

# The Basics: What Saves Lives?

## Ending Preventable Child and Maternal Deaths in a Generation

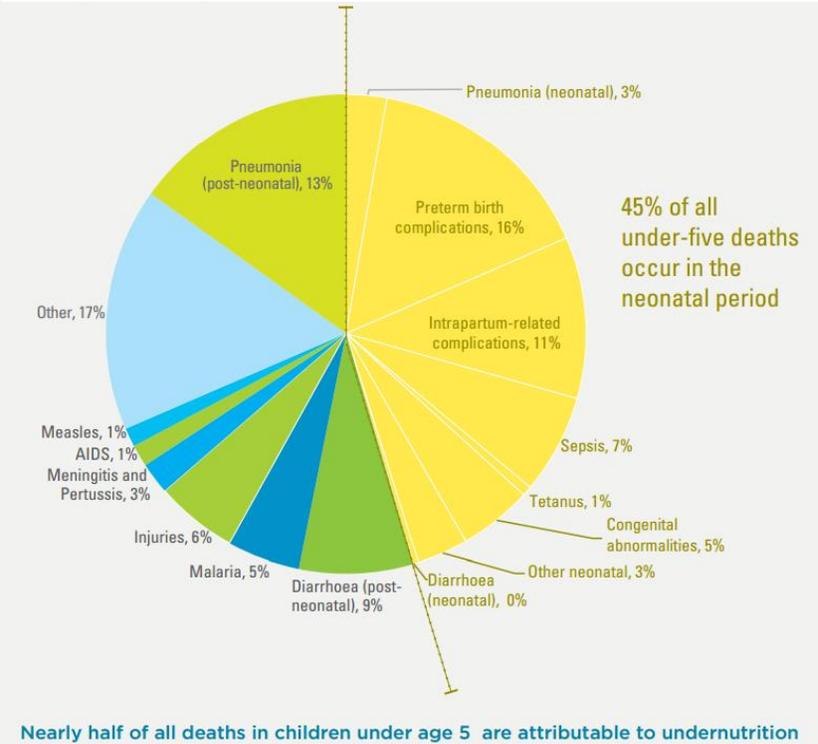
In 1990, 12.7 million children around the world died before reaching their fifth birthday; in 2015, that number had fallen to 5.9 million children.<sup>1</sup> The world as a whole has cut under-five mortality by more than half. Additionally, 289,000 women die from pregnancy-related causes each year.<sup>2</sup> The majority of these deaths occur in the poorest places in the world. **But the latest evidence points to the opportunity to put an end to preventable child and maternal deaths globally by 2035.**<sup>3</sup>

Most causes of under-five deaths are treatable and/or preventable, and two of the leading causes of child death, pneumonia and diarrhea, together account for more than one-fourth of under-5 mortality.<sup>4</sup>

As child deaths from diseases like malaria and measles have decreased globally because of better immunization programs and access to bed nets, neonatal deaths have grown to account for 45 percent of under-five deaths. UNICEF reports that 1 million children around the world die on the day they are born; 2 million die by the end of their first week of life.<sup>5</sup>

Another leading issue in child health is malnutrition. Undernutrition is attributed as an underlying cause of death in almost half of all child death; it also compromises maternal health during

**Causes of death among children under age 5**



UNICEF, [Committing to Child Survival: A Promise Renewed, Progress Report 2015](#)

1 UNICEF, [Committing to Child Survival: A Promise Renewed, Progress Report 2015](#)  
 2 Ibid.  
 3 UNICEF and USAID, [Child Survival: Call to Action, Ending Preventable Child Deaths, Summary Roadmap, June 2012](#)  
 4 UNICEF, [Committing to Child Survival: A Promise Renewed, Progress Report 2015](#)  
 5 Ibid.

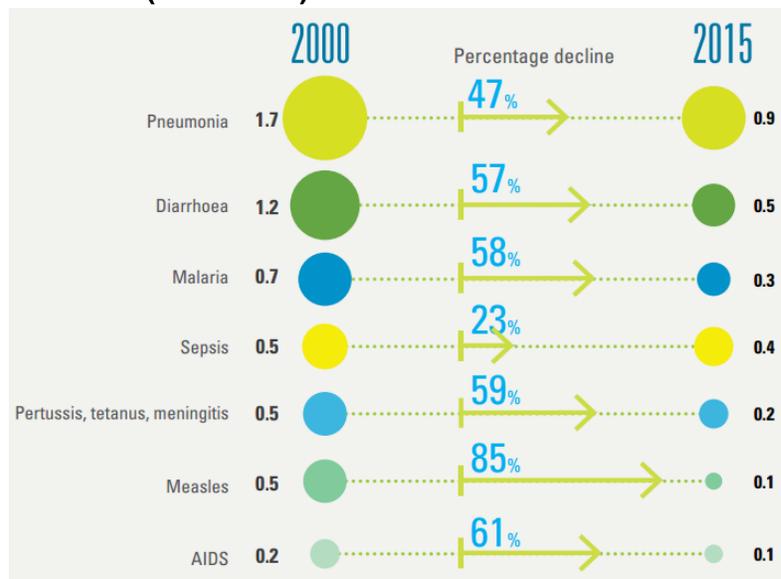
pregnancy and causes low birth weights.<sup>6</sup>

## Proven Interventions

According to UNICEF, almost 3 million fewer children under the age of 5 died of key infectious diseases in 2015 than in 2000.<sup>7</sup> Increasing access to basic health services in the hard to reach and poorest places – in other words, focusing on health equity – has shown to vastly improve returns on investment by averting far more child and maternal deaths and by increasing overall health. Across developing countries, some of the most life-saving, cost-effective, and evidence-based interventions<sup>8</sup> to save the lives of mothers and children are:

- Strengthening routine immunization systems to prevent basic diseases such as measles and whooping cough while also increasing access to new and underutilized vaccines, such as the pneumococcal and rotavirus vaccines to prevent leading causes of pneumonia and the severest forms of diarrhea;
- Distribution and use of insecticide-treated bed nets to stop malaria;
- Treatment of leading killers, including antibiotics to treat pneumonia and oral rehydration therapy and zinc supplementation to treat diarrhea;

### Under-five deaths by leading infectious diseases, 2000 and 2015 (in millions)



UNICEF, [Committing to Child Survival: A Promise Renewed. Progress Report 2015](#)

- Prenatal care and management of delivery care for mothers;
- Community management of key nutrition interventions such as promotion of exclusive breast feeding and vitamin A supplementation for malnutrition;
- Access to safe water, sanitation, and hygiene; and
- Training more health workers to increase access to community health services for mothers and children, including skilled birth attendants.

<sup>6</sup> Black, R., Cesar, V., Walker, S., Bhutta, Z., et al, 2013 Maternal and Child undernutrition and overweight in low-income and middle income Countries [online]. *The Lancet*. Available at [The Lancet http://www.thelancet.com/series/maternal-and-child-nutrition](http://www.thelancet.com/series/maternal-and-child-nutrition) . Accessed June 2015

<sup>7</sup> UNICEF, [Committing to Child Survival: A Promise Renewed, Progress Report 2015](#)

<sup>8</sup> USAID, [Acting on the Call: Ending Preventable Child and Maternal Deaths Report, June 2014](#)

## *The History: The Child Survival Revolution*

*Thirty-five years ago, RESULTS began with a clear mission: to end hunger and the worst aspects of poverty in the world. Around the same time, in the early 1980s, UNICEF reported that globally 14 million children under the age of five died every year from mainly preventable and treatable causes, and that the vast majority of these deaths were in poor countries. Our advocacy efforts converged when UNICEF launched the first “Child Survival Revolution” which focused on a series of life-saving interventions aimed at drastically reducing child mortality.*

*The then Executive Director of UNICEF, Jim Grant said, “To allow 40,000 children to die like this every day is unconscionable in a world which has mastered the means of preventing it.”<sup>1</sup> Grant was nicknamed “The Mad American” because he believed we could and should prevent the deaths of millions of kids by scaling up cost-effective interventions. RESULTS and our global partners agreed.*

*Advocacy in the early years of RESULTS directly led to the first-ever funding allocated for Child Survival at \$25 million in fiscal year 1985. Annually, the U.S. programs that focus on global maternal and child health are now over 30 times that amount.*

## **Gavi, the Vaccine Alliance**

Vaccines are widely regarded as one of the "best buys" in global health. While other critical health interventions may cure or treat illness, vaccines prevent children and adults from getting sick in the first place. By preventing deaths, promoting health, and reducing the burden on stretched health care systems, vaccines are extremely cost-effective.

Two of the world’s leading causes of death for children are not complicated, incurable diseases; they are diarrhea and pneumonia. Many of those deaths can be prevented with a vaccine, if only a child has access to it.

In the world’s poorest countries, parents will sacrifice huge portions of their income, walk for miles, and wait in line for hours for these vaccines — or simply miss out. Built to tackle this challenge is Gavi, the Vaccine Alliance. Gavi helps empower low-income countries to ensure vaccines reach even the poorest, most vulnerable children. Gavi is a public-private partnership dedicated to protecting children from vaccine-preventable diseases. Support from Gavi enables developing countries to access new and underutilized vaccines at reduced cost and supports the introduction and scale-up of these vaccines into routine immunization systems to ensure children in the most remote places have access.

**Since 2000, Gavi has supported the immunization of over half a billion children in poor countries, which will save over six million lives.<sup>9</sup>**

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<sup>9</sup> Gavi, the Vaccine Alliance, [www.gavi.org](http://www.gavi.org)

Recognizing the critical role of fully immunizing children in ending preventable child deaths, leaders from around the world gathered at the Gavi Pledging Conference in Berlin, Germany in early 2015 to commit resources to Gavi's five-year strategy to immunize an additional 300 million children, which will save another five to six million lives. To support this strategy, the U.S. pledged \$1 billion dollars over fiscal years 2015-2018.

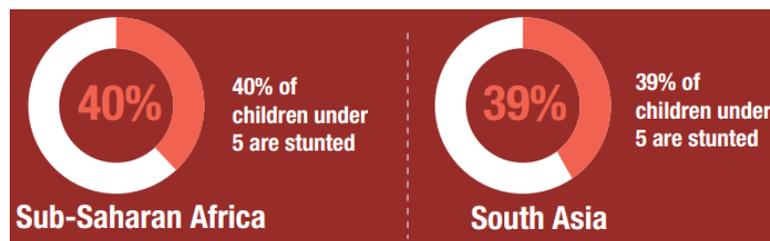
## Nutrition and the First Thousand Days

Nutrition sets the foundation for human health and economic development, yet malnutrition is one of the least addressed development challenges. Globally, less than 1 percent of Official Development Assistance (ODA) is for nutrition efforts, despite the fact that malnutrition contributes to almost half of under-five child deaths annually and contributes to the stunting of 165 million children every year.<sup>10</sup>

A 2013 study in the British medical journal, *The Lancet*, showed that the quality of a person's nutrition early in life, particularly during the 1,000 days between a woman's pregnancy and her child's second birthday, can determine the future course of the child's health, educational attainment, and lifetime earning potential.<sup>11</sup> Chronic malnutrition in the first 1,000 day period causes serious, often irreversible, physical and cognitive damage, called stunting. Sub-Saharan Africa and South Asia are home to three quarters of the world's stunted children.<sup>12</sup> The study also identified the need to scale up 10 nutrition-specific interventions including exclusive breastfeeding, micronutrients, iron treatments for pregnant women, and therapeutic treatment for acute malnutrition to save more lives and reduce stunting.

The economic and societal implications of malnutrition are immense. Malnutrition drains billions of dollars in lost productivity and health care costs from poor countries. Increased nutrition is proven to have enormous macro-economic impact, boosting a country's GDP through greater workforce productivity and health care cost savings. Without urgent and intensified action to improve nutrition, particularly for women and young children in the 1,000 day window, progress on hunger and poverty reduction will be harder and more costly to achieve.

### Sub-Saharan Africa and South Asia account for three-fourths of the world's stunted children



World Health Organization (WHO) and 1,000 Days [stunting infographic](#)

10 Black, R., Cesar, V., Walker, S., Bhutta, Z., et al, 2013 Maternal and Child undernutrition and overweight in low-income and middle income Countries [online]. *The Lancet*. Available at The Lancet <http://www.thelancet.com/series/maternal-and-child-nutrition> . Accessed June 2015

11 Ibid.

12 World Health Organization (WHO) and 1,000 Days [stunting infographic](#).

# The Opportunity

## 2012: A Call to Action and 2014: Acting on the Call

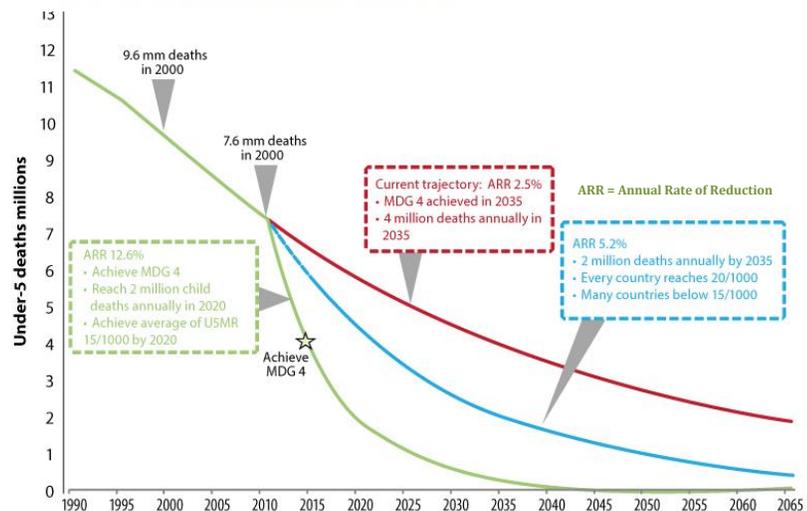
Since the late 1980s, child mortality has steadily decreased, but with the rise of the AIDS epidemic, shifting areas of conflict, and other humanitarian crises, the momentum stagnated. To refocus global efforts on child and maternal health, in June 2012 world leaders convened in Washington, D.C. to create a roadmap toward ending preventable child and maternal deaths. A global meeting known as the *Child Survival: Call to Action* was co-hosted by the United States, Ethiopia, and India, in close partnership with UNICEF. There, global leaders forged a consensus that with renewed effort we could dramatically decrease child deaths so that child mortality rates globally matched those of developed countries – **effectively ending preventable child deaths in a generation.**

Since then, over 170 governments have signed a pledge committing their support to a movement to end preventable child deaths by 2035. The world made clear that failure to meet the MDG on child mortality was not acceptable and more must be done. India went on to host a country-wide call for innovation on driving down child deaths while Ethiopia hosted ministers of health from across Africa to create a plan for regional actions on child mortality.

As a follow up on the 2012 Call to Action, in June 2014 the U.S. again convened an international meeting of government partners and experts on ending preventable child and maternal deaths – *Acting on the Call*.

At Acting on the Call, the U.S. Agency for International Development (USAID) unveiled their country-by-country roadmap across 24\* priority countries to increase access to lifesaving interventions. Each country plan was matched directly to the epidemiology of the country's leading killers for moms and kids. By partnering directly with these countries to scale up

Figure 2. Accelerating the progress on child survival – what can the world achieve if countries increase their annual rate of reduction?



Source: UNICEF State of the World's Children 2012; The UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality: Report 2011; Team analysis from 2035 onward, based on straight-line annual rates of reduction (ARR) from UNICEF numbers 1990-2035.

effective, evidence-based interventions, **USAID announced they could save 15 million children's lives and 600,000 women's lives by the year 2020.**<sup>13</sup>

Also at this meeting the U.S. established the Child and Maternal Survival Coordinator to better streamline the budgeting, planning, and staffing processes to ensure the effectiveness of the U.S. priority goal of ending preventable child and maternal deaths.

The United States has long been a global leader in saving the lives of mothers and children, working in partnership with developing countries to increase access to lifesaving, cost-effective, evidence-based interventions. However, a high-level review by a panel of business and development leaders concluded that we will not meet our goal of saving lives without addressing underlying bureaucratic challenges limiting the effectiveness of our foreign assistance. A 2014 report from the ACES Blue-Ribbon Panel,<sup>14</sup> an external expert advisory group, identified a series of specific budget and management weaknesses impeding faster progress, including a highly decentralized planning and decision-making process, an inability to flexibly match resources with opportunities, and fragmented data collection that makes it difficult to measure progress.

USAID is implementing a number of the panel's suggested reforms, including creating clear benchmarks for success, appointing a Child and Maternal Survival Coordinator, and realigning \$2.9 billion in existing grants to improve health outcomes.

**This alone will not be enough. USAID must be held accountable to ensure clear targets are set, measured, and achieved. Strong congressional oversight is necessary to ensure USAID stays on track and delivers a coherent strategy with bold targets to reach the end of preventable child and maternal deaths.**

#### USAID MCH focus countries

- Afghanistan
- Bangladesh
- Burma\*
- DRC
- Ethiopia
- Ghana
- Haiti
- India
- Indonesia
- Kenya
- Liberia
- Madagascar
- Malawi
- Mali
- Mozambique
- Nepal
- Nigeria
- Pakistan
- Rwanda
- Senegal
- South Sudan
- Tanzania
- Uganda
- Yemen
- Zambia

\*25th focus country added in 2016

## Legislating Reform: The Reach Every Mother and Child Act of 2015

In late 2015, the bipartisan, bicameral Reach Every Mother and Child Act (S. 1911 and H.R. 3706) was introduced by Senators Susan Collins (R-ME) and Chris Coons (D-DE) and Representatives Dave Reichert (R-WA), Betty McCollum (D-MN), Michael McCaul (R-TX) and Barbara Lee (D-CA) to enshrine reforms to hold USAID accountable for a smarter, more effective approach to ending preventable child and maternal deaths.

<sup>13</sup> USAID, [Acting on the Call: Ending Preventable Child and Maternal Deaths Report, June 2014](#)

<sup>14</sup> Blue Ribbon Advisory Panel Report on USAID, June 2014 <http://www.usaid.gov/sites/default/files/documents/1868/blue-ribbon-advisory-panel.pdf>

The legislation effectively reforms USAID to ensure programs have a focus on impact and hold the agency accountable for turning their ambitious goal of saving 15 million children's lives and 600,000 women's lives by the year 2020 into a viable plan.

Requiring a centralized and coherent strategy that focuses on impact, the bill will maximize our investments, with returns measured in lives saved and healthy, prosperous communities. The bill will enshrine into law the need for:

- A **coordinated U.S. government strategy that focuses on impact** for ending preventable child and maternal deaths and helping ensure healthy lives by 2035.
- An ambitious strategy, targets with **clear, measurable goals**, and **increased accountability** and transparency at all levels.
- Focusing on the **poorest and most vulnerable populations**, recognizing the unique needs within different countries and communities.
- Scaling up the most **effective, evidence-based interventions** with a focus on country ownership and aligning with existing maternal, newborn, and child survival plans.
- Enshrining a Child and Maternal Survival Coordinator responsible for **oversight and coordination** of resources directly linked to reducing child and maternal mortality.
- Streamlining existing resources and scaling up targeted resources to meet country demands
- Creating **new, innovative funding sources** to complement U.S. investments.

With a strategy that puts moms and kids first, we have the chance to make sure every child, regardless of where she's born, has a healthy start to life.

## Learning from Best Practices

The Reach Act looks to adopt best practices in global health for MCH. The legislation enshrines an empowered Child and Maternal Survival Coordinator based on the PMI Coordinator model. It also requires robust monitoring and evaluation based on lessons learned from PEPFAR.

**President's Malaria Initiative (PMI):** USAID's work on malaria underwent a similar assessment which indicated a need for more coordination which led to the restructuring of USAID bureaucracy to empower the role of the PMI Coordinator along with other reforms. PMI is now heralded for its incredible contributions toward the 4.3 million fewer malarial deaths since 2001.<sup>15</sup>

**President's Emergency Plan for AIDS Relief (PEPFAR):** Faced with what some experts called the impossible task of controlling the global AIDS epidemic, the emergency response to global HIV and AIDS was critical to saving lives. The robust, ongoing monitoring and evaluation of the program ensured its effectiveness and success.

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<sup>15</sup> World Health Organization's World Health Report 2014

# The Stories: Global Maternal and Child Health

Whether you are speaking with members of Congress, hosting an outreach event, or looking for some inspiration, use the link below to find stories to help when advocating for a healthier future for all mothers and children, regardless of where they are born. Below are stories and videos that inspire us into action:

## Inspiring Stories

- [The World's Mothers Don't Always Get The Care They Need](#)  
Physician and mother Dr. Bina Valsangkar shares her pregnancy story, a tale of two cities.
- [Health care workers are making a difference for #EthiopiaNewborns](#)  
Dr. Abeba Bekele explains why she is committed to promoting maternal and newborn health in Ethiopia.
- [Meet Vusi -- A Lucky Little Boy](#)  
After four years advocating for rotavirus vaccine introduction in developing countries, Hope Randall meets Teresa and her son Vusi, a child who lived because of this lifesaving vaccine.

## Inspiring Videos

- [To Keep a Promise](#)  
Imagine a world where every mother can bring her child safely into the world. Where every child can grow up healthy and strong.
- [Ending Preventable Deaths of Moms and Babies](#)  
The world has made incredible progress to reduce child mortality. But there is still more work to do.
- [#MomAndBaby are Just Fine: India](#)  
Satyawati is a mother of three living in a village in Mewat District, India. With help from a local health worker, she gives her kids the care they need to thrive.
- [The Difference a Midwife Makes](#)  
Shagufta Shahzadi, a community midwife in Pakistan explains the difference a midwife can make to stop preventable child and maternal deaths.
- [Living Proof Project: Rotavirus Vaccine's Remarkable Impact](#)  
Meet a father and daughter who benefited from the rotavirus vaccine.
- [A Journey of Motherhood](#)  
UNICEF and the Global Fund to Fight AIDS, TB and Malaria followed six women living with HIV throughout their pregnancies.