

## Ending Preventable Child and Maternal Deaths

In 1990 the number of under-five child deaths was soaring at over 12 million children each year dying of mainly preventable and treatable causes in the world's poorest places. But through smart investments in development that have built the foundations for improving health and countries themselves increasing access to cost-effective health programs, **the number of children who die each year before the age of five has shrunk by over half.**<sup>1</sup>

While huge strides have been made, each year 5.6 million children still die of mainly preventable and treatable causes, such as pneumonia or diarrhea, before they reach their fifth birthday.<sup>2</sup> Additionally, 303,000 women die from pregnancy-related causes each year.<sup>3</sup> The majority of these deaths occur in the poorest places in the world, but this need not be the case.

**The latest evidence shows that we can end unnecessary deaths of mothers and children globally by 2030.** What we do today will decide if we meet that goal.

## USAID Reforms to Save More Lives

For over three decades, the United States has been a global leader in saving the lives of mothers and young children. U.S. investments build partnerships with developing countries to increase access to lifesaving vaccines, quality nutrition, skilled birth attendants, and other cost-effective, evidence-based interventions. However, an independent high-level review by business and development leaders concluded that we will not meet our goal of saving lives without addressing underlying challenges at the U.S. Agency for International Development (USAID). Drawing lessons from the enormously successful President's Malaria Initiative (PMI), the ACES Blue-Ribbon Panel<sup>4</sup> made a series of recommendations to address specific budget and management weaknesses impeding 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.

In 2014, USAID unveiled a plan that incorporated 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 focus on the impact of programs. This country-by-country roadmap now aims to accelerate health outcomes and save more lives by prioritizing highest-impact, evidence-based interventions based on individual country needs. It also pushes to focus on the most vulnerable and the hardest to reach populations. **To reach the goal of ending preventable child and maternal deaths by 2030, USAID set a bold, intermediate goal of saving 15 million children's lives and 600,000 women's lives by 2020.**

It is clear, by working with poor countries to create sustainable change, together we drive down leading killers of moms and kids around the world.

**But this roadmap alone will not be enough. Strong congressional oversight is necessary to ensure USAID stays on track and delivers a comprehensive, coordinated strategy with bold targets to reach the end of preventable child and maternal deaths.**

## The Reach Every Mother and Child Act

**The bicameral and bipartisan Reach Every Mother and Child Act (H.R.4022 and S.1730) proposes reforms that hold USAID accountable for a smarter and more effective approach to saving more lives.** Last Congress, this legislation had the broadest, most bipartisan support of any global health bill in recent years with an outright majority of the House and over one-third of the Senate co-sponsoring the legislation.

The Reach Act requires a centralized and comprehensive strategy to maximize our investments. Returns are measured in lives saved and healthy, prosperous communities. The Reach Act enshrines into law the need for:

- An ambitious, **coordinated U.S. Government strategy** with **clear, measurable goals** and increasing **accountability** and transparency at all levels for ending preventable child and maternal deaths globally by 2030.
- Focusing on the **poorest and most vulnerable populations**, recognizing the unique needs within different countries and communities.
- Scaling up the **highest-impact, evidence-based interventions** with a focus on country ownership and aligning with existing national maternal, newborn, and child survival plans.
- Enshrining the Child and Maternal Survival Coordinator to be responsible for **oversight** of resources directly linked to reducing maternal and child mortality and the budget, staffing, and planning necessary to ensure **coordination and effectiveness** of the programs.
- 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. Congress should seize the opportunity to pass the Reach Act this session.

## To support this bipartisan legislation, please contact:

### House Bill (H.R. 4022)

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### Senate Bill (S.1730)

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1 UNICEF's [Levels & Trends in Child Mortality: Report 2017](#)

2 Ibid.

3 WHO, UNICEF, UNFPA, The World Bank, UNPD: [Trends in Maternal Mortality: 1990-2015](#)

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