

MATERNAL & CHILD HEALTH

MINIMUM REQUIREMENT FY 2021

\$868 MILLION

FY 2020 President's Request: \$619.6 Million

FY 2020 Enacted: \$851 Million

WHAT IS MATERNAL AND CHILD HEALTH PROGRAMMING?

Maternal and Child Health (MCH) programming 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 IT BUY?

MCH funding supports access to high-quality prenatal, labor and delivery, postpartum, and essential newborn care. It also 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.

The lifetime risk of maternal death in high-income countries is **1 in 3,300**.

In low-income countries, it is **1 in 41**.

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.

WHY IS IT IMPORTANT?

- ▶ Using dedicated MCH funding, USAID has helped save the lives of more than 9.3 million children and 340,000 women in the last ten years.
- ▶ Over the previous two years alone, 24 priority countries, 16 of which are in Africa, have achieved an 8% reduction in under-five mortality—saving 500,000 lives.
- ▶ Since 2012, 8.7 million women have given birth in a health facility and 7.9 million newborns received care after delivery; 77.1 million treatments were provided to children for diarrhea and pneumonia; and 34.7 million children were vaccinated against deadly preventable diseases.
- ▶ Immunization yields up to a 44-fold return on investment in low- and middle-income countries and averts an estimated 2 to 3 million child deaths each year.
- ▶ With 45% of under-five 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.



WHY SHOULD AMERICANS CARE?

- ▶ Despite progress, more than 14,000 children and 830 women still die every day from preventable causes.
- ▶ Diarrhea is one of the leading killers of children under-five, contributing to more deaths than HIV, malaria, and measles combined. An at-home treatment typically costs less than 50 cents.

WHAT MORE COULD BE DONE?

- ▶ While great strides have been made to improve maternal, newborn, and child health, there are key areas where additional investments are needed to address remaining challenges, including treating and preventing pneumonia, reducing newborn deaths, and addressing long-stagnant rates of maternal mortality.
- ▶ Increased investment in MCH programs could accelerate progress in the 25 USAID focus countries, or initiate programs in high-risk countries in which the U.S. is already engaged, but lack dedicated programs.
- ▶ Increased funding could 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.

6 YEAR FUNDING HISTORY

(In millions)

