

Ending Preventable Maternal and Child Deaths in a Generation

From Malawi to Milwaukee, the birth of a child can be the most hopeful day of a parent's life. Yet for too many, that hope is cut short: each year 6.3 million children still die of mainly preventable and treatable causes before they reach their fifth birthday.¹ Additionally, 289,000 women die from pregnancy-related causes each year.² The majority of these deaths occur in the poorest places in the world.



Photo Credit: USAID

This need not be the case. **The latest evidence shows that we can end unnecessary deaths of mothers and children globally by 2035.** What we do today will decide if we meet that goal.

Accelerating Action

The United States has been a global leader in saving the lives of moms and babies, working in partnership with developing countries to increase access to lifesaving vaccines, quality nutrition, skilled birth attendants, and other 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,³ 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.

The US Agency for International Development (USAID) is implementing a number of the panel's suggested reforms, including creating clear benchmarks for success, appointing a Maternal and Child 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 for ensuring USAID stays on track and delivers a coherent strategy with bold targets to reach the end of preventable maternal and child deaths.**

¹ UNICEF's [Committing to Child Survival: A Promise Renewed. Progress Report 2014](#)

² Ibid.

³ Blue Ribbon Advisory Panel Report on USAID, June 2014 <http://www.usaid.gov/sites/default/files/documents/1868/blue-ribbon-advisory-panel.pdf>

Legislating Reform

New, bipartisan legislation proposes reforms that will hold USAID accountable for a smarter, more effective approach to ending preventable maternal and child deaths.

The legislation holds USAID accountable for turning their ambitious goal into a viable plan. Requiring a centralized and coherent strategy, 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** for ending preventable maternal and child deaths and helping ensure healthy lives by 2035.
- Ambitious strategy targets with **clear, measurable goals** and increasing **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.
- Establishing a Maternal and Child Survival Coordinator responsible for **oversight and coordination** of resources directly linked to reducing maternal and child 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 kids and mothers 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

Current U.S. investments in maternal and child health are saving lives, but structural changes to how we coordinate our work with countries must be improved to do more, faster. We've seen successes in other global health efforts through reforms and we can learn from those examples.

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 AIDS was an all-in effort to streamline HIV prevention and treatment programs based on high-burden country needs. PEPFAR has proven to be one of the world's most successful global health initiatives in history.

President's Malaria Initiative (PMI): USAID's work on malaria underwent a similar assessment which indicated a need for more coordination. This 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 2001.⁴

⁴ World Health Organization's World Health Report 2014