

Maternal and Child Health

COMMUNITY REQUEST FY 2020

\$900 M

FY 2019 President's Request: \$619.6 Million
FY 2018 Enacted: \$829.5 Million

DESCRIPTION

Maternal and Child Health (MCH) funding supports programs aimed at ending preventable child and maternal deaths. It increases the use of lifesaving interventions and strengthens health delivery systems. Funding helps treat diarrheal disease and pneumonia and provides immunizations and immunization support.

WHAT DOES THIS BUY?

Supports access to high-quality prenatal, labor and delivery, postpartum, and essential newborn care. Funds the purchase and administration of vaccines, including polio and tetanus, medications, the prevention of pneumonia, micronutrients, and cleft lip/palate treatment. It also invests in health systems and capacity building and includes the contribution to Gavi, the Vaccine Alliance.

Interventions include immunizations, improving nutrition, improving access to and use of safe water, sanitation, and hygiene practices, addressing neglected tropical diseases, and providing medical products such as insecticide-treated mosquito nets.

JUSTIFICATION FOR THE REQUEST

- **Eighteen thousand more children and 650 more mothers will survive each day, today,** than in 1990 thanks to U.S. investments in maternal and child health.¹
- MCH funding helps **treat and prevent pneumonia** – the most common fatal infection in children, claiming 920,000 lives annually.
- In the last two years alone, 24 priority countries, 16 of which are in Africa, have achieved an **8% reduction in under-5 mortality, saving 500,000 lives.**
- With increased focus and U.S. investment under the Child Survival Call to Action, 13 African countries have launched sharpened national strategies, set national targets, and developed scorecards to track progress in maternal and child health.
- **The lifetime risk of maternal death in high-income countries is 1 in 3,300. In low-income countries it is 1 in 41.**
- **Each year, 5.4 million children under 5 years of age die from largely preventable or treatable causes.**² While U.S. funding has made progress over time, ongoing support for multilateral and bilateral initiatives continues to be necessary in reducing maternal and child fatalities.
- **Each year, 303,000 women die during childbirth.**³
- With 45% of under-5 deaths due in part to malnutrition, MCH funding is a critical counter against diarrheal diseases, including through the Gavi contribution, which includes funding to mitigate rotavirus.



Looking to the Future

Maternal and Child Health – TITLE III

BOLD VISION

- Additional investment could drastically reduce maternal mortality. According to the Kaiser Family Foundation, a \$30 million investment results in 14,000 saved lives of mothers, newborns, and children.
- Additional investment would improve access to skilled birth attendants and emergency obstetric care, training for frontline health workers, and research and development of new lifesaving tools and medical products.
- Additional investment could provide rapid scale-up of proven interventions and ensure sustained quality of interventions, including medical products, to improve the health of women and children and address treatable causes of death and disability.

¹ “Global Health,” USAID. <https://www.usaid.gov/what-we-do/global-health>.

² “Acting on the Call: Preventing Child & Maternal Deaths,” USAID. <https://www.usaid.gov/ActingOnTheCall>.

³ Ibid.

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5 YEAR FUNDING HISTORY

