ACTING ON THE CALL 2016

ENDING PREVENTABLE CHILD AND MATERNAL DEATHS: A FOCUS ON EQUITY

"A GRAND CONVERGENCE IN HEALTH, IN WHICH WOMEN AND CHILDREN IN THE POOREST COMMUNITIES HAVE THE SAME ACCESS TO QUALITY HEALTH SERVICES AS THOSE IN THE WEALTHIEST, IS WITHIN OUR GRASP."

— DR. ARIEL PABLOS-MÉNDEZ, 2016 *ACTING ON THE CALL*

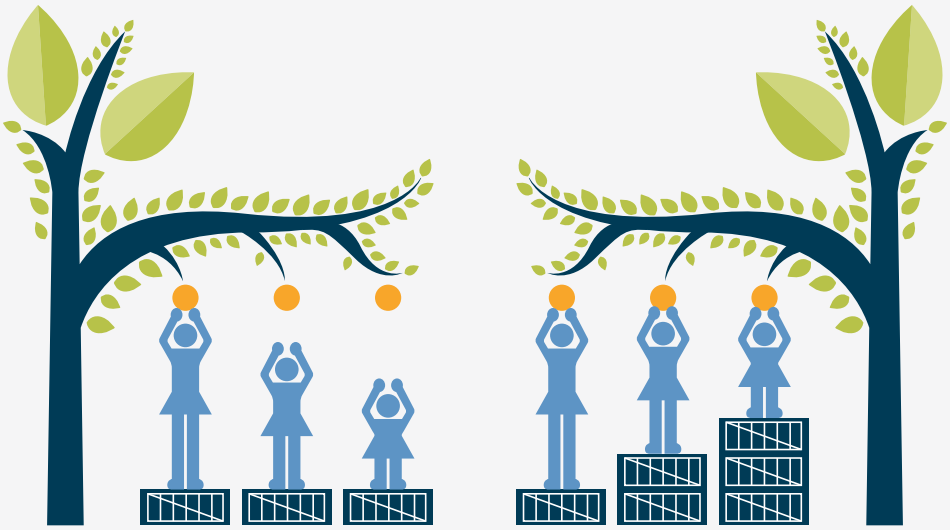
Since 2008, USAID has saved the lives of 4.6 million children and 200,000 mothers.

With a new emphasis on reaching the poorest quintiles, we can save 8 million lives by 2020.

2016 Acting on the Call Report

The 2016 Acting on the Call report provides country-by-country updates on progress made over the past year in the 24 priority countries, which together now account for more than two-thirds of child and maternal deaths worldwide.

For the first time, the 2016 report further outlines how, with a new emphasis on equitable access to health care, we can save 8 million lives in the bottom two quintiles alone -- the poorest two-fifths or 40 percent of the population -- over the next four years. The report examines how to accelerate progress through an 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.



A HISTORY OF ACTING ON THE CALL

2012: Child Survival Call to Action Summit convenes global leaders to agree on a global target for under-5 mortality and mobilize around the achievable goal of of ending preventable child mortality.

2014: USAID releases the Acting on the Call report, formulating country-specific plans for scaling up high-impact interventions to reduce child and maternal deaths in 24 priority countries that together account for more than 70 percent of child and maternal deaths.

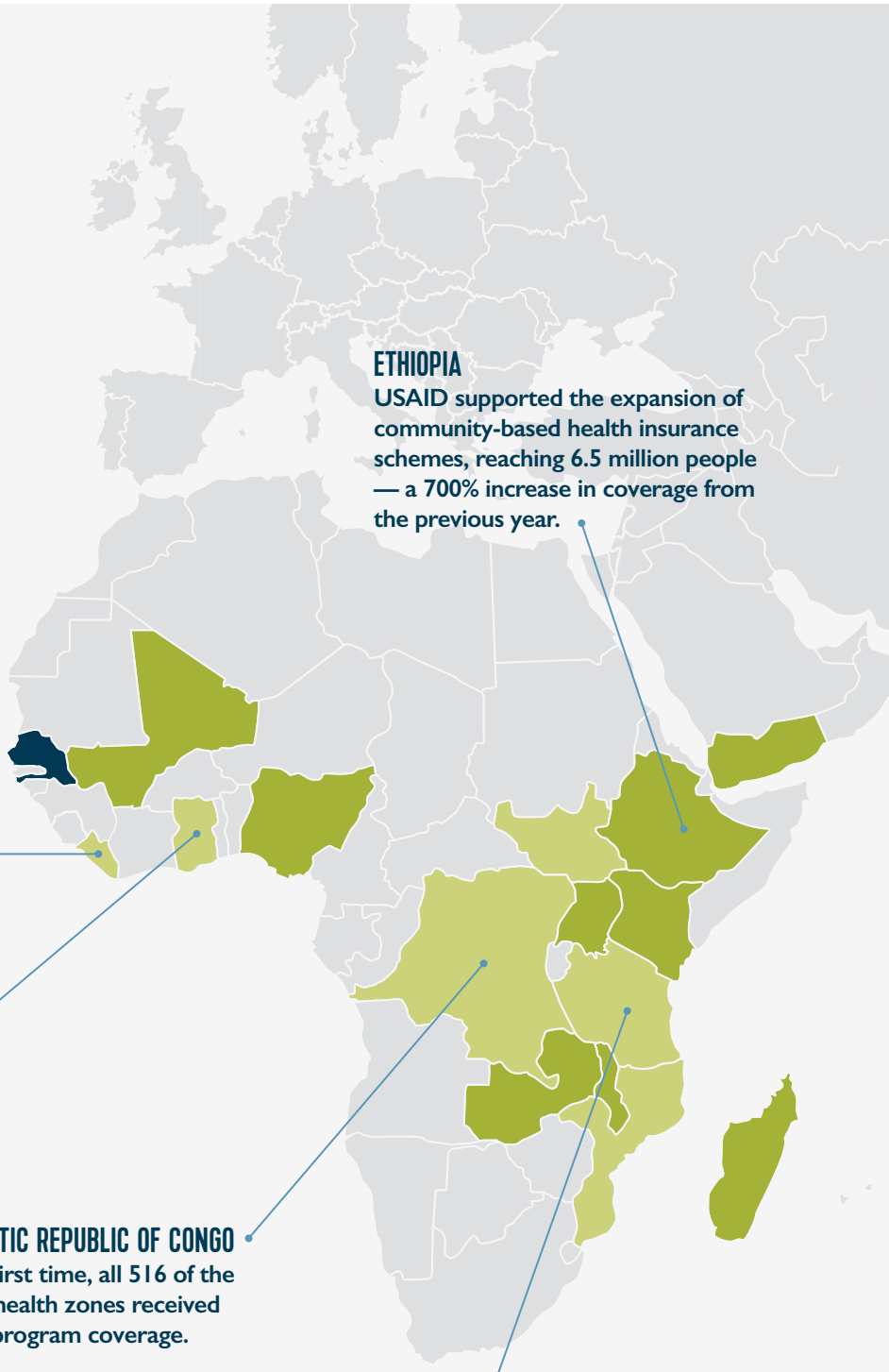
2015: Follow-up 2015 Acting on the Call report provides country-by-country progress updates, with new recommendations for reaching 38 million women with increased access to high-quality health services around the time of delivery.

2016: The 2016 Acting on the Call report provides new updates on progress by country, and additionally outlines how to further accelerate progress through an equity-based approach, saving 8 million lives in the bottom two quintiles alone by 2020.

UNDER-5 MORTALITY RATE

How can we improve equity in access to health services?

USAID investments at national, regional, and local levels work to improve health outcomes for mothers and children in 25 priority countries. Examples of progress made over the past year demonstrate that USAID's work is making a difference.



ETHIOPIA

USAID supported the expansion of community-based health insurance schemes, reaching 6.5 million people — a 700% increase in coverage from the previous year.

LIBERIA

Two hundred facilities were upgraded to provide 24-hour emergency obstetric care, and 77 facilities are being rehabilitated to provide comprehensive reproductive, maternal, newborn, and child health services to poor, rural populations in three counties.

DEMOCRATIC REPUBLIC OF CONGO

For the first time, all 516 of the nation's health zones received malaria program coverage.

GHANA

More than 14,000 community health workers were trained in nutrition best practices for infants and young children.

TANZANIA

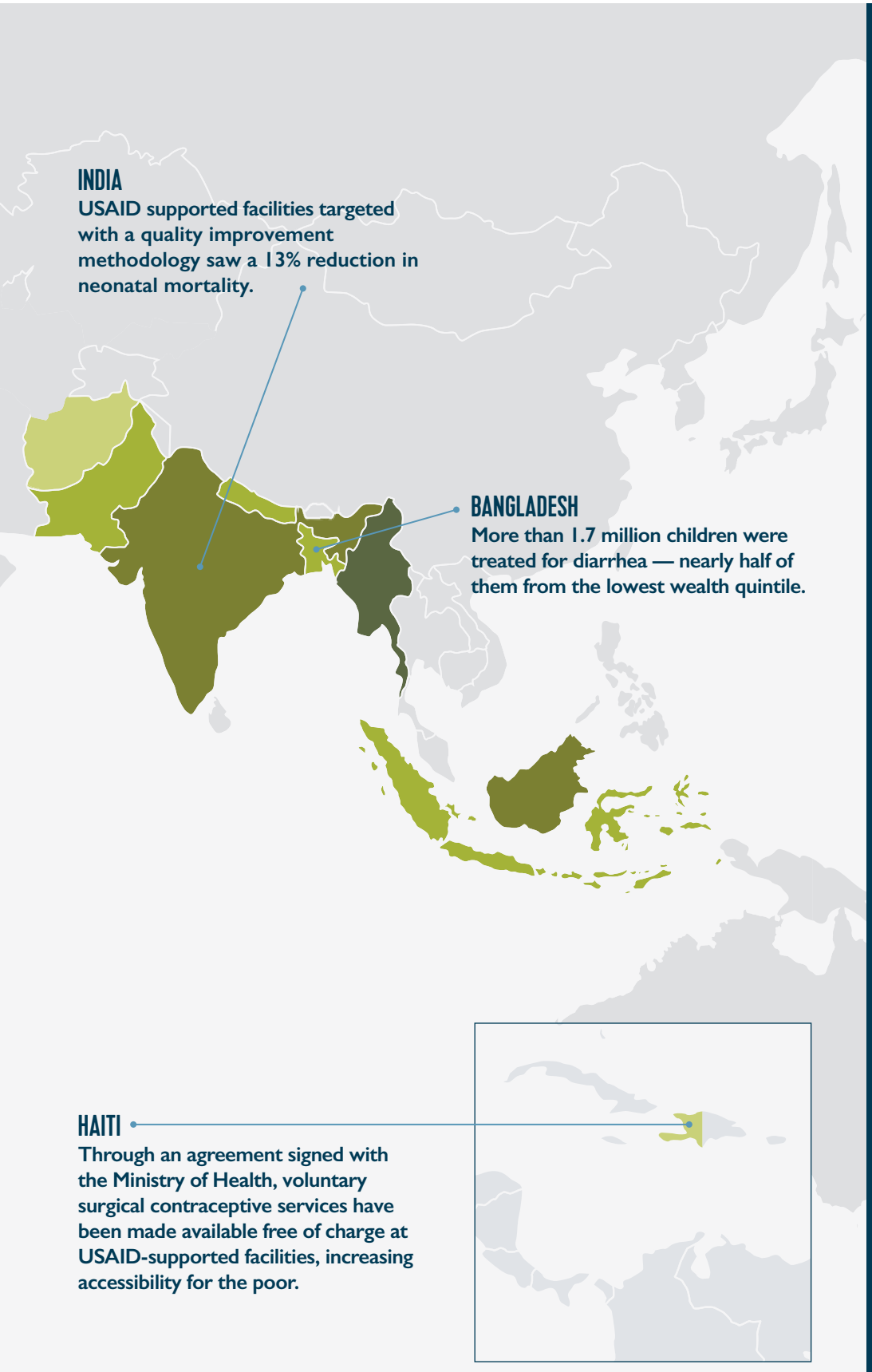
In districts identified as having the lowest immunization rates, USAID efforts have reduced the number of un- and under-vaccinated children from over 100,000 in 2013 to less than 5,000 in 2015.

RATIO OF UNDER-5 MORTALITY in POOREST 20% TO RICHEST 20% IN MOST RECENT HOUSEHOLD SURVEY (2006-2014)

.67 — 4.83

HIGHER MORTALITY IN RICHEST 20%

HIGHER MORTALITY IN POOREST 20%



INDIA

USAID supported facilities targeted with a quality improvement methodology saw a 13% reduction in neonatal mortality.

BANGLADESH

More than 1.7 million children were treated for diarrhea — nearly half of them from the lowest wealth quintile.

HAITI

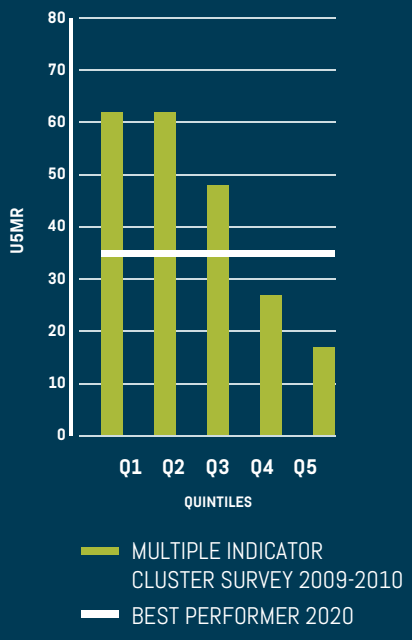
Through an agreement signed with the Ministry of Health, voluntary surgical contraceptive services have been made available free of charge at USAID-supported facilities, increasing accessibility for the poor.

INTRODUCING THE 25TH PRIORITY COUNTRY: BURMA

Under the new democratically-elected government, Burma has a unique opportunity to improve the health and well-being of its citizens and to end preventable child and maternal death.

USAID is working in Burma to implement evidence based interventions to end preventable child and maternal deaths that disproportionately affect poor, rural and marginalized populations. This includes strengthening the capacity of midwives, improving the public health supply chain, and employing mobile clinics to reach rural areas.

UNDER-FIVE MORTALITY RATE BY WEALTH QUINTILE V. BEST PERFORMER 2020



EQUITY: A GRAND CONVERGENCE IN HEALTH

What is equity? Equity supports and enhances equality by recognizing that some groups within society face unique barriers in accessing programs and services. Achieving equity means successfully reaching those people who are otherwise marginalized and less able than others to access services.

Under-utilization of essential services by the poor leads to an ongoing cycle of poverty, as people who are sick and vulnerable are unable to participate in the labor market. To stop this cycle of poverty, USAID advocates for health systems strengthening investments that improve the ability of each country to meet the health needs of its population.

The importance of addressing inequity has been recognized by the global community through the Sustainable Development Goals (SDGs), which strengthen linkages between health and other development sectors by concentrating attention on the most vulnerable populations. Addressing health equity can lead to a virtuous cycle of improvement, enabling countries to achieve the SDGs in health and other sectors.

HOW CAN WE IMPROVE EQUITY IN ACCESS TO HEALTH SERVICES?

Health financing: Investments from donors as well as countries themselves must target missed populations and ensure equitable access to health.

Immunization: Certain populations are being missed and dropping out before completing the immunization schedule. Service delivery must be improved to ensure equitable access to vaccines.

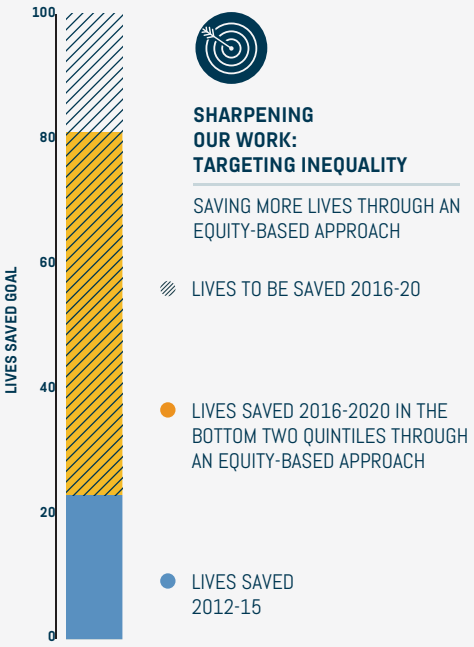
Child health: Past improvements in child health have actually increased the divide between who is accessing care and who is not. Both the public and private sectors must be engaged in improving accessing to services across the population.

Family planning: By increasing access to education, employment, and participation in public life, use of modern contraceptive methods has been shown to empower women and decrease inequality.

Maternal and newborn health: Significant inequities exist in the treatment and discrimination of women and newborns based on a variety of socio and economic factors. These must be removed as barriers to women giving birth in the presence of a skilled birth attendant and to small and skill newborns receiving care in health facilities.

Nutrition: Nutrition status is impacted by several factors, including women's education. Data does not always reflect sufficient detail for each factor; there needs to be broader data to track correlations between health and other indicators to better influence programs.

Water, Sanitation, and Hygiene (WASH): Inequities present themselves differently between accessing water and access sanitation. It is important to not assume that a population accessing one intervention is accessing the suite of WASH interventions.



An equity based approach focuses on the bottom two quintiles but impacts all five quintiles

2016-2020: AN EQUITY-BASED APPROACH

8,000,000

LIVES SAVED IN THE BOTTOM TWO QUINTILES OF WHICH

2,300,000

ARE DEATHS AVERTED DUE TO FAMILY PLANNING INTERVENTIONS

USAID
FROM THE AMERICAN PEOPLE