Child Health and Gavi

Thirty years ago, at the World Summit for Children, global leaders made historic, unprecedented political commitments to drive down child mortality. Since that monumental global commitment, with U.S. leadership the world has cut child deaths by more than half, from 12.6 million in 1990 to 5.3 million in 2018. This drastic decrease in mortality means more children are surviving and thriving. While huge strides have been made, almost 15,000 children still die each day - mostly from preventable or treatable causes like diarrhea or pneumonia.

In 1990, the leading killers of kids were known, but the world had not yet developed all the tools for treatment and prevention. Now, with advances in science, more know-how, and better tools, expectations changed, and new goals are required. The U.S. has led the global call to end preventable child and maternal deaths in a generation, and to achieve this, USAID provided a clear roadmap to save lives that prioritizes the highest-impact, evidence-based interventions and mapped those known interventions to country needs. Congress must seize this incredible opportunity by funding these smart investments that save lives.

Why Funding Matters

U.S. investments in maternal and child health is saving lives, providing equal chances for children to survive and thrive, and creating a lasting difference.

Maternal and Child Health (MCH): USAID funding for MCH provides training and technical support for 25 developing countries that account for 70 percent of under-five child deaths, mainly in Africa and southeast Asia. This funding supports the implementation of over 200 life-saving interventions for moms and kids. Pre-natal visits, respectful mother care and delivery with a trained birth attendant, infant and childhood checkups for growth monitoring/immunizations, and treatment for childhood diseases are all high-impact, evidence-based interventions that USAID supports.

Gavi, the Vaccine Alliance: Since 2000, U.S. funding for Gavi has protected a whole generation of children, 760 million of them, from potentially fatal infectious diseases. It’s next five-year plan will help to immunize 300 million more children and will save 7-8 million lives in the poorest countries. Gavi’s success is a testament of global innovation and partnership. As a commitment to improve their own child health, all Gavi-eligible countries co-finance a portion of vaccine costs and over the next five years more counties will graduate from Gavi financing. But, there’s a huge gap in coverage still. More than 15 million children annually in low-income countries are still missing out on the full course of the most basic vaccines and over 10 million do not even receive a first dose. Every year the number of births in Gavi-supported countries increases, meaning immunization programs need to immunize more children just to maintain the same level of coverage. U.S. support will be critical to raising the funding necessary to keep up with the need.
Where Diarrhea Kills, Vaccines Change Fates

As a pediatrician at Tanzania’s largest public hospital, Dr. Namala Mkopi knew diarrhea killed. Prior to 2013, his hospital’s diarrheal ward was filled with dying children, three or four to a bed with many more scattered on the floor on mattresses. It was a whole ward just to treat diarrheal cases, that didn't have the resources to fully treat every case. Even Dr. Mkopi thought, these kids are poor and have no clean water. It's typical in Africa. But one night his colleague, a doctor with a young child, woke him up with a distressed phone call. Her child was nonresponsive. He rushed to the E.R. to help and he says it was a miracle that child lived. That experience shook him. Namala realized all kids were susceptible, even the child of a doctor.

When his wife was expecting their first child, Dr. Mkopi used his connections to procure the rotavirus vaccine, a brand-new vaccine to prevent the leading cause of deadly diarrhea, brought in from neighboring Kenya. He even paid for a 24-hour generator to keep a refrigerator running during black outs, to ensure his child was able to get the required second dose. He thought, “I've protected my child, but what about the rest of the children? We must do more.”

In 2013 they did. That's when Gavi, the Vaccine Alliance, supported the Tanzanian rollout of the rotavirus vaccine, in partnership with USAID Maternal and Child Health programs. Those diarrheal wards now stand mostly empty and the rates of diarrheal death in the country have dropped dramatically. This shift is also attributed to Tanzania’s own support for the vaccines. Dr. Mkopi’s hope is that even the last child, in the farthest village, can get these vaccines that change fates and create brighter futures. With continued U.S. funding, they can.

RESULTS’ Request and Funding History

As members of Congress submit annual appropriations requests to the relevant Appropriations Subcommittees, they can show their support for ending preventable child deaths by requesting funding in the State and Foreign Operations Appropriations bill for two accounts within Global Health – the Maternal and Child Health Account, which includes funding for Gavi, the Vaccine Alliance, and the Nutrition Account.

To do so, please submit two formal appropriations request forms for the Maternal and Child Health and Nutrition accounts to Senators Graham and Leahy or Representatives Lowey and Rogers as Chairs and Ranking Members of the State and Foreign Operations Subcommittees of Appropriations. Contact RESULTS staff Crickett Nicovich for support: cnicovich@results.org.

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<th>Fiscal Year</th>
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