

ACTING ON THE CALL

PREVENTING CHILD
& MATERNAL DEATHS:
A FOCUS ON THE ROLE
OF NURSES AND MIDWIVES

2020



USAID
FROM THE AMERICAN PEOPLE

FOREWORD

ALMA GOLDEN, M.D., ASSISTANT ADMINISTRATOR FOR THE BUREAU FOR GLOBAL HEALTH

In late March, I had the great privilege of being sworn in as the Assistant Administrator for Global Health at the U.S. Agency for International Development (USAID). I am thrilled to be taking on this important leadership role at such a critical time. Long before joining the Agency, I held a deep admiration for USAID's tremendous work to save the lives of women and children.

In the six years since the release of the first Acting on the Call, what USAID and our partners have achieved through strong country-level and global partnership is truly inspiring. As a pediatrician, I am deeply committed to the health and well-being of women and children during pregnancy, childbirth, and the early years of a child's life. I am eager to build on USAID's long-standing legacy and help accelerate our collective progress to improve health outcomes for women, children, and families.

Sadly, I am writing this letter during a global pandemic. Countries around the world are in the midst of combatting COVID-19, the disease caused by the novel coronavirus. In many of the countries in which USAID works, hard-won gains in maternal, newborn, and child survival are at risk. Many of the direct effects of COVID-19 on mothers, newborns, and children are still unknown at this time, but

we do know the disease is disrupting essential care, including facility-based delivery, counseling and support for breastfeeding, and immunization programs. These disruptions and lower rates of care-seeking could stall progress and require intensified efforts to achieve our global goals.

Thanks to the support of Congress and the American people, USAID has been at the forefront of building strong and resilient health care for decades. These investments help governments, civil society, and the private sector prevent, detect, and respond better to emerging disease threats. In response to the current global pandemic, USAID is helping prevent the spread of COVID-19 and assist families to gain access to the health care they need. USAID is delivering more than just funds; we are providing expert technical assistance, training, capacity-building, and life-saving commodities. These efforts include strengthening water, sanitation, hygiene, and the prevention and control of infections in health care facilities, which reduces the risk of the transmission of COVID-19 for both health staff and those who are seeking care.

In the midst of this crisis, the global health community must not lose sight of our shared vision for preventing maternal and child deaths.

Ensuring the continuity of essential care alongside our efforts to combat this pandemic is paramount. This year, countries around the world are also uniting to celebrate the vital role nurses and midwives play in saving lives and advancing high-quality health care for all. This recognition is especially significant amid the pandemic of COVID-19, with nurses and midwives on the frontlines of our global response. As nurses and midwives account for almost half of the global health workforce, they have a critical role to play in ensuring the continuity of maternal, newborn child, and reproductive care during this pandemic.

An infectious-disease outbreak anywhere is an infectious-disease outbreak everywhere. USAID stands in solidarity with health workers on the frontlines of this crisis, and we will continue to provide assistance related to the COVID-19 pandemic around the world in the coming weeks and months. Join me in saluting health workers, like nurses and midwives, who are saving lives every day.

In closing, I hope this report shines a light on the progress we have achieved and can serve as a path forward to protect this progress and build on it to drive further reductions in maternal and child mortality in the years to come.



Photo: Karen Kasmauski/MCSP



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“My patients are everything to me. I believe that I am looking after their child and in return there will be a thousand others to look after my child.

— SHANTA RAS

*Paramedic in
Chittagong, Bangladesh*





ACRONYMS

AOTC: Acting on the Call

COVID-19: Novel Coronavirus Disease 2019

C-section: Cesarean Section

DFC: Development Finance Corporation

DPT: Diphtheria, Tetanus, and Pertussis

DRC: Democratic Republic of the Congo

ECD: Early Childhood Development

GFF: The Global Financing Facility

HPV: Human Papillomavirus

iCCM: Integrated Community Case Management

KMC: Kangaroo Mother Care

MOMs: Maternal Outcomes Matter Initiative

SMEs: Small- and Medium-Sized Enterprises

UNICEF: United Nations Children's Fund

USAID: U.S. Agency for International Development

USD: United States Dollar

WHO: World Health Organization

INTRODUCTION: REFLECTING ON PROGRESS ACHIEVED

Acting on the Call—the U.S. Agency for International Development (USAID)'s response to the 2012 global Call to Action—lays out a bold agenda to save the lives of women and children. Since 2014, this flagship report has served as a roadmap for accelerating progress against one of the Agency's top global health priorities: preventing maternal and child deaths. It is a powerful tool for visualizing and measuring progress toward our shared global goals. USAID's strategic investments over the last eight years have demonstrated the power of taking a robust, systematic approach and scaling up interventions backed by research and evidence. As we embark on a new decade, this year's issue of *Acting on the Call* marks a significant milestone in our strategy, provides an ideal opportunity to take stock of how far countries have come since the commitments made in 2012, and helps us reflect on the unfinished agenda that remains.

This Year's Theme

In honor of the International Year of the Nurse and the Midwife, this year's report recognizes the ways in which nurses and midwives contribute to improving the quality of care and increasing equitable access to essential health care that reduces maternal, newborn, and child mortality. Often recognized as heroes and changemakers, nurses and midwives play a critical role in delivering care in poor, underserved, and hard-to-reach communities. They frequently are on the frontlines of responding to infectious-disease outbreaks; delivering critical primary care; facilitating safe childbirth; promoting healthy practices in nutrition and hygiene; and helping clients make informed, voluntary family-planning choices. This year's report highlights the central role that nurses and midwives play in increasing equitable access to basic, life-saving care, protecting communities against infectious diseases, driving facility-based quality improvements, and ensuring patient-centered care. During the COVID-19 pandemic, nurses and midwives are playing a critical role in preventing, treating, and understanding this new disease, in addition to maintaining essential health care.



Photo: Karen Kasnausk/USAID

Our Life-Saving Impact

Through bipartisan commitment in the U.S. Congress to preventing child and maternal deaths and the generosity of the American people, the United States helped more than 84 million women and children gain access to essential—and often life-saving—care in 2019 alone.

This report highlights the progress that has taken place in USAID's priority countries in reducing maternal, under-five, and newborn mortality since 2012. It also presents a country-by-country analysis of this progress across nine life-saving interventions.

In addition to taking stock of overall progress, this year's report details USAID's country-level investments in preventing child and maternal deaths since 2012. As a responsible steward of American foreign assistance, the Agency delivers

financial resources swiftly and responsively in countries most in need. This ensures we use U.S. taxpayer dollars for maximum impact.

USAID remains deeply committed to the vision of a world in which no child dies and every mother has a healthy, wanted pregnancy and a safe delivery. We will continue to serve as a global thought-leader in shaping and supporting policies, practices, and country-led programs that improve the quality of care, promote equity, and achieve the optimal coverage of life-saving health care. In the next decade of action, USAID is focused on adopting more-tailored approaches to help communities in our partner countries jump-start progress and achieve sustained results along their individual Journeys to Self-Reliance.

Today, in USAID's 25 priority countries:



More mothers are delivering their babies safely.



More children are protected from deadly diseases through vaccines.



More families have access to clean water and nutritious food.



More health facilities have essential commodities and well-trained, motivated health workers.



More couples are able to practice the healthy timing and spacing of pregnancy through voluntary family planning.

DELIVERING RESULTS: SINCE THE 2012 CALL TO ACTION



16.1 million

Women gave birth in a health facility



15.5 million

Newborns reached with care after delivery



92.8 million

Treatments provided to children for diarrhea and pneumonia



13.6 million

Health workers trained in maternal and child health and nutrition



17.6 million

People gained access to basic drinking water

In 2019 alone, USAID helped **84 million women and children** access essential—and often life-saving—health care.

In 2019 Alone:



60.3 million

Children vaccinated against preventable diseases



27.2 million

Children reached with nutrition programs



24.3 million

Women and couples reached with voluntary family planning



47 million

Mosquito nets procured to protect against malaria



27 million

Preventive malaria treatments provided to pregnant women



Photo: Amy Fowler/USAID

Our Life-Saving Investments

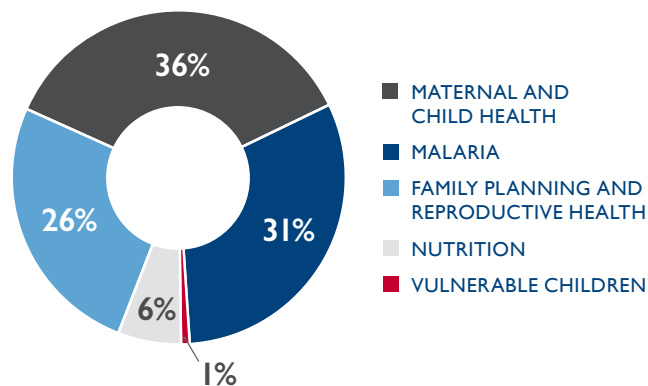
Through the bipartisan support of Congress and the compassion of the American people, the U.S. Government invested more than 19 billion dollars from 2012 to 2019 to prevent maternal and child deaths.

PRIORITY GLOBAL HEALTH INVESTMENT FROM 2012-2019

DEPARTMENT OF STATE AND USAID	2012 FISCAL YEAR	2013 FISCAL YEAR	2014 FISCAL YEAR	2015 FISCAL YEAR	2016 FISCAL YEAR	2017 FISCAL YEAR	2018 FISCAL YEAR	2019 FISCAL YEAR	TOTAL
(\$ MILLIONS)	8,599	8,420	8,826	9,277	8,841	8,867	8,801	8,939	70,570
PREVENTING CHILD AND MATERNAL DEATHS	2,285	2,262	2,398	2,534	2,417	2,372	2,363	2,381	19,011
CONTROLLING THE HIV/AIDS EPIDEMIC	5,893	5,773	6,000	6,000	6,000	6,000	6,000	6,050	47,716
COMBATING INFECTIOUS DISEASES	421	385	428	743	424	495	439	508	3,843

OUR INVESTMENTS IN PREVENTING CHILD AND MATERNAL DEATHS

TOTAL 2012-2019:
\$19,011,000,000





“After counseling women on nutritious practices such as iron supplementation and appropriate breastfeeding, many come back [to the ANC clinic] and show us their healthy babies. That motivates us to continue doing this work.

— HELLEN NAMWOYOGWE
*Nurse in Jinja, Uganda;
has been nurse for 27 years*

THE UNFINISHED AGENDA: RECOGNIZING THE WORK THAT REMAINS

Despite strong improvements, access to high-quality, life-saving care is not within reach for all in many countries around the world. Women and children are still dying from preventable causes (see figures 1 and 2). Globally, 295,000 mothers and 5.3 million children under five years old die each year—including more than 2.5 million newborns who die in the first month and about one million in the first day after birth.¹ Two-thirds of these maternal and child deaths occur within USAID's 25 priority countries.

Review of the progress made to date across our priority countries reveals that inequities still exist. In many countries, maintaining the current pace of mortality reduction will not be sufficient to achieve shared global goals for maternal and child survival. Progress has stalled in several countries that must double, or nearly triple, their current rates of progress to improve their trajectories to desired outcomes.

When USAID first created our strategy for accelerating progress on preventing maternal and child deaths, we set ambitious country-level

targets for progress, and provided outlines that governments and their partners could use to reach these ambitious goals. Previous *Acting on the Call* reports placed great emphasis on envisioning a world in which it was possible to accelerate the scale-up of high-impact interventions in maternal and child survival at rates equal to those previously achieved by "best performers."² These projections and targets were set with the optimal conditions for progress in mind.

However, over the last eight years, many of our 25 priority countries have faced challenges that tested the ability to accelerate progress. In the face of recurring conflict and political strife, infectious-disease outbreaks, and natural disasters, a new roadmap is needed. Now more than ever before, USAID recognizes the need to meet communities in our partner countries where they are on the development continuum to help them on their individual Journeys to Self-Reliance. In response, the Agency is shifting our approach to align better with national goals in our partner countries. Our programs will continue to adopt more tailored and targeted approaches that can help communities,

governments, civil society, and the private sector address context-specific challenges, with particular attention to helping overcome the impact of fragility and progress beyond humanitarian needs.

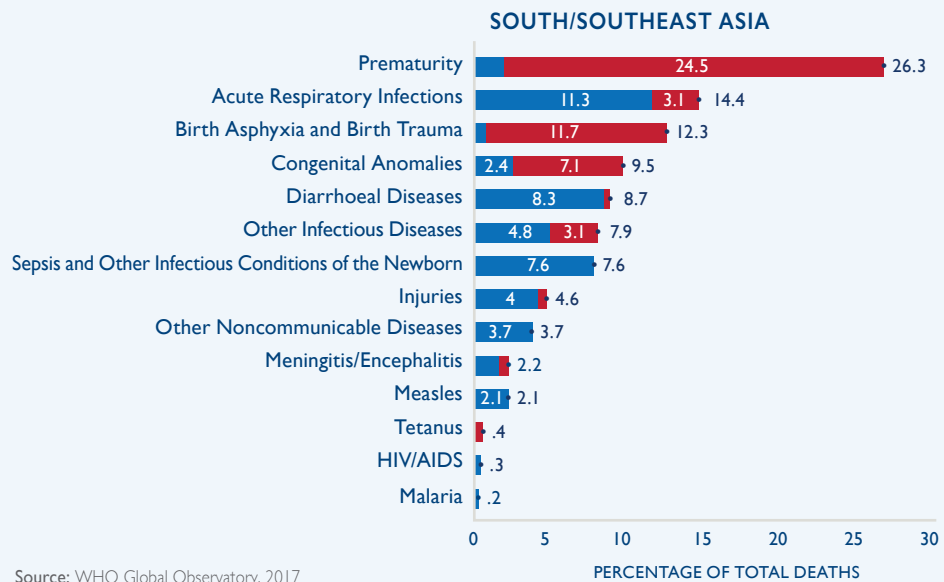
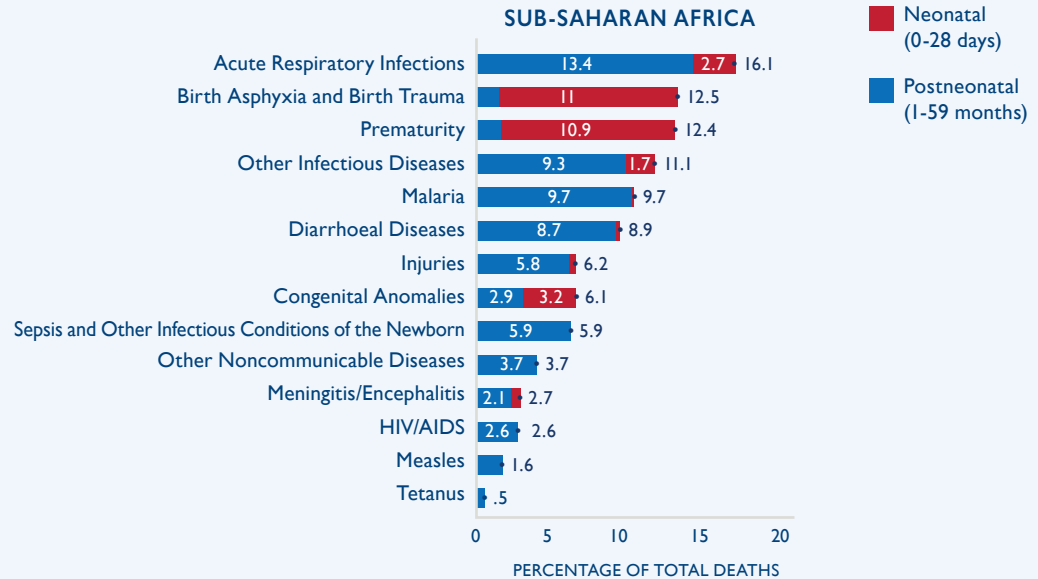
Fragility and slower development performance are inextricably linked. Countries with higher levels of fragility often lack the resources, capacity, and infrastructure to meet the demands of their population's basic health needs. In some cases, fragility exists at the sub-national level in specific areas within countries, which can result in hidden health disparities and disruptions to the functioning of health care. As USAID embarks on charting a new path to prevent maternal and child deaths, the need to look beyond global and national mortality rates to measure our progress is critical. This effort will require greater granularity of data and an enhanced emphasis on analyzing sub-national- and facility-level data. Improved data sources will equip USAID and our partners with the information needed to address disparities, improve the quality of health care, and understand what approaches work best in the face of fragility.

Malnutrition is an underlying cause of an estimated 45 percent of under-5 deaths.

An estimated 12.6 percent of under-5 deaths are vaccine-preventable.

The “last mile” of progress will be the hardest to achieve, and requires intensified efforts, more targeted investments, and tailored solutions. What the global health community has yet to achieve will require all of us to work differently and more creatively. Fostering strong national commitment, including sustainable domestic funding, and active community ownership; tapping new and underutilized partners; and leveraging the strengths of the private sector to develop innovative solutions will be at the heart of USAID’s approach. The Agency’s investments will continue to focus on advancing policies and programs based on the best available data and evidence with the development continuum in mind to achieve and sustain equitable access to high-quality health care for women and children. USAID is committed to charting a new path that can pave the way forward on the unfinished agenda and empower communities, governments, and civil society on their progress toward self-reliance.

FIGURE I
CAUSES OF UNDER-5 DEATHS



Source: WHO Global Observatory, 2017



BOX 1

PRIORITIZING THE MOST VULNERABLE PERIOD IN A CHILD'S LIFE—THE FIRST 28 DAYS

Over the past two decades, the global community has seen substantial progress in child survival. Governments have invested in basic, evidence-based interventions to prevent children under five from dying from preventable diseases, such as diarrhea, malaria, and pneumonia. But improvements in the prevention of newborn deaths have lagged behind improvements in child health. Today, newborns make up nearly half of under-five child deaths.³ Yet many of the main causes of newborn death—prematurity, complications during birth, and severe infections—are preventable (see figure 1). As more young children survive beyond their fifth birthdays, USAID has increasingly recognized the need to focus on the most-vulnerable period of a child's life: the first 28 days. As the share of newborn deaths continue to rise among under-five deaths, USAID has prioritized and refined our approach further to respond better to the health needs of the most-vulnerable newborns: the ones born small and sick.

Our investments in newborn health since 2014 align with the global recommendations laid out

in the *Every Newborn Action Plan*, and continue to support the scale up of essential newborn care at birth and the first days of life to help all babies survive. Proven, simple, high-impact interventions include clean cord care, early and exclusive breastfeeding, and skin-to-skin contact for all newborns, as well as resuscitation when babies struggle to breathe. For instance, this past year, USAID introduced and promoted “kangaroo mother” care in 430 district- and community-level facilities in the Republic of Mali, which has benefited nearly 50 percent of low-birth-weight newborns across three regions.

But millions of newborns require more specialized care in health facilities to survive. Babies who are born small (low-birth-weight and preterm) and sick (full-term, but very ill) make up 80 percent of newborn deaths.⁴ If they do survive, these babies are more likely to suffer from developmental and cognitive delays. Hence, they need more specialized and intensive care that is nurturing and family-centered, beyond what is included in the essential care package for all newborns.

In response, USAID is working to ensure all newborns receive high-quality care during labor and delivery, and throughout the first days and weeks of their lives. Providing nurses, midwives, and other health staff with the training, mentoring, and support they need enables them to provide compassionate, high-quality newborn care. Our investments promote the use of low-cost, high-impact, life-saving approaches; educating families and community leaders on warning signs and when to seek immediate care for newborns; building the capacity of health centers and hospitals to treat small and sick newborns in an approach that is nurturing and family-centered; improving referrals between community facilities and health centers that provide more specialized newborn care; and helping national governments strengthen action and investment in newborn health.

At the global level, USAID provides technical thought leadership and works collaboratively with other development agencies and technical experts to shape health policies and establish clinical guidelines that reflect the most up-to-

date, evidence-based approaches. For instance, at the global level, USAID has worked with leading global health experts and international public health bodies to develop quality standards for small and sick newborn care. In turn, our technical experts and programs provide target technical assistance to support governments and the private sector in our partner countries to adapt these global guidelines to the local context. For example, in the Republic of India, USAID helped scale up family-centered care in 30 special Newborn Care Units in six States and supported the development of a Quality-of-Care Index that triangulates data from health-care utilization, clinical practices, and mortality-outcome indicators to identify problems and develop actionable solutions.

Looking ahead, USAID will continue to elevate the unique health needs of newborns, especially those of small and sick newborns, and strengthen national capacity to provide every newborn with high-quality, respectful care, working toward the day when every child sees his or her fifth birthday.



Photo: Karen Kasmauski/MCSP



BOX 2

SAVING THE LIVES OF MOTHERS WITH INNOVATIVE AND ENTERPRISE-DRIVEN SOLUTIONS

Expectant mothers face myriad challenges that hinder their access to skilled providers and high-quality care. Although more women are surviving pregnancy and childbirth, hundreds of thousands of women around the world still die each year from complications during pregnancy or childbirth. These complications include infections, high blood pressure during pregnancy, complications around delivery, and severe bleeding after childbirth (see figure 2), among others. USAID supports public and private providers to provide high-quality and respectful care before, during, and after childbirth to prevent and treat these complications.

One of the Agency's most recent partnerships, the Maternal Outcomes Matter (MOMs) Initiative takes a blended public-private financing approach that incentivizes small health businesses to improve maternal and child health in Sub-Saharan Africa and South Asia, where 86 percent of all maternal deaths occur. The Initiative stimulates, advances, and scales up innovations in maternal health that contribute to a healthy pregnancy and safe childbirth—which lays the foundation for moms and their newborns

to thrive. As part of the collaboration, the U.S. International Development Finance Corporation (DFC), Merck for Mothers, Credit Suisse, and USAID seek to mobilize up to \$50 million of debt and grant financing to improve and expand infrastructure, services, and access to care to ensure healthy pregnancies and safe deliveries.

In many countries with poor health indicators, small- and medium-sized enterprises (SMEs) and entrepreneurs are an untapped resource that can accelerate gains in health by using financially sustainable business models. These businesses often lack access to affordable financing that would allow them to expand their businesses to achieve greater impact.

The Initiative makes catalytic investments in promising enterprises that are primed to have an even greater impact on maternal health outcomes because of their successful track record in areas that directly and indirectly contribute to maternal health, including health infrastructure, the delivery of health care, training for health providers, and digital solutions for more efficient and effective care.

In January 2020, the MOMs Initiative made its first investment in LifeBank, a blood-sourcing and medical- and oxygen-distribution company in the Federal Republic of Nigeria. LifeBank uses data and technology to help health facilities gain better access to essential, life-saving medical products, like blood, oxygen canisters, and vaccines, across the continent of Africa. LifeBank uses a smart logistics system to deliver these products to hospitals on time following global safety guidelines. Since the company launched in January 2016, LifeBank has moved more than 18,000 units of blood and blood products between blood banks and hospitals, which has helped to save more than 4,400 lives in the process. The MOMs Initiative's investment will help LifeBank grow its operations in Nigeria, expand to the Republic of Kenya, and supply an expected one million additional units of blood.

By bringing together the best of the public and private sectors, the MOMs Initiative is spurring sustainable solutions that can support the Journey to Self-Reliance.



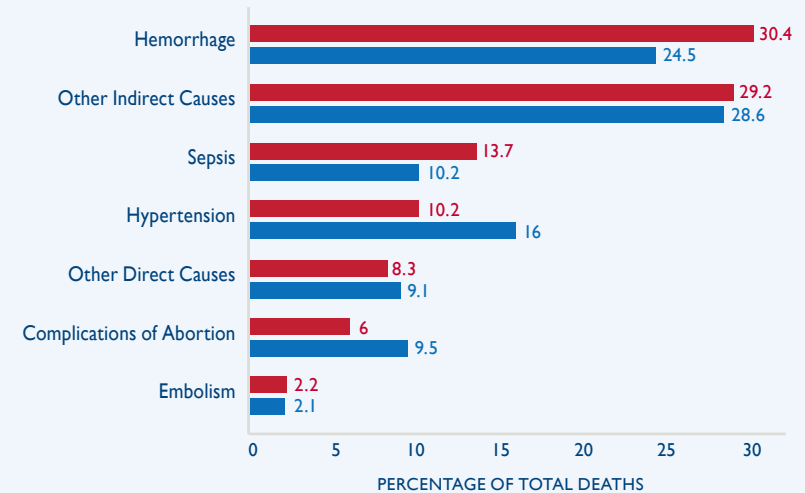
Globally, 295,000 mothers die each year. Two-thirds of these maternal deaths occur within USAID's 25 priority countries.

FIGURE 2

CAUSES OF MATERNAL DEATH

■ SOUTH/SOUTHEAST ASIA

■ SUB-SAHARAN AFRICA



Source: WHO Global Observatory, 2017

Note: The 'Other Direct Causes' category includes causes such as complications of delivery and obstructed labor. The 'Other Indirect Causes' category includes deaths from pre-existing disorders, including HIV, that may be exacerbated by pregnancy, among other indirect causes.

ACHIEVING OPTIMAL COVERAGE OF SKILLED NURSES AND MIDWIVES

A key contributor to achieving our shared global goals rests on having sufficient numbers of nurses and midwives.

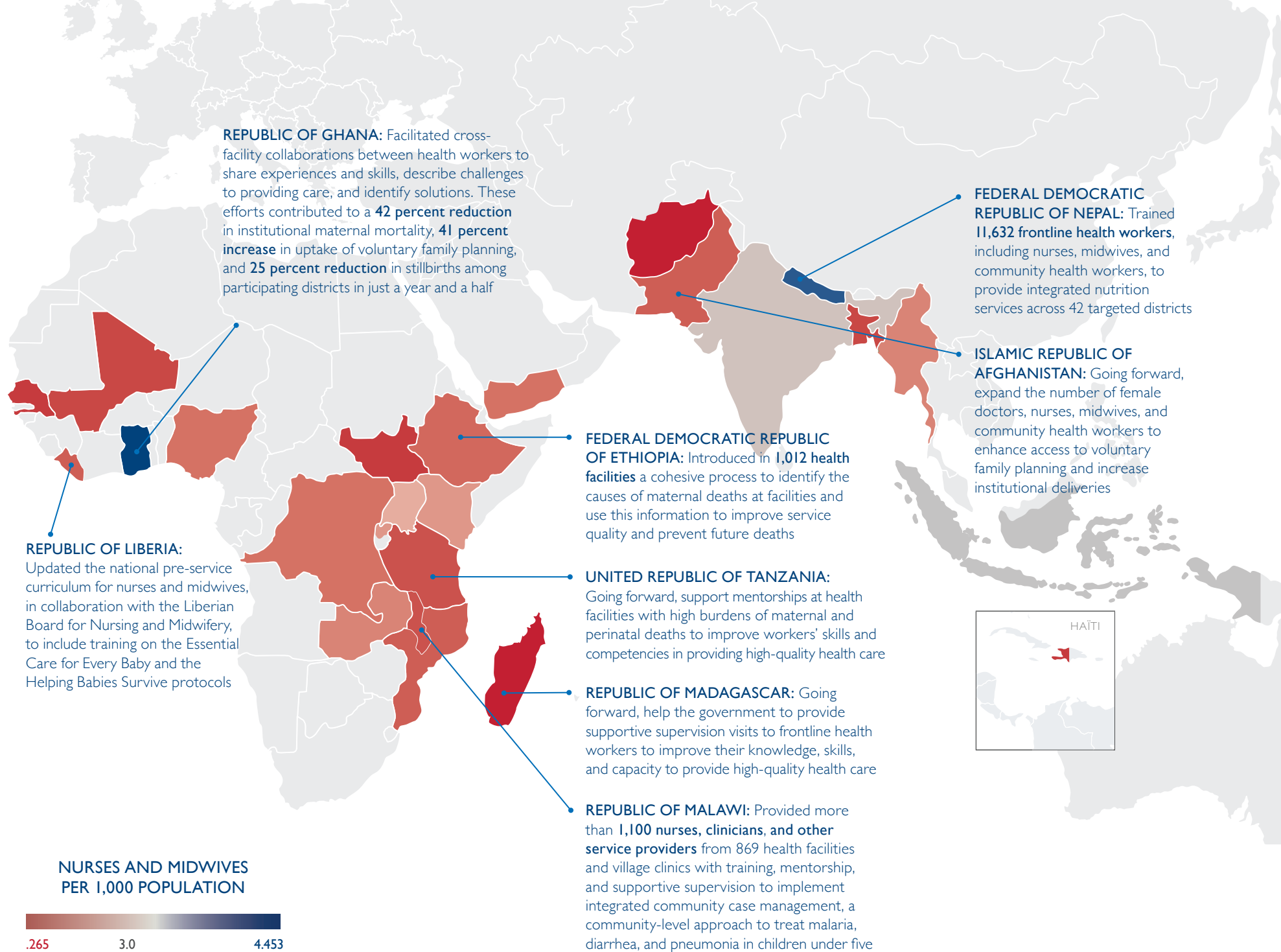
In many of the countries where USAID works, shortages of skilled health providers, including nurses and midwives, exist (see figure 3). Population growth, coupled with longer life expectancy and changes in the patterns of disease, has increased the global demand for skilled providers. Insufficient coverage of health workers, in particular nurses and midwives, hinders access to, and quality of, essential, life-saving interventions such as safe pregnancy and delivery packages, counseling and support for breastfeeding, childhood immunization, voluntary family planning, and prevention and treatment for HIV/AIDS and malaria.

Sustained improvement in maternal, newborn, and child health, reproductive health and access to voluntary family planning, and nutrition outcomes are not achievable without increasing the volume and equitable distribution of workers with the critical skills needed to provide this care. USAID supports governments and the private sector to develop a health workforce that is sufficient in size and is accessible to every individual, including by helping governments mobilize workers to areas that lack critical health coverage and motivating the in-country retention of health workers. For example, this past year in India, USAID worked with the private sector to train more than 85,000 new nurses to improve their employment prospects and reduce gaps in coverage.

USAID also helps ensure that nurses and midwives possess the required competencies to deliver high-quality, culturally aware care that matches patients' needs. Our partnerships with local academic institutions strengthen programs to educate nurses and midwives to reflect the latest evidence-based practices. In the United Republic of Tanzania, for example, USAID worked with seven nursing and midwifery schools in 2019 to enhance the quality of their pre-service curricula, which led to an 80 percent average improvement among graduates on midwifery competencies, such as newborn resuscitation.

USAID's investments also support the development and implementation of innovative, continuous learning models that support the maintenance of critical skills among the health workforce. For example, in the Republic of Liberia, USAID provided mentorship and on-the-job training to nurses, midwives, and other frontline health workers to support the Government's strategy for antenatal care, which has contributed to a nearly 25 percent increase in the number of pregnant women who attended all four antenatal care visits in just one year.





NURSES AND MIDWIVES PER 1,000 POPULATION



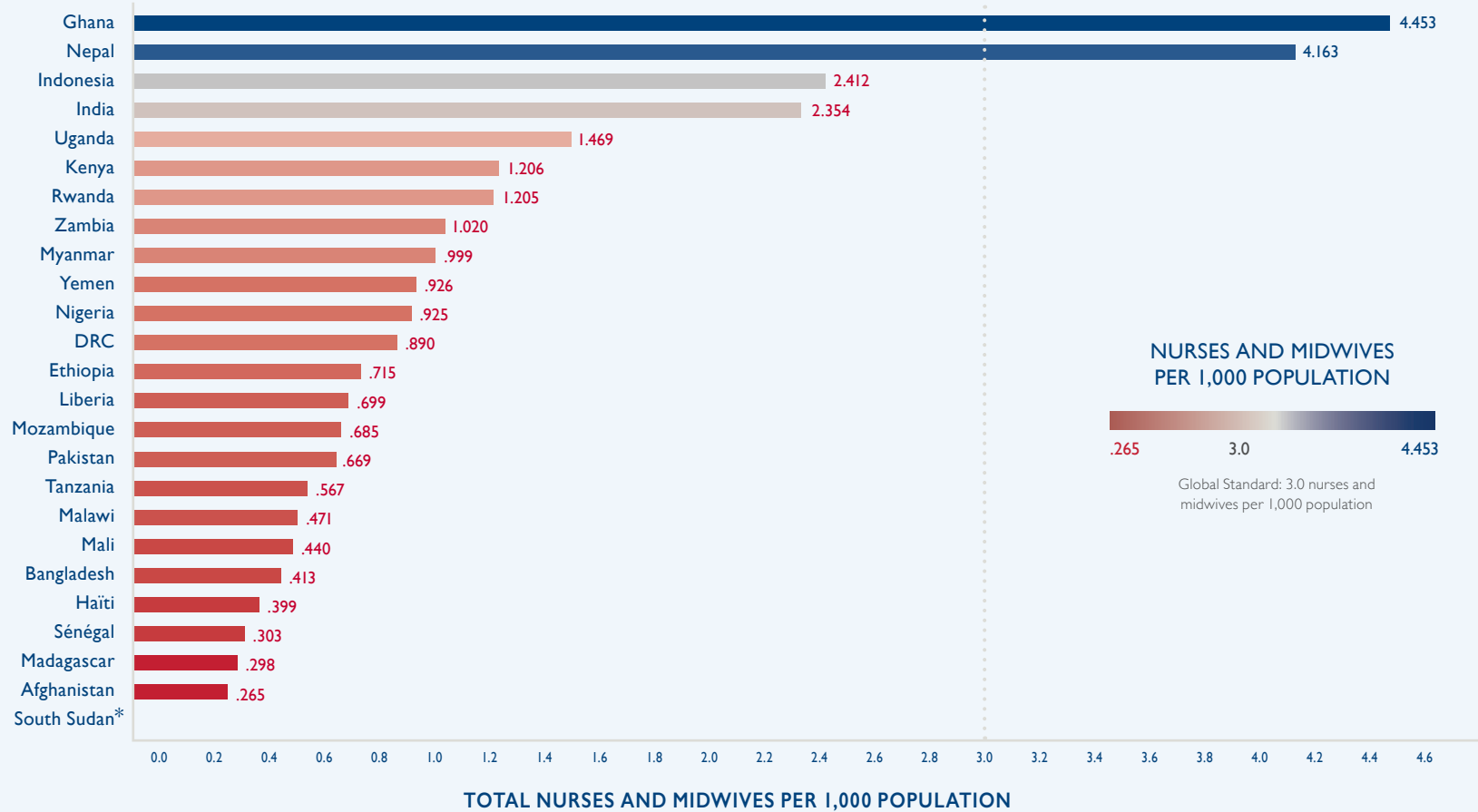
Global Standard: 3.0 nurses and midwives per 1,000 population

Source: WHO Global Health Expenditure Database, 2018

The majority of USAID's priority countries face acute nurse and midwife shortages.

FIGURE 3

ONLY TWO OF 25 PRIORITY COUNTRIES MEET THE GLOBAL STANDARD OF 3 NURSES AND MIDWIVES PER 1,000 POPULATION.



* No data available

Source: WHO Global Health Expenditure Database, 2018



“ My main objective is the client. If we identify a gap in service delivery, we need to improve it to improve these children’s health. Then, we can go home smiling because we feel like we have done something.

- SISTER HELLEN MIREMBE,
*Nursing officer at a health center
in the Kamuli district, Uganda*

EMPOWERING NURSES AND MIDWIVES WITH THE SKILLS FOR SUCCESS

Well-trained nurses and midwives are vital to preventing maternal and child deaths, fostering resilient health systems, and ensuring health for all. A health workforce empowered by education and supportive management can better provide reliable, accessible, high-quality care. By helping countries build the capacity and skills of their own health workforce, USAID accelerates progress along their Journey to Self-Reliance.

Start off with the Right Skills

Bolster pre-service education programs to better prepare nurses and midwives with the expertise and skills they need to succeed from the start. Our partnerships with academic institutions promote strong linkages across classroom learning, practical skill-building, and clinical practice.



Training students from the communities they will serve improves retention and contributes to the provision of quality care.

Ensure a Competent and Compassionate Workforce

Improve pre- and in-service training and professional development opportunities. Our investments strengthen the capacity of private sector education institutions and professional associations to deliver health education using innovative adult learning methodologies.

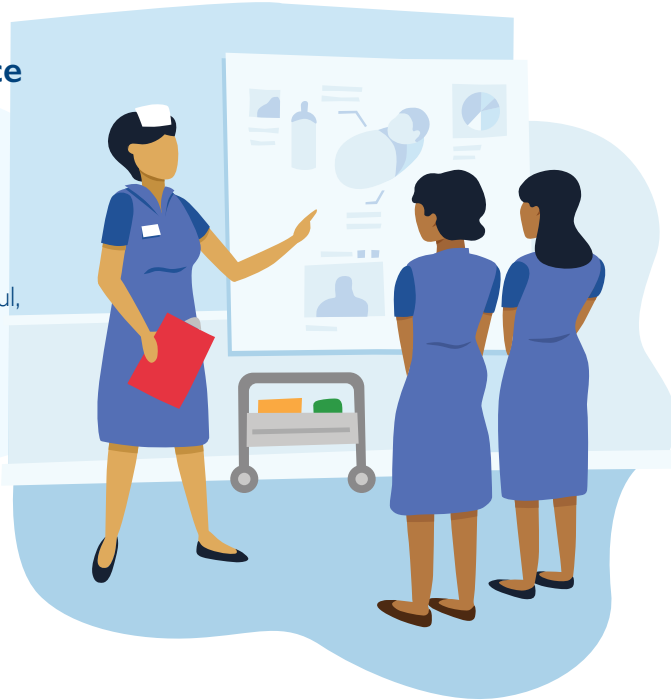


Curriculum that reflects the most up-to-date, evidence-based approaches optimize performance and quality in service delivery.

Advance Health Workforce Motivation, Satisfaction, and Performance

Support health facilities and clinics to institutionalize mentoring, coaching, and supportive supervision to motivate nurses and midwives to deliver respectful, culturally acceptable care, and to help those with less experience learn from those with more expertise.

Health workforce programs foster knowledge transfer, promote continuous quality improvement, and help to attract and retain health providers.



Equip Workers with Necessary Supplies and Resources

Mobilize domestic resources, improve supply chain efficiencies, and support procurement. Our investments help countries equip their nurses and midwives with the essential medicines and resources needed to provide timely, comprehensive care.



Improved water, sanitation, hygiene, and waste management practices at health facilities help protect both workers and clients from healthcare-related infections and illnesses.

Promote Good Governance and Decent Working Conditions

Partner with Ministries of Health and health professionals' associations to develop and revise policies, guidelines, and accreditation standards that support nurses and midwives to reach their full potential.

Effective policy and regulation helps professionalize the occupation, promotes decent working conditions, and advances more resilient, sustainable health systems.



ADVANCING QUALITY ACROSS THE CONTINUUM OF CARE

High-quality care is safe, effective, timely, respectful, coordinated, and equitable.

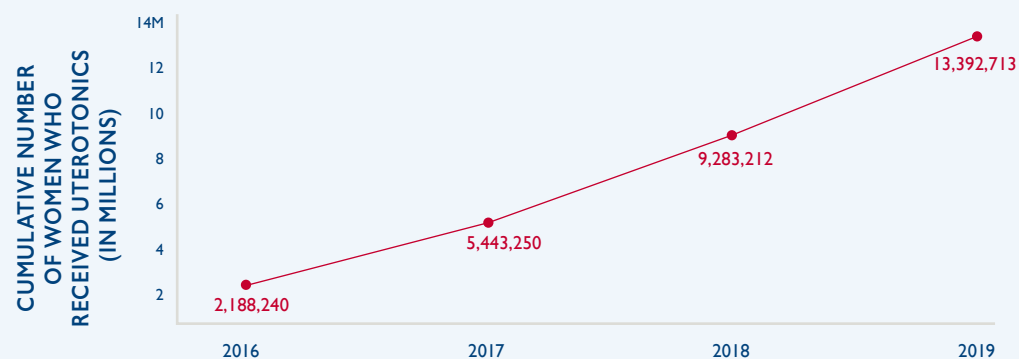
This means providers deliver life-saving interventions in maternal, newborn, and child health, and voluntary family planning, reproductive care, and nutrition with the same level of quality no matter who the patient is, or where he or she seeks care (see box 3). Enhancing the quality of health care is a cornerstone of USAID's approach to improving measurable health outcomes for women and children. Our investments enable health providers to deliver care in a manner that complies with established clinical standards and promotes dignity and respect for all.

Through our partnerships with host-country governments, private and civil-society sectors, and other key actors, USAID works to strengthen health care holistically at all levels—from the community to the facility. Our investments support providers to create a “culture of improvement” within their facilities, which promotes resilience and sustainability by encouraging the continuous monitoring and strengthening of systems and processes to improve the quality of care. USAID supports governments and the private sector in our partner countries to update health policies and establish clinical guidelines that reflect globally recognized standards of care and the best available evidence for the local context. In the Republic of Indonesia, for example, this past year USAID supported professional associations,

FIGURE 4

OVER THE LAST FOUR YEARS, USAID HAS HELPED MORE THAN 13 MILLION WOMEN DELIVER THEIR BABY SAFELY IN A HEALTH FACILITY.

Cumulative number of women giving birth who received uterotonics through U.S. Government-supported programs, 2016-2019



Source: USAID Annual Foreign Assistance Performance Plans and Reports

health facilities, and various government agencies to implement new national policy guidance on reforms to their health-benefits package for mothers and newborns to incentivize improvements in quality of care and quantifiable health outcomes.

At health facilities, USAID works in partnership with governments and the private sector to identify investments in health care that will empower public and private providers with tools to deliver high-quality health care and encourage them to improve the delivery of care

continuously. These investments enable health facilities to institute mechanisms that help ensure the delivery of care safely and effectively, and to the patient's satisfaction (see figure 4). For example, in the Republic of Mozambique, USAID funded health facilities to improve the quality of maternal, newborn, and child health care through updating performance standards and providing training on quality improvement, which has allowed 95 percent of supported health facilities to improve their performance by at least 50 percent in the past year.

FIGURE 5

USAID HELPED MORE THAN 229 MILLION WOMEN ACCESS MODERN METHODS OF CONTRACEPTION IN 2019.

Number of married women using modern methods of contraception in USAID-supported countries, 2016-2019

2016: 210,857,971

2017: 216,845,342

2018: 223,312,634

2019: 229,840,892

Source: USAID Annual Foreign Assistance Performance Plans and Reports

Our investments also help health facilities integrate nutrition as an essential component of comprehensive, high-quality care. For instance, this past year, USAID helped five hospitals in Malawi achieve “baby-friendly” accreditation—which means they provide the information, support, and skills new mothers need to breastfeed their newborns—and helped ten additional hospitals maintain their “baby-friendly” status.

USAID works to improve the availability of essential commodities and resources, including



safe water, sanitation, waste management, toilet facilities, and electricity in health facilities and communities. These resources are critical to supporting the delivery of high-quality health care and ensuring the safety of providers and patients.

Our investments help communities ensure they have sufficient coverage of skilled personnel, robust referral systems, and access to the essential commodities needed to deliver high-quality preventative care close to home. In 2019, USAID’s investments in the Republic of Ghana trained 205 nurses and midwives across six regions to administer Sayana Press—an innovative, easy-to-use injectable contraceptive that women can administer themselves every three months under the skin—and distributed 4,500 Sayana Press doses to trained nurses and midwives, which will avert an estimated 281 unintended pregnancies.

Nurses play an important role in the delivery of compassionate and high-quality voluntary family

planning and reproductive health care. From evaluating the client’s knowledge and counseling, to easing anxieties of new patients and providing the chosen method of contraception, nurses are essential to helping women and families delay or space their pregnancies to achieve the healthiest outcomes for both women and children.

As more women give birth in health facilities, their experiences of care have become an increasingly important opportunity to influence future care-seeking behaviors for the whole family. USAID’s investments help empower and motivate health workers to deliver respectful and culturally acceptable care, which promotes patient satisfaction and fosters positive health-seeking behaviors in the future. Our investments in improving the quality of care seek to actively engage the whole family, including men, so that all individuals receive promotive and preventive treatment in a respectful and dignified manner.

Photo: Karen Kasmauski/MCSP

“

When I started studying, I realised the joy of being the first person to handle a child as they came into the world for the first time – it is the midwife that handles such a creature. This has encouraged me more to do my midwifery – it is a very special thing.

- HAJIA HALIMA OPOKU AKHMED
Midwife in Cape Coast, Ghana



Nurses and midwives play an instrumental role in advancing **equitable access and high-quality care** across the continuum of reproductive, maternal, newborn, and child health and nutrition.

BOX 3

Nurses and Midwives Promote Key Dimensions of High-Quality Care



SAFE: Delivering health care that minimizes risks and harm to clients and to health workers themselves, including by avoiding preventable injuries and reducing medical errors. *During labor and delivery, nurses and midwives can detect potential complications early and take immediate action to ensure delivery is safe for both the mother and baby.*



EFFECTIVE: Providing care based on scientific knowledge and evidence-based guidelines. *When governments and the private sector invest in updating clinical guidelines and continued education for frontline health workers, nurses and midwives can keep their skills sharp and aligned with the most up-to-date, evidence-based approaches.*



TIMELY: Reducing delays in providing/receiving health care. *After delivery, nurses and midwives are often the first to interact with a newborn, and their early identification and action to provide specialized care for babies born small or sick, such as resuscitating babies who do not breathe on their own after birth, can safeguard their survival. They can also help ensure mothers breastfeed their babies within an hour of birth, which provides key nutrients for a developing newborn.*



EFFICIENT: Delivering health care in a manner that maximizes the use of resources and avoids wastage. *As part of antenatal and postnatal care visits, nurses and midwives can provide education and counseling for women and families on nutrition, access to voluntary postpartum family planning, and sound sanitation and hygiene practices, which maximizes each contact with patients and provides more comprehensive care.*



EQUITABLE: Delivering health care that does not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status. *As vital frontline health workers, in many countries, nurses and midwives travel far distances—often by public transportation, bicycle, or even on foot—to deliver primary health care to hard-to-reach communities.*



PEOPLE-CENTERED: Providing care that takes into account the preferences and aspirations of individual clients and the cultures of their communities. *Nurses and midwives help ensure that every woman, child, and family receives culturally relevant and dignified care. Promoting pathways for community members to serve as health workers helps support quality, as they have a better understanding of the clients they serve. Likewise, nurses and midwives must also feel respected and valued in the workplace to reach their full potential.*

Source: Adapted from WHO, www.who.int/maternal_child_adolescent/topics/quality-of-care/definition/en/

INCREASING EQUITABLE ACCESS TO LIFE-SAVING VACCINES

In the midst of battling the pandemic of COVID-19, the global health community knows all too well that infectious diseases do not respect borders. Disease outbreaks can have profoundly adverse impacts on travel, trade, development, and economic growth, and vaccines remain one of the world's most important tools in the fight against emerging and re-emerging infections.

This is a pivotal year for immunization as the global community commits to achieving equitable access to life-saving vaccines for all by 2030. Two new global immunization strategies, Immunization Agenda 2030 and the *2021–2025 Strategy of Gavi*, the Vaccine Alliance, called *Gavi 5.0*, will serve as the guiding frameworks for our renewed commitment to achieving this shared vision. USAID's investments in strengthening routine immunizations and the unfailing commitment of our partners, like Gavi and national governments, have protected millions of children against vaccine-preventable diseases (see box 4). Today, 86 percent of children around the world receive basic immunizations. In 2018, 53 million children were immunized (third dose of DPT-containing vaccine) in USAID's priority countries alone.

But our job is not done. In 2018, 20 million infants worldwide did not receive essential vaccines⁵ (see figure 6). Over the last several years, global progress on immunization has stalled and, in some cases, declined. Outbreaks of previously controlled infectious diseases, like measles and

diphtheria, in places in which immunization coverage was once high, are occurring. This decline in protection is particularly concerning as it leaves children vulnerable to disease and devastating longer-term health impacts.⁶

There are a number of factors that hinder equitable immunization coverage. First, simply sustaining progress annually requires significant and steadfast effort. Every year more children are born, which means an ever-increasing number of children must be vaccinated to achieve the same coverage. Further, there is an increasing number of available vaccines, and each requires a specific delivery schedule.

Additionally, some communities have never had access to vaccines—often referred to as “zero-dose” or “underimmunized.”⁷ Children unreached with immunization live in three primary settings: urban, conflict-affected, and remote-rural. Each of these settings has its own unique set of barriers that make locating and tracking children who need immunization challenging. Barriers and bottlenecks can include the inability to access care because of social exclusion, the movement of communities within countries or from one part of the world to another, and humanitarian crises that result from conflict or natural disasters.

Moreover, COVID-19 and its global spread has resulted in the disruption of immunization services worldwide, including the suspension of campaigns against epidemic-prone diseases such as polio and

measles. This disruption in immunization services will lead to a large number of unvaccinated or “susceptible” children and a significant increase in outbreaks of vaccine-preventable diseases, including measles, polio, diphtheria, and yellow fever.

Given these challenges, achieving equitable access to immunization and building systems that are resilient and nationally funded and managed requires new ways of working, a more targeted approach, and continued commitment to partnerships that increase the agency of local partners and communities. To reach the last 14 percent, the global health community must collectively come together to address barriers and bottlenecks in the delivery, demand, and uptake of immunization services in the toughest parts of the world.

USAID works with national and sub-national governments, the public and private health sectors, and other actors to integrate immunization programs into primary health care, which can serve as a platform for promoting vaccines throughout the lifecourse. These investments work to reduce missed opportunities for vaccination and help to ensure that every contact with health institutions provides an opportunity to give children the vaccines they need in combination with other essential health care.

USAID's increased funding and renewed commitment to immunization programs will focus

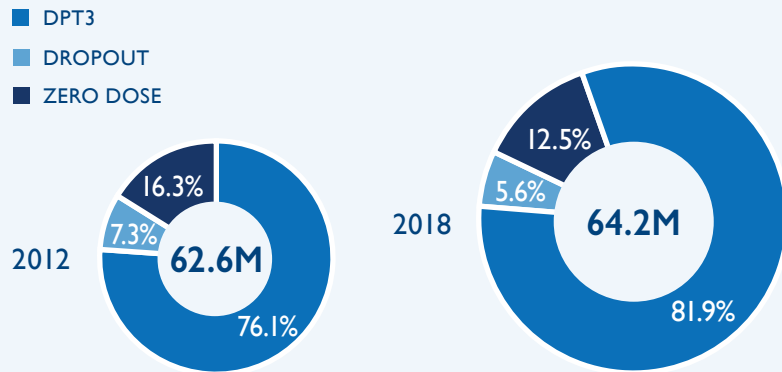
Coverage of third-dose of DPT-containing vaccine increased from 58% in 2000 to 82% in 2018 among USAID priority countries.

on and support national governments and other partners to implement policies and programs that expand equitable access to immunization, ensuring that everyone benefits from immunization, regardless of where they live. Our investments directly support countries and partners around the world to strengthen routine immunization programs, so that countries can continue to protect their communities long after our support ends.

FIGURE 6

INTENSIFIED EFFORTS ARE REQUIRED TO SUSTAIN AND ADVANCE COVERAGE.

Changes in immunization coverage and the total population of newborns from 2012 to 2018



Source: The United Nations World Population Prospects (2019); WHO-UNICEF Estimates of Vaccine Coverage (1980-2018)

Note: "Under-immunized" refers to an infant that received one or two doses of a DPT-containing vaccine, but not the third dose by one year of age. "Zero-dose" refers to a child that received no doses of DPT-containing vaccine.



Photo: Souleymane Bathrejo / USAID's HP+ Project



BOX 4

PROTECTING AGAINST VACCINE-PREVENTABLE DISEASES AT HOME AND ABROAD

Scaling up sustainable and integrated immunization programs requires strong partnerships. USAID works closely with partners around the world, including national governments, Gavi, the United Nations Children’s Fund (UNICEF), the Centers for Disease Control and Prevention within the U.S. Department of Health and Human Services, other international public health governing bodies, the private sector, and civil-society organizations. For instance, our longstanding partnership with Gavi has been pivotal in enhancing global immunization efforts as the Alliance partners jointly work to reach the unreached and achieve equitable access for all.

This year, USAID announced the U.S. Government’s largest-ever multi-year commitment to Gavi, \$1.16 billion over Fiscal Years 2020–2023, subject to the

approval of Congress. This multi-year commitment will support Gavi’s efforts to immunize 300 million additional children by 2025, which will save up to eight million lives and protect communities from 18 vaccine-preventable diseases. In addition, the U.S. contribution will strengthen routine immunization against outbreak-prone diseases, such as measles, and maintain global stockpiles of vaccines against Ebola, cholera, yellow fever, and meningitis. Gavi responded rapidly to the global outbreak of COVID-19, by working to ensure the continuity of life-saving immunization services, while also providing targeted support to respond to the impact of the virus in Gavi-supported countries. Through its market-shaping, Gavi plays a pivotal role in securing affordable access to future COVID-19 vaccines for at-risk populations living in lower-income nations.

As part of our strategic partnerships, USAID shapes the development of immunization policy, guides the introduction of new vaccines, and provides targeted on-the-ground technical assistance to strengthen routine immunization systems. In turn, by concentrating our efforts on equitable access, USAID advances a more secure world. Increasing immunization among hard-to-reach or never-before-reached populations reduces the risk of infectious-disease threats and enhances the safety of U.S. citizens abroad and at home.

Thus, our investments in expanding access to immunization not only advance our global health goals, but also strengthen U.S. national security, promote economic growth and trade, and foster resilience and self-reliance.

The Power of Partnerships: Since 2001, the U.S. Government, through USAID, has contributed **\$2 billion** to Gavi. Through this partnership, USAID has supported **73 lower-income countries** to immunize **760 million people**, and helped to save **13 million lives**.



Photo: Karen Kasmauski/MCSP

IMMUNIZATIONS

PAVING THE WAY FOR A HEALTHY FUTURE

Immunizations not only save lives, but they enable children, women, and families to thrive. When individuals are fully protected from the threat of vaccine-preventable diseases, they can stay in school, care for and support their families, and contribute to the economic growth of their communities and countries.



Birth

Vaccines delivered at birth provide critical immunity to the most fragile.

- ▲ **USAID support ensures that women deliver in clean facilities equipped with skilled health providers and critical commodities, like vaccines.**

Young Infants

At six weeks, babies return for their next series of life-saving vaccines. They'll be back again at 10 and 14 weeks.

- ▼ **At USAID-supported primary care centers, during these same visits moms can also receive counseling about family planning and other children can be treated for common childhood illnesses.**



Nine to 24 Months

Just before they get on their feet, babies are immunized against measles and rubella. Depending on where they live, nine-month olds may also receive vaccines against yellow fever, meningitis, and typhoid. These will be followed by a second dose of measles-containing vaccine after their first birthday.

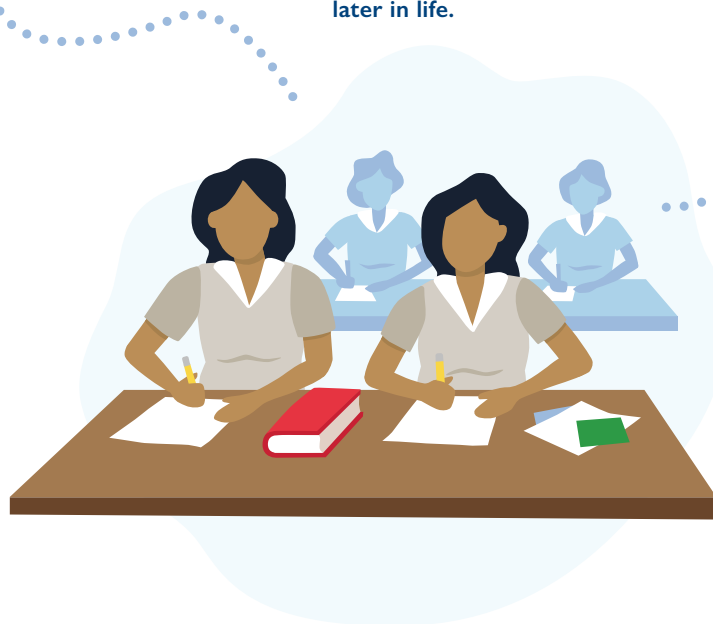
- ▲ **USAID works to ensure that health systems can track and deliver vaccines to even the most-remote, hard-to-reach communities.**



Children

To stay protected against diphtheria, pertussis, and tetanus, kids between four and seven years old receive three booster doses.

- ▲ **Beyond the first year of life, USAID-supported school- and facility-based campaigns ensure children receive these vital boosters.**



Adolescent Youth

Later, school-based programs also provide an opportunity to reach adolescent girls with vaccination against human papillomavirus (HPV) to protect against cervical cancer.

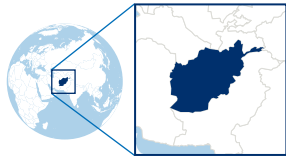
- ▼ **USAID supports countries to introduce and scale up new vaccines, like the HPV vaccine, that help women remain active in their families and communities later in life.**



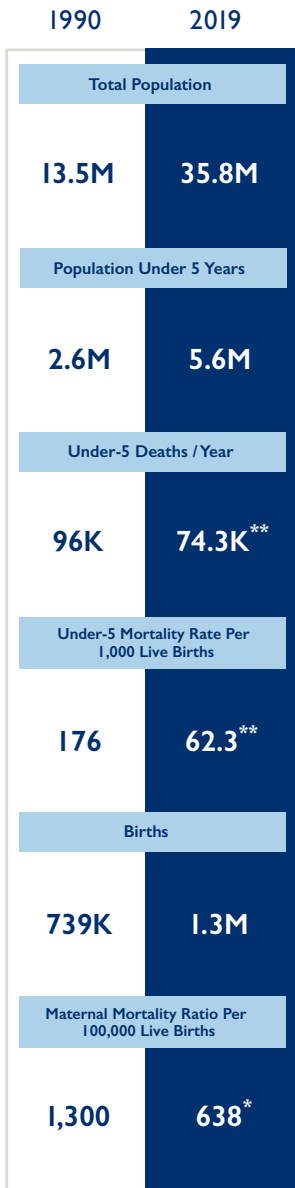
Adults

Immunizing pregnant women against tetanus during antenatal care visits helps protect mothers and newborns from exposure to tetanus during childbirth.

- ▲ **USAID investments help ensure expectant mothers have access to comprehensive care before delivery.**



ISLAMIC REPUBLIC OF AFGHANISTAN

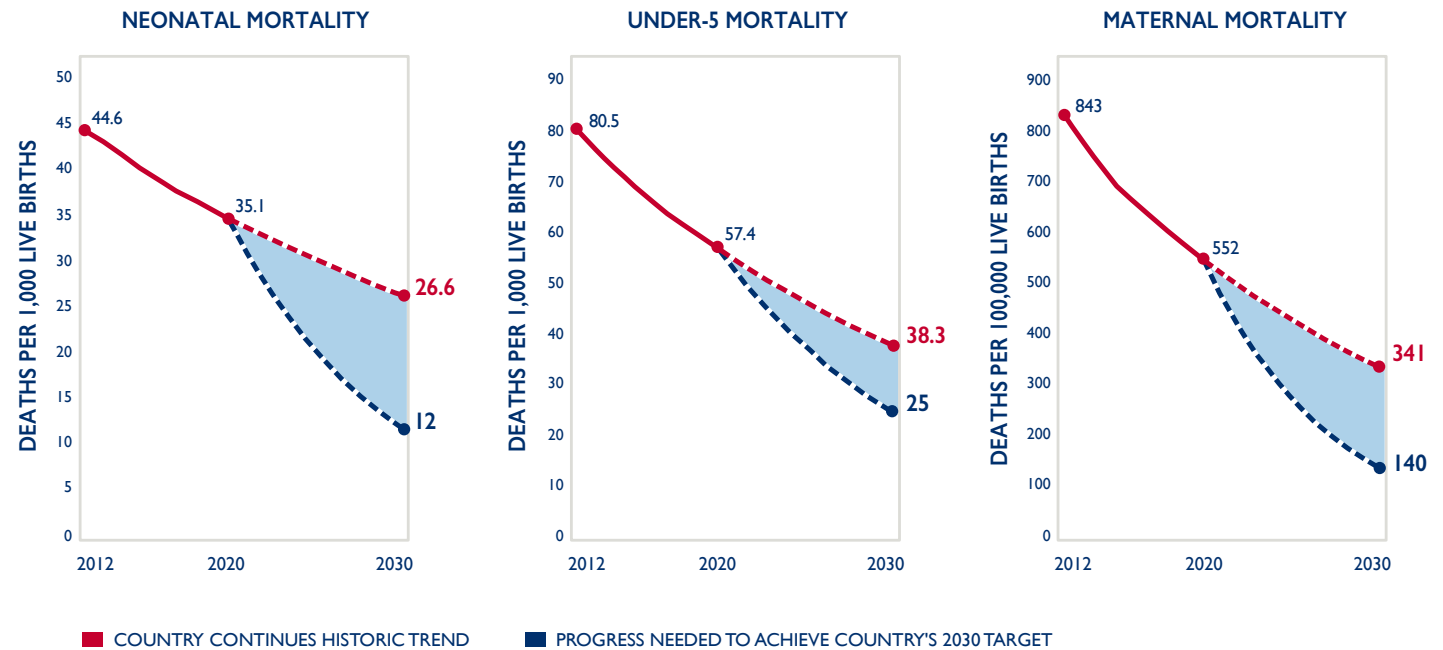


* Estimate from 2017
 ** Estimate from 2018

FIGURE 7.1

PROGRESS TOWARDS OUR GOAL AND THE PATH FORWARD

Declines in Maternal and Child Mortality to Date and Acceleration Needed to Reach Country's 2030 Targets



Source: UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality, 2019; UN Maternal Mortality Estimation Inter-agency Group, Trends in Maternal Mortality: 2000 to 2017.

FIGURE 7.2

OUR INVESTMENTS IN PREVENTING CHILD AND MATERNAL DEATHS



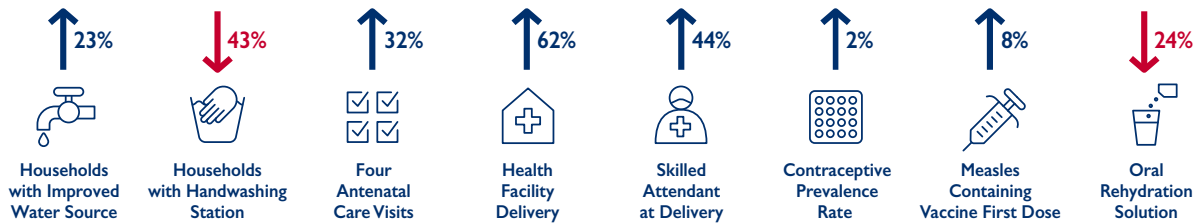
TOTAL FISCAL YEAR 2012-2019 BUDGET:
\$677M

- MATERNAL AND CHILD HEALTH
- NUTRITION
- FAMILY PLANNING AND REPRODUCTIVE HEALTH

FIGURE 7.3

LIFE-SAVING INTERVENTIONS BY THE NUMBERS

Changes in Coverage from 2012 to 2020



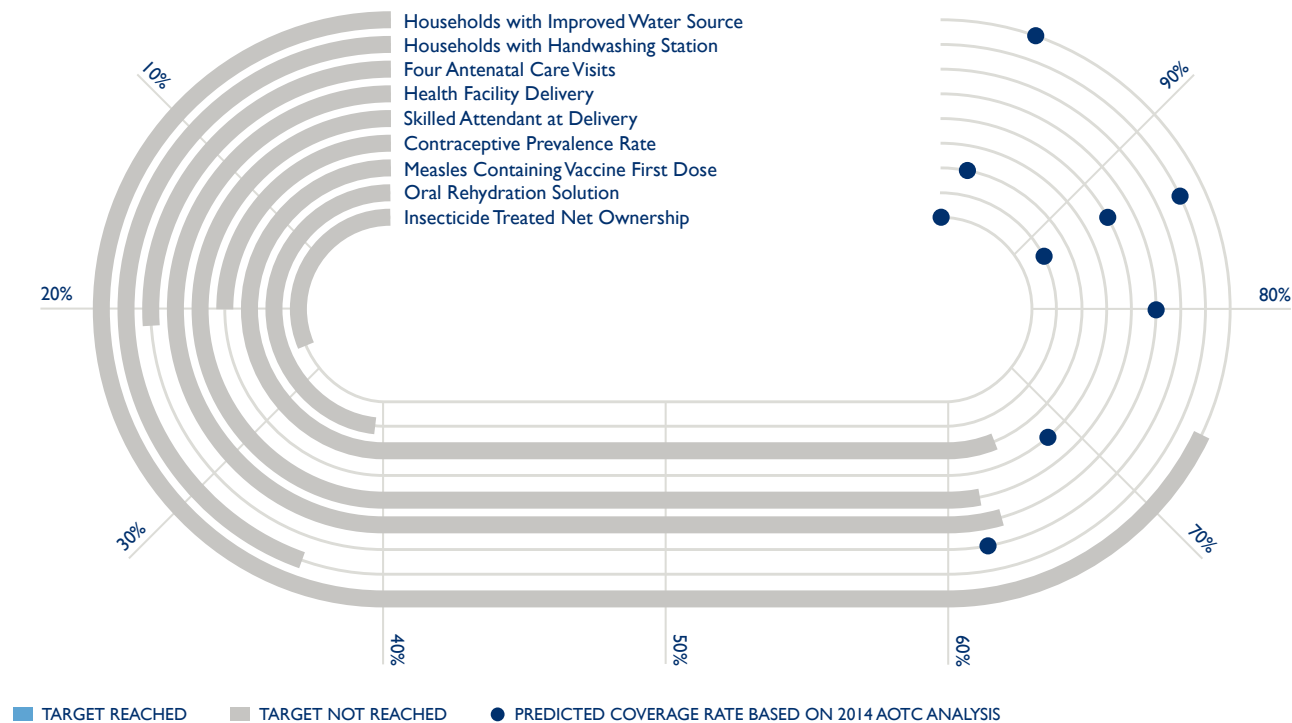
Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

Note: These figures represent the estimated percent increase or decrease in intervention coverage from 2012 to 2020 and are based on the most recent available data from national household surveys.

FIGURE 7.4

THE RACE TO MEET OUR GLOBAL GOALS

Percent Coverage of Nine Life-Saving Interventions in 2020 Compared to Predicted Coverage Rate

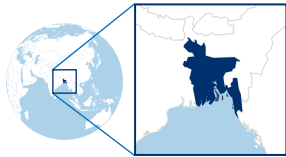


Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

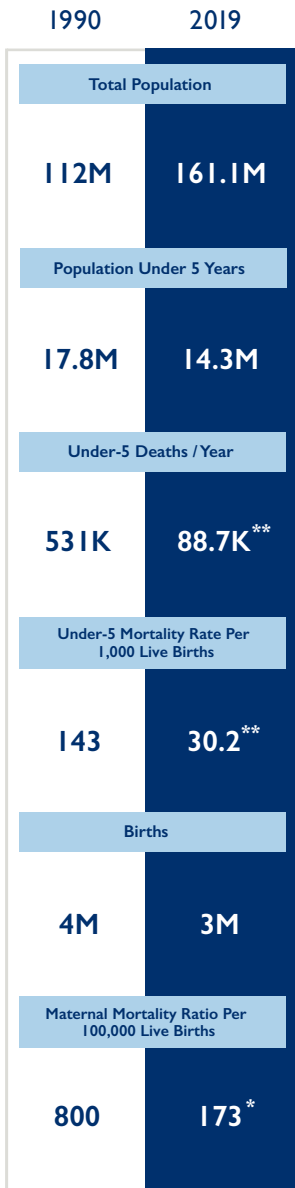
Note: Estimates are based on trends from most recently available surveys and therefore may not reflect acceleration due to Acting on the Call efforts.

IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE ISLAMIC REPUBLIC OF AFGHANISTAN AND OTHER PARTNERS, WE HAVE:

- Supported **258,241 women** with counseling on voluntary family planning following delivery, and provided **937,406 couple-years of protection** through the expansion of access to voluntary family planning care.
- Helped **nearly 230,000 mother-baby pairs** initiate breastfeeding in the first hour after birth across five Provinces.
- Provided **3,478 women** with Sayana Press, a novel injectable contraceptive that community health workers, pharmacists, and women themselves can administer easily every three months under the skin, to avoid unintended pregnancies.
- Treated **more than two million sick children** with diarrhea by using zinc tablets and oral rehydration salts.
- Supported **nearly 1.5 million children under one year of age** with three doses of pentavalent vaccine to protect them against five major diseases.
- Disinfected **66 million liters of drinking water** through social marketing and collaborations with private-sector retailers.



REPUBLIC OF BANGLADESH

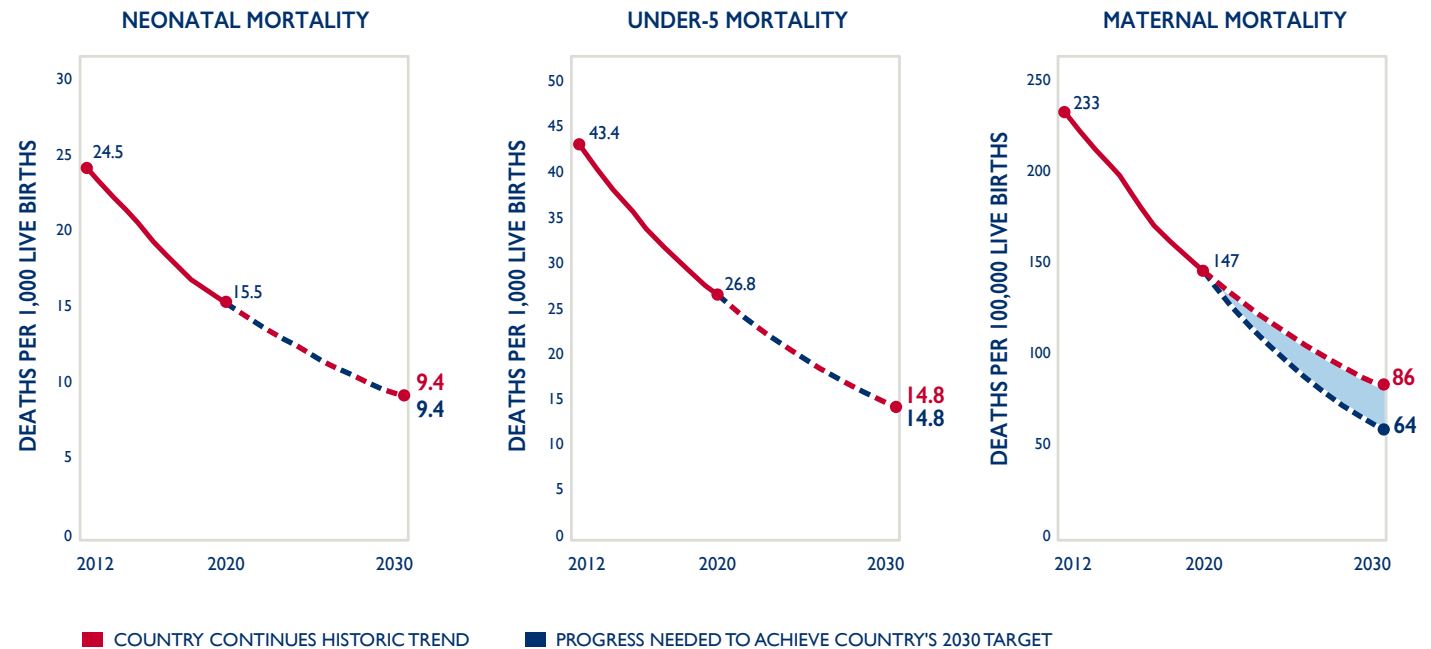


* Estimate from 2017
 ** Estimate from 2018

FIGURE 8.1

PROGRESS TOWARDS OUR GOAL AND THE PATH FORWARD

Declines in Maternal and Child Mortality to Date and Acceleration Needed to Reach Country's 2030 Targets



Source: UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality, 2019; UN Maternal Mortality Estimation Inter-agency Group, Trends in Maternal Mortality: 2000 to 2017.

FIGURE 8.2

OUR INVESTMENTS IN PREVENTING CHILD AND MATERNAL DEATHS



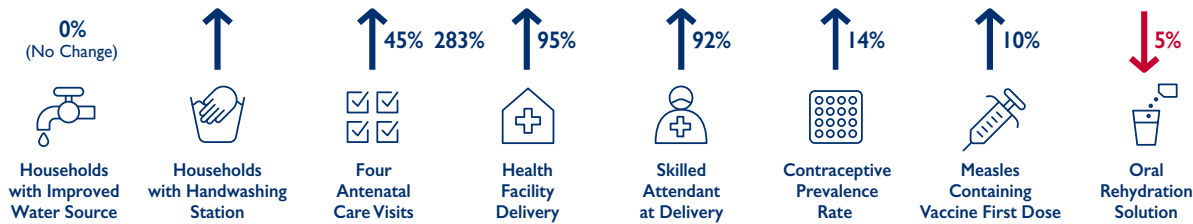
TOTAL FISCAL YEAR 2012-2019 BUDGET:
\$490M

- MATERNAL AND CHILD HEALTH
- NUTRITION
- FAMILY PLANNING AND REPRODUCTIVE HEALTH

FIGURE 8.3

LIFE-SAVING INTERVENTIONS BY THE NUMBERS

Changes in Coverage from 2012 to 2020



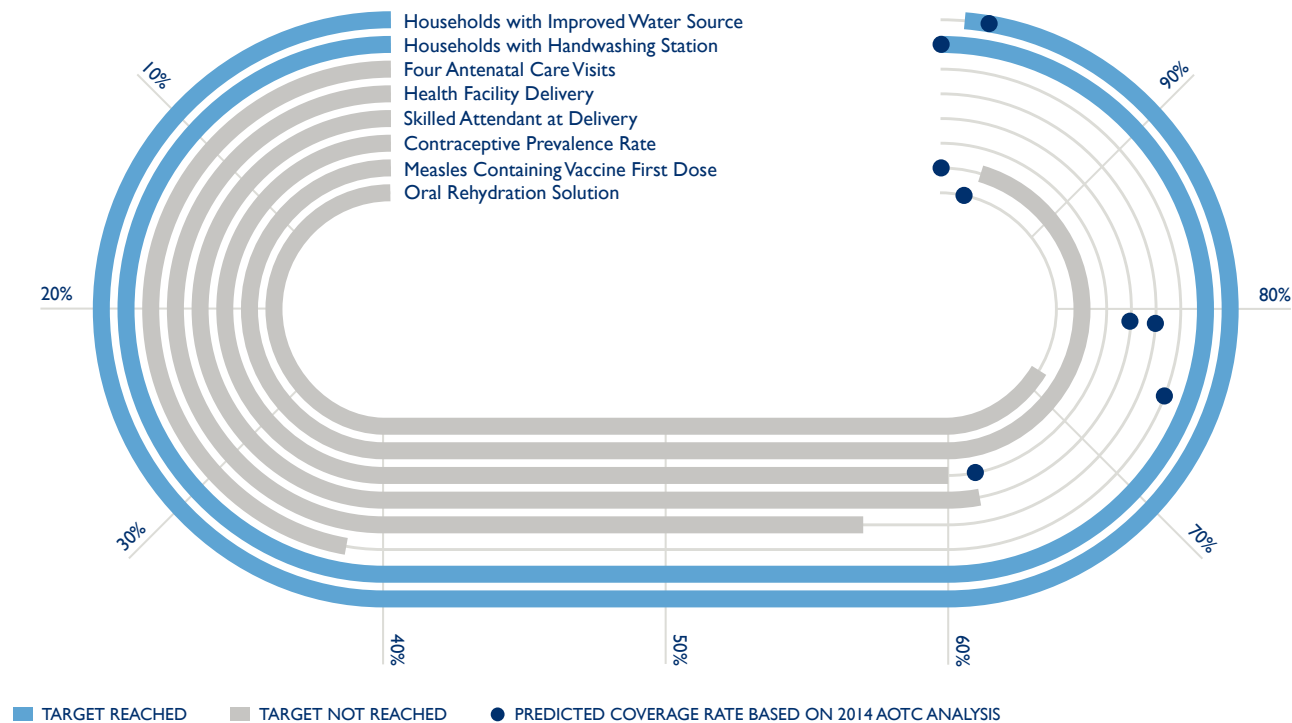
Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

Note: These figures represent the estimated percent increase or decrease in intervention coverage from 2012 to 2020 and are based on the most recent available data from national household surveys.

FIGURE 8.4

THE RACE TO MEET OUR GLOBAL GOALS

Percent Coverage of Nine Life-Saving Interventions in 2020 Compared to Predicted Coverage Rate

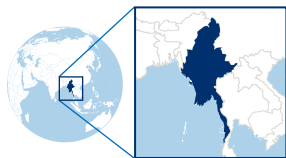


Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

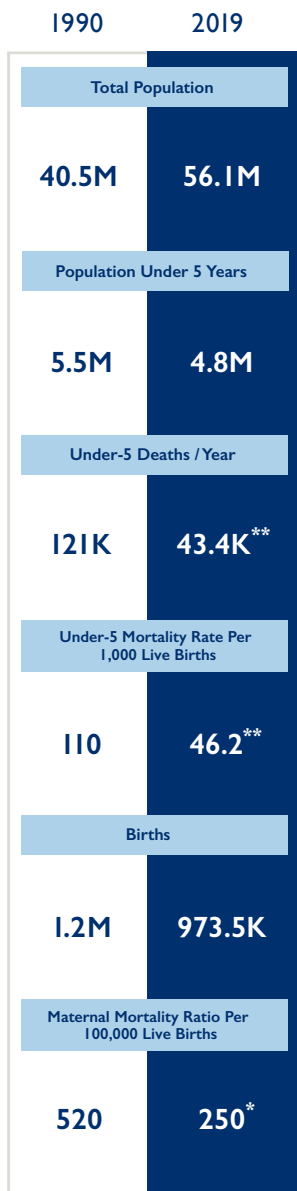
Note: Estimates are based on trends from most recently available surveys and therefore may not reflect acceleration due to Acting on the Call efforts.

IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH AND OTHER PARTNERS, WE HAVE:

- Piloted a 15-episode drama series with key messaging on maternal and child health and voluntary family planning, and through collaborating with the private sector to expand its reach, enabled **2.5 million viewers** to watch the series on television and social networks.
- Supported **nearly 2,000 pregnant women** with a new mobile health tool that sends text messages to remind them of upcoming antenatal care visits, which increased attendance by **17 percent** among this group.
- Piloted a new approach to reach the **50 percent of women** who do not deliver in health facilities with community-level postpartum and post-abortion access to voluntary family planning care through using frontline health workers and paid peer volunteers to deliver key messages.
- Used **over 12,000 private-sector channels**, such as fixed delivery points and mobile community health workers, to distribute **more than 25 million sachets of micronutrient powders** to malnourished women and children as well as **one billion sachets of oral rehydration salts and 462,100 zinc tablets** for the treatment of diarrhea.
- Demonstrated a new approach, in partnership with a private hospital in Manikganj District, to increase the rate of normal deliveries in private facilities and reduce the substantially higher rates of C-section births in private versus public facilities, which **doubled the rate of normal deliveries** in one private hospital in just one year.



BURMA

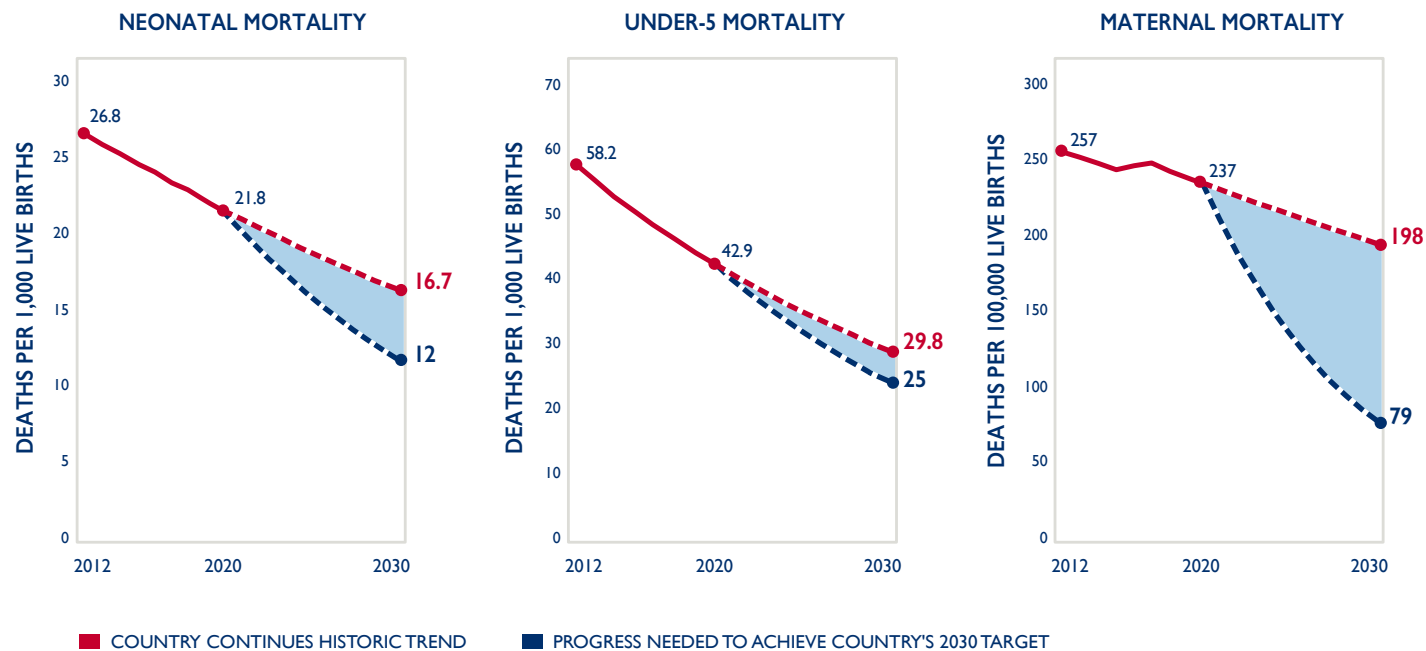


* Estimate from 2017
 ** Estimate from 2018

FIGURE 9.1

PROGRESS TOWARDS OUR GOAL AND THE PATH FORWARD

Declines in Maternal and Child Mortality to Date and Acceleration Needed to Reach Country's 2030 Targets



Source: UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality, 2019; UN Maternal Mortality Estimation Inter-agency Group, Trends in Maternal Mortality: 2000 to 2017.

FIGURE 9.2

OUR INVESTMENTS IN PREVENTING CHILD AND MATERNAL DEATHS



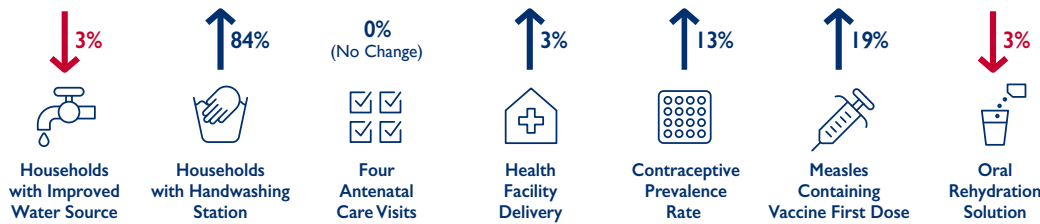
TOTAL FISCAL YEAR 2012-2019 BUDGET: **\$101M**

■ MATERNAL AND CHILD HEALTH
 ■ MALARIA

FIGURE 9.3

LIFE-SAVING INTERVENTIONS BY THE NUMBERS

Changes in Coverage from 2012 to 2020



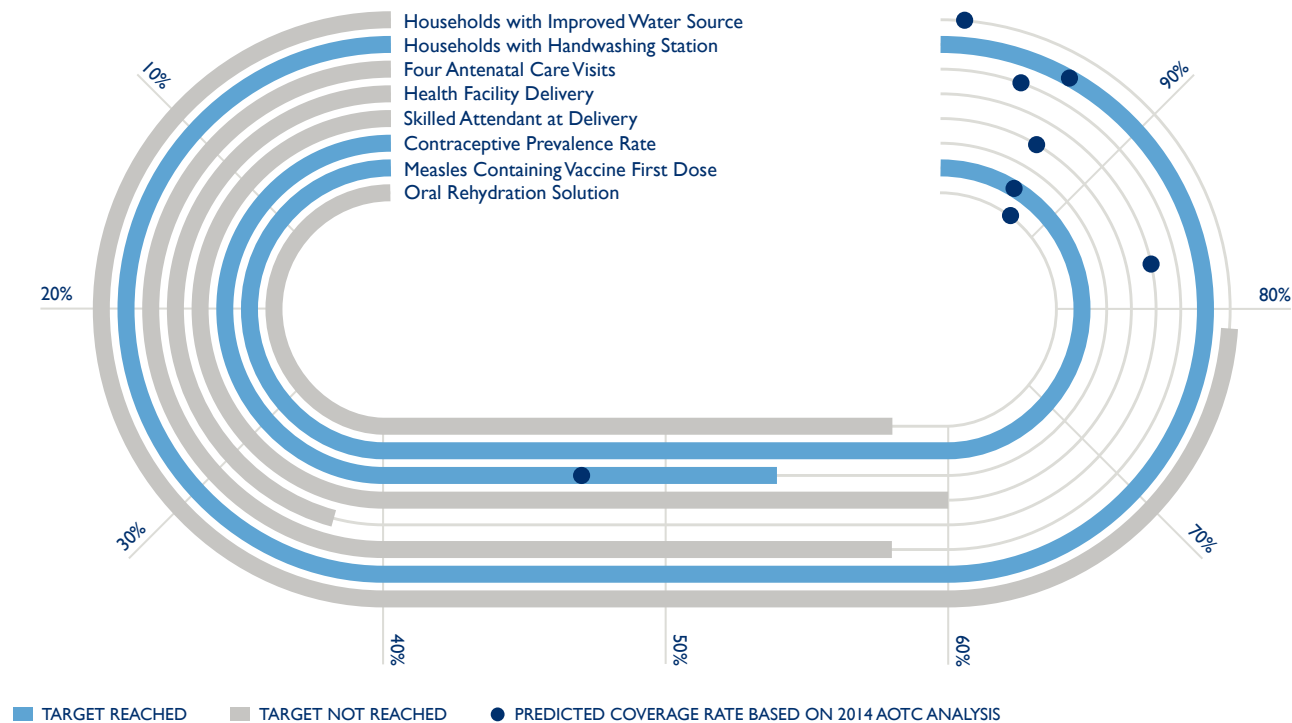
Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

Note: These figures represent the estimated percent increase or decrease in intervention coverage from 2012 to 2020 and are based on the most recent available data from national household surveys. Some high-impact interventions were omitted due to insufficient data to calculate the change in intervention coverage.

FIGURE 9.4

THE RACE TO MEET OUR GLOBAL GOALS

Percent Coverage of Nine Life-Saving Interventions in 2020 Compared to Predicted Coverage Rate

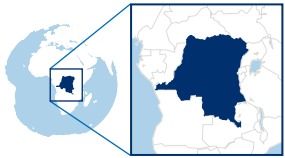


Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

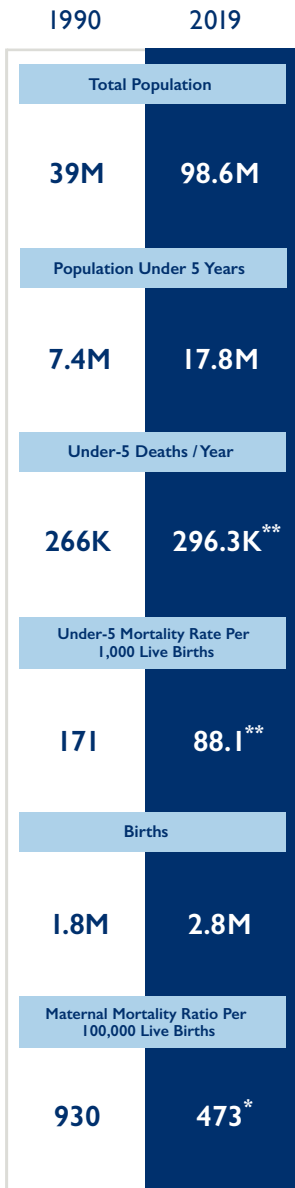
Note: Estimates are based on trends from most recently available surveys and therefore may not reflect acceleration due to Acting on the Call efforts.

IN THE LAST YEAR, IN COLLABORATION WITH PARTNERS IN BURMA, WE HAVE:

- Supported maternal, neonatal, and child health training for clinicians and a new quality improvement model at one hospital in Rakhine State, which led to a **55 percent increase** in infection prevention and **25 percent reduction** in complications around labor and delivery in just one year.
- Conducted a randomized control trial among **more than 11,500 women** for a maternal and child cash transfer program, for which a cash transfer of US\$6 to \$10 per month alongside social and behavior change programming led to a **four percent reduction** in stunting among children and **2.8 percent reduction** in child moderate acute malnutrition in program areas over two-and-a-half years.
- Established **405 Village Health Committees** and **279 Community Health Funds** to improve access to antenatal care and other basic health care, create community-led funds to reduce financial barriers to care, and support the delivery of other key community health interventions in targeted communities.
- Initiated **new partnerships** with multiple, private-sector-run general practitioner clinics and non-profit maternity clinics to increase access to health care for vulnerable communities and improve the quality of outpatient care for women and children.
- Provided **10,212 women** with uterotronics during the third stage of labor, and treated **nearly 7,000 cases of child diarrhea**.



DEMOCRATIC REPUBLIC OF CONGO

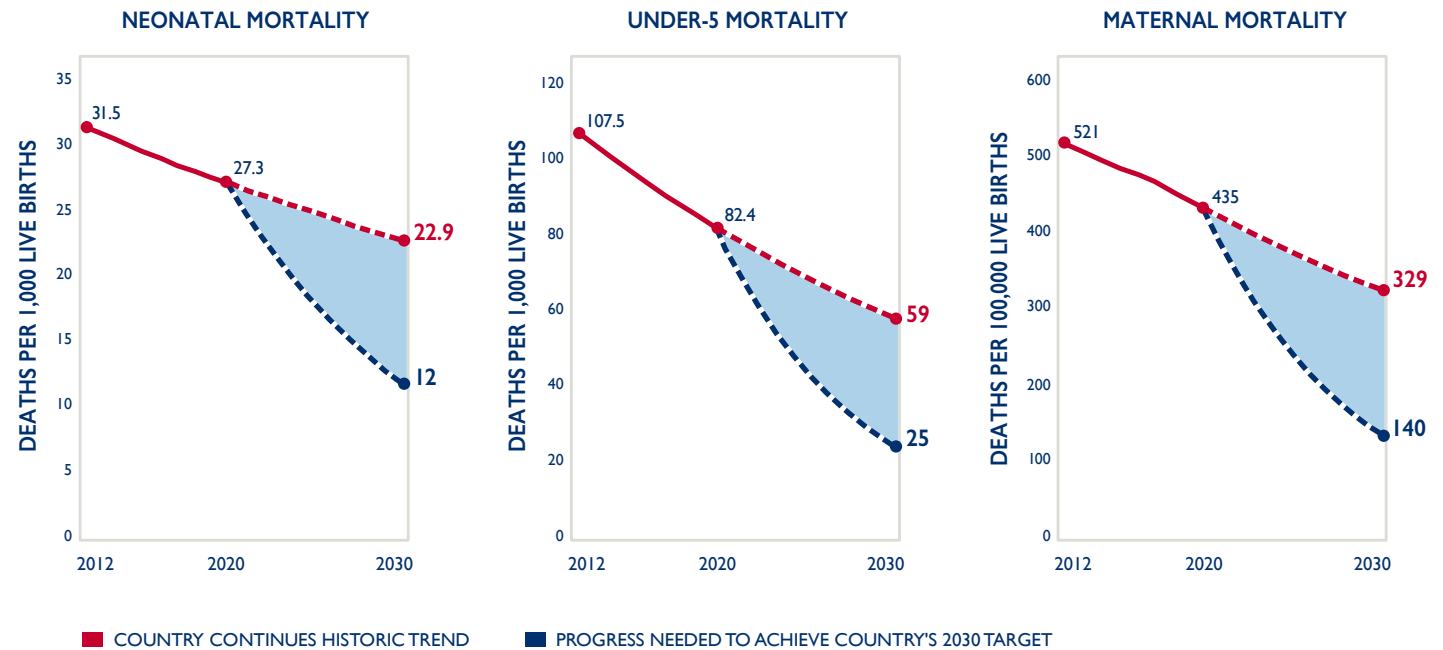


* Estimate from 2017
 ** Estimate from 2018

FIGURE 10.1

PROGRESS TOWARDS OUR GOAL AND THE PATH FORWARD

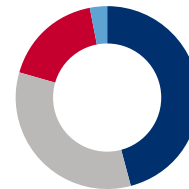
Declines in Maternal and Child Mortality to Date and Acceleration Needed to Reach Country's 2030 Targets



Source: UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality, 2019; UN Maternal Mortality Estimation Inter-agency Group, Trends in Maternal Mortality: 2000 to 2017.

FIGURE 10.2

OUR INVESTMENTS IN PREVENTING CHILD AND MATERNAL DEATHS



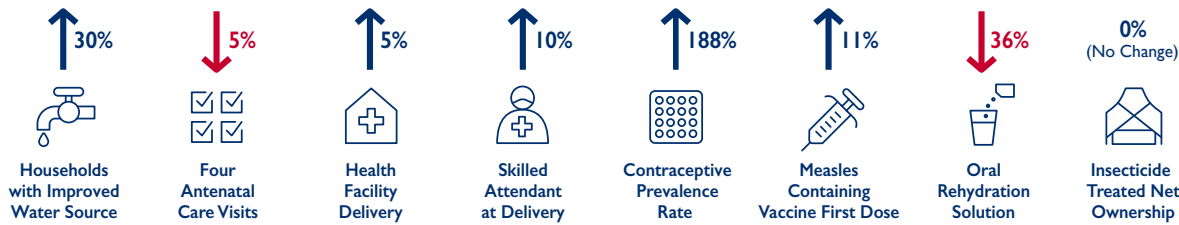
TOTAL FISCAL YEAR 2012-2019 BUDGET:
\$826M

- MATERNAL AND CHILD HEALTH
- NUTRITION
- MALARIA
- FAMILY PLANNING AND REPRODUCTIVE HEALTH

FIGURE 10.3

LIFE-SAVING INTERVENTIONS BY THE NUMBERS

Changes in Coverage from 2012 to 2020



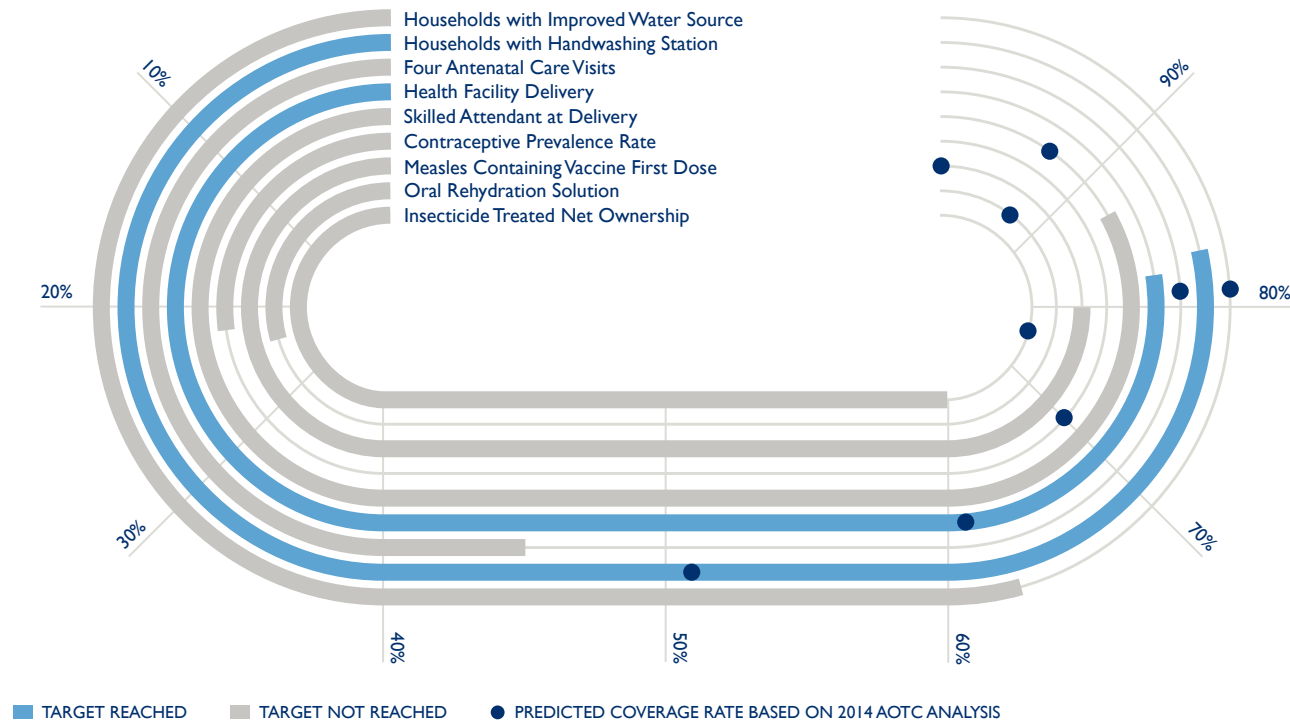
Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

Note: These figures represent the estimated percent increase or decrease in intervention coverage from 2012 to 2020 and are based on the most recent available data from national household surveys.

FIGURE 10.4

THE RACE TO MEET OUR GLOBAL GOALS

Percent Coverage of Nine Life-Saving Interventions in 2020 Compared to Predicted Coverage Rate

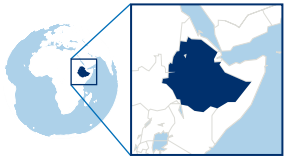


Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

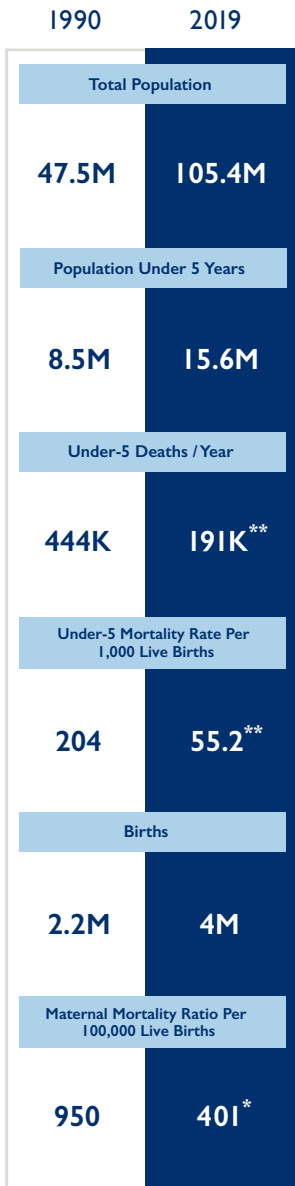
Note: Estimates are based on trends from most recently available surveys and therefore may not reflect acceleration due to Acting on the Call efforts.

IN THE LAST YEAR, IN COLLABORATION WITH PARTNERS IN THE DEMOCRATIC REPUBLIC OF CONGO (DRC), WE HAVE:

- Helped develop and launch the **Kinshasa Declaration for Revitalizing Routine Immunization and Polio Eradication**, the first presidential commitment of its kind in the DRC to ensure that, by 2024, **at least 80 percent of children** are fully vaccinated before their first birthdays.
- Supported the launch and scale-up of a **web-based data visualization dashboard** that links to the national health information system to monitor the availability of life-saving medicines and help redirect stocks during emergencies, including by training nearly 450 health staff on this dashboard.
- Established a **model training center** in Kinshasa, in partnership with Kintambo General Hospital, to provide high-quality, life-saving maternal, newborn, and postpartum voluntary family planning care, which has since become a national center of excellence with public-private sponsorship and a model that is being replicated in other parts of the country.
- Worked with local health authorities to **pilot the Clean Clinic Approach** in two Provinces, the findings from which informed new standards for water, sanitation, and hygiene to reduce the risk of health care-associated infections for both patients and providers in health facilities.
- Supported communities in nine Provinces to revitalize **nearly 2,300 sites for the integrated community case management of childhood illness (iCCM)** and retrained **170 community health workers** on updated national protocols to deliver life-saving iCCM to hard-to-reach children.



FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA

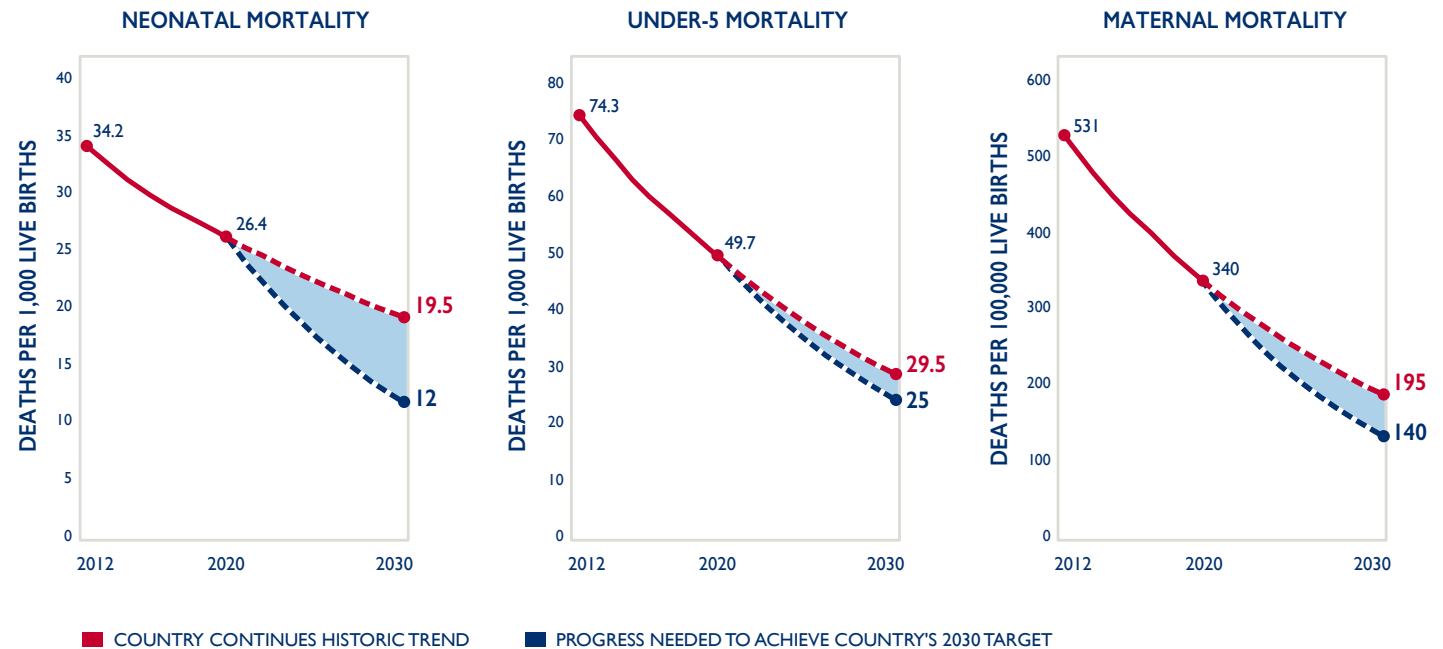


* Estimate from 2017
 ** Estimate from 2018

FIGURE 11.1

PROGRESS TOWARDS OUR GOAL AND THE PATH FORWARD

Declines in Maternal and Child Mortality to Date and Acceleration Needed to Reach Country's 2030 Targets



Source: UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality, 2019; UN Maternal Mortality Estimation Inter-agency Group, Trends in Maternal Mortality: 2000 to 2017.

FIGURE 11.2

OUR INVESTMENTS IN PREVENTING CHILD AND MATERNAL DEATHS



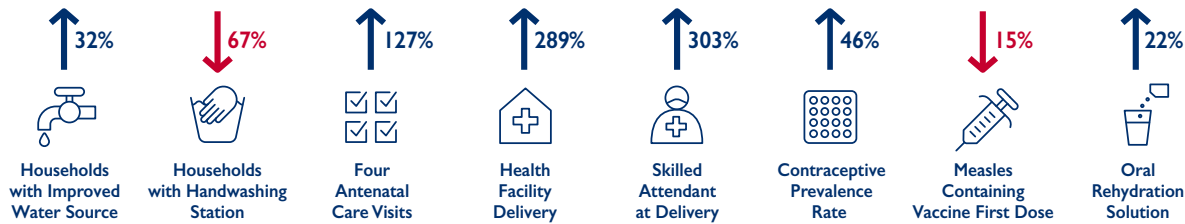
TOTAL FISCAL YEAR 2012-2019 BUDGET: **\$966M**

- MATERNAL AND CHILD HEALTH
- NUTRITION
- MALARIA
- FAMILY PLANNING AND REPRODUCTIVE HEALTH

FIGURE 11.3

LIFE-SAVING INTERVENTIONS BY THE NUMBERS

Changes in Coverage from 2012 to 2020



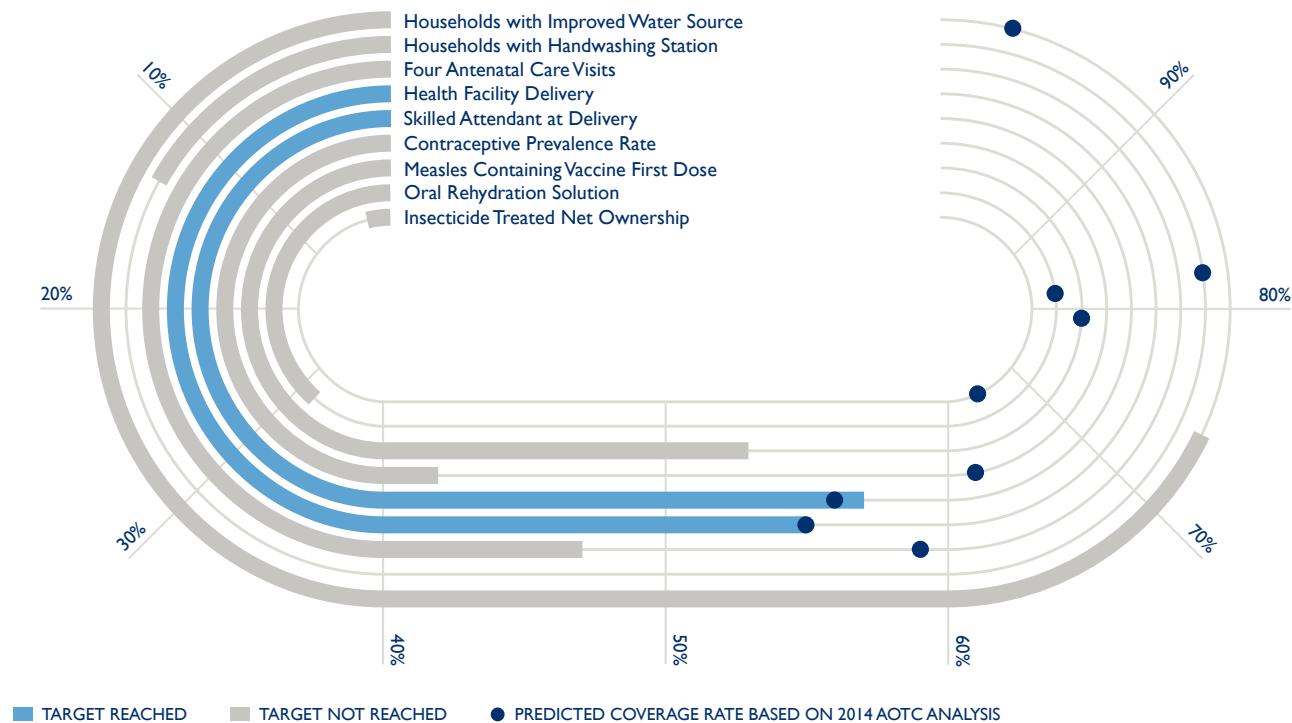
Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

Note: These figures represent the estimated percent increase or decrease in intervention coverage from 2012 to 2020 and are based on the most recent available data from national household surveys. Some high-impact interventions were omitted due to insufficient data to calculate the change in intervention coverage.

FIGURE 11.4

THE RACE TO MEET OUR GLOBAL GOALS

Percent Coverage of Nine Life-Saving Interventions in 2020 Compared to Predicted Coverage Rate

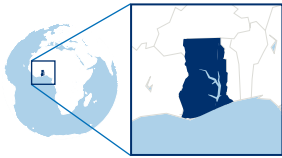


Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

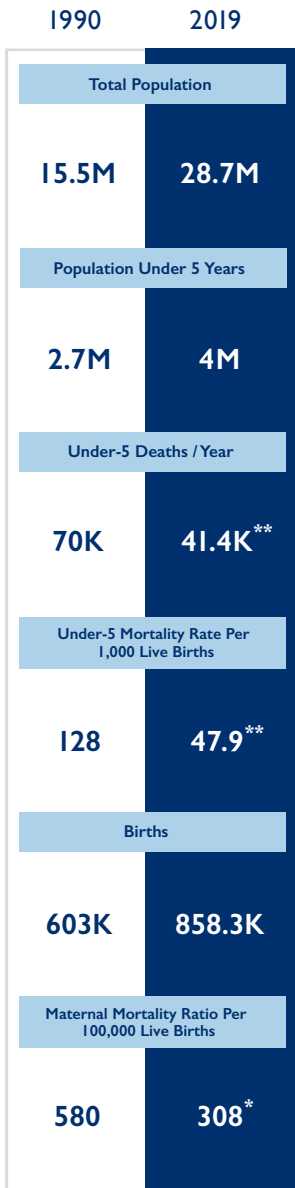
Note: Estimates are based on trends from most recently available surveys and therefore may not reflect acceleration due to Acting on the Call efforts.

IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA AND OTHER PARTNERS, WE HAVE:

- Trained **631 nurses and midwives** on respectful maternity care, which increased the number of facilities that are providing women-friendly health support.
- Introduced a cohesive process to identify the causes of maternal deaths in **1,012 health facilities** and use this information to improve the quality of care and prevent future deaths.
- Empowered **1,379 primary health facility and district health leaders** to use data more effectively to identify health barriers and mobilize resources to address them.
- Enabled **nearly 1,300 health workers** to conduct quality assessments to identify gaps in care in their facilities and use quality improvement tools to address these issues systematically.
- Increased the capacity of **more than 470 health centers and hospitals** to treat sick newborns by providing essential newborn care equipment and training to neonatal intensive care nurses.
- Trained **more than 2,300 health workers** on integrated community- and facility-based newborn and child care for common infections, and expanded care to 59 districts with some of the highest child mortality rates, which improved the coverage and quality of child health care.
- Immunized **more than 1.2 million children** against polio, and by linking pregnancy registration with newborn-tracking systems, reached **45,836 newborns** missed with initial vaccination.



REPUBLIC OF GHANA

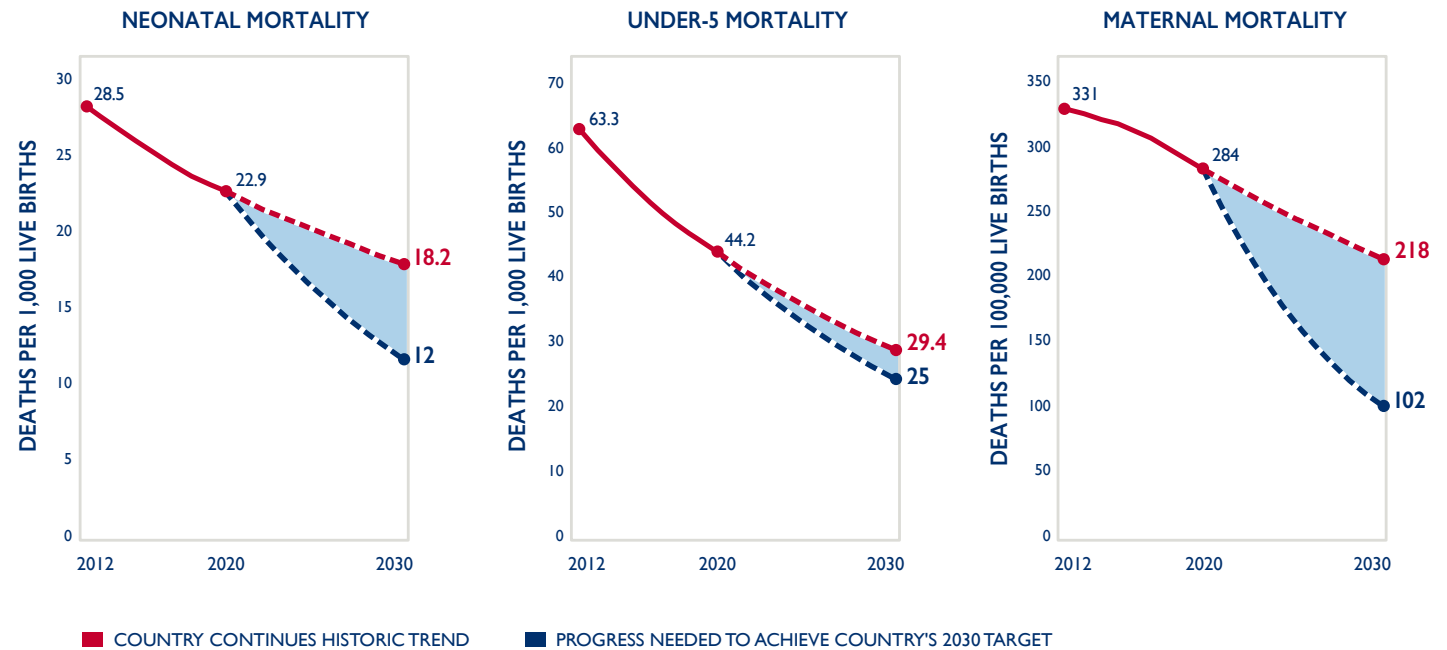


* Estimate from 2017
 ** Estimate from 2018

FIGURE 12.1

PROGRESS TOWARDS OUR GOAL AND THE PATH FORWARD

Declines in Maternal and Child Mortality to Date and Acceleration Needed to Reach Country's 2030 Targets



Source: UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality, 2019; UN Maternal Mortality Estimation Inter-agency Group, Trends in Maternal Mortality: 2000 to 2017.

FIGURE 12.2

OUR INVESTMENTS IN PREVENTING CHILD AND MATERNAL DEATHS



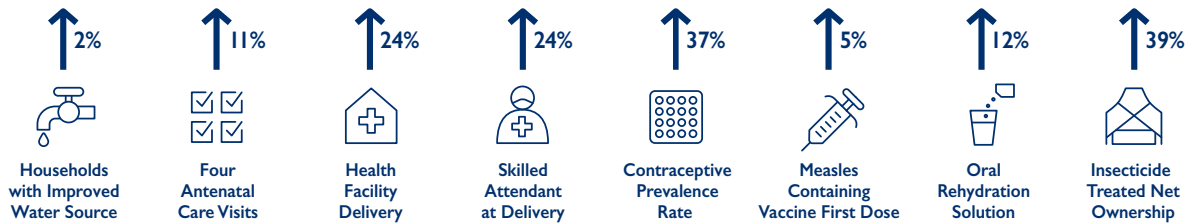
TOTAL FISCAL YEAR 2012-2019 BUDGET:
\$463M

- MATERNAL AND CHILD HEALTH
- NUTRITION
- MALARIA
- FAMILY PLANNING AND REPRODUCTIVE HEALTH

FIGURE 12.3

LIFE-SAVING INTERVENTIONS BY THE NUMBERS

Changes in Coverage from 2012 to 2020



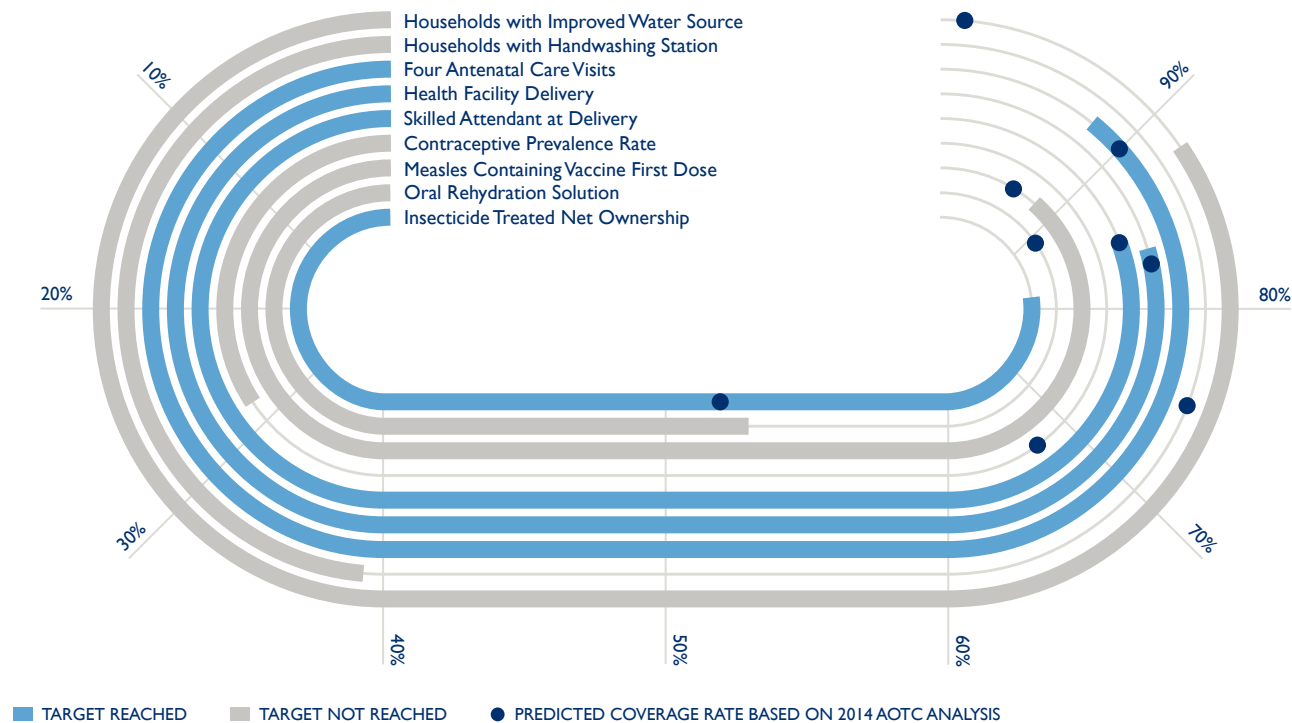
Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

Note: These figures represent the estimated percent increase or decrease in intervention coverage from 2012 to 2020 and are based on the most recent available data from national household surveys.

FIGURE 12.4

THE RACE TO MEET OUR GLOBAL GOALS

Percent Coverage of Nine Life-Saving Interventions in 2020 Compared to Predicted Coverage Rate

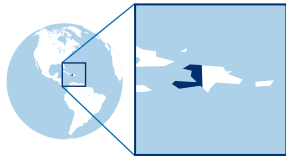


Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

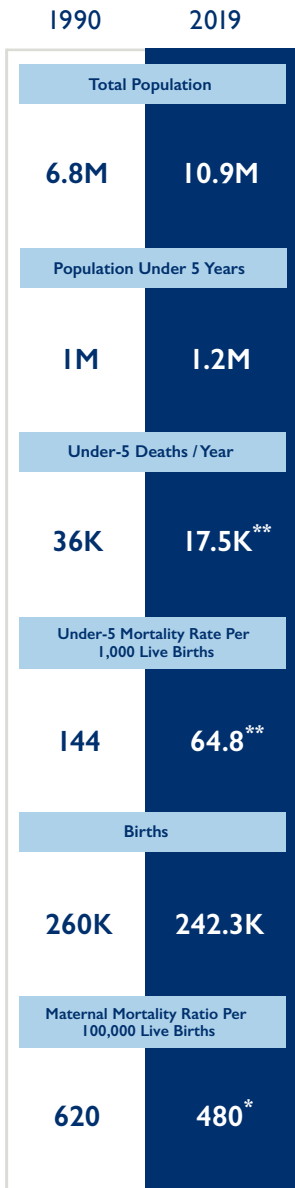
Note: Estimates are based on trends from most recently available surveys and therefore may not reflect acceleration due to Acting on the Call efforts.

IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE REPUBLIC OF GHANA AND OTHER PARTNERS, WE HAVE:

- Facilitated cross-facility collaborations between health workers to share experiences and skills, describe challenges to providing care, and identify solutions. These efforts contributed to a **33 percent reduction** in institutional maternal mortality, a **41 percent increase** in the uptake of voluntary family planning, and a **28 percent reduction** in stillbirths among participating districts in just a year and a half.
- Helped establish **215 pregnancy schools** in communities and at facilities across three regions, which educated and counseled **more than 23,000 women and families** on best practices in antenatal care, delivery, and postnatal and newborn care.
- Funded a **nationwide social and behavior change campaign**—which featured the First Lady of Ghana—that educated the public on the importance of exclusive breastfeeding, healthy nutrition and hygiene practices, and the regular use of insecticide-treated bed nets, including by airing **2,368 television spots** across five national stations.
- Trained **205 nurses and midwives** across six regions to administer Sayana Press—an innovative, easy-to-use injectable contraceptive that women can administer themselves every three months under the skin—and distributed **4,500 doses** to trained nurses and midwives, which will avert an estimated **281 unintended pregnancies**.
- Helped **36,228 people** gain access to basic sanitation through scaling up the community-led **Total Sanitation Approach**, which uses social and behavior change to mobilize community members to construct latrines and practice safe hygiene practices.



REPUBLIC OF HAÏTI

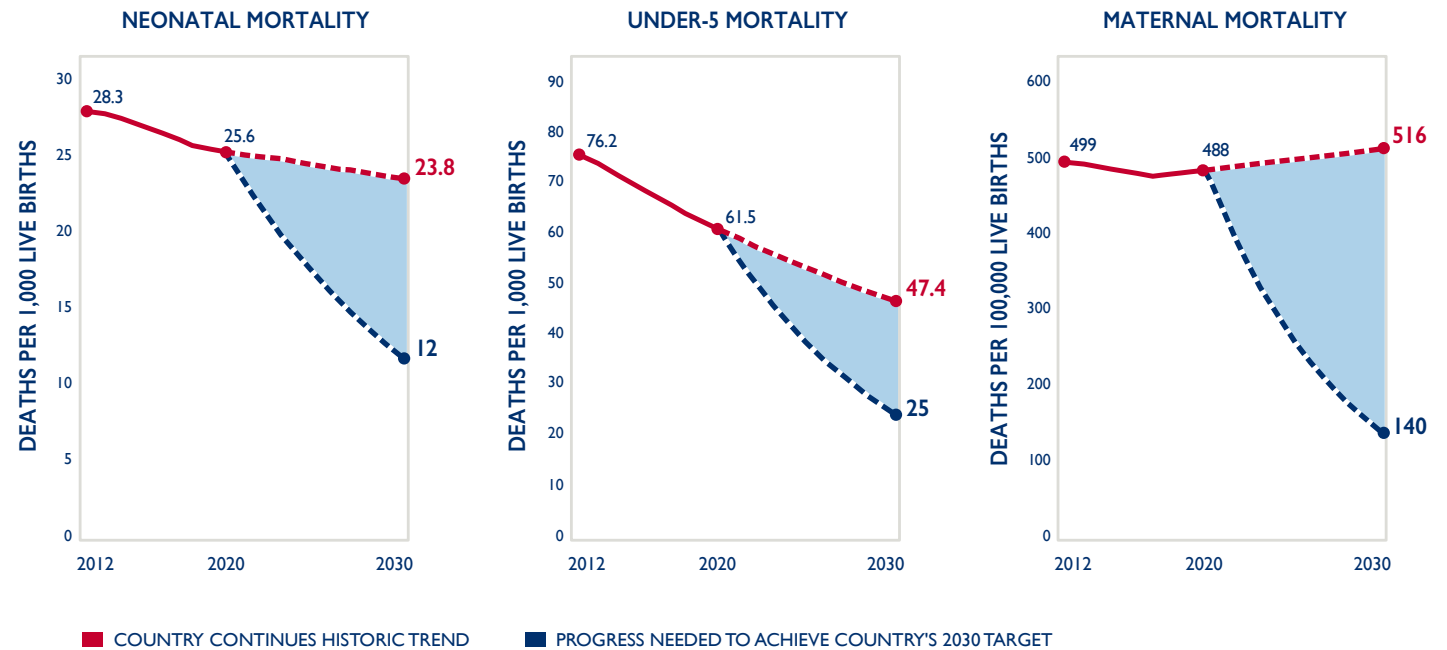


* Estimate from 2017
 ** Estimate from 2018

FIGURE 13.1

PROGRESS TOWARDS OUR GOAL AND THE PATH FORWARD

Declines in Maternal and Child Mortality to Date and Acceleration Needed to Reach Country's 2030 Targets



Source: UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality, 2019; UN Maternal Mortality Estimation Inter-agency Group, Trends in Maternal Mortality: 2000 to 2017.

FIGURE 13.2

OUR INVESTMENTS IN PREVENTING CHILD AND MATERNAL DEATHS



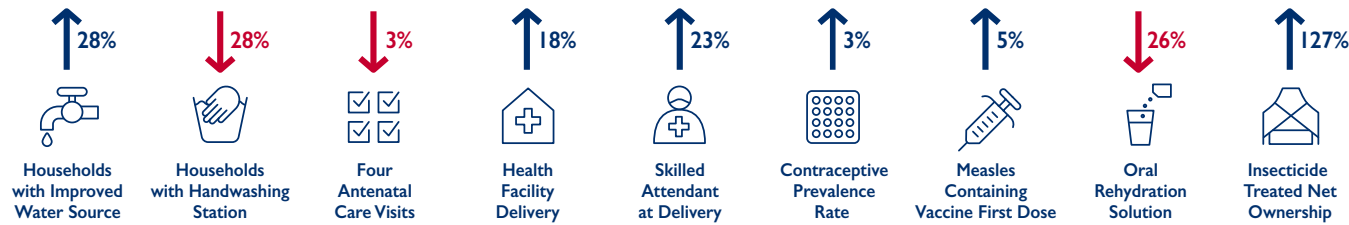
TOTAL FISCAL YEAR 2012-2019 BUDGET:
\$200M

- MATERNAL AND CHILD HEALTH
- NUTRITION
- FAMILY PLANNING AND REPRODUCTIVE HEALTH

FIGURE 13.3

LIFE-SAVING INTERVENTIONS BY THE NUMBERS

Changes in Coverage from 2012 to 2020



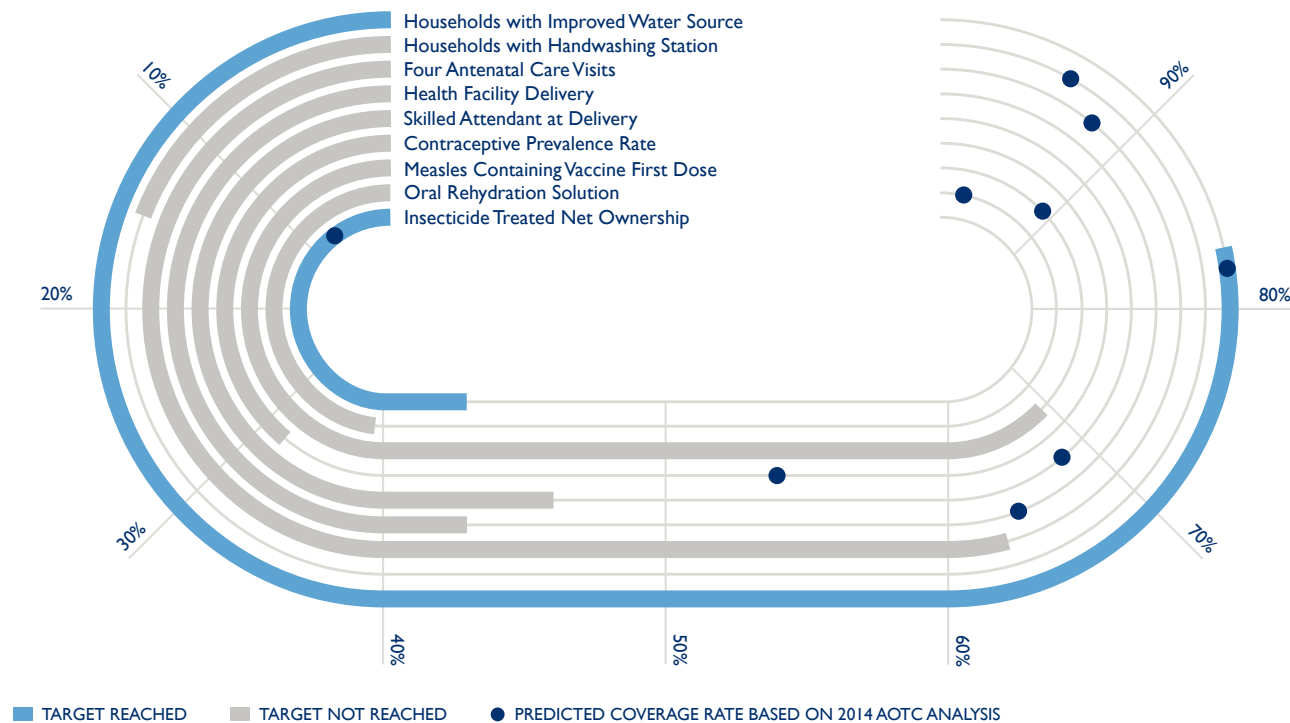
Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

Note: These figures represent the estimated percent increase or decrease in intervention coverage from 2012 to 2020 and are based on the most recent available data from national household surveys.

FIGURE 13.4

THE RACE TO MEET OUR GLOBAL GOALS

Percent Coverage of Nine Life-Saving Interventions in 2020 Compared to Predicted Coverage Rate

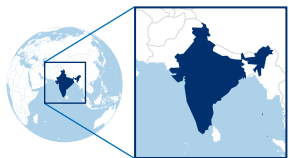


Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

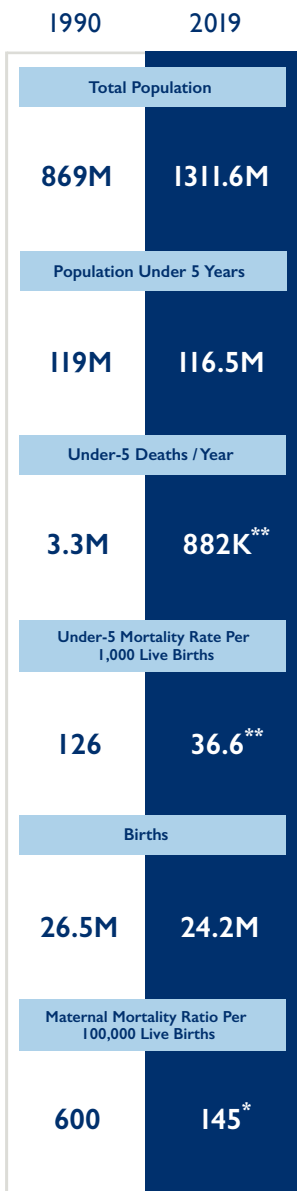
Note: Estimates are based on trends from most recently available surveys and therefore may not reflect acceleration due to Acting on the Call efforts.

IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE REPUBLIC OF HAÏTI AND OTHER PARTNERS, WE HAVE:

- Invested up to **US\$98.5 million over five years** in a local organization to strengthen the ability of health facilities to deliver integrated, high-quality primary health care for an estimated **4.2 million people**.
- Developed a **strategic plan for improving human resources for health** in Haïti, including through transitioning salary support for the public-sector health workforce from international organizations to the Government of Haïti; the national health budget included the salaries for **100 community health workers** for the first time this past year.
- Funded a **nationwide community health mapping exercise**, in partnership with the World Bank; the Global Fund to Fight AIDS, Tuberculosis, and Malaria; and others; the exercise identified critical primary health care for a network of **4,300 community health workers** to deliver, and pinpointed areas where additional health posts and workers are needed to ensure all individuals have access to health care.
- Provided **more than 1,400 health care professionals** with on-the-job refresher training on essential care such as index-testing for HIV, immunization, and screening for malnutrition.



REPUBLIC OF INDIA

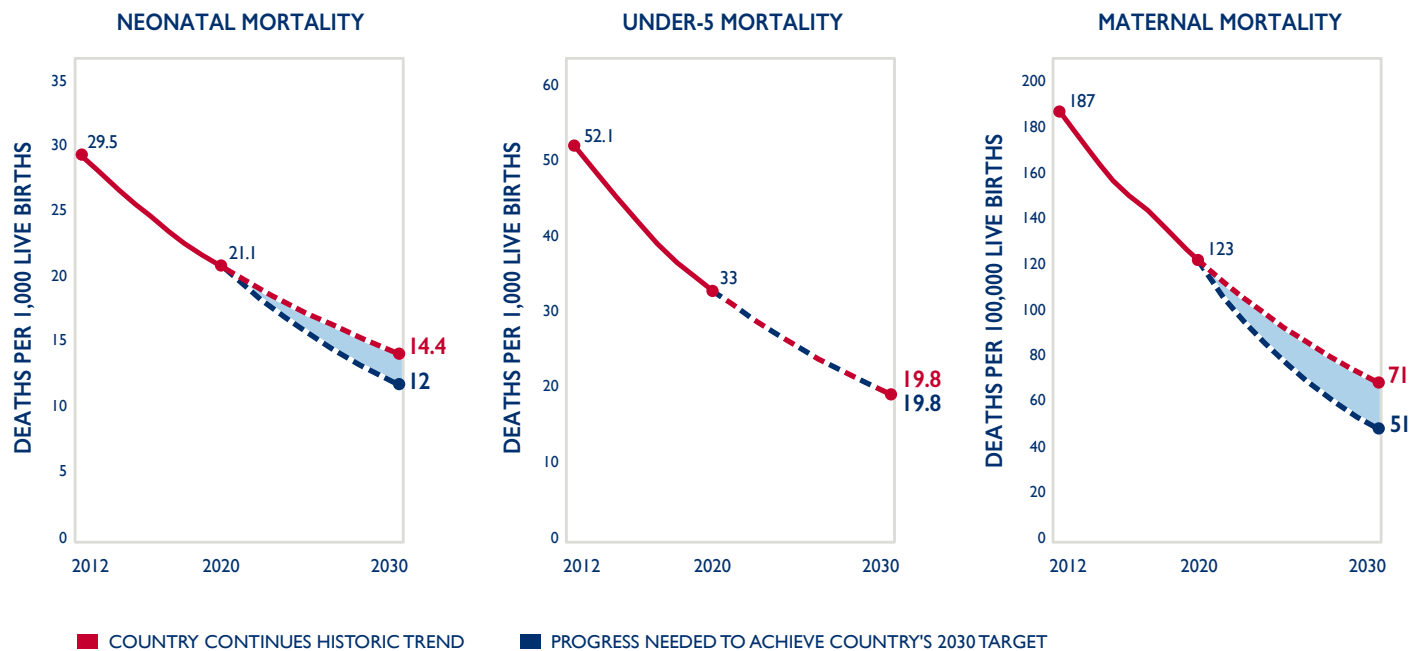


* Estimate from 2017
 ** Estimate from 2018

FIGURE 14.1

PROGRESS TOWARDS OUR GOAL AND THE PATH FORWARD

Declines in Maternal and Child Mortality to Date and Acceleration Needed to Reach Country's 2030 Targets



Source: UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality, 2019; UN Maternal Mortality Estimation Inter-agency Group, Trends in Maternal Mortality: 2000 to 2017.

FIGURE 14.2

OUR INVESTMENTS IN PREVENTING CHILD AND MATERNAL DEATHS



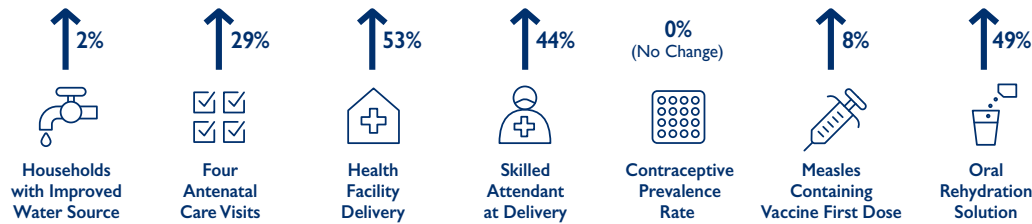
TOTAL FISCAL YEAR 2012-2019 BUDGET:
\$238M

■ MATERNAL AND CHILD HEALTH
 ■ FAMILY PLANNING AND REPRODUCTIVE HEALTH

FIGURE 14.3

LIFE-SAVING INTERVENTIONS BY THE NUMBERS

Changes in Coverage from 2012 to 2020



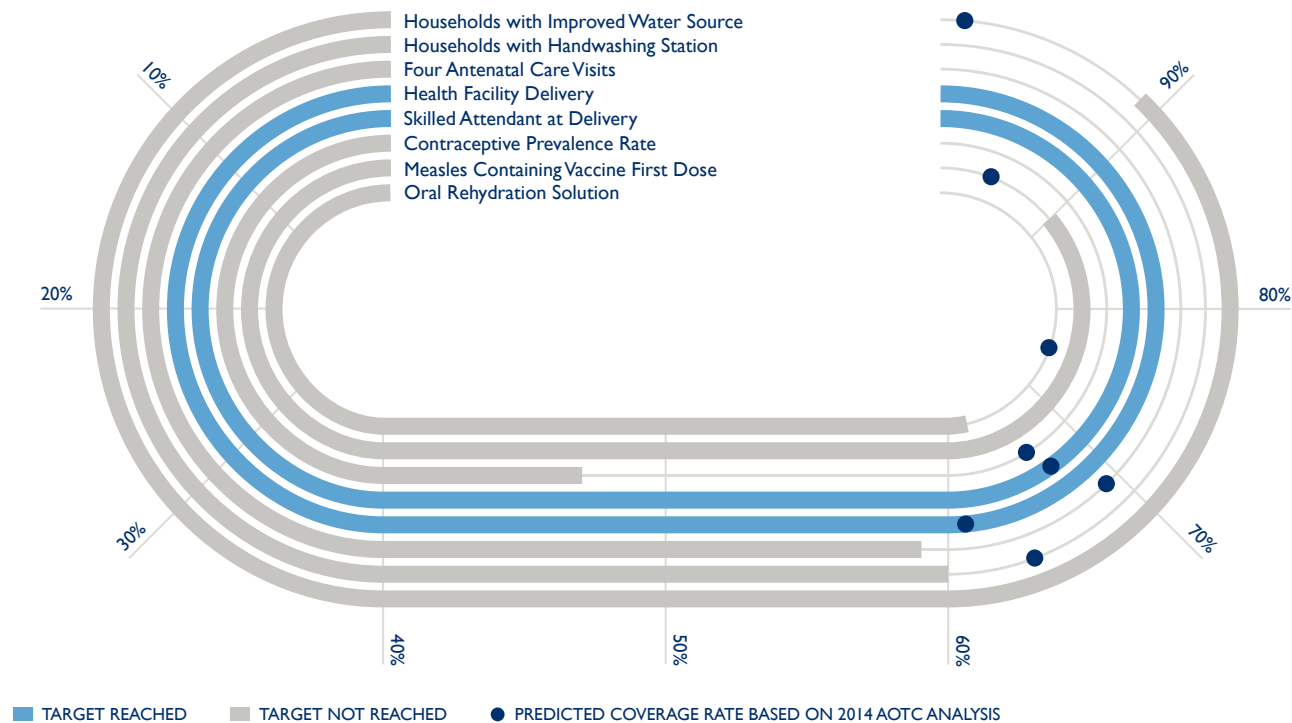
Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

Note: These figures represent the estimated percent increase or decrease in intervention coverage from 2012 to 2020 and are based on the most recent available data from national household surveys.

FIGURE 14.4

THE RACE TO MEET OUR GLOBAL GOALS

Percent Coverage of Nine Life-Saving Interventions in 2020 Compared to Predicted Coverage Rate



Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

Note: Estimates are based on trends from most recently available surveys and therefore may not reflect acceleration due to Acting on the Call efforts.

IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE REPUBLIC OF INDIA AND OTHER PARTNERS, WE HAVE:

- Partnered with the private sector to train **more than 85,000 new nurses** to improve their employment prospects and reduce shortages of health workers.
- Converted **4,684 low-level health centers** into Ayushman Bharat Health and Wellness Centers to increase community-level access to health care and reduce out-of-pocket expenditures.
- Developed a **quality-of-care index and dashboard** for use in Sick Newborn Care Units and District Hospitals that triangulates facility-level data on the utilization of care, clinical practices, and mortality to identify problems and develop actionable solutions, which improved the deployment of human resources, the availability of essential commodities, and the prevention of infections in facilities.
- Used innovative technology-based training methods in the areas of India with the highest rates of maternal mortality to **nearly double the knowledge of health providers and quadruple their skill sets**, which will improve overall case management in facilities.
- Helped **445 labor rooms and 396 maternity operation theatres** receive state certification for meeting national quality of care standards.
- Successfully **expanded contraceptive choices** available at select health facilities, which has led to an **increase in the number of women who choose a postpartum voluntary family-planning method from 11 percent to 20 percent** over just 27 months.



REPUBLIC OF INDONESIA

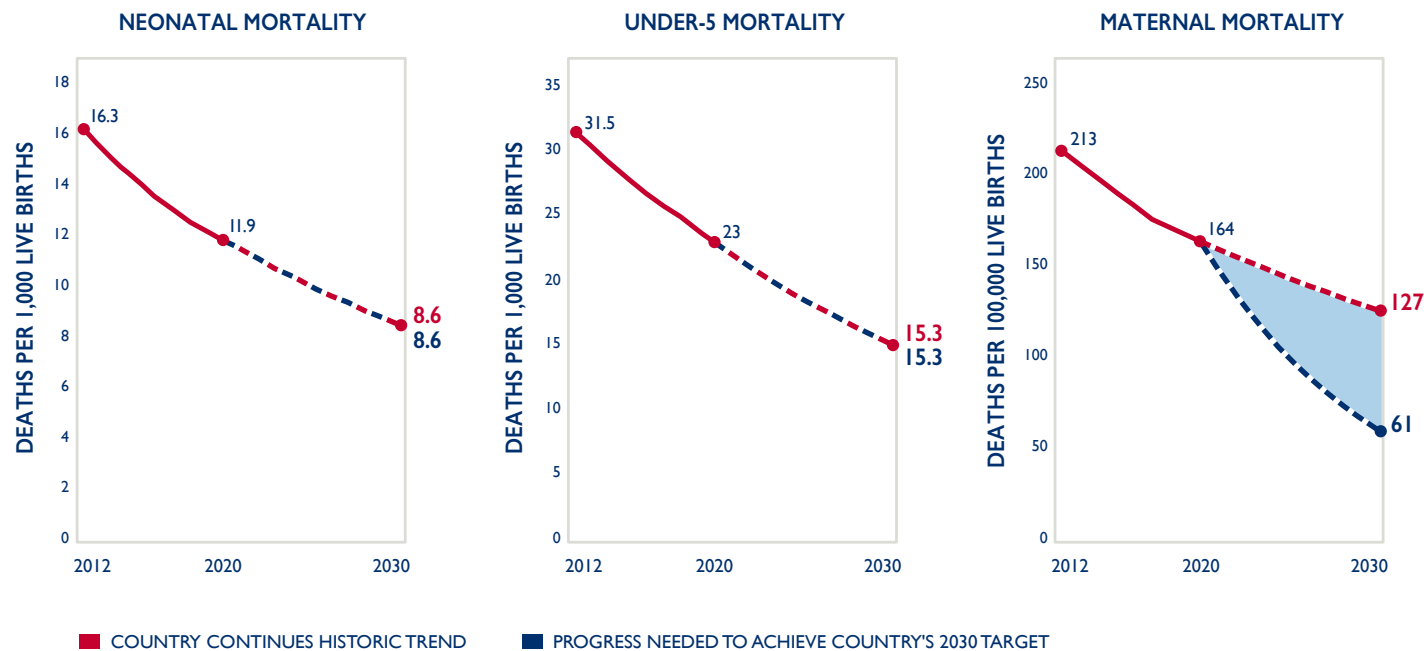
1990	2019
Total Population	
182M	264.9M
Population Under 5 Years	
21.5M	20.6M
Under-5 Deaths / Year	
385K	121.2K**
Under-5 Mortality Rate Per 1,000 Live Births	
83	25**
Births	
4.6M	4.1M
Maternal Mortality Ratio Per 100,000 Live Births	
600	177*

* Estimate from 2017
 ** Estimate from 2018

FIGURE 15.1

PROGRESS TOWARDS OUR GOAL AND THE PATH FORWARD

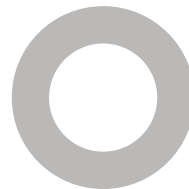
Declines in Maternal and Child Mortality to Date and Acceleration Needed to Reach Country's 2030 Targets



Source: UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality, 2019; UN Maternal Mortality Estimation Inter-agency Group, Trends in Maternal Mortality: 2000 to 2017.

FIGURE 15.2

OUR INVESTMENTS IN PREVENTING CHILD AND MATERNAL DEATHS



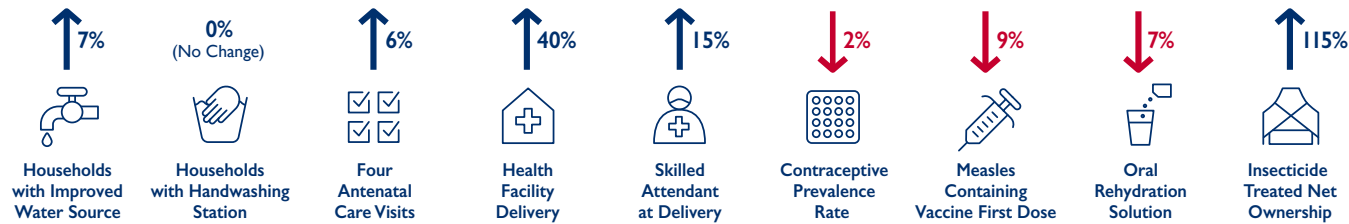
TOTAL FISCAL YEAR 2012-2019 BUDGET:
\$152M

■ MATERNAL AND CHILD HEALTH

FIGURE 15.3

LIFE-SAVING INTERVENTIONS BY THE NUMBERS

Changes in Coverage from 2012 to 2020



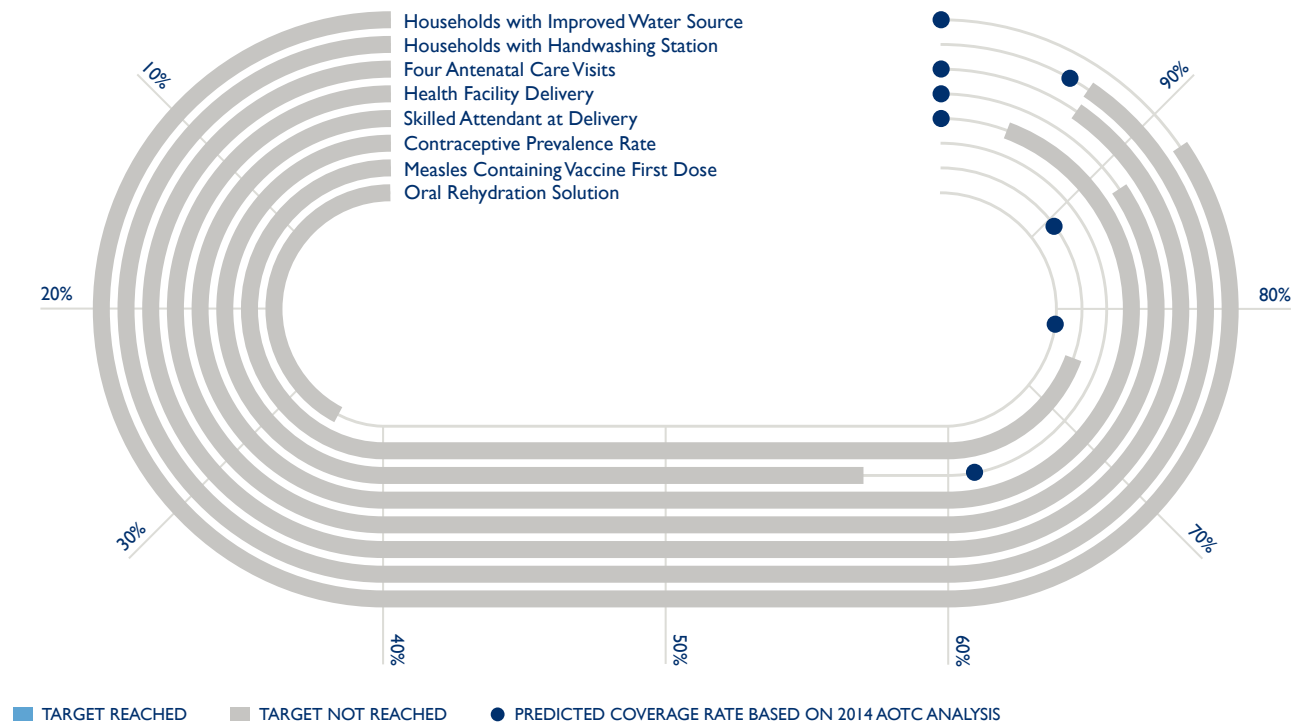
Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

Note: These figures represent the estimated percent increase or decrease in intervention coverage from 2012 to 2020 and are based on the most recent available data from national household surveys.

FIGURE 15.4

THE RACE TO MEET OUR GLOBAL GOALS

Percent Coverage of Nine Life-Saving Interventions in 2020 Compared to Predicted Coverage Rate

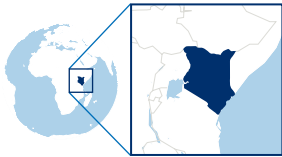


Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

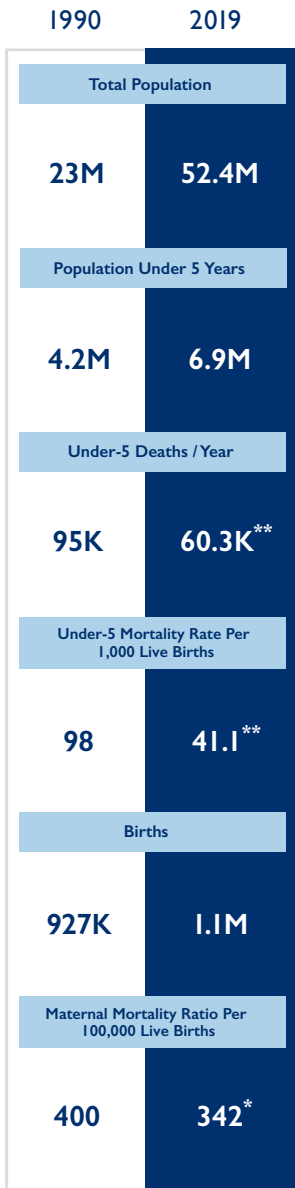
Note: Estimates are based on trends from most recently available surveys and therefore may not reflect acceleration due to Acting on the Call efforts.

IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE REPUBLIC OF INDONESIA AND OTHER PARTNERS, WE HAVE:

- Partnered with local private-sector companies to develop **maternal and newborn health corners** within nation-wide convenience store chains that provide women with free counseling and check-ups with midwives.
- Expanded **women's emergency access to care** across 70 islands by introducing **"floating ambulances"** into the referral system, a locally designed solution developed in partnership with private-sector actors, a model now being replicated elsewhere in-country with domestic funding.
- Developed a **platform that consolidates multiple information systems and shares data analytics dashboards** to strengthen the Government's capacity to use high-quality data for allocating human resources at the national, provincial, and district levels, and the government is now scaling up this platform nationwide.
- Finalized and disseminated a **comprehensive study on maternal and newborn mortality** to identify the circumstances and causes of maternal and newborn deaths in two Provinces in Indonesia, and used these findings to identify ways to strengthen national health surveillance and response systems.
- Mapped **insurance payments to the national health insurance system** to identify more specific areas on which the government should focus interventions to reduce maternal mortality.



REPUBLIC OF KENYA

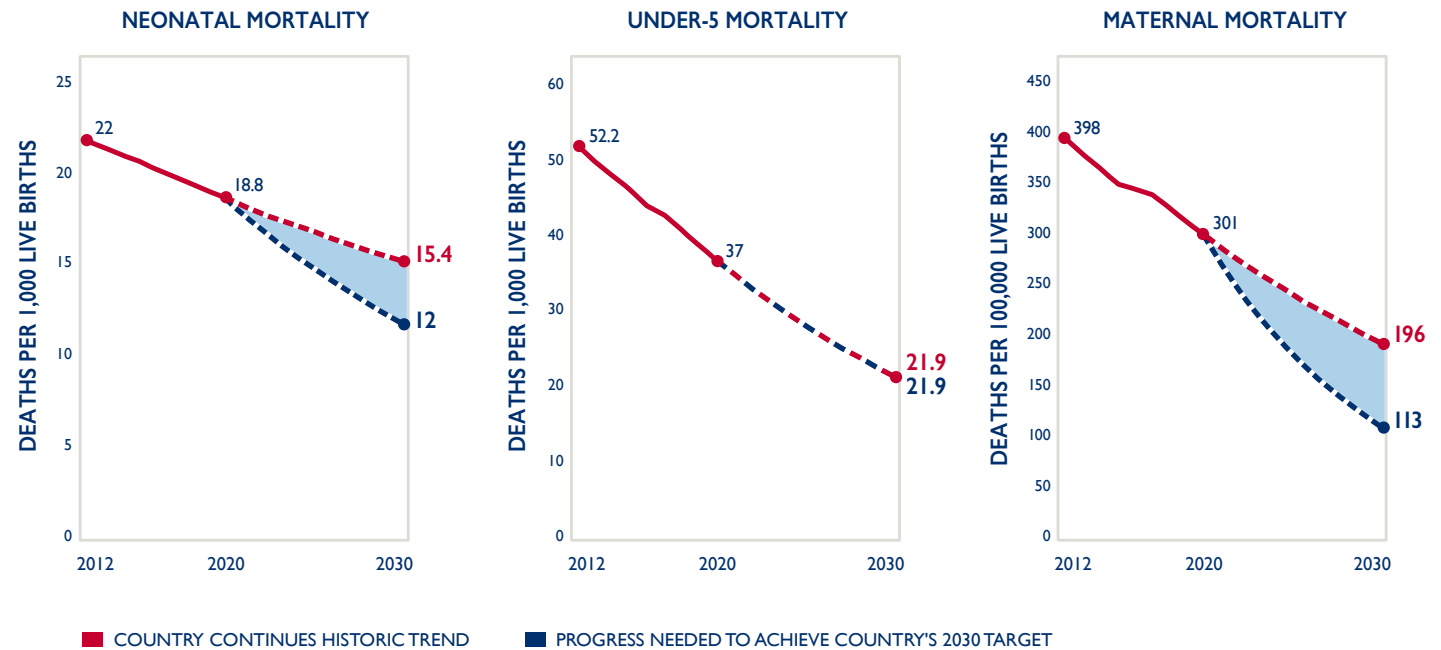


* Estimate from 2017
 ** Estimate from 2018

FIGURE 16.1

PROGRESS TOWARDS OUR GOAL AND THE PATH FORWARD

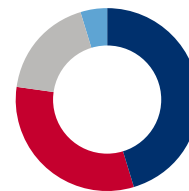
Declines in Maternal and Child Mortality to Date and Acceleration Needed to Reach Country's 2030 Targets



Source: UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality, 2019; UN Maternal Mortality Estimation Inter-agency Group, Trends in Maternal Mortality: 2000 to 2017.

FIGURE 16.2

OUR INVESTMENTS IN PREVENTING CHILD AND MATERNAL DEATHS



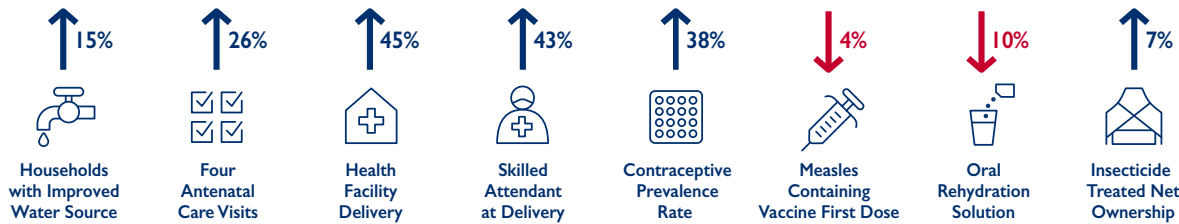
TOTAL FISCAL YEAR 2012-2019 BUDGET: **\$616M**

- MATERNAL AND CHILD HEALTH
- NUTRITION
- MALARIA
- FAMILY PLANNING AND REPRODUCTIVE HEALTH

FIGURE 16.3

LIFE-SAVING INTERVENTIONS BY THE NUMBERS

Changes in Coverage from 2012 to 2020



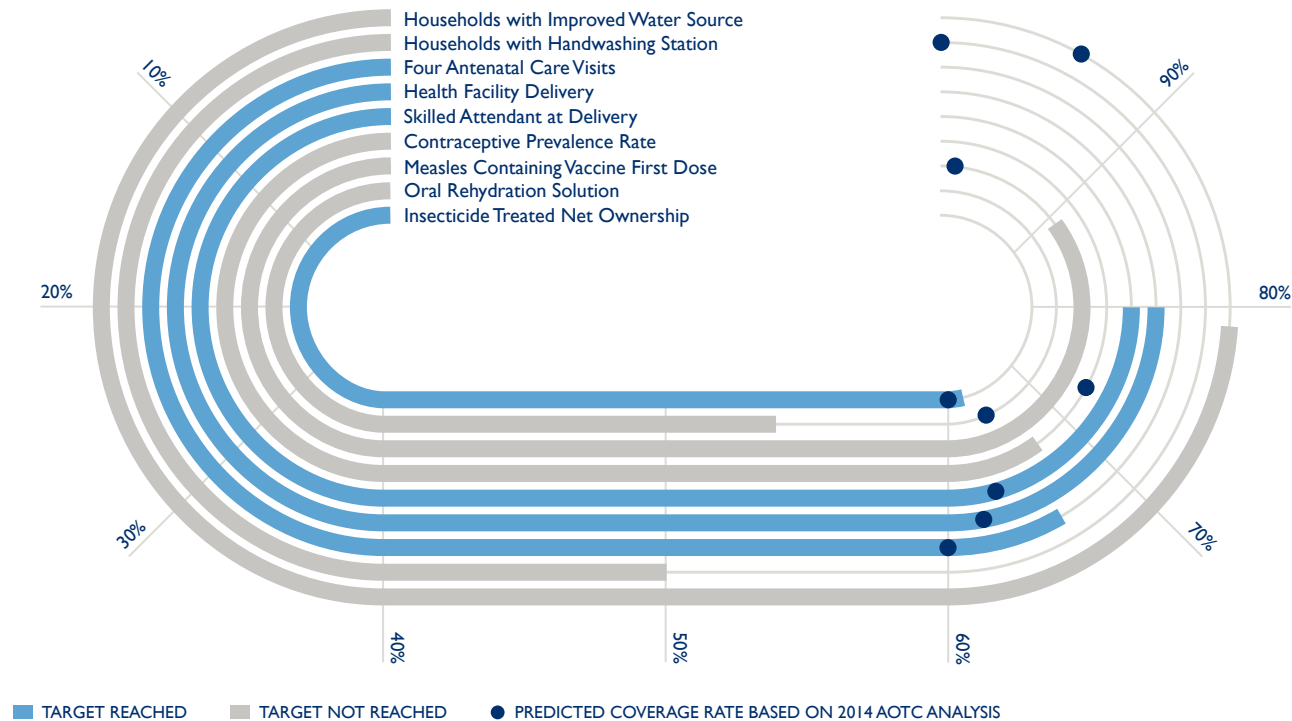
Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

Note: These figures represent the estimated percent increase or decrease in intervention coverage from 2012 to 2020 and are based on the most recent available data from national household surveys.

FIGURE 16.4

THE RACE TO MEET OUR GLOBAL GOALS

Percent Coverage of Nine Life-Saving Interventions in 2020 Compared to Predicted Coverage Rate

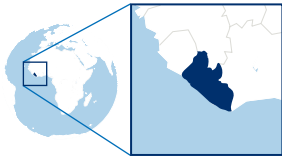


Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

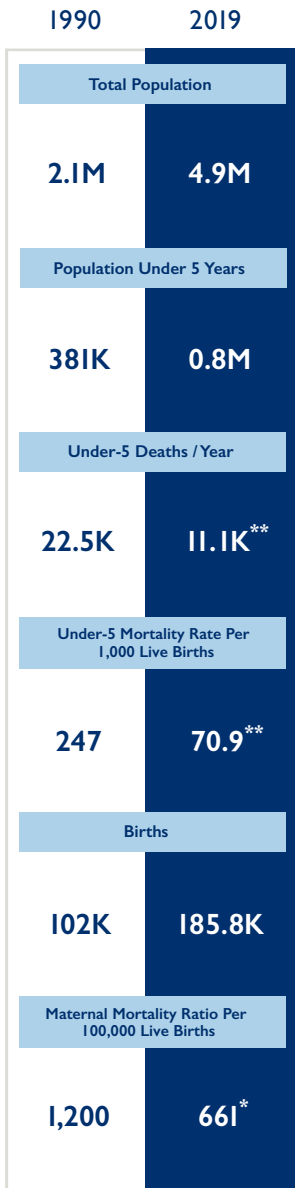
Note: Estimates are based on trends from most recently available surveys and therefore may not reflect acceleration due to Acting on the Call efforts.

IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE REPUBLIC OF KENYA AND OTHER PARTNERS, WE HAVE:

- Contracted **more than 200 health workers** across 11 of Kenya's 47 counties to provide counseling and care on maternal, newborn, child health, and nutrition in facilities that were not functioning because of a lack of skilled staff, and county governments are now working to transition **at least 20 percent of these health workers** to government payrolls in the next year.
- Leveraged **US\$3 million in funding through private-sector partnerships** for Jacaranda Maternity Hospital, a private entity that provides comprehensive maternal health and pediatric care to clients in a lower-income area of Nairobi, to expand its space and build another facility to meet the high demand for health care.
- Provided skills-based, on-the-job training and mentorship to **2,248 health providers** on respectful maternity care, quality of care during labor and delivery, and comprehensive antenatal care practices.
- Mobilized government and private-sector investments to support a **National Health Education Fund** that provides low-interest loans to students from areas of Kenya that are hard to reach and have a high disease burden, which has benefited **more than 33,000 students**.
- Implemented **data quality assessments and training in records management** across 27 counties to strengthen existing data quality protocols and help health facilities develop plans to improve the quality of their data.



REPUBLIC OF LIBERIA

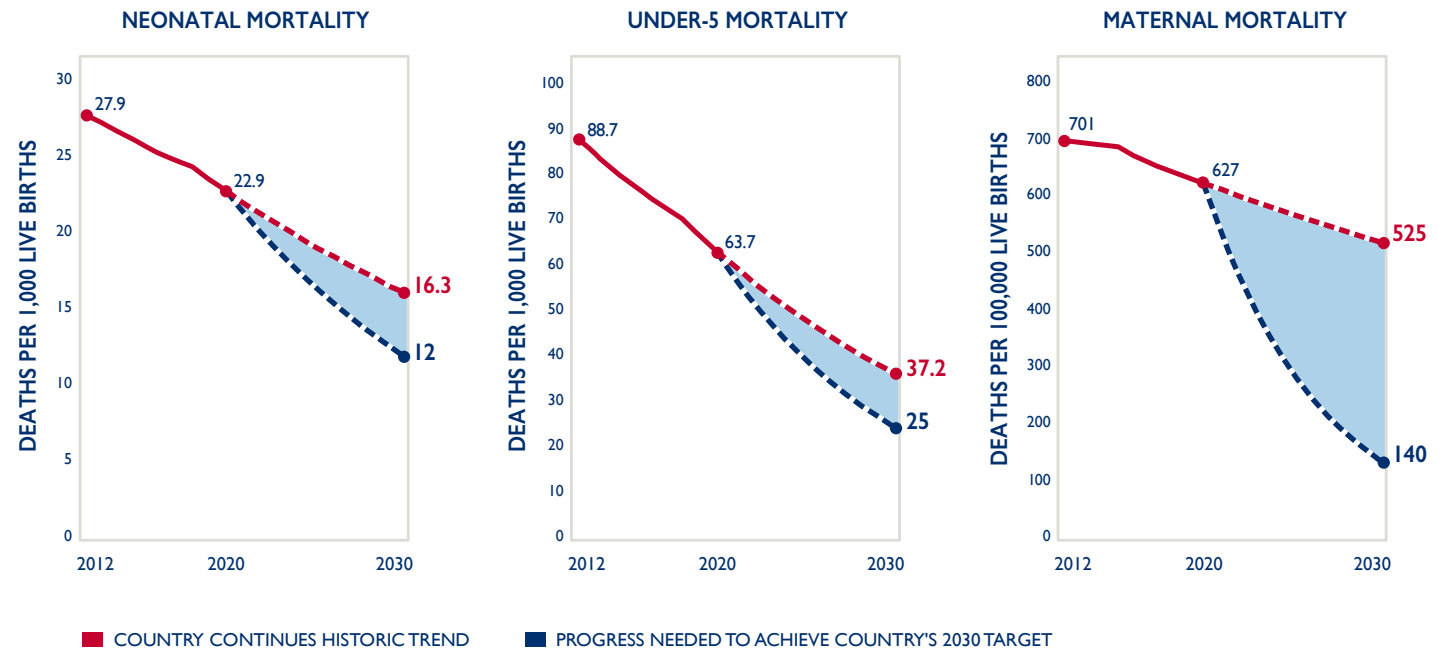


* Estimate from 2017
 ** Estimate from 2018

FIGURE 17.1

PROGRESS TOWARDS OUR GOAL AND THE PATH FORWARD

Declines in Maternal and Child Mortality to Date and Acceleration Needed to Reach Country's 2030 Targets



Source: UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality, 2019; UN Maternal Mortality Estimation Inter-agency Group, Trends in Maternal Mortality: 2000 to 2017.

FIGURE 17.2

OUR INVESTMENTS IN PREVENTING CHILD AND MATERNAL DEATHS



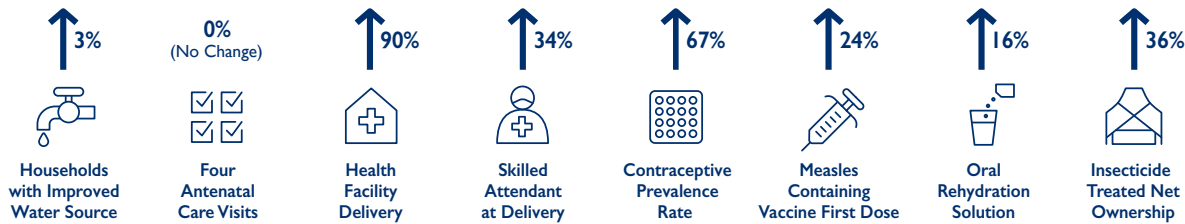
TOTAL FISCAL YEAR 2012-2019 BUDGET:
\$243M

- MATERNAL AND CHILD HEALTH
- NUTRITION
- MALARIA
- FAMILY PLANNING AND REPRODUCTIVE HEALTH

FIGURE 17.3

LIFE-SAVING INTERVENTIONS BY THE NUMBERS

Changes in Coverage from 2012 to 2020



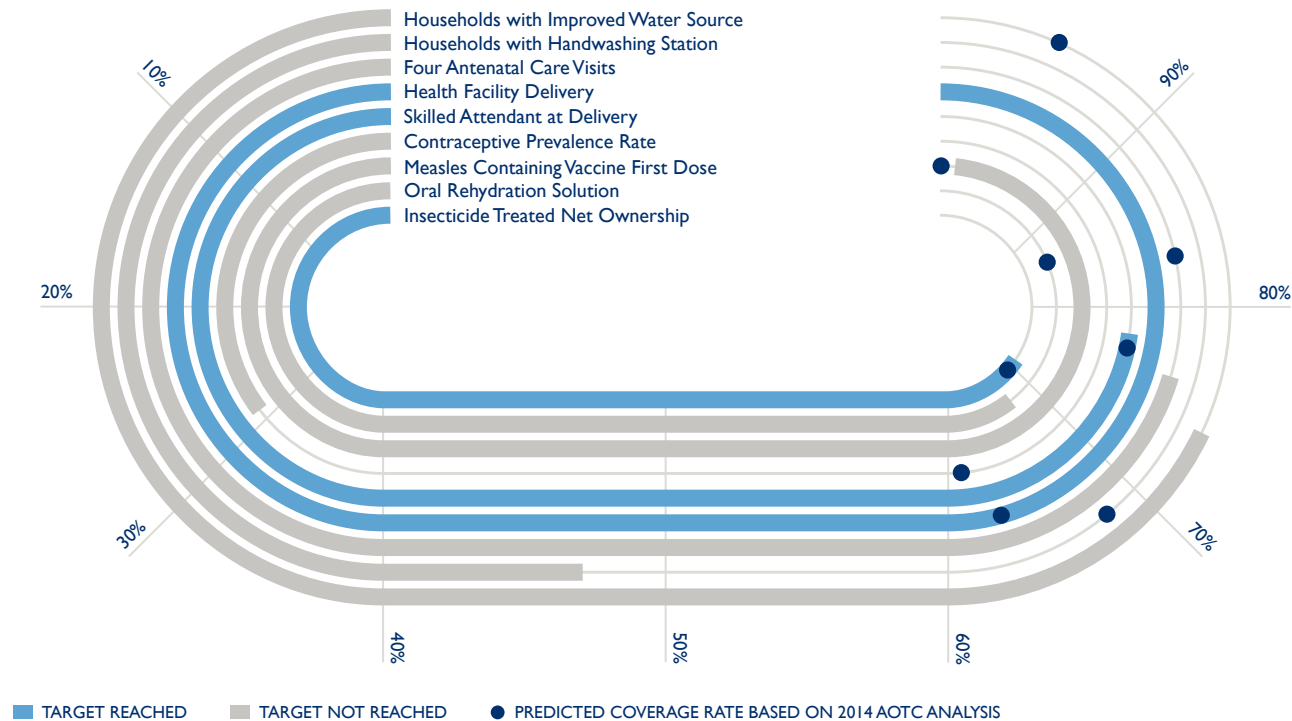
Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

Note: These figures represent the estimated percent increase or decrease in intervention coverage from 2012 to 2020 and are based on the most recent available data from national household surveys.

FIGURE 17.4

THE RACE TO MEET OUR GLOBAL GOALS

Percent Coverage of Nine Life-Saving Interventions in 2020 Compared to Predicted Coverage Rate

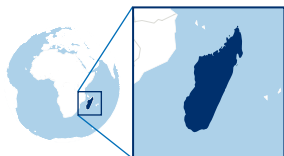


Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

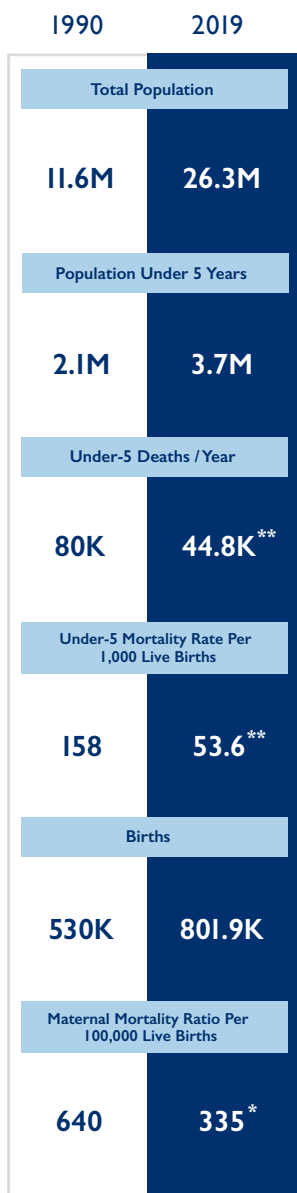
Note: Estimates are based on trends from most recently available surveys and therefore may not reflect acceleration due to Acting on the Call efforts.

IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE REPUBLIC OF LIBERIA AND OTHER PARTNERS, WE HAVE:

- Assessed **33,055 children under five years old** for acute malnutrition at the community level, and referred the two percent identified to be at risk for malnutrition to the health facility.
- Provided **mentorship and on-the-job training** for nurses, midwives, and other frontline health workers to support the Government's antenatal care strategy, which contributed to a **nearly 25 percent increase** in the number of pregnant women who are attending their fourth antenatal care visit in just one year.
- Built the capacity of **more than 700 health workers** to conduct home visits the first week after a woman delivers to assess for, and identify, maternal and neonatal complications and provide referrals to health facilities as needed.
- Updated the **national pre-service curriculum for nurses and midwives**, in collaboration with the Liberian Board for Nursing and Midwifery, to include training on the Essential Care for Every Baby and the Helping Babies Survive protocols.
- Conducted a **landscape assessment to identify private-sector engagement** in the health sector throughout Greater Monrovia, which led the government to create a **formal National Health Care Federation** to foster greater collaboration between public- and private-sector health actors.



REPUBLIC OF MADAGASCAR

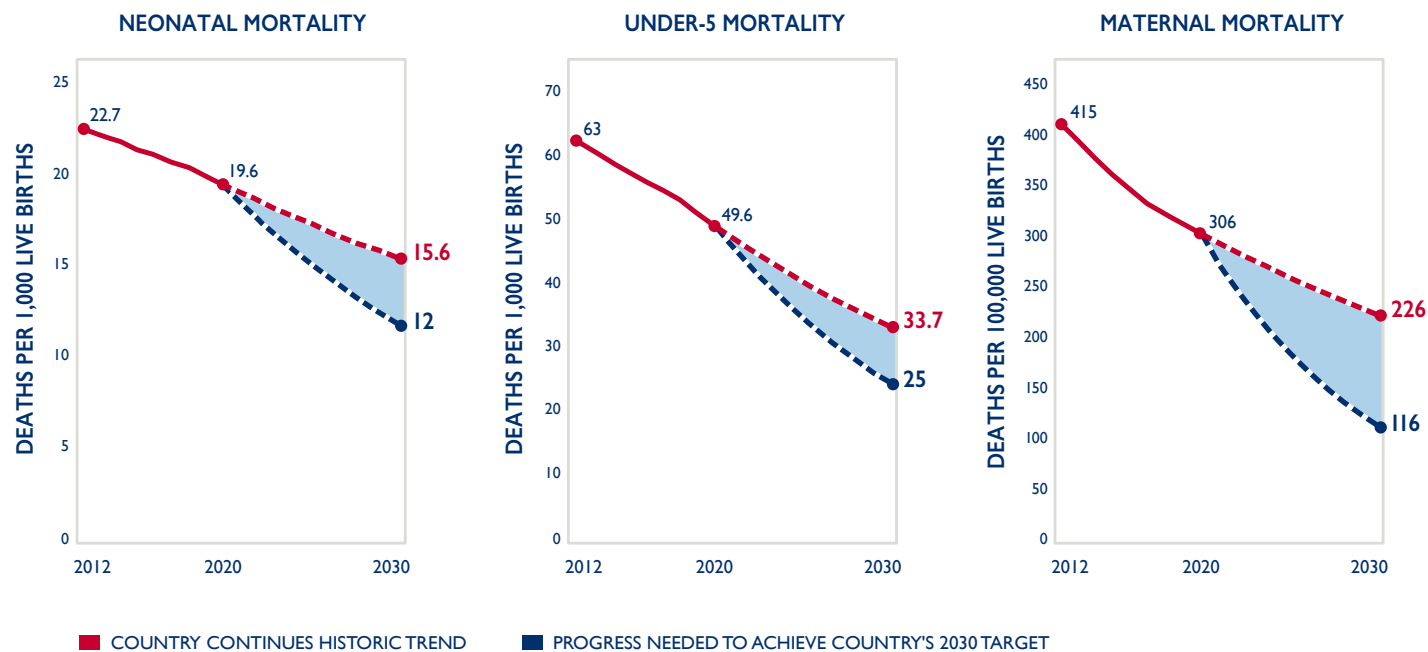


* Estimate from 2017
 ** Estimate from 2018

FIGURE 18.1

PROGRESS TOWARDS OUR GOAL AND THE PATH FORWARD

Declines in Maternal and Child Mortality to Date and Acceleration Needed to Reach Country's 2030 Targets



Source: UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality, 2019; UN Maternal Mortality Estimation Inter-agency Group, Trends in Maternal Mortality: 2000 to 2017.

FIGURE 18.2

OUR INVESTMENTS IN PREVENTING CHILD AND MATERNAL DEATHS



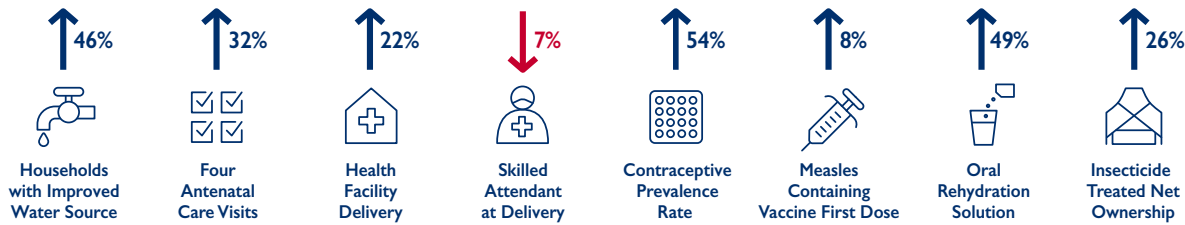
TOTAL FISCAL YEAR 2012-2019 BUDGET:
\$403M

- MATERNAL AND CHILD HEALTH
- MALARIA
- FAMILY PLANNING AND REPRODUCTIVE HEALTH

FIGURE 18.3

LIFE-SAVING INTERVENTIONS BY THE NUMBERS

Changes in Coverage from 2012 to 2020



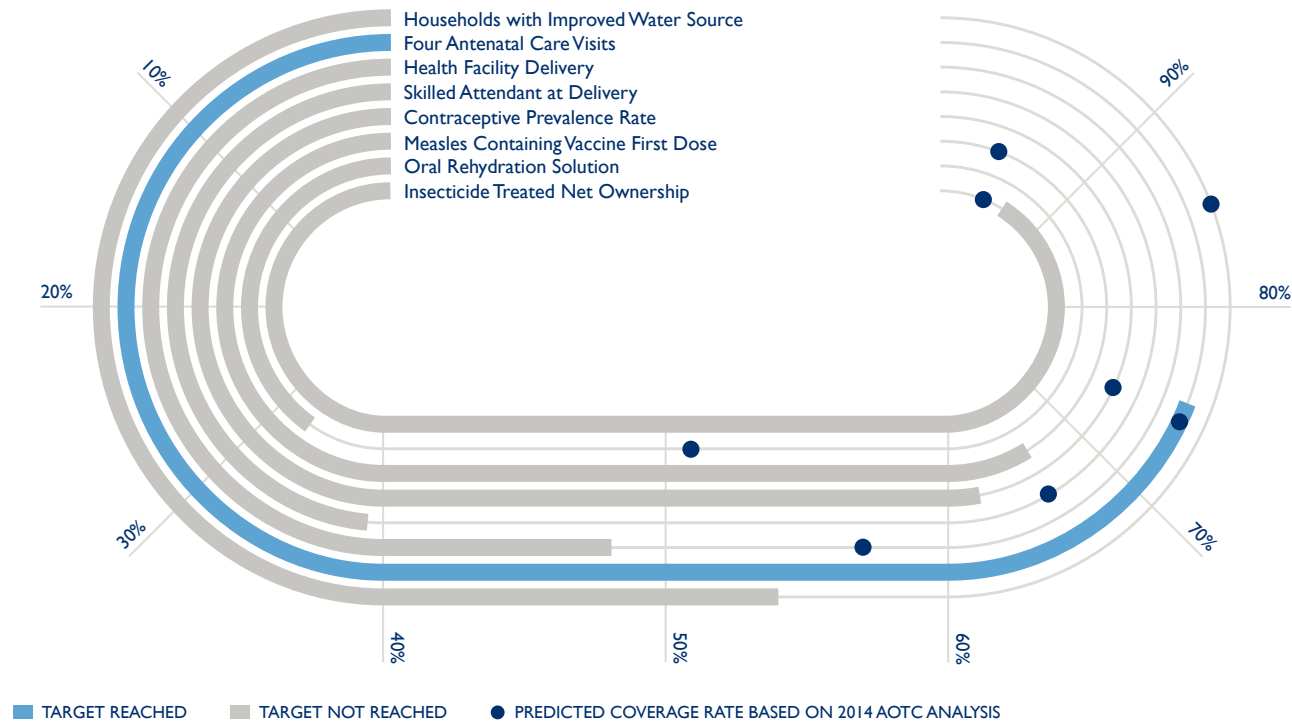
Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

Note: These figures represent the estimated percent increase or decrease in intervention coverage from 2012 to 2020 and are based on the most recent available data from national household surveys.

FIGURE 18.4

THE RACE TO MEET OUR GLOBAL GOALS

Percent Coverage of Nine Life-Saving Interventions in 2020 Compared to Predicted Coverage Rate

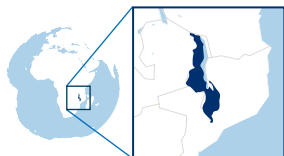


Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

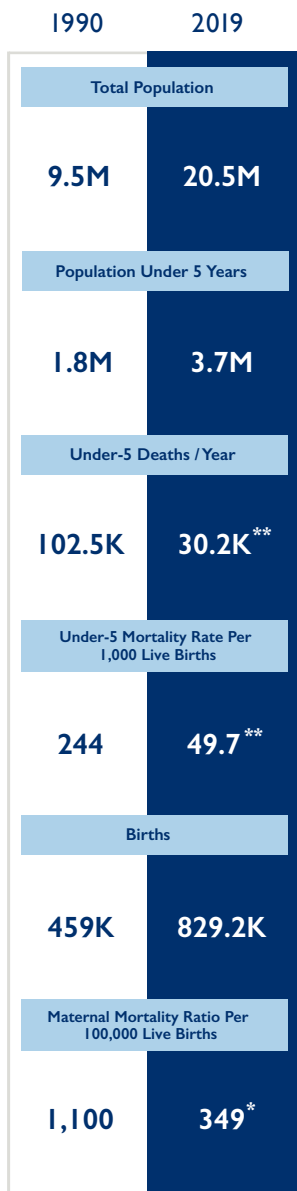
Note: Estimates are based on trends from most recently available surveys and therefore may not reflect acceleration due to Acting on the Call efforts.

IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE REPUBLIC OF MADAGASCAR AND OTHER PARTNERS, WE HAVE:

- Strengthened the capacity of **more than 9,800 community health volunteers** to provide comprehensive, voluntary family planning care and the integrated management of childhood illness.
- Trained **9,226 health volunteers** across 34 districts on community surveillance and preparedness for plague, including measures to support the prevention of transmission, the rapid detection and treatment of new cases, and a comprehensive response to potential outbreaks.
- Developed a **system-wide quality improvement framework** for primary health facilities to help strengthen their capacities and infrastructure, including equipment, personnel, supplies, training, and management.
- Funded the expansion of the **District Health Information System II**, a platform that improves the collection and use of health data, to every district in the country.



REPUBLIC OF MALAWI

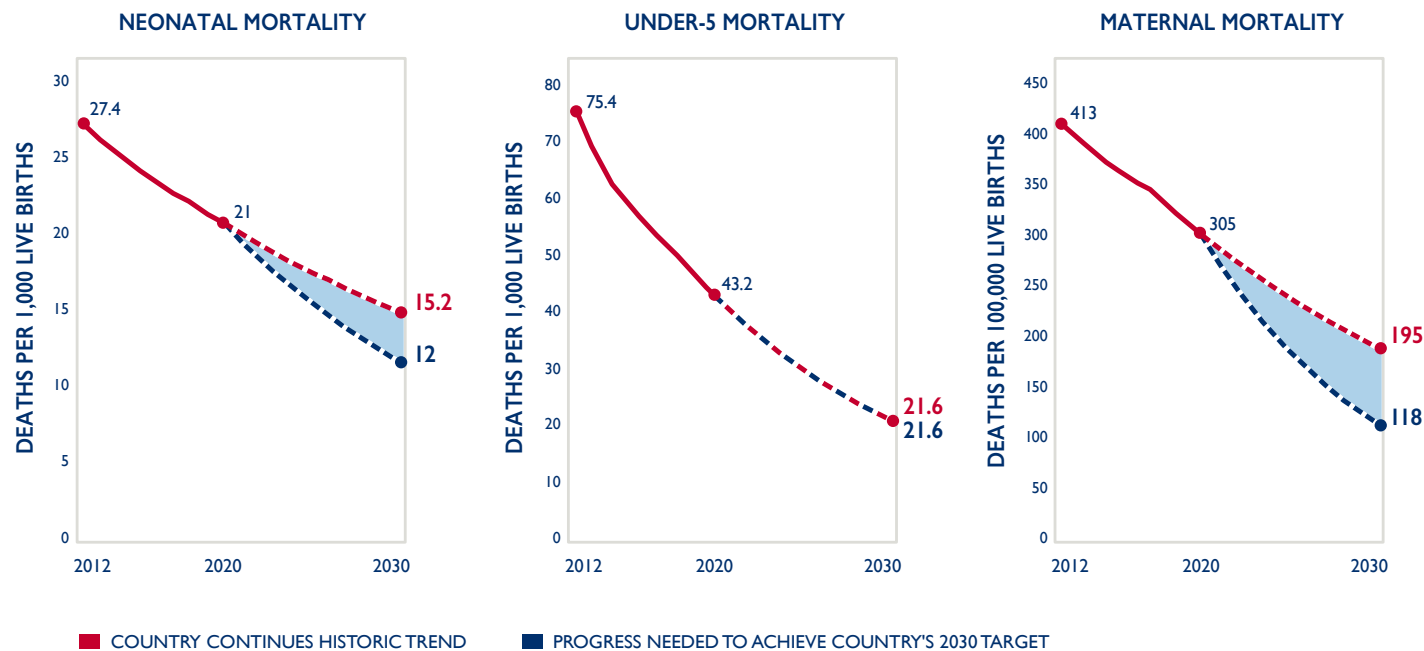


* Estimate from 2017
 ** Estimate from 2018

FIGURE 19.1

PROGRESS TOWARDS OUR GOAL AND THE PATH FORWARD

Declines in Maternal and Child Mortality to Date and Acceleration Needed to Reach Country's 2030 Targets



Source: UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality, 2019; UN Maternal Mortality Estimation Inter-agency Group, Trends in Maternal Mortality: 2000 to 2017.

FIGURE 19.2

OUR INVESTMENTS IN PREVENTING CHILD AND MATERNAL DEATHS



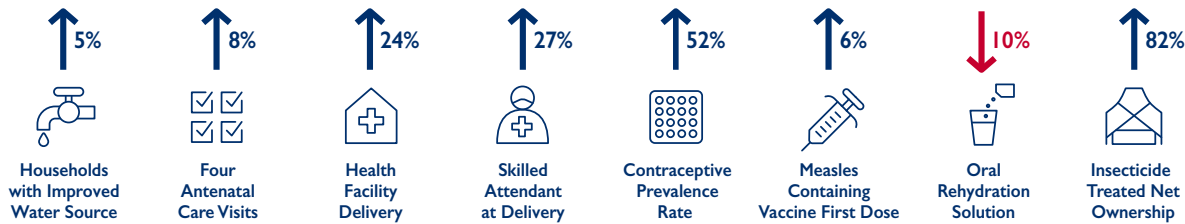
TOTAL FISCAL YEAR 2012-2019 BUDGET:
\$441M

- MATERNAL AND CHILD HEALTH
- NUTRITION
- MALARIA
- FAMILY PLANNING AND REPRODUCTIVE HEALTH

FIGURE 19.3

LIFE-SAVING INTERVENTIONS BY THE NUMBERS

Changes in Coverage from 2012 to 2020



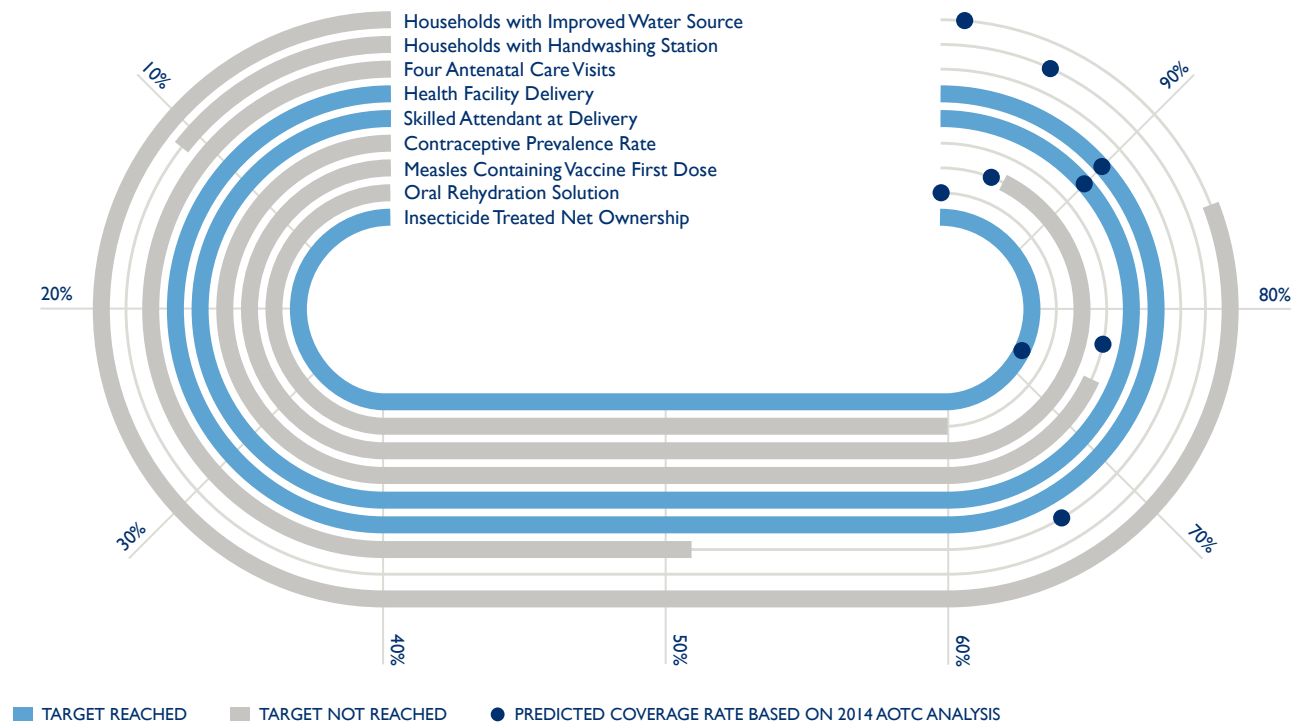
Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys, WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

Note: These figures represent the estimated percent increase or decrease in intervention coverage from 2012 to 2020 and are based on the most recent available data from national household surveys.

FIGURE 19.4

THE RACE TO MEET OUR GLOBAL GOALS

Percent Coverage of Nine Life-Saving Interventions in 2020 Compared to Predicted Coverage Rate

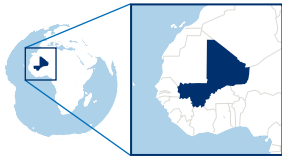


Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys, WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

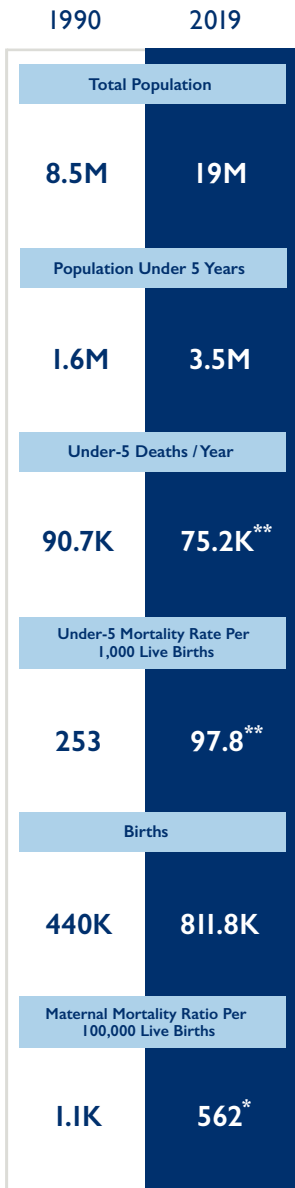
Note: Estimates are based on trends from most recently available surveys and therefore may not reflect acceleration due to Acting on the Call efforts.

IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE REPUBLIC OF MALAWI AND OTHER PARTNERS, WE HAVE:

- Strengthened the capacity of **469 health providers** at basic and comprehensive emergency obstetric and newborn care sites in 11 districts through targeted mentoring, coaching, and supervision, which led to a **63 percent increase over just one year** in the number of newborns who received postnatal care within two days of birth.
- Distributed **more than 5.6 million tablets of sulfadoxine-pyrimethamine** for the intermittent preventive treatment of malaria in pregnant women.
- Helped resuscitate **more than 16,000 babies**, including **5,000 newborns** who were then placed on USAID-funded pulmonary machines, through the Helping Babies Breathe initiative.
- Trained **193 health providers** on “**Kangaroo Mother Care,**” a simple approach to maximize skin-to-skin contact and thereby improve outcomes for low-birth-weight and preterm infants, who then provided appropriate care to **more than 5,700 small and sick babies**.
- Helped develop a postgraduate degree program in dietetics, supported the government to establish **27 dietician positions** across all tertiary hospitals, and created the **first dietetics department** at Kamuzu Central Hospital.
- As part of a phased national roll-out of the human papillomavirus (HPV) vaccine, oriented **545 health providers** across six districts to the vaccine, who then provided **nearly 232,000 nine-year-old girls** with their first dose of HPV vaccine during the first phase of this effort to protect them against cervical cancer.



REPUBLIC OF MALI

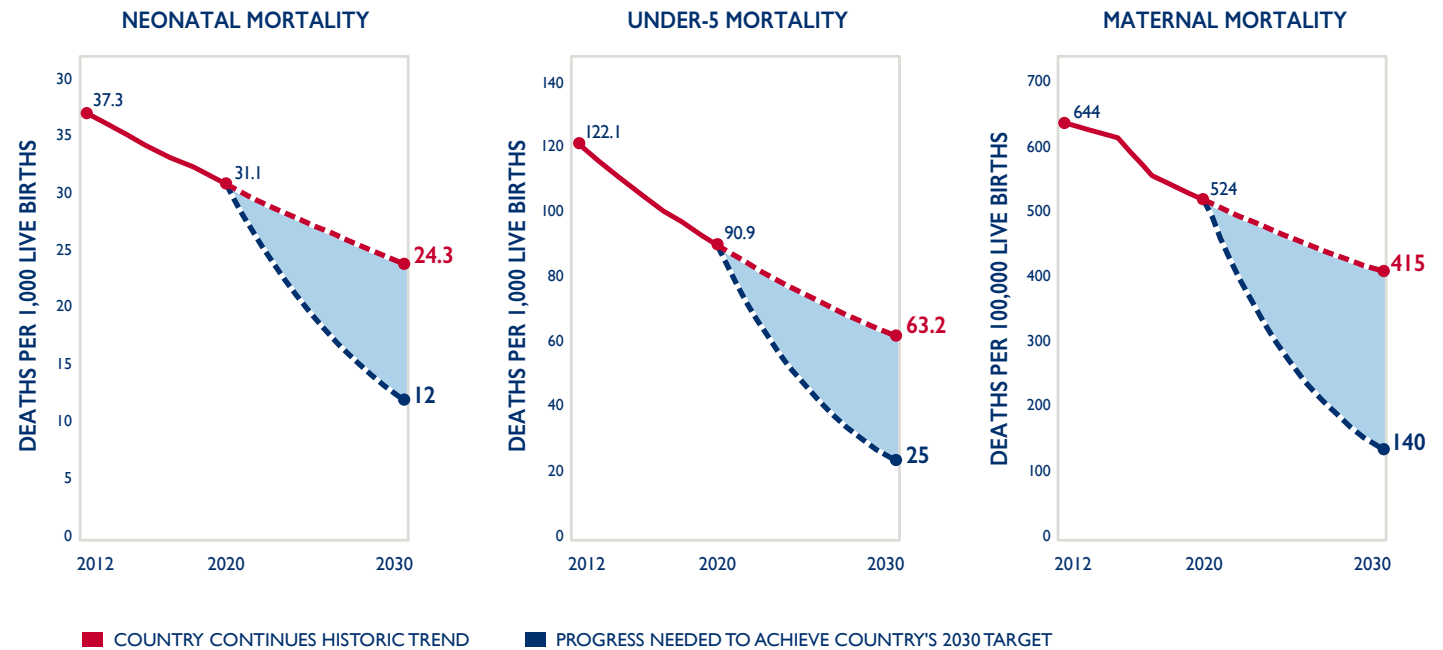


* Estimate from 2017
 ** Estimate from 2018

FIGURE 20.1

PROGRESS TOWARDS OUR GOAL AND THE PATH FORWARD

Declines in Maternal and Child Mortality to Date and Acceleration Needed to Reach Country's 2030 Targets



Source: UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality, 2019; UN Maternal Mortality Estimation Inter-agency Group, Trends in Maternal Mortality: 2000 to 2017.

FIGURE 20.2

OUR INVESTMENTS IN PREVENTING CHILD AND MATERNAL DEATHS



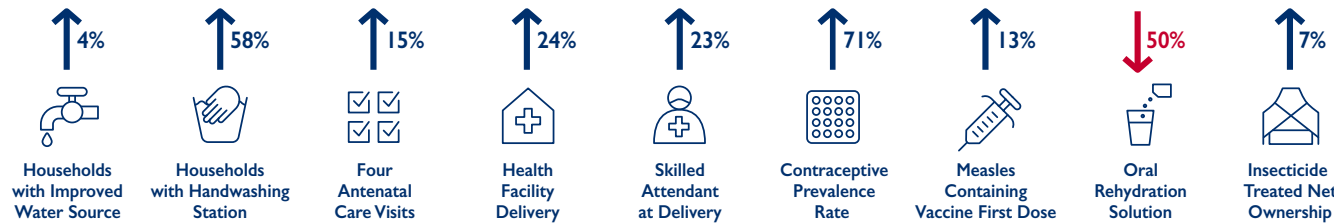
TOTAL FISCAL YEAR 2012-2019 BUDGET:
\$458M

- MATERNAL AND CHILD HEALTH
- NUTRITION
- MALARIA
- FAMILY PLANNING AND REPRODUCTIVE HEALTH

FIGURE 20.3

LIFE-SAVING INTERVENTIONS BY THE NUMBERS

Changes in Coverage from 2012 to 2020



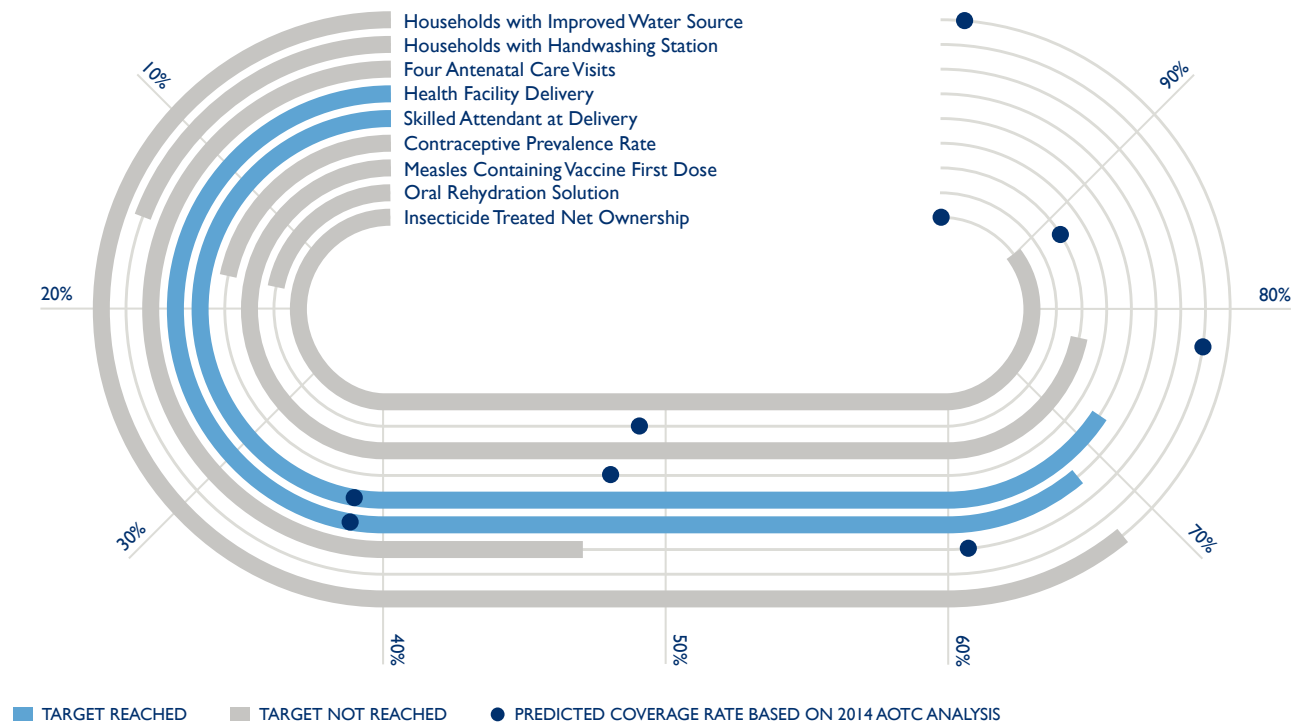
Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

Note: These figures represent the estimated percent increase or decrease in intervention coverage from 2012 to 2020 and are based on the most recent available data from national household surveys.

FIGURE 20.4

THE RACE TO MEET OUR GLOBAL GOALS

Percent Coverage of Nine Life-Saving Interventions in 2020 Compared to Predicted Coverage Rate

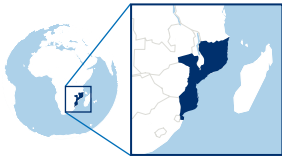


Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

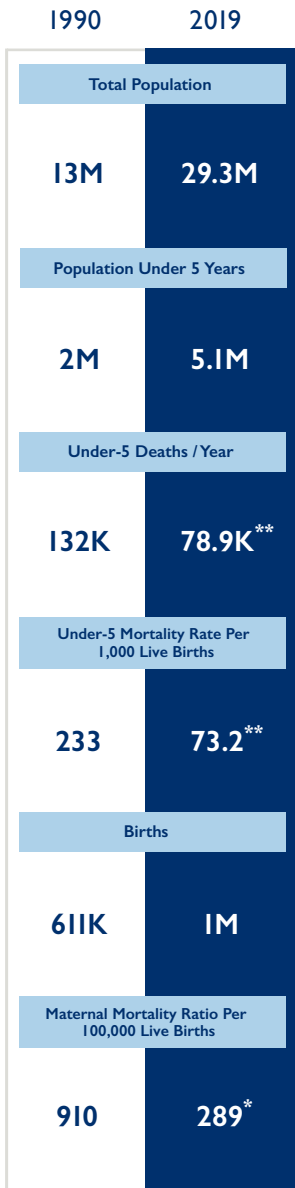
Note: Estimates are based on trends from most recently available surveys and therefore may not reflect acceleration due to Acting on the Call efforts.

IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE REPUBLIC OF MALI AND OTHER PARTNERS, WE HAVE:

- Distributed **1.3 million bed nets** to pregnant women and children under one year old during antenatal care appointments and immunization visits, which has contributed to nationwide reductions in the prevalence of malaria among these populations.
- Coached **more than 1,800 frontline health providers**, including nurses, midwives, and medical doctors, across **824 facilities** on the provision of high-quality maternal, newborn, and child health care; voluntary family planning and reproductive care; and nutrition.
- Supported **nearly 800 community health workers** in two regions to provide promotional, preventive, and curative care for children under five and pregnant and lactating women as part of the national **Essential Care in the Community Strategy**.
- Oriented **465 providers across 165 supervised health facilities** on the seven standards of Respectful Maternity Care during antenatal and postnatal care, labor, and delivery.
- Introduced and promoted “**Kangaroo Mother Care**” in **430 district- and community-level facilities**, which has benefited **nearly 50 percent of low-birth-weight newborns** across three regions.
- Advocated for the professionalization of the cadre of community health workers and for increased domestic funding for these workers, which caused **six of the 30 health districts** to use their own funding to pay the salaries of community health workers this past year.



REPUBLIC OF MOZAMBIQUE

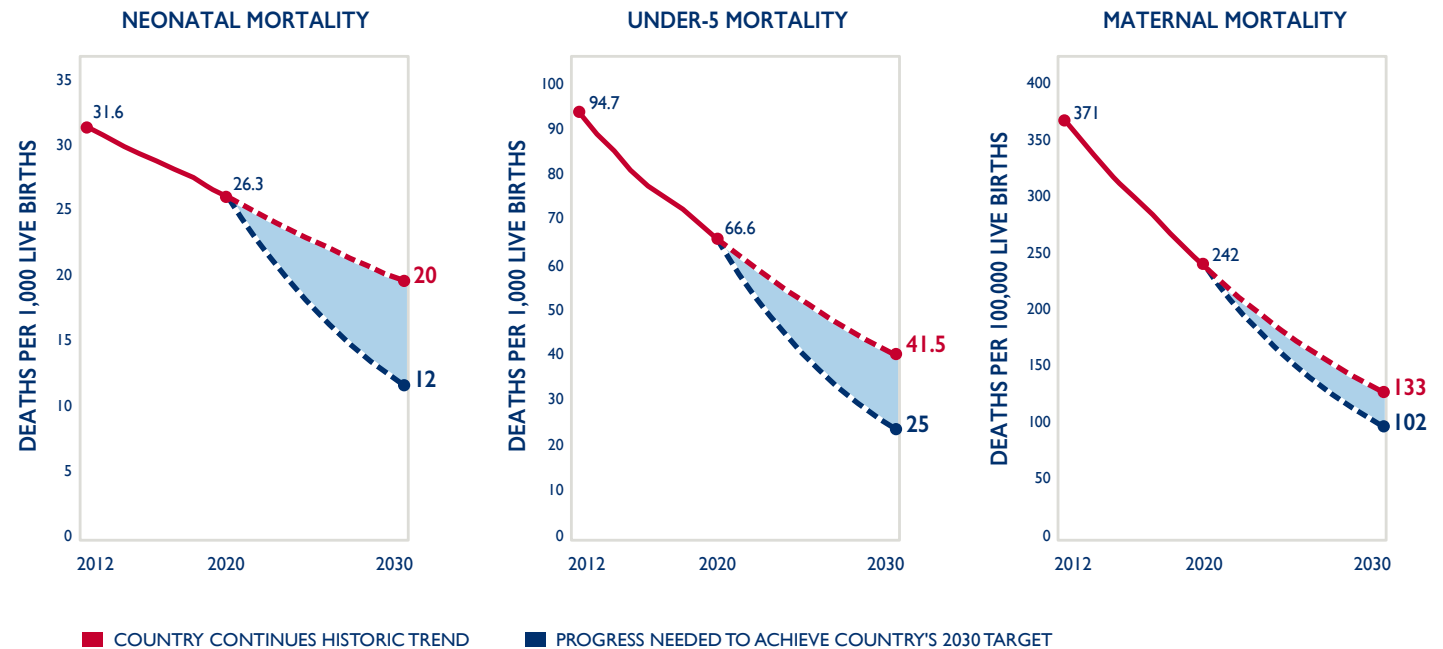


* Estimate from 2017
 ** Estimate from 2018

FIGURE 21.1

PROGRESS TOWARDS OUR GOAL AND THE PATH FORWARD

Declines in Maternal and Child Mortality to Date and Acceleration Needed to Reach Country's 2030 Targets



Source: UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality, 2019; UN Maternal Mortality Estimation Inter-agency Group, Trends in Maternal Mortality: 2000 to 2017.

FIGURE 21.2

OUR INVESTMENTS IN PREVENTING CHILD AND MATERNAL DEATHS



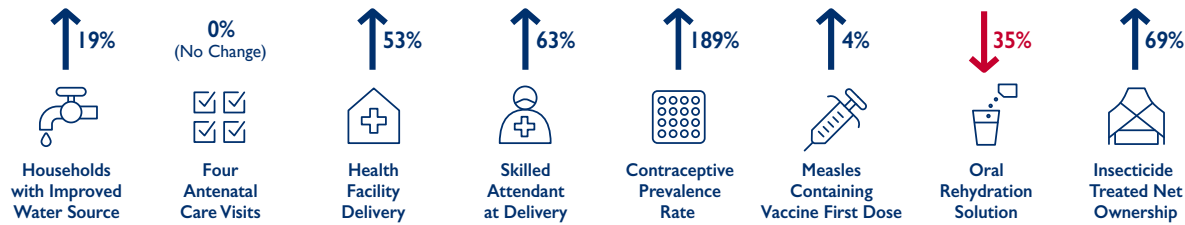
TOTAL FISCAL YEAR 2012-2019 BUDGET:
\$516M

- MATERNAL AND CHILD HEALTH
- NUTRITION
- MALARIA
- FAMILY PLANNING AND REPRODUCTIVE HEALTH

FIGURE 21.3

LIFE-SAVING INTERVENTIONS BY THE NUMBERS

Changes in Coverage from 2012 to 2020



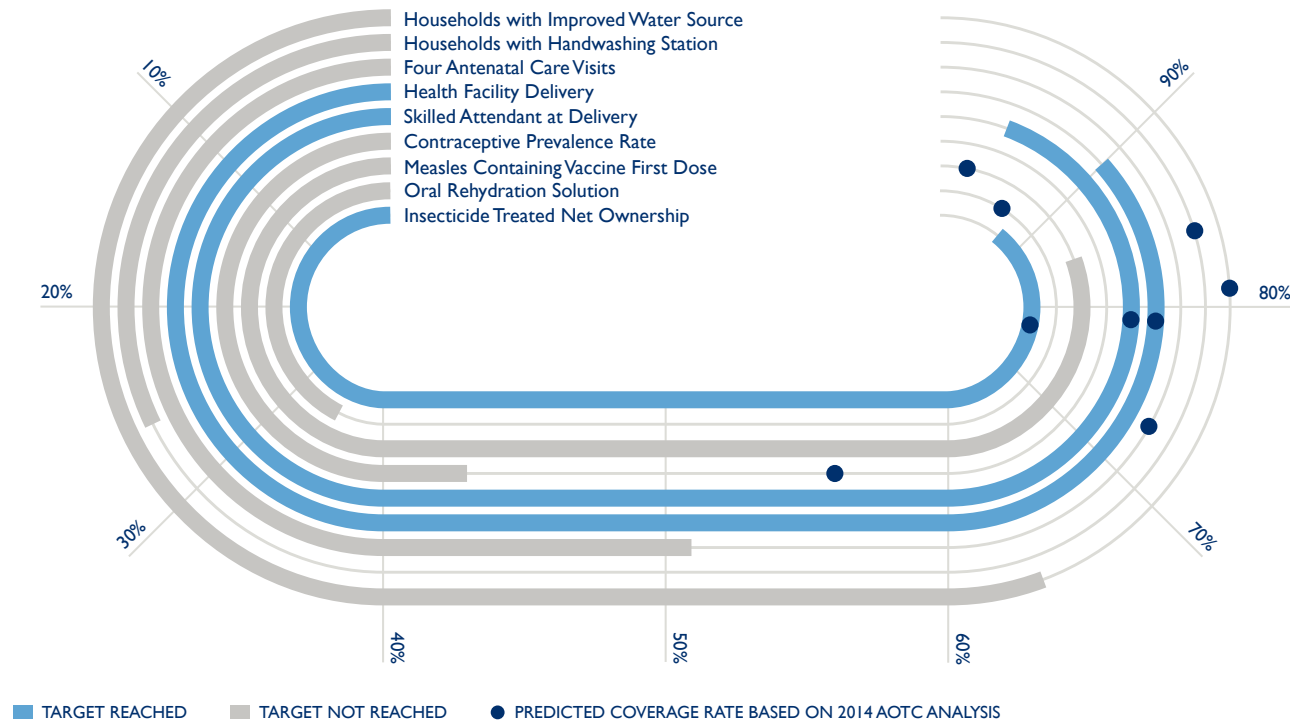
Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

Note: These figures represent the estimated percent increase or decrease in intervention coverage from 2012 to 2020 and are based on the most recent available data from national household surveys. Some high-impact interventions were omitted due to insufficient data to calculate the change in intervention coverage.

FIGURE 21.4

THE RACE TO MEET OUR GLOBAL GOALS

Percent Coverage of Nine Life-Saving Interventions in 2020 Compared to Predicted Coverage Rate



Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

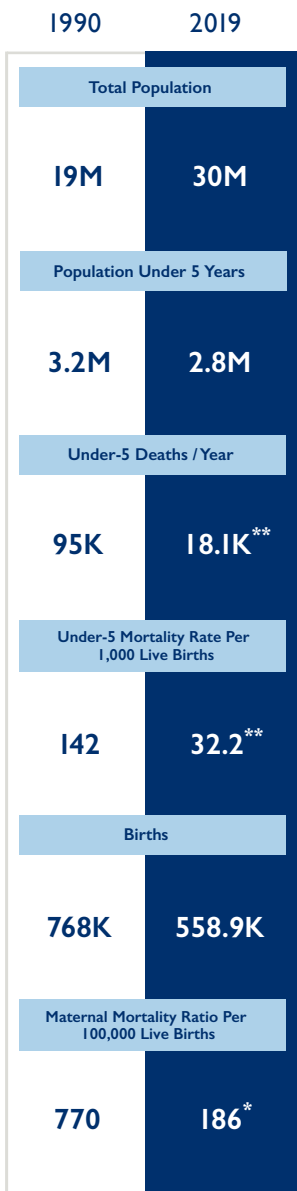
Note: Estimates are based on trends from most recently available surveys and therefore may not reflect acceleration due to Acting on the Call efforts.

IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE REPUBLIC OF MOZAMBIQUE AND OTHER PARTNERS, WE HAVE:

- Collaborated with the Global Financing Facility to increase the total number of community health workers trained and deployed nationwide by **40 percent in just one year**, which resulted in more people in need reached with basic health care.
- Outsourced the **distribution of essential medicines** in Zambézia Province through public-private partnerships, which improved the availability of medicines and essential supplies at health-care delivery points.
- Supported health facilities to improve the quality of maternal, newborn, and child health care through updating performance standards and providing training on quality improvement, which enabled **95 percent of supported health facilities to improve their performance by at least 50 percent** in the past year.
- Introduced **child health registers** into the **national health information system**, which allowed the Government of Mozambique, for the first time, to track data on child health regularly.
- Reached **more than 532,000 women and families** with promotion messages on reproductive, maternal, newborn, and child health, which increased demand for maternal and child health care, including voluntary family planning and reproductive health care.
- Invested **US\$19.5 million over five years** to improve dietary diversity and the nutritional status of adolescent girls, children under two, and pregnant and lactating women in Nampula Province, which suffers from the country's highest rates of chronic malnutrition.



FEDERAL DEMOCRATIC REPUBLIC OF NEPAL

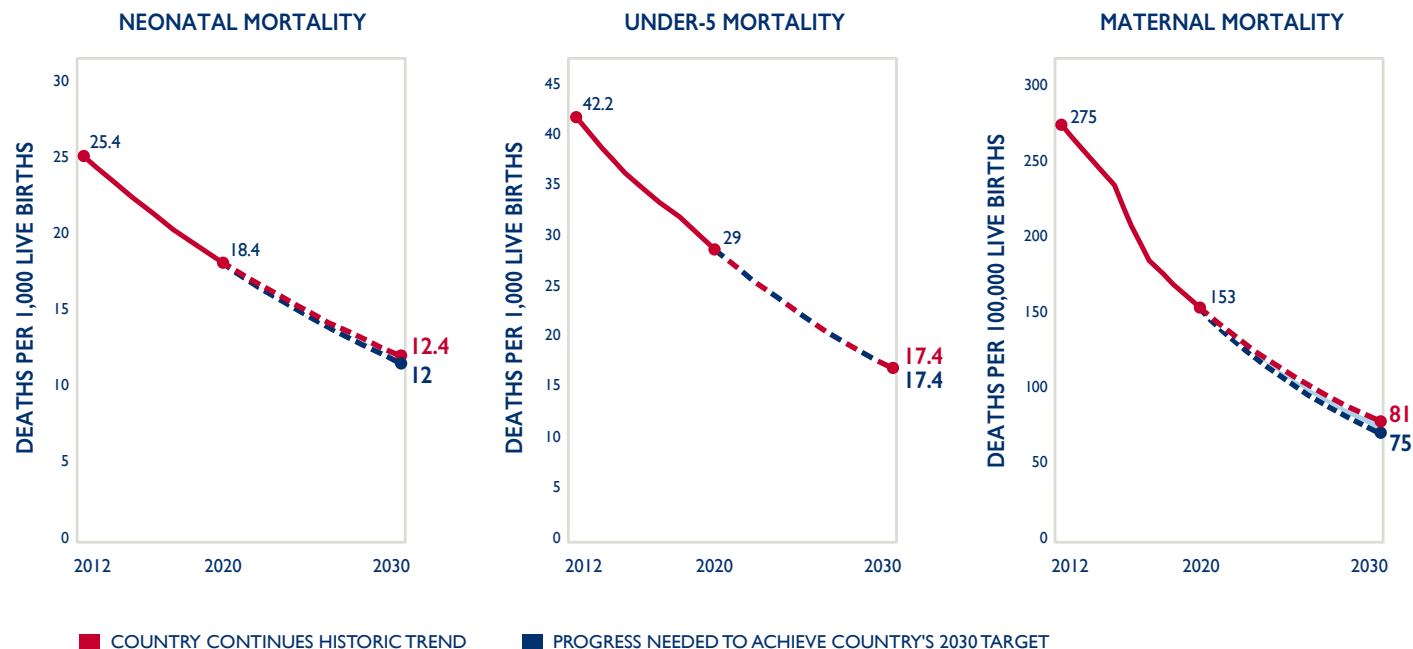


* Estimate from 2017
 ** Estimate from 2018

FIGURE 22.1

PROGRESS TOWARDS OUR GOAL AND THE PATH FORWARD

Declines in Maternal and Child Mortality to Date and Acceleration Needed to Reach Country's 2030 Targets



Source: UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality, 2019; UN Maternal Mortality Estimation Inter-agency Group, Trends in Maternal Mortality: 2000 to 2017.

FIGURE 22.2

OUR INVESTMENTS IN PREVENTING CHILD AND MATERNAL DEATHS



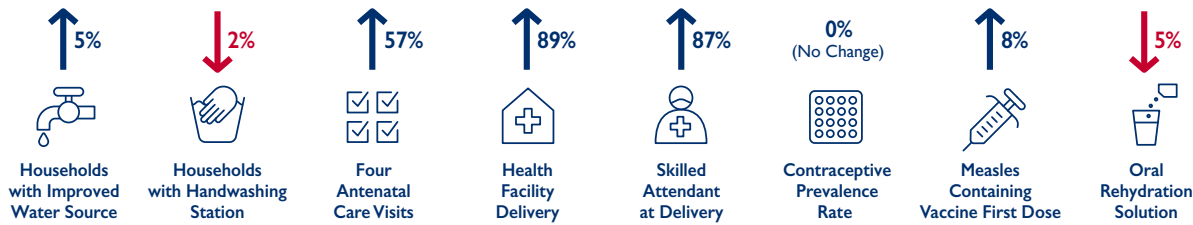
TOTAL FISCAL YEAR 2012-2019 BUDGET:
\$312M

- MATERNAL AND CHILD HEALTH
- NUTRITION
- FAMILY PLANNING AND REPRODUCTIVE HEALTH

FIGURE 22.3

LIFE-SAVING INTERVENTIONS BY THE NUMBERS

Changes in Coverage from 2012 to 2020



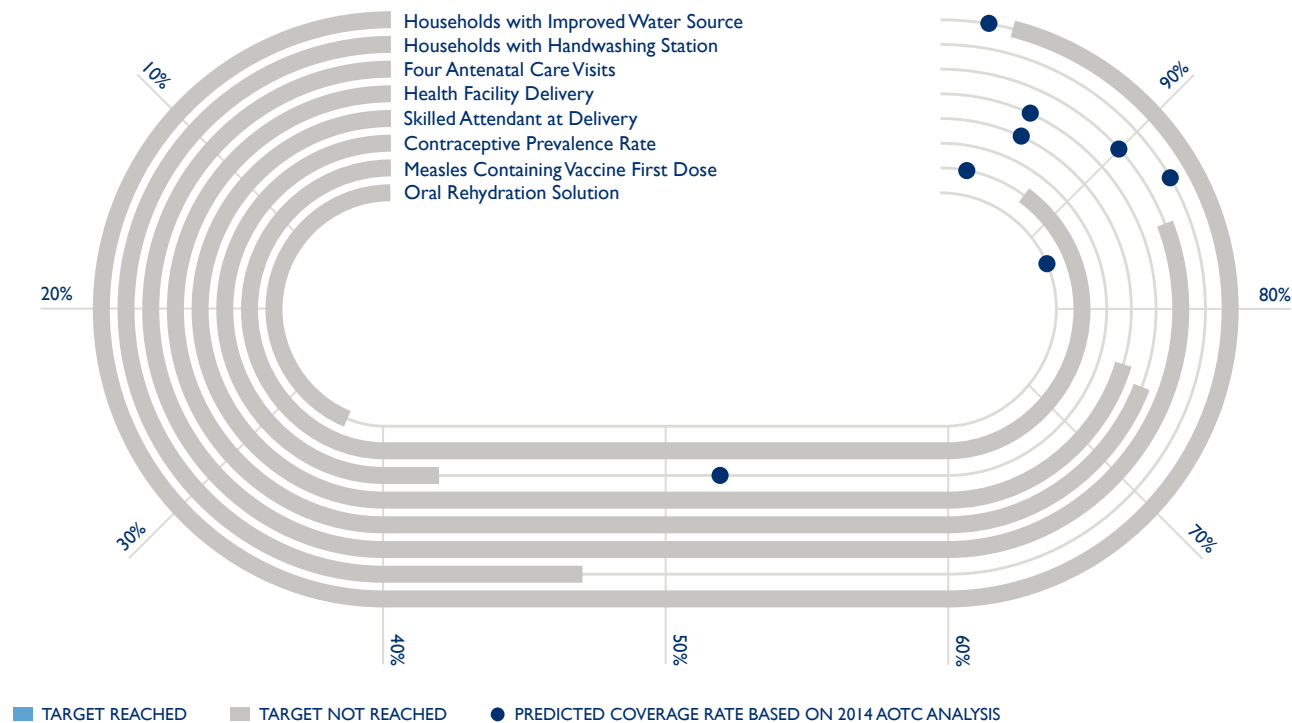
Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

Note: These figures represent the estimated percent increase or decrease in intervention coverage from 2012 to 2020 and are based on the most recent available data from national household surveys.

FIGURE 22.4

THE RACE TO MEET OUR GLOBAL GOALS

Percent Coverage of Nine Life-Saving Interventions in 2020 Compared to Predicted Coverage Rate

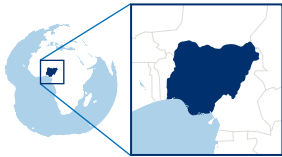


Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

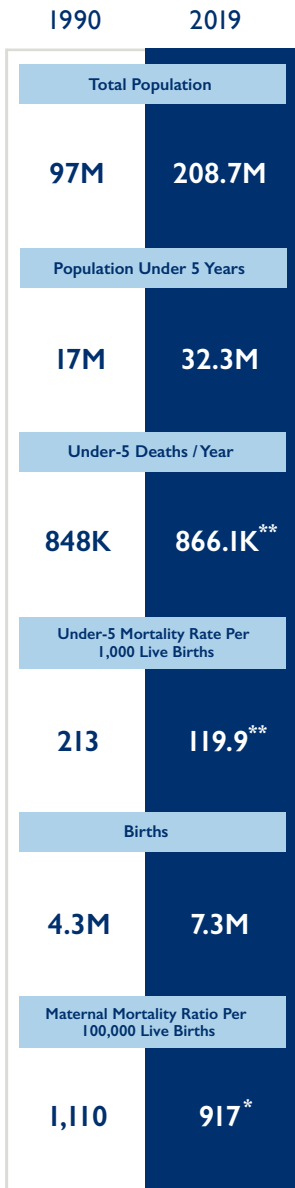
Note: Estimates are based on trends from most recently available surveys and therefore may not reflect acceleration due to Acting on the Call efforts.

IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE FEDERAL DEMOCRATIC REPUBLIC OF NEPAL AND OTHER PARTNERS, WE HAVE:

- Trained **11,632 frontline health workers**, including nurses, midwives, and community health workers, to provide integrated nutrition services across 42 targeted districts.
- Expanded **access to high-quality voluntary family planning care** and supported **behavior change efforts** to help families learn about and use voluntary family planning contraceptives, and supported local stakeholders to institutionalize these quality improvements.
- Increased domestic budget allocations for health by **more than US\$14 million** through advocating with new municipal governments on the importance of investing in health.
- Supported the development of the **Nepal Safe Motherhood and Neonatal Health Program Roadmap 2030**, which focuses on ending preventable maternal and neonatal death by addressing remaining challenges and building on successes from past initiatives.
- Supported **104 new municipalities** to develop evidence-based, customized municipal health plans that address key areas of health system functioning and human and institutional capacity.
- Trained **341 private outlets** across eight districts on social marketing of oral rehydration salts and zinc co-packets to treat diarrhea.



FEDERAL REPUBLIC OF NIGERIA

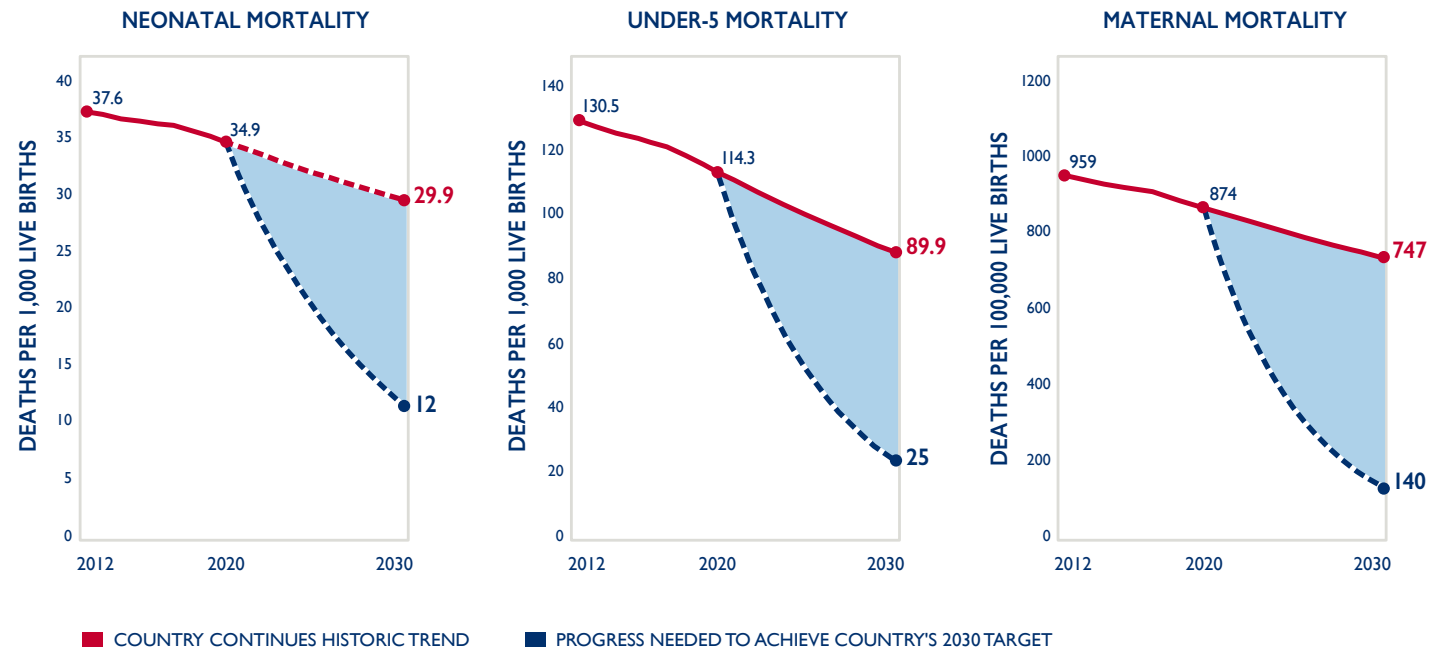


* Estimate from 2017
 ** Estimate from 2018

FIGURE 23.1

PROGRESS TOWARDS OUR GOAL AND THE PATH FORWARD

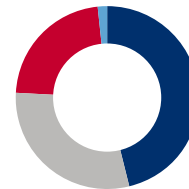
Declines in Maternal and Child Mortality to Date and Acceleration Needed to Reach Country's 2030 Targets



Source: UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality, 2019; UN Maternal Mortality Estimation Inter-agency Group, Trends in Maternal Mortality: 2000 to 2017.

FIGURE 23.2

OUR INVESTMENTS IN PREVENTING CHILD AND MATERNAL DEATHS



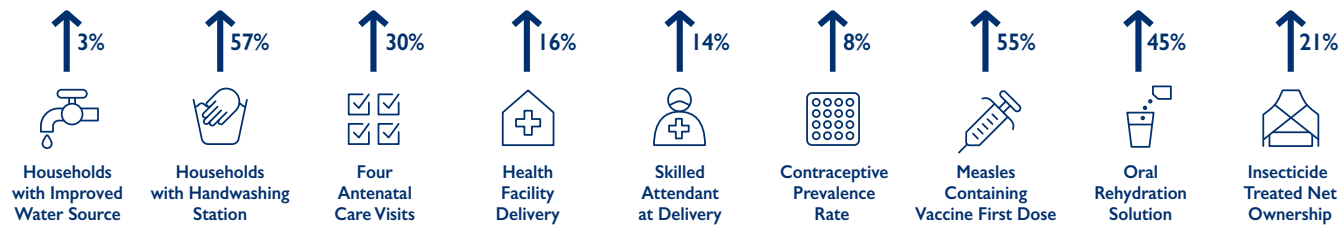
TOTAL FISCAL YEAR 2012-2019 BUDGET:
\$1.2B

- MATERNAL AND CHILD HEALTH
- NUTRITION
- MALARIA
- FAMILY PLANNING AND REPRODUCTIVE HEALTH

FIGURE 23.3

LIFE-SAVING INTERVENTIONS BY THE NUMBERS

Changes in Coverage from 2012 to 2020



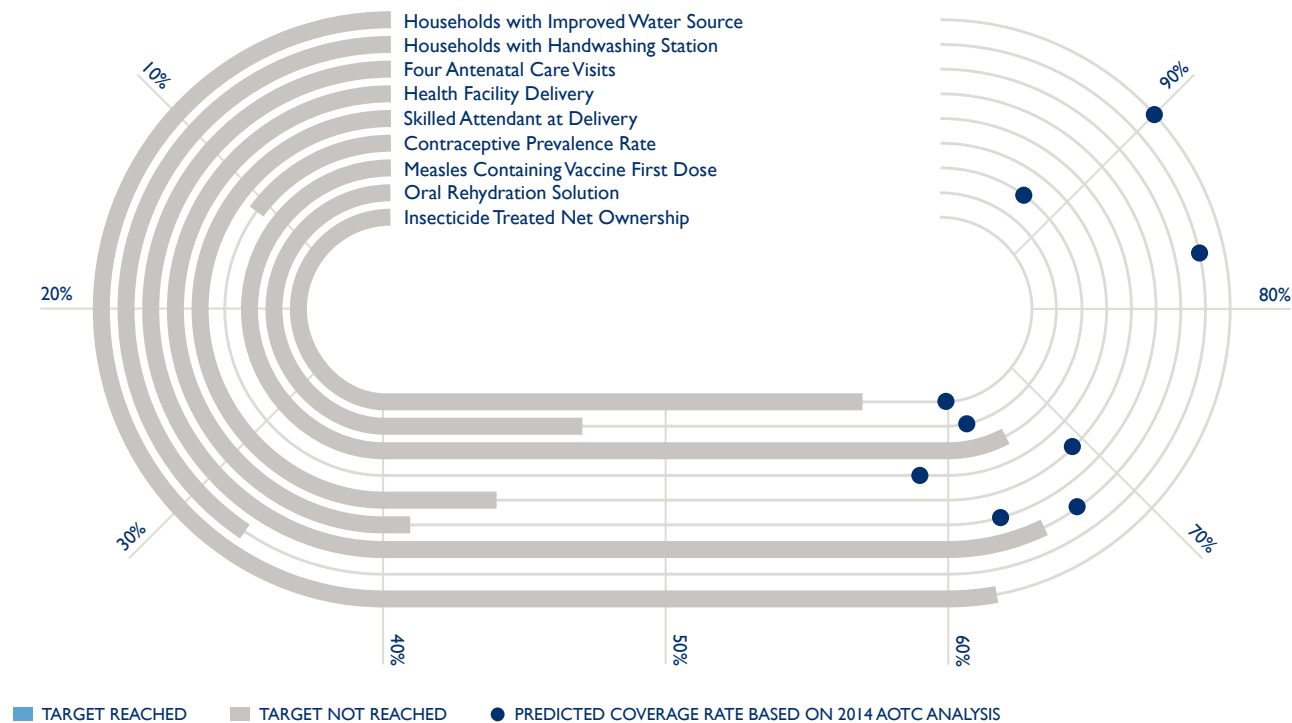
Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

Note: These figures represent the estimated percent increase or decrease in intervention coverage from 2012 to 2020 and are based on the most recent available data from national household surveys.

FIGURE 23.4

THE RACE TO MEET OUR GLOBAL GOALS

Percent Coverage of Nine Life-Saving Interventions in 2020 Compared to Predicted Coverage Rate

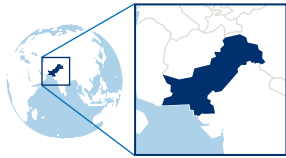


Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

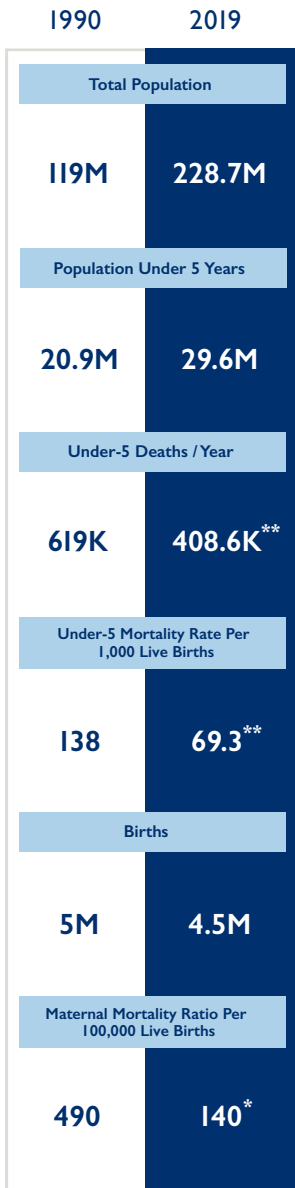
Note: Estimates are based on trends from most recently available surveys and therefore may not reflect acceleration due to Acting on the Call efforts.

IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE FEDERAL REPUBLIC OF NIGERIA AND OTHER PARTNERS, WE HAVE:

- Improved the **capacity of local companies** to manufacture select malaria drugs, high-quality oral rehydration salts and zinc to manage diarrhea cases, and amoxicillin dispersible tablets to manage pneumonia.
- Mobilized **nearly 600,000 households** and reached **2.6 million caregivers** with messages on the importance of routine immunization to prevent polio and other illnesses, as well as the need for regular antenatal care visits during pregnancy, which led to improved health-seeking behaviors in these communities.
- Worked with third-party providers of logistics to **reduce the last-mile cost** of distributing life-saving commodities by **more than 50 percent** in just one year.
- Increased the uptake of voluntary family planning in referral facilities by **nearly 50 percent** across three northern states in the past year.
- Reduced institutional **maternal deaths by 66 percent** and **perinatal deaths by 47 percent** across U.S. Government-funded health facilities in Cross River State in partnership with Merck for Mothers by improving women's access to care before, during, and after labor and delivery. **More than 90 percent of women** in this state now have timely access to high-quality emergency obstetric care if complications arise.
- Helped establish a community-led emergency transport system, which made emergency obstetric and newborn care available and accessible within two hours for **92 percent of households** in Cross River State.



ISLAMIC REPUBLIC OF PAKISTAN

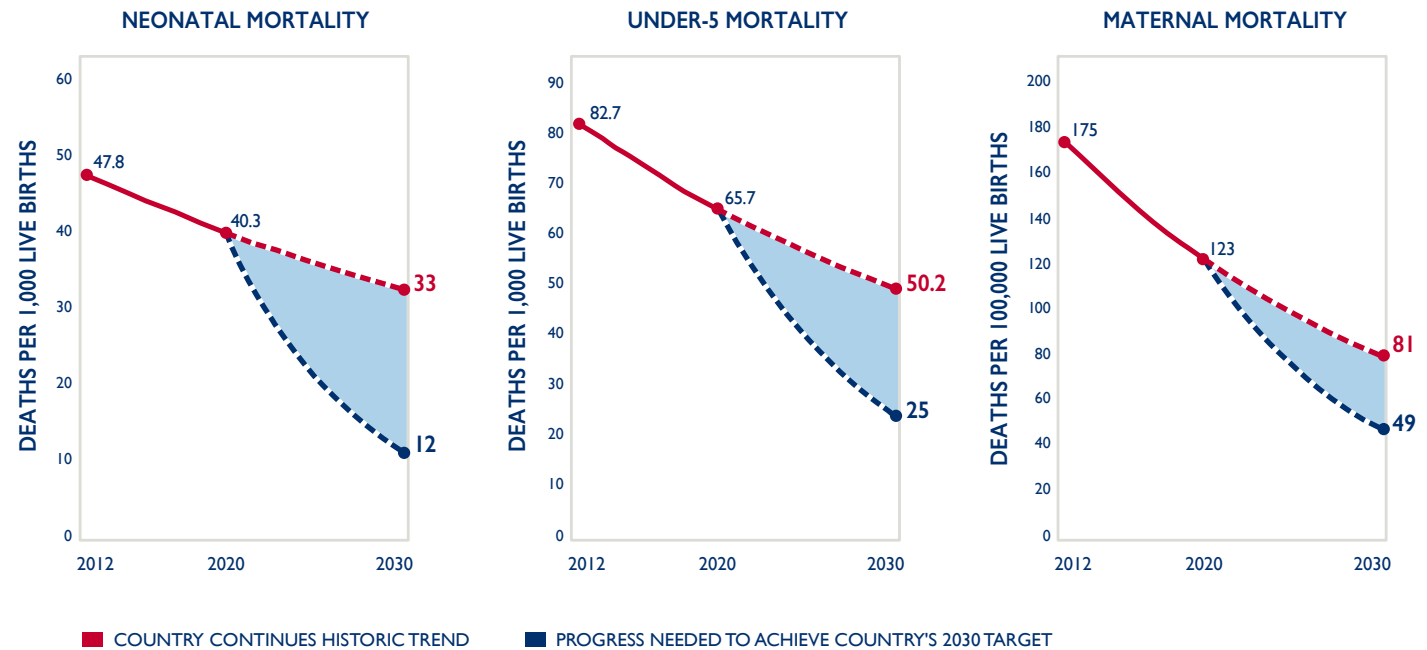


* Estimate from 2017
 ** Estimate from 2018

FIGURE 24.1

PROGRESS TOWARDS OUR GOAL AND THE PATH FORWARD

Declines in Maternal and Child Mortality to Date and Acceleration Needed to Reach Country's 2030 Targets



Source: UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality, 2019; UN Maternal Mortality Estimation Inter-agency Group, Trends in Maternal Mortality: 2000 to 2017.

FIGURE 24.2

OUR INVESTMENTS IN PREVENTING CHILD AND MATERNAL DEATHS



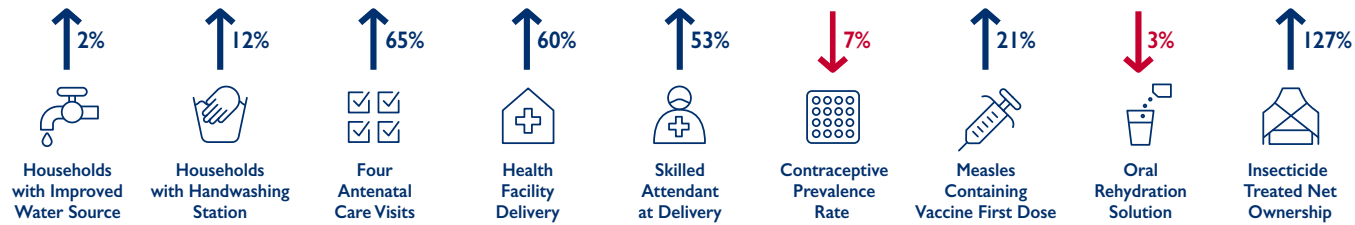
TOTAL FISCAL YEAR 2012-2019 BUDGET:
\$294M

■ MATERNAL AND CHILD HEALTH
 ■ FAMILY PLANNING AND REPRODUCTIVE HEALTH

FIGURE 24.3

LIFE-SAVING INTERVENTIONS BY THE NUMBERS

Changes in Coverage from 2012 to 2020



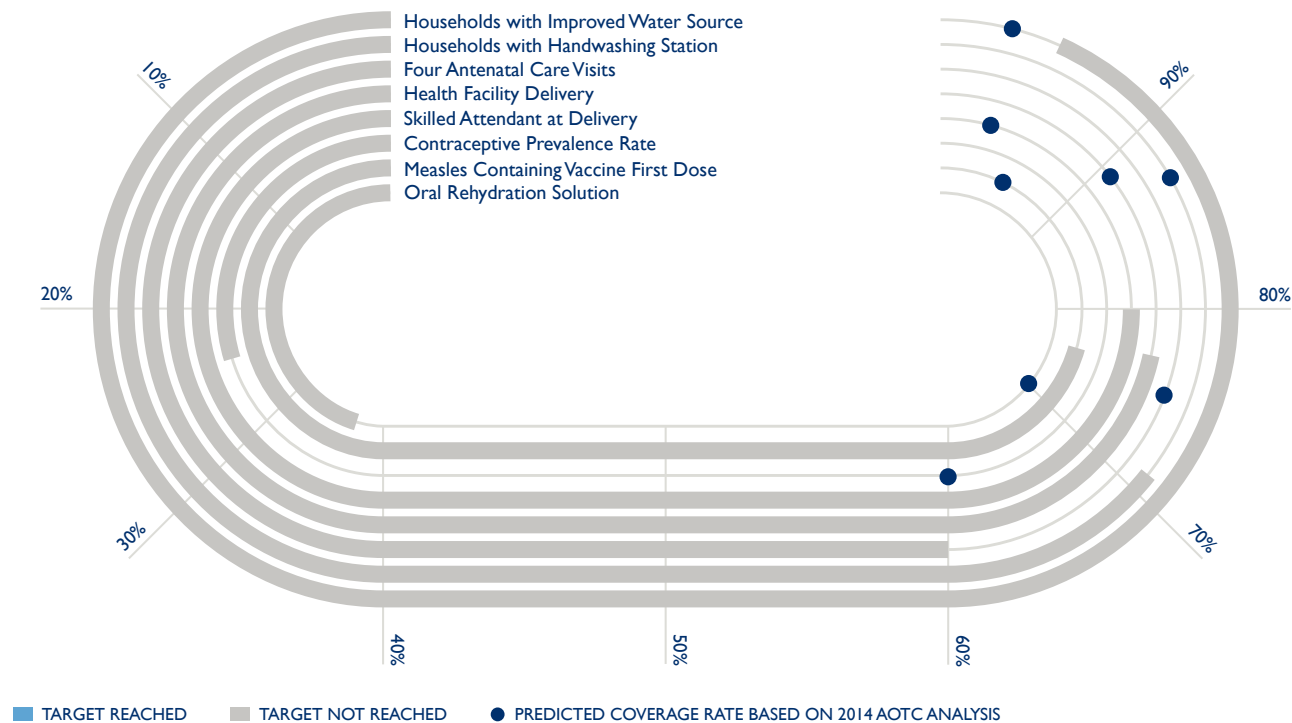
Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

Note: These figures represent the estimated percent increase or decrease in intervention coverage from 2012 to 2020 and are based on the most recent available data from national household surveys.

FIGURE 24.4

THE RACE TO MEET OUR GLOBAL GOALS

Percent Coverage of Nine Life-Saving Interventions in 2020 Compared to Predicted Coverage Rate

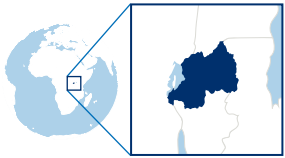


Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

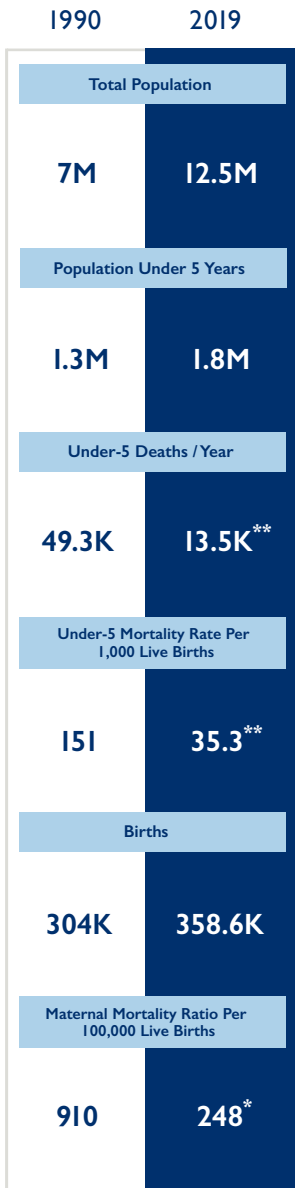
Note: Estimates are based on trends from most recently available surveys and therefore may not reflect acceleration due to Acting on the Call efforts.

IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE ISLAMIC REPUBLIC OF PAKISTAN AND OTHER PARTNERS, WE HAVE:

- Financed a **research study** that demonstrated that community health workers can safely and effectively provide subcutaneous **Sayana Press** injectable contraception, and then helped **pilot and scale it up** in two Provinces.
- Helped **reduce the prevalence of falsified and substandard medicines** in the marketplace by strengthening the capacity of the Drug Regulatory Authority of Pakistan to monitor and test the quality of medicines.
- Developed forecasting plans for **US\$220 million worth of essential medicine commodity needs** for three Provinces.
- Funded **47 females and 34 males** in a Master of Public Health degree program at Pakistan's primary public-health educational institution to build domestic health expertise and leadership.
- Reached **616,000 individuals** with maternal, newborn, and child health care in the Afghanistan-Pakistan border region.



REPUBLIC OF RWANDA

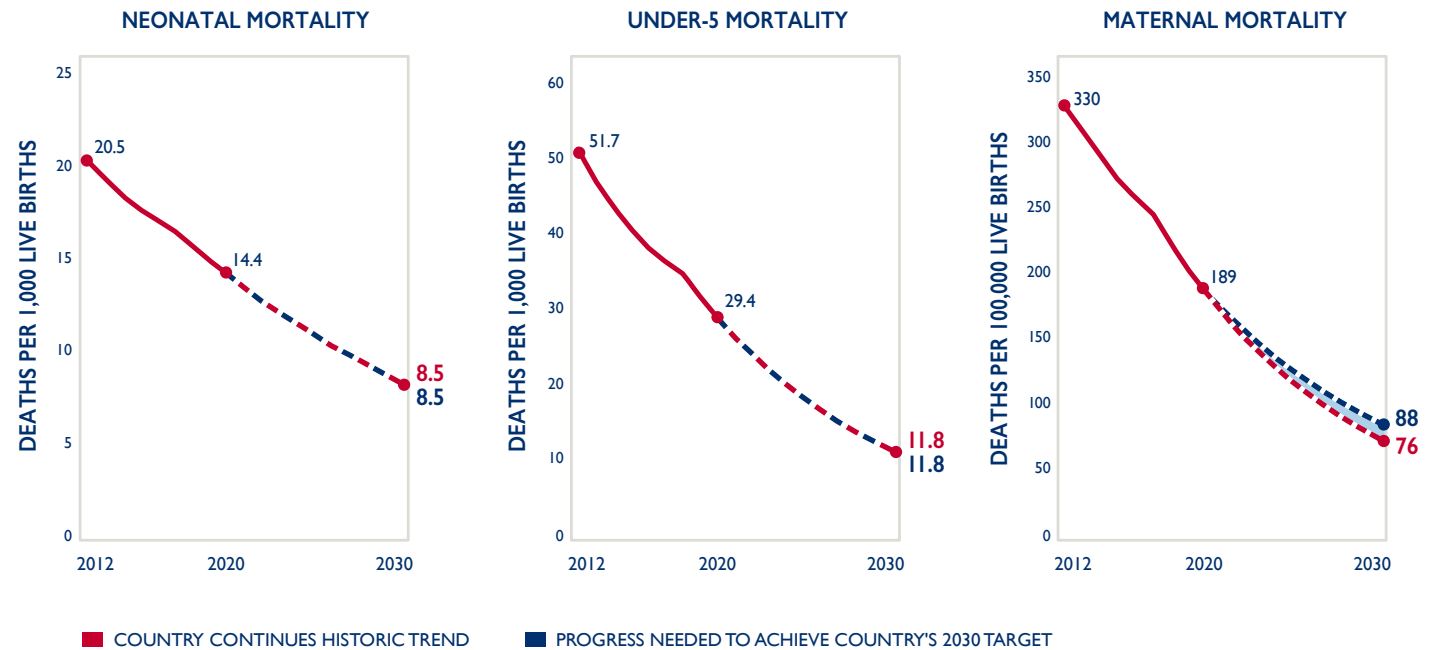


* Estimate from 2017
 ** Estimate from 2018

FIGURE 25.1

PROGRESS TOWARDS OUR GOAL AND THE PATH FORWARD

Declines in Maternal and Child Mortality to Date and Acceleration Needed to Reach Country's 2030 Targets



Source: UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality, 2019; UN Maternal Mortality Estimation Inter-agency Group, Trends in Maternal Mortality: 2000 to 2017.

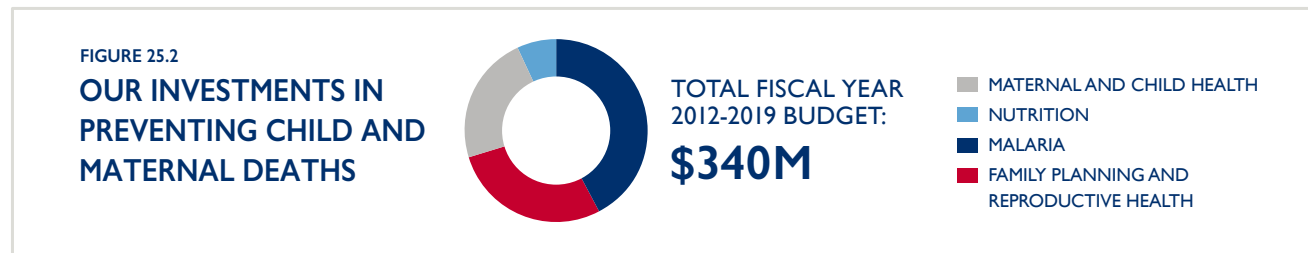
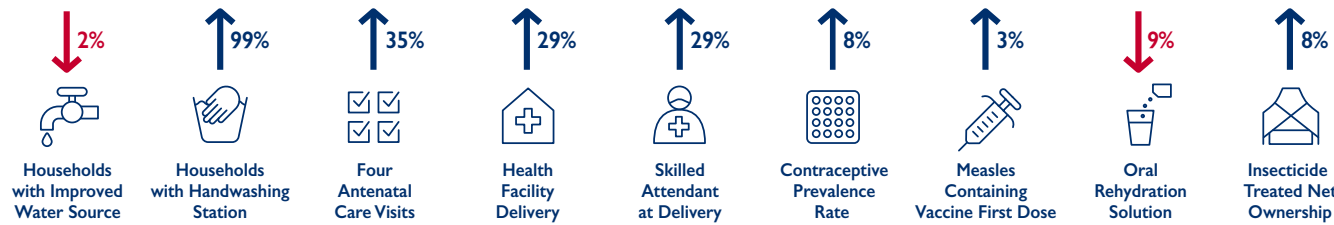


FIGURE 25.3

LIFE-SAVING INTERVENTIONS BY THE NUMBERS

Changes in Coverage from 2012 to 2020



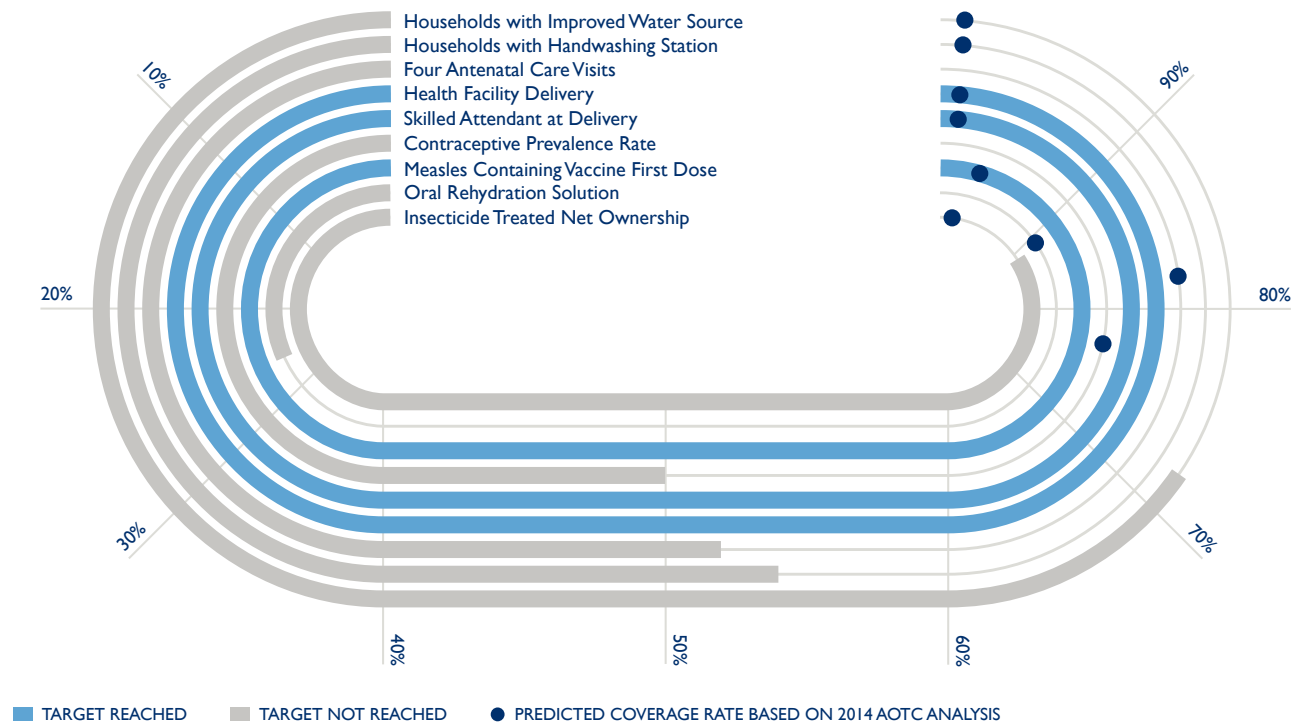
Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

Note: These figures represent the estimated percent increase or decrease in intervention coverage from 2012 to 2020 and are based on the most recent available data from national household surveys.

FIGURE 25.4

THE RACE TO MEET OUR GLOBAL GOALS

Percent Coverage of Nine Life-Saving Interventions in 2020 Compared to Predicted Coverage Rate



Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

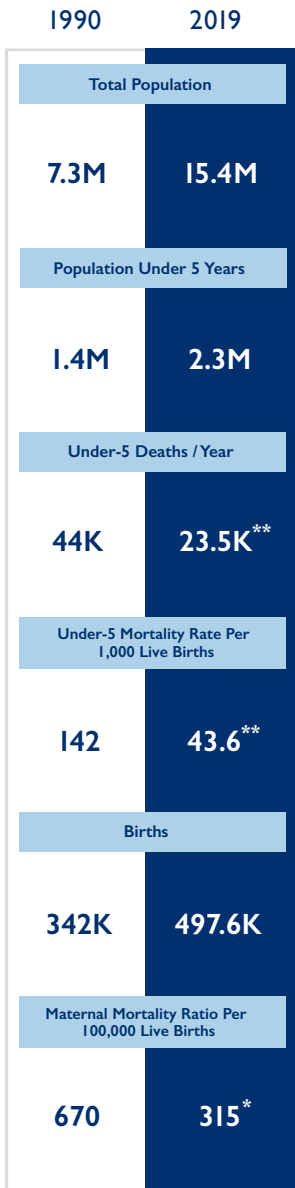
Note: Estimates are based on trends from most recently available surveys and therefore may not reflect acceleration due to Acting on the Call efforts.

IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE REPUBLIC OF RWANDA AND OTHER PARTNERS, WE HAVE:

- Provided competency-based on-the-job training and clinical mentorship to **more than 2,400 medical providers**, including by certifying **330 providers** as mentors to provide continued support and training to other health care workers.
- Improved the **quality and quantity of available data in the national health information system** through training data-managers, integrating disease-surveillance into this system, and implementing death audits to better track the causes of mortality.
- Introduced **rapid-response teams** that analyze unusual spikes in maternal, newborn, and child morbidity and mortality in particular facilities, then work with the management of district facilities and the Ministry of Health to address the root causes of these spikes.
- Developed **e-learning modules for community health workers** to facilitate their capacity to complete refresher training and funded continued learning and mentorship opportunities.
- Supported **490,000 children under five years of age** and their families with routine growth monitoring and promotion to track and prevent malnutrition and counsel families on actions to improve child growth.



REPUBLIC OF SÉNÉGAL

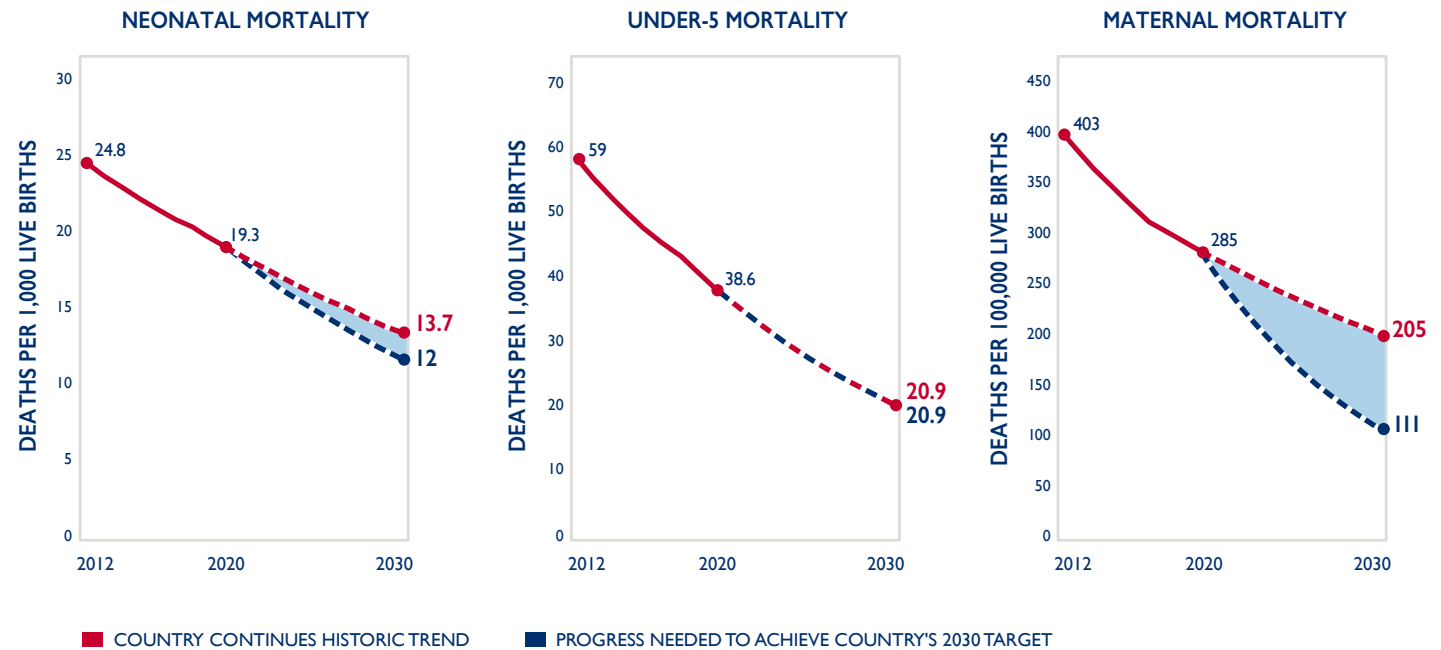


* Estimate from 2017
 ** Estimate from 2018

FIGURE 26.1

PROGRESS TOWARDS OUR GOAL AND THE PATH FORWARD

Declines in Maternal and Child Mortality to Date and Acceleration Needed to Reach Country's 2030 Targets



Source: UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality, 2019; UN Maternal Mortality Estimation Inter-agency Group, Trends in Maternal Mortality: 2000 to 2017.

FIGURE 26.2

OUR INVESTMENTS IN PREVENTING CHILD AND MATERNAL DEATHS



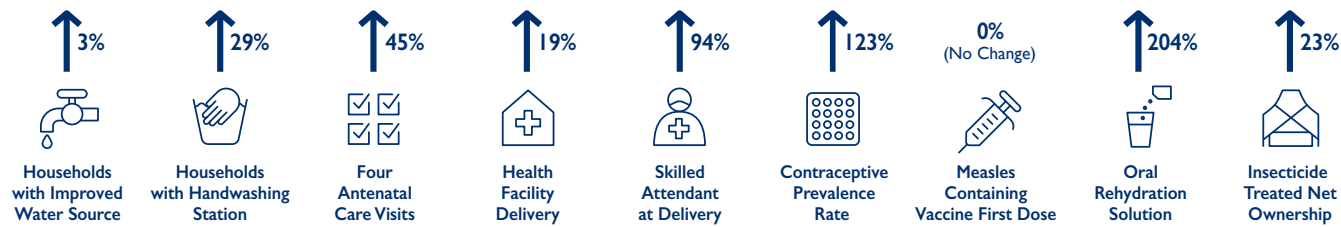
TOTAL FISCAL YEAR 2012-2019 BUDGET:
\$430M

- MATERNAL AND CHILD HEALTH
- NUTRITION
- MALARIA
- FAMILY PLANNING AND REPRODUCTIVE HEALTH

FIGURE 26.3

LIFE-SAVING INTERVENTIONS BY THE NUMBERS

Changes in Coverage from 2012 to 2020



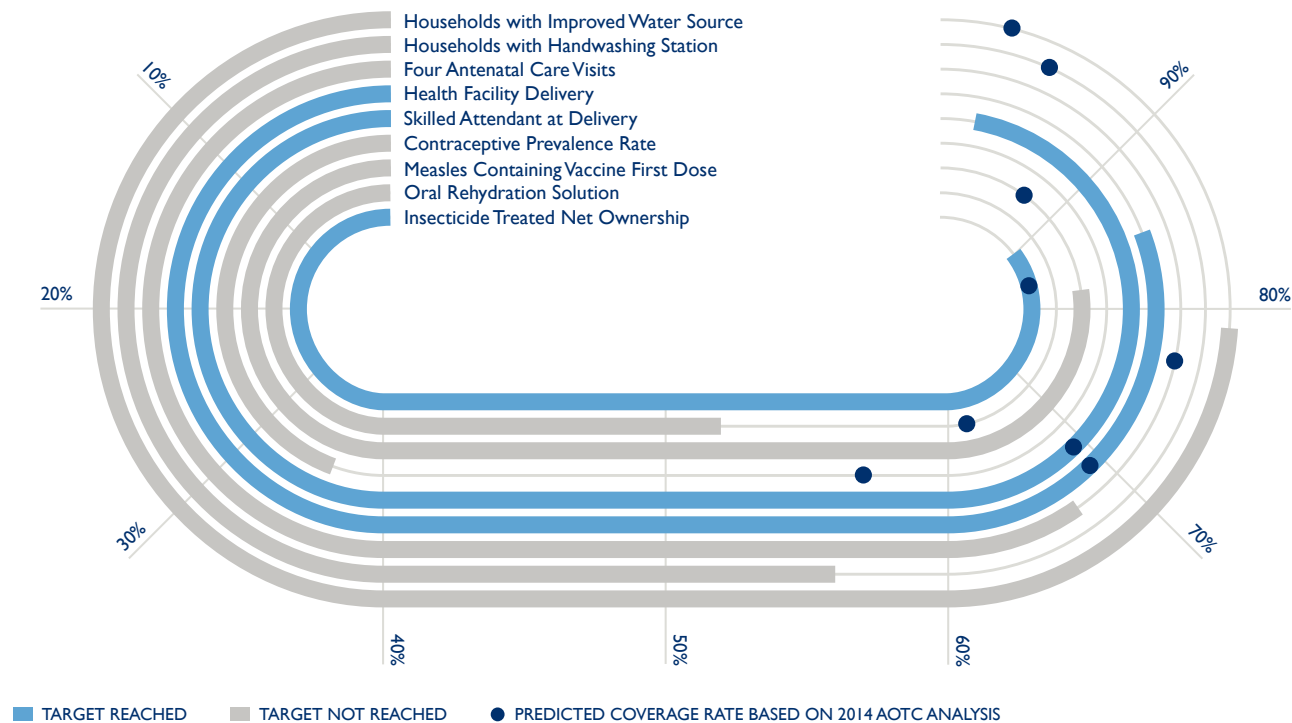
Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

Note: These figures represent the estimated percent increase or decrease in intervention coverage from 2012 to 2020 and are based on the most recent available data from national household surveys.

FIGURE 26.4

THE RACE TO MEET OUR GLOBAL GOALS

Percent Coverage of Nine Life-Saving Interventions in 2020 Compared to Predicted Coverage Rate

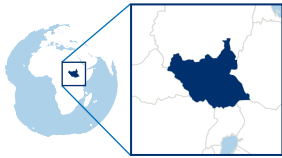


Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

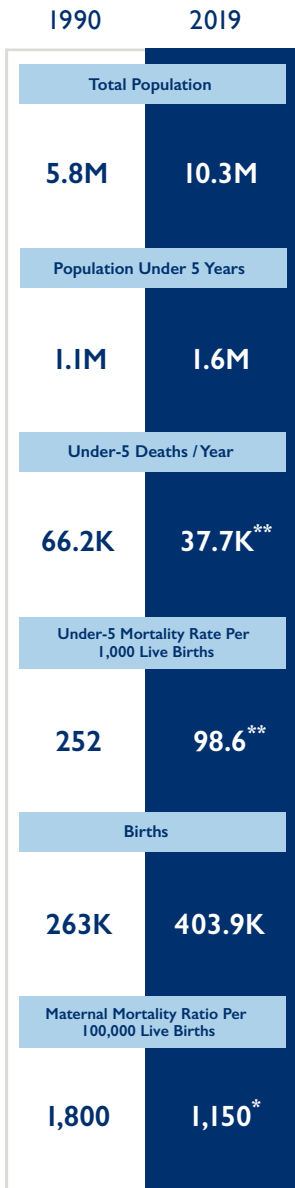
Note: Estimates are based on trends from most recently available surveys and therefore may not reflect acceleration due to Acting on the Call efforts.

IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE REPUBLIC OF SÉNÉGAL AND OTHER PARTNERS, WE HAVE:

- Conducted **1,862 information sessions** in schools and engaged **more than 35,000 male and female students** in conversations related to puberty, gender, and gender-based violence, in addition to engaging **4,244 out-of-school youth** on **taking responsibility for their own health** through training and sensitization at community centers.
- Used social marketing to distribute **33,000 Sayana Press contraceptive injections** as well as **1,936,400 Aquatabs** to purify over 38 million liters of water, and educated communities on the health benefits of appropriate use.
- Distributed **specialized birth equipment valued at more than US\$250,000** to seven medical regions for use in training public-sector medical providers on safe practices in emergency obstetric and resuscitation.
- Expanded a professional peer-training program for public-sector health workers to reach **75 private-sector health providers** across five major cities to improve the quality of care offered across all types of health facilities.
- Supported the **integration of health data** from private facilities into the national database, to expand nationally available health information and inform critical decision-making in the health sector.
- Provided **more than 79,000 children** with vitamin A supplements and identified **11,506 cases of malnutrition** that were treated through referrals or direct follow-up care.



REPUBLIC OF SOUTH SUDAN

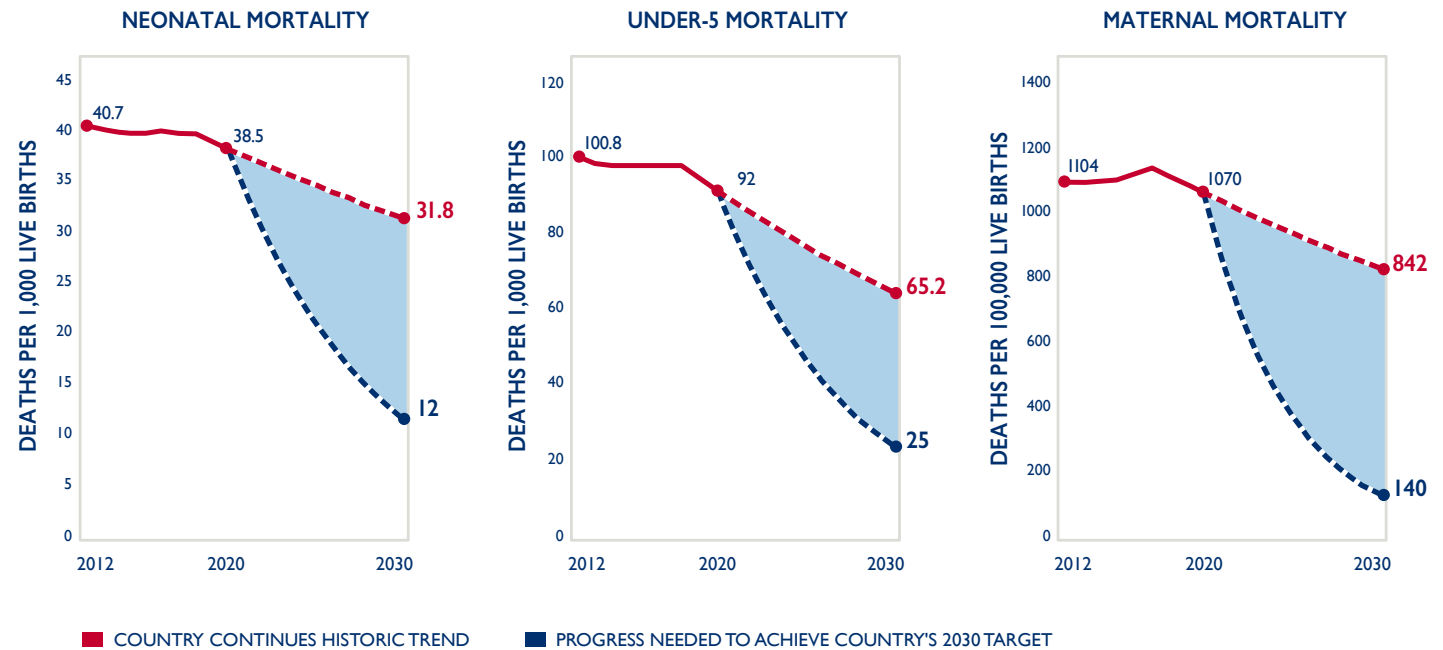


* Estimate from 2017
 ** Estimate from 2018

FIGURE 27.1

PROGRESS TOWARDS OUR GOAL AND THE PATH FORWARD

Declines in Maternal and Child Mortality to Date and Acceleration Needed to Reach Country's 2030 Targets



Source: UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality, 2019; UN Maternal Mortality Estimation Inter-agency Group, Trends in Maternal Mortality: 2000 to 2017.

FIGURE 27.2

OUR INVESTMENTS IN PREVENTING CHILD AND MATERNAL DEATHS



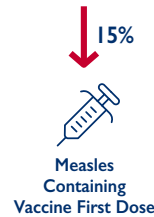
TOTAL FISCAL YEAR 2012-2019 BUDGET:
\$226M

- MATERNAL AND CHILD HEALTH
- MALARIA
- FAMILY PLANNING AND REPRODUCTIVE HEALTH

FIGURE 27.3

LIFE-SAVING INTERVENTIONS BY THE NUMBERS

Changes in Coverage from 2012 to 2020



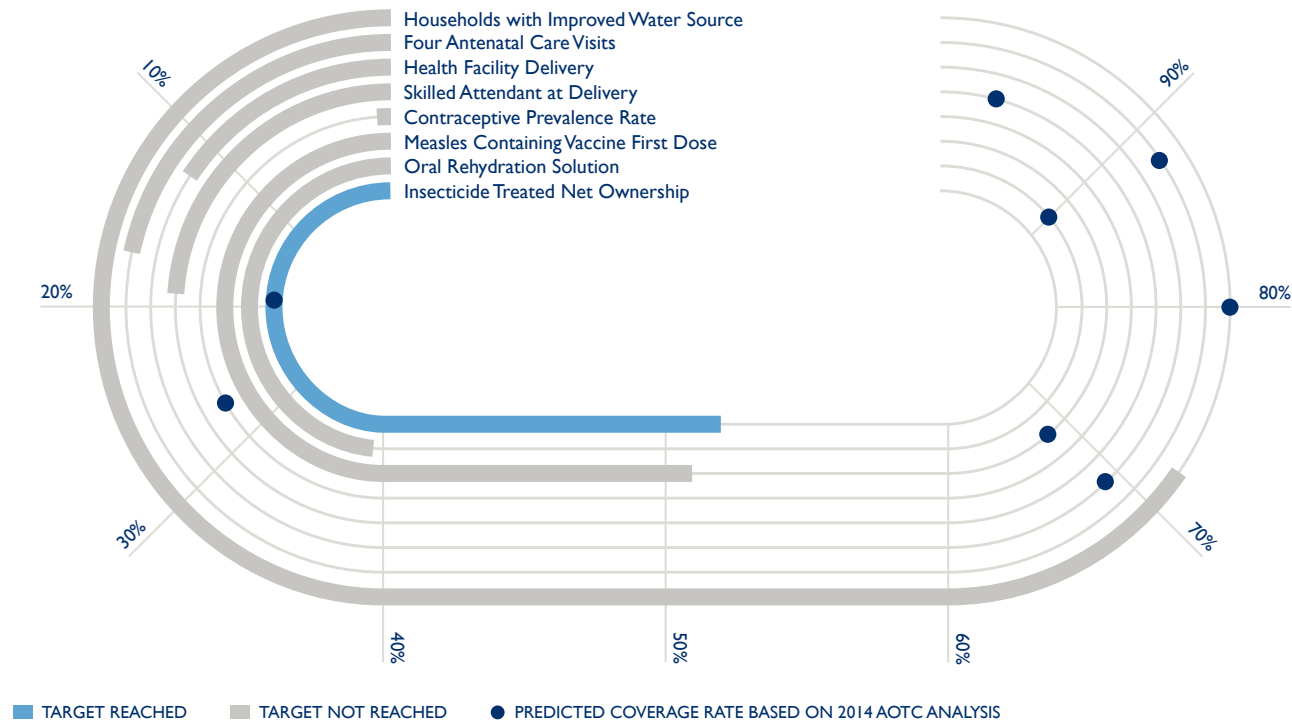
Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

Note: These figures represent the estimated percent increase or decrease in intervention coverage from 2012 to 2020 and are based on the most recent available data from national household surveys. Some high-impact interventions were omitted due to insufficient data to calculate the change in intervention coverage.

FIGURE 27.4

THE RACE TO MEET OUR GLOBAL GOALS

Percent Coverage of Nine Life-Saving Interventions in 2020 Compared to Predicted Coverage Rate

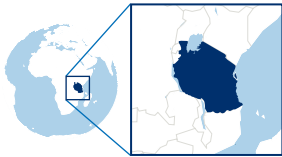


Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

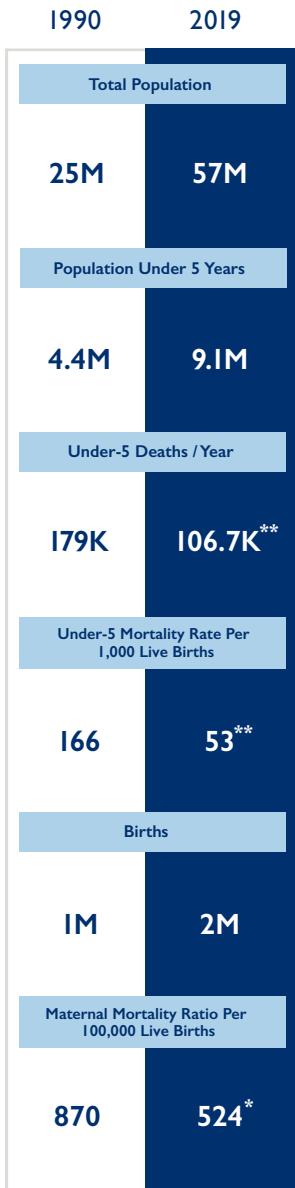
Note: Estimates are based on trends from most recently available surveys and therefore may not reflect acceleration due to Acting on the Call efforts.

IN THE LAST YEAR, IN COLLABORATION WITH PARTNERS IN THE REPUBLIC OF SOUTH SUDAN, WE HAVE:

- Implemented a **network of call centers** that routinely tracks sub-national stock levels of contraceptives and insecticide-treated bed nets to help avoid community stock-outs and assist with forecasting and distribution.
- Supported national efforts to eradicate polio through supplemental immunization activities and community-outreach efforts that targeted **more than 3.3 million children under five years of age**.
- Established **15 points of entry** for diagnostic purposes along South Sudan's borders with the Democratic Republic of Congo and Uganda to improve infectious disease surveillance systems.
- Through an Ebola virus disease program, started the process of combining the national measles surveillance system and the community-based measles surveillance system into **one unified system** to reduce parallel efforts.
- Provided access to voluntary family planning care to **more than 6,000 women** through community outreach and health facility engagement in nine locations, which helped **more than 1,200 users of voluntary family planning** to take up a wide range of contraceptives, including long-acting, short-acting, and fertility-awareness methods.



UNITED REPUBLIC OF TANZANIA

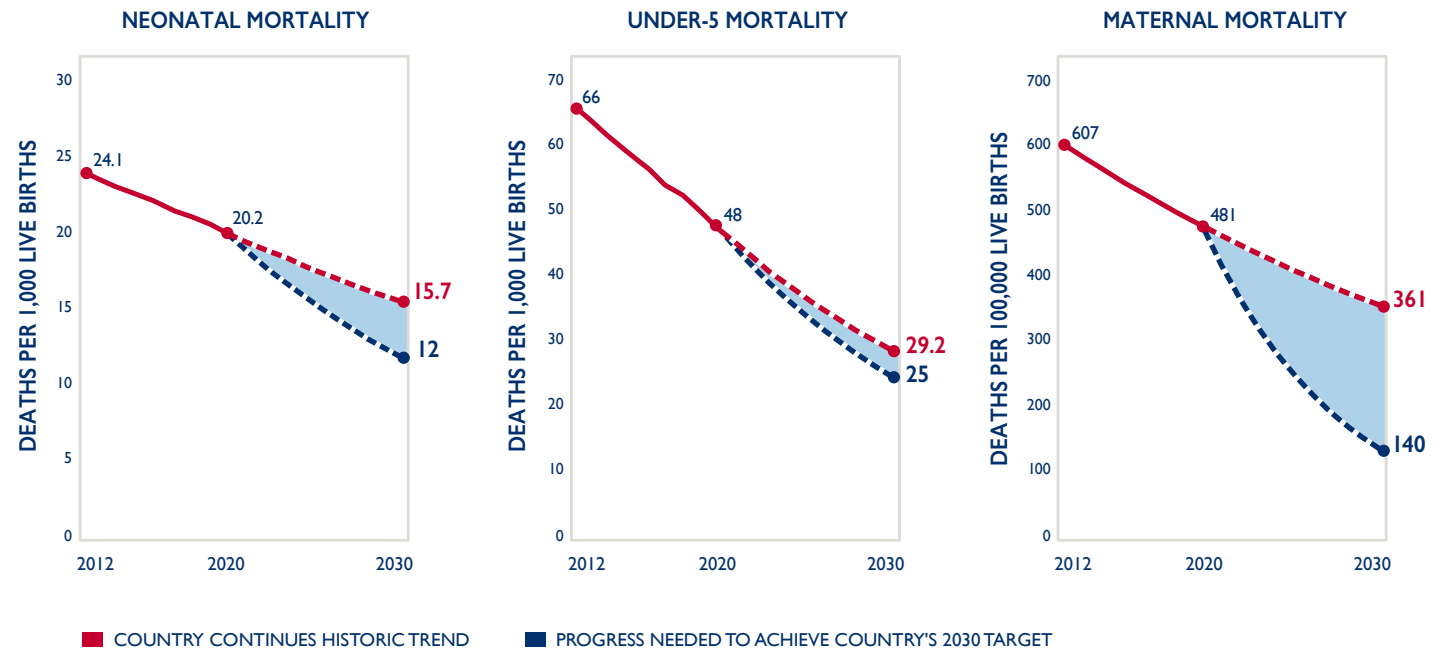


* Estimate from 2017
 ** Estimate from 2018

FIGURE 28.1

PROGRESS TOWARDS OUR GOAL AND THE PATH FORWARD

Declines in Maternal and Child Mortality to Date and Acceleration Needed to Reach Country's 2030 Targets



Source: UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality, 2019; UN Maternal Mortality Estimation Inter-agency Group, Trends in Maternal Mortality: 2000 to 2017.

FIGURE 28.2

OUR INVESTMENTS IN PREVENTING CHILD AND MATERNAL DEATHS



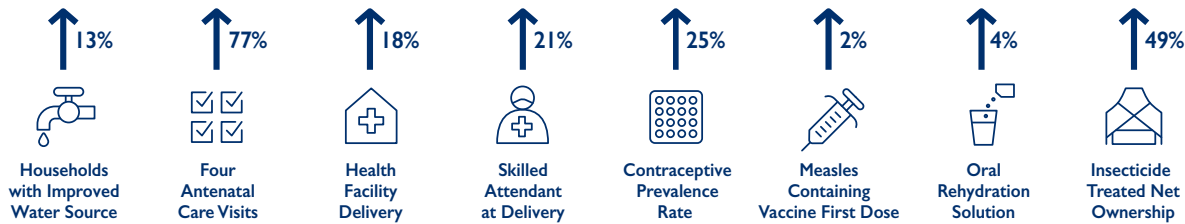
TOTAL FISCAL YEAR 2012-2019 BUDGET:
\$742M

- MATERNAL AND CHILD HEALTH
- NUTRITION
- MALARIA
- FAMILY PLANNING AND REPRODUCTIVE HEALTH

FIGURE 28.3

LIFE-SAVING INTERVENTIONS BY THE NUMBERS

Changes in Coverage from 2012 to 2020



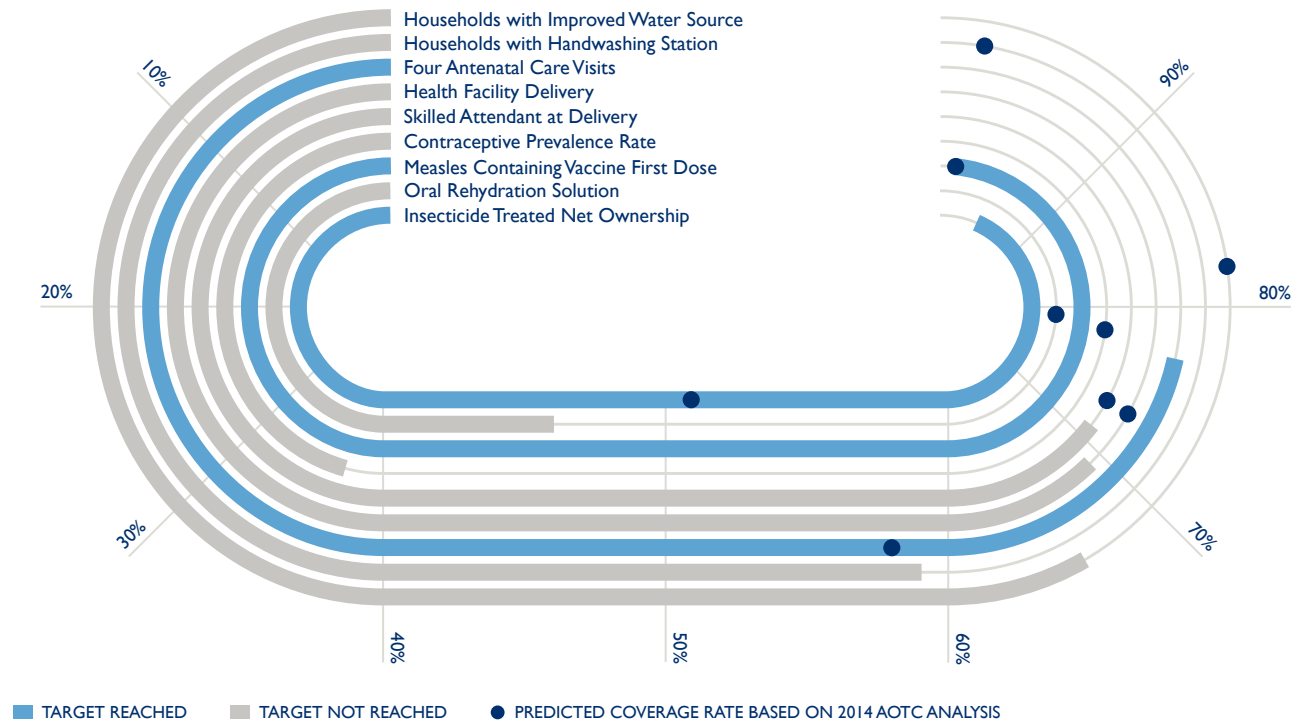
Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

Note: These figures represent the estimated percent increase or decrease in intervention coverage from 2012 to 2020 and are based on the most recent available data from national household surveys.

FIGURE 28.4

THE RACE TO MEET OUR GLOBAL GOALS

Percent Coverage of Nine Life-Saving Interventions in 2020 Compared to Predicted Coverage Rate

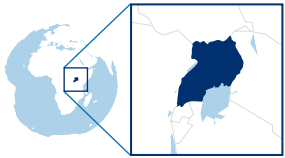


Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

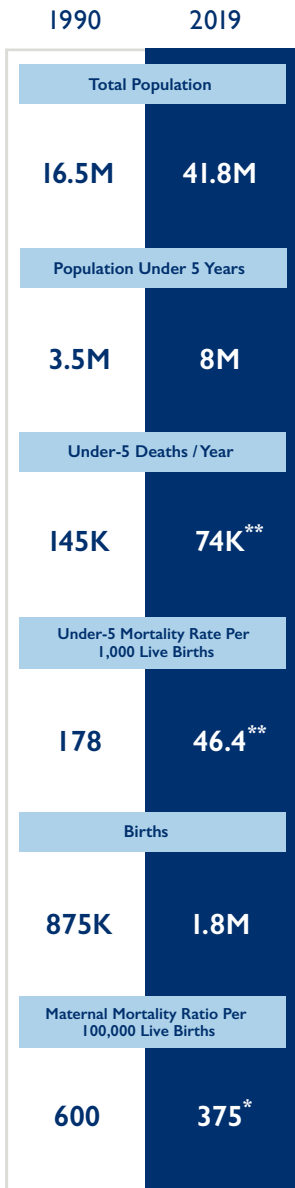
Note: Estimates are based on trends from most recently available surveys and therefore may not reflect acceleration due to Acting on the Call efforts.

IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE UNITED REPUBLIC OF TANZANIA AND OTHER PARTNERS, WE HAVE:

- Supported quality improvement efforts in seven nursing and midwifery schools, which led to an **80 percent average improvement** among graduates on midwifery competencies such as newborn resuscitation.
- Trained **more than 3,700 new nurses and midwives** and **2,022 community health workers** to reduce myths and misconceptions related to the use of modern contraceptives and provide short-acting methods or refer individuals to the health facility for long-acting methods.
- Trained **more than 1,000 integrated community health workers** across seven regions on providing high-quality maternal and child health care and on proper referrals to health facilities.
- Developed an **online planning system** that allows districts to budget and set targets for nutrition activities that align with the national **Multi-Sectoral Nutrition Action Plan**.
- Supported implementation of the **national eHealth Strategy** to strengthen health information systems and the use of data, including by funding the development of processes to **facilitate the sharing and exchange of data** across different information systems used by local governments for planning; budgeting; and the management of health information, logistics, and human resources.



REPUBLIC OF UGANDA

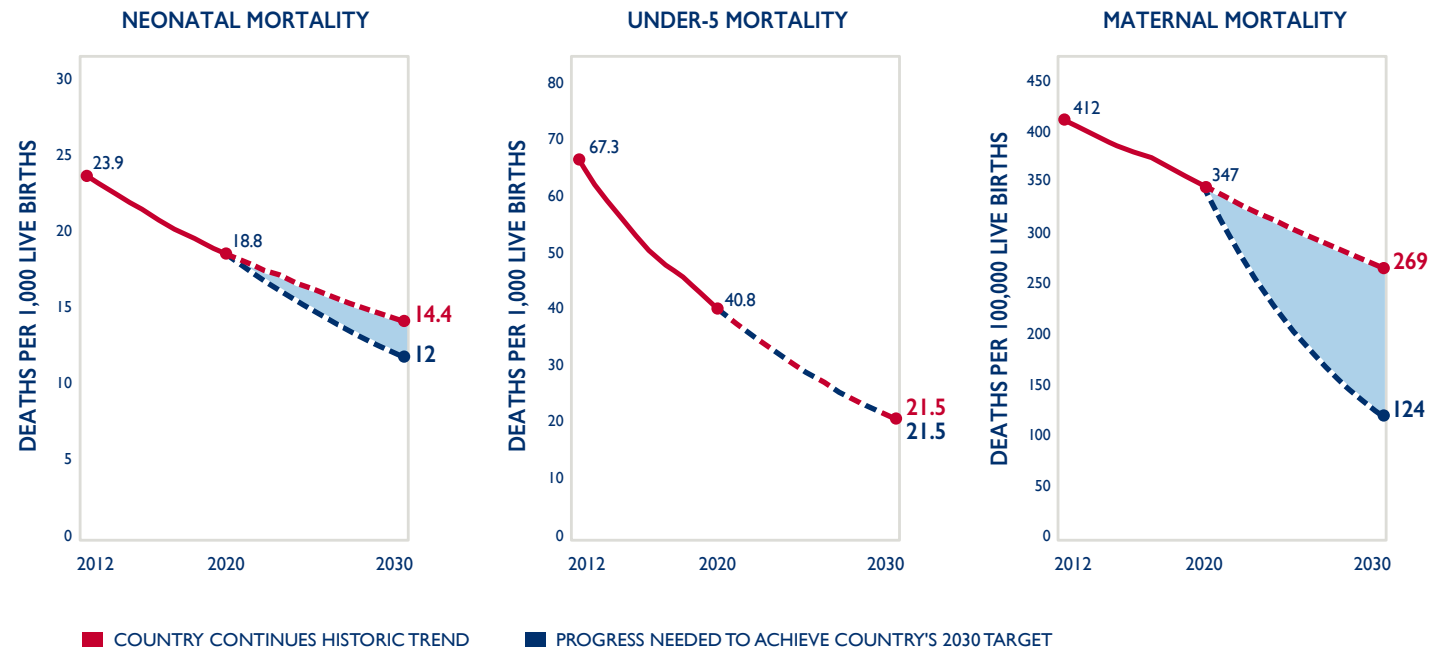


* Estimate from 2017
 ** Estimate from 2018

FIGURE 29.1

PROGRESS TOWARDS OUR GOAL AND THE PATH FORWARD

Declines in Maternal and Child Mortality to Date and Acceleration Needed to Reach Country's 2030 Targets



Source: UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality, 2019; UN Maternal Mortality Estimation Inter-agency Group, Trends in Maternal Mortality: 2000 to 2017.

FIGURE 29.2

OUR INVESTMENTS IN PREVENTING CHILD AND MATERNAL DEATHS



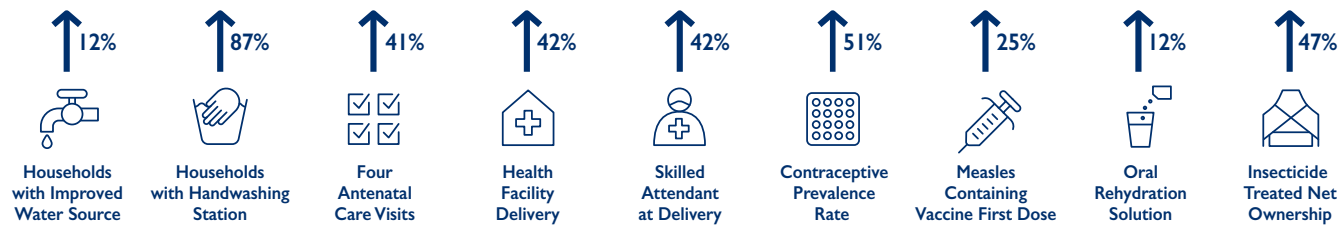
TOTAL FISCAL YEAR 2012-2019 BUDGET:
\$667M

- MATERNAL AND CHILD HEALTH
- NUTRITION
- MALARIA
- FAMILY PLANNING AND REPRODUCTIVE HEALTH

FIGURE 29.3

LIFE-SAVING INTERVENTIONS BY THE NUMBERS

Changes in Coverage from 2012 to 2020



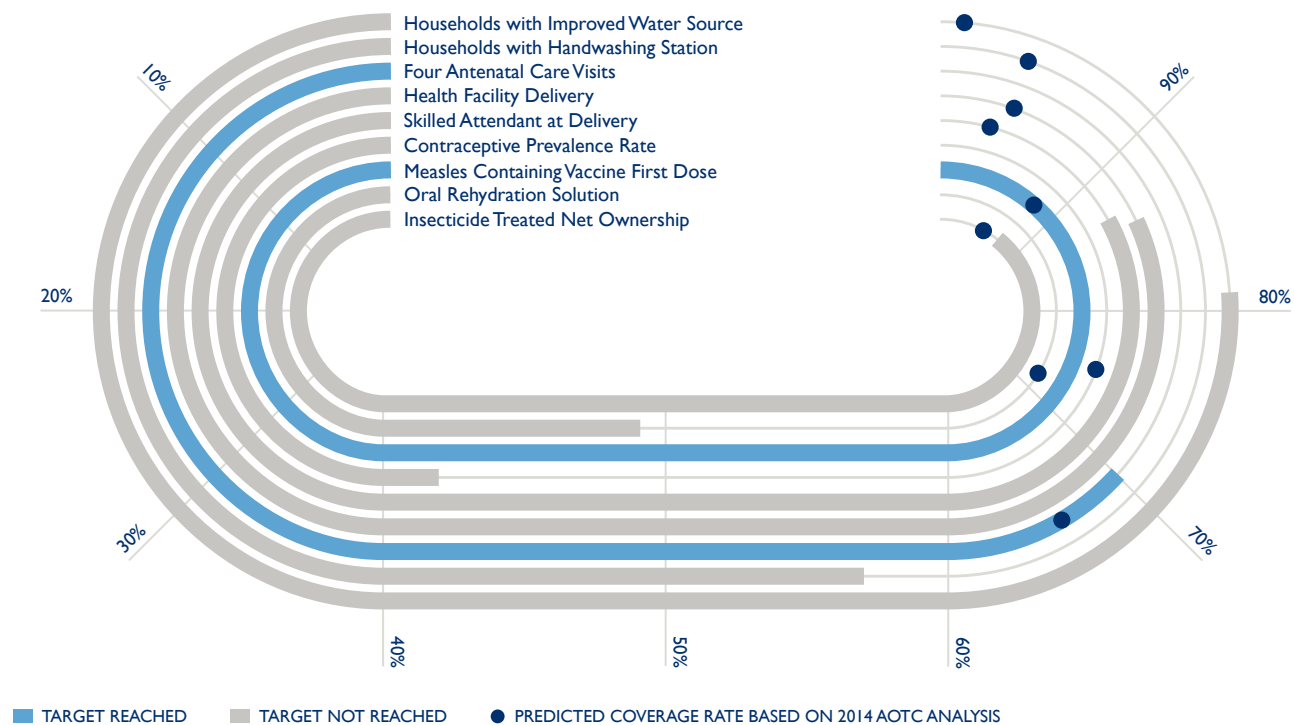
Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

Note: These figures represent the estimated percent increase or decrease in intervention coverage from 2012 to 2020 and are based on the most recent available data from national household surveys.

FIGURE 29.4

THE RACE TO MEET OUR GLOBAL GOALS

Percent Coverage of Nine Life-Saving Interventions in 2020 Compared to Predicted Coverage Rate

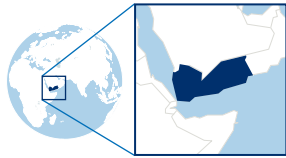


Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

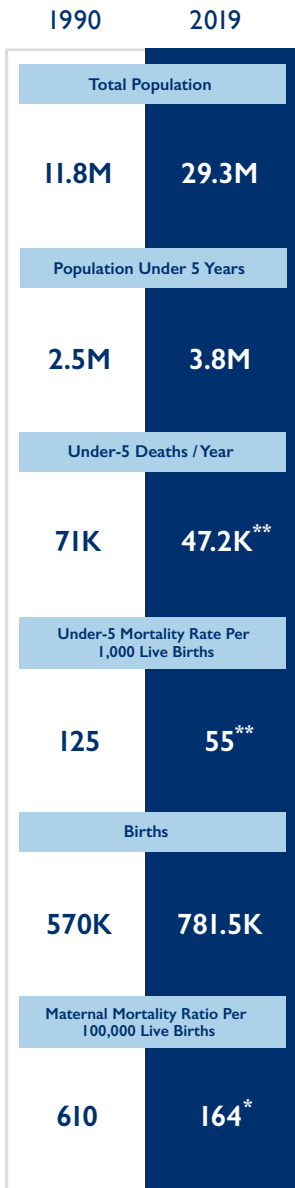
Note: Estimates are based on trends from most recently available surveys and therefore may not reflect acceleration due to Acting on the Call efforts.

IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE REPUBLIC OF UGANDA AND OTHER PARTNERS, WE HAVE:

- Helped update the **National Health Information System** to include the collection and reporting of data on key indicators of quality of care, which will improve the use of routine data to guide health programming.
- Leveraged **over US\$507,000** to improve access to water, sanitation, and hygiene through partnerships with the private sector and the Rotary Clubs of Uganda.
- Strengthened the **collection of data on nutrition** as part of the annual **National Panel Surveys**, the results of which will inform future nutrition programming.
- Supported the roll-out of **hardware and software for enterprise resource planning** at national medical stores, which will improve their management of business processes and accountability, as well as increase the availability of health medicines and supplies to reduce stock-outs.
- Provided training to **389 midwives** across 143 private health facilities on basic emergency obstetric and newborn care, the elimination of mother-to-child transmission of HIV/AIDS, and voluntary family planning, which has caused **70 percent of the facilities to score higher than 70 percent on the self-regulatory quality improvement system.**



REPUBLIC OF YEMEN

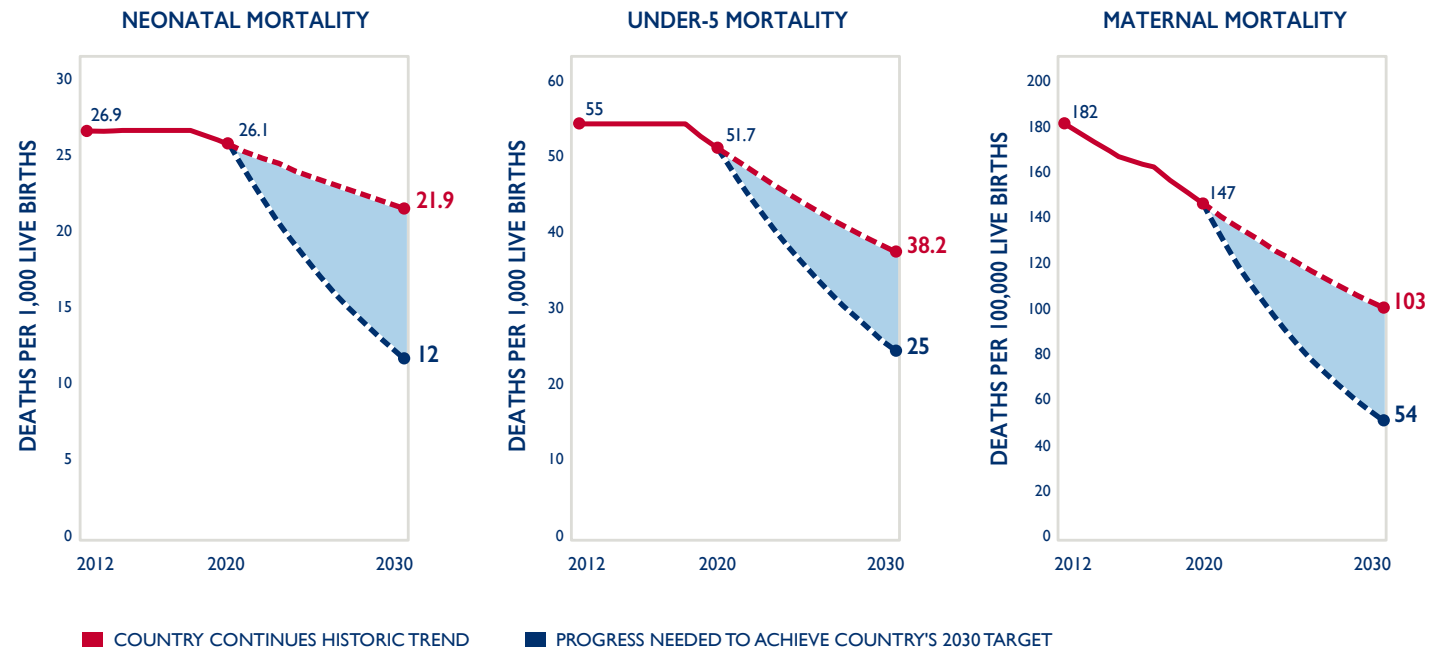


* Estimate from 2017
 ** Estimate from 2018

FIGURE 30.1

PROGRESS TOWARDS OUR GOAL AND THE PATH FORWARD

Declines in Maternal and Child Mortality to Date and Acceleration Needed to Reach Country's 2030 Targets



Source: UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality, 2019; UN Maternal Mortality Estimation Inter-agency Group, Trends in Maternal Mortality: 2000 to 2017.

FIGURE 30.2

OUR INVESTMENTS IN PREVENTING CHILD AND MATERNAL DEATHS



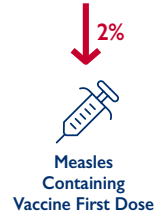
TOTAL FISCAL YEAR 2012-2019 BUDGET: **\$45M**

■ MATERNAL AND CHILD HEALTH
 ■ FAMILY PLANNING AND REPRODUCTIVE HEALTH

FIGURE 30.3

LIFE-SAVING INTERVENTIONS BY THE NUMBERS

Changes in Coverage from 2012 to 2020



Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

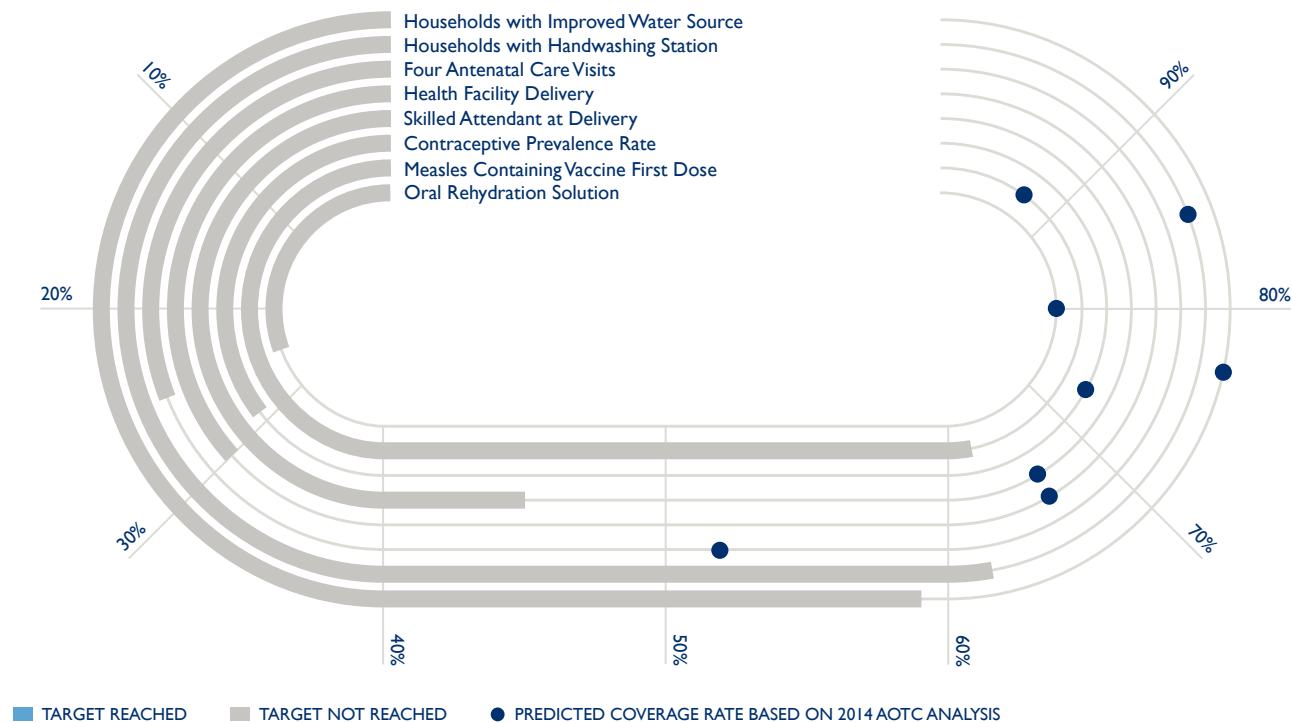
Note: These figures represent the estimated percent increase or decrease in intervention coverage from 2012 to 2020 and are based on the most recent available data from national household surveys. Some high-impact interventions were omitted due to insufficient data to calculate the change in intervention coverage.

AFTER THE EVACUATION OF THE USAID MISSION FROM THE REPUBLIC OF YEMEN IN MARCH 2015, THE AGENCY SUSPENDED ALL DEVELOPMENT ACTIVITIES IN THE COUNTRY. IN 2020, USAID HAS CONTINUED TO RE-INTRODUCE ACTIVITIES TO STRENGTHEN THE DELIVERY OF MATERNAL HEALTH CARE IN YEMEN AND ADDRESS THE UNDERLYING ISSUES OF LIMITED ACCESS TO SAFE WATER AND SANITATION IN SELECTED AREAS.

FIGURE 30.4

THE RACE TO MEET OUR GLOBAL GOALS

Percent Coverage of Nine Life-Saving Interventions in 2020 Compared to Predicted Coverage Rate

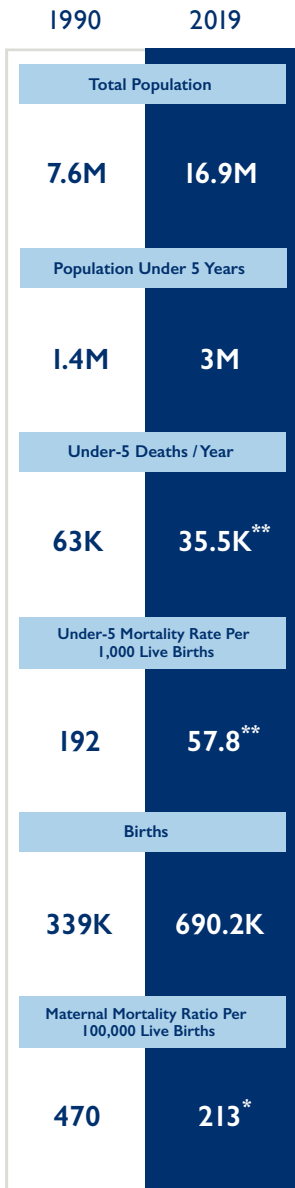


Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

Note: Estimates are based on trends from most recently available surveys and therefore may not reflect acceleration due to Acting on the Call efforts.



REPUBLIC OF ZAMBIA

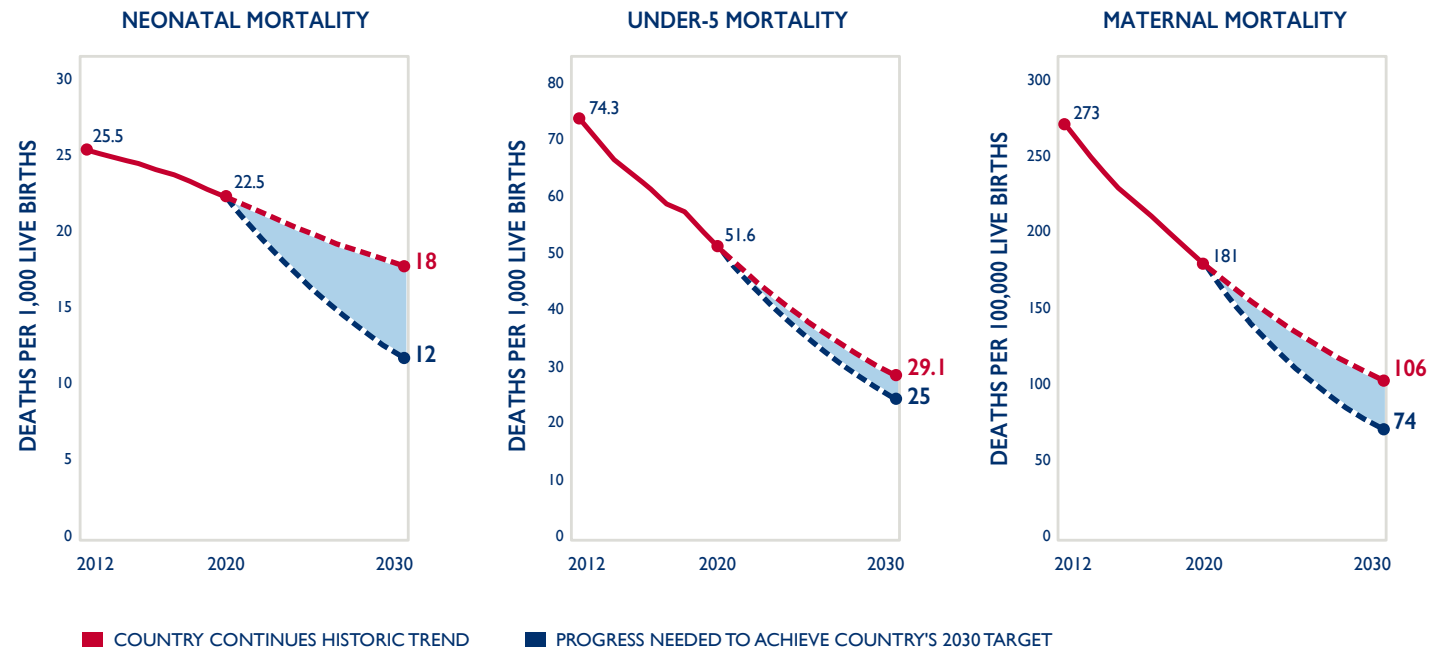


* Estimate from 2017
 ** Estimate from 2018

FIGURE 31.1

PROGRESS TOWARDS OUR GOAL AND THE PATH FORWARD

Declines in Maternal and Child Mortality to Date and Acceleration Needed to Reach Country's 2030 Targets



Source: UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality, 2019; UN Maternal Mortality Estimation Inter-agency Group, Trends in Maternal Mortality: 2000 to 2017.

FIGURE 31.2

OUR INVESTMENTS IN PREVENTING CHILD AND MATERNAL DEATHS



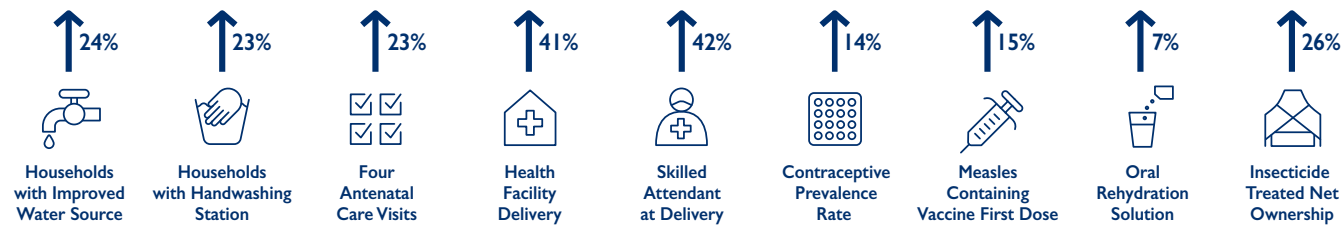
TOTAL FISCAL YEAR 2012-2019 BUDGET:
\$439M

- MATERNAL AND CHILD HEALTH
- NUTRITION
- MALARIA
- FAMILY PLANNING AND REPRODUCTIVE HEALTH

FIGURE 31.3

LIFE-SAVING INTERVENTIONS BY THE NUMBERS

Changes in Coverage from 2012 to 2020



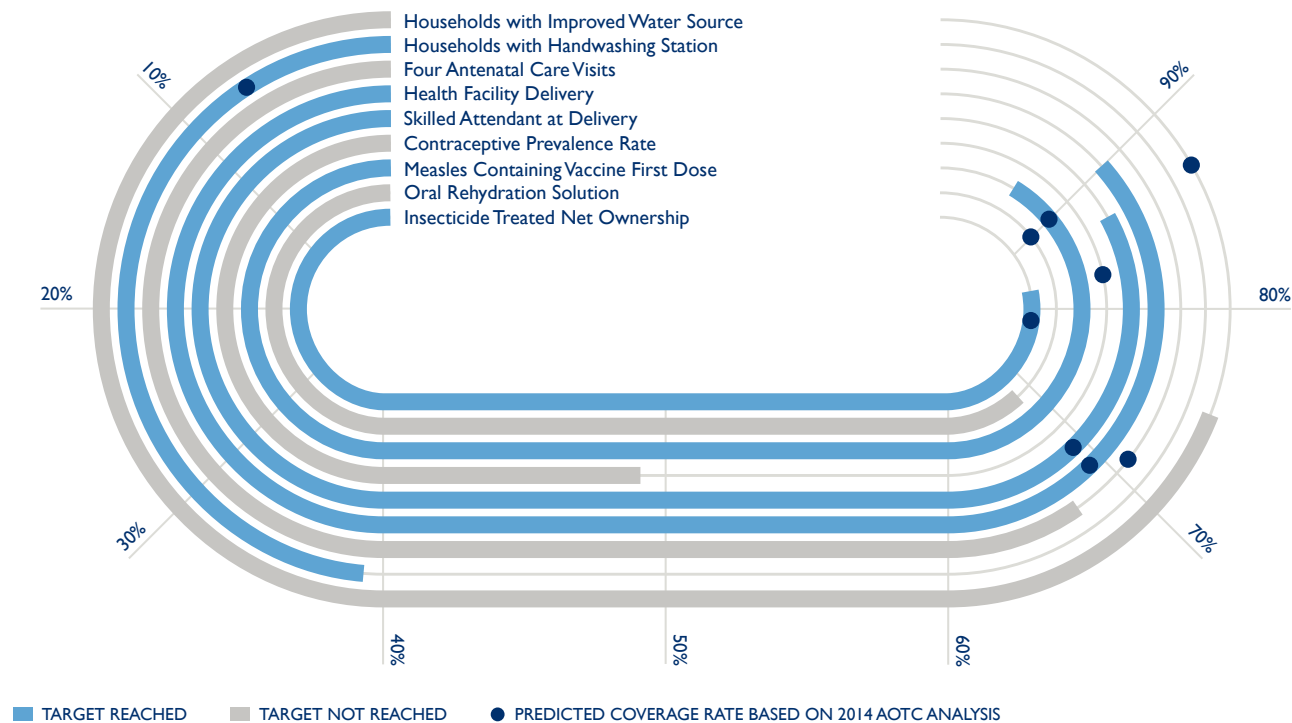
Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

Note: These figures represent the estimated percent increase or decrease in intervention coverage from 2012 to 2020 and are based on the most recent available data from national household surveys.

FIGURE 31.4

THE RACE TO MEET OUR GLOBAL GOALS

Percent Coverage of Nine Life-Saving Interventions in 2020 Compared to Predicted Coverage Rate



Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys, HIV/AIDS and Malaria Indicator Surveys. WHO-UNICEF Estimates of Vaccine Coverage (1980-2018).

Note: Estimates are based on trends from most recently available surveys and therefore may not reflect acceleration due to Acting on the Call efforts.

IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE REPUBLIC OF ZAMBIA AND OTHER PARTNERS, WE HAVE:

- Trained **100 health care workers** and **100 community volunteers** in early childhood development (ECD); these trained cadres have spearheaded the integration of ECD into routine health care in 12 facilities.
- Trained and mentored **3,419 health care providers** and **656 community health workers** on key interventions in maternal and child health, including the management of newborn and child illnesses and the provision of emergency obstetric and newborn care, to improve communities' access to high-quality health care.
- Deployed **600 community health assistants** across 62 districts to provide front line care at health posts and within surrounding communities, all of whom will shift to the Government of Zambia's payroll by 2021.
- Through a public-private partnership with a local bank that built a maternity waiting shelter, provided **training on skilled deliveries to health care providers and community volunteers**, which has increased access to health care for pregnant women in remote, hard-to-reach areas.
- Worked with **14 local radio stations** across four Provinces to broadcast serial radio dramas in two languages to highlight reproductive, maternal, newborn, child, and adolescent health through personal stories that reached **85 percent of radio listeners**.
- Helped Provincial and District Health Offices generate and use **scorecards to review and manage programmatic performance** on reproductive, maternal, newborn, child, and adolescent health and nutrition.

CONTINUING COUNTRY ACTION ON AGENCY PRIORITIES

Going forward, USAID's country-level programs will continue to build domestic health capacity, foster productive partnerships, and advance national financing and management to help governments, civil society, and the private sector in our priority countries make progress on the Journey to Self-Reliance. Some illustrative examples of activities to come include the following:

DOMESTIC HEALTH CAPACITY



ISLAMIC REPUBLIC OF AFGHANISTAN

Mentor doctors, nurses, and midwives to increase the coverage of high-impact interventions, such as the use of chlorhexidine on newborn umbilical cords, breastfeeding, and access to postpartum counseling on voluntary family planning, for women and their babies



FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA

Work with professional societies to engage the health workforce and provide ongoing peer and expert mentorship on maternal and newborn health



REPUBLIC OF INDIA

Systematically collect, sort, and analyze district-level health data to build the capacity of health managers at the district level to formulate and implement evidence-based action plans for improving the delivery of health care



REPUBLIC OF INDONESIA

Provide mentoring and certification to improve the quality of care by private midwives and develop a business model for private midwives to qualify for reimbursement for maternal health care by the national social-insurance system



REPUBLIC OF LIBERIA

Provide on-the-job training and mentoring to more than 500 health providers, including nurses and midwives, in targeted health facilities to improve their knowledge and skills in respectful, client-friendly antenatal care and the active management of the third stage of labor



REPUBLIC OF MADAGASCAR

Strengthen the capacity of private sector health providers to input data on the delivery of health care into the Government's District Health Information System 2 and use these data to improve the provision and quality of care



FEDERAL DEMOCRATIC REPUBLIC OF NEPAL

Support the reconfiguration of the Department of Drug Administration within the Ministry of Health, assist in the development of a pharmaceutical-management information system, and promote new evidence-based policies and strategies to strengthen the capacity of Nepali manufacturers



FEDERAL REPUBLIC OF NIGERIA

Help the Government of Nigeria develop strategies for the recruitment, deployment, and retention of the health workforce, especially for rural, underserved communities, to ensure a consistent and sustainable supply of appropriately skilled health workers



REPUBLIC OF YEMEN

Build greater capacity in health facilities and among community midwives to provide high-quality health care; increase community engagement with formal health institutions; and improve the governance, financing, and data-management systems in the public sector to reduce maternal, neonatal, and child mortality



Photo: Karen Kasmausk/MCSP

PARTNERSHIP



BURMA

Strengthen private-sector partnerships to improve access to high-quality care in townships that face the highest rates of maternal and child morbidity and mortality



REPUBLIC OF GHANA

Work with a local social-marketing organization to educate and improve the use of health commodities, such as co-packaged zinc, oral rehydration solution for the treatment of diarrhea, oral contraceptives, and condoms, at the community level, as well as introduce new products like SaTo Pan, a safe toilet pan that limits the transmission of disease by ensuring toilets are closed off from open air



REPUBLIC OF KENYA

Enhance collaboration with the private sector through supporting supply-chain partnerships with private distributors and retailers, expanding infrastructure for cloud-based hosting of major health information-technology systems, and expanding engagements with small-scale health providers



REPUBLIC OF MALAWI

Use public-private partnerships with Nu Skin and Proctor & Gamble to strengthen integrated and comprehensive efforts in water, sanitation, hygiene, nutrition, and maternal and child health behavior-change, coupled with the provision of water-purification tablets and fortified foods for vulnerable women, children, and families



REPUBLIC OF RWANDA

Collaborate with the private sector and the Government of Rwanda to digitize the national Community Health Program, a coordinated system that provides community health workers with the training and tools needed to deliver comprehensive health care



REPUBLIC OF UGANDA

Strengthen private-sector contributions to health through engagement with the Uganda Health Care Federation, a body of stakeholders that advocate for the interests of the private health sector



NATIONAL OWNERSHIP AND FINANCING



PEOPLE'S REPUBLIC OF BANGLADESH

Scale up a promising USAID-funded model for increasing the rate of normal deliveries in privately owned health facilities—to reduce the high rate of Cesarean-section deliveries that take place in private hospitals compared with that of public facilities—in partnership with relevant government institutions to build ownership and ensure sustainability



DEMOCRATIC REPUBLIC OF CONGO

Support the national scale-up of the integrated community case management (iCCM) approach, and advocate for greater domestic investment to provide necessary resources to implement iCCM



REPUBLIC OF HAÏTI

Help the Government of Haïti implement its strategic plan for improving human resources for health, which will strengthen domestic investment in health and foster greater national ownership and funding



REPUBLIC OF MALI

Engage communities to improve participation in health governance and care-seeking for health care



REPUBLIC OF MOZAMBIQUE

Train various levels of government leaders on how to support the implementation of quality-improvement activities within health facilities



ISLAMIC REPUBLIC OF PAKISTAN

Pilot implementation of the Government of Pakistan's Universal Health Care Benefit Package in one district in Khyber Pakhtunkhwa Province



REPUBLIC OF SÉNÉGAL

Continue to support the integration of data from both public and private facilities into the national health-system database



REPUBLIC OF SOUTH SUDAN

Support locally led efforts to increase the provision of essential community health care and build trust, knowledge, and social support for the delivery of care through engagement with faith and community networks



UNITED REPUBLIC OF TANZANIA

Transition health workers to accountable and functional domestic, government-funded human-resource systems and support the delivery of health care to high-burden areas that are suffering from shortages of health workers



REPUBLIC OF ZAMBIA

Strengthen in-country supply-chain systems to improve the availability and quality of commodities at health facilities to meet patient demand at the last mile

LOOKING AHEAD

Together with our partners, USAID will continue to work to ensure that all women and children have the same chance of a healthy life, regardless of where they are born.

Looking ahead to 2030, USAID will seek to support governments, civil society, and the private sector in our partner countries to improve the quality of care and increase equitable access to basic, life-saving health care to prevent maternal and child deaths. Our efforts will

focus on strengthening the resilience of health institutions and communities to enable healthy and well-nourished women, children, and families to thrive. To advance these goals, USAID will bolster our use of sub-national and facility-level data to inform country programming. Increased granularity of data will enable the Agency and our country partners to better examine performance, equipping all of us with the information needed to make specific, targeted adjustments to meet

communities where they are on the development continuum and better understand what approaches work best.

Although there is much still to understand about the implications of COVID-19 around the world, USAID is committed to helping ensure that essential, life-saving health care continues during this outbreak and beyond this global crisis. Our timely investments are providing critical support to frontline health workers across the globe to protect themselves, slow the spread, care for the affected, and equip local communities with the tools needed to fight back against COVID-19. USAID is committed to protecting the progress achieved in preventing maternal and child deaths and helping communities recover from this pandemic.

One thing is certain. USAID cannot achieve these ambitious goals alone. Over the next decade, the Agency will embark on new collaborations, diversify our partners, and strengthen existing partnerships to better leverage diverse perspectives from the public and private sectors. Through the American people's generosity, our future investments will serve as a catalyst to leverage new ideas, mobilize resources, and accelerate global progress by uniting diverse partners around a common goal of saving the lives of women and children.

“ I feel proud to be a nurse because I'm there to be a part of their story.

— ELIZABETH TEMU
Nurse mentee in Morogoro, Tanzania





Photo: Dave Cooper for USAID

ANNEX

Data Sources

The analyses and the information presented in this report come from globally recognized, publicly available sources as described below. 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. Therefore, the numbers presented may vary from recently released data and/or from the official numbers used within countries.

CAUSES OF DEATH:

Newborns and Children Under Five Years of Age

www.who.int/gho/child_health/mortality/causes/en/

The cause of death estimates for newborns and other children under five years of age were obtained from the WHO Global Health Observatory. The 2019 Interagency Group for Child Mortality Estimation (IGME) report provides a pie chart of more estimates of the relative contribution for each of the main causes of child and neonatal mortality, where neonatal deaths accounted for 47 percent of under-five deaths in 2018.

Maternal

[www.thelancet.com/journals/langlo/article/PIIS2214-109X\(14\)70227-X/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(14)70227-X/fulltext)

The latest estimates for maternal causes of death were obtained from the 2014 article "Global Causes of Maternal Death: a WHO Systematic Analysis" published in The Lancet Global Health journal. The authors analyzed articles and research data published from 2003-2012, including the WHO mortality and vital statistic registration databases to obtain causes of maternal death. Country-level estimates of causes of death were aggregated by primary and sub-causes of death.

NUMBER OF NURSES AND MIDWIVES PER 100,000

www.who.int/publications-detail/nursing-report-2020

The 2020 State of the World's Nursing Report surveyed 191 member states for a variety of data on current workforce strength for nurses and midwives. WHO graciously allowed for the use of this data for our analyses. The WHO benchmark of 4.45 medical doctors, nurses, and midwives per 1,000 population was converted into a benchmark value for nursing and midwifery. First the share of nurses and midwives was applied to this benchmark: with 20.7 per 10,000 nurses and midwives and 9.8 medical doctors in 2013, the benchmark is corrected to 3.02 nurses and midwives per 1,000 population ($4.45 \times (20.7/(9.8+20.7))$).

CHILDREN UNDER FIVE VACCINATED OR UNDERVACCINATED GLOBALLY

apps.who.int/immunization_monitoring/globalsummary/timeseries/tswucoveragebcg.html

The values for the infants worldwide who did not receive essential vaccines come from WHO-UNICEF coverage estimates (as of May 2020). The total number of infants globally was based on the number of surviving infants, which comes from The 2019 Revision of the World Population Prospects. The World Population Prospects, prepared by the United Nations Population Division, provides annual estimates for surviving infants, number of live births, and other population-level data extracted from vital registration data, household surveys, and population censuses to provide population estimates and demographic indicators. The data can be obtained from the following website: population.un.org/wpp/Download/Standard/Population/.

TOTAL POPULATION, POPULATION UNDER FIVE, NUMBER OF BIRTHS

www.census.gov/population/international/

The U.S. Census Bureau's International DataBase (IDB) estimates and projections (funded by USAID) are provided for each calendar year beyond an initial or base year, through 2050. The estimation and projection process is conducted by the statisticians and demographers of the U.S. Census Bureau's International Programs Center, and involves data collection, data evaluation, parameter estimation, making assumptions about future change, and final projection of the population for each country. The Census Bureau begins the process by collecting demographic data from censuses, surveys, vital registration, and administrative records from a variety of sources. Available data are externally evaluated, with particular attention to internal and temporal consistency. The resulting body of data in the IDB is unique because it exists for every country and is updated annually; these single year estimates reflect the demographic impact of sudden events, such as earthquakes, wars, and refugee movements. The UN maintains the only other similar source of estimates for all countries, but updates its data less frequently; its estimates do not yet reflect the precise timing of sudden events.

**The Census IDB did not have estimates for India, South Sudan or Yemen. For these countries data on total population and population under-five from 2010 was taken from the UN Population Division: esa.un.org/unpd/wpp/unpp/panel_population.htm.*

UNDER-FIVE AND NEONATAL MORTALITY HISTORIC TRENDS AND GLOBAL 2030 TARGETS

www.childmortality.org/

Estimates for children under five years of age and newborns are produced by the Interagency Group for Child Mortality Estimation (IGME). IGME, established by the UN, has a membership of leading academic scholars and independent experts in demography and biostatistics who review mortality data and publish annual country level estimates of under-five mortality. To do so, IGME compiles all available national-level data on child mortality, including data from vital registration systems, population censuses, household surveys and sample registration systems, and weights these data based on quality measures. In order to reconcile differences caused by estimation technique, error rates, and overlapping confidence intervals, the Technical Advisory Group of the IGME fits a smoothed trend curve to a set of observations and uses that to predict a trend line that is extrapolated to a common reference year, in this case 2018.

MATERNAL MORTALITY HISTORIC TRENDS AND GLOBAL 2030 TARGETS

Historic Trends

www.who.int/reproductivehealth/publications/maternal-mortality-2000-2017/en/

The numbers and ratios of maternal deaths to live births were obtained from the United Nations' Maternal Mortality Estimation Interagency Group (MMEIG) that works in a similar way to IGME estimates described above. The MMEIG shares and harmonizes data on maternal mortality in order to provide internationally comparable maternal mortality ratio (MMR) estimates, up to 2017 in the latest report.

Global 2030 Targets

The 2030 global maternal mortality target is a reduction in the global average for the maternal mortality ratio to less than 70 deaths per 100,000 live births, with no individual country exceeding an MMR of 140 maternal deaths per 100,000 live births. A 2030 MMR target calculator has been provided by WHO to help countries calculate their 2030 target (srhr.org/mmr2030/). The 2015 MMR estimates for each country, which are used to calculate the 2030 target, come from the Maternal Mortality: Levels and Trends 2000 to 2017 report: www.who.int/reproductivehealth/publications/maternal-mortality-2000-2017/en/.

INTERVENTION COVERAGE ESTIMATES AND CHANGE IN COVERAGE FROM 2012-2020

Intervention coverage rates were extracted from the most recently available Demographic and Health Survey (DHS), Multiple Indicator Cluster Survey (MICS), and/or HIV/AIDS and Malaria Indicator Surveys. In addition, the WHO-UNICEF Estimates of Vaccine Coverage: 1980-2018 (apps.who.int/immunization_monitoring/globalsummary/timeseries/tswucoveredtp3.html) were used for measles immunization coverage rates. Where data points for 2019 and 2020 were unavailable, coverage estimates were based on an application of the annual rate of change from the two closest available survey data points. Where the change from 2012 to 2020 amounted to less than one percent, the percent change was listed as "no change."

Recent data points may not be available for countries affected by conflict, internal displacement, and migration, or simply that the most recent survey has been paused for COVID-19, thus, coverage rates may overestimate or underestimate current access. Additionally, if there was disagreement between two recent data points, the data source more commonly used across countries was ultimately used, for comparability. New data are always forthcoming, so these estimates may slightly differ from year to year based on newly available data.

Endnotes

- ¹ Trends in maternal mortality: 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division (2019). Geneva: World Health Organization; Levels & Trends in Child Mortality (2019). UN Interagency Group for Child Mortality Estimation.
- ² USAID developed the “best performer” values based on analyses of the full set of 75 countdown countries but stratified them according to intervention type and level of baseline coverage to arrive at a “best performer” rate of change for each intervention within each country.
- ³ Levels & Trends in Child Mortality (2019). UN Interagency Group for Child Mortality Estimation.
- ⁴ Ibid.
- ⁵ WHO/UNICEF (2020)
- ⁶ CI Paules, HD Marston and AS Fauci. Measles in 2019: Going Backward. New England Journal of Medicine. DOI: 10.1056/NEJMp1905099 (2019)
- ⁷ doi: dx.doi.org/10.2471/BLT.19.241620





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