# FY25 SFOPS Programmatic Request: Maternal and Child Health and Gavi

**Agency** – USAID

**Account** – Global Health

**Subject/Sector** – Maternal and Child Health, including Gavi

**Type** (**Funding** or Language)

**FY25 Administration/Budget request level** – $940 million, of which $300 million for Gavi

**FY24 Administration/Budget request level** – $910 million, of which $300 million for Gavi

**FY23 Administration/Budget request level** – $880 million, of which $290 million for Gavi

**FY24 Enacted level** – $915 million, of which $300 million for Gavi

**FY24 House level** - $910 million, of which $300 million for Gavi

**FY24 Senate level** - $920 million, of which $300 million for Gavi

**FY23 Enacted level** – $910 million, of which $290 million for Gavi, the Vaccine Alliance

**Your suggested FY25 request level** – *$1.15 billion, of which $340 million for Gavi, the Vaccine Alliance*

**Rationale/Justification** –

Globally, maternal and child deaths are still unacceptably high, especially in low-income countries. Over the past thirty years, we’ve made incredible gains through targeted interventions, but progress has begun to stall. Every year, [300,000 women and girls](https://data.unicef.org/topic/maternal-health/maternal-mortality/) die from lack of basic healthcare for pregnancy and birth.

In 2022, [14.7 million children](https://www.gavi.org/sites/default/files/programmes-impact/our-impact/apr/Gavi-Progress-Report-2022.pdf) in lower-income countries were still missing out on lifesaving childhood vaccines such as measles, pneumococcal, and rotavirus vaccines. And there were 10.2 million “zero-dose” children in 2022, that hadn’t received any vaccine at all, and likely no other formal health care either. Every year about [5 million children die](https://data.unicef.org/topic/child-survival/under-five-mortality/) before reaching their fifth birthday—including 2.3 million newborns. We must do more.

USAID operates maternal and child health (MCH) programs in [25 priority countries](https://www.usaid.gov/global-health/health-areas/maternal-and-child-health/priority-countries) which account for more than two-thirds of maternal and child deaths. The MCH account supports delivery of cost-effective, proven services like access to trained health professionals during birth, emergency hospital care, and training for frontline health workers.

The MCH account also supports Gavi, the Vaccine Alliance, a public private partnership that has helped to vaccinate over 1 billion children, preventing [more than 17.3 million child deaths](https://www.gavi.org/our-alliance/about) since 2000. Last year, [more than 700,000 children](https://data.unicef.org/topic/child-health/pneumonia/) died from pneumonia, despite the fact there are safe and inexpensive vaccines ([around $2.00 per dose](https://www.unicef.org/malawi/press-releases/pneumonia-vaccine-price-drops-dramatically-lower-income-countries-thanks-gavi)). Vaccines are one of the most cost-effective interventions to save lives and prevent illness.

Later this year, world leaders will come together to reinvest in Gavi—and it’s new plan to roll out the first ever malaria vaccine. Adding another lifesaving vaccine to their war chest to prevent child deaths is important and game-changing in ending preventable child deaths. An increased commitment from Congress this year and a nod to support the replenishment in the FY25 bill will help leverage new donors to the table to also increase their pledges of support.

**Additional information:** <https://results.org/wp-content/uploads/FY25-MCH-Gavi-Nutrition-Appropriations-Memo.pdf>

# FY25 SFOPS Language Request: Maternal and Child Health

**Agency** – USAID

**Account** – Global Health

**Subject/Sector** – Maternal and Child Health

**Type** (Funding or **Language**)

**Bill or Report Language Recommendation** (and please indicate if language recommendation is new or from a previous year) –

**Add language** in support of Gavi’s Replenishment:

*Gavi, the Vaccine Alliance*—The Committee recommends $340 million for the first installment of a multiyear commitment to Gavi, the Vaccine Alliance, to support its next replenishment cycle and strategy. In advance of the Gavi Replenishment Conference at the end of 2024, the Committee urges other donors to also increase their contributions.

Update the FY24 “Disadvantaged Geographies” and “Preventing Childhood Deaths” language in the FY25 bill:

*Disadvantaged Geographies -* The Committee directs the Administrator of USAID to submit a report to the appropriate congressional committees not later than 90 days after the date of enactment of this Act on how much of the assistance provided under bilateral Global Health Programs over fiscal years 2022, 2023, and 2024 was used to provide health services to sub-national populations with an under-five mortality rate higher than 80/1000 live births. The report shall also include a target for the proportion of bilateral Global Health Program obligations that will meet this criterion in fiscal years 2025 and 2026.

*Preventing Childhood Deaths-* The Committee directs the Administrator of USAID to include in annual maternal and child health reporting the amount spent each year on highest-impact, evidence-based child health interventions in bilateral global health programs, disaggregated by intervention, and outcomes achieved as a result of United States assistance. The report shall include an accounting of interventions provided, including treatment, for childhood pneumonia, malaria, diarrheal dehydration, and severe acute malnutrition, as well as to provide immunizations and azithromycin and address neonatal sepsis. Reports should also include an estimation of funds expended to support each intervention and achieve each reported result. The report shall also include the approximate number of mothers and infants who received postnatal care within two days of childbirth as a result of such assistance and include a target for the proportion of bilateral maternal and child health obligated funds that will go to the listed interventions in fiscal years 2025 and 2026.