

## TITLE III

# Maternal & Child Health

Minimum Requirement F.Y. 2022

**\$983.8 million**

F.Y. 2021 Enacted

**\$855.5 million**

The lifetime risk of maternal death in high-income countries is **1 in 5,400**. In low-income countries, it is **1 in 45**.

## DESCRIPTION

Funding for Maternal and Child Health (MCH) supports programs aimed at ending preventable child and maternal deaths. It strengthens health delivery systems, treats 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. 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.
- In 2019, USAID provided critical healthcare to **84 million women and children**.
- Over the previous two years alone, 25 priority countries, 16 of which are in Africa, have achieved an **8% reduction** in under-five mortality—saving 500,000 lives.
- **Since 2012**, 16.1 million women have given birth in a health facility, 15.5 million newborns received postnatal care, 92.8 million diarrhea and pneumonia treatments were provided to children, and 13.6 million health workers were trained in maternal and child health.
- 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-5 deaths** due in part to malnutrition, MCH funding is a critical counter against diarrheal diseases.

## 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.

## COVID-19 IMPACTS

- The **COVID-19 pandemic** has exacerbated existing challenges in delivery facilities and has diverted critical resources away from pregnant women and newborns.
- India, Indonesia, Nigeria, and Pakistan could see an additional **31,980 maternal deaths**, 395,440 newborn deaths, and 338,760 stillbirths as a result of COVID-19—a total of 766,180 additional deaths across these four countries alone.
- A **UNICEF survey** of 77 countries found that 63% experienced disruptions in antenatal checkups and 59% in post-natal care since the start of the pandemic.

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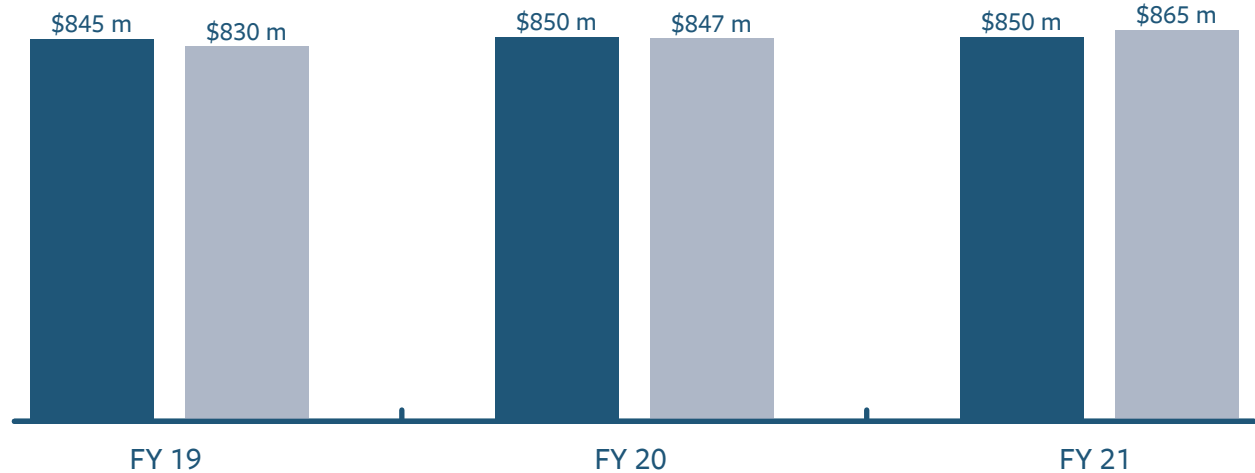
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## WHAT MORE COULD BE DONE?

- 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 where the U.S. is already engaged but lacks 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.

## FUNDING HISTORY



■ House

■ Senate

Funding levels may not exactly reflect those in the appropriations bills and/or reports due to rounding

