

Support Robust Funding for Maternal and Child Health and Nutrition

March 11, 2014

Dear Colleague,

The United States has a long and proud history of leadership in the fight to save children's and women's lives. American researchers pioneered solutions that have led to a remarkable decline in child mortality in recent decades; in fact, the total number of under-5 deaths worldwide has been almost halved – from 12.4 million per year to 6.6 million – in about two decades. In that same time maternal mortality worldwide dropped by one third. Much of this success was accomplished thanks to prudent United States investment.

We urge you to sign the below letter encouraging the Appropriations Committee to consider allocating robust resources for the Maternal and Child Health (MCH) and Nutrition accounts in the State and Foreign Operations Appropriations Bill for Fiscal Year 2015. The MCH account supports the delivery of life-saving services for newborns, children, and mothers throughout the developing world. These low-cost, high-stakes interventions foster hope and opportunity for millions, from providing skilled birth attendants to prevent maternal and newborn deaths to training community health-workers to treat simple but deadly illnesses such as pneumonia and diarrhea. These programs also provide critical support to the GAVI Alliance for underutilized vaccines in developing countries and for preventing malnutrition – targeting the one thousand day window between pregnancy and a child's second birthday.

As some of the most cost-effective and results-driven programs, it is critical that the MCH account have the resources to directly impact some of the most vulnerable victims of poverty and instability. In addition to the value of the lives saved, these programs serve America's long-term economic interests and national security.

For information, or to sign onto the letter, please contact Ashley Johnson (Reichert) at 5-7761 or Ashley.Johnson@mail.house.gov, or Jenn Holcomb (McCollum) at 5-6631 or Jenn.Holcomb@mail.house.gov. The closing date for this letter is COB April 1, 2014.

Sincerely,

Rep. Dave Reichert

Rep. Betty McCollum

Rep. Aaron Schock

Rep. Lois Capps

Dear Chairman Rogers, Ranking Member Lowey, and Chairwoman Granger,

Thank you for your ongoing efforts to balance limited resources in this difficult fiscal climate to support our nation's highest priorities. With this in mind, we support your efforts to preserve effective poverty-focused foreign aid that saves lives, promotes resilience, builds democracy and creates economic stability in developing countries. As you begin to craft the State, Foreign Operations, and Related Programs Appropriations Bill for Fiscal Year 2015, we encourage you to consider allocating robust funding for Maternal and Children Health (MCH), GAVI, and Nutrition.

With U.S. leadership and funding to improve the survival and health of mothers and children, the annual number of under-five deaths fell from 12.6 million in 1990 to 6.6 million in 2012. Additionally, in the 24 countries where U.S. involvement has been the greatest, maternal mortality has declined an average of 5 percent each year, faster than the global average.

While great strides have been made to increase maternal, newborn and child health, much work needs to be done. Every day, approximately 800 women, almost entirely from developing countries, will die from preventable causes related to pregnancy and childbirth. Additionally, each day, 18,000 children under five years old will die of preventable and treatable conditions such as prematurity, pneumonia and diarrhea— with malnutrition being the underlying cause in 45% of those deaths. Newborn deaths are a growing proportion of child mortality: 44% of all deaths in children under five happen during the first 28 days of life. Moreover, when a mother dies, her children are less likely to go to school, get immunized, have access to good nutrition, and they are up to 10 times more likely to die in childhood than children with mothers.

In 2000, the U.S. committed to working with our UN partners to reduce child mortality by two thirds by 2015. But to reach this goal, faster progress is needed. Recently, the UN Children's Fund reported that without increased attention, we will not meet our child survival goal until 2028 — 13 years after the deadline — and 35 million children will die who would otherwise have lived had we met the goal on time.

Success in reducing maternal, child, and newborn mortality depends on investments made across the board. Our nation's MCH and Nutrition programs allow for the delivery of low cost, life-saving services for newborns, children, and mothers throughout the developing world. These programs provide access to skilled birth attendants and emergency obstetric care, training for community health workers, life-saving health commodities, and research and development of new lifesaving tools.

These accounts also support the GAVI Alliance to provide new and underutilized vaccines to developing countries and nutrition-specific programs for women and children, especially in the 1,000 days between pregnancy and a child's second birthday. These proven and effective programs can make a tremendous impact on children's ability to learn, get a job, and provide for their families in the future.

In 2012, the U.S., alongside the governments of Ethiopia and India, committed *to ending preventable child deaths by the year 2035*. There is consensus among scientists and global health experts that this is possible. But achieving this bold goal requires support for these critical child survival and nutrition programs.

Funding for maternal and child health is among the most cost-effective, life-saving investments the U.S. can make. We applaud the leadership you have demonstrated and urge you to continue strong support for these programs. It is vital to make robust investments while maintaining other critical humanitarian and development programs that support the well-being of women, newborns and children to enable the United States to reach its goal of ending preventable child deaths.

Sincerely,

Rep. Dave Reichert

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