

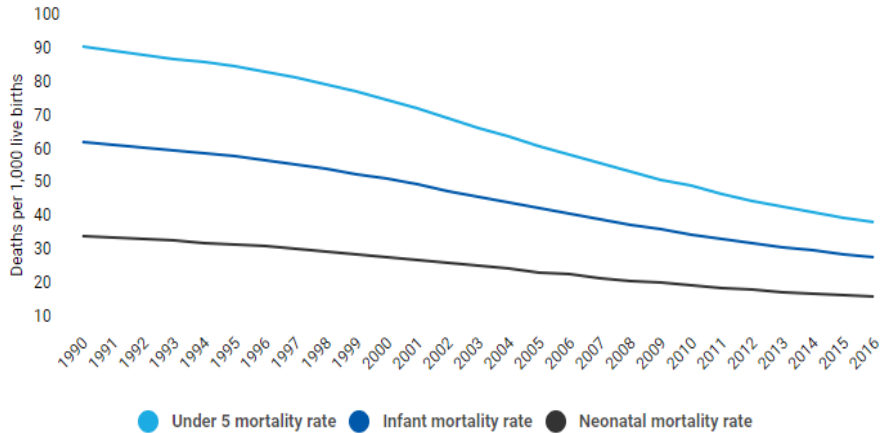
# The Basics: Driving Down Under-5 Child Death

In 1990, 12.6 million children around the world died before reaching their fifth birthday of mainly preventable and/or treatable causes; by 2016, that number was more than halved to 5.6 million children.<sup>1</sup> Additionally, 303,000 women die from pregnancy-related causes each year.<sup>2</sup> Between 1990 and 2015, maternal mortality worldwide dropped by about 44 percent.<sup>3</sup> This public health success story is about targeting resources and creating the political will to drive down the leading killers of moms and kids.

Donor countries, with leadership from the U.S., and low-income countries themselves came together in 2012 to commit **to end preventable child and maternal deaths in a generation** by investing in highest-impact, evidence-based interventions. But still, UNICEF reports over 15,000 children and over 800 women die unnecessarily every single day. The majority of these deaths still occur in low resource settings, mainly in Africa and Southeast Asia.

### The under-five mortality rate has fallen by more than half since 1990

Global under-five, infant and neonatal mortality rates, 1990-2016



Download data

Source: United Nations Inter-agency Group for Child Mortality Estimation (UN IGME).

Most causes of these deaths are treatable and/or preventable.<sup>4</sup> Child deaths from diseases like malaria and measles have greatly decreased globally, thanks to improved prevention and treatment efforts including strengthened immunization programs and access to insecticide-treated bed nets. However, the number of neonatal deaths, those occurring in the first 28 days of life, now account for almost half of under-five deaths. UNICEF reports that 1 million children around the world die on the day they are born; 2 million die by the end of their first week of life.<sup>5</sup>

1 UNICEF, Child Mortality Report, October 2017 [https://www.unicef.org/publications/files/Child\\_Mortality\\_Report\\_2017.pdf](https://www.unicef.org/publications/files/Child_Mortality_Report_2017.pdf)  
 2 Trends in Maternal Mortality: 1990 to 2015 Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division  
 3 Ibid.  
 4 UNICEF, Child Mortality Report, October 2017 [https://www.unicef.org/publications/files/Child\\_Mortality\\_Report\\_2017.pdf](https://www.unicef.org/publications/files/Child_Mortality_Report_2017.pdf)  
 5 Ibid.

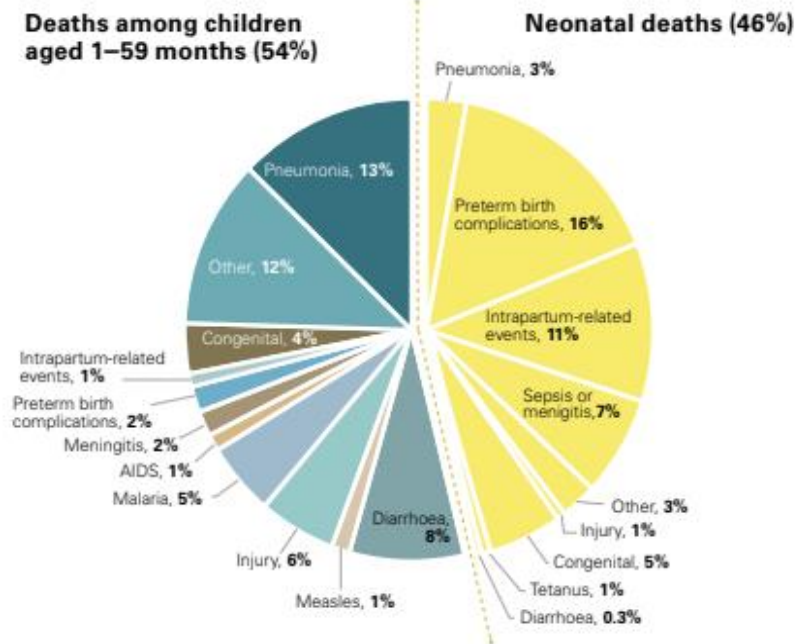
The youngest children face the highest risk of falling susceptible to diseases that often older children have the developed immune systems to fight. More must be done to reach this extremely vulnerable population.

Two of the leading causes of child death, pneumonia and diarrhea, together account for nearly a quarter of all under-5 mortality.<sup>6</sup> Another leading cause of child mortality is malnutrition. Undernutrition is attributed as an underlying cause of death in almost half of all child deaths; it also compromises maternal health -during pregnancy, often causing complications such as premature labor, postpartum hemorrhage, and low birth weight.<sup>7</sup>

Across developing countries, some of the most life-saving, cost-effective, and evidence-based interventions<sup>8</sup> to save the lives of mothers and children are:

- Prenatal care and management of respectful delivery care for mothers, including having a trained birth attendant present at delivery;
- Strengthening routine immunization systems to prevent vaccine-preventable diseases such as measles and neonatal tetanus while also increasing access to new and underutilized vaccines, such as the pneumococcal and rotavirus vaccines to prevent leading causes of pneumonia and the severest forms of diarrhea;
- Treatment of leading killers, including antibiotics to treat pneumonia and oral rehydration therapy and zinc supplementation to treat diarrhea;

A. Global distribution of deaths among children under age 5, by cause, 2016



Nearly half of all deaths in children under age 5 are attributable to undernutrition

B. Global distribution of deaths among newborns, by cause, 2016



UNICEF, Child Mortality Report 2017

6 UNICEF, Child Mortality Report, October 2017 [https://www.unicef.org/publications/files/Child\\_Mortality\\_Report\\_2017.pdf](https://www.unicef.org/publications/files/Child_Mortality_Report_2017.pdf)  
 7 Black, R., Cesar, V., Walker, S., Bhutta, Z., et al, 2013 Maternal and Child undernutrition and overweight in low-income and middle income Countries [online]. *The Lancet*. Available at The Lancet <http://www.thelancet.com/series/maternal-and-child-nutrition>. Accessed June 2018  
 8 USAID, [Acting on the Call: Ending Preventable Child and Maternal Deaths Report, June 2014](#)

- Distribution and use of insecticide-treated bed nets to prevent malaria and community-based treatment of the disease;
- Access to safe water, sanitation, and hygiene;
- Community management of severe acute malnutrition and scale-up of key nutrition interventions such as promotion of exclusive breastfeeding and vitamin A, iron, and other supplementations;
- Training additional health workers, including skilled birth attendants, to increase access to community health services for mothers and children in rural and remote places.

Additionally, increasing access to basic health services in the hard-to-reach and poorest places—in other words, focusing on health equity—has been shown to vastly improve returns on investment by averting far more child and maternal deaths and increasing overall health.

### *The History: The Child Survival Revolution*

*In 1980, RESULTS began with a clear mission: to end hunger and the worst aspects of poverty in the world. Around the same time, UNICEF reported that globally 14 million children under the age of five died every year from mainly preventable and treatable causes, and that the vast majority of these deaths were in poor countries. Our advocacy efforts converged when UNICEF launched the first “Child Survival Revolution” which focused on a series of life-saving interventions aimed at drastically reducing child mortality.*

*The then Executive Director of UNICEF, Jim Grant said, “To allow 40,000 children to die like this every day is unconscionable in a world which has mastered the means of preventing it.”<sup>1</sup> Grant was nicknamed “The Mad American” because he believed we could and should prevent the deaths of millions of kids by scaling up cost-effective interventions. RESULTS and our global partners agreed.*

*Advocacy in the early years of RESULTS directly led to the first-ever funding allocated for Child Survival at \$25 million in fiscal year 1985. Annually, the U.S. programs that focus on global maternal and child health are now over 33 times that amount.*

### **Gavi, the Vaccine Alliance**

Vaccines are widely regarded as one of the "best buys" in global health. While other critical health interventions may cure or treat illness, vaccines prevent children and adults from getting sick in the first place. By preventing deaths, promoting health, and reducing the burden on stretched health care systems, vaccines are extremely cost-effective.

Two of the world’s leading causes of death for children are not rare, incurable diseases; they are diarrhea and pneumonia. Many of those deaths can be prevented with a vaccine, if only a child has access to it.

In the world's poorest countries, parents will sacrifice huge portions of their income, walk for miles, and wait in line for hours for these vaccines—or simply miss out. Built to tackle this challenge is Gavi, the Vaccine Alliance. Gavi helps empower low-income countries to ensure vaccines reach what's considered “the last mile” – the most rural and remote places. Gavi is a public-private partnership dedicated to protecting children from vaccine-preventable diseases. Support from Gavi enables developing countries to access new and underutilized vaccines at reduced cost and supports the introduction and scale-up of these vaccines into routine immunization systems to ensure children in the most remote places have access.

**Since 2000, Gavi has supported the immunization of over half a billion children in poor countries, which will save over six million lives.**<sup>9</sup>

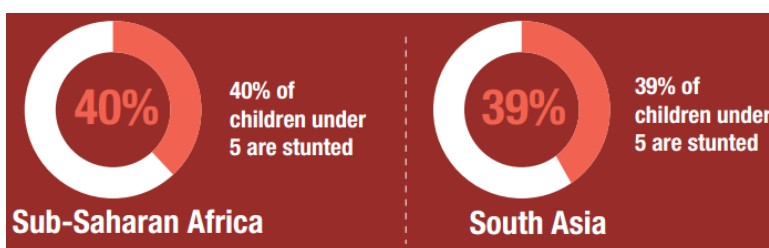
Recognizing the critical role of fully immunizing children in ending preventable child deaths, leaders from around the world gathered at the Gavi Pledging Conference in Berlin, Germany in early 2015 to commit resources to Gavi's five-year strategy to immunize an additional 300 million children, which will save another five to six million lives. To support this strategy, the U.S. pledged \$1 billion dollars over fiscal years 2015-2018, which the U.S. government fulfilled. Advocates are now asking for the U.S. to maintain our commitment to Gavi at the current funding level of \$290 million per fiscal year.

## Nutrition and the First Thousand Days

Quality nutrition sets the foundation for human health and economic development, yet malnutrition is one of the least-addressed development challenges. Globally, less than 1 percent of Official Development Assistance (ODA) is for nutrition efforts, despite the fact that malnutrition contributes to almost half of under-five child deaths annually and contributes to the stunting of 165 million children every year.<sup>10</sup>

A 2013 study in the British medical journal, *The Lancet*, showed that the quality of a person's nutrition early in life, particularly during the 1,000 days between a woman's pregnancy and her child's second birthday, can determine the future course of the child's health, educational attainment, and lifetime earning potential.<sup>11</sup> Chronic malnutrition in the first 1,000 day period causes serious, often irreversible, physical and cognitive damage, called stunting. Sub-Saharan Africa and South Asia are home to three quarters of the world's stunted children.<sup>12</sup> The study also identified the need to scale up

### Sub-Saharan Africa and South Asia account for three-fourths of the world's stunted children



World Health Organization (WHO) and 1,000 Days [stunting infographic](#)

<sup>9</sup> Gavi, the Vaccine Alliance, [www.gavi.org](http://www.gavi.org)

<sup>10</sup> Black, R., Cesar, V., Walker, S., Bhutta, Z., et al, 2013 Maternal and Child undernutrition and overweight in low-income and middle income Countries [online]. *The Lancet*. Available at The Lancet <http://www.thelancet.com/series/maternal-and-child-nutrition> . Accessed June 2015

<sup>11</sup> Ibid.

<sup>12</sup> World Health Organization (WHO) and 1,000 Days [stunting infographic](#).

a package of nutrition-specific interventions including exclusive breast-feeding, micronutrients, iron treatments for pregnant women, and therapeutic treatment for acute malnutrition to save more lives and reduce stunting.

The economic and societal implications of malnutrition are immense. Malnutrition drains billions of dollars in lost productivity and health care costs from poor countries. Increased nutrition is proven to have enormous macro-economic impact, boosting a country's GDP through greater workforce productivity and health care cost savings. Without urgent and intensified action to improve nutrition, particularly for women and young children in the 1,000 day window, progress on hunger and poverty reduction will be harder and more costly to achieve.

## The Opportunity

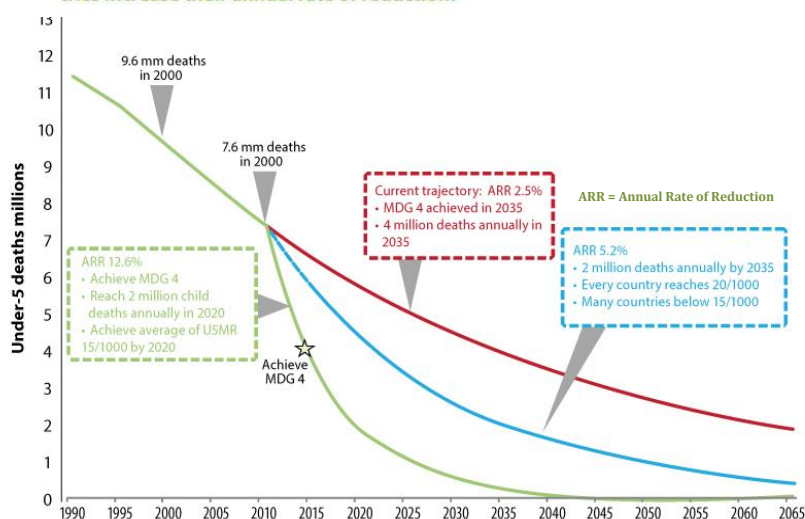
### Ending Preventable Child and Maternal Deaths

Since the late 1980s, child mortality has steadily decreased, but with the rise of the AIDS epidemic, shifting areas of conflict, and other humanitarian crises, the momentum in the 2000s stagnated. To refocus global efforts on child and maternal health, in June 2012 world leaders convened in Washington, D.C. to create a roadmap toward ending preventable child and maternal deaths. A global meeting known

as the *Child Survival: Call to Action* was co-hosted by the United States, Ethiopia, and India, in close partnership with UNICEF. There, global leaders forged a consensus that with renewed effort we could dramatically decrease child deaths so that child mortality rates globally matched those of developed countries—**effectively ending preventable child deaths in a generation.**

Over 170 governments signed a pledge committing to end preventable child deaths by 2035. The goal was again reaffirmed by countries as part of the 2015 United Nations Sustainable Development Goals. The world made clear that failure to meet previous targets on child mortality was not acceptable and more must be done. India went on to host a country-wide call for innovation on driving down child deaths while Ethiopia hosted ministers of health from across Africa to create a plan for regional actions on maternal and child mortality.

Figure 2. Accelerating the progress on child survival – what can the world achieve if countries increase their annual rate of reduction?



Source: UNICEF State of the World's Children 2012; The UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality: Report 2011; Team analysis from 2035 onward, based on straight-line annual rates of reduction (ARR) from UNICEF numbers 1990-2035.

## ACES Blue Ribbon Panel Reforms

The United States has long been a global leader in saving the lives of mothers and children, working in partnership with developing countries to increase access to lifesaving, cost-effective, evidence-based interventions. However, a high-level review by a panel of business and development leaders concluded that U.S. efforts would not meet our goal of saving lives without addressing underlying bureaucratic challenges limiting the effectiveness of our foreign assistance. A 2014 report from the ACES Blue-Ribbon Panel,<sup>13</sup> an external expert advisory group, identified a series of specific budget and management weaknesses impeding faster progress, including a highly decentralized planning and decision-making process, an inability to flexibly match resources with opportunities, and fragmented data collection that makes it difficult to measure progress.

USAID has implemented a number of the panel's suggested reforms, including creating clear benchmarks for success, appointing a Child and Maternal Survival Coordinator, and realigning \$2.9 billion in existing grants to improve health outcomes.

**These initial efforts are in no way guaranteed to continue and must be codified into law.** USAID must be held accountable to ensure clear targets are set, measured, and achieved. Strong congressional oversight is necessary to ensure USAID stays on track and delivers a coherent strategy with bold targets to reach the end of preventable child and maternal deaths.

### USAID MCH focus countries

- Afghanistan
- Bangladesh
- Burma\*
- DRC
- Ethiopia
- Ghana
- Haiti
- India
- Indonesia
- Kenya
- Liberia
- Madagascar
- Malawi
- Mali
- Mozambique
- Nepal
- Nigeria
- Pakistan
- Rwanda
- Senegal
- South Sudan
- Tanzania
- Uganda
- Yemen
- Zambia

\*25th focus country  
added in 2016

## Legislating Reform: The Reach Every Mother and Child Act of 2017

**The bipartisan, bicameral Reach Every Mother and Child Act of 2017 (S.1730 and H.R.4022) was reintroduced by Senators Susan Collins (R-ME) and Chris Coons (D-DE) and Representatives Dave Reichert (R-WA), Betty McCollum (D-MN), Barbara Lee (D-CA), and Dan Donovan (R-NY) to enshrine reforms to hold USAID accountable for a smarter, more effective approach to ending preventable child and maternal deaths.**

The legislation effectively reforms USAID to ensure programs have a focus on impact and holds the agency accountable for setting ambitious targets to drive down the leading killers of moms and kids. Requiring a centralized and coherent strategy that focuses on impact, the bill will

<sup>13</sup> Blue Ribbon Advisory Panel Report on USAID, June 2014 <http://www.usaid.gov/sites/default/files/documents/1868/blue-ribbon-advisoy-panel.pdf>

maximize our investments, with returns measured in lives saved and healthy, prosperous communities. The bill will enshrine into law:

- A **coordinated U.S. government strategy that focuses on impact** for ending preventable child and maternal deaths and helping ensure healthy lives in a generation.
- An ambitious strategy and targets with **clear, measurable goals, and increased accountability and transparency** at all levels.
- A focus on the **poorest and most vulnerable populations**, recognizing the unique needs within different countries and communities.
- The use of **highest impact, evidence-based interventions** based on the country needs and epidemiology. This focus on country ownership requires alignment with countries own maternal, newborn, and child survival plans.
- An empowered Child and Maternal Survival Coordinator position at USAID who is responsible for budgeting, staffing, and planning to meet the goals set forth by the strategy and reports to Congress on how the goals are being met. This **oversight and coordination** of resources in the Maternal and Child Health and Nutrition accounts in Global Health was a leading recommendation of the ACES panel.
- The streamlining and coordination of existing resources, requiring no new funding.

With a strategy that puts moms and kids first, we have the chance to make sure every child, regardless of where she's born, has a healthy start to life.

## Learning from Best Practices

The Reach Act looks to adopt best practices in global health for Maternal and Child Health (MCH). The legislation enshrines an empowered Child and Maternal Survival Coordinator based on the PMI Coordinator model. It also requires robust monitoring and evaluation based on lessons learned from PEPFAR.

**President's Malaria Initiative (PMI):** USAID's work on malaria underwent a similar assessment which indicated a need for more coordination and led to the restructuring of USAID bureaucracy to empower the role of the PMI Coordinator along with other reforms. PMI is now heralded for its incredible contributions in reducing malarial deaths since 2005.

**President's Emergency Plan for AIDS Relief (PEPFAR):** Faced with what some experts called the impossible task of controlling the global AIDS epidemic, the emergency response to global HIV and AIDS was critical to saving lives. The robust, ongoing monitoring and evaluation of the program ensured its effectiveness and success.

## Fiscal Year 2019 Appropriations

This spring, all members of Congress had the opportunity to weigh in to leadership of the congressional committee that makes funding decisions for the critical anti-poverty programs in the international affairs account. RESULTS advocated from January to June to urge both House and Senate members to weigh in through submitting personal requests in writing and by speaking personally to the Chairs and Ranking Members of the State and Foreign Operations

subcommittee of Appropriations. You can read more on our [Appropriations webpage](#) or on the [updated blog](#) following actions to these leaders that oversee foreign aid funding.

Members of Congress that are part of the select group known as the State and Foreign Operations Subcommittee of Appropriations in either the [Senate](#) or the [House of Representatives](#) are particularly important in fighting the proposed funding cuts to foreign aid from the administration. This fiscal year 2019 (FY19), RESULTS supports funding in the State and Foreign Operations Appropriations bill for Maternal and Child Health, which includes funding for Gavi, the Vaccine Alliance, and additional funding for Nutrition in Global Health. As any final negotiations move ahead between the House and Senate bills, RESULTS supports the higher House funding levels for these accounts in FY19.

Fiscal Year	FY15	FY16	FY17	FY18	RESULTS' FY19 Request	President's FY19 Request	House FY19*	Senate FY19*
<b>Maternal and Child Health Account (MCH)</b>	\$715 million	\$750 million	\$814.5 million	\$829.5 million	\$900 million	\$619.6 million	\$845 million	\$829.5 million
<b>Gavi (in MCH)</b>	\$200 million	\$235 million	\$275 million	\$290 million	\$290 million	\$250 million	\$290 million	\$290 million
<b>Nutrition</b>	\$115 million	\$125 million	\$125 million	\$125 million	\$250 million	\$78.5 million	\$145 million	\$135 million

\*As of the end of June 2018, the FY19 spending bills for foreign affairs have passed favorably out of the full Appropriations Committees in both the House and Senate.

## The Stories

Whether you are speaking with members of Congress, hosting an outreach event, or looking for some inspiration, use the links below to find stories to help when advocating for a healthier future for all mothers and children, regardless of where they are born. Below are stories and videos that inspire us into action:

### Inspiring Stories

- [Ethiopia's Health Extension Program: A Model for Child Survival](#)  
Young women, trained as health workers, provide care for children in rural communities.
- [Stories of Pneumonia: Hope, Sorrow, and Science](#)  
Powerful stories about the pneumococcus bacteria, which causes pneumonia—one of the leading killers of children.
- [Ensuring Access to Quality Medical Products for Mothers in Zambia](#)  
Safe and effective medical products improve health status and save lives.
- [Vaccines Prevent Disease and Poverty](#)  
Vaccines will help prevent 24 million people from slipping into poverty by 2030.
- [Access to Emergency Obstetric Care Saves Lives](#)  
USAID funding targets the prevention and treatment of obstetric fistula in Africa and South-East Asia.



## Inspiring Videos

- [#MomAndBaby Are Just Fine: Ethiopia](#)  
Adenach Belay shares her story as a proud mother of three.
- [A Basic Method that Saves Babies' Lives](#)  
Educating health care workers and mothers to save the lives of premature babies.
- [Saving Mothers. Giving Life: Zambia](#)  
Skilled birth attendants work to reduce preventable maternal deaths.
- [Preventing Under-Five Child Deaths in Nigeria](#)  
In Nigeria, one in five children dies before their fifth birthday. USAID supported-programs work to change this reality.
- [Routine Immunization is Important for Families Across the Globe](#)  
Whether in Norway or Mozambique, mothers understand the importance of vaccinating their children.