



FACT SHEET

Improving Maternal, Newborn & Child Health

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Since 1990, through USAID, the United States has spent more than \$6 billion on child survival programs in about 80 countries. Much of the progress is the result of the widespread adoption of basic health interventions, such as early and exclusive breast feeding, measles and other routine immunizations, polio eradication, Vitamin A supplementation, treatment of child illness, antenatal care, safe delivery, postpartum care, newborn care, and the use of insecticide-treated bed nets to prevent malaria. In collaboration with international, national, and private sector partners, this effort has yielded public health successes at an unprecedented global scale:

Almost a billion episodes of child diarrhea are treated with lifesaving Oral Rehydration Therapy (ORT) each year, reducing child deaths from diarrheal disease by more than 50 percent since 1990.

More than 100 million children receive basic immunizations each year, and tens of millions more receive supplemental immunizations against polio, measles, and other killer diseases.

More than 75 million cases of infant and child pneumonia are taken for treatment by trained health workers since 1990.

Malnutrition among children under age 5 has been reduced from one in three to one in four, a 25 percent reduction since 1990.

The Polio Eradication initiative has saved an estimated five million children from death or paralysis, and accelerated measles control efforts have saved an estimated more than two million children's lives since 1999.

Half a million children are estimated to have been saved last year alone by micronutrient supplementation programs. Maternal mortality declined on average 20-45 % in eleven USAID-assisted countries since the late 1980s

Global child deaths reached a record low in 2006, falling from 13 million in 1990 to 9.2 in 2007, according to United Nations Children's Fund (UNICEF). It is the lowest level since record keeping began in 1960.

Numbers at a Glance

9.2 Million: The number of deaths among children less than five years of age

40 percent: Fraction of all deaths in children under 5 years of age that are newborns (infants less than one month)

4 Million: Estimated number of stillbirths each year

500,000: Number of women that die every year from complications of pregnancy and childbirth. Most of these deaths can be prevented through proper care

60 percent: The fraction of deliveries that have skilled attendants at birth. This number represents both a great success and a great gap

100 times greater: Chance of a maternal death over a lifetime in developing vs. developed regions of the world

Because the survival and health of young children, especially newborns, starts with the health of their mothers, and the care those mothers receive during pregnancy and childbirth, USAID integrates MCH, family planning, and other health programming to the fullest extent possible -- an approach which increases the affordability and sustainability of our global efforts to tackle these important public health challenges.

USAID'S MCH Strategic Approach

By 2013, the U.S. Agency for International Development will support achievement of:

- " Average reductions of the maternal mortality ratio by 25 percent in 30 high-mortality, burden countries
- Average reductions of under-5 mortality rate by 25 percent in 30 high-mortality countries
- Average reductions of child malnutrition by 15 percent in at least 10 of these countries
- Addressing the human resources crisis by increasing the number of trained, equipped, and supervised community health workers and volunteers serving at primary care and community levels by at least 100,000

The Keys to these Goals

- Delivering high-impact interventions that prevent or treat the major causes of maternal and child mortality and malnutrition.
- Strengthening essential elements of health systems, including human resources, pharmaceutical management and logistics, financing, quality assurance, governance, and information systems
- Integration with other key health program areas such as malaria and HIV/AIDS, where appropriate and linkage to other key determinants of maternal and child mortality such as water supply and sanitation.

Interventions, Maternal Health

- Focusing on the biggest killers: hemorrhage, hypertensive disorder of pregnancy, infection, complications of unsafe abortion, obstructed labor
- Skilled care at birth: Basic essential obstetric care that includes infection prevention, active management of the third stage of labor, partograph, essential newborn care, and recognition, initial treatment, and referral in case of emergency.
- Emergency obstetric care: Treatment of life-threatening complications, including uterotonics, magnesium sulfate, antibiotics, blood transfusion, cesarean section, hysterectomy, and resuscitation.
- Focused antenatal care: Interventions focus on providing pregnant women with tetanus toxoid, iron folate supplements, deworming, intermittent preventive malaria treatment, insecticide-treated mosquito nets, HIV and syphilis control, and counseling to use a skilled birth attendant.
- Postnatal Care: Interventions focus on recognition and treatment of life-threatening complications, support for lactation, nutrition, and child spacing.

Interventions, Newborn Health

- Focusing on the biggest killers: Infection, asphyxia and prematurity/low-birth weight
- Providing essential newborn care: A package of basic interventions that prevent illness, including immediate and exclusive breastfeeding, immediate drying and wrapping after birth, and clean cord care.
- Postnatal visits within three days of birth: Visits by a health provider, trained community health worker, or trained traditional birth attendant are an effective approach for providing information on essential newborn care and for identifying and referring/treating infections.
- Community-based approaches: Promoting home-based practices and improving care-seeking can reduce up to a third of newborn mortality by overcoming cultural and geographic barriers to care-seeking such as postnatal seclusion and distance from the health facility.

Interventions, Child Health

- Focusing on the biggest killers: Pneumonia, diarrhea, malaria, malnutrition, and vaccine preventable diseases
- Treatment of life-threatening childhood illnesses: Providing appropriate treatment and nutritional support, including antibiotics for pneumonia, antimalarials for febrile illness, and oral rehydration therapy with zinc for diarrhea at community and primary care levels
- Prevention of diarrhea: Point-of-use water treatment to ensure the safety of drinking water, increased availability of improved water supply, and improved sanitation, improvements in key hygiene behaviors
- Immunization: Full immunization for children, tetanus toxoid for pregnant women to prevent neonatal tetanus, and introduction of new vaccines
- Reduction of child malnutrition: Infant and young child feeding (including early and exclusive breastfeeding, complementary feeding, growth promotion, and essential nutrition actions); micronutrient supplementation, especially providing vitamin A supplements to children 6 to 59 months twice annually; therapeutic nutrition (including community management of acute malnutrition)
