



Agency Priority Goal | Action Plan | FY 23 – Q3

Preventing Child and Maternal Deaths

Goal Leader:

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Goal Overview

Goal statement: By September 30, 2023, U.S. global leadership and assistance to prevent child and maternal deaths will contribute to an average annual reduction of 2 deaths of children under age five per 1,000 live births in U.S. government (USG) priority countries through evidence-based maternal and child health, malaria, health systems, nutrition, reproductive health / family planning, and water, sanitation, and hygiene (WASH) activities.

Problem to Be Solved:

- In 2020 alone, five million children died before reaching their fifth birthday, even excluding an increase in mortality attributable to COVID-19. Under-five mortality is disproportionately distributed, with 54 percent in Sub-Saharan Africa and 28 percent in Southern Asia.
- Nearly half (47 percent) of all under-five deaths in 2020 occurred during the neonatal period – the first 28 days of life – and Sub-Saharan Africa has the highest neonatal mortality rate in the world, at 27 deaths per 1,000 live births, followed by Southern Asia at 23 deaths per 1,000. A child born in a high-income country has a risk of death in the first month that is just one tenth the risk to a child born in a low-income country.
- The global maternal mortality ratio (MMR) is unacceptably high at 223 maternal deaths per 100,000 live births. About 295,000 women died during and following pregnancy and childbirth in 2017. The vast majority of these deaths (94 percent) occurred in low-resource settings, and most could have been prevented.

What Success Looks Like: Accelerating progress on the Sustainable Development Goal 3 (SDG 3) in low-resource settings that are disproportionately burdened with high child and maternal mortality. USAID efforts under this APG will support this work.

- SDG 3.1 Reduce the global MMR to less than 70 per 100,000 births, with no country having an MMR of more than twice the global average.
- SDG 3.2 By 2030, end preventable deaths of newborns and children under five years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-five mortality to at least as low as 25 per 1,000 live births.

Fact Sheet Newborns: improving survival and well-being available at [Newborns: improving survival and well-being \(who.int\)](https://www.who.int/publications/factsheets/fs104/en)

Trends in maternal mortality: 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization; 2019.

The sustainable Development Goals 3: Ensure health lives and promote well-being for all ages; available at [THE 17 GOALS | Sustainable Development \(un.org\)](https://www.un.org/sustainabledevelopment/health/)

Committing to Child Survival" A promise renewed : [unicef progress report 2012.pdf \(who.int\)](https://www.unicef.org/progressreport/2012)

Newborns: Improving survival and wellbeing available at [Newborns: improving survival and well-being \(who.int\)](https://www.who.int/publications/factsheets/fs104/en)

Levels and trends in child mortality available at : <https://data.unicef.org/resources/levels-and-trends-in-child-mortality/>

Goal Overview

Challenges:

The outstanding concerns are the disproportionately high number of preventable deaths among children and women in low-resource settings.*

Unequal Burden: Sub-Saharan Africa and South Asia together account for four out of five under-five deaths globally

- In Sub-Saharan Africa where 50 percent of global under-five deaths occur, 1 in 11 children born there still die before age five, nearly 15 times the average in high-income countries (1 in 159).
- Another 32 percent of global under-five deaths occurred in South Asia.
- Lower household wealth, an uneducated mother, and birth in a rural area lower a newborn's chances of survival.
- In countries with the lowest coverage of antenatal care, disparities in access to skilled birth attendance are wider between rich and poor.
- In the regions with the highest neonatal mortality rates, fewer than half of mothers and babies receive a postnatal health check.

High-Risk Newborns

The first 28 days of life – the neonatal period – is the most vulnerable time for a child's survival

- Mortality during the neonatal period is falling slower than during other periods of childhood.
- Children born to youngest and oldest mothers and to mothers living in rural areas are particularly susceptible to death.
- Children born shortly after another sibling are also at greater risk of dying than those born after longer intervals between births.
- Evidence shows that initiating breastfeeding within one hour of birth reduces the risk of neonatal death by 44 percent.

Deaths from Preventable Infectious Diseases and Malnutrition

The leading causes of under-five mortality: pneumonia, diarrhea, malaria, measles, and AIDS, respectively.

- Pneumonia, diarrhea, and malaria claim the lives of three out of every ten children who die before the age of five.
- Many of these deaths occur in children whose immune systems are already weakened by undernutrition.
- Malnutrition is an underlying cause of an estimated 45 percent of under-five deaths.
- An estimated 12.6 percent of under-five deaths are vaccine preventable.
- Children under five years of age still account for more than 60 percent of malaria deaths worldwide.

Quality of Care: Pregnant mothers and their babies require access to high-quality services along a continuum of care from pregnancy through childbirth and the postnatal period. Access to care, quality of services, and provision of services are challenges, compounded by recovery from COVID-19 pandemic, political strife, and disease outbreaks.

* Low-Resource Settings are typically characterized by lack of funds to cover health care costs, on an individual or societal basis that can result in limited access to quality services
Committing to child survival : A promise renewed available at [Committing to Child Survival: A Promise Renewed - 2014 - UNICEF DATA](#)

Goal Overview

Opportunities

- By analyzing the causes of child and maternal deaths, leveraging the knowledge USAID has accumulated, and the current coverage of lifesaving interventions, USAID, as a global leader in the health sector, will identify programs and health interventions that will have the greatest impact.
- Acting on the Call—the U.S. Agency for International Development’s response to the 2012 global Call to Action—laid out a bold agenda to save the lives of women and children. In the [Acting on the Call](#) report for 2022, USAID presented results from nearly a decade of effort to save the lives of children under five and pregnant women. USAID’s Global Health Bureau recently released the “[A Framework for Action in a Changing World 2023-2030](#)”, which lays out the approaches we must take to reinvigorate the momentum and global commitment to improving maternal and child survival through increased coverage of high impact interventions, strengthened quality of care, and enhanced equity.
- USAID concentrates investments in [priority countries](#) identified by the technical offices based on the highest need and opportunity, as well as the potential to leverage resources from the public and private sectors to improve health outcomes. Together, these countries account for nearly 70 percent of maternal and child deaths worldwide.
- The U.S. Agency for International Development (USAID) will continue to work with our partners in the U.S. government and the global community to strengthen health care to prevent child and maternal deaths, as both have significant impact on global productivity, economic development, and sustainable development.

A call to action 2021 report available at [Acting on the Call Report 2021 | U.S. Agency for International Development \(usaid.gov\)](#)

The 25 U.S. Government priority countries for maternal and child health are the following: the Islamic Republics of Afghanistan and Pakistan; the People's Republic of Bangladesh; Burma; the Democratic Republic of Congo; the Democratic Federal Republics of Ethiopia and Nepal; the Federal Republic of Nigeria; the Republics of Ghana, Haiti, India, Indonesia, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Rwanda, Sénégal, South Sudan, Uganda, Yemen, and Zambia; and the United Republic of Tanzania.

Goal target(s)

Achievement statement		Key indicator(s)	Quantify progress			Frequency
		A "key performance indicator" measures progress toward a goal target				
By...	We will...	Name of indicator	Target Value (End of FY23)	Starting value (report date)	Current value** (report date)	Update cycle
09/30/2023	Fund and deliver shipments of contraceptive commodities on time.	Percent of shipments of contraceptive commodities that are on time.	80%	75% (FY 2018 Q1)	87% (FY 2023 Q2)	Quarterly
09/30/2023	Fund activities and work collaboratively to increase the rate of exclusive breastfeeding.	Absolute change in the rate of exclusive breastfeeding among children under 6 months.	+1	+1.9 (FY 2018)	+1.0 (FY 2022)	Annual
09/30/2023	Fund activities and work collaboratively to increase the percentage of children receiving the pneumococcal vaccine.	Absolute change in total percentage of children who received at least 3 doses of PCV by 12 months of age.	+1	+2.1 (FY 2018)	+0.3 (FY 2022)	Annual
09/30/2023	Fund and distribute insecticide-treated nets to increase the number of people protected against malaria.	Annual total number of people protected against malaria with insecticide- treated nets.	110M	72 M (FY 2015)	80M* (FY 2022)	Annual
09/30/2023	Fund activities and work collaboratively to increase the prevalence of modern contraceptive use.	Absolute change in the modern contraceptive prevalence rate.	+1	1.3 (FY 2015)	0.8% (FY 2022)	Annual
09/30/2023	Fund activities and work collaboratively to increase the survival rate of children under 5 years of age.	Absolute change in under-five mortality rate (decrease per 1,000 live births).	-2	-2.3 (FY 2015)	-1.7% (FY 2022)	Annual

*PMI coordinates its procurement and distribution of ITNs with other major donors, particularly the Global Fund. In FY 2022, PMI came under the projected target due to off-campaign years across multiple, large countries such as Nigeria, Tanzania, and DR.

**Due to a one-month lag in data reporting for the quarterly indicator, all current values will be reported one quarter late.

Goal Team

USAID Global Health Bureau

Goal Lead

Office of the Assistant Administrator

Atul Gawande, Assistant
Administrator

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Mai Hijazi, Director
Anwer Aqil, Sr Advisor

Goal Strategies

- The overall goal of USAID's programs in maternal and child health (MCH) is to reduce preventable maternal and child mortality by addressing challenges through cost-effective, high-impact interventions and implement known, affordable, low-technology interventions at scale.
- USAID seeks to make the greatest impact through efforts in procuring and delivering essential, safe medicines and health commodities and improving access to high-quality health care for the most vulnerable and underserved populations, down to the community level.
- Through a highly collaborative global partnership, USAID investments significantly accelerate progress in most needed, high-burden world regions to attain the [Sustainable Development Goal 3](#) goals on health and wellbeing for mothers and children.
- The overarching goal strategy combines efforts across the entire Bureau for Global Health and other Operating Units, to focus investments on the known challenges across [population and reproductive health](#), [maternal and child health](#), [malaria](#), [nutrition](#), and [strengthening health institutions](#).

Goal Strategies

1 Maternal & Newborn Health	<ul style="list-style-type: none"> • Promote high-impact interventions for the major causes of death in childbirth, especially postpartum hemorrhage and preeclampsia/eclampsia • Strengthen public and private health-care institutions, promote respectful care, and modify family and community behaviors to encourage more women to seek timely maternity care • Strengthening care during labor, delivery, and the vital first 48 hours postpartum, a particularly vulnerable time for women and their infants
2 Child Health & Immunization	<ul style="list-style-type: none"> • Reduce child mortality, expand equitable access to high-quality care, and lay the groundwork for optimal growth and development so that children can grow into healthy adults • Collaborate with the private sector to build its capacity to provide high-quality health information, products, and services for children
3 Malaria	<ul style="list-style-type: none"> • Through the President's Malaria Initiative, USAID works with the governments of host countries, civil society, and private-sector partners to reduce malaria mortality and morbidity • Support partners to adapt to changing epidemiology and incorporate new tools; improving local capacity to collect and use information for decision-making and the allocation of resources; mitigating the risk of a resurgence of malaria and building capacity and health care institutions
4 Nutrition	<ul style="list-style-type: none"> • USAID invests in integrated activities that focus on the prevention of malnutrition: improving women's nutrition and counseling with a focus on pregnant and lactating women • Improving feeding practices for infants and young children, including exclusive breastfeeding and appropriate complementary feeding; delivering nutrition services, such as micronutrient supplementation and food fortification • Treating children with acute malnutrition within routine health care • Building the capacity for health providers to assess the nutritional status of expectant mothers and young children and treat and counsel them appropriately; and strengthening the governance of nutrition and domestic financing for self-reliance
5 Voluntary family planning	<ul style="list-style-type: none"> • Empowering families to time and space their births at the healthiest intervals by mobilizing demand for modern voluntary family planning through behavior-change communications; improving the supply of and logistics for commodities; improving service delivery; creating an enabling environment for programming in voluntary family planning/reproductive health (RH) through policy analysis and planning; advancing biomedical, social-science, and program research; improving knowledge management; and conducting careful monitoring and evaluation
6 Strengthening Health Care Institutions	<ul style="list-style-type: none"> • USAID works to ensure that care is accountable, affordable, accessible, and reliable to promote the optimal use of human and financial commodities and resources; the provision of high-quality care; and the achievement of good health outcomes for all

GH Priority Countries by PCMD Technical Areas

Region	Priority Count	MCH	FP/RH	Malaria	Nutrition FY22	PCMD count
AFR	Ethiopia	MCH	FPRH	Malaria	Nutrition	4
AFR	Mozambique	MCH	FPRH	Malaria	Nutrition	4
AFR	Nigeria	MCH	FPRH	Malaria	Nutrition	4
AFR	Tanzania	MCH	FPRH	Malaria	Nutrition	4
AFR	Uganda	MCH	FPRH	Malaria	Nutrition	4
AFR	DR Congo	MCH	FPRH	Malaria	Nutrition	4
AFR	Ghana	MCH	FPRH	Malaria	Nutrition	4
AFR	Malawi	MCH	FPRH	Malaria	Nutrition	4
AFR	Mali	MCH	FPRH	Malaria	Nutrition	4
AFR	Senegal	MCH	FPRH	Malaria	Nutrition	4
AFR	Kenya	MCH	FPRH	Malaria		3
AFR	Rwanda	MCH	FPRH	Malaria		3
AFR	Zambia	MCH	FPRH	Malaria		3
AFR	Liberia	MCH	FPRH	Malaria		3
AFR	Madagascar	MCH	FPRH	Malaria		3
ASIA	Bangladesh	MCH	FPRH		Nutrition	3
ASIA	Nepal	MCH	FPRH		Nutrition	3
ASIA	Burma	MCH		Malaria		2
ASIA	India	MCH	FPRH			2
LAC	Haiti	MCH	FPRH			2
ASIA	Afghanistan	MCH	FPRH			2
ASIA	Pakistan	MCH	FPRH			2
AFR	South Sudan	MCH	FPRH			2
ME	Yemen	MCH	FPRH			2
AFR	Burkina Faso			Malaria	Nutrition	2
AFR	Niger			Malaria	Nutrition	2
ASIA	Indonesia	MCH				1
ASIA	Cambodia			Malaria		1
AFR	Cameroon			Malaria		1
AFR	Cote d'Ivoire			Malaria		1
AFR	Sierra Leone			Malaria		1
AFR	Zimbabwe			Malaria		1
AFR	Angola			Malaria		1
AFR	Guinea			Malaria		1
ASIA	Thailand			Malaria		1
AFR	Benin			Malaria		1
ASIA	Philippines		FPRH			1
Count By Technical Area		25	24	27	14	37

- The Preventing Child Maternal Deaths (PCMD) program areas include Maternal and Child Health, Family Planning/Reproductive Health, Nutrition, Malaria
- GH technical offices select priority countries based on need and opportunity
- There are 25 priority countries for [MCH](#), 24 for FP/RH, 27 for Malaria, and 14 for Nutrition
- Of the 37 countries, 25 (68 percent) are in Africa, 10 (27 percent) in Asia, and 1 each (3 percent) in Haiti and Yemen
- 11 (30 percent) of the 37 designated priority countries overlap for all four technical health areas under PCMD and are located in Sub-Saharan Africa

Goal Strategies

FOCUSING ON WHERE
THE BURDEN IS HIGHEST



USAID's **twenty-five priority countries**
together account for more than two-thirds
of maternal and child deaths.

Data source: United Nations Inter-agency Group for Child Mortality Estimation, Subnational Under-five Mortality Estimates, 1990–2021: Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, New York, 2023

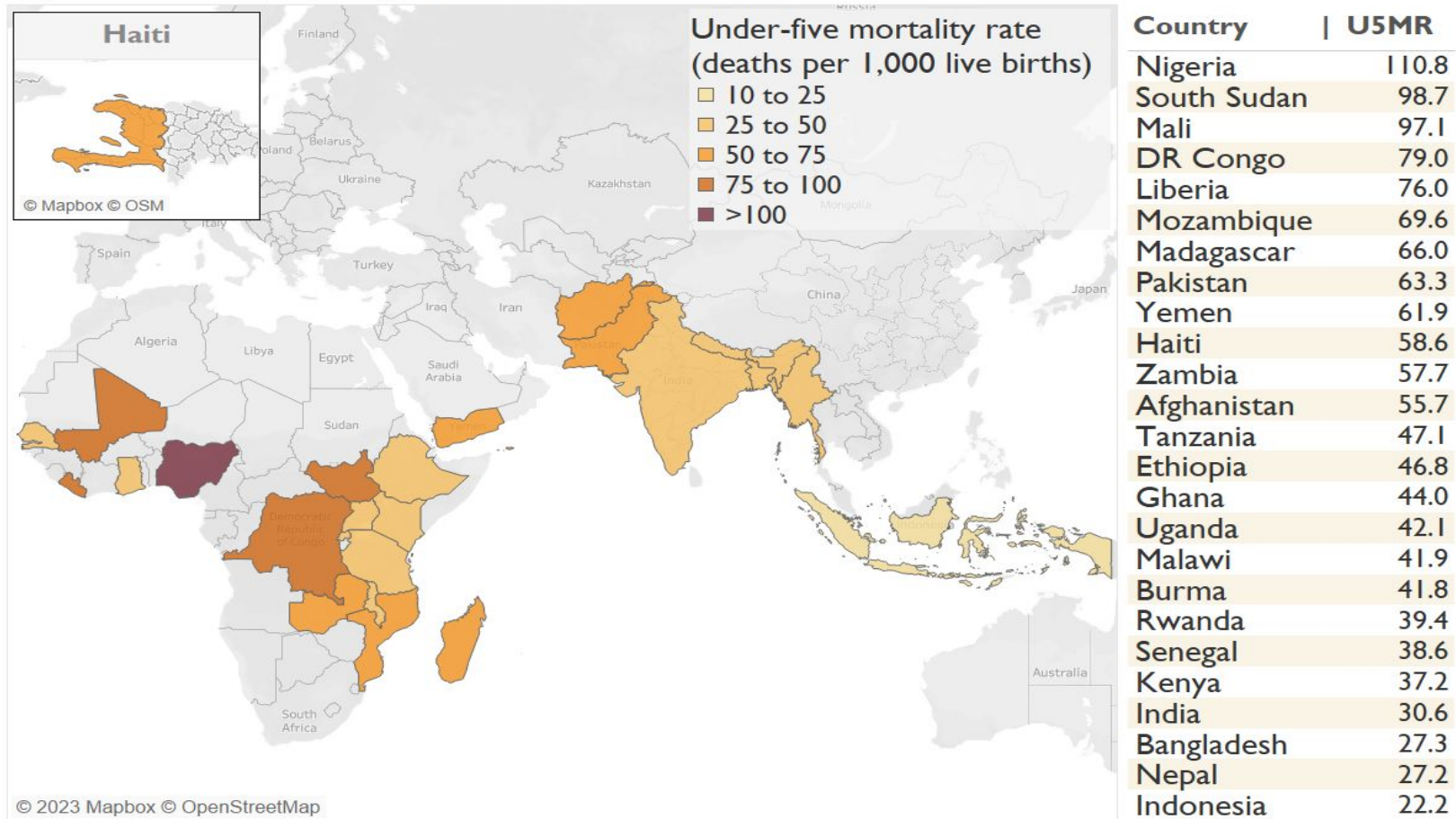
The 25 MCH priority countries are designated by the technical offices of the USAID Global Health Bureau based on need and opportunity

The 27 PMI/malaria countries follow the burden of malaria and align largely with MCH priority countries in SSA; in Asia there is one MCH country overlapping with PMI's three country programs

Key Indicators

The 25 priority countries that USAID works in have the highest burden of Under Five Mortality across Sub-Saharan Africa and Asia.

Under-five mortality in USAID Priority Countries, FY22

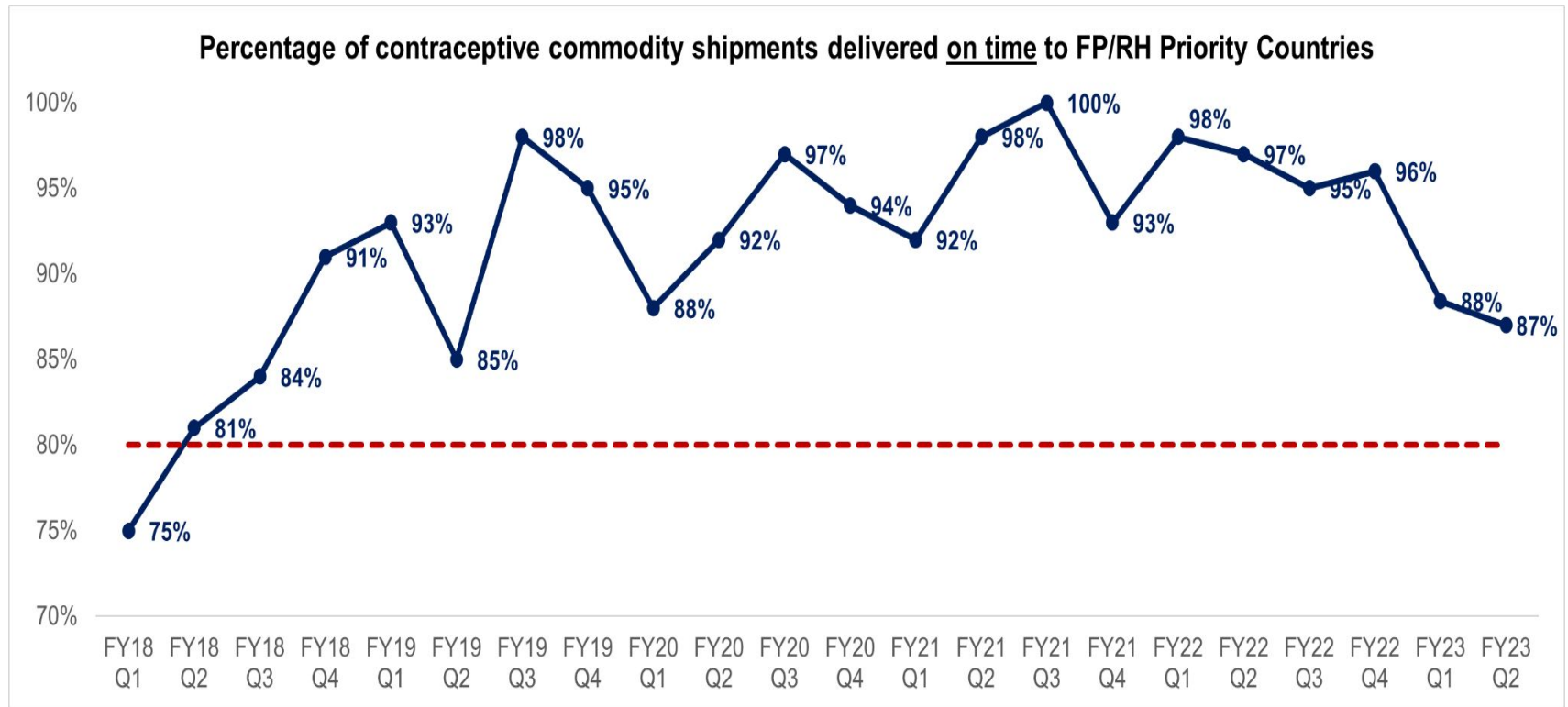


Source: UN IGME 2022: United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 'Levels & Trends in Child Mortality: Report 2022, Estimates Developed by the United Nations Inter-agency Group for Child Mortality Estimation', United Nations Children's Fund, New York, 2023.

Key Indicators

Quarterly Indicator

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.



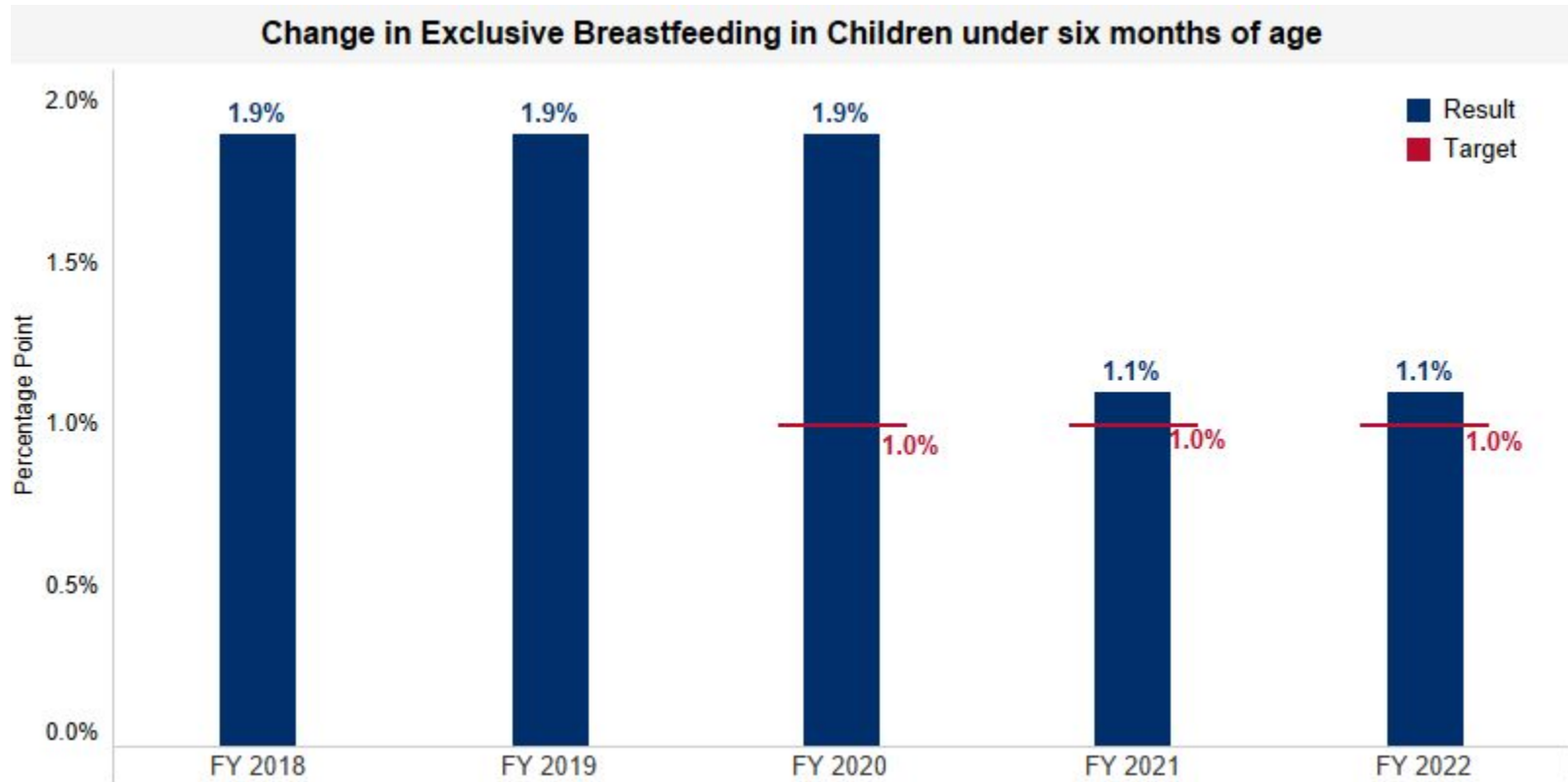
Due to a one-month lag in data reporting for the quarterly indicator, all current values will be reported one quarter late

Data Source: Program data from the Central Contraceptive Procurement program. This indicator tracks the number of on-time contraceptive deliveries as a percentage of expected deliveries in the period.

Key Indicators

Annual Indicator

Absolute Change in the Rate of Exclusive Breastfeeding among Children Under Six Months of Age in USAID's 25 MCH Priority Countries: The proportion of children zero to five months fed exclusively with breast milk in USAID's 25 MCH priority countries came from Demographic Health Survey (DHS), UNICEF Multiple Indicator Cluster Survey (MICS), or other surveys and averaged (weighted by live births) each year.



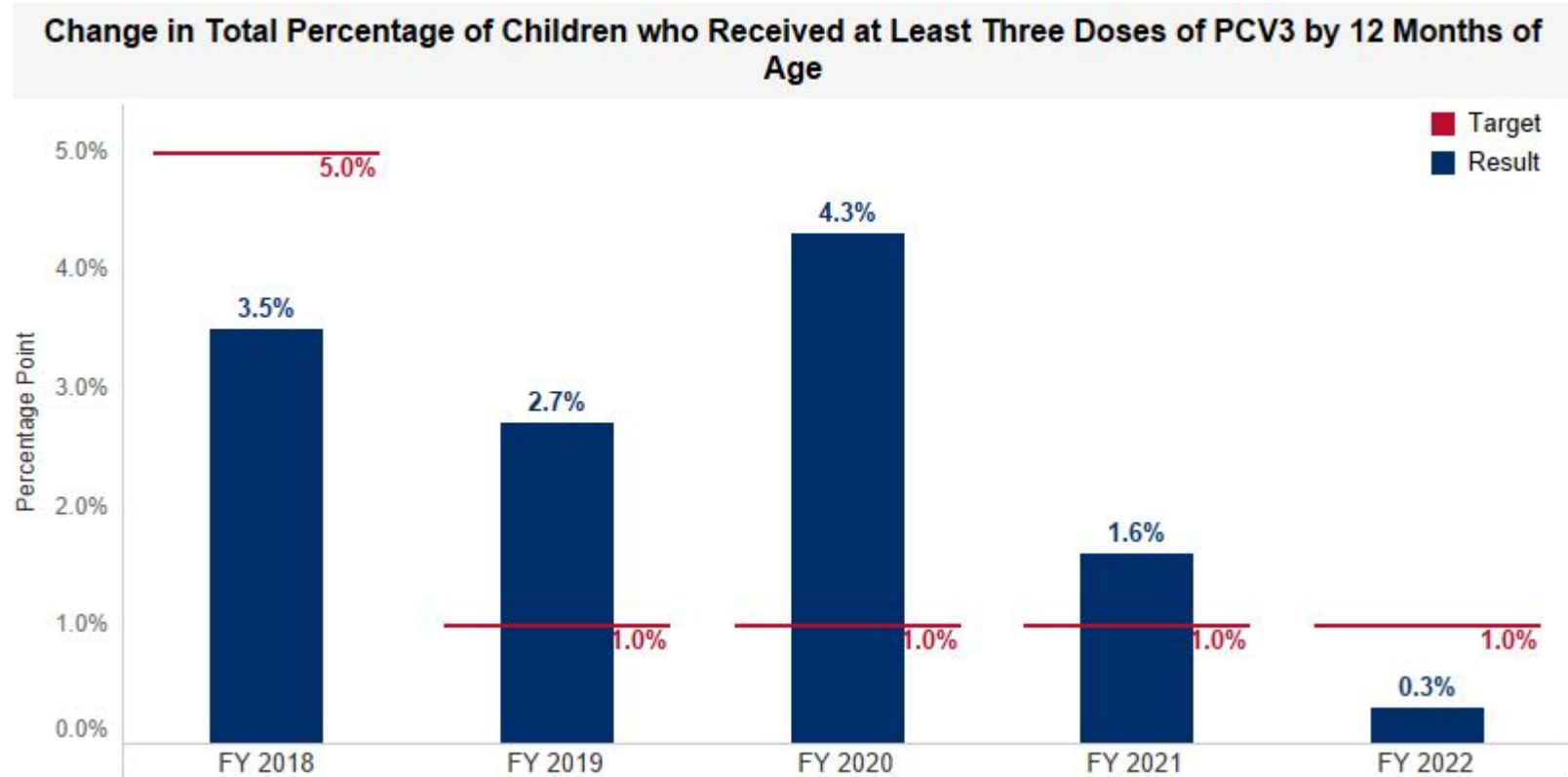
Data Source: Feed the Future program data, Demographic Health Survey (DHS), UNICEF Multiple Indicator Cluster Survey (MICS)
USAID collects data for this indicator by Calendar Year, which overlaps with the Federal Fiscal Year. For this reason, USAID reports the difference in data from Calendar Years 2019 and 2020 for FY 2021.

Key Indicators

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

- USAID weights these estimates between the Agency's 25 MCH priority countries by live births. Data on PCV3 and live births come from [idea.usaid.gov](https://data.usaid.gov/). PCV3 vaccine is an important vaccine that USAID priority countries started to roll out in 2010.



Data Source: World Health Organization and UNICEF Estimates of National Immunization Coverage (WUENIC)

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 Calendar Years 2019 and 2020 for FY 2021. The graph includes data for USAID's 25 priority countries for MCH.

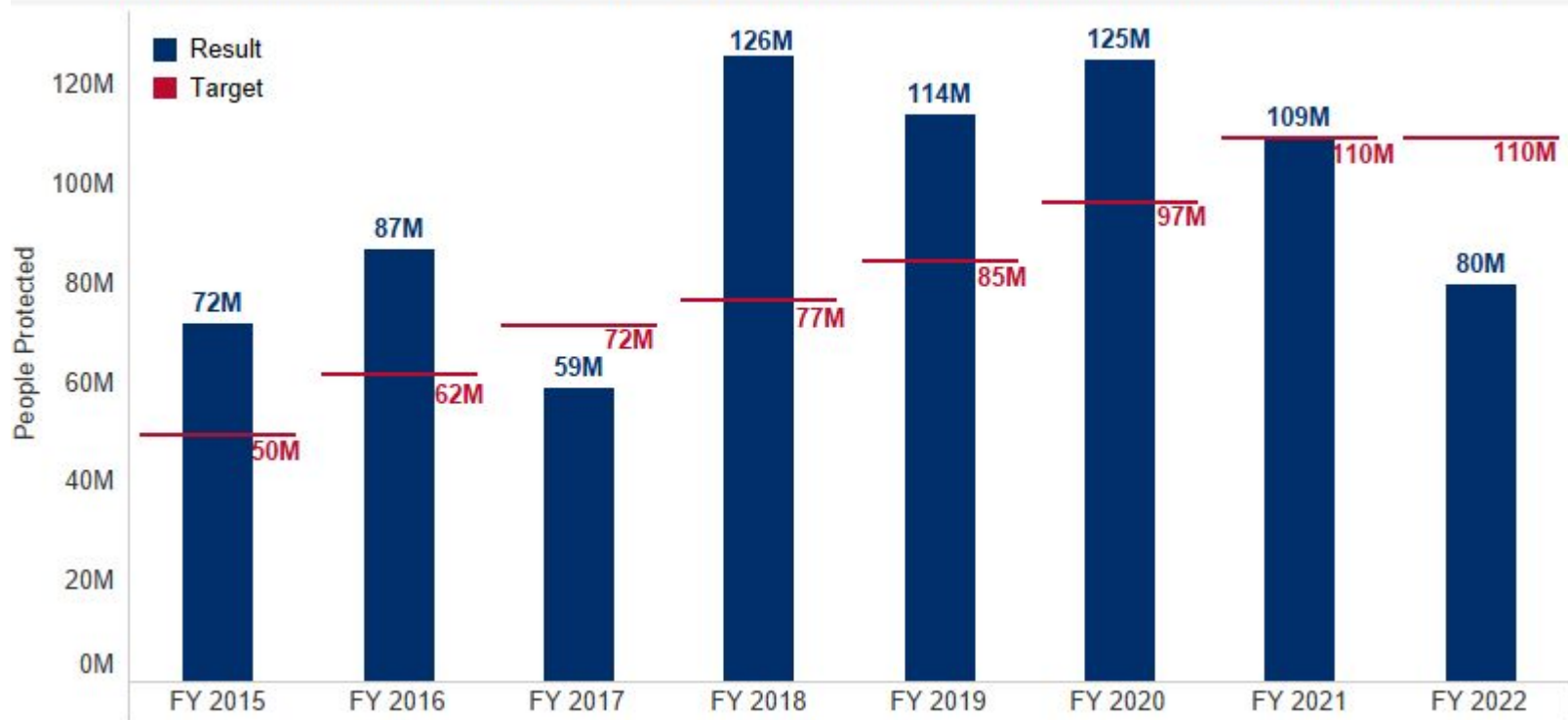
Key Indicators

Annual Indicator:

Annual total number of people protected against malaria with insecticide-treated nets

- As a result of funding under the President's Malaria Initiative (PMI) and coordination with other major donors/financiers, including the Global Fund to Fight AIDS, Tuberculosis, and Malaria, the World Bank, and the Bill and Melinda Gates Foundation, 22 PMI focus countries in Africa with paired nationwide surveys show significant declines in all-cause mortality rates among children less than five years of age, which ranged from a 10 percent to 70 percent decline. ([PMI Apr 2021 Annual Report](#))

Annual Total Number of People Protected Against Malaria with Insecticide-Treated Nets (ITNs)

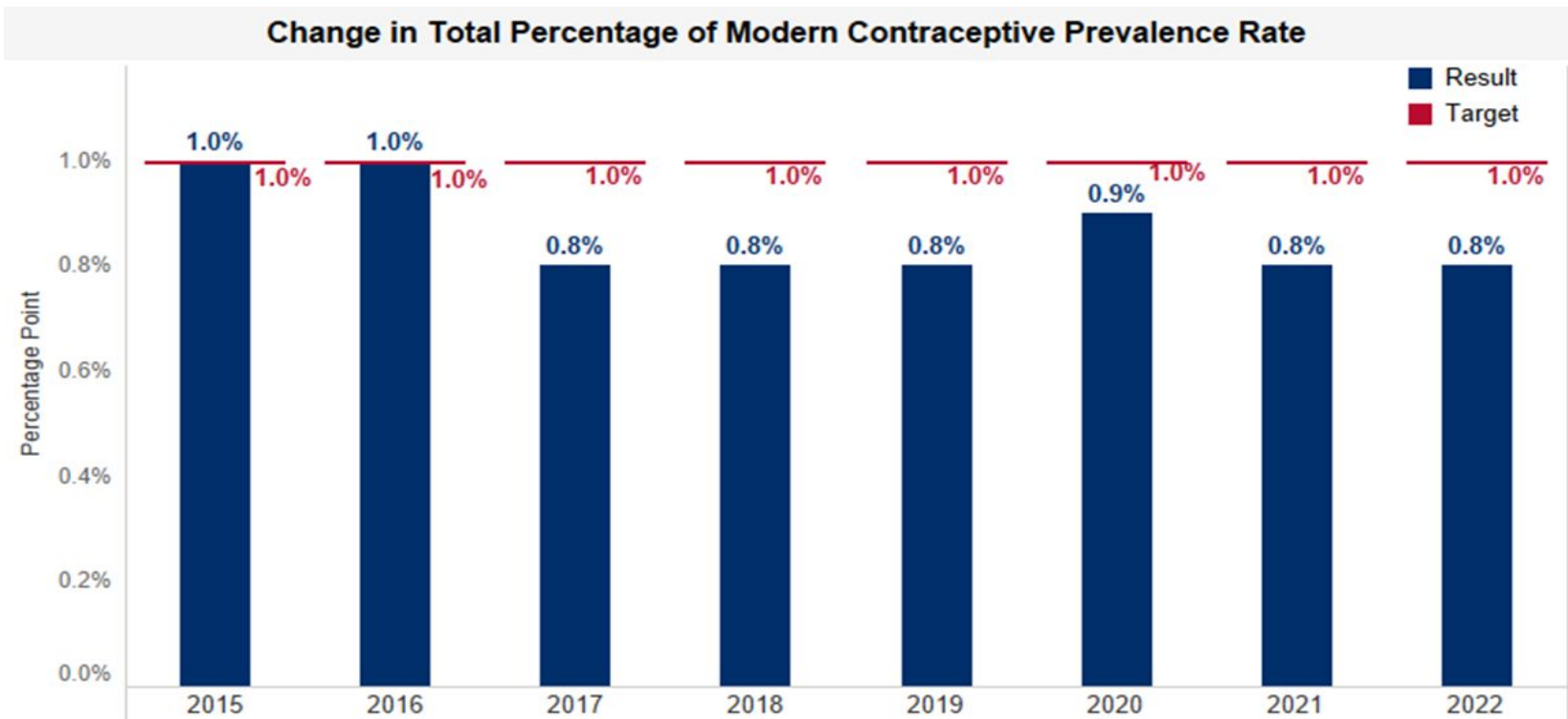


*PMI coordinates its procurement and distribution of ITNs with other major donors, particularly the Global Fund. In FY 2021, PMI came under the projected target due to coordination efforts and ITNs successfully being distributed in part or in whole by other partners.
Data Source for ITN: President Malaria Initiative(PMI) program data Graph includes data for the 24 priority PMI countries and one sub-region.
Data Source for all-cause mortality rates: [PMI April 2021 Annual Report](#). The start year for the countries ranges from 2003/2004 to 2011/2012 depending on when the country became a PMI partner country and when the most recent mortality survey was implemented.

Key Indicators

Annual Indicator

Absolute change in the prevalence rate of modern contraceptives: Increased use of contraception leads to decreased unintended pregnancies and slows population growth over time. The Prevalence Rate of Modern Contraceptives (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 estimates of mCPR are actual or projected estimates from data from the DHS, MICS, and Performance-Monitoring and Accountability (PMA) Survey that are available at the time of reporting, with the projected estimates subject to revision as needed when new survey data are available later.



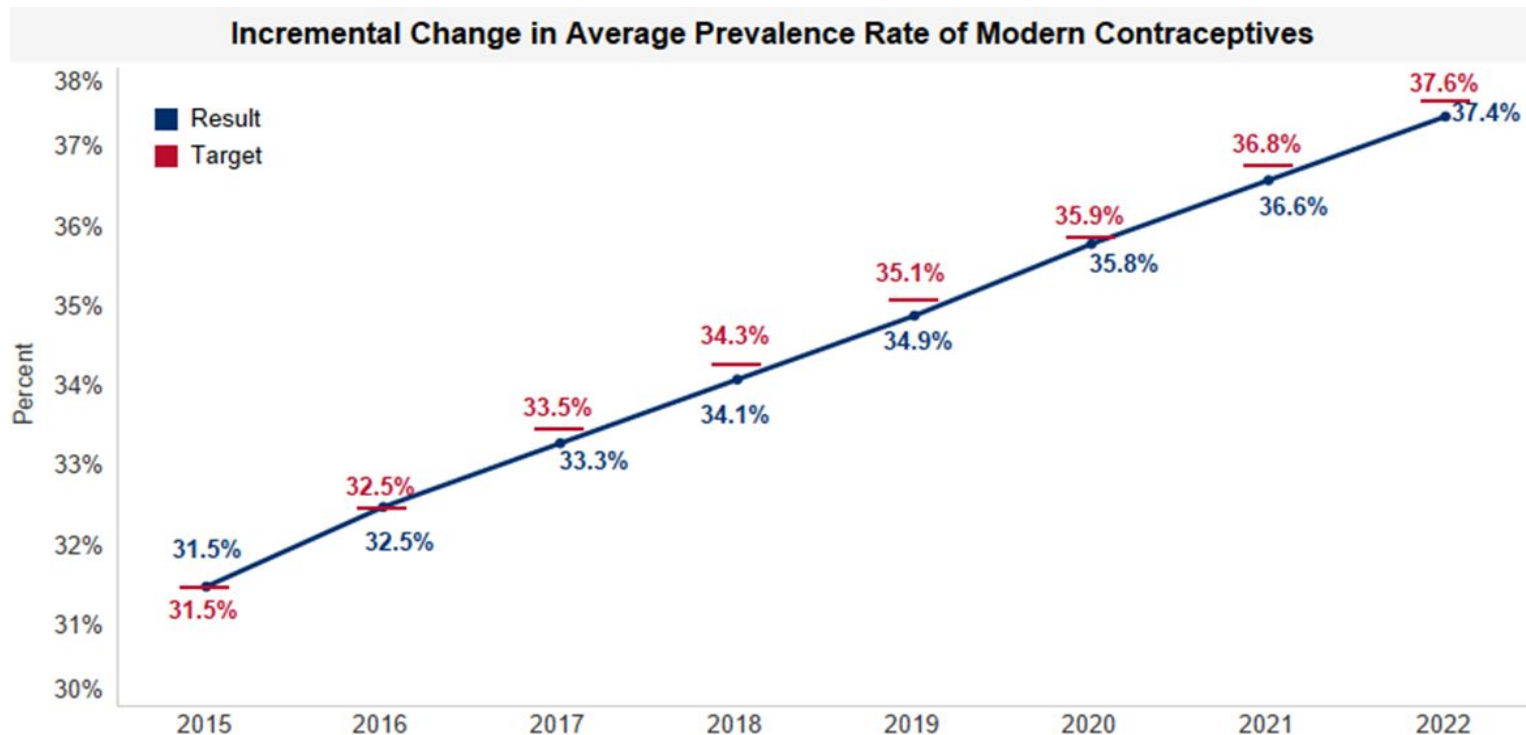
Data Source: United Nations Population Division, World Contraceptive Use 2022. Microdata for the DHS, MICS, PMA, and GGS surveys and some national surveys were used to calculate family planning indicators. <https://www.un.org/development/desa/pd/data/world-contraceptive-use> The graph includes data for the year-to-year absolute change in USAID's 24 priority countries for voluntary family planning and reproductive health.

Key Indicators

Annual Indicator

Incremental change (adds absolute change to the base value annually) in average prevalence rate of modern contraceptives: Increased use of contraception leads to decreased unintended pregnancies and slows population growth over time. The Prevalence Rate of Modern Contraceptives (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 estimates of mCPR are actual or projected estimates from data from the DHS, MICS, and Performance-Monitoring and Accountability (PMA) Survey that are available at the time of reporting, with the projected estimates subject to revision as needed when new survey data are available later.

Note: The target is calculated as 1 percent increase on the prior year achievement (i.e., the goal referenced in slide 17)



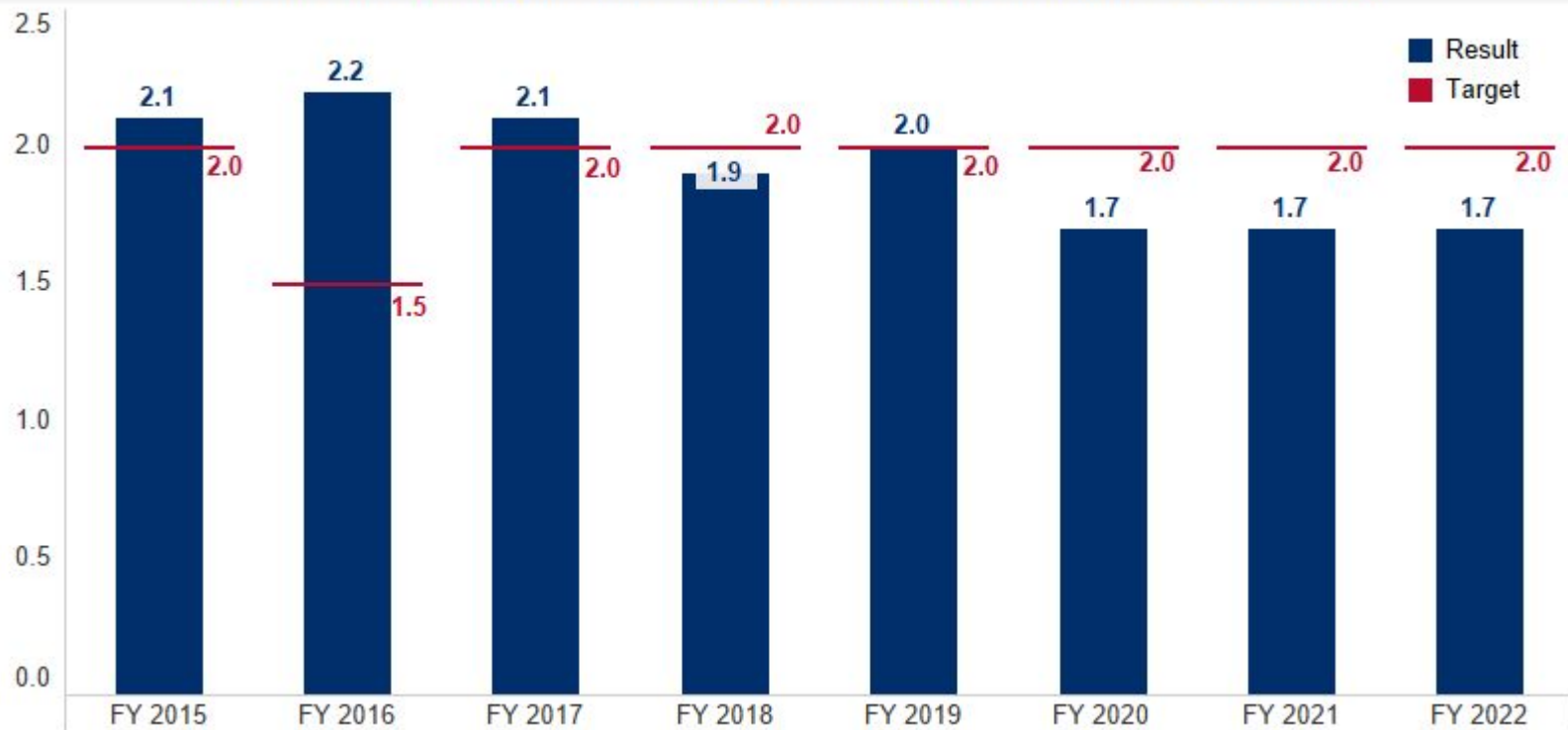
Data Sources: United Nations Population Division, World Contraceptive Use 2022. Microdata for the DHS, MICS, PMA, and GGS surveys and some national surveys were used to calculate family planning indicators. <https://www.un.org/development/desa/pd/data/world-contraceptive-use>. The graph includes data for the year-to-year absolute change in USAID's 24 priority countries for voluntary family planning and reproductive health. The target is calculated as 1 percent increase on the prior year achievement

Key Indicators

Annual Indicator:

Absolute change in under-five mortality rate (*decrease per 1,000 live births*): Improvements in mortality outcomes are the result of increasingly effective efforts to link diverse health programs—in MCH, in malaria, in the contribution of voluntary family planning 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.

Decrease in (Weighted) Average Under Five Mortality Rate (per 1,000 live births)



Data source: United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), Levels & Trends in Child Mortality: Report 2022, Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, New York, 2023.

The United Nations Inter-agency Group for Child Mortality Estimation (IGME) produces comparable estimates for 195 countries annually. The IGME uses all available national-level data after reviewing data quality. This graph includes data for year-to-year absolute change in USAID's 25 priority countries for MCH.

Additional Information

Contributing Programs

- USAID works collaboratively within the Agency, across the U.S. government, in collaboration with host-country governments, and with global partnerships to advance the goal of preventing maternal and child deaths.
- The U.S. government was one of the first to call on the global community to stop mothers and children from dying from preventable causes. The call to action resulted in 178 governments signing a pledge that commits to doing everything possible to accelerate declines in preventable maternal, newborn, and child deaths.
- Over 600 civil-society and private-sector organizations pledged support. This work directly advances the UN Secretary-General's Global Strategy for Women's and Children's Health and the subsequent Every Woman Every Child movement.
- USAID publishes its progress annually in the Acting on the Call Report. The FY 2021 [report](#) focuses on the role of nurses and midwives in sustaining life saving health services amidst the COVID-19 pandemic.

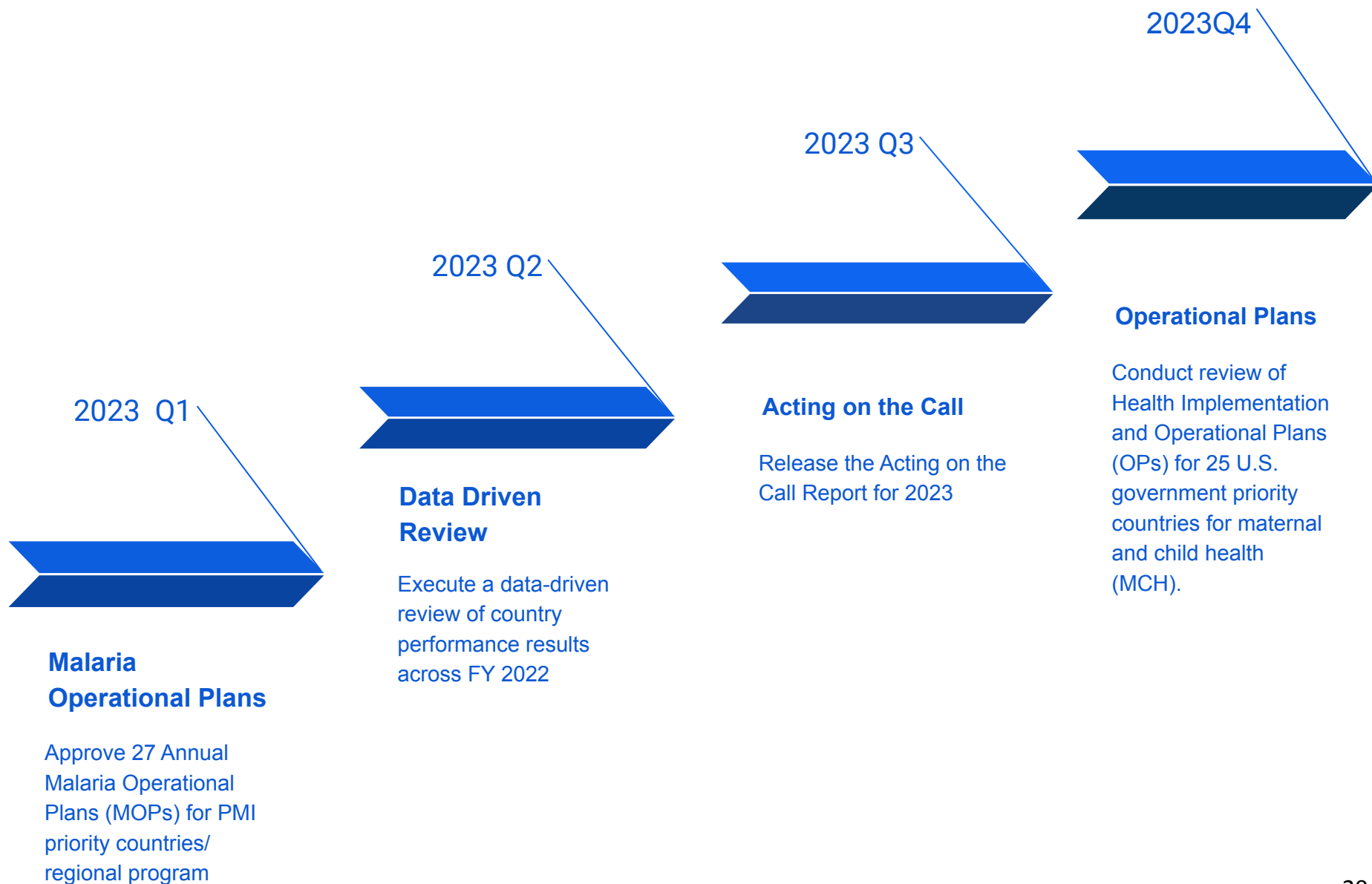
Stakeholder

- USAID recognizes that achieving sustainable solutions to global challenges requires us to work in close collaboration with countries, partners of all sizes, citizens, and the wider development community.
- USAID is aggressively pursuing a model of development that prioritizes partnerships and leverages the unique skills and capabilities of the business community to address development challenges.
- USAID has engaged in more than 200 partnerships with the private sector that have advanced core U.S. development and foreign policy priorities, such as increasing food security, ending preventable child deaths, providing access to power for millions of people in Africa, and advancing literacy in developing countries.

Congressional Consultations

- Every year Congress asks USAID to submit a series of reports on various matters of concern. These reports are available at this [web site](#).

Key Milestones



Key Milestones

Milestone Summary			
Key Milestone	Milestone Due Date	Milestone Status	Comments
Approve 27 Annual Malaria Operational Plans (MOPs) for the PMI priority countries/regional program	Q1 FY 2022	Completed	Completed
Execute a data-driven review of country performance results across FY 21 (prior year)	Q2 FY 2022	Completed	Delivered to USAID senior leadership in April 2022
Release the Acting on the Call Report for 2022	Q3 FY 2022	Completed	Was delayed and completed later in Q1 of FY 2023
Conduct review of Health Implementation and Operational Plans (OPs) for 25 U.S. Government priority countries for maternal and child health (MCH)	Q4 FY 2022	Completed	Was delayed and completed later in Q1 of FY 2023
Approve 27 Annual Malaria Operational Plans (MOPs) for the PMI priority countries/regional program	Q1 FY 2023	Completed	
Execute a data-driven review of country performance results across FY 22 (prior year)	Q2 FY 2023	Completed	
Release the Acting on the Call Report for 2023	Q3 FY 2023	Completed	Maternal and Child Survival: A Decade of Progress and Action for the Future
Review the Health Implementation and Operational Plans (OPs) for 25 U.S. Government priority countries for maternal and child health (MCH)	Q4 FY 2023	Planned	

Narrative – FY 2023 Q3

Milestones:

- GH Bureau leadership released the [Acting on the Call Report \(Preventing Child and Maternal Deaths: A Framework for Action in a Changing World, 2023-2030\).](#)

Other:

- The U.S. Government is leading the effort to vaccinate the world against COVID-19. Of the committed 1.2 billion vaccines, more than 688 million doses have been donated and delivered to 117 countries and economies from July 2021 through August 2023. Working with the COVAX Vaccine Delivery Partnership, the U.S. Government's Initiative for Global Vaccine Access (Global VAX) has been instrumental in overcoming vaccine access barriers and vaccinating the world against COVID-19.
- **Preventing Child and Maternity Deaths:** USAID continued to invest in areas disproportionately impacted by elevated numbers for child mortality; in Latin America, Sub-Saharan Africa, and South Asia that contribute 69 percent to global under 5 (U5) mortality (2021). Since 2015, the 25 maternal and child health and nutrition (MCHN) priority countries have experienced an annual decrease in U5 mortality at/about the target of 2 percent decrease in U5 mortality (range -1.7 to -2.2). With the COVID-19 pandemic, the average annual reduction has slowed to around 1.7 across the priority countries (2020-22). The President's Malaria Initiative (PMI) has worked to reduce all-cause child mortality and parasite prevalence in the 27 partner countries.

Note: Due to a one-month lag in data reporting for the quarterly indicator, all current values will be reported one quarter late. Please note that the narrative above reflects the most recent year of data, rather than FY 2023 Q3, in particular.

In 2020 alone, USAID supported:



27 million

Women and couples with
voluntary family planning



8 million

Pregnant women with breastfeeding
counseling and support



27 million

Children with nutrition programs



23 million

Preventive malaria treatments to
protect pregnant women



38.9 million

Mosquito nets distributed to
protect communities against
Malaria



USAID and State Department Global Health Program Investments (Alongside Other U.S. Departments and Agencies)

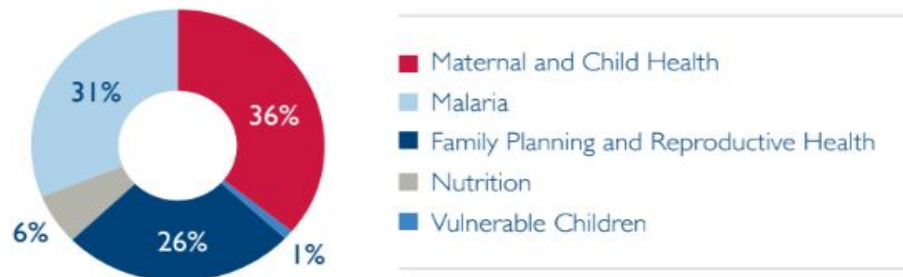
Fig. 2: **PRIORITY GLOBAL HEALTH INVESTMENTS FROM 2012-2021**

Department of State and USAID Fiscal Year:	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	TOTAL
(\$ Millions)	8,599	8,420	8,826	9,277	8,841	8,867	8,801	8,939	9,210	9,297	89,077
Preventing Child & Maternal Deaths:	2,285	2,262	2,398	2,534	2,417	2,372	2,363	2,381	2,430	2,399	23,840
Controlling the HIV/AIDS Epidemic:	5,893	5,773	6,000	6,000	6,000	6,000	6,000	6,050	6,260	6,235	60,211
Combating Infectious Diseases:	421	385	428	743	424	495	439	508	520	663	5026

OUR INVESTMENTS IN PREVENTING CHILD AND MATERNAL DEATHS

Total Fiscal Year
2012-2021 Budget:

\$23,840,000,000



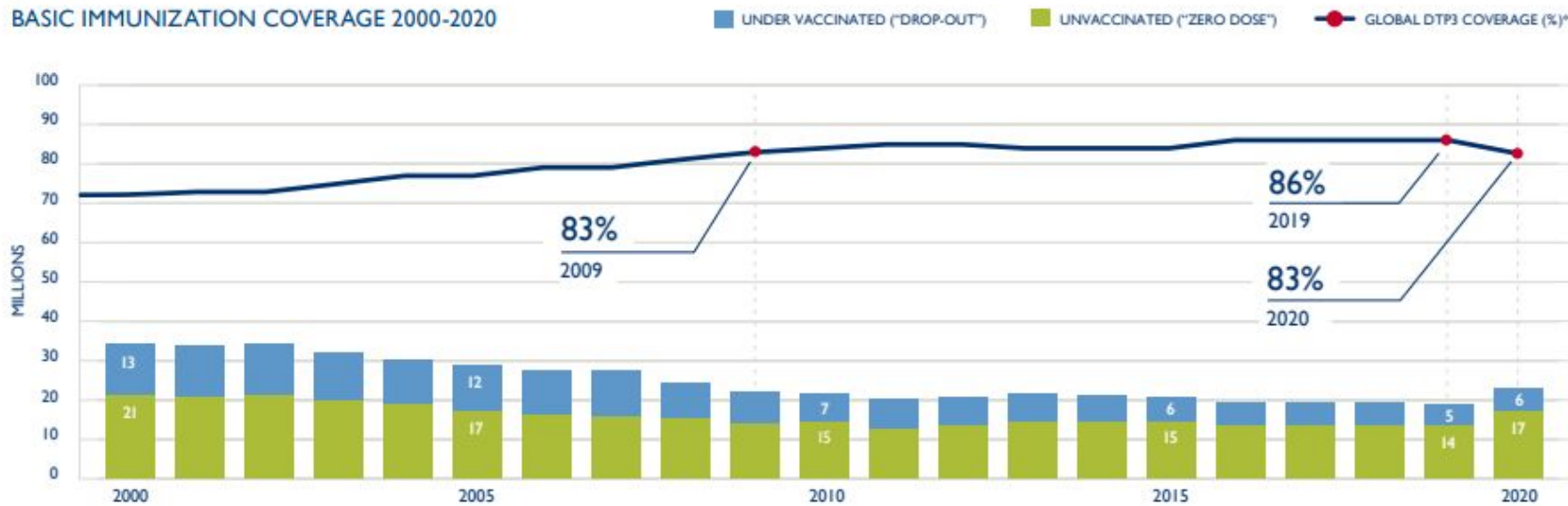
¹ \$118 million of the 2020 funding is Economic Support Funds (ESF) transferred from State and cannot be reflected in the donut chart.

GLOBAL CHILDHOOD IMMUNIZATION COVERAGE WAS HIT EARLY AND HARD BY THE PANDEMIC

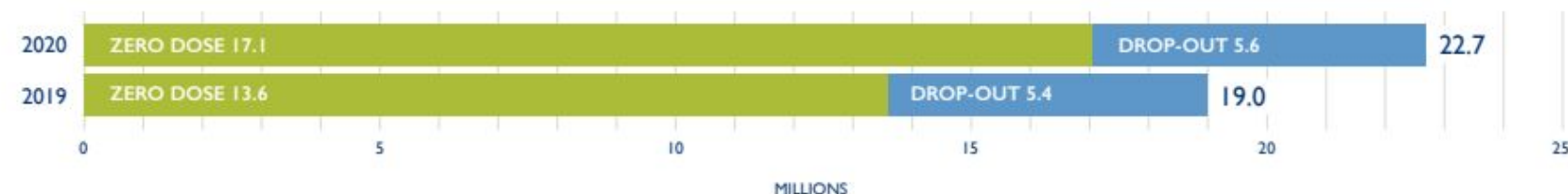
Twenty-three million children missed out on critical vaccines in 2020, the highest number since 2009 and 3.7 million more than in 2019. Concerningly, approximately 17 million of these children likely never received a single vaccine dose, expanding existing inequalities in immunization often experienced by children living in areas where basic health and social services are already slim—conflict zones, remote areas, or informal and slum settings. These disruptions are putting countries at risk of additional outbreaks of deadly, preventable childhood diseases like measles and polio, on top of the existing pandemic.

FIGURE 2:

BASIC IMMUNIZATION COVERAGE 2000-2020



22.7 MILLION UN- AND UNDER VACCINATED INFANTS IN 2020



This figure was adapted from the WHO/UNICEF 2020 Basic Immunization Coverage graph.

* Diphtheria-tetanus-pertussis coverage measures the percent of one-year-olds who have received three doses of the combined diphtheria, tetanus toxoid, and pertussis vaccine in a given year.

Source: "Basic Immunization Coverage," WHO/UNICEF Immunization Coverage Estimates, 2020

Data Accuracy & Reliability

Data Sources

USAID and its partners monitor and collect data regularly to assess performance and evaluate results against the goal of preventing child and maternal deaths. To track progress on the selected indicators, data sources were chosen to maximize the ability to compare across countries, and standardized methodologies for estimation were used to allow for visualizing data in specific time periods across countries. Most of the data sources are from well recognized international organizations and also from USAID programs worldwide:

- Estimates for children under five years of age and newborns are produced by the Interagency Group for Child Mortality Estimation (IGME)
- The numbers and ratios of maternal deaths to live births were obtained from the United Nations' Maternal Mortality Estimation Inter Agency Group (MMEIG)
- Data and information on nutritional status and progress toward targets comes from the UNICEF/WHO/The World Bank Group Joint Child Malnutrition Estimates (JME) — Levels and Trends in Child Malnutrition: Key Findings of the 2021 Edition
- A 2030 maternal mortality ratio target calculator has been provided by the World Health Organization (WHO) to help countries calculate their 2030 targets
- Data on modern contraceptive prevalence rate among married women, unmet need for modern contraception, and demand satisfied by a modern contraceptive method were obtained from the 2020 Family Planning 2020 Progress Report, Full Estimate Table
- The data on the number of people protected against malaria with insecticide-treated bednets is reported by the President's Malaria Initiative through PMI's Annual Report to Congress reporting system

Data Accuracy & Reliability

Data Limitations

- For those indicators that report the absolute change from the prior year, the numbers are reported each fiscal year for the previous fiscal year: for example, in FY 2017, results for FY 2016 are reported as the data are always released as retrospective estimates (i.e. in 2022 the data for 1990-2021 are released).
- In addition to the estimates being one calendar year apart from the fiscal year of reporting, all estimates (1990 to present year) are retrofitted to a regression algorithm as new data or methods become available. This means that the aggregate value for prior-year data may change with the release of the most current data set (2021 in this case). Accordingly, every year, the Bureau for Global Health works with the Bureau for Management to re-establish the most accurate baseline, based on the most recent data, and estimate the absolute value between the years of interest (usually the most recent fiscal year and the one chronologically preceding it).
- USAID uses a wide variety of data; different types of data from several sources (Official Government Records, Official reports from Implementing Partners, Analysis of specific secondary data sources, DHS survey, United Nations [WHO, World Bank data sets], Qualitative methods such as Focus Groups or Interviews, country specific surveys that can support the epidemiologic narratives, Direct Observation etc). At times the Agency is limited to assuring quality of these data sets.
- For both partner-derived data and international data sets, the Agency cannot always control the timeline, and analysis and use of the data can be subject to delays beyond the control of the Agency.

Data Accuracy & Reliability

Actions to improve data quality and availability

Better data are needed to help guide programs, and although information on use of basic services increased greatly over the past decade, more effort is needed to understand the quality of care available to women across the continuum of pregnancy, delivery, and the postnatal period. Efforts to expand the availability and quality of population and health facility data must include a concerted effort to register every newborn and count the deaths of every mother and newborn, including stillbirths.

- USAID invests in technical assistance and data-collection at national, regional, and local levels to strengthen the delivery of healthcare, improve outcomes, and save millions of lives.
- USAID developed its first Digital Strategy (2020-2024) that outlines USAID's deliberate and holistic commitment to improve development and humanitarian assistance outcomes through the use of digital technology, and strengthen open, inclusive, and secure digital ecosystems. Digital ecosystems, consisting of stakeholders, systems, and enabling environment, empower people and communities to use digital technology to access services, engage with others, and pursue economic opportunities in partner countries.