The U.S. and Global Maternal & Child Health

August 2009

Maternal Health: The health of mothers during pregnancy, childbirth, and in the postpartum period.

Child Health: The health of children from birth through adolescence.

Overview

Worldwide, approximately 9 million children under age five die each year from largely preventable and treatable causes.[1,2,3] In addition, more than half a million women die during pregnancy and childbirth, and millions more experience severe adverse consequences. Almost all (99%) live in the developing world. Africa is hardest hit, as measured by maternal and child mortality rates (see Figure 1). The U.S. government has been engaged in efforts to improve maternal and child health (MCH) in developing countries for several decades.[4,5,6] While there has been a significant expansion in U.S. funding and programs for targeted disease-specific initiatives that affect many women and children, such as HIV and malaria, funding for designated MCH programs has increased more slowly.[7] In addition, MCH activities have not always been well integrated with other U.S. programs, including disease-specific initiatives but also family planning and reproductive health. The Obama Administration has highlighted the importance of addressing MCH as part of its new global health initiative[8] and during the President's first trip to Africa and visit to a maternal health clinic.[9] In addition, Secretary of State Clinton has elevated women's rights, including reproductive rights, and women's empowerment as part of U.S. policy.

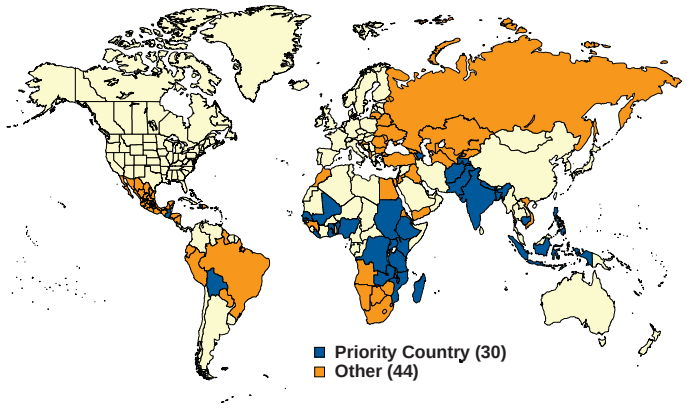
Current Global Snapshot

The health of mothers and children is integrally related and affected by multiple factors. It is also seen as critical to fostering economic development and, therefore, improving maternal and child health represent two of the eight Millennium Development Goals (MDGs).[10] While many effective interventions and programs exist to help achieve these goals, barriers remain.

Figure 1: Maternal & Child Health Indicators by Region[3]

WHO Region	Maternal Mortality Ratio (deaths/100,000 live births) 2005	Under Five Mortality (deaths/1,000 live births) 2007	Skilled Birth Attendant (%) 2000–2008[11]
Global	**400**	**67**	**65**
Africa	900	145	46
South-East Asia	450	65	48
E. Mediterranean	420	82	59
Americas	99	19	92
Western Pacific	82	22	92
Europe	27	15	96

Figure 2: USAID Maternal & Child Health Programs, Priority and Other Countries[14]



- **Child mortality:** Neonatal complications account for most child deaths (31%), followed by diarrhea (17%), pneumonia (17%), malaria (7%), measles (4%), and HIV (3%).[3] Malnutrition significantly increases children's vulnerability to these conditions, as does the lack of access to clean water and sanitation.[12,13]
- **Maternal mortality:** A quarter of all maternal deaths are due to severe bleeding, primarily during the postpartum period. Sepsis (15%), unsafe abortion (13%), eclampsia (12%), and obstructed labor (8%) are other major causes, and diseases that complicate pregnancy, including malaria, anemia, and HIV, account for 20% of maternal deaths.[15] The lack of adequate care during pregnancy and high fertility rates, often due to lack of access to contraception and other reproductive health services, increase the risk of maternal death.[1,2,12]
- **Effective interventions:** Effective interventions, such as immunizations, oral rehydration therapy (ORT), and insecticide-treated mosquito nets (ITNs) when scaled-up, have led to significant reductions in child mortality over the last two decades.[10] Strengthening health systems more generally and increasing access to services, including through community-based clinics, are also important. Interventions have been found to work best when integrated within a comprehensive, continuum of care.[12,16]
- **Status:** Lack of funding and limited access to programs and services, however, have hampered more progress, particularly on maternal health. The latest global status report on achieving the MDGs found that the area with the least progress was reducing maternal mortality.[10]

The U.S. Government Response

History

- While MCH programs have been a domestic priority since the 1930s, the first international efforts began in the 1960s, and were focused on research on child survival, including pioneering research on ORT conducted in the 1960s by the U.S. military, USAID, and NIH. Early programming included vitamin A fortification of international U.S. food donations and malaria control activities.[6,17]

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The Kaiser Family Foundation is a non-profit private operating foundation, based in Menlo Park, California, dedicated to producing and communicating the best possible analysis and information on health issues.

- In 1985, the U.S. augmented its child survival activities, designating USAID as the lead government agency in this area. A new "Child Survival Action Fund" (now called the "Global Health and Child Survival Account" or GHCS) was created at USAID, and Congress provided $85 million for child survival activities in FY 1985, nearly doubling funding for this purpose. In 1989, USAID developed its first maternal health project, and in 2001, introduced a newborn survival strategy.[4,5,6]

Structure and Approach

- USAID continues to serve as the lead U.S. agency on MCH. Others include CDC[18] (research, surveillance, and technical assistance); the Peace Corps (volunteer projects);[19] and NIH (research). Several key U.S. global health initiatives address conditions that affect many women and children, including PEPFAR, The President's Malaria Initiative (PMI), and the U.S. Neglected Tropical Disease Initiative.
- USAID targets a subset of MCH "priority countries" which receive the majority of funding.[14] They are chosen based on need, as determined by maternal and child mortality rates, the presence of USAID Missions, and the capacity of those Missions and recipient countries to implement MCH activities. In FY 2008, there were 30 priority countries, primarily in Africa. Programs with MCH components are also operated in 44 other countries (See Figure 2).
- USAID's MCH strategy focuses on bringing "high impact interventions" to scale and on health systems strengthening (e.g., workforce, pharmaceutical management, etc.). Programs and interventions are supported through direct and indirect mechanisms, including: by USAID field staff, working with governments and other on-the-ground partners; financial and technical support provided to countries, facilities, implementing partners, and others who in turn provide direct services and programs; training efforts (e.g., of community health workers, birth attendants); procurement of medications and other supplies; and operational research (see Figure 3).[4,5]

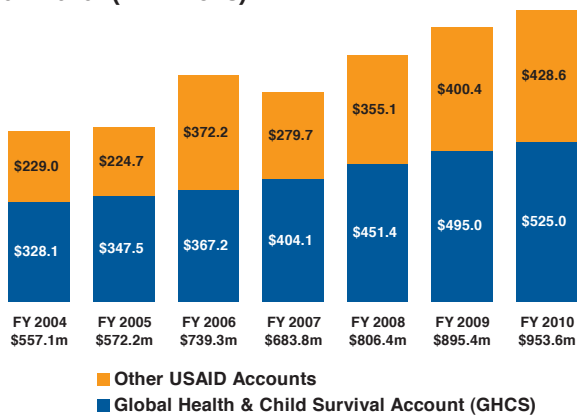
Figure 3: U.S. Funded Maternal & Child Health Interventions[4,5]

Newborns and Children	Women
Essential newborn care	Skilled birth attendants
Postnatal visits	Emergency obstetric care
Oral rehydration therapy (ORT) with zinc supplementation for diarrhea	Antenatal care, including aseptic techniques to prevent sepsis
Antibiotics to treat respiratory infections	Improved access to family planning
Insecticide treated bed nets (ITNs) to prevent malaria	ITNs and intermittent preventive treatment (IPT) to prevent malaria
Polio eradication and measles control efforts, immunizations	HIV prevention/control
Improved nutrition/supplementation	
Clean water/sanitation efforts	
Health systems strengthening (health workforce, information systems, pharmaceutical management, infrastructure development)	

U.S. Government Funding

- U.S. funding for MCH activities has increased somewhat over time (see Figure 4). Since FY 2004, funding appropriated by Congress specifically for MCH (through the GHCS account), increased by 51%, from $328 million to $495 million.[7] For FY 2010, the Obama Administration has requested $525 million. Other funding also supports MCH programs, including for international food assistance and for UNICEF,[20] bringing FY 2009 Congressional appropriations to almost $900 million and the FY 2010 request to $954 million.[7,20,21] Most U.S. MCH funding is for bilateral programs (73% of the FY 2010 request).[20]
- Despite the growth in funding for MCH, it has not kept pace with overall U.S. global health funding. For example, combined funding for MCH as a share of U.S. global health[22] declined from 17% in FY 2004 to 12% in FY 2009, and represents 11% of the President's FY 2010 budget request to Congress.[7,20]

Figure 4: USAID Funding for Global Maternal & Child Health, FY2004–2010* (in millions)[7,20]



Looking Ahead

As the largest donor and implementer of global health programs worldwide, the U.S. role in addressing maternal and child health has been and will continue to be critical. Recent attention by the Administration to maternal and child health, particularly a focus on the health of mothers, and the intention to create a broader U.S. global health strategy, could boost efforts in this area. Moving forward, there are several key issues facing the U.S. response to maternal and child health. These include:

- The extent to which MCH programs, goals, and activities are coordinated and integrated with other U.S. global health efforts, including PEPFAR and the PMI but also family planning, which is critical to improving maternal health but has largely been operating separately;
- The appropriate balance in funding between designated MCH programs and disease specific initiatives that may also benefit MCH, as well as broader health systems strengthening;
- The relative emphasis placed on U.S. bilateral programs compared to multilateral efforts, and U.S. coordination with other donors, particularly given the ongoing challenge of reaching women and children with critical MCH services; and
- The monitoring of how MCH funding and programs are faring under current economic conditions and given other U.S. priorities.

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1 WHO. *Maternal Mortality in 2005;* 2007.
2 WHO. *Maternal Health:* www.who.int/topics/maternal_health/en/.
3 WHO. *World Health Statistics 2009;* 2009.
4 USAID. *Working Toward the Goal of Reducing Maternal and Child Mortality: USAID Programming and Response to FY08 Appropriations* (Report to Congress); July 2008.
5 USAID. *Two Decades of Progress: USAID'S Child Survival and Maternal Health Program;* June 2009.
6 USAID Reports to Congress, 1985, 1987, 1990.
7 Kaiser Family Foundation analysis; August 2009.
8 White House Press Office; May 5, 2009.
9 White House Press Office; July 11, 2009.
10 UN. *The Millennium Development Goals Report 2009;* 2009.
11 Percent of births attended by a skilled birth attendant, which is defined as an accredited health professional – such as a midwife, doctor, or nurse – who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth, and the immediate postnatal period, and in the identification, management, and referral of complications in women and newborns.
12 UNICEF. *The State of the World's Children 2009: Maternal and Newborn Health;* December 2008.
13 CRS. *Child Survival and Maternal Health: U.S. Agency for International Development Programs, FY2001–FY2008;* July 2008.
14 USAID. *Countries:* http://www.usaid.gov/our_work/global_health/mch/countries/index.html.
15 WHO. *Maternal Health:* www.who.int/making_pregnancy_safer/topics/maternal_mortality/en/index.html.
16 Partnership for Maternal, Newborn & Child Health. *Strategy and Workplan 2009–2011;* April 2009.
17 USAID. *Child Health:* www.usaid.gov/our_work/global_health/mch/ch/index.html.
18 CDC. *Global Reproductive Health:* www.cdc.gov/reproductivehealth/Global/index.htm.
19 Peace Corps: www.peacecorps.gov/index.cfm?shell=learn.whatvol.health.
20 State Department. *Congressional Budget Justification, Foreign Operations,* FY 2010.
21 CDC also provides some funding for MCH which is not included here.
22 Defined as those accounts that comprise what is now called the Global Health Initiative.

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