became available, which significantly reduced child mortality around the world.

But now, 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 missed vaccines or falling behind schedule means common childhood illnesses could become deadly.

Gavi, the Vaccine Alliance

Gavi, the Vaccine Alliance is a global partnership that focuses on increasing access to vaccines in lower-income countries. **Since it was created in 2000, Gavi has supported countries to vaccinate more than 1 billion children.**

Gavi was created to address the issue of lifesaving vaccines not reaching children in lower-income countries. The newer vaccines could save lives... but they were expensive.

Gavi set out to do three basic things:

Increasing coverage of existing vaccines

Introducing newly developed vaccines

Strengthening health systems



Source: Gavi/2023/Nipah Dennis

Making more vaccines would lower the cost per dose, but companies did not want to risk producing vaccines that no one would buy. And the countries could not commit to buying until the price went down. It was a failure of the vaccine market.

Gavi was created as a solution to encourage manufacturers to lower vaccine prices for the poorest countries. Gavi shares the cost that countries pay for vaccines, which allows them to guarantee long-term, high-volume, predictable demand for the manufacturers. [In 20 years](#), the number of manufacturers supplying Gavi-supported vaccines increased from five to 19, with more than half in low- and middle-income countries.

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 lifesaving 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.

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.

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.

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

It is essential that the U.S. increases support for Gavi this year

[Over the years](#), Gavi's efforts have been crucial in reducing the number of children who die from vaccine preventable diseases. By leveraging funds from governments, philanthropic organizations, and the private sector, Gavi negotiates lower prices for vaccines and supports strengthening health systems and immunization programs in eligible countries.

There is a long history of bipartisan support for Gavi, and the U.S. is a major donor. For the past six years, the U.S. government funding to Gavi for childhood immunization has been flat funded, meaning Gavi received around the same amount of funding each year. Now, as Gavi is gearing up for their next strategic period, it's essential that the U.S. and other donors come to the table with increased support.

Gavi is prepared to support countries to cover from lost progress on routine immunization due to COVID-19, redouble efforts to reach all children who have not received any doses of vaccines, introduce new lifesaving malaria vaccines, and to support the sustainable growth of vaccine manufacturing in Africa.

U.S. support for Gavi is as critical now as it has ever been.

The Power of Vaccines: Measles

“Vaccines remain the safest way to keep our children healthy and safeguard their future. A healthy child is beaming tomorrow.”

- *Sudani Abdi Awad, Health Worker in Mandera County, Kenya*

Measles is the most infectious disease humanity has ever discovered. If a contagious person with measles was in a room with 10 uninfected people, 9 of 10 would become infected. Measles was described as early as the 9th century by Persian physician Abū Bakr Muhammad Zakariyyā Rāzī (also known by the Europeanized name Rhazes). But measles became more widespread as global travel and colonization increased in the 16th century.

By the 20th century, measles was everywhere. But richer communities who had better health and nutrition were significantly less likely to die from it. In 1954, American doctor Thomas Peebles successfully isolated a strain of measles and began creating the first vaccine. Within seven years, it was tested on thousands of children in the United States and Nigeria and authorized for global use.

In western Europe, measles infection is fatal in about 1 in 5,000 cases. In the poorest parts of the world, more than 1 in 100 children who contract the diseases may die.

[Two doses of the measles vaccine are 97 percent effective at protecting life.](#) And when whole communities are vaccinated, the virus gets stopped in its tracks (what’s often called “herd immunity”). We have had this vaccine technology since the 1960s, but nearly 130,000 people died from measles last year — mostly young children. We know it is not enough to have a scientific breakthrough or new technology; those innovations need to reach communities. Gavi is working to extend access to lifesaving vaccines for all.



Source: Gavi/2022/Isaac Griberg

Measles is highly contagious and spreads through the air. If one person has it, 9 out of 10 people of all ages around them will also become infected if they are not protected. Routine immunization is key to preventing outbreaks.

The Power of Vaccines: Pneumonia

"So many deaths happened before the introduction of PCV [pneumonia vaccine]. The hearts of many mothers were broken due to pneumonia. But after the introduction of PCV in Ondo State, the cases came down."

- Kemi Olowokere, Health Worker at State Specialist Hospital, Akure

Pneumonia kills more children every year than any other disease. It is caused when an infection in the lungs makes the air sacs fill with pus and other liquids, so you can't breathe.

Children are about 60 times more likely to get sick with pneumonia and die from it in the 30 counties with the highest mortality, compared to high-income countries.

There is also inequality within countries — the most impoverished children are the most likely to die.

Pneumonia is mainly caused by bacteria and there are vaccines, known as pneumococcal conjugate vaccines (PCV), which can protect us. However, these vaccines are complicated to develop, manufacture, and deliver. In the past, children in lower-income countries would receive new breakthrough vaccines like this 15 years after children in rich countries, after millions of lives were lost.

So, Gavi launched the pneumococcal Advance Market Commitment (AMC). Through donor commitments, this innovative funding mechanism incentivized vaccine makers to produce suitable and affordable vaccines for the world's lowest-income countries. These countries were then able to plan for immunization programs knowing that vaccines would be available rapidly, in the quantities they needed and at affordable prices.

Thanks to innovative financial instruments rolled out by Gavi, **the price of pneumonia vaccines has decreased 43 percent since 2009** — from \$3.50 per dose to \$2.00 per dose.

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. The number of children dying from pneumonia has decreased by around 65 percent since 1990. However, pneumonia is still the leading infectious killer of kids globally.

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