

ACTING ON THE CALL

ENDING PREVENTABLE CHILD AND
MATERNAL DEATHS: A FOCUS ON EQUITY

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*Ending Preventable Maternal and
Child Deaths: Summary of a Global
Report by USAID*

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Introduction

USAID released the third annual Acting on the Call report, which details how a renewed focus on the poorest 40% of the population can save the lives of 8 million women and children by 2020. Along with the report, USAID announced a new \$9.2 million programme, 'Integrating Community Health' which will leverage an additional \$10 million investment from other sources and is designed to strengthen the role of community health in USAID's efforts to end preventable child and maternal deaths. For USAID, Acting on the Call (AOTC) is a continuous improvement process in the drive to end preventable child and maternal deaths.

The report provides country-by-country updates on progress made over the past year in priority countries, which together account for more than two-thirds of the child and maternal deaths worldwide. The report also examines how to accelerate progress through equity based approach, describing what can be achieved if the bottom two wealth quintiles have the same opportunities and access to health interventions as the rest of the population.

The 2016 report includes country by country updates on how USAID is meeting the commitments we made in 2014, as well as how USAID's programs are targeting the poorest and hardest to reach. **This 2016 acting on the Call report specifically addresses equity**, the notion that everyone should have a fair opportunity to reach their full health potential. It further investigates on how with equity-based approaches we can further accelerate impact.

Global Highlights

- Over 5.9 million children under the age of 5 died in 2015
- 45% of deaths in children fewer than 5 years of age occur in their first 28 days of life
- Currently fewer than 5 percent of the world's children have received all 11 vaccines recommended by the World Health Organization
- Every year, more than 289,000 women die during pregnancy or childbirth. Most of these deaths are preventable.
- At least 12 million women suffer severe maternal complications.
- 5 main reasons for death during pregnancy are severe bleeding, infections, unsafe abortion, hypertensive disorders (pre-eclampsia and eclampsia), and medical complications like cardiac disease, diabetes, or HIV/AIDS complicating or complicated by pregnancy.
- More than 135 million women give birth per year and about 20 million of them are estimated to experience pregnancy-related illness after childbirth
- Since 1990 the global maternal mortality ratio has declined by only 2.3% annually instead of the 5.5% needed to achieve MDG

Importance of Healthcare

Access to affordable, high quality, respectful maternal and newborn health care is fundamental to the survival of pregnant and childbearing women, girls, and newborns and can prevent most deaths that occur. However, even when women are able to get the care they need, they can suffer inequitable treatment. Mistreatment of women during pregnancy and labor and of newborn babies can negatively impact health outcomes, and is an important issue in addressing health equity.

Furthermore, vaccines prevent an estimated 2 to 3 million child deaths each year, helping young infants and children survive the most perilous period of life, when immune systems are not fully developed. Vaccines, however, do not always reach the children who need them, and millions die as a result. Addressing the systemic challenges affecting immunization programs is a key equity issue. Reaching unvaccinated and under-vaccinated children requires increasing the equity of vaccine delivery both for the first dose and to ensure repeat, on-time doses of the full vaccination schedule.

The scale-up of life-saving immunizations, such as pneumococcal and rotavirus vaccines, improvements in sanitation and hygiene, and the massive scale-up of malaria prevention and treatment interventions, are making it easier to treat child illness and save lives.

In an attempt to improve the overall status of child and maternal health globally, USAID advocates on:

**IMPROVING
CHILD AND
MATERNAL
HEALTH
REQUIRES**

Ensuring equity in accessing routine immunization services

Ensuring equity of care for child illness

Promotion of family planning and reproductive health

Maternal and new born care

Changing social attitudes and behaviors

Promotion of nutrition

Promotion of water, sanitation and hygiene

Status of Maternal Mortality and Infant Mortality

Maternal mortality has nearly halved over the past two and a half decades, yet 289,000 women worldwide still die each year as a result of pregnancy and childbirth. As mortality has declined, disparities have become more apparent. The risk of death is disproportionately highest among the most vulnerable women in the poorest of nations. Yet, most maternal deaths are preventable as are many of the other poor health consequences of pregnancy. Among the 189 million women who are pregnant annually, 122 million have a live birth, and nearly 3 million suffer a stillbirth. About 10 percent of mothers suffer a maternal complication during pregnancy or in the intrapartum period, and up to 40 percent may have morbidities or disabilities post-birth that are attributable to the pregnancy or birth.

Among all babies born, 15 million are premature, and 1 million of these will die within the first week; many more are born small for gestational age. The toll of death and ill health related to pregnancy and birth adversely affects not only mothers' and children's health, but also their development and ability to contribute productively to their communities and societies. Furthermore, the financial costs of maternal complications and ill health and associated problems for newborns are a drain on families and society.

Access to affordable, high quality, respectful maternal health care is fundamental to the survival of pregnant and childbearing women and girls, as well as newborns. It includes access to services, goods, and information and the removal of inequities. Yet, discrimination impedes a woman from her right to access such maternity care due to age or marital status or to social, cultural, racial, ethnic, geographic, economic, legal, and political barriers. Women's lack of agency to utilize services contributes to needless death and suffering. Beyond lack of decision-making authority, women are less likely to have control over or access to the financial resources needed to pay for transportation and direct or incidental fees for maternal services.

USAID-funded programmes have contributed to:

- Expanding the focus on care to address indirect causes of maternal death, including HIV and AIDS, malaria, tuberculosis, malnutrition, and other diseases
- Ensuring quality and respectful care that promotes dignity and empathy
- Moving toward universal health coverage
- Advancing partnerships with the private sector
- Ensuring accountability for quality respectful care by supporting national and global advocacy and putting information in the hands of citizens

Nepalese Context

Nepal MMR and IMR figures

The report suggests that out of a total population of 31.6 million, 3.1 million population comprises of children under the age of 5. There were 651,000 births in 2015. The approximate

death toll of children under the age of 5 was 20,000. The maternal mortality rate was 109 per 1000 live births.

Major USAID supported activities in Nepal (2015)

USAID ACTIVITIES IN NEPAL

Support in implementation of integrated maternal, newborn and child health, family planning, WASH and nutrition activities in 40 out of 75 districts in Nepal.

Post-earthquake needs assessment, which helped the GoN prioritize nutrition and food security activities in highly-affected districts.

Advocacy for the local mobilization of nearly \$1 million for health interventions from GoN block grants provided at the village level.

Rolling out of a quality improvement system in three districts and selected Village Development Committees in 11 other districts was carried out under the Health for Life Project, with the plan to scale-up fully in a total of 14 districts.

Chlorhexidine for newborn care was endorsed as a key newborn intervention in Nepal.

USAID'S Equity Based Approach in Nepal

Ending preventable child and maternal deaths requires a comprehensive equity based approach. USAID's comprehensive equity based approach in Nepal included; reaching all households (those with pregnant women and/or children under 2) within 41 districts in Nepal, with special attention paid to reaching disadvantaged groups. These groups are often the poorest of the poor, and have historically suffered discrimination through the caste system or are cut off from access to basic services due to their remote geographic location.

Targeting service delivery and demand generation activities among the most disadvantaged and remote populations in 22 districts were carried out. These activities included strengthening public and private clinics through provider training, provision of underutilized Family Planning methods including various contraceptive devices and implants, mobile outreach camps to reach remote populations, and promotion of healthy behaviours.

Integrating Community Health Programme

Health systems are challenged by weak overall capacity. Challenges include a lack of leadership and management skills, staff, and supplies; inadequate financing and budgetary allocations; inadequate water and sanitation, electrical, and other infrastructure; poor or disjointed information systems; and lack of use of data for improved policy formulation and implementation. There is a vital need for integrating health systems to achieve the broader health objectives.

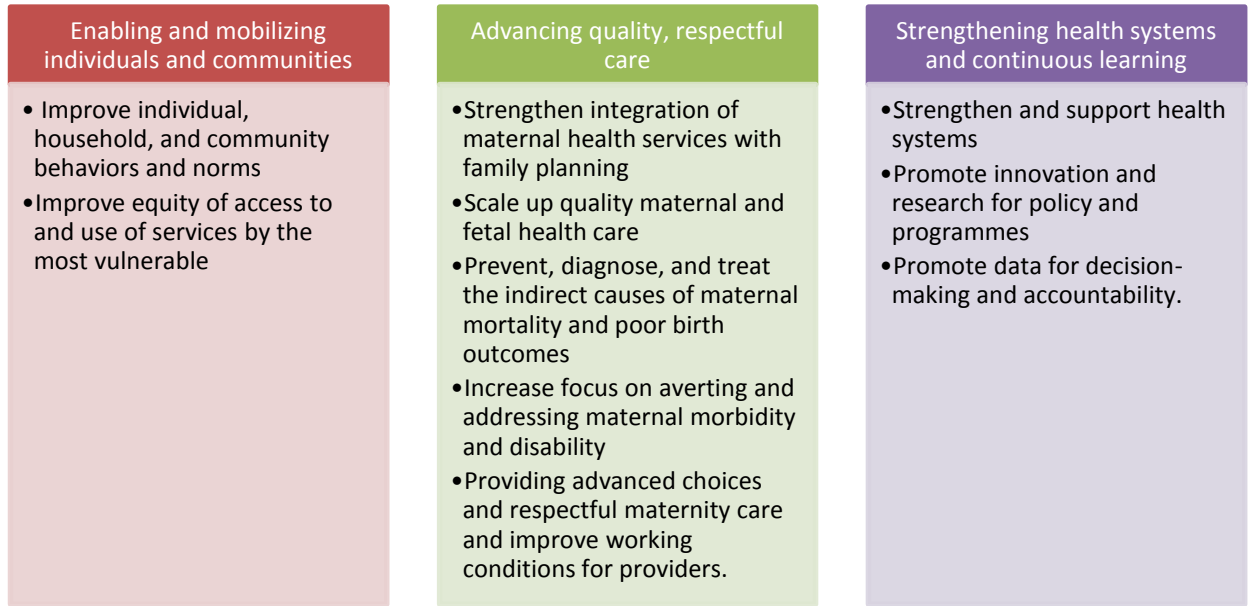
USAID has announced the new Integrating Community Health Program, designed to strengthen the role of community health approaches to reduce barriers to health coverage and support national policies and implementation plans. USAID will invest over \$9 million in these awards, which in turn will leverage an additional \$10 million in investments from other sources, as well as support in the form of trainings, equipment, and direct support to community health workers. The Integrating Community Health Program is collaboration between USAID and UNICEF that will support countries to achieve and sustain effective coverage of proven health interventions at scale and contribute to ending preventable child and maternal deaths.

Reducing Inequality

The global community has recognized the importance of addressing equity. USAID’s effort to end preventable child and maternal deaths sets ambitious targets based on the notion that all of our priority countries can be assisted to sharpen programs and accelerate progress at a pace previously achieved by other “best performers.”

Achieving this vision requires that programmes be implemented to the highest standards of effectiveness, relying on new research into the best approaches, and utilizing implementation approaches that stretch every penny. These include looking for new partnerships and new financing tools, and continuing to identify ways to improve the cost effectiveness of our efforts, such as through an equity-based approach focusing on the bottom 40 percent of the population.

To achieve their vision, USAID is committed to three primary components, which will be critical to making progress and achieving their overall goals. These components and the major strategies to achieve the USAID goals are illustrated in the figure below:



Way Forward

In coordination and integration with newborn and child health, family planning, nutrition, infectious disease, and water, sanitation and hygiene programmes as well as in linkage with relevant programmes in other sectors including education, economic growth, and democracy and governance, USAID will use the Maternal Health Vision for Action to guide its maternal health programmes and child health programmes.

Through USAID global projects, relevant tools will be provided to guide assessment, implementation, evaluation, and scale-up on key topics related to community, service delivery, and health systems that will include: pharmaceuticals, quality improvement, referrals, use of WHO evidence-based clinical standards, and relevant scorecards and dashboards.

USAID will work alongside, governments, and partners in the 24 Maternal and Child Health priority countries to use the Vision for Action with its strategic drivers to guide country assessments and new USAID program and project designs, and to contribute to development or revision of national reproductive and maternal health strategies and plans. Furthermore, USAID will use the Maternal Health Vision for Action for global dialogue with multilateral and bilateral development partners, NGOs and the private sector to guide strategic investments for Ending Preventable Maternal Mortality.

In developing countries like Nepal, USAID is doing a commendable job in terms of playing its role as one of the key external development partners supporting Ministry of Health. The Government of Nepal, through Ministry of Health and other line agencies should come up with effective strategies to make contributions by external development partners more effective.

Reference

[Acting on the Call: Ending Preventable Child and Maternal Deaths](#)