



## Agency Priority Goal Action Plan

# Maternal and Child Health

### Goal Leaders:

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# Overview

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## **Goal Statement**

Support the global effort to prevent child and maternal deaths. By Sept 30, 2019, U.S. global leadership and assistance to prevent child and maternal deaths will annually reduce under-five mortality in 25 maternal and child health U.S. Government-priority countries by an average of two deaths per 1,000 live births per year as compared to 2017.

## **Opportunities**

By analyzing the causes of child and maternal death and the current coverage of life-saving interventions, USAID, as a global leader in the health sector, has identified programs and health systems that will have the greatest impact. In the 2019 [Acting on the Call](#) report, USAID reported on its 2014 approach to save the lives of 15 million children under five and 600,000 women by 2020. USAID and its partners will focus on utilizing diverse strategies applied in community, primary care, and higher-level facilities. USAID's maternal and child-survival programs are concentrated in 25 priority countries with the highest need, demonstrable political commitment, and the potential to leverage resources from the public and private sectors to improve health outcomes. Together, these countries account for 70 percent of maternal and child deaths worldwide, and nearly 60 percent of the global unmet need for family planning.

## **Challenges**

Globally, child mortality has declined by half since 1990; each day 18,000 more children, and 650 more mothers, will survive than in 1990. Despite this achievement, 5.6 million children, and 303,000 women still die every year, primarily from diseases or other preventable causes. The economic costs of disease and poor health are significant, especially in terms of lost national productivity and economic growth; this usually translates to instability, and foments conflict, terrorism, and other threats. USAID will continue to work with its partners in the U.S. Government (USG) and the global community to strengthen country health systems in an effort to prevent child and maternal deaths, as both have significant impact on global productivity and economic development.

# Goal Structure and Strategies

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## Goal

The overall goal of USAID's maternal and child health program is to decrease maternal and child mortality. To achieve this, USAID employs cost-effective, high-impact interventions, including procuring and delivering essential, safe health commodities, and improving access to quality health services for the most vulnerable and underserved populations, down to the community level. Through efforts in family planning, maternal and child health, malaria, and nutrition, USAID is working to prevent child and maternal deaths.

## Strategies

### *Maternal and Newborn Health*

USAID's strategy to accelerate reduction in preventable maternal deaths includes promoting respectful care and high-impact interventions for the major causes of death in childbirth, especially postpartum hemorrhage and preeclampsia/eclampsia; strengthening health systems; and changing family and community behaviors to encourage more women to seek maternity care. USAID programs take into account and address cultural and financial factors that limit the utilization of life-saving care. Programs pay special attention to strengthening care during labor, delivery, and the vital first 48 hours post-partum, a particularly vulnerable time for women and their infants, as well as changing the attitudes of health workers towards their clients.

### *Health Systems Strengthening*

Health systems consist of all the people, institutions, resources, and activities that affect the health of the population, not just those provided or managed by governments. Strengthening health systems capacitates countries to better detect outbreaks, mitigate the transmission of disease, and prevent epidemics on their own. Implementing a full range of health-systems interventions promotes the sustainability of global health programs.

As outlined in the 2019 Acting on the Call report, USAID's approach to preventing child and maternal deaths focuses on helping host countries build strong, resilient health systems. USAID makes strategic investments to prevent child and maternal deaths by

# Goal Structure and Strategies

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addressing key drivers of health and incentivizing domestic resource-mobilization to improve neonatal care and maternal care; reduce childhood illness; advance quality care for family planning; increase access to essential commodities; address undernutrition; and protect people from malaria.

Governments and their partners need to take systematic action to reach all women, newborns, and children under-five with effective care. Scaling up select health-systems activities, chosen for their country-specific feasibility, is an essential element of USAID's efforts to prevent millions of child and maternal deaths worldwide. By working with governments, civil society, and the private sector to build strong health systems, USAID supports the implementation and maintenance of global health resilience and security for the United States.

## *Population and Reproductive Health*

Voluntary family planning (FP) is a critically important, cost-effective intervention to address child and maternal mortality. USAID FP programming continues to reduce maternal and child mortality by empowering families to time and space their births at the healthiest intervals for mother and child. These FP activities will include: mobilizing demand for modern FP services through behavior-change communication; improving the supply of and logistics for commodities; service-delivery; policy analysis and planning; biomedical, social science, and program research; knowledge-management; and monitoring and evaluation. Expanding access to voluntary FP information and services and improving commodity supply and logistics inherently benefits families, accelerates economic growth, and improves social stability.

## *Nutrition*

Poor nutrition continues to be an underlying cause of approximately 45 percent of all deaths among children under five years of age, and over 33 million pregnant women are anemic putting them at higher risk for death caused by postpartum hemorrhage and other conditions. USAID invests in activities that focus on the prevention of malnutrition through integrated services: improved women's nutrition services and counseling with a focus on pregnant and lactating women; improved infant and young child feeding practices, including exclusive breastfeeding and appropriate complementary feeding; delivery of nutrition services, such as micronutrient supplementation and food fortification; treatment of children with acute malnutrition within routine health services; capacity

# Goal Structure and Strategies

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building for health providers to assess nutritional status, and treat and counsel appropriately; and strengthening nutrition governance and domestic resource mobilization.

## *Malaria*

Malaria remains a major cause of mortality among young children. Children under 5 years of age still account for over 60% of malaria deaths worldwide and without sustained efforts, prior progress could be quickly reversed. Through the President's Malaria Initiative, USAID works with host countries and private partners to further reduce malaria deaths and substantially decrease malaria morbidity by: supporting partner countries in adapting to changing epidemiology and incorporating new tools; improving local capacity to collect and use information; mitigating the risk of a resurgence of malaria; and building capacity and health systems. Since malaria morbidity also adversely impacts school attendance and workplace productivity, a healthier population also contributes to improved education and a more-robust economy.

# Summary of Progress

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USAID achieved its goal of reducing under-five mortality in 25 maternal and child health U.S. Government priority countries by an average of two deaths per 1,000 live births per year as compared to FY 2017. USAID regularly met or exceeded its quarterly and annual targets as described below.

## *Contraceptive Commodities*

- A major component of preventing child and maternal deaths is ensuring access to contraceptive commodities. Expanding access to information on voluntary family planning, and improving the supply and logistics of commodities, inherently benefits families, accelerates economic growth, and improves social stability. In FY 2019 Q4, USAID delivered 95 percent of purchased contraceptive commodities on time and 84 percent of purchased contraceptive commodities on time and in full. Both deliveries surpassed the 80-percent target in the Agency's supply-chain contract. Of the 38 shipments/deliveries delivered to Priority Countries in FY 2019 Q4, 36 arrived within the established delivery window. USAID exceeded its quarterly target for contraceptive commodities delivered on time for the last seven quarters, only missing the target in FY 2018 Q1. For contraceptive commodities delivered on time and in full, USAID exceeded its quarterly targets in FY 2019. USAID and its implementing partner continue to make progress by building on and refining the measures first implemented in FY 2017 and utilizing global supply chain data to develop and integrate analytical tools into standard processes to improve decision-making and be more responsive to field needs. USAID continues to work closely with the GHSC-PSM Project to monitor and mitigate any risks to the global supply chain, including bottlenecks in procurement and delivery processes such as delays in goods availability and transit and customs delays.

## *Prevalence of Modern Contraceptive Methods*

- Increased use of contraception leads to decreased unintended pregnancies and slows population growth over time. Modern Contraceptive Prevalence Rate (mCPR) measures the percentage of in-union women of reproductive age (15-49 years) who are using, or whose partner is using, a modern method of contraception at the time of the survey. Annual country estimates of mCPR come from moving averages that use all available data points from Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), and Performance Monitoring for Action (PMA) Surveys. The FY 2019 planned increase for

# Summary of Progress

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mCPR was an average 1 percent and for all PRH priority countries, USAID achieved an average increase of 0.9 percent. The change in mCPR from 34.1 in 2018 to 35.0 in 2019, while slightly below the planned target for 2019, remains within 10 percent. The rate will improve because of the strengthening of integrated interventions for voluntary family planning and maternal and child health (MCH). Challenges to reaching USAID's planned target for 2019 include a decreasing trend in mCPR in a number of priority countries and an increase in teenage pregnancies.

## *Under-Five Mortality (U5MR)*

- The U5MR across the U.S. Government's 25 priority countries for MCH decreased by 1.9 per 1000 live births from FY 2018 to FY 2019. While a decline of 1.9 meets the target, the absolute value of change should decrease as the priority countries converge with current global estimates and trends. Challenges to meeting this target include that the highest child mortality remains in the most fragile places and difficult environments, and that more stable countries have already achieved the "lower hanging fruit" and will have to scale up more difficult interventions to meet the target. FY 2019 data come from the Inter-Agency Working Group on Child Mortality Estimates 2019, and USAID weights the data by using birth-cohort estimates from the United Nations (UN) World Prospects to provide the aggregate estimate for the U.S. Government's 25 priority countries. Improvements in mortality outcomes are the result of increasingly effective efforts to link diverse health programs – in MCH, malaria, and voluntary family planning contributes to the healthy timing and spacing of pregnancy, in nutrition, in HIV/AIDS, and in sanitation and hygiene. All of these efforts contribute to ending preventable child and maternal deaths.

## *People Protected Against Malaria*

- As a result of USAID's funding for malaria programs and coordination with other major donors, including the Global Fund, the World Bank, and the Bill and Melinda Gates Foundation, 19 focus countries of the President's Malaria Initiative (PMI) in sub-Saharan Africa with paired nationwide surveys show significant declines in all-cause mortality rates among children less than five years of age, which ranged from 10 percent to 67 percent. The financing to scale up insecticide-treated nets (ITNs) alone protected over 125 million people in FY 2018. While results are not yet available for FY 2019, USAID continues to fund malaria programs in coordination with other major donors, including the Global Fund and the Gates Foundation, to ensure

# Summary of Progress

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hundreds of millions of people benefit from protective measures and receive appropriate diagnosis and treatment for malaria.

## *Deliveries in Health Facility<sup>1</sup>*

- The average percent of births in a health facility across the 25 MCH priority countries increased from 63.04 percent in calendar year (CY) 2016 to 64.09 percent in CY 2017. The net increase of 1.05 percentage points met USAID's FY 2018 target of 1 percentage point. The average percent of births in a health facility across USAID's 25 MCH priority countries increased from 67.19 percent in CY 2017 to 68.84 percent in CY 2018. The net increase of 1.65 percentage points exceeded the FY 2019 target of one percent. This small, but stable, increase (about one percentage point per year since 2013) reflects the continued positive trajectory in this important intervention. Since the percentage is over 50 percent, USAID expect smaller changes in the absolute value per year moving forward. With coverage already this high, there will be fewer new populations to reach. Large countries such as Pakistan, Nigeria, and India all reported new and increased data for facility delivery in CY 2018. Deliveries in health facilities in USAID's 25 MCH priority countries came from DHS, MICS, or other surveys and averaged (weighted by live births) each year.

## *Children Who Receive Pneumococcal Vaccine<sup>2</sup>*

- The total percent of children receiving at least three doses of pneumococcal vaccine (PCV3) increased from 37.79 percent in CY 2016 to 39.44 percent CY 2017 for a net increase of 1.65 percent missing the FY 2018 target of 5 percent. USAID used projections that relied on net changes in coverage between 2011 and 2016 to set the FY 2018 target of a 5 percent. However, during this early period as PCV3 was being introduced the coverage jumped from 0 percent to above 50 percent in many countries causing a projection derived from this period to suggest a higher net increase than could be sustained in subsequent years. In fact, this rapid increase in coverage has since tapered now that most countries have introduced PCV3

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<sup>1</sup> USAID collects data for this indicator by calendar year, which overlaps with the Federal Fiscal Year. For this reason, the Agency reports the difference in data from CY 2017 and 2018 for FY 2019.

<sup>2</sup> USAID collects data for this indicator by calendar year, which overlaps with the Federal Fiscal Year. For this reason, the Agency reports the difference in data from CY 2017 and 2018 for FY 2019.



# Summary of Progress

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and the coverage increase from CY 2016 to CY 2017 was smaller than the estimated target. Based on progress expected in India and Indonesia and changes in coverage rates in the other 23 priority countries, USAID set an annual target of an increase of one percent absolute percentage points for FY 2019. PCV3 coverage increased from 42.3 percent in CY 2017 to 45.6 percent in CY 2018 for a net increase of 3.3 percentage points, which surpassed the FY 2019 target. These estimates are weighted between the 25 U.S Government's priority countries for MCH by live births. PCV vaccine is an important vaccine that rolled out in the 25 priority countries in 2010 or later. India newly introduced PCV3 in CY 2018, and, because it is a large country and because the values are weighted, the increase in PCV3 was even larger than expected. While the target will remain at an increase of one absolute percentage point, USAID will consider a larger target if the trend continues to be greater than expected.

## *Milestones*

- PMI Malaria Operational Plans (MOPs) are detailed, one-year implementation plans for PMI focus countries. Each plan reviews the current status of policies and interventions to control and prevent malaria, identifies challenges and unmet needs to achieve PMI goals, and provides a description of planned, PMI-funded activities. The activities described in the MOPs directly support USAID's APG on Preventing Child and Maternal Deaths. The U.S. Government Global Malaria Coordinator formally approved the MOPs during the meeting of the Interagency Advisory Group on October 24, 2018.
- USAID is actively engaged in using annual performance data from the Performance Plan and Report (PPR) for data-driven approaches to health programming and implementation of best practices. The Bureau for Global Health completed the most-recent Data-Driven Review on March 7th, 2019.
- USAID annually reports on progress and outputs in preventing child and maternal deaths through the *Acting on the Call Report (AOTC)*. The [2018 Acting on the Call Report: A Focus on the Journey to Self-Reliance for Preventing Child and Maternal Deaths](#) calculated the return on USAID's investment (ROI) to eliminate bottlenecks to improve health care. This report is also part of a larger USAID effort to make sure child health is one of the measures of capacity to measure progress in the overall Journey to Self-Reliance. USAID's work to eliminate health bottlenecks can yield an average return on investment of six to one and will make around \$26.9 billion available to the health sector, in public and private funds. While the 2018

# Summary of Progress

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AOTC Report focused on ROI, the [2019 Acting on the Call Report: A Focus on the Journey to Self-Reliance for Preventing Child and Maternal Deaths](#) reported on the reach of USAID's programs. Specifically, that programs reached 81 million women and children with life-saving interventions across the U.S. Government's 25 priority PCMD countries. This includes 28 million children reached with nutrition interventions, 3.3 million women delivering in a health facility, and 6.5 million children receiving vaccinations, among other interventions. Members of Congress attended the event and voiced their approval of USAID's work and its importance to the world.

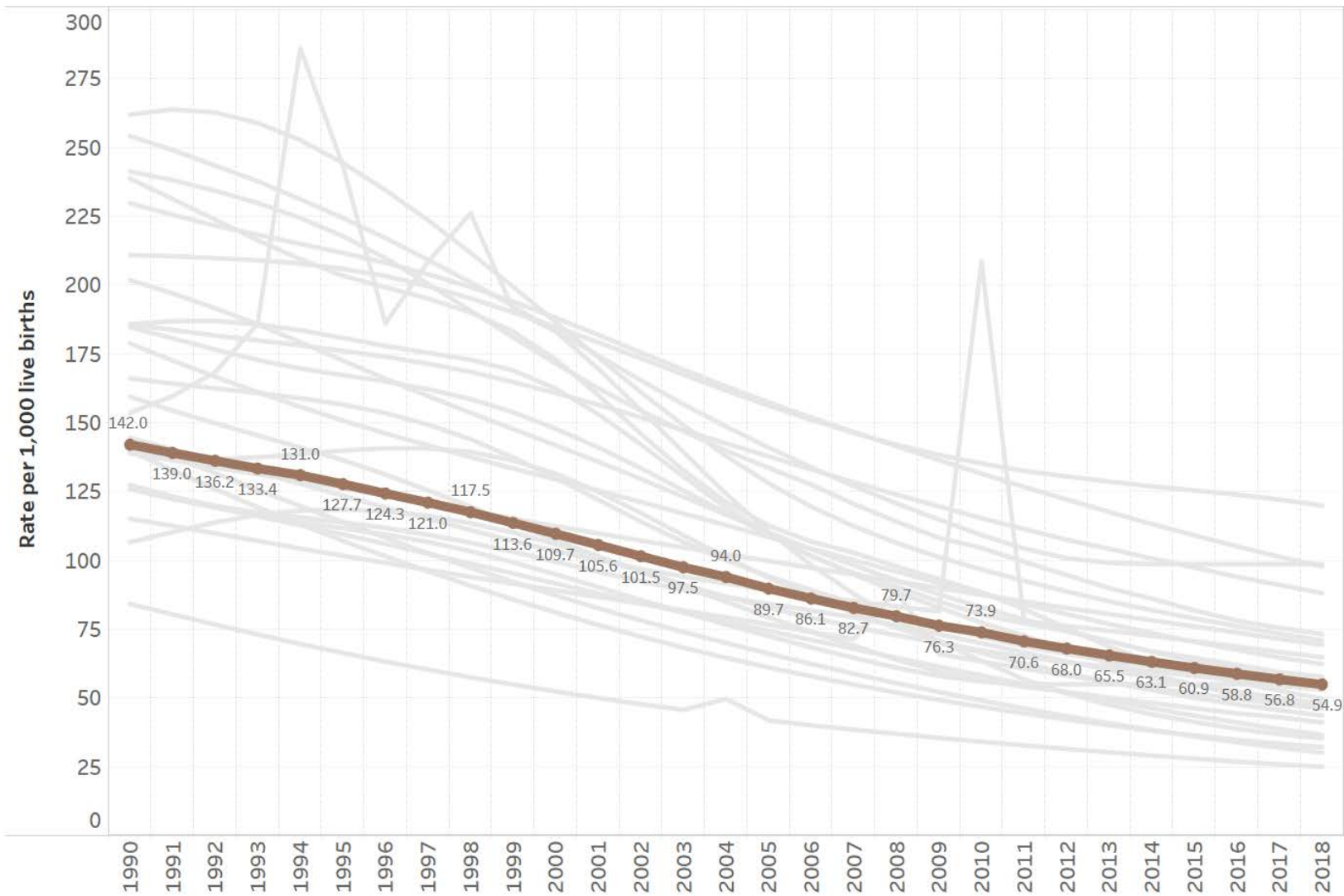
- Operational Plans (OPs) are detailed annual planning documents that outline how Operating Units plan to allocate and use their FY 2018 funds in the coming fiscal year. The Health Implementation Plan (HIP) is the health portion of an Operating Unit's OP and is composed of four sections: (1) country context and epidemiology; (2) summary of host country national health plan and private sector engagement and donor activity; (3) implementation approach by program goal; and (4) monitoring, evaluation, research, and innovation. The Bureau reviews OPs and HIPs to ensure that programs, budgets, and implementing mechanisms (IM) are optimally aligned with Agency health priorities, support state-of-the-art, evidence-based programs, bring to bear the Agency's technical expertise, and share best practices from the field. In 2018, all OPs were completed by the end of the calendar year. However, due to the delay in launching the FY 2019 OP, the HIPs were not available for review as of the end of Q4 2019. USAID anticipates it will meet this milestone in Q1 2020.



# Indicators and Milestones

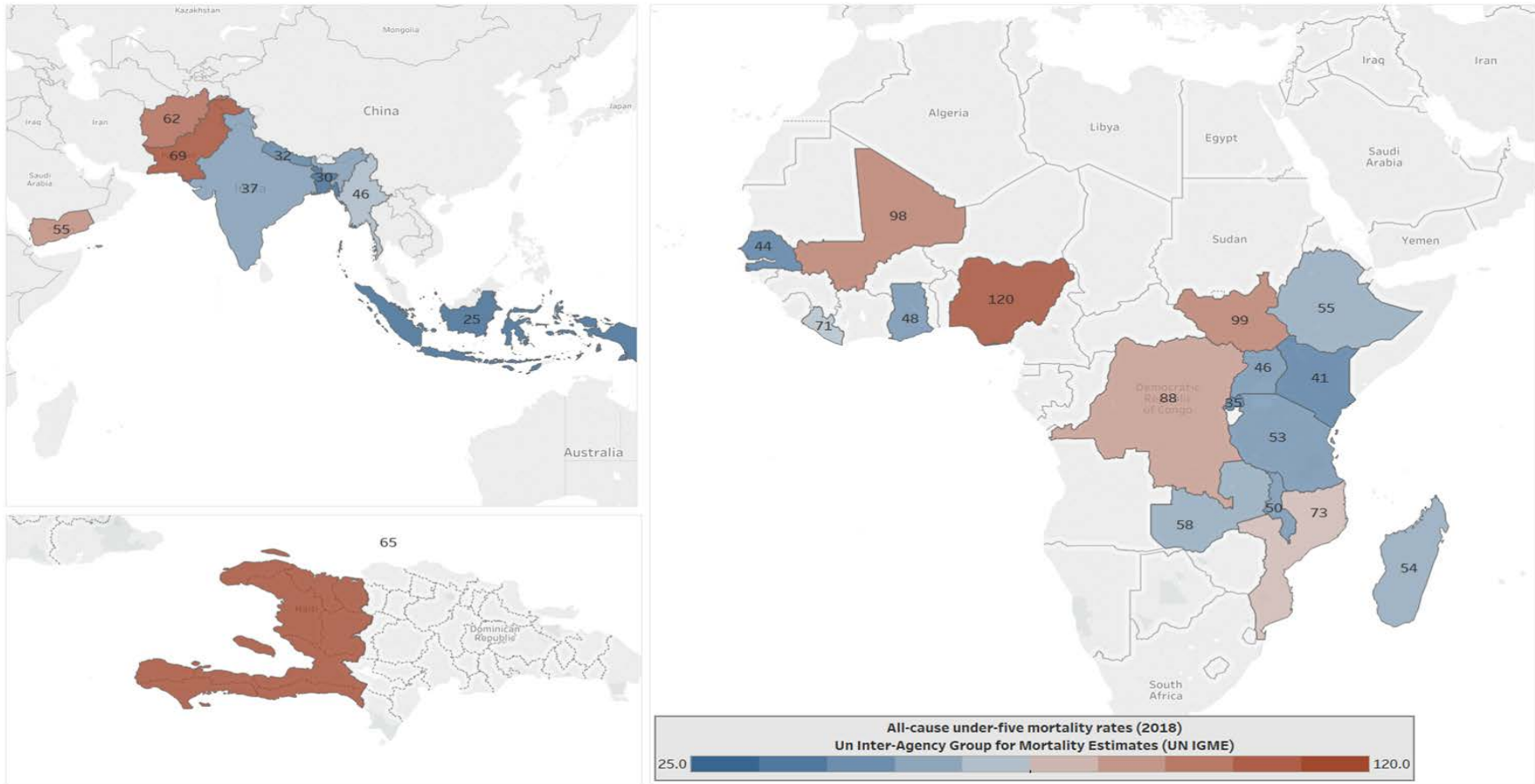
## What is the U5MR trend, 1990-2018?

Each grey line shows the UN IGME estimates of under-five mortality for each selected country from 1990 up to the year 2018. The **Brown** line shows the weighted average U5MR of all USAID priority countries.



# Key Indicators and Milestones

USAID's maternal and child survival programs are concentrated in 25 focus countries, which account for 70 percent of maternal and child deaths worldwide.

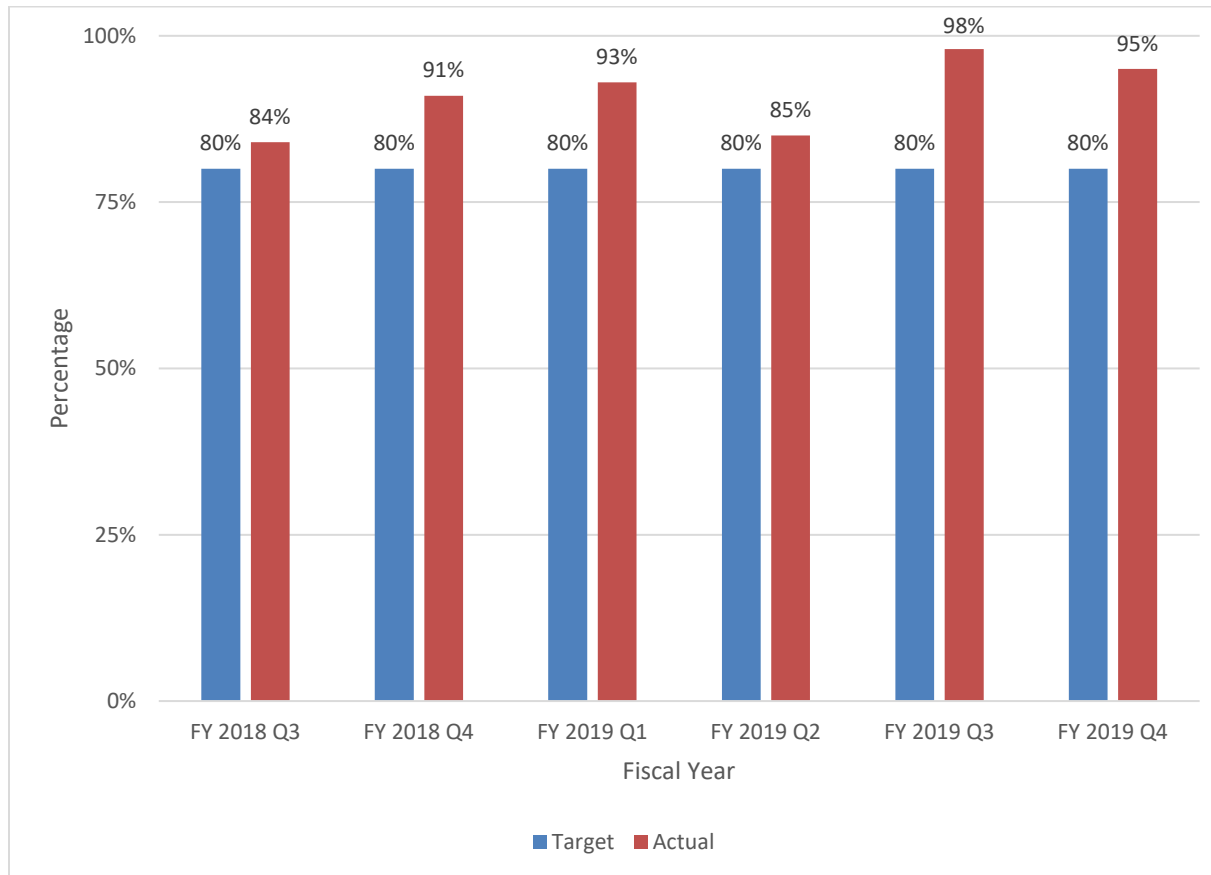


# Indicators and Milestones

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Quarterly Indicator:

Percent of shipments of contraceptive commodities that are on time<sup>3</sup>



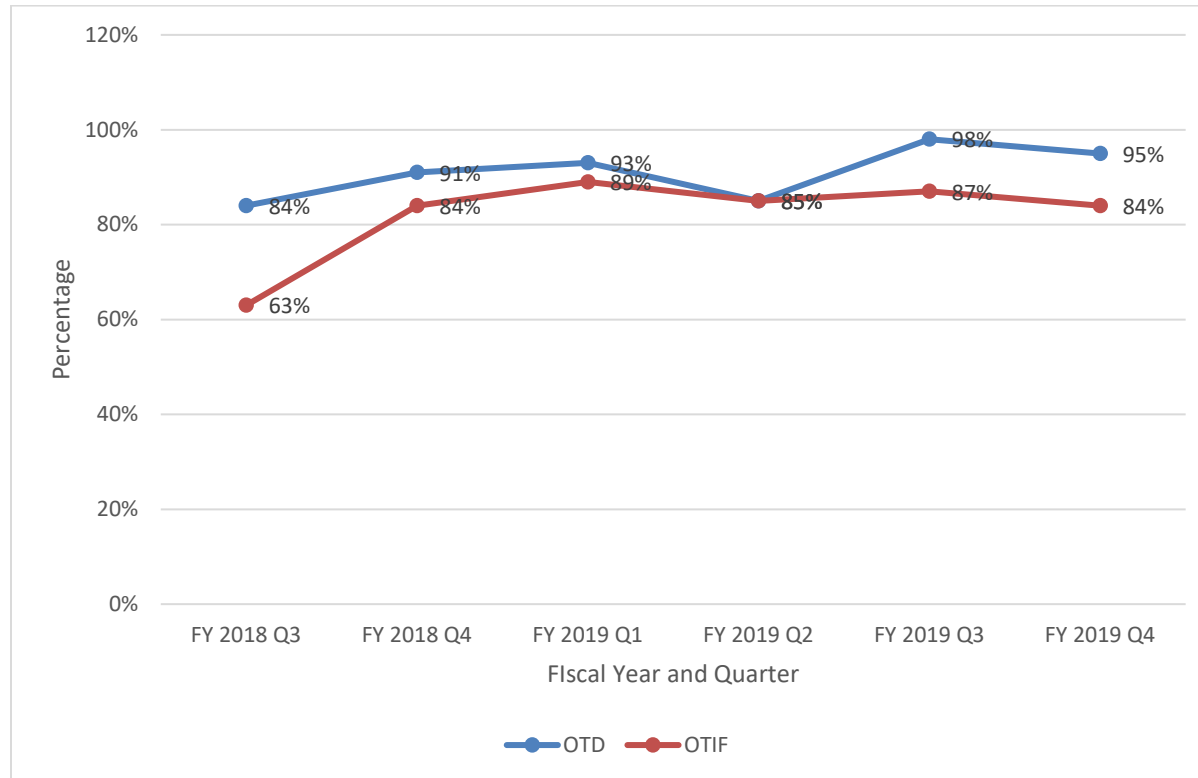
<sup>3</sup> Graph includes data for USAID's 24 priority countries for voluntary family planning and reproductive health.

# Indicators and Milestones

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Quarterly Indicator:

Percent of shipments of contraceptive commodities that are on time and in full<sup>4 5</sup>



<sup>4</sup> Graph includes data for USAID's 24 priority countries for voluntary family planning and reproductive health.

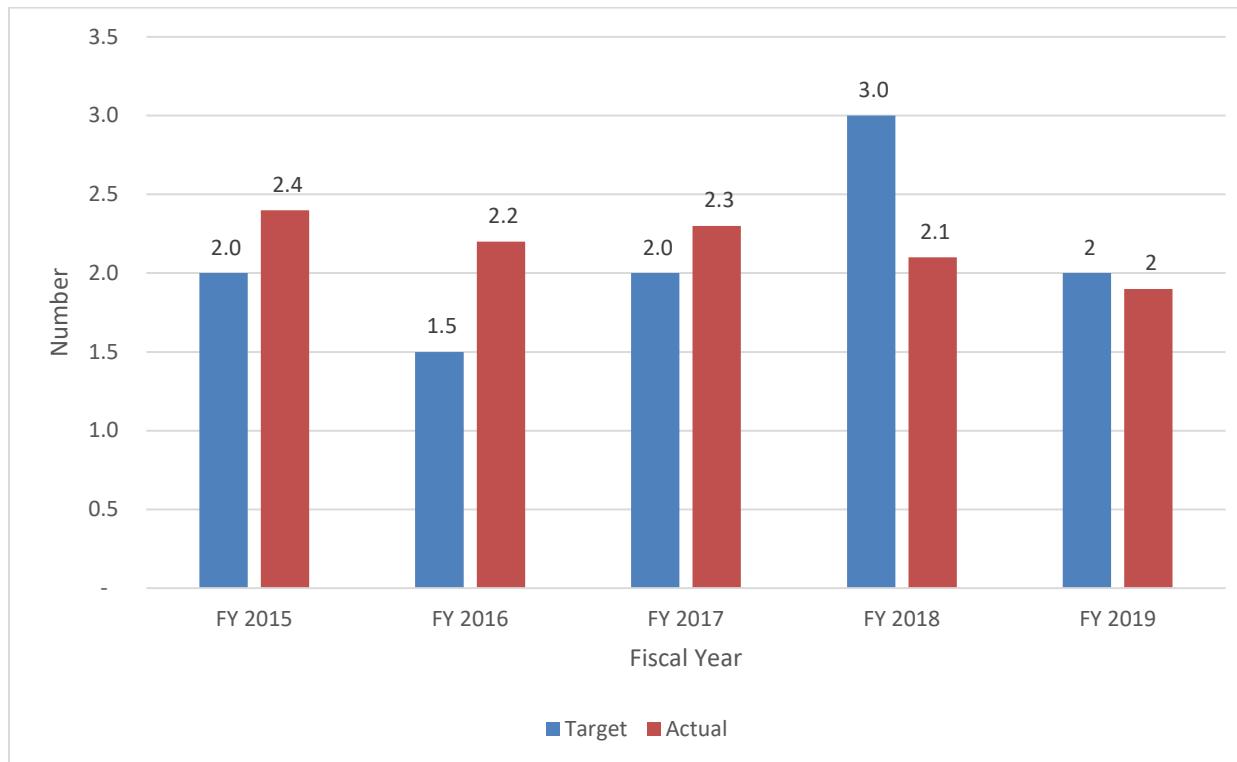
<sup>5</sup> USAID measures two different quarterly indicators: "on time" (OTD) and "on time, in full" (OTIF). OTD measures the number of line items with an agreed delivery date during the reporting period delivered on time, divided by the total number of line items promised during the reporting period. OTIF measures the number of line items delivered both on time and in the agreed-upon quantity during the reporting period, divided by the total number of line items delivered during the reporting period.

# Indicators and Milestones

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Annual Indicator:

Absolute change in under-five mortality rate (decrease per 1,000 live births)<sup>6</sup>



<sup>6</sup> Graph includes data for year-to-year absolute change in the U.S. Government's 25 priority countries for maternal and child health.

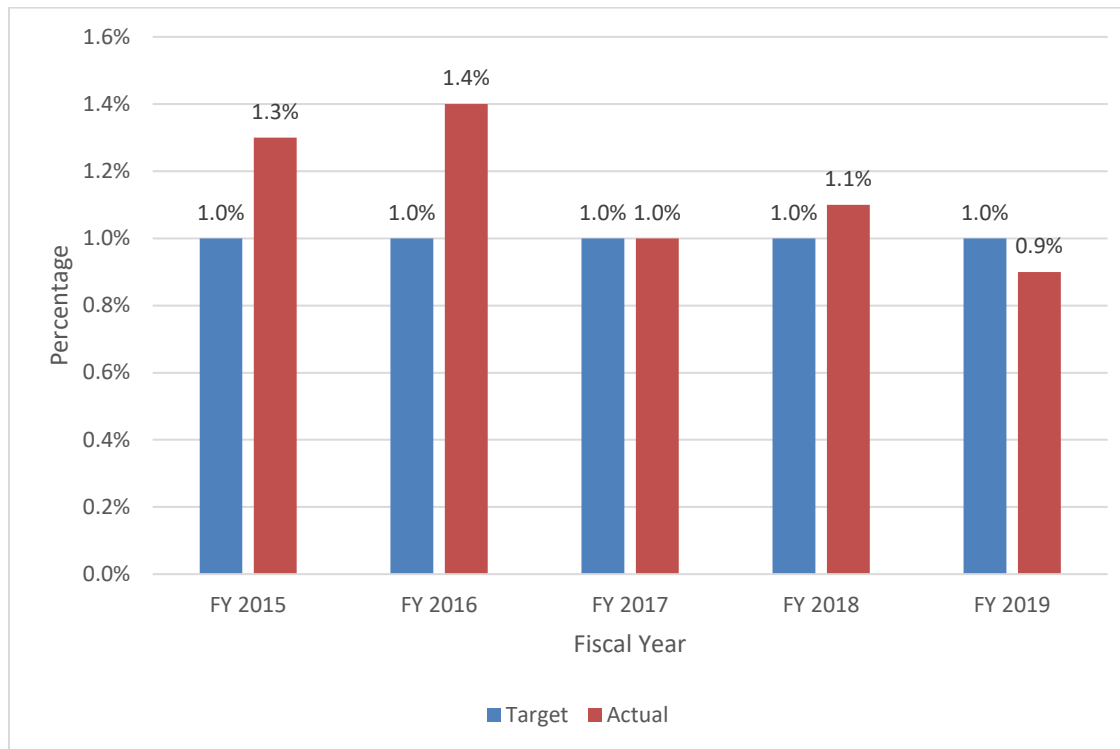


# Indicators and Milestones

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Annual Indicator:

Absolute change in the prevalence rate of modern contraceptives<sup>7</sup>



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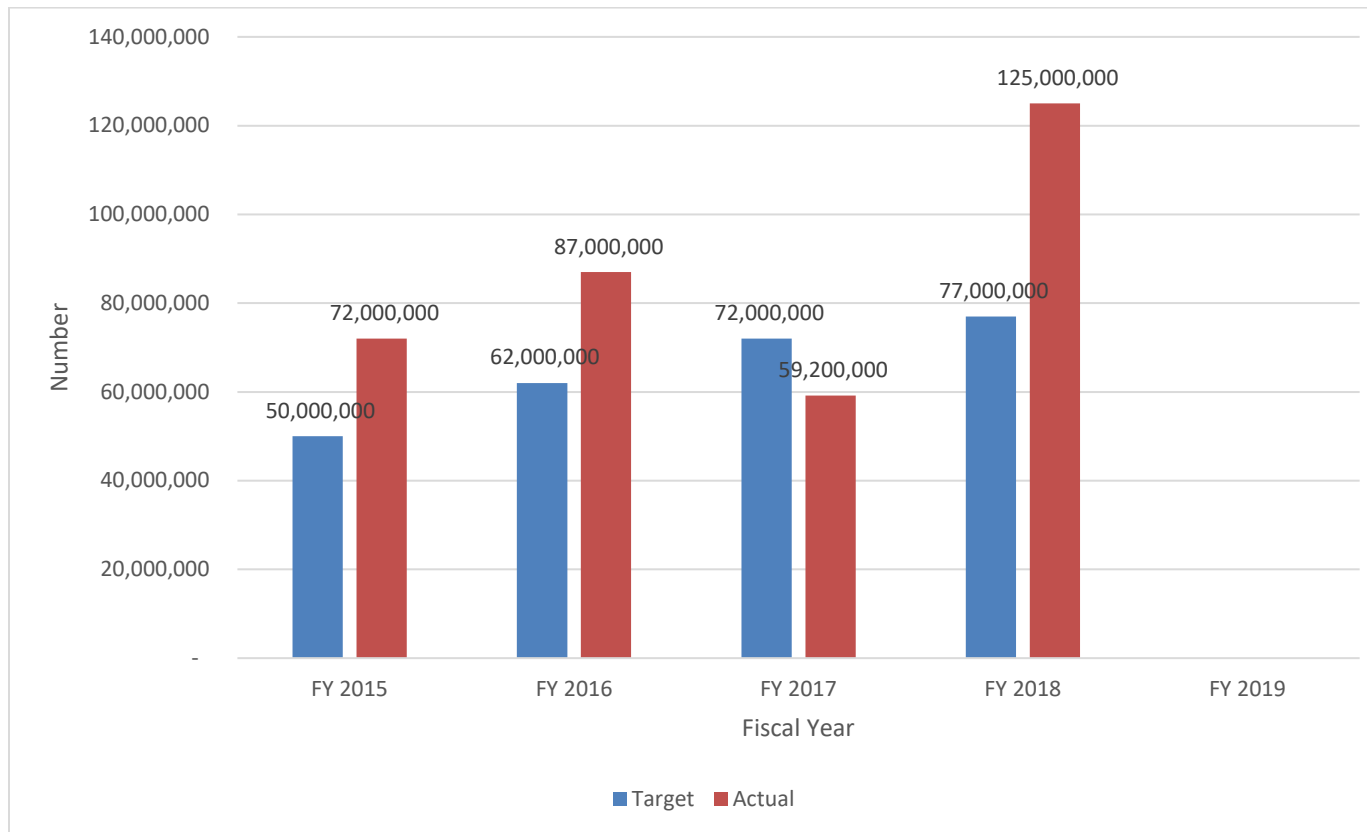
<sup>7</sup> Graph includes data for year-to-year absolute change in the U.S. Government's 24 priority countries for family planning and reproductive health.

# Indicators and Milestones

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Annual Indicator:

Annual total number of people protected against malaria with insecticide- treated nets<sup>8</sup>



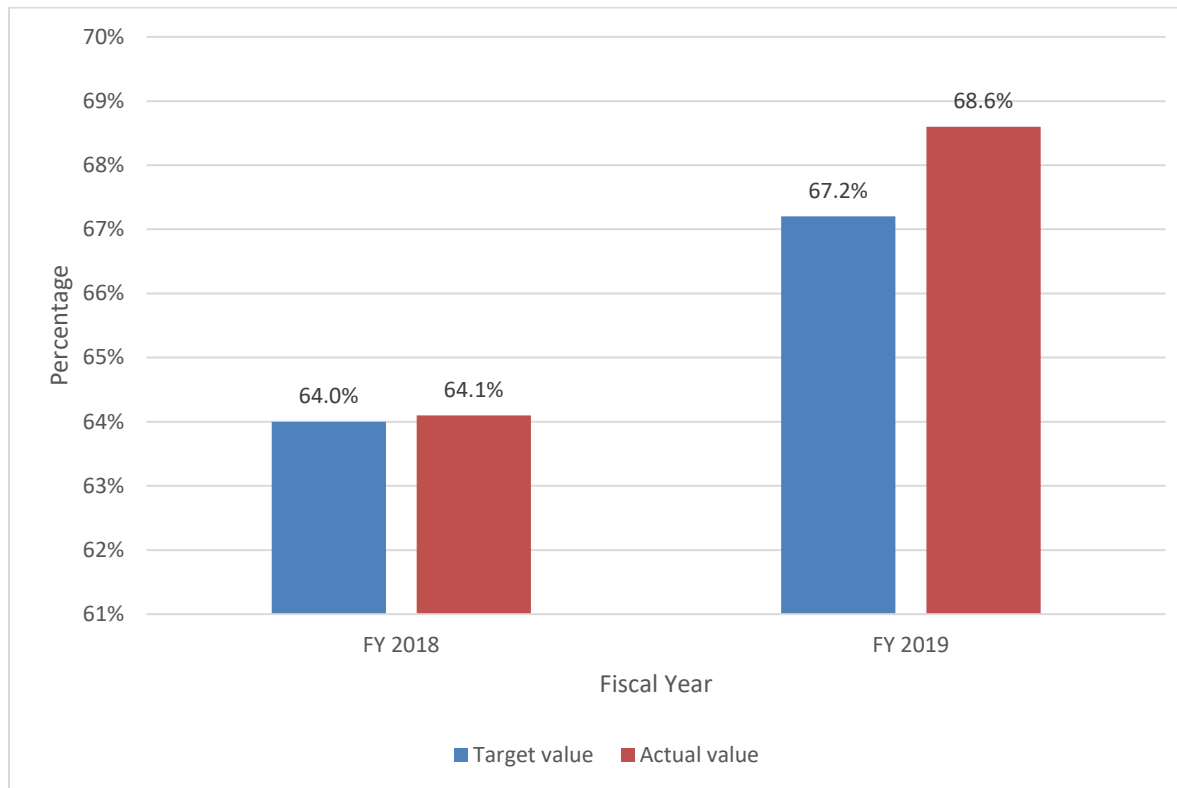
<sup>8</sup> Graph includes data for the 19 PMI priority countries. FY 2019 data will be available in early CY 2020.

# Indicators and Milestones

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Annual Indicator:

Absolute change in total percentage of births delivered in a health facility across 25 MCH priority countries<sup>9</sup> <sup>10</sup>



<sup>9</sup> USAID collects data by CY, which overlaps with the Federal FY. For this reason, the Agency reports the difference in CY 2016 and 2017 data for FY 2018.

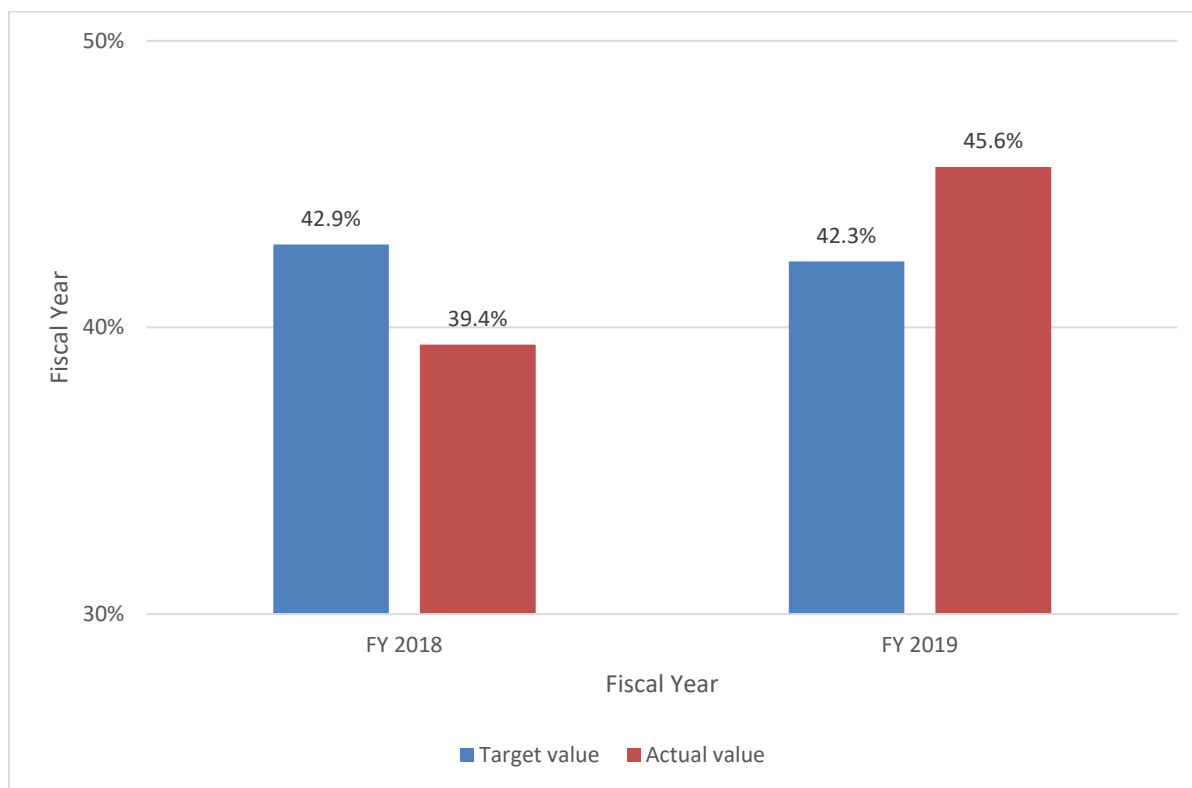
<sup>10</sup> This is a new indicator for the FY 2018-2019 APG.

# Indicators and Milestones

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Annual Indicator:

Absolute change in total percentage of children who received at least three doses of pneumococcal vaccine by 12 months of age across 25 MCH priority countries<sup>11 12</sup>



<sup>11</sup> USAID collects data by calendar year, which overlaps with the Federal fiscal year. For this reason the difference in CY 2016 and 2017 data is reported for FY 2018.

<sup>12</sup> This is a new indicator for the FY 2018-2019 APGs.

# Indicators and Milestones

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# Indicators and Milestones

Maternal and Child Health Indicators	FY 2019 Target				FY 2019 Actual			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<i>Quarterly:</i> Percent of shipments of contraceptive commodities that are on time	80	80	80	80	93	85	98	95
<i>Quarterly:</i> Percent of shipments of contraceptive commodities that are on time and in full	80	80	80	80	89	88	87	84
<i>Annual:</i> Absolute change in under-five mortality rate (decrease per 1,000 live births)	-2.0				-1.9			
<i>Annual:</i> Absolute change in the prevalence rate of modern contraceptives	1.0				0.9			
<i>Annual:</i> Annual total number of people protected against malaria with insecticide-treated nets	85 million				TBA (Jan 2020)			
<i>Annual:</i> Absolute change in total percentage of births delivered in a health facility	1.0				1.65			
<i>Annual:</i> Absolute change in total percentage of children who received at least three doses of pneumococcal vaccine (PCV) by 12 months of age	1.0				3.3			

# Indicators and Milestones

Milestone Summary			
Milestone	Deadline	Status	Notes
Approval of 24 Annual Malaria Operational Plans (MOPs) for the 24 priority Presidential Malaria Initiative (PMI) countries and one sub-region	Q1 2018	Complete	The Acting U.S. Global Malaria Coordinator formally approved the MOPs during the Interagency Advisory Group meeting on October 25, 2017. (President Trump named Dr. Kenneth Staley as the new Global Malaria Coordinator in April 2018).
Execute a data-driven review of country performance results across Fiscal Year (FY) 2017	Q2 2018	Complete	USAID completed an intensive review and analysis of annual performance data collected from over 63 Operating Units to assess progress in voluntary family planning, maternal and child health, nutrition, infectious-disease threats, malaria, and tuberculosis, as well as global health evaluations.
Release next <u>Acting on the Call Report</u>	Q3 2018	Complete	USAID released the report as scheduled on June 18, 2018.
Conduct thorough review of Health Implementation and Operational Plans for 25 U.S. Government maternal and child health priority countries	Q4 2018	Complete	The Bureau for Global Health (GH) is currently undergoing a thorough review of the Health Implementation and Operational Plans for 21 of the U.S. Government maternal and child health priority countries. The OPs for the four remaining priority countries are not yet available. GH will initiate its review of those remaining OPs once they are available. GH's review process will ensure that programs, budgets, and implementing mechanisms are aligned with Agency health priorities and support state-of-the-art, evidence-based programs.
Approval of 24 Annual Malaria Operational Plans (MOPs) for the 24 priority Presidential Malaria Initiative (PMI) countries and one sub-region.	Q1 2019	Complete	The U.S. Global Malaria Coordinator formally approved the MOPs during the meeting of the Interagency Advisory Group on October 24, 2018.
Execute a data-driven review of country performance results across Fiscal Year 2019.	Q2 2019	Complete	USAID completed an intensive review and analysis of annual performance data collected from over 63 OUs to assess progress in voluntary family planning, MCH, nutrition, infectious-disease threats, malaria, and TB, as well as global health evaluations. The

# Indicators and Milestones

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			DDR was completed on March 7, 2019
Release 2019 <u>Acting on the Call</u> Report.	Q3 2019	Complete	USAID released the report as scheduled on June 19, 2019
Conduct thorough review of Health Implementation and Operational Plans (OPs) for 25 U.S. Government priority countries for maternal and child health.	Q4 2019	Incomplete	Due to the delay in launching the FY 2019 OP, the HIPs were not available for review as of the end of Q4 2019.



# Data Accuracy and Reliability

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USAID invests in technical assistance and data-collection at national, regional, and local levels to strengthen country health systems, improve outcomes, and save millions of lives. In 2018, USAID helped 81 million women and children gain access to essential health services. By focusing on building strong and resilient public and private health institutions, USAID, with the rest of the U.S. Government and its partners, leverages future gains toward building more sustainable progress.

USAID and its partners monitor and collect data regularly, to monitor performance and evaluate results against the goal of preventing child and maternal deaths. As healthy women and children are one of the best indicators of national stability, under-five mortality (U5MR) is both an indicator of child health and social and economic development. USAID monitors U5MR, as well as a suite of related indicators that reflect the return on USAID investments, and the overall strength of health systems.

U5MR is a key indicator for measuring child well-being, including health and nutritional status. Annually, the United Nations Inter-Agency Working Group on Mortality Estimates (IGME) collaborates with USAID, host countries, international partners, and subject-matter experts to review newly available data, conduct a data-quality assessment, and update estimates of child mortality. To estimate the U5MR trends for each country, a statistical model that uses the child mortality Demographic Health Survey (DHS) data is fitted to data points that meet quality standards established by the Inter-Agency Working Group, and then used to predict a trend line extrapolated to a common reference year.

Data are collected continuously at the end of each Fiscal Year, USAID aggregates data for individual countries and extrapolates trend lines by using a common reference year. Possible data limitations include lack or delays in reporting. Out year targets are projected using historical trends.

# Additional Information

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## Contributing Programs

### Organizations:

- o USAID partners: Bureaus for Food Security; Economic Growth, Education, and Environment; Democracy, Conflict, and Humanitarian Assistance; Policy, Planning and Learning; Regional Bureaus; the Global Development Lab; and others as necessary and appropriate.
- o Interagency partners: Departments of State, Treasury, Defense, Commerce, Agriculture, Health and Human Services, and Labor; Peace Corps; and the Millennium Challenge Corporation.
- o Other important partners: faith-based organizations; host-country governments; the private sector; the Bill and Melinda Gates Foundation; industry partners; the Global Fund to Fight AIDS, Tuberculosis, and Malaria; GAVI, the vaccine fund; the United Nations Children's Fund; and the World Health Organization.