



Agency Priority Goal | Action Plan | FY 22 – Q4

Preventing Child and Maternal Deaths

Goal Leader:

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Assistant Administrator

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Goal Overview

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

Problem to Be Solved:

- o In 2020 alone, five million children died before reaching their fifth birthday, even without an increase in mortality attributable to COVID-19. Under-five mortality is disproportionately distributed, with 54% in Sub-Saharan Africa and 28 percent in Southern Asia.
- o Nearly half (47 percent) of all under-five deaths in 2020 occurred during the neonatal period – the first 28 days of life – and Sub-Saharan Africa has the highest neonatal mortality rate in the world, at 27 deaths per 1,000 live births, followed by Southern Asia at 23 deaths per 1,000. A child born in a high-income country has a risk of death in the first month that is just one tenth the risk to a child born in a low-income country.
- o Maternal mortality rate (MMR) is unacceptably high. About 295,000 women died during and following pregnancy and childbirth in 2017. The vast majority of these deaths (94 percent) occurred in low-resource settings, and most could have been prevented.

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

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

Fact Sheet Newborns: improving survival and well-being available at [Newborns: improving survival and well-being \(who.int\)](#)

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

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

Committing to Child Survival" A promise renewed : [unicef_progress_report_2012.pdf \(who.int\)](#)

Newborns: Improving survival and wellbeing available at [Newborns: improving survival and well-being \(who.int\)](#)

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

Goal Overview

Challenges:

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

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

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

High-Risk Newborns

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

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

Deaths from Preventable Infectious Diseases and Malnutrition:

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

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

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

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

Goal Overview

Opportunities

- By analyzing the causes of child and maternal deaths, leveraging the knowledge USAID has accumulated, and the current coverage of lifesaving interventions, USAID, as a global leader in the health sector, will identify programs and health interventions that will have the greatest impact.
- In the Acting on the Call report for 2021, USAID presented results from the Agency's approach, adopted in 2014, to save the lives of children under five and pregnant women. USAID and our partners will focus on using diverse strategies applied in the community and in primary-care and higher-level facilities.
- USAID concentrates investments in priority countries identified by the technical offices based on the highest need and opportunity, as well as the potential to leverage resources from the public and private sectors to improve health outcomes. Together, these countries account for nearly 70 percent of maternal and child deaths worldwide.
- The U.S. Agency for International Development (USAID) will continue to work with our partners in the U.S. government and the global community to strengthen health care to prevent child and maternal deaths, as both have significant impact on global productivity, economic development, and sustainable development.

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

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

Goal target(s)

In the table below, please repeat the key metrics included in the goal statement (previous slide) that will be used to track progress.

Please update this column each quarter.

Achievement statement		Key indicator(s)	Quantify progress			Frequency
		A "key performance indicator" measures progress toward a goal target				
By...	We will...	Name of indicator	Current Target value	Starting value (report date)	Current value** (report date)	Update cycle
09/30/2022	fund and deliver shipments of contraceptive commodities on time	Percent of shipments of contraceptive commodities that are on time	80	75% (FY18 Q1)	95% (FY22 Q3)	Quarterly
09/30/2022	fund activities and work collaboratively to increase the rate of exclusive breastfeeding	Absolute change in the rate of exclusive breastfeeding among children under 6 months	+1	+1.9 (FY 18)	+1.1% (FY 21)	Annual
09/30/2022	fund activities and work collaboratively to increase the the percentage of children receiving the pneumococcal vaccine	Absolute change in total percentage of children who received at least 3 doses of PCV by 12 months of age	+1	+2.1 (FY 18)	+1.6% (FY 21)	Annual
09/30/2022	fund and distribute insecticide-treated nets to increase the number of people protected against malaria	Annual total number of people protected against malaria with insecticide- treated nets	110M	72 M (FY 15)	109M (FY 21)	Annual
09/30/2022	fund activities and work collaboratively to increase the prevalence of modern contraceptive use	Absolute change in the modern contraceptive prevalence rate	+1	1.3 (FY 15)	0.9% (FY 21)	Annual
09/30/2022	fund activities and work collaboratively to increase the survival rate of children under 5 years of age	Absolute change in under-five mortality rate (decrease per 1,000 live births)	-2	-2.3 (FY 15)	-1.8% (FY 21)	Annual

*

* PMI coordinates its procurement and distribution of ITNs with other major donors, particularly the Global Fund. In FY 2021, PMI came under the projected target due to coordination efforts and ITNs successfully being distributed in part or in whole by other partners.

**Due to a one month lag in data reporting for the quarterly indicator, all current values for Q4 will be reported in Q1

Goal Team

USAID Global Health Bureau

Goal Lead

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Mai Hijazi, Director
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Goal Strategies

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

Goal Strategies

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

GH Priority Countries by PCMD Technical Areas

#	Region	Priority Count	MCH	FP/RH	Malaria	Nutrition FY22	PCMD count
1	AFR	Ethiopia	MCH	FPRH	Malaria	Nutrition	4
3	AFR	Mozambique	MCH	FPRH	Malaria	Nutrition	4
4	AFR	Nigeria	MCH	FPRH	Malaria	Nutrition	4
5	AFR	Tanzania	MCH	FPRH	Malaria	Nutrition	4
6	AFR	Uganda	MCH	FPRH	Malaria	Nutrition	4
7	AFR	DR Congo	MCH	FPRH	Malaria	Nutrition	4
8	AFR	Ghana	MCH	FPRH	Malaria	Nutrition	4
9	AFR	Malawi	MCH	FPRH	Malaria	Nutrition	4
10	AFR	Mali	MCH	FPRH	Malaria	Nutrition	4
11	AFR	Senegal	MCH	FPRH	Malaria	Nutrition	4
2	AFR	Kenya	MCH	FPRH	Malaria		3
12	AFR	Rwanda	MCH	FPRH	Malaria		3
13	AFR	Zambia	MCH	FPRH	Malaria		3
14	AFR	Liberia	MCH	FPRH	Malaria		3
15	AFR	Madagascar	MCH	FPRH	Malaria		3
16	ASIA	Bangladesh	MCH	FPRH		Nutrition	3
17	ASIA	Nepal	MCH	FPRH		Nutrition	3
18	ASIA	Burma	MCH		Malaria		2
19	ASIA	India	MCH	FPRH			2
20	LAC	Haiti	MCH	FPRH			2
21	ASIA	Afghanistan	MCH	FPRH			2
22	ASIA	Pakistan	MCH	FPRH			2
23	AFR	South Sudan	MCH	FPRH			2
24	ME	Yemen	MCH	FPRH			2
25	AFR	Burkina Faso			Malaria	Nutrition	2
26	AFR	Niger			Malaria	Nutrition	2
27	ASIA	Indonesia	MCH				1
28	ASIA	Cambodia			Malaria		1
29	AFR	Cameroon			Malaria		1
30	AFR	Cote d'Ivoire			Malaria		1
31	AFR	Sierra Leone			Malaria		1
32	AFR	Zimbabwe			Malaria		1
33	AFR	Angola			Malaria		1
34	AFR	Guinea			Malaria		1
35	ASIA	Thailand			Malaria		1
36	AFR	Benin			Malaria		1
37	ASIA	Philippines		FPRH			1
Count by Technical Area			25	24	27	14	37

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

Goal Strategies

FOCUSING ON WHERE
THE BURDEN IS HIGHEST



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

Data source: United Nations Inter-agency Group for Child Mortality Estimation, Subnational Under-five Mortality Estimates, 1990–2019: Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, New York, 2021

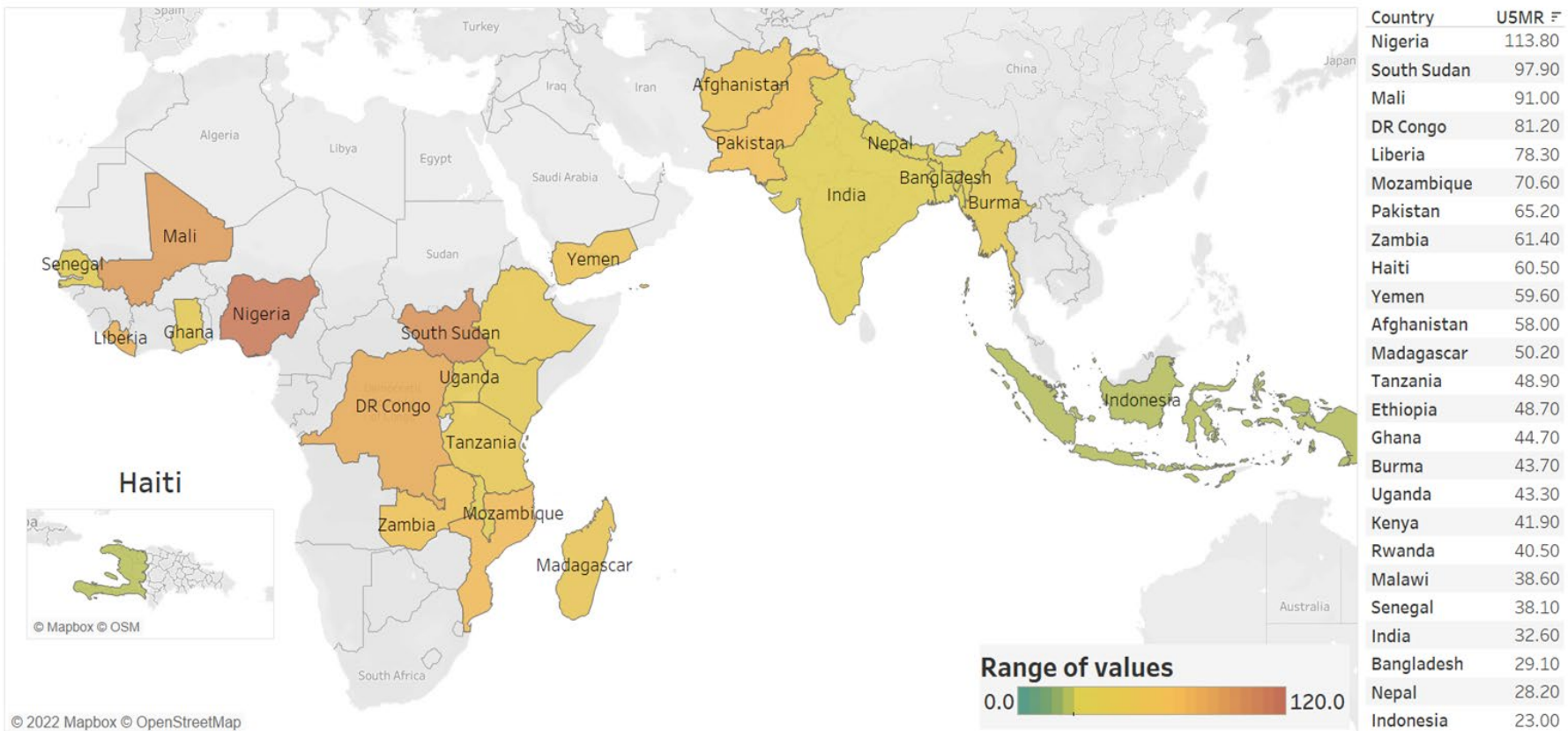
The 25 MCH priority countries are designated by the technical offices of the USAID Global Health Bureau based on need and opportunity

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

Key Indicators

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

U5MR in USAID Priority Countries, FY21



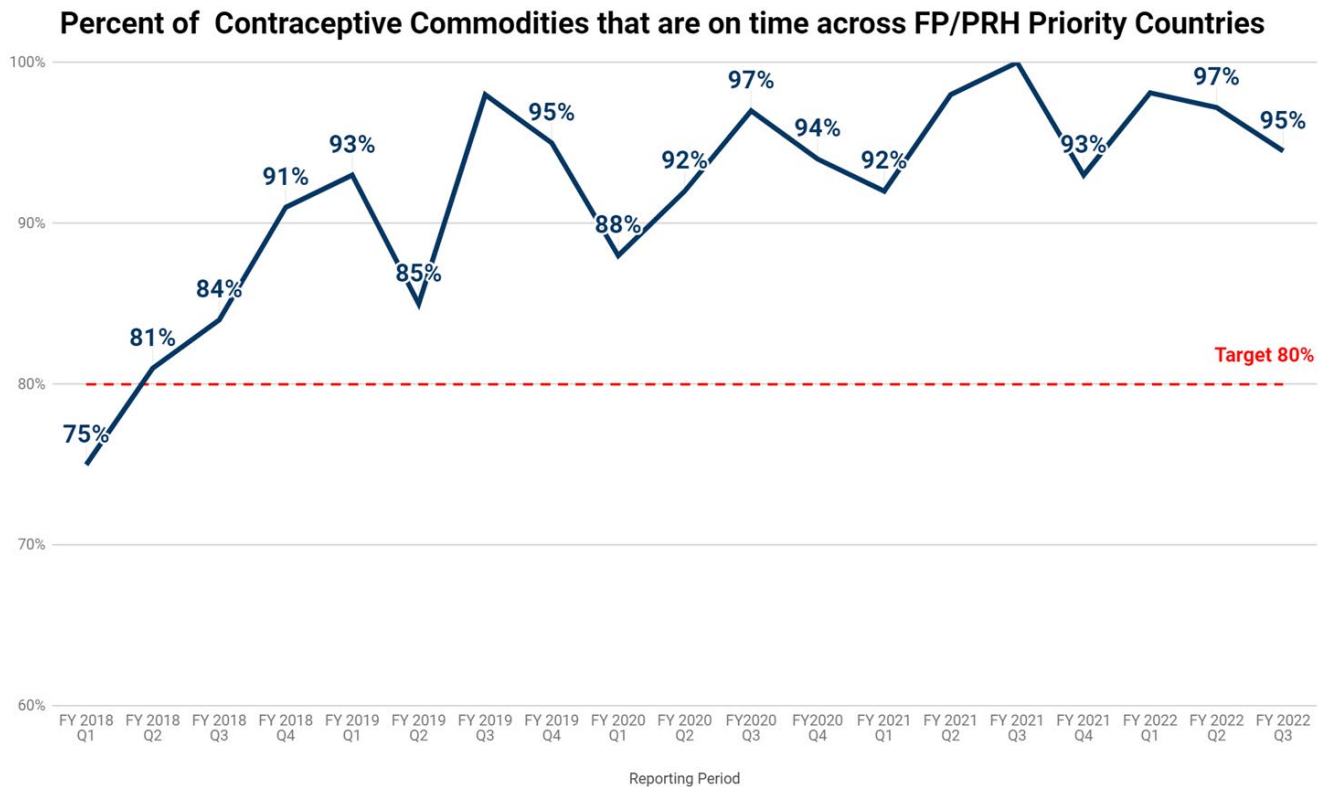
Source: UN IGME 2021: United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 'Levels & Trends in Child Mortality: Report 2021, Estimates Developed by the United Nations Inter-agency Group for Child Mortality Estimation', United Nations Children's Fund, New York, 2021...

Data source: United Nations Inter-agency Group for Child Mortality Estimation, Subnational Under-five Mortality Estimates, 1990–2019: Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, New York, 2021
 Priority countries are designated by the technical offices of the USAID Global Health Bureau technical offices.

Key indicators

Quarterly Indicator

Contraceptive Commodities: A major component of preventing child and maternal deaths is ensuring access to contraceptive commodities. Expanding access to information on voluntary family planning, and improving the supply and logistics of commodities, inherently benefits families, accelerates economic growth, and improves social stability.



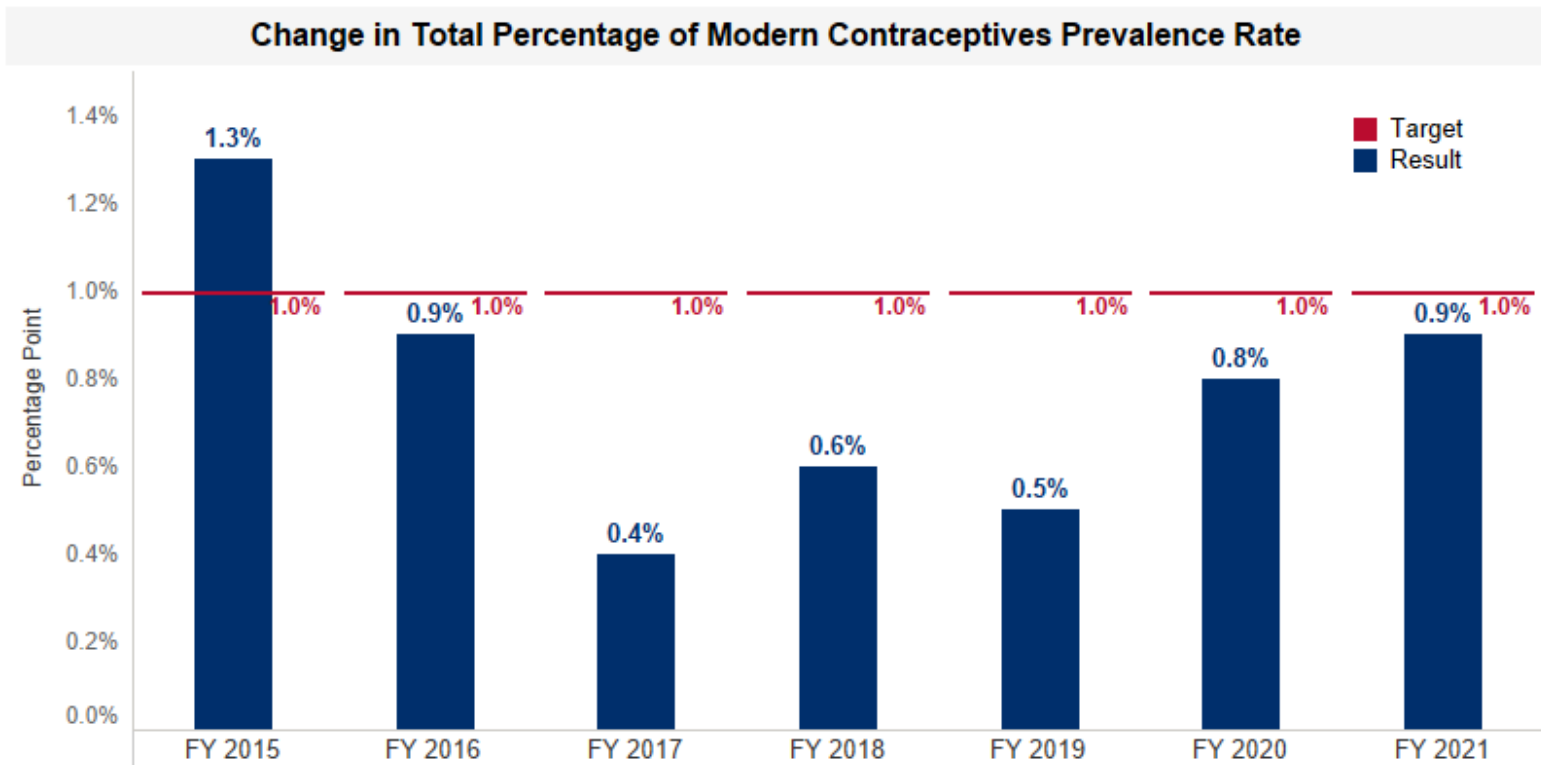
Due to a one month lag in data reporting for the quarterly indicator, all current values for Q4 will be reported in Q1

Data Source: Program data from the Central Contraceptive Procurement program. This indicator tracks the actual arrival of shipments of procured contraceptive commodities against the planned deliveries in the country. This is an average of all shipments during the reporting period.

Key indicators

Annual Indicator

Absolute change in the prevalence rate of modern contraceptives: Increased use of contraception leads to decreased unintended pregnancies and slows population growth over time. The Prevalence Rate of Modern Contraceptives (mCPR) measures the percentage of in-union women of reproductive age (15–49 years) who are using, or whose partner is using, a modern method of contraception at the time of the survey. Annual estimates of mCPR are actual or projected estimates from data from the DHS, MICS, and Performance-Monitoring and Accountability (PMA) Survey that are available at the time of reporting, with the projected estimates subject to revision as needed when new survey data are available later.



Due to a one month lag in data reporting for the quarterly indicator, all current values for Q4 will be reported in Q1

Data Sources: Demographic and Health Surveys (DHS), Reproductive Health Surveys (RHS), Multiple Indicator Cluster Surveys (MICS), and Performance Monitoring and Accountability (PMA). Projected values between reported survey data points are calculated using linear interpolation.

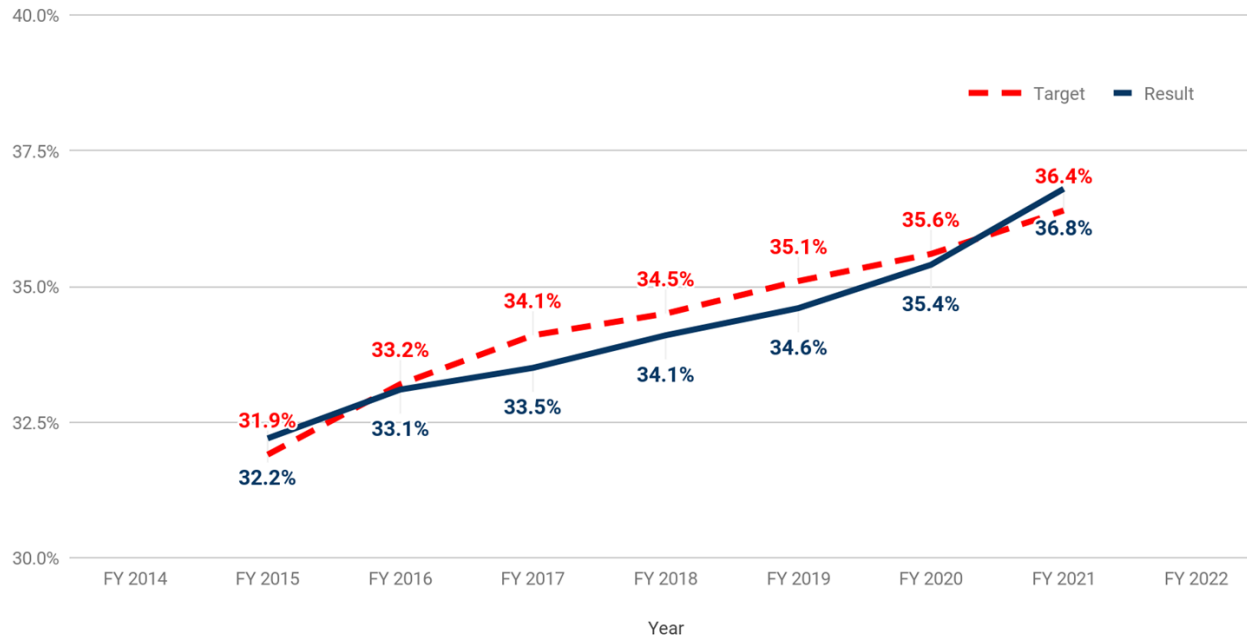
The graph includes data for the year-to-year absolute change in USAID's 24 priority countries for voluntary family planning and reproductive health

Key indicators

Annual Indicator

Incremental change (adds absolute change to the base value annually) in average prevalence rate of modern contraceptives: Increased use of contraception leads to decreased unintended pregnancies and slows population growth over time. The Prevalence Rate of Modern Contraceptives (mCPR) measures the percentage of in-union women of reproductive age (15–49 years) who are using, or whose partner is using, a modern method of contraception at the time of the survey. Annual estimates of mCPR are actual or projected estimates from data from the DHS, MICS, and Performance-Monitoring and Accountability (PMA) Survey that are available at the time of reporting, with the projected estimates subject to revision as needed when new survey data are available later.

Incremental Change in Average Prevalence Rate of Modern Contraceptives



Due to a one month lag in data reporting for the quarterly indicator, all current values for Q4 will be reported in Q1

Data Sources: Demographic and Health Surveys (DHS), Reproductive Health Surveys (RHS), Multiple Indicator Cluster Surveys (MICS), and Performance Monitoring and Accountability (PMA)

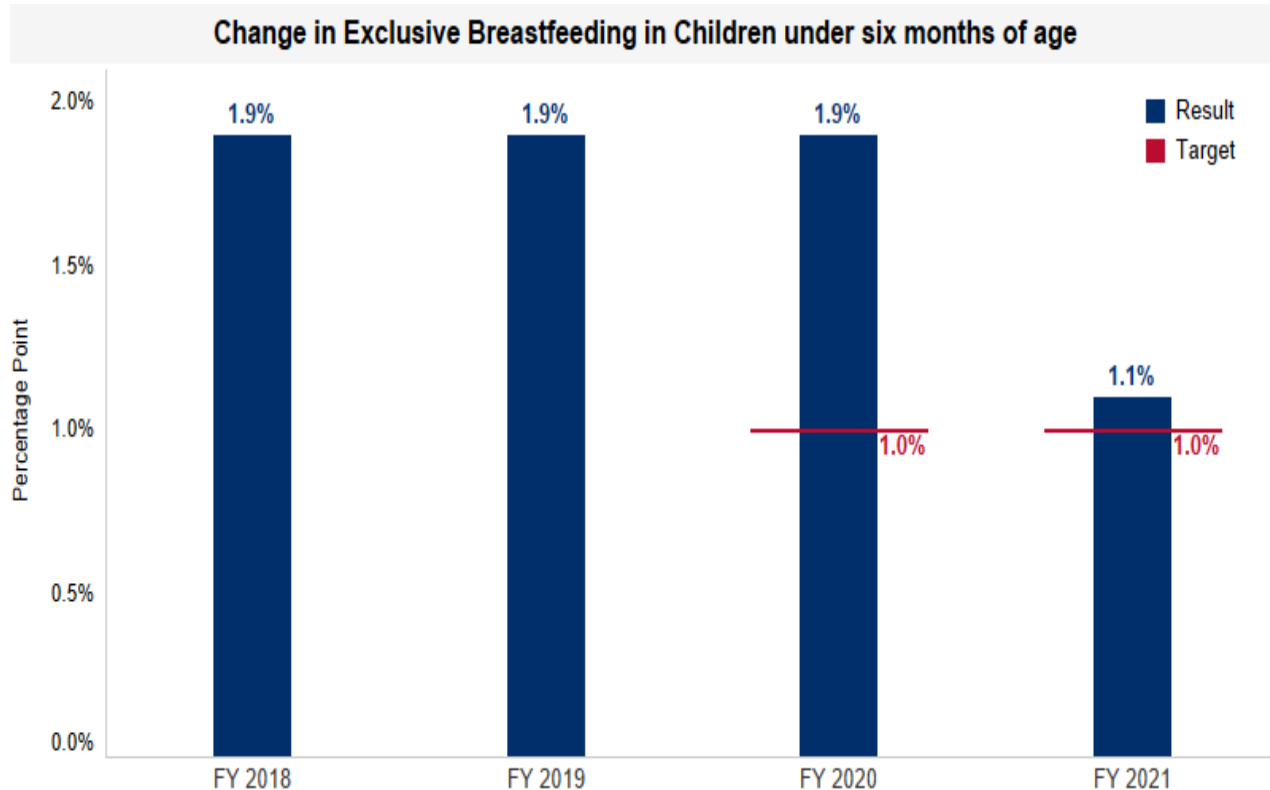
The graph includes data for the year-to-year absolute change in USAID's 24 priority countries for voluntary family planning and reproductive health.

The target is calculated as 1% increase on the prior year achievement

Key indicators

Annual Indicator

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



Due to a one month lag in data reporting for the quarterly indicator, all current values for Q4 will be reported in Q1

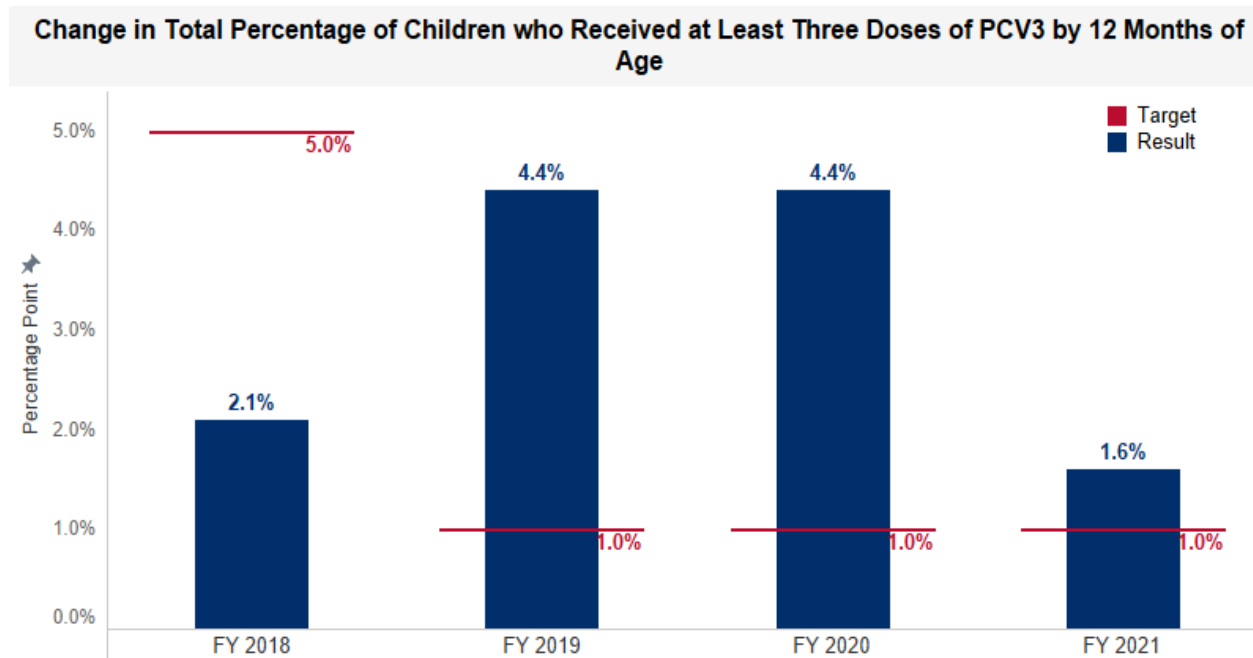
Data Source: Feed the Future program data, Demographic Health Survey (DHS), UNICEF Multiple Indicator Cluster Survey (MICS)
USAID collects data for this indicator by Calendar Year, which overlaps with the Federal Fiscal Year. For this reason, the Agency reports the difference in data from Calendar Years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

Key indicators

Annual Indicator:

Absolute Change in Total Percentage of Children who Received at Least Three Doses of Pneumococcal Vaccine by 12 Months of Age across 25 MCH Priority Countries

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



Due to a one month lag in data reporting for the quarterly indicator, all current values for Q4 will be reported in Q1

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

USAID collects data for this indicator by Calendar Year, which overlaps with the Federal Fiscal Year. For this reason, the Agency reports the difference in data from Calendar Years 2019 and 2020 for FY 2021. The graph includes data for USAID's 25 priority countries for MCH.

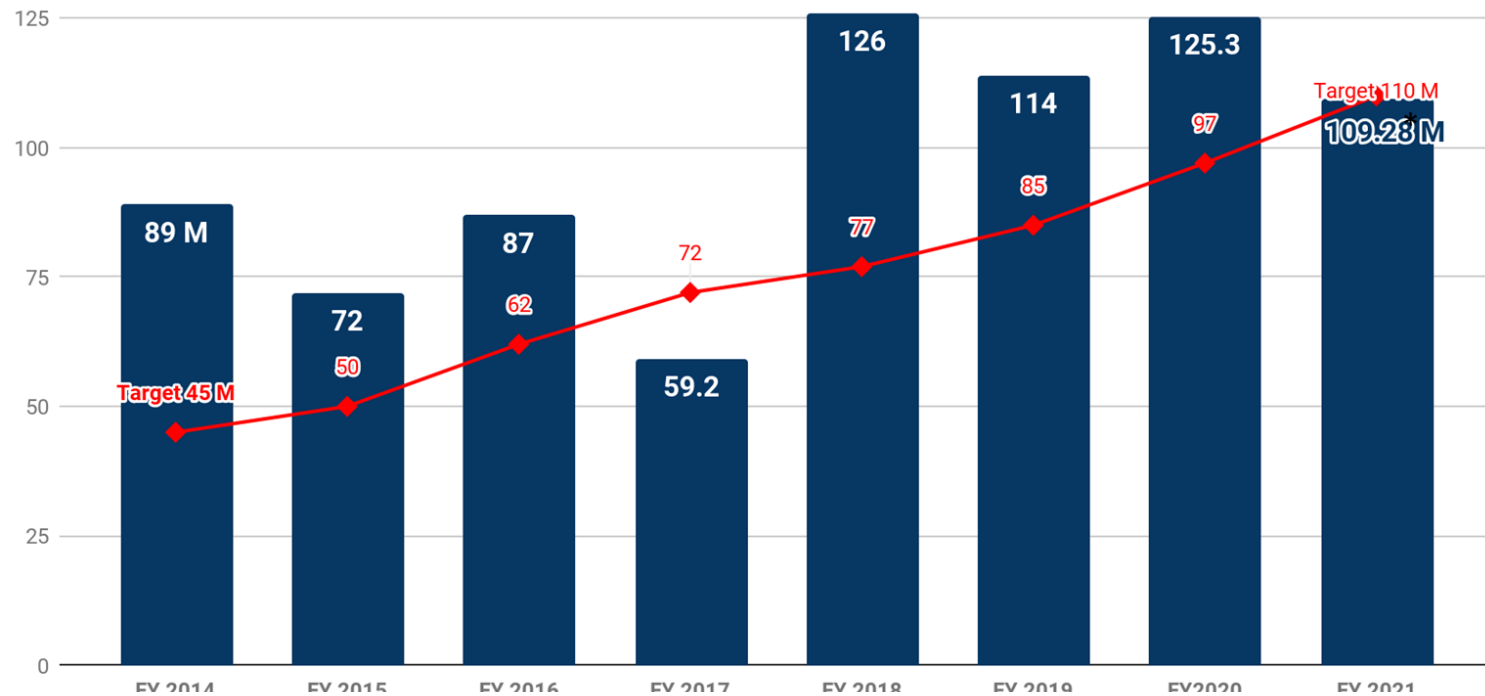
Key indicators

Annual Indicator:

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

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

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



Due to a one month lag in data reporting for the quarterly indicator, all current values for Q4 will be reported in Q1

*PMI coordinates its procurement and distribution of ITNs with other major donors, particularly the Global Fund. In FY 2021, PMI came under the projected target due to coordination efforts and ITNs successfully being distributed in part or in whole by other partners.

Data Source for ITN: President Malaria Initiative (PMI) program data Graph includes data for the 24 priority PMI countries and one sub-region

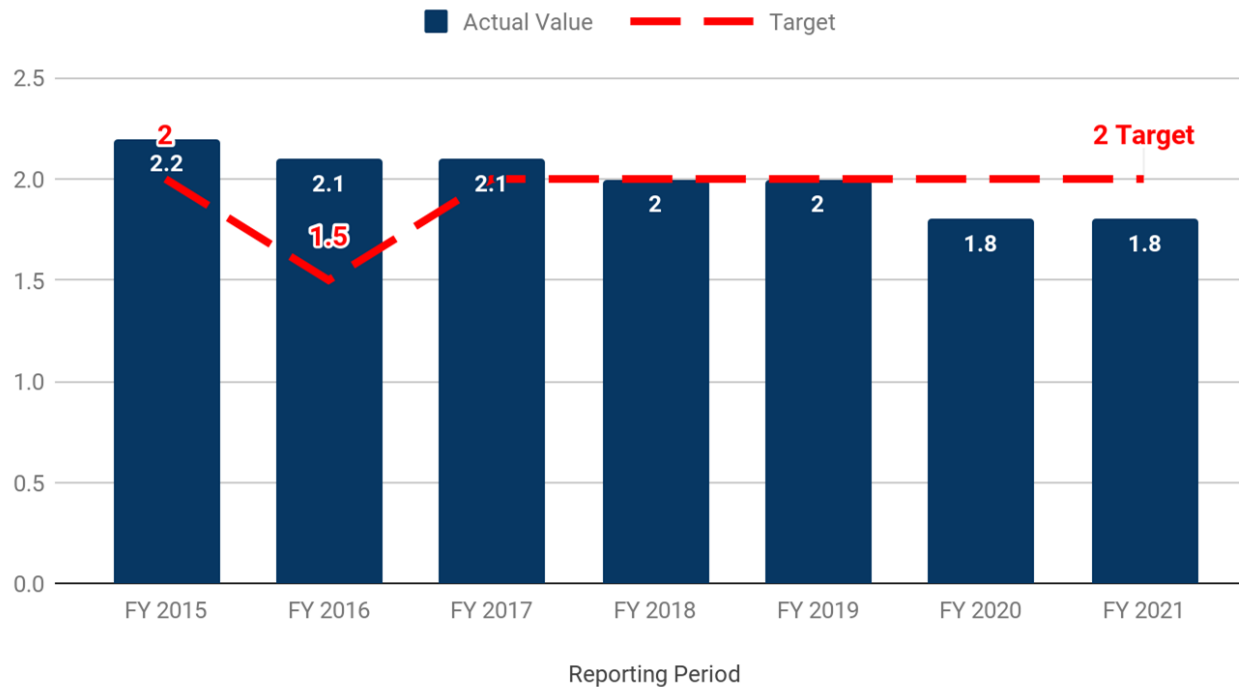
Data Source for all-cause mortality rates: [PMI April 2021 Annual Report](#). The Start year for the countries ranges from 2003/2004 to 2011/2012 depending on when the country became a PMI partner country and when the most recent mortality survey was implemented.

Key indicators

Annual Indicator:

Absolute change in under-five mortality rate (*decrease per 1,000 live births*): Improvements in mortality outcomes are the result of increasingly effective efforts to link diverse health programs—in MCH, in malaria, in the contribution of voluntary family planning to the healthy timing and spacing of pregnancy, in nutrition, in HIV/AIDS, and in sanitation and hygiene. All of these efforts contribute to ending preventable child and maternal deaths.

Decrease in (weighted) Average Under Five Mortality Rate (per 1,00 live births)



Due to a one month lag in data reporting for the quarterly indicator, all current values for Q4 will be reported in Q1

Data source: United Nations Inter-agency Group for Child Mortality Estimation, Subnational Under-five Mortality Estimates, 1990–2019: Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, New York, 2021

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

Additional information

Contributing Programs

- USAID works collaboratively within the Agency, across the U.S. government, in collaboration with host-country governments, and with global partnerships to advance the goal of preventing maternal and child deaths.
- The U.S. government was one of the first to call on the global community to stop mothers and children from dying from preventable causes. The call to action resulted in 178 governments signing a pledge that commits to doing everything possible to accelerate declines in preventable maternal, newborn, and child deaths.
- Over 600 civil-society and private-sector organizations pledged support. This work directly advances the UN Secretary-General's Global Strategy for Women's and Children's Health and the subsequent Every Woman Every Child movement.
- USAID publishes its progress annually in the Acting on the Call Report. The FY2021 [report](#) focuses on the role of nurses and midwives in sustaining life saving health services amidst the COVID-19 pandemic.

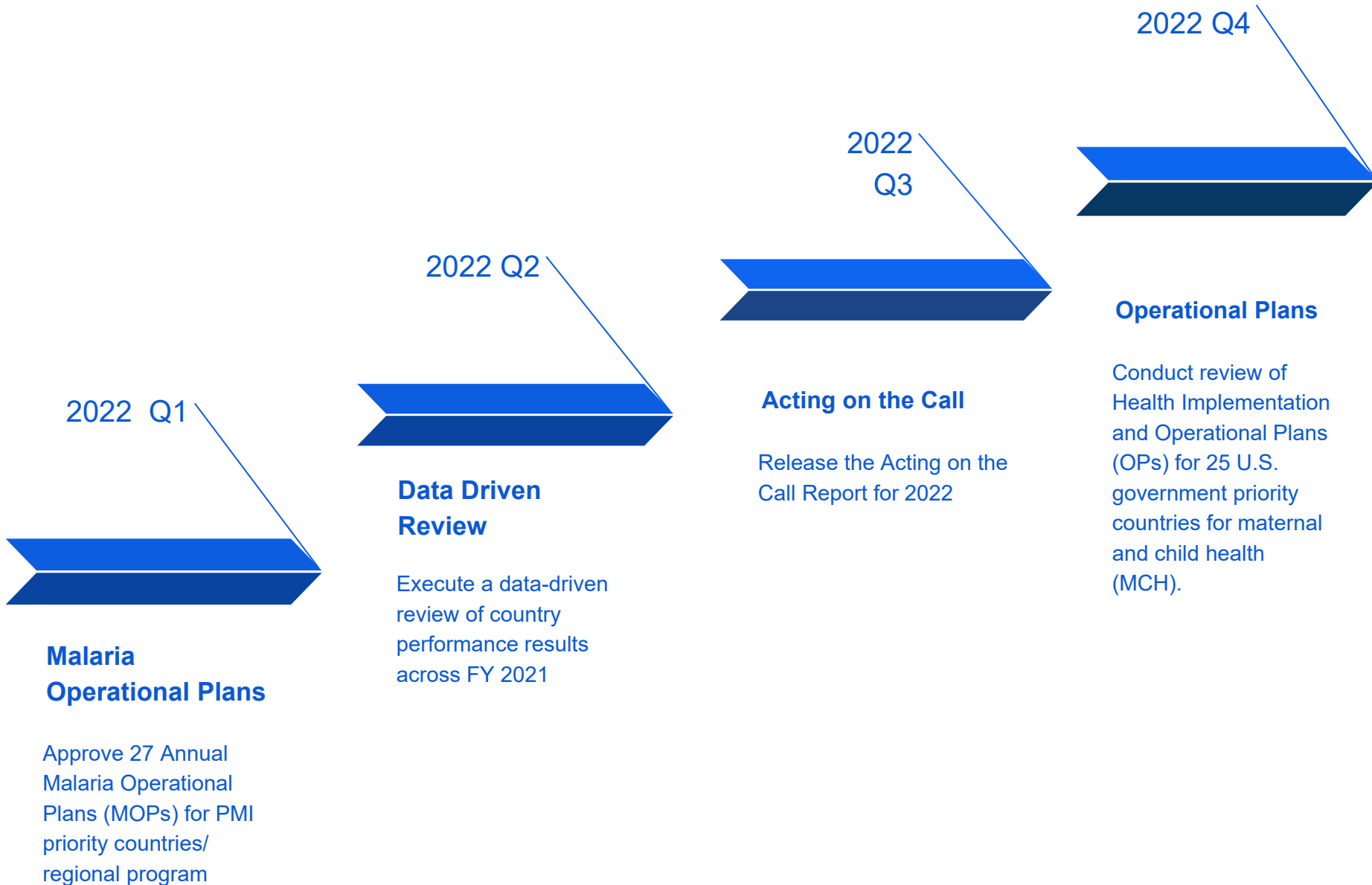
Stakeholder

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

Congressional Consultations

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

Key milestones



Key milestones

Milestone Summary

Key Milestone	Milestone Due Date	Milestone Status	Change from last quarter	Comments
Approve 27 Annual Malaria Operational Plans (MOPs) for the PMI priority countries/regional program.	Q1 FY22	Completed	NA	Completed
Execute a data-driven review of country performance results across FY 21 (prior year).	Q2 FY22	Completed	NA	Delivered to USAID senior leadership in April 2022
Release the Acting on the Call Report for 2022	Q3 FY22	Delayed	Delayed to Q1 FY23	Currently working to release the FY22 report at end of Q1 FY23
Conduct review of Health Implementation and Operational Plans (OPs) for 25 U.S. Government priority countries for maternal and child health (MCH)	Q4 FY22	Delayed	NA	Expect to complete FY22 OP review by the end of Q1 FY23
Approve 27 Annual Malaria Operational Plans (MOPs) for the PMI priority countries/regional program.	Q1 FY23	Planned	NA	
Execute a data-driven review of country performance results across FY 22 (prior year).	Q2 FY23	Planned	NA	
Release the Acting on the Call Report for 2023	Q3 FY23	Planned	NA	
Conduct review of Health Implementation and Operational Plans (OPs) for 25 U.S. Government priority countries for maternal and child health (MCH)	Q4 FY23	Planned	NA	

Narrative – FY 22 Q4

Milestones:

- USAID expects to complete the Q3 milestone, the FY22 Acting on the Call report, by end of FY23 Q1 due to delays in UN updates of several databases the report draws from. USAID expects to complete the Q4 milestone, the review of Health Implementation and Operational Plans, by the end of FY23 Q1 given the timeline for launch of the FY 2022 OP process.

Other:

- The U.S. Government is leading the effort to vaccinate the world against COVID-19. Of the committed 1.2 billion vaccines, more than 565 million doses have been donated and delivered to over 115 countries from May 2021 through early July 2022. Working with the COVAX Vaccine Delivery Partnership, the U.S. Government's Initiative for Global Vaccine Access (Global VAX) is vital for vaccinating priority populations and for reaching the goal of vaccinating 70% of the world's population against COVID-19.
- **Preventing Child and Maternity Deaths:** USAID continued to invest in areas disproportionately impacted by elevated numbers for child mortality; in Sub-Saharan Africa and South Asia that contribute 54 percent and 28 percent to global under 5 (U5) mortality (2020) respectively. Since 2015, the 25 maternal and child health and nutrition (MCHN) priority countries have been at or above the target of 2 percent decrease in U5 mortality. With the COVID-19 pandemic, the average across the priority countries fell slightly to 1.8 percent in FY 2020 and FY 2021. The President's Malaria Initiative (PMI) has worked to reduce all-cause child mortality and parasite prevalence in the 27 partner countries
- Due to a one month lag in data reporting for the quarterly indicator, all current values for Q4 will be reported in Q1.

In 2020 alone, USAID supported:



27 million

Women and couples with voluntary family planning



8 million

Pregnant women with breastfeeding counseling and support



27 million

Children with nutrition programs



23 million

Preventive malaria treatments to protect pregnant women



38.9 million

Mosquito nets distributed to protect communities against Malaria



THE U.S. GOVERNMENT INVESTMENT

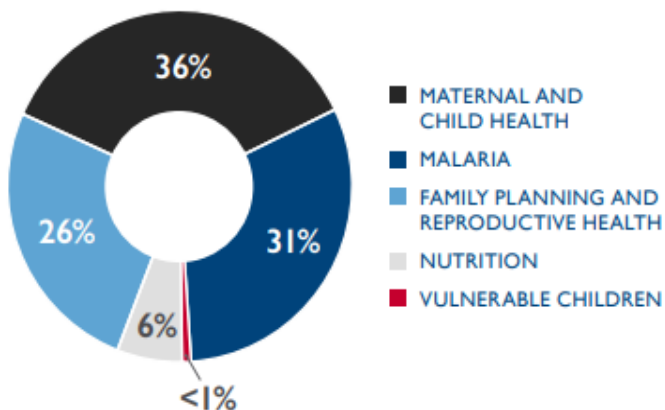
With the bipartisan support of Congress and the compassion of the American people, the U.S. Government invested more than \$21 billion from 2012 to 2020 to prevent child and maternal deaths.

PRIORITY GLOBAL HEALTH INVESTMENTS FROM 2012-2020

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	2020 FISCAL YEAR	TOTAL
(\$ MILLIONS)	8,599	8,420	8,826	9,277	8,841	8,867	8,801	8,939	9,210	79,780
PREVENTING CHILD AND MATERNAL DEATHS	2,285	2,262	2,398	2,534	2,417	2,372	2,362	2,381	2,430	21,441
CONTROLLING THE HIV/AIDS EPIDEMIC	5,893	5,773	6,000	6,000	6,000	6,000	6,000	6,050	6,260	53,976
COMBATING INFECTIOUS DISEASE THREATS	421	385	428	743	424	495	439	508	520	4,363

INVESTMENTS IN PREVENTING CHILD AND MATERNAL DEATHS

TOTAL 2012-2020:
\$21,441,000,000

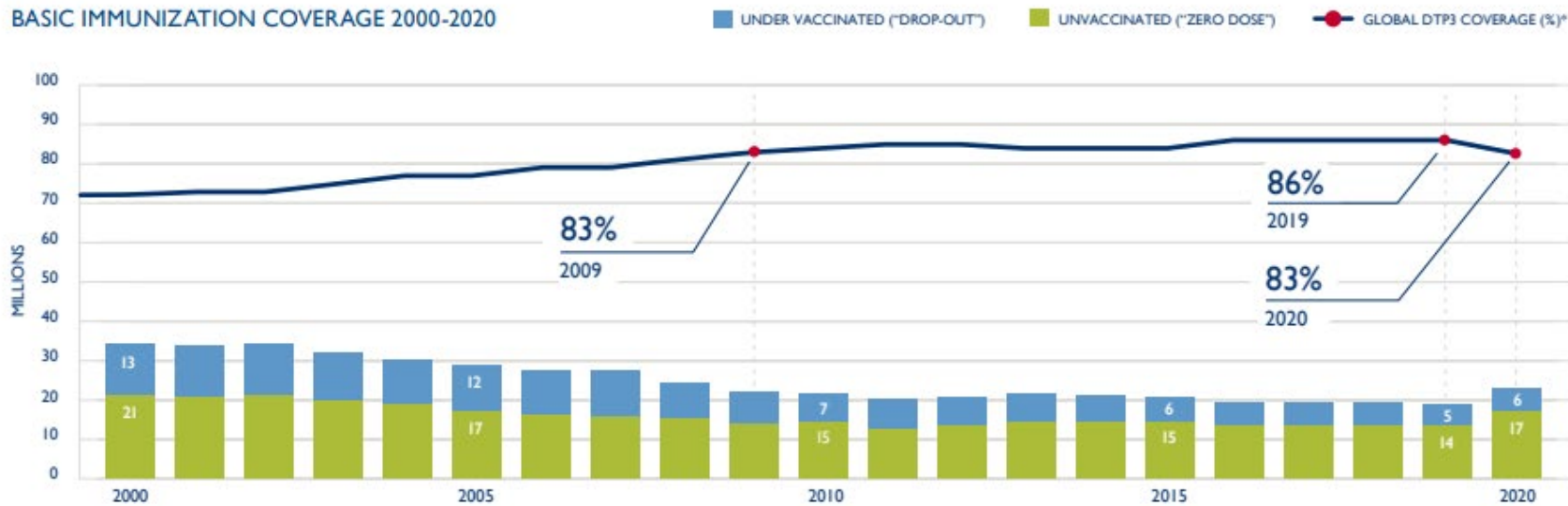


GLOBAL CHILDHOOD IMMUNIZATION COVERAGE WAS HIT EARLY AND HARD BY THE PANDEMIC

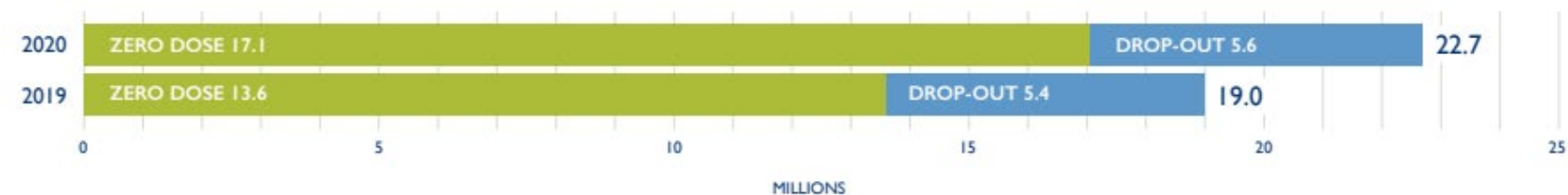
Twenty-three million children missed out on critical vaccines in 2020, the highest number since 2009 and 3.7 million more than in 2019. Concerningly, approximately 17 million of these children likely never received a single vaccine dose, expanding existing inequalities in immunization often experienced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

FIGURE 2:

BASIC IMMUNIZATION COVERAGE 2000-2020



22.7 MILLION UN- AND UNDER VACCINATED INFANTS IN 2020



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

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

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

Data accuracy & reliability

Data Sources

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

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

Data accuracy & reliability

Data Limitations

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

Data accuracy & reliability

Actions to improve data quality and availability

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

- USAID invests in technical assistance and data-collection at national, regional, and local levels to strengthen the delivery of healthcare, improve outcomes, and save millions of lives.
- USAID Global Health Bureau is currently working on a Global Health Data and Analytics (D&A) Strategy with a goal to make data and actionable insights available and accessible to all staff to encourage a data-driven health programing and evidence-based decision-making across USAID/W and operating units.
- USAID developed its first Digital Strategy (2020-2024) that outlines USAID's deliberate and holistic commitment to improve development and humanitarian assistance outcomes through the use of digital technology, and strengthen open, inclusive, and secure digital ecosystems. Digital ecosystems, consisting of stakeholders, systems, and enabling environment, empower people and communities to use digital technology to access services, engage with others, and pursue economic opportunities in partner countries.



Agency Priority Goal | Action Plan | FY 22 – Q2

Preventing Child and Maternal Deaths

Goal Leader(s):

Dr. Atul Gawande

Assistant Administrator

Bureau for Global Health (GH)

U.S. Agency for International Development (USAID)

Goal Overview

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

Problem to Be Solved:

- o In 2020 alone, five million children died before reaching their fifth birthday, even without an increase in mortality attributable to COVID-19. Under-five mortality is disproportionately distributed, with 54% in Sub-Saharan Africa and 28 percent in Southern Asia.
- o Nearly half (47 percent) of all under-five deaths in 2020 occurred during the neonatal period – the first 28 days of life – and Sub-Saharan Africa has the highest neonatal mortality rate in the world, at 27 deaths per 1,000 live births, followed by Southern Asia at 23 deaths per 1,000. A child born in a high-income country has a risk of death in the first month that is just one tenth the risk to a child born in a low-income country.
- o Maternal mortality rate (MMR) is unacceptably high. About 295,000 women died during and following pregnancy and childbirth in 2017. The vast majority of these deaths (94 percent) occurred in low-resource settings, and most could have been prevented.

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

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

Fact Sheet Newborns: improving survival and well-being available at [Newborns: improving survival and well-being \(who.int\)](#)

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

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

Committing to Child Survival" A promise renewed : [unicef_progress_report_2012.pdf \(who.int\)](#)

Newborns: Improving survival and wellbeing available at [Newborns: improving survival and well-being \(who.int\)](#)

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

SENSITIVE BUT UNCLASSIFIED

Goal Overview

Challenges:

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

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

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

High-Risk Newborns

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

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

Deaths from Preventable Infectious Diseases and Malnutrition:

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

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

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

* Low-Resource Settings are typically characterized by lack of funds to cover health care costs, on an individual or societal basis that can result in limited access to quality services

Goal Overview

Opportunities

- By analyzing the causes of child and maternal deaths, leveraging the knowledge USAID has accumulated, and the current coverage of lifesaving interventions, USAID, as a global leader in the health sector, will identify programs and health interventions that will have the greatest impact.
- In the Acting on the Call report for 2020, USAID presented results from our approach adopted in 2014 to save the lives of children under five and pregnant women. USAID and our partners will focus on using diverse strategies applied in the community and in primary-care and higher-level facilities.
- USAID concentrates investments in top-priority countries selected by the technical offices based on the highest need and opportunity, meaning a USAID Mission in place with a health officer in Mission, as well as the potential to leverage resources from the public and private sectors to improve health outcomes. GH technical offices (Maternal and Child Health [MCH], Nutrition, Family Planning/ Reproductive Health [FP/RH]) are currently revising this list of priority countries. Together, these countries account for nearly 70 percent of maternal and child deaths worldwide.
- The U.S. Agency for International Development (USAID) will continue to work with our partners in the U.S. government and the global community to strengthen health care to prevent child and maternal deaths, as both have significant impact on global productivity, economic development, and sustainable development.

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

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

Goal target(s)

In the table below, please repeat the key metrics included in the goal statement (previous slide) that will be used to track progress.

Please update this column each quarter.

Achievement statement		Key indicator(s)	Quantify progress			Frequency
		A "key performance indicator" measures progress toward a goal target				
By...	We will...	Name of indicator	Current Target value	Starting value** (report date)	Current value (report date)	Update cycle
09/30/2022	fund and deliver shipments of contraceptive commodities on time	Percent of shipments of contraceptive commodities that are on time	80	75% (FY18 Q1)	97 % (FY 22 Q2)	Quarterly
09/30/2022	fund activities and work collaboratively to increase the rate of exclusive breastfeeding	Absolute change in the rate of exclusive breastfeeding among children under six months	+1	+1.9 (FY 18)	+1.1% (FY 21)	Annual
09/30/2022	fund activities and work collaboratively to increase the percentage of children receiving the pneumococcal vaccine	Absolute change in total percentage of children who received at least three doses of PCV by 12 months of age	+1	+2.1 (FY 18)	+1.6 % (FY 21)	Annual
09/30/2022	fund and distribute insecticide-treated nets to increase the number of people protected against malaria	Annual total number of people protected against malaria with insecticide-treated nets	110M	72 M (FY 15)	109M* (FY 21)	Annual
09/30/2022	fund activities and work collaboratively to increase the prevalence of modern contraceptive use	Absolute change in the modern contraceptive prevalence rate	+1	1.3 (FY 15)	0.9% (FY 21)	Annual
09/30/2022	fund activities and work collaboratively to increase the survival rate of children under five years of age	Absolute change in under-five mortality rate (decrease per 1,000 live births)	-2	-2.3 (FY 15)	-1.8 % (FY 21)	Annual

* PMI coordinates its procurement and distribution of ITNs with other major donors, particularly the Global Fund. In FY 2021, PMI came under the projected target due to coordination efforts and ITNs successfully being distributed in part or in whole by other partners.

Goal Team

USAID Global Health Bureau

Goal Lead

Office of the Assistant Administrator

Atul Gawande, Assistant Administrator

IMPLEMENTING TEAM

Office of Policy, Programs & Planning

Marita Eibl, Director
Jon Whitehead, Division Chief
Aurora O. Amoah, MEL Team Lead

TECHNICAL TEAMS

Maternal Child Health

Kate Crawford, Director
Bill Weiss, Sr Advisor
Marc Cunningham, Sr Advisor

Nutrition

Kelly Stewart, Division Chief
Leslie Koo, Team Lead
Erin Milner, Sr Advisor

Population and Reproductive Health

Ellen Starbird, Director
Amani Selim, Sr Advisor
Wezi Munthali, Technical Advisor
Bamikale Feyisetan, Sr Advisor

Infectious Disease/Malaria

Julie Wallace, PMI Coordinator (Acting)
Misun Choi, Sr Advisor

Health systems strengthening

Kelly Saldana, Director
Anwer Aquil, Sr Advisor

Goal Strategies

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

Goal Strategies

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

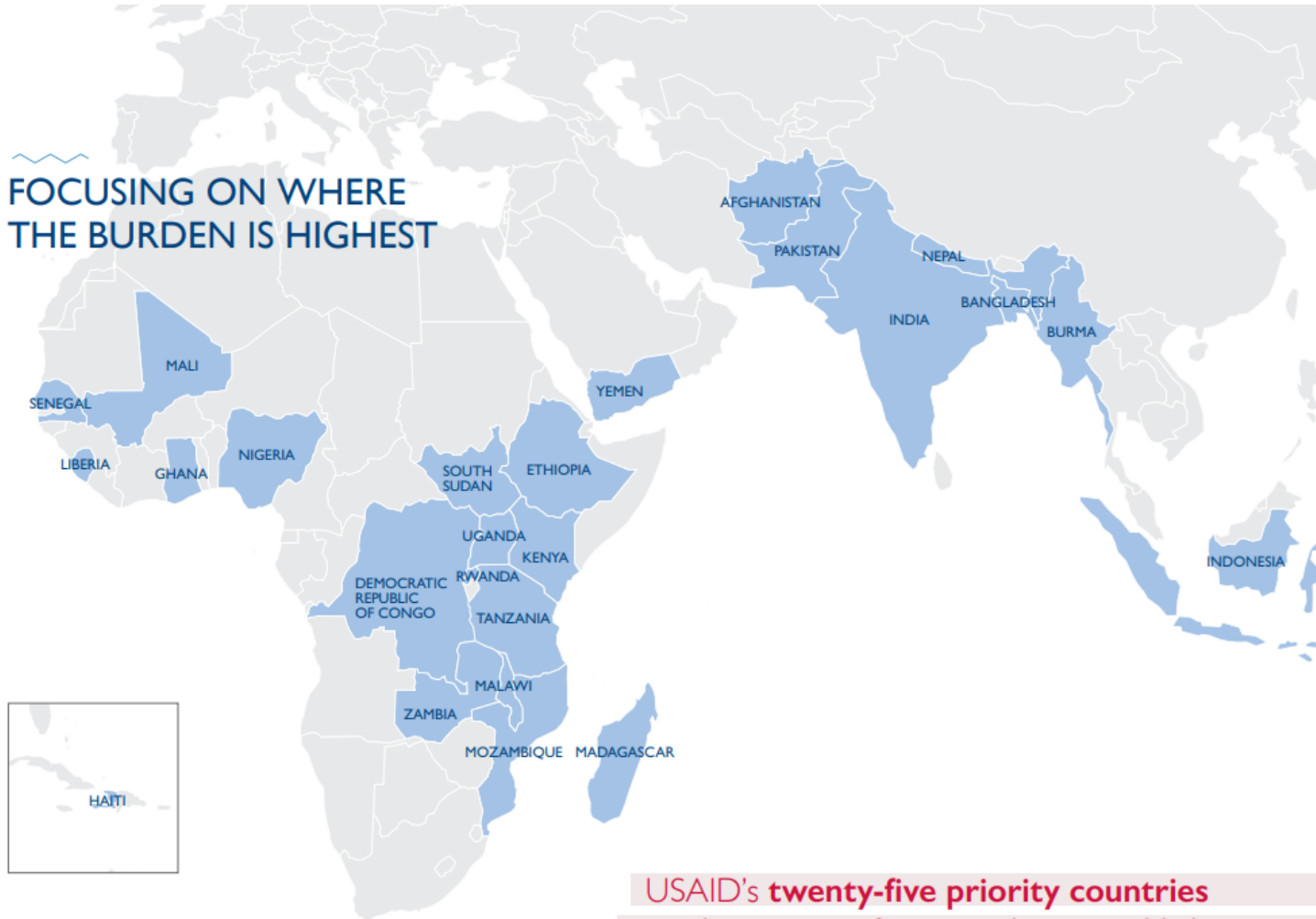
GH Priority Countries by PCMD Technical Areas

#	Region	Priority Count	MCH	FP/RH	Malaria	Nutrition FY22	PCMD count
1	AFR	Ethiopia	MCH	FPRH	Malaria	Nutrition	4
3	AFR	Mozambique	MCH	FPRH	Malaria	Nutrition	4
4	AFR	Nigeria	MCH	FPRH	Malaria	Nutrition	4
5	AFR	Tanzania	MCH	FPRH	Malaria	Nutrition	4
6	AFR	Uganda	MCH	FPRH	Malaria	Nutrition	4
7	AFR	DR Congo	MCH	FPRH	Malaria	Nutrition	4
8	AFR	Ghana	MCH	FPRH	Malaria	Nutrition	4
9	AFR	Malawi	MCH	FPRH	Malaria	Nutrition	4
10	AFR	Mali	MCH	FPRH	Malaria	Nutrition	4
11	AFR	Senegal	MCH	FPRH	Malaria	Nutrition	4
2	AFR	Kenya	MCH	FPRH	Malaria		3
12	AFR	Rwanda	MCH	FPRH	Malaria		3
13	AFR	Zambia	MCH	FPRH	Malaria		3
14	AFR	Liberia	MCH	FPRH	Malaria		3
15	AFR	Madagascar	MCH	FPRH	Malaria		3
16	ASIA	Bangladesh	MCH	FPRH		Nutrition	3
17	ASIA	Nepal	MCH	FPRH		Nutrition	3
18	ASIA	Burma	MCH		Malaria		2
19	ASIA	India	MCH	FPRH			2
20	LAC	Haiti	MCH	FPRH			2
21	ASIA	Afghanistan	MCH	FPRH			2
22	ASIA	Pakistan	MCH	FPRH			2
23	AFR	South Sudan	MCH	FPRH			2
24	ME	Yemen	MCH	FPRH			2
25	AFR	Burkina Faso			Malaria	Nutrition	2
26	AFR	Niger			Malaria	Nutrition	2
27	ASIA	Indonesia	MCH				1
28	ASIA	Cambodia			Malaria		1
29	AFR	Cameroon			Malaria		1
30	AFR	Cote d'Ivoire			Malaria		1
31	AFR	Sierra Leone			Malaria		1
32	AFR	Zimbabwe			Malaria		1
33	AFR	Angola			Malaria		1
34	AFR	Guinea			Malaria		1
35	ASIA	Thailand			Malaria		1
36	AFR	Benin			Malaria		1
37	ASIA	Philippines		FPRH			1
Count by Technical Area			25	24	27	14	37

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

Goal Strategies

FOCUSING ON WHERE
THE BURDEN IS HIGHEST



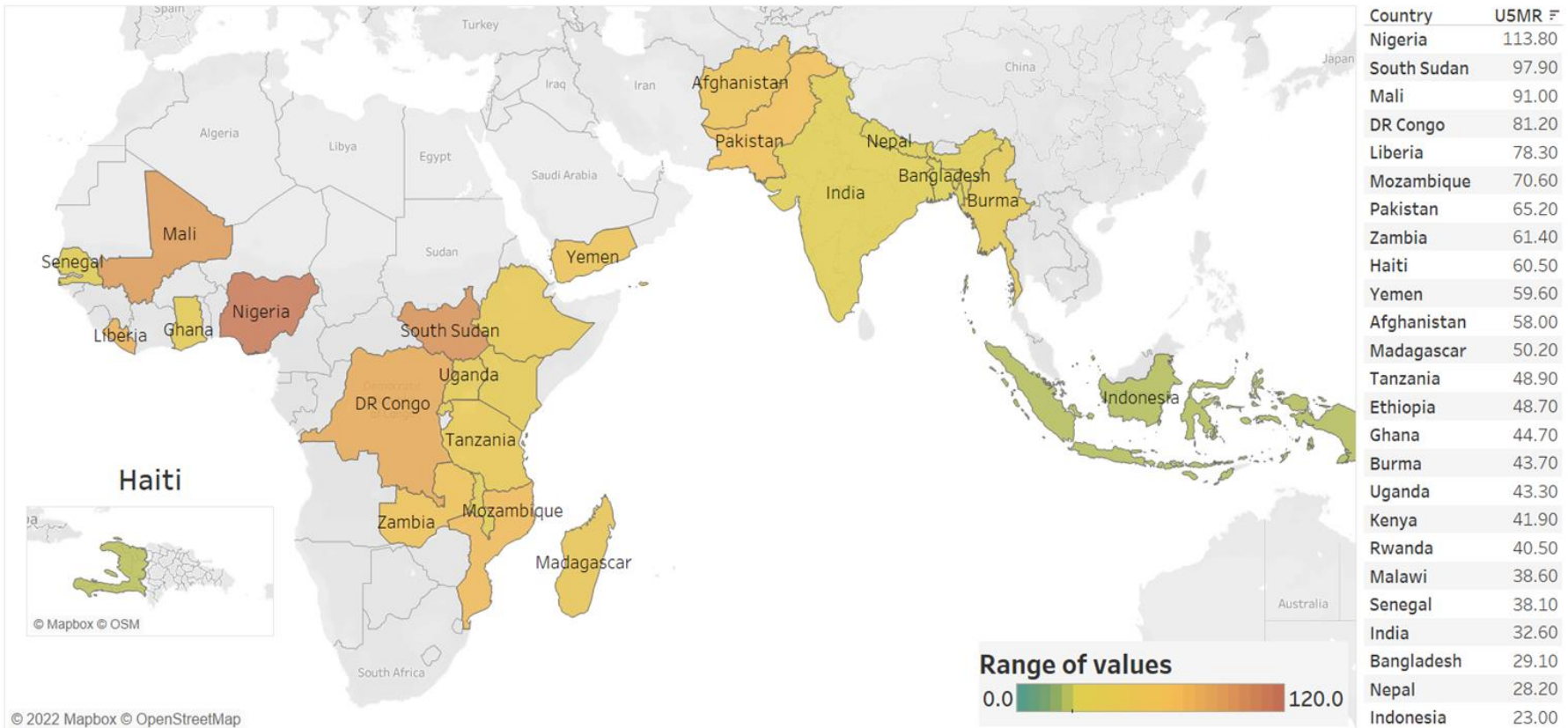
USAID's **twenty-five priority countries**
together account for more than two-thirds
of maternal and child deaths.

Data source: United Nations Inter-agency Group for Child Mortality Estimation, Subnational Under-five Mortality Estimates, 1990–2019: Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, New York, 2021
The 25 MCH priority countries are designated by the technical offices of the USAID Global Health Bureau based on need and opportunity

Key Indicators

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

U5MR in USAID Priority Countries, FY21



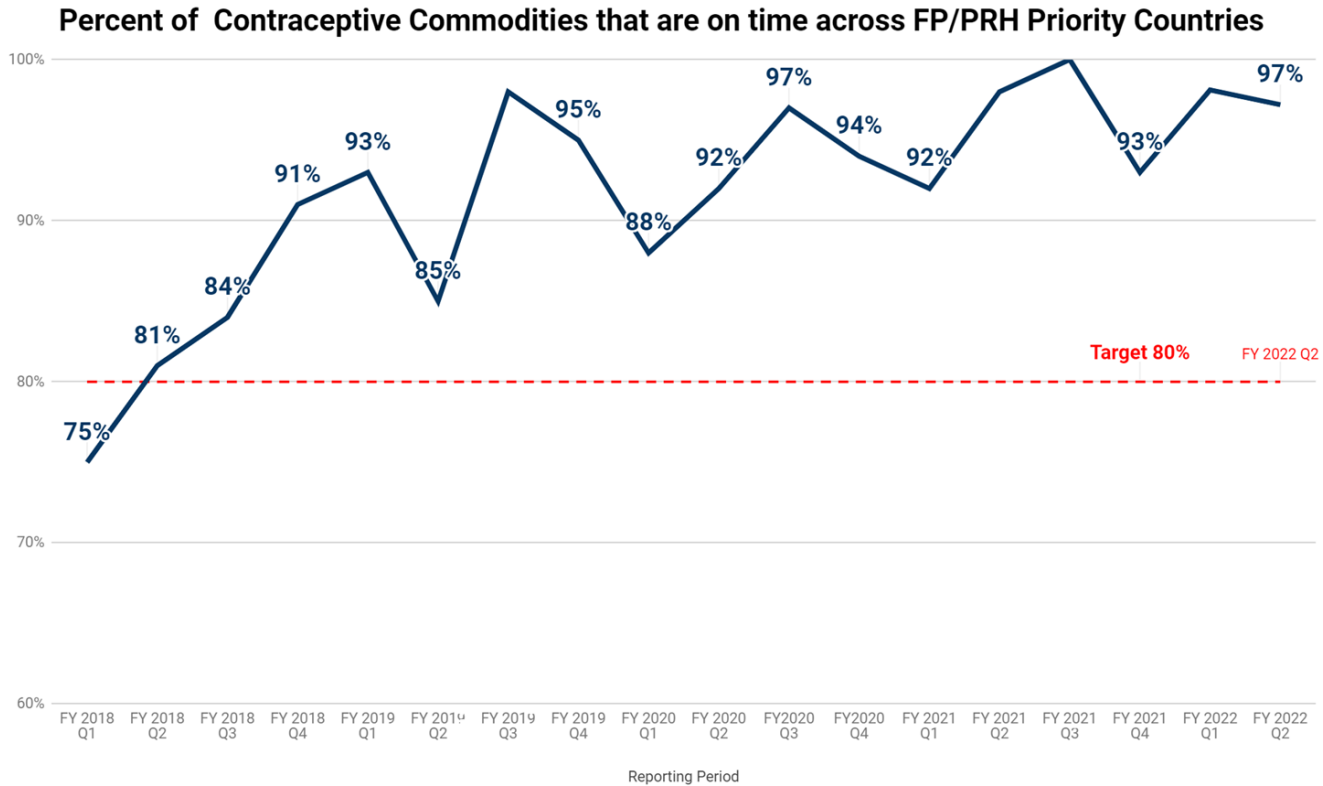
Source: UN IGME 2021: United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 'Levels & Trends in Child Mortality: Report 2021, Estimates Developed by the United Nations Inter-agency Group for Child Mortality Estimation', United Nations Children's Fund, New York, 2021...

Data source: United Nations Inter-agency Group for Child Mortality Estimation, Subnational Under-five Mortality Estimates, 1990–2019: Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, New York, 2021
 Priority countries are designated by the technical offices of the USAID Global Health Bureau technical offices.

Key indicators

Quarterly Indicator

Contraceptive Commodities: A major component of preventing child and maternal deaths is ensuring access to contraceptive commodities. Expanding access to information on voluntary family planning, and improving the supply and logistics of commodities, inherently benefits families, accelerates economic growth, and improves social stability.

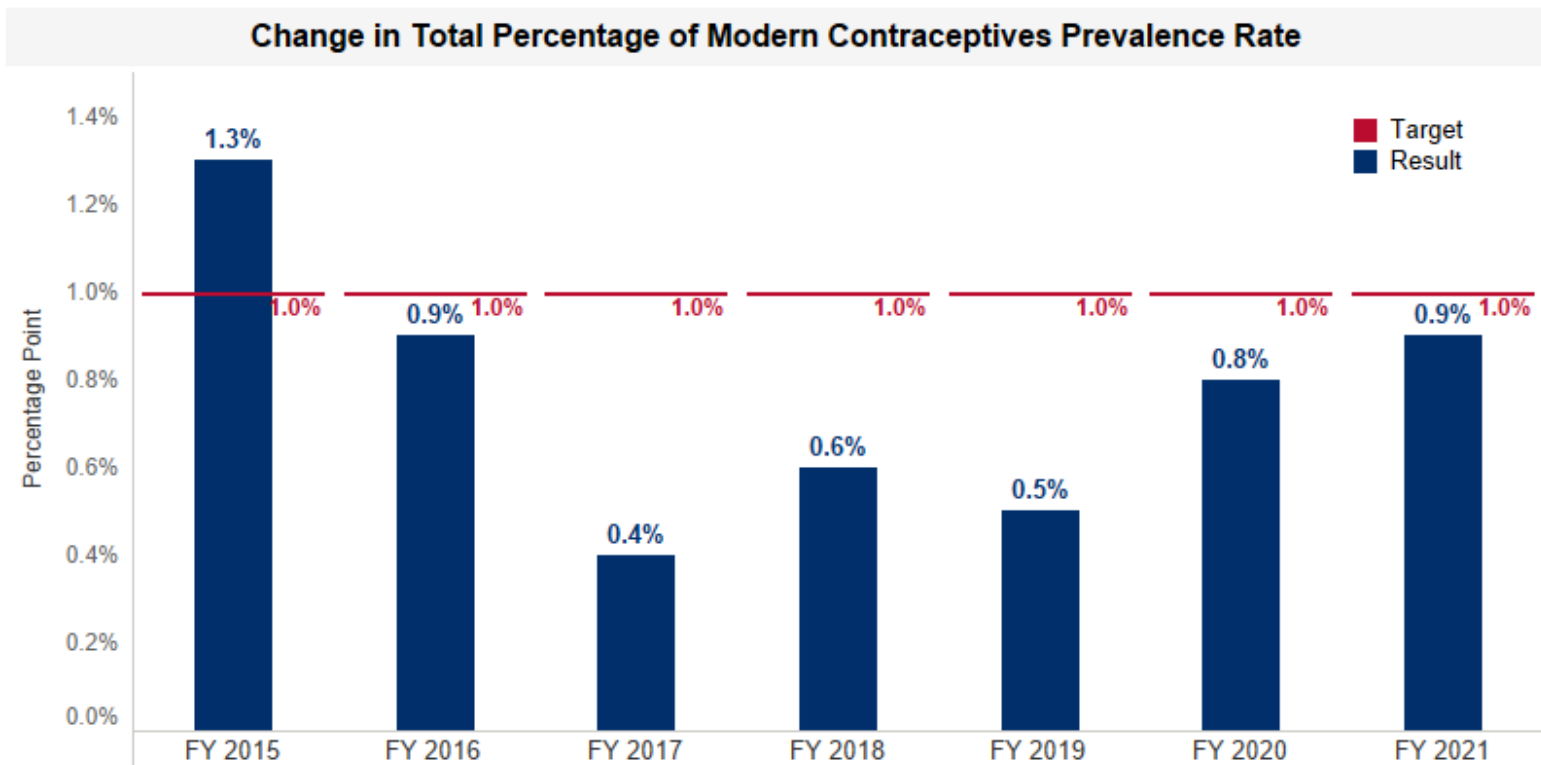


Data Source: Program data from the Central Contraceptive Procurement program. This indicator tracks the actual arrival of shipments of procured contraceptive commodities against the planned deliveries in the country. This is an average of all shipments during the reporting period.

Key indicators

Annual Indicator

Absolute change in the prevalence rate of modern contraceptives: Increased use of contraception leads to decreased unintended pregnancies and slows population growth over time. The Prevalence Rate of Modern Contraceptives (mCPR) measures the percentage of in-union women of reproductive age (15–49 years) who are using, or whose partner is using, a modern method of contraception at the time of the survey. Annual estimates of mCPR are actual or projected estimates from data from the DHS, MICS, and Performance-Monitoring and Accountability (PMA) Survey that are available at the time of reporting, with the projected estimates subject to revision as needed when new survey data are available later.



Data Sources: Demographic and Health Surveys (DHS), Reproductive Health Surveys (RHS), Multiple Indicator Cluster Surveys (MICS), and Performance Monitoring and Accountability (PMA). Projected values between reported survey data points are calculated using linear interpolation. The graph includes data for the year-to-year absolute change in USAID's 24 priority countries for voluntary family planning and reproductive health

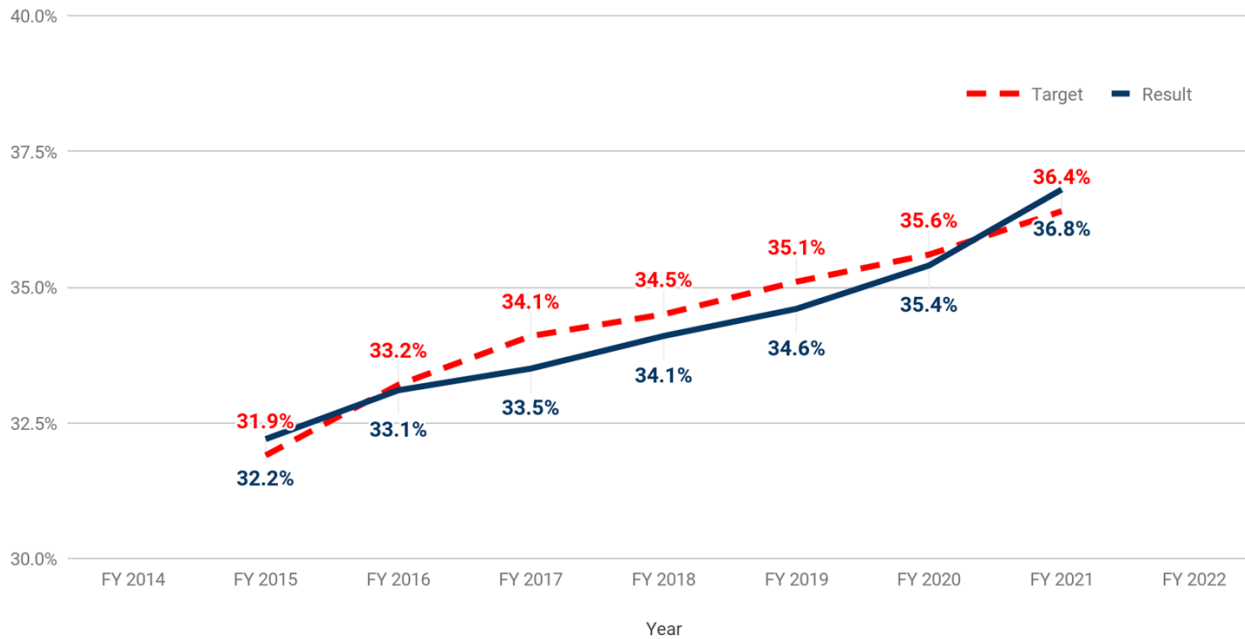
Key indicators

Annual Indicator

Incremental change (adds absolute change to the base value annually) in average prevalence rate of modern contraceptives:

Increased use of contraception leads to decreased unintended pregnancies and slows population growth over time. The Prevalence Rate of Modern Contraceptives (mCPR) measures the percentage of in-union women of reproductive age (15–49 years) who are using, or whose partner is using, a modern method of contraception at the time of the survey. Annual estimates of mCPR are actual or projected estimates from data from the DHS, MICS, and Performance-Monitoring and Accountability (PMA) Survey that are available at the time of reporting, with the projected estimates subject to revision as needed when new survey data are available later.

Incremental Change in Average Prevalence Rate of Modern Contraceptives



Data Sources: Demographic and Health Surveys (DHS), Reproductive Health Surveys (RHS), Multiple Indicator Cluster Surveys (MICS), and Performance Monitoring and Accountability (PMA)

The graph includes data for the year-to-year absolute change in USAID's 24 priority countries for voluntary family planning and reproductive health.

The target is calculated as 1% increase on the prior year achievement

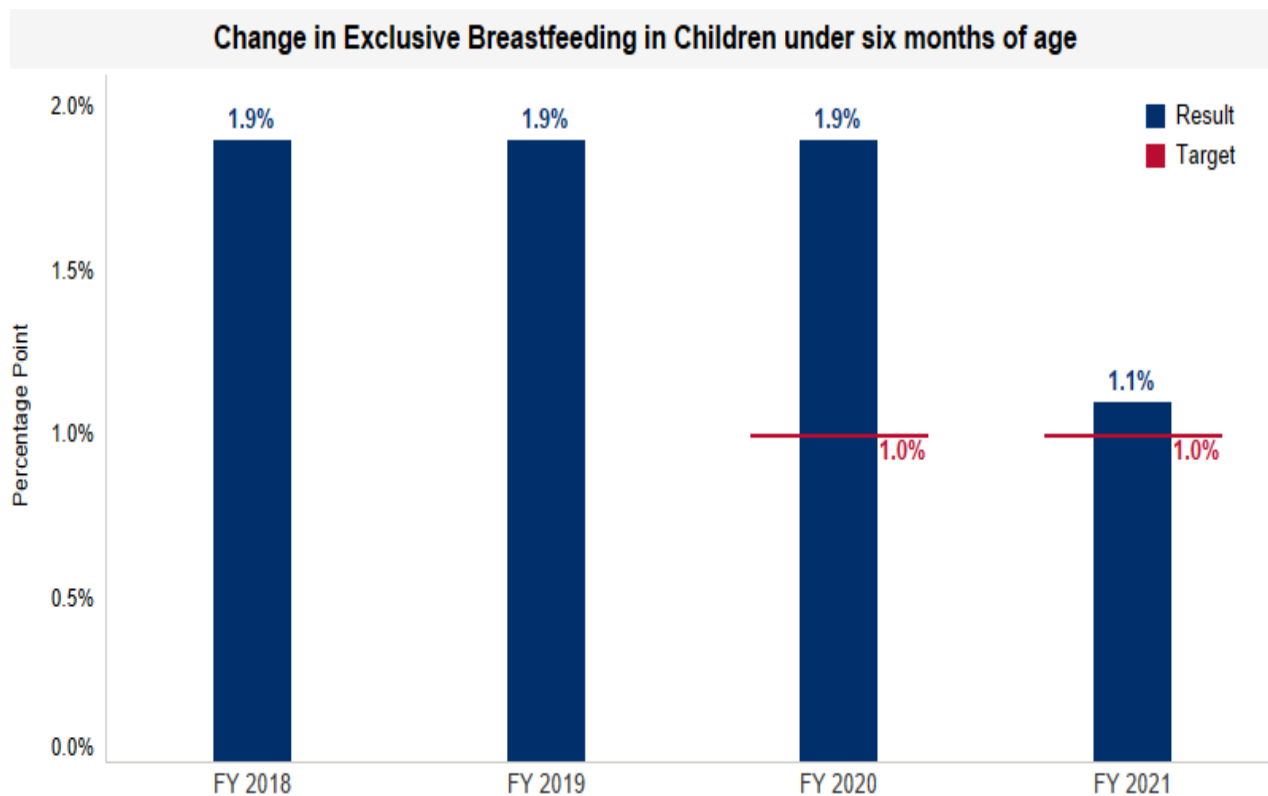
SENSITIVE BUT UNCLASSIFIED

Key indicators

Annual Indicator

Absolute Change in the Rate of Exclusive Breastfeeding among Children Under Six Months of Age in USAID's 25 MCH Priority

Countries: The proportion of children zero to five months fed exclusively with breast milk in USAID's 25 MCH priority countries came from Demographic Health Survey (DHS), UNICEF Multiple Indicator Cluster Survey (MICS), or other surveys and averaged (weighted by live births) each year.



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

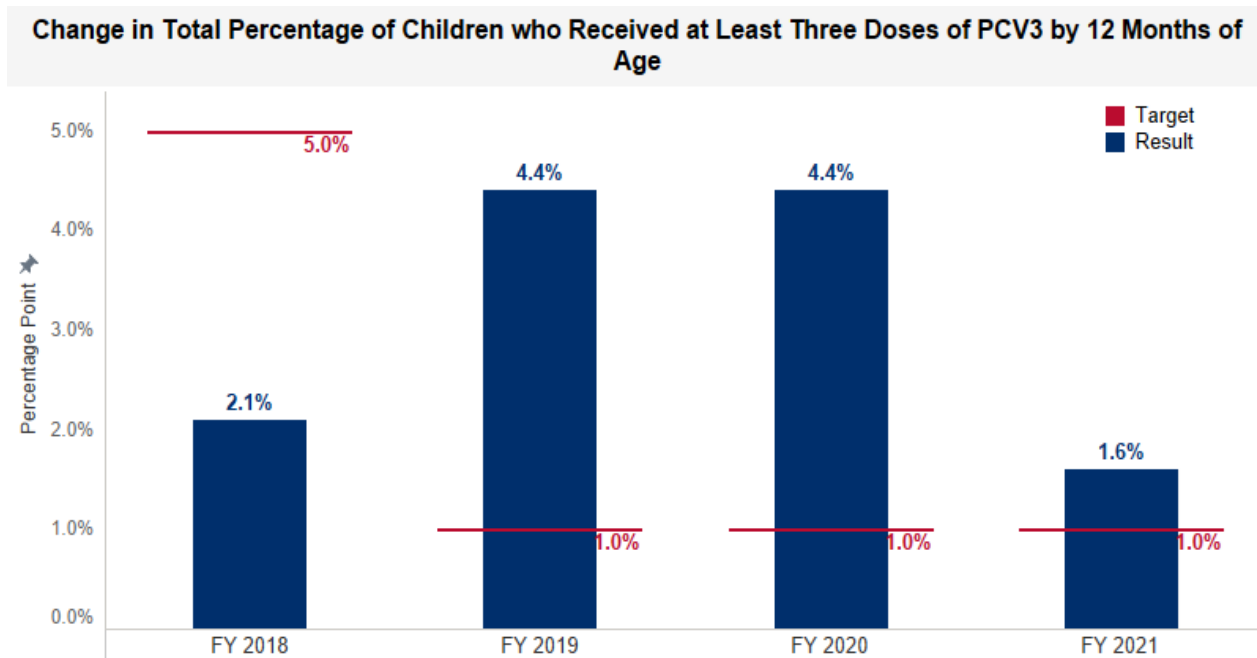
SENSITIVE BUT UNCLASSIFIED

Key indicators

Annual Indicator:

Absolute Change in Total Percentage of Children who Received at Least Three Doses of Pneumococcal Vaccine by 12 Months of Age across 25 MCH Priority Countries

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



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

USAID collects data for this indicator by Calendar Year, which overlaps with the Federal Fiscal Year. For this reason, the Agency reports the difference in data from Calendar Years 2019 and 2020 for FY 2021. The graph includes data for USAID's 25 priority countries for MCH.

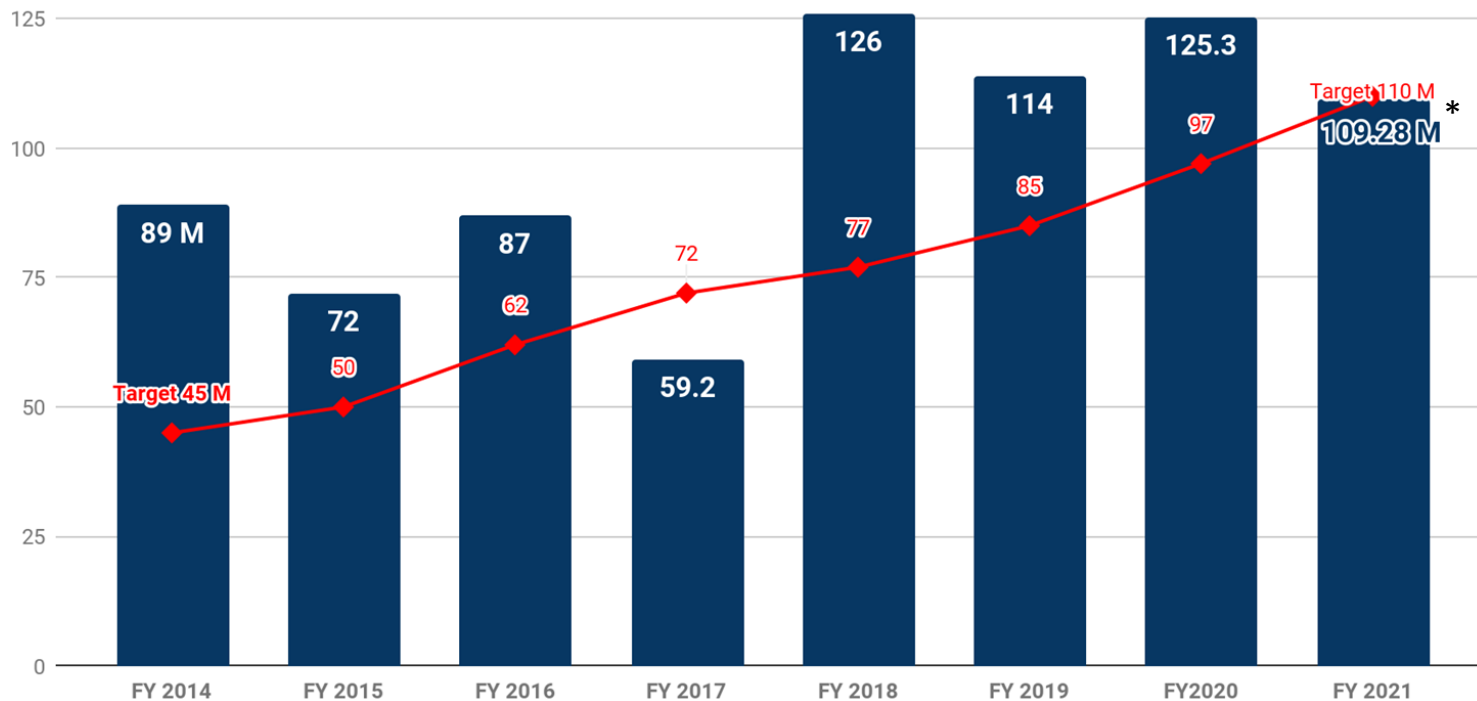
Key indicators

Annual Indicator:

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

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

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



*PMI coordinates its procurement and distribution of ITNs with other major donors, particularly the Global Fund. In FY 2021, PMI came under the projected target due to coordination efforts and ITNs successfully being distributed in part or in whole by other partners.

Data Source for ITN: President Malaria Initiative (PMI) program data Graph includes data for the 24 priority PMI countries and one sub-region

Data Source for all-cause mortality rates: [PMI April 2021 Annual Report](#). The Start year for the countries ranges from 2003/2004 to 2011/2012 depending on when the country became a PMI partner country and when the most recent mortality survey was implemented.

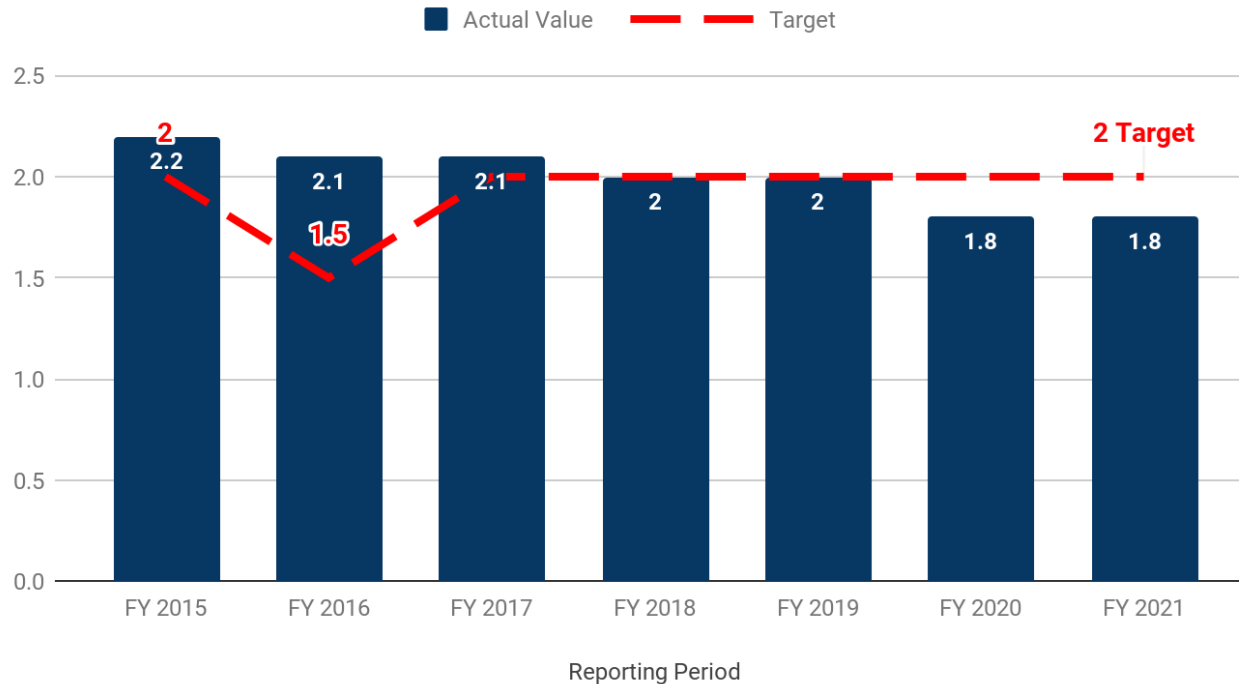
SENSITIVE BUT UNCLASSIFIED

Key indicators

Annual Indicator:

Absolute change in under-five mortality rate (*decrease per 1,000 live births*): Improvements in mortality outcomes are the result of increasingly effective efforts to link diverse health programs—in MCH, in malaria, in the contribution of voluntary family planning to the healthy timing and spacing of pregnancy, in nutrition, in HIV/AIDS, and in sanitation and hygiene. All of these efforts contribute to ending preventable child and maternal deaths.

Decrease in (weighted) Average Under Five Mortality Rate (per 1,00 live births)



Data source: United Nations Inter-agency Group for Child Mortality Estimation, Subnational Under-five Mortality Estimates, 1990–2019: Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, New York, 2021

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

Additional information

Contributing Programs

- USAID works collaboratively within the Agency, across the U.S. government, in collaboration with host-country governments, and with global partnerships to advance the goal of preventing maternal and child deaths.
- The U.S. government was one of the first to call on the global community to stop mothers and children from dying from preventable causes. The call to action resulted in 178 governments signing a pledge that commits to doing everything possible to accelerate declines in preventable maternal, newborn, and child deaths.
- Over 600 civil-society and private-sector organizations pledged support. This work directly advances the UN Secretary-General's Global Strategy for Women's and Children's Health and the subsequent Every Woman Every Child movement.
- USAID publishes its progress annually in the Acting on the Call Report. The FY 2020 report focuses on the the role of nurses and midwives.

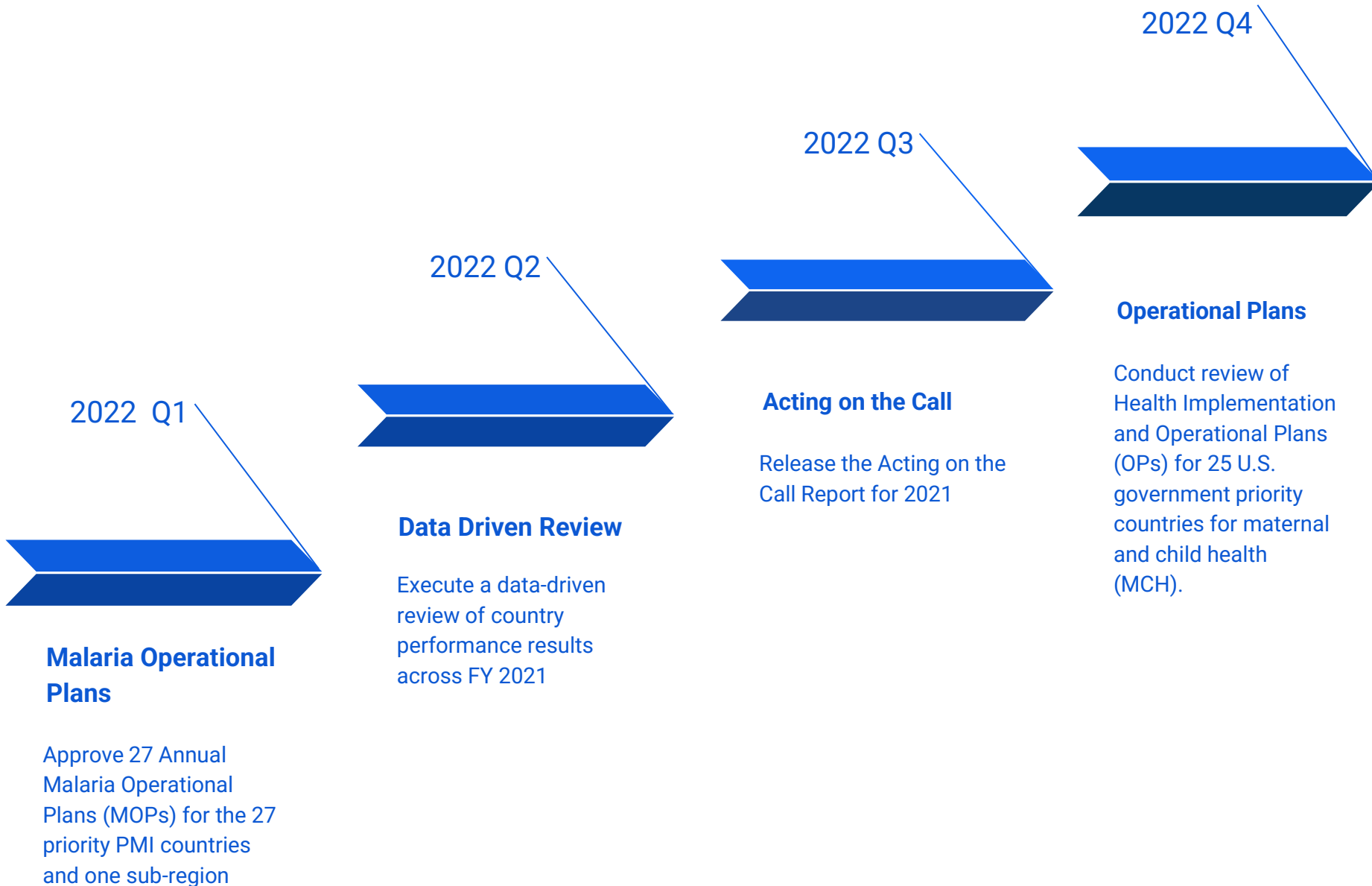
Stakeholder

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

Congressional Consultations

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

Key milestones



Key milestones

Milestone Summary

Key Milestone	Milestone Due Date	Milestone Status	Change from last quarter	Comments
Approve 27 Annual Malaria Operational Plans (MOPs) for the 27 priority PMI countries and one sub-region.	Q1 FY22	Complete	NA	Completed
Execute a data-driven review of country performance results across FY 2021 (prior year).	Q2 FY22	Complete	NA	Delivered to USAID senior leadership in April 2022
Release the Acting on the Call Report for 2021	Q3 FY22	Planned	NA	The 2020 report was released November 2021
Conduct review of Health Implementation and Operational Plans (OPs) for 25 U.S. government priority countries for maternal and child health (MCH)	Q4 FY22	Planned	NA	FY 2022 is planned
Approve 27 Annual Malaria Operational Plans (MOPs) for the 27 priority PMI countries and one sub-region.	Q1 FY23	Planned	NA	
Execute a data-driven review of country performance results across FY 2021 (prior year).	Q2 FY23	Planned	NA	
Release the Acting on the Call Report for 2022	Q3 FY23	Planned	NA	
Conduct review of Health Implementation and Operational Plans (OPs) for 25 U.S. government priority countries for maternal and child health (MCH)	Q4 FY23	Planned	NA	

Narrative – FY 22 Q2

The GH Bureau updates one indicator and one milestone each quarter

Milestones:

- GH Bureau leadership delivered the Data Driven Review to USAID leadership in April 2022.

Indicators:

- Performance on the contraceptive commodities received on time is variable yet consistently above target of 80 percent, with a 97 percent achievement in FY 2022 Q2
- Achievement on the absolute change in exclusive breastfeeding continues to be higher than the target of 1 percent with an FY 2021 report of 1.1 percent.
- Achievement in the absolute change in children receiving the Pneumococcal Vaccine has been consistently above the target of 1 percent despite fluctuations, with a 2021 report of 1.6 percent.
- The number of people protected against malaria with ITNs continue to remain high with achievement in 2020 at 125 million, above the target of 97 million.
- USAID made steady progress on the change in mCPR over the last few years, and achievement was slightly below the 1 percent target at 0.9 percent. However there is continued and consistent increase in the use of mCPR in the target countries.
- The target for the change in U5MR was met in 2018 and 2019, but fell slightly short in 2020 with the an achievement of 1.8 percent compared to the target of 2 percent.

Other:

- **COVID-19 Vaccinations:** USG is leading the effort to vaccinate the world. Of the committed 1.2 billion vaccines, about 524 million doses have been donated and delivered to more than 110 countries from May 2021 and April 2022. Partnership with the Vaccine Access (Global VAX), is vital in reaching the goal of vaccinating 70% of the global populations against COVID-19 in 2022.
- **Preventing Child and Maternity Deaths:** USAID continued to invest in areas disproportionately impacted by elevated numbers for child mortality; in Sub-Saharan Africa and South Asia that contribute 54 percent and 28 percent to global under 5 (U5) mortality (2020) respectively. Since 2015, the 25 maternal and child health and nutrition (MCHN) priority countries have been at or above the target of 2 percent decrease in U5 mortality. With the COVID-19 pandemic, the average across the priority countries fell slightly to 1.8 percent in FY 2020 and FY 2021. The President's Malaria Initiative (PMI) has worked to reduce all-cause child mortality and parasite prevalence in the 27 partner countries

In 2020 alone, USAID supported:



27 million

Women and couples with voluntary family planning



8 million

Pregnant women with breastfeeding counseling and support



27 million

Children with nutrition programs



23 million

Preventive malaria treatments to protect pregnant women



38.9 million

Mosquito nets distributed to protect communities against Malaria



THE U.S. GOVERNMENT INVESTMENT

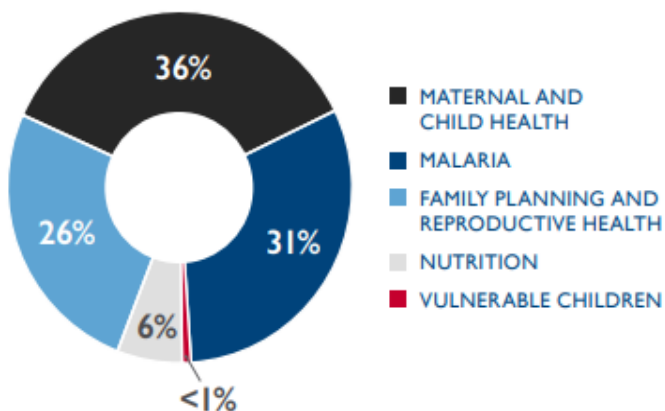
With the bipartisan support of Congress and the compassion of the American people, the U.S. Government invested more than \$21 billion from 2012 to 2020 to prevent child and maternal deaths.

PRIORITY GLOBAL HEALTH INVESTMENTS FROM 2012-2020

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	2020 FISCAL YEAR	TOTAL
(\$ MILLIONS)	8,599	8,420	8,826	9,277	8,841	8,867	8,801	8,939	9,210	79,780
PREVENTING CHILD AND MATERNAL DEATHS	2,285	2,262	2,398	2,534	2,417	2,372	2,362	2,381	2,430	21,441
CONTROLLING THE HIV/AIDS EPIDEMIC	5,893	5,773	6,000	6,000	6,000	6,000	6,000	6,050	6,260	53,976
COMBATING INFECTIOUS DISEASE THREATS	421	385	428	743	424	495	439	508	520	4,363

INVESTMENTS IN PREVENTING CHILD AND MATERNAL DEATHS

TOTAL 2012-2020:
\$21,441,000,000

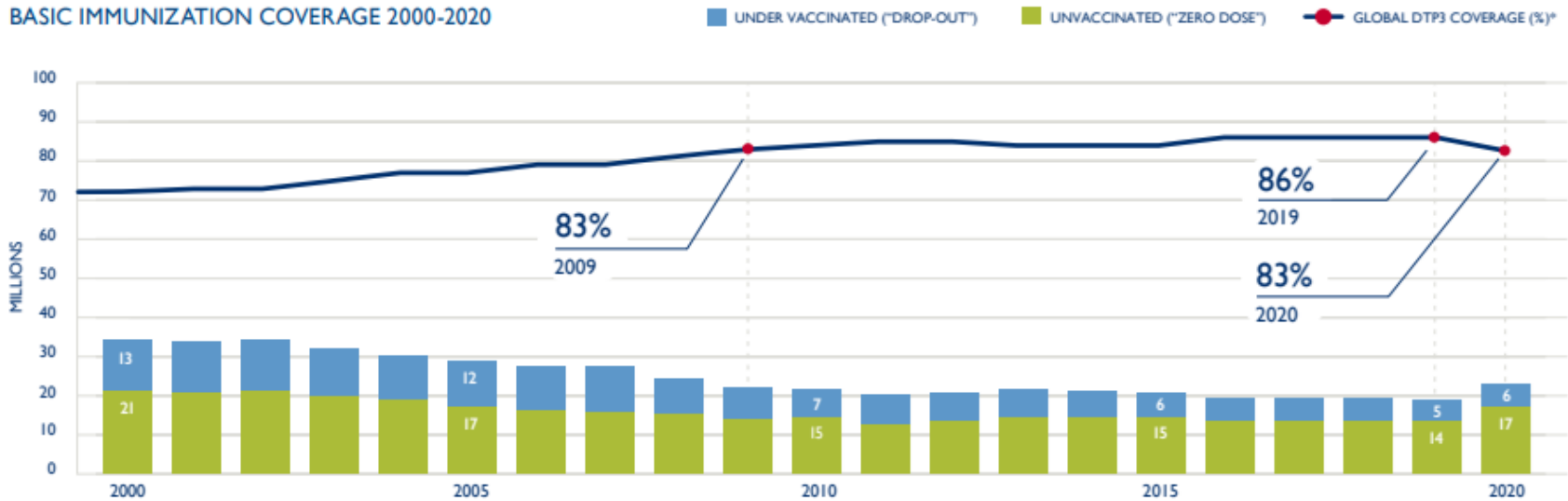


GLOBAL CHILDHOOD IMMUNIZATION COVERAGE WAS HIT EARLY AND HARD BY THE PANDEMIC

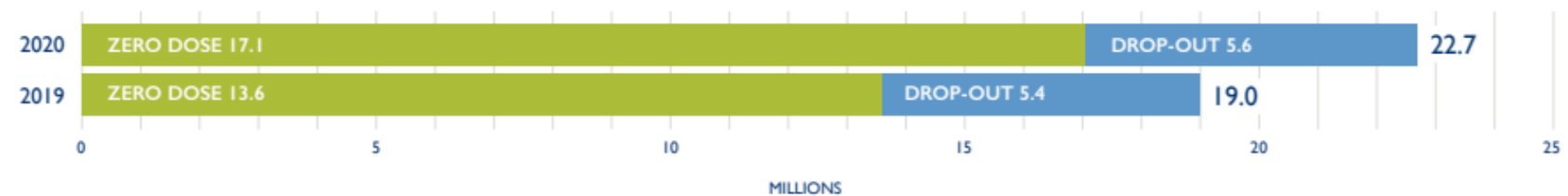
Twenty-three million children missed out on critical vaccines in 2020, the highest number since 2009 and 3.7 million more than in 2019. Concerningly, approximately 17 million of these children likely never received a single vaccine dose, expanding existing inequalities in immunization often experienced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

FIGURE 2:

BASIC IMMUNIZATION COVERAGE 2000-2020



22.7 MILLION UN- AND UNDER VACCINATED INFANTS IN 2020



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

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

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

Data accuracy & reliability

Data Sources

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

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

Data accuracy & reliability

Data Limitations

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

Data accuracy & reliability

Actions to improve data quality and availability

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

- USAID invests in technical assistance and data-collection at national, regional, and local levels to strengthen the delivery of healthcare, improve outcomes, and save millions of lives.
- USAID Global Health Bureau is currently working on a Global Health Data and Analytics (D&A) Strategy with a goal to make data and actionable insights available and accessible to all staff to encourage a data-driven health programming and evidence-based decision-making across USAID/W and operating units.
- USAID developed its first Digital Strategy (2020-2024) that outlines USAID's deliberate and holistic commitment to improve development and humanitarian assistance outcomes through the use of digital technology, and strengthen open, inclusive, and secure digital ecosystems. Digital ecosystems, consisting of stakeholders, systems, and enabling environment, empower people and communities to use digital technology to access services, engage with others, and pursue economic opportunities in partner countries.



Agency Priority Goal | Action Plan | FY 22 – Q1

Preventing Child and Maternal Deaths

Goal Leader(s):

Dr. Atul Gawande

Assistant Administrator

Bureau for Global Health (GH)

U.S. Agency for International Development (USAID)

Goal Overview

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

Problem to Be Solved:

- o In 2020 alone, five million children died before reaching their fifth birthday, even without an increase in mortality attributable to COVID-19. Under-five mortality is disproportionately distributed, with 54% in Sub-Saharan Africa and 28 percent in Southern Asia.
- o Nearly half (47 percent) of all under-five deaths in 2020 occurred during the neonatal period – the first 28 days of life – and Sub-Saharan Africa has the highest neonatal mortality rate in the world, at 27 deaths per 1,000 live births, followed by Southern Asia at 23 deaths per 1,000. A child born in a high-income country has a risk of death in the first month that is just one tenth the risk to a child born in a low-income country.
- o Maternal mortality rate (MMR) is unacceptably high. About 295,000 women died during and following pregnancy and childbirth in 2017. The vast majority of these deaths (94 percent) occurred in low-resource settings, and most could have been prevented.

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

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

Fact Sheet Newborns: improving survival and well-being available at [Newborns: improving survival and well-being \(who.int\)](#)

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

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

Committing to Child Survival" A promise renewed : [unicef_progress_report_2012.pdf \(who.int\)](#)

Newborns: Improving survival and wellbeing available at [Newborns: improving survival and well-being \(who.int\)](#)

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

SENSITIVE BUT UNCLASSIFIED

Goal Overview

Challenges:

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

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

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

High-Risk Newborns

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

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

Deaths from Preventable Infectious Diseases and Malnutrition:

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

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

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

* Low-Resource Settings are typically characterized by lack of funds to cover health care costs, on an individual or societal basis that can result in limited access to quality services

Goal Overview

Opportunities

- By analyzing the causes of child and maternal deaths, leveraging the knowledge USAID has accumulated, and the current coverage of lifesaving interventions, USAID, as a global leader in the health sector, will identify programs and health interventions that will have the greatest impact.
- In the Acting on the Call report for 2020, USAID presented results from our approach adopted in 2014 to save the lives of children under five and pregnant women. USAID and our partners will focus on using diverse strategies applied in the community and in primary-care and higher-level facilities.
- USAID concentrates investments in top-priority countries selected by the technical offices based on the highest need and opportunity, meaning a USAID Mission in place with a health officer in Mission, as well as the potential to leverage resources from the public and private sectors to improve health outcomes. GH technical offices (Maternal and Child Health [MCH], Nutrition, Family Planning/ Reproductive Health [FP/RH]) are currently revising this list of priority countries. Together, these countries account for nearly 70 percent of maternal and child deaths worldwide.
- The U.S. Agency for International Development (USAID) will continue to work with our partners in the U.S. government and the global community to strengthen health care to prevent child and maternal deaths, as both have significant impact on global productivity, economic development, and sustainable development.

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

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

Goal target(s)

In the table below, please repeat the key metrics included in the goal statement (previous slide) that will be used to track progress.

Please update this column each quarter.

Achievement statement		Key indicator(s)	Quantify progress			Frequency
		A "key performance indicator" measures progress toward a goal target				
By...	We will...	Name of indicator	Current Target value	Starting value** (report date)	Current value (report date)	Update cycle
09/30/2022	fund and deliver shipments of contraceptive commodities on time	Percent of shipments of contraceptive commodities that are on time	80	75% (FY18 Q1)	98 % (FY 22 Q1)	Quarterly
09/30/2022	fund activities and work collaboratively to increase the rate of exclusive breastfeeding	Absolute change in the rate of exclusive breastfeeding among children under six months	+1	+1.9 (FY 18)	+1.1% (FY 21)	Annual
09/30/2022	fund activities and work collaboratively to increase the percentage of children receiving the pneumococcal vaccine	Absolute change in total percentage of children who received at least three doses of PCV by 12 months of age	+1	+2.1 (FY 18)	+1.6 % (FY 21)	Annual
09/30/2022	fund and distribute insecticide-treated nets to increase the number of people protected against malaria	Annual total number of people protected against malaria with insecticide-treated nets	110M	72 M (FY 15)	109M* (FY 21)	Annual
09/30/2022	fund activities and work collaboratively to increase the prevalence of modern contraceptive use	Absolute change in the modern contraceptive prevalence rate	+1	1.3 (FY 15)	0.9% (FY 21)	Annual
09/30/2022	fund activities and work collaboratively to increase the survival rate of children under five years of age	Absolute change in under-five mortality rate (decrease per 1,000 live births)	-2	-2.3 (FY 15)	-1.8 % (FY 21)	Annual

* PMI coordinates its procurement and distribution of ITNs with other major donors, particularly the Global Fund. In FY 2021, PMI came under the projected target due to coordination efforts and ITNs successfully being distributed in part or in whole by other partners.

Goal Team

USAID Global Health Bureau

Goal Lead

Office of the Assistant
Administrator

Atul Gawande, Assistant
Administrator

IMPLEMENTING TEAM

Office of Policy, Programs & Planning

Marita Eibl, Director
Jon Whitehead, Division Chief
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Bill Weiss, Sr Advisor
Marc Cunningham, Sr Advisor

Nutrition

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Erin Milner, Sr Advisor

Population and Reproductive Health

Ellen Starbird, Director
Amani Selim, Sr Advisor
Wezi Munthali, Technical Advisor
Bamikale Feyisetan, Sr Advisor

Infectious Disease/Malaria

Julie Wallace, PMI Coordinator (Acting)
Misun Choi, Sr Advisor

Health systems strengthening

Kelly Saldana, Director
Anwer Aquil, Sr Advisor

Goal Strategies

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

Goal Strategies

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

GH Priority Countries by PCMD Technical Areas

#	Region	Priority Count	MCH	FP/RH	Malaria	Nutrition FY22	PCMD count
1	AFR	Ethiopia	MCH	FPRH	Malaria	Nutrition	4
3	AFR	Mozambique	MCH	FPRH	Malaria	Nutrition	4
4	AFR	Nigeria	MCH	FPRH	Malaria	Nutrition	4
5	AFR	Tanzania	MCH	FPRH	Malaria	Nutrition	4
6	AFR	Uganda	MCH	FPRH	Malaria	Nutrition	4
7	AFR	DR Congo	MCH	FPRH	Malaria	Nutrition	4
8	AFR	Ghana	MCH	FPRH	Malaria	Nutrition	4
9	AFR	Malawi	MCH	FPRH	Malaria	Nutrition	4
10	AFR	Mali	MCH	FPRH	Malaria	Nutrition	4
11	AFR	Senegal	MCH	FPRH	Malaria	Nutrition	4
2	AFR	Kenya	MCH	FPRH	Malaria		3
12	AFR	Rwanda	MCH	FPRH	Malaria		3
13	AFR	Zambia	MCH	FPRH	Malaria		3
14	AFR	Liberia	MCH	FPRH	Malaria		3
15	AFR	Madagascar	MCH	FPRH	Malaria		3
16	ASIA	Bangladesh	MCH	FPRH		Nutrition	3
17	ASIA	Nepal	MCH	FPRH		Nutrition	3
18	ASIA	Burma	MCH		Malaria		2
19	ASIA	India	MCH	FPRH			2
20	LAC	Haiti	MCH	FPRH			2
21	ASIA	Afghanistan	MCH	FPRH			2
22	ASIA	Pakistan	MCH	FPRH			2
23	AFR	South Sudan	MCH	FPRH			2
24	ME	Yemen	MCH	FPRH			2
25	AFR	Burkina Faso			Malaria	Nutrition	2
26	AFR	Niger			Malaria	Nutrition	2
27	ASIA	Indonesia	MCH				1
28	ASIA	Cambodia			Malaria		1
29	AFR	Cameroon			Malaria		1
30	AFR	Cote d'Ivoire			Malaria		1
31	AFR	Sierra Leone			Malaria		1
32	AFR	Zimbabwe			Malaria		1
33	AFR	Angola			Malaria		1
34	AFR	Guinea			Malaria		1
35	ASIA	Thailand			Malaria		1
36	AFR	Benin			Malaria		1
37	ASIA	Philippines		FPRH			1
Count by Technical Area			25	24	27	14	37

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

Goal Strategies

FOCUSING ON WHERE
THE BURDEN IS HIGHEST



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

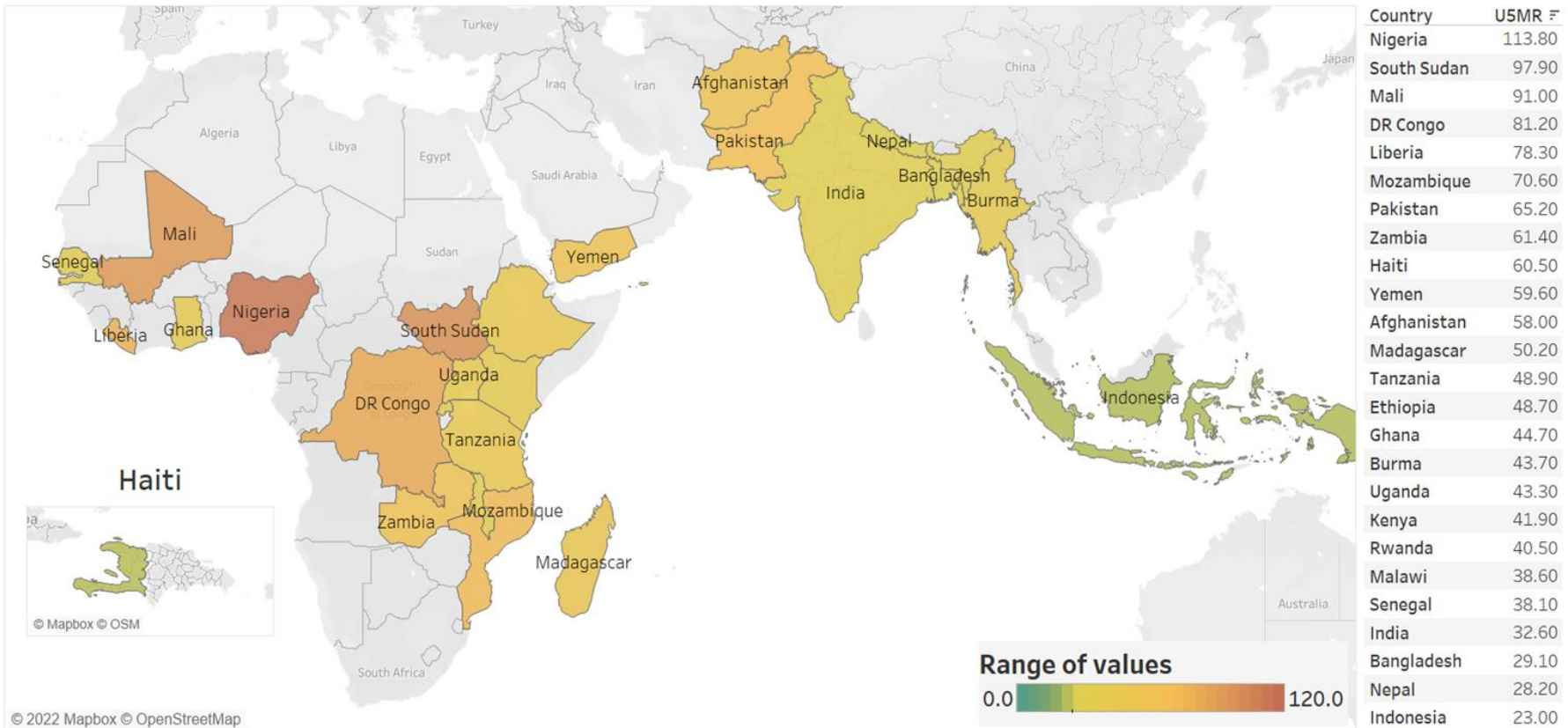
Data source: United Nations Inter-agency Group for Child Mortality Estimation, Subnational Under-five Mortality Estimates, 1990–2019: Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, New York, 2021

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

Key Indicators

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

U5MR in USAID Priority Countries, FY21



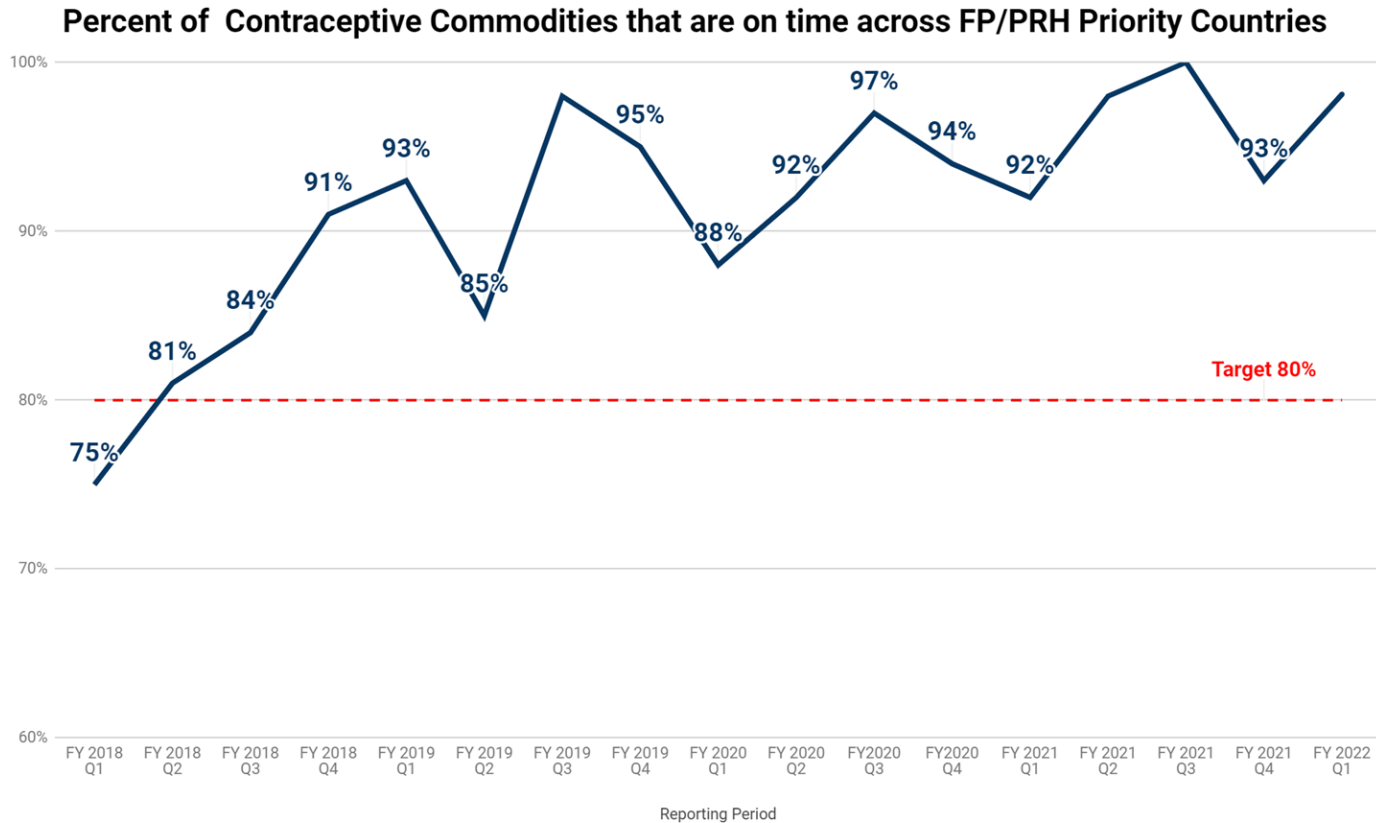
Source: UN IGME 2021: United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 'Levels & Trends in Child Mortality: Report 2021, Estimates Developed by the United Nations Inter-agency Group for Child Mortality Estimation', United Nations Children's Fund, New York, 2021...

Data source: United Nations Inter-agency Group for Child Mortality Estimation, Subnational Under-five Mortality Estimates, 1990–2019: Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, New York, 2021
 Priority countries are designated by the technical offices of the USAID Global Health Bureau technical offices.

Key indicators

Quarterly Indicator

Contraceptive Commodities: A major component of preventing child and maternal deaths is ensuring access to contraceptive commodities. Expanding access to information on voluntary family planning, and improving the supply and logistics of commodities, inherently benefits families, accelerates economic growth, and improves social stability.

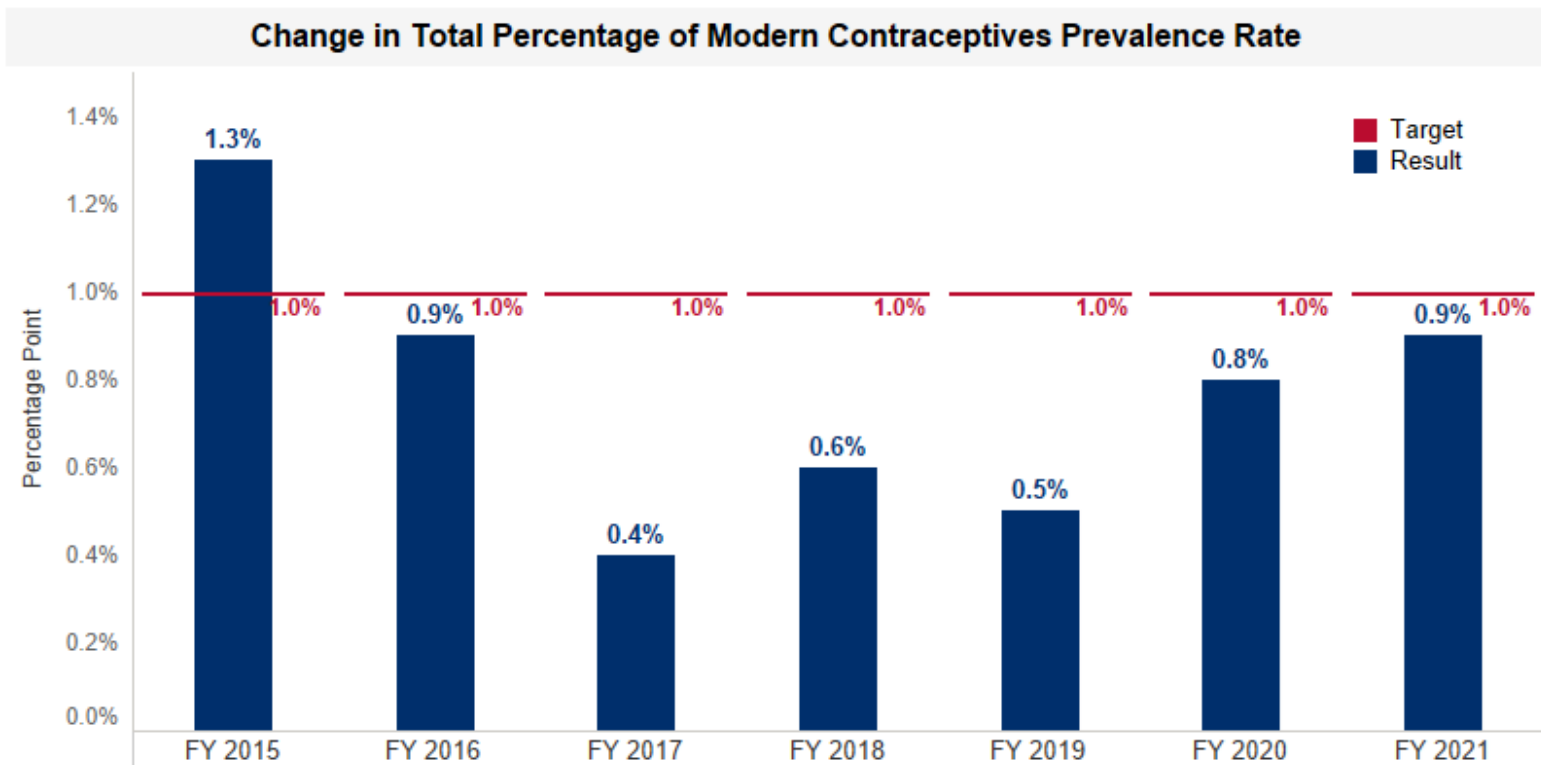


Data Source: Program data from the Central Contraceptive Procurement program. This indicator tracks the actual arrival of shipments of procured contraceptive commodities against the planned deliveries in the country. This is an average of all shipments during the reporting period.

Key indicators

Annual Indicator

Absolute change in the prevalence rate of modern contraceptives: Increased use of contraception leads to decreased unintended pregnancies and slows population growth over time. The Prevalence Rate of Modern Contraceptives (mCPR) measures the percentage of in-union women of reproductive age (15–49 years) who are using, or whose partner is using, a modern method of contraception at the time of the survey. Annual estimates of mCPR are actual or projected estimates from data from the DHS, MICS, and Performance-Monitoring and Accountability (PMA) Survey that are available at the time of reporting, with the projected estimates subject to revision as needed when new survey data are available later.



Data Sources: Demographic and Health Surveys (DHS), Reproductive Health Surveys (RHS), Multiple Indicator Cluster Surveys (MICS), and Performance Monitoring and Accountability (PMA). Projected values between reported survey data points are calculated using linear interpolation. The graph includes data for the year-to-year absolute change in USAID's 24 priority countries for voluntary family planning and reproductive health

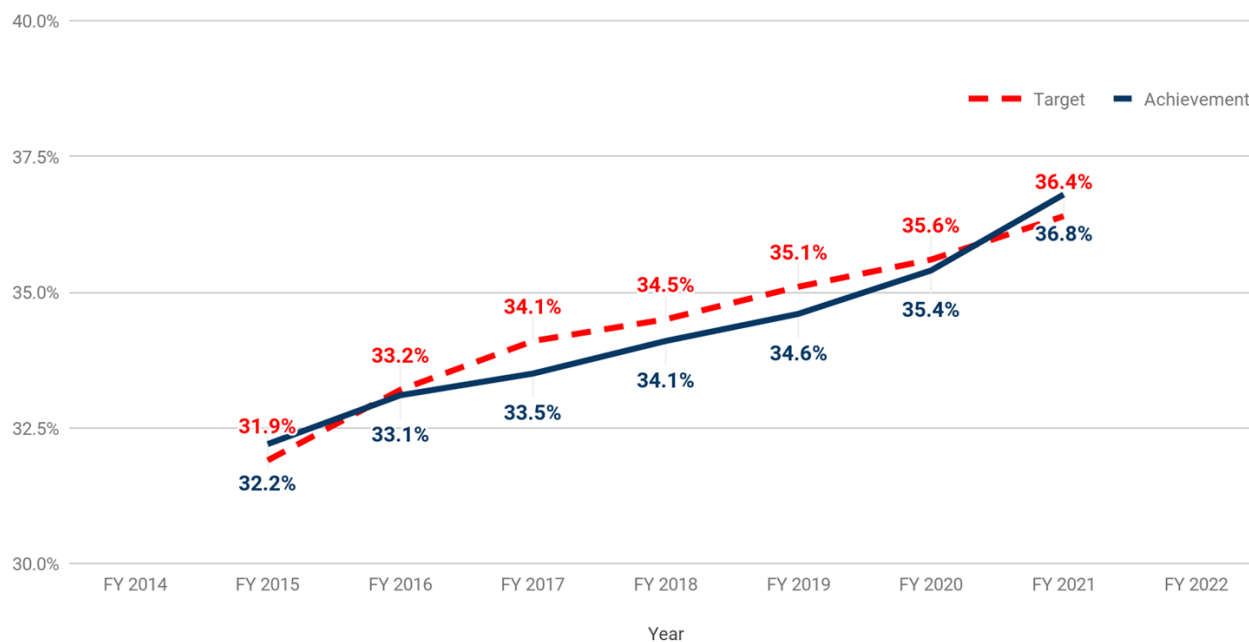
Key indicators

Annual Indicator

Incremental change (adds absolute change to the base value annually) in average prevalence rate of modern contraceptives:

Increased use of contraception leads to decreased unintended pregnancies and slows population growth over time. The Prevalence Rate of Modern Contraceptives (mCPR) measures the percentage of in-union women of reproductive age (15–49 years) who are using, or whose partner is using, a modern method of contraception at the time of the survey. Annual estimates of mCPR are actual or projected estimates from data from the DHS, MICS, and Performance-Monitoring and Accountability (PMA) Survey that are available at the time of reporting, with the projected estimates subject to revision as needed when new survey data are available later.

Incremental Change in Average Prevalence Rate of Modern Contraceptives



Data Sources: Demographic and Health Surveys (DHS), Reproductive Health Surveys (RHS), Multiple Indicator Cluster Surveys (MICS), and Performance Monitoring and Accountability (PMA)

The graph includes data for the year-to-year absolute change in USAID's 24 priority countries for voluntary family planning and reproductive health.

The target is calculated as 1% increase on the prior year achievement

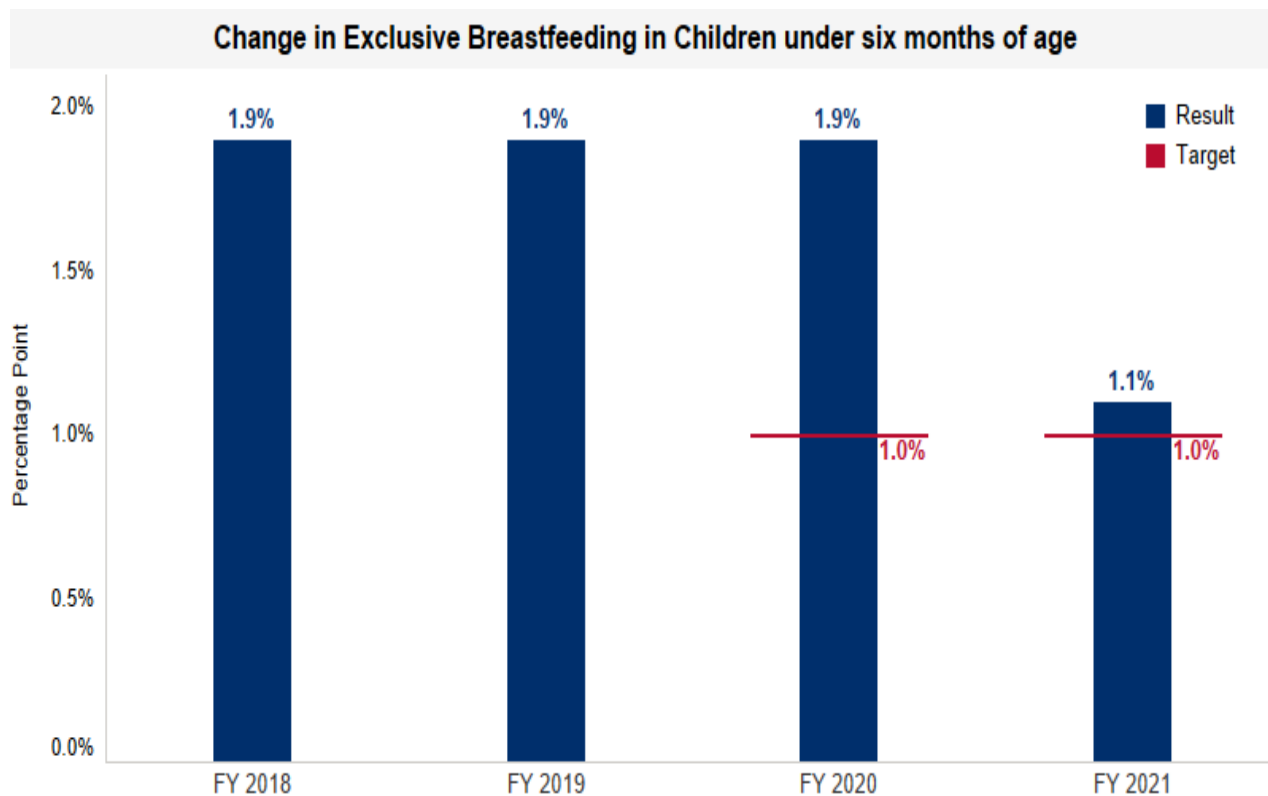
SENSITIVE BUT UNCLASSIFIED

Key indicators

Annual Indicator

Absolute Change in the Rate of Exclusive Breastfeeding among Children Under Six Months of Age in USAID's 25 MCH Priority

Countries: The proportion of children zero to five months fed exclusively with breast milk in USAID's 25 MCH priority countries came from Demographic Health Survey (DHS), UNICEF Multiple Indicator Cluster Survey (MICS), or other surveys and averaged (weighted by live births) each year.



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

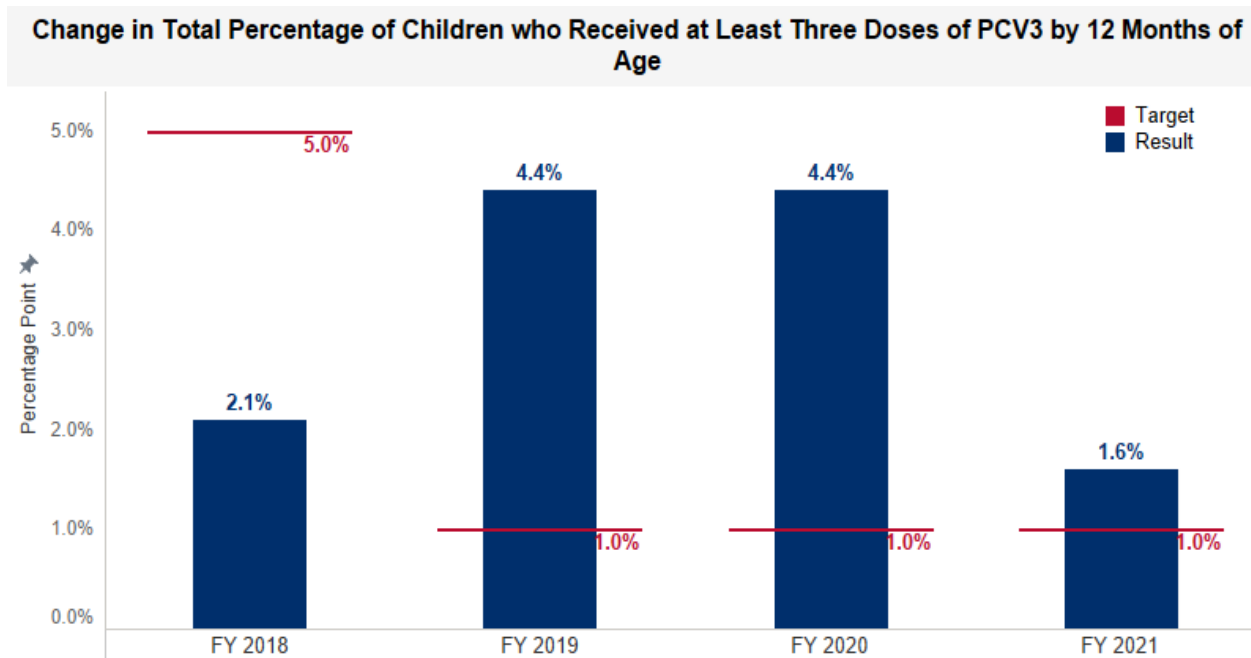
SENSITIVE BUT UNCLASSIFIED

Key indicators

Annual Indicator:

Absolute Change in Total Percentage of Children who Received at Least Three Doses of Pneumococcal Vaccine by 12 Months of Age across 25 MCH Priority Countries

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



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

USAID collects data for this indicator by Calendar Year, which overlaps with the Federal Fiscal Year. For this reason, the Agency reports the difference in data from Calendar Years 2019 and 2020 for FY 2021. The graph includes data for USAID's 25 priority countries for MCH.

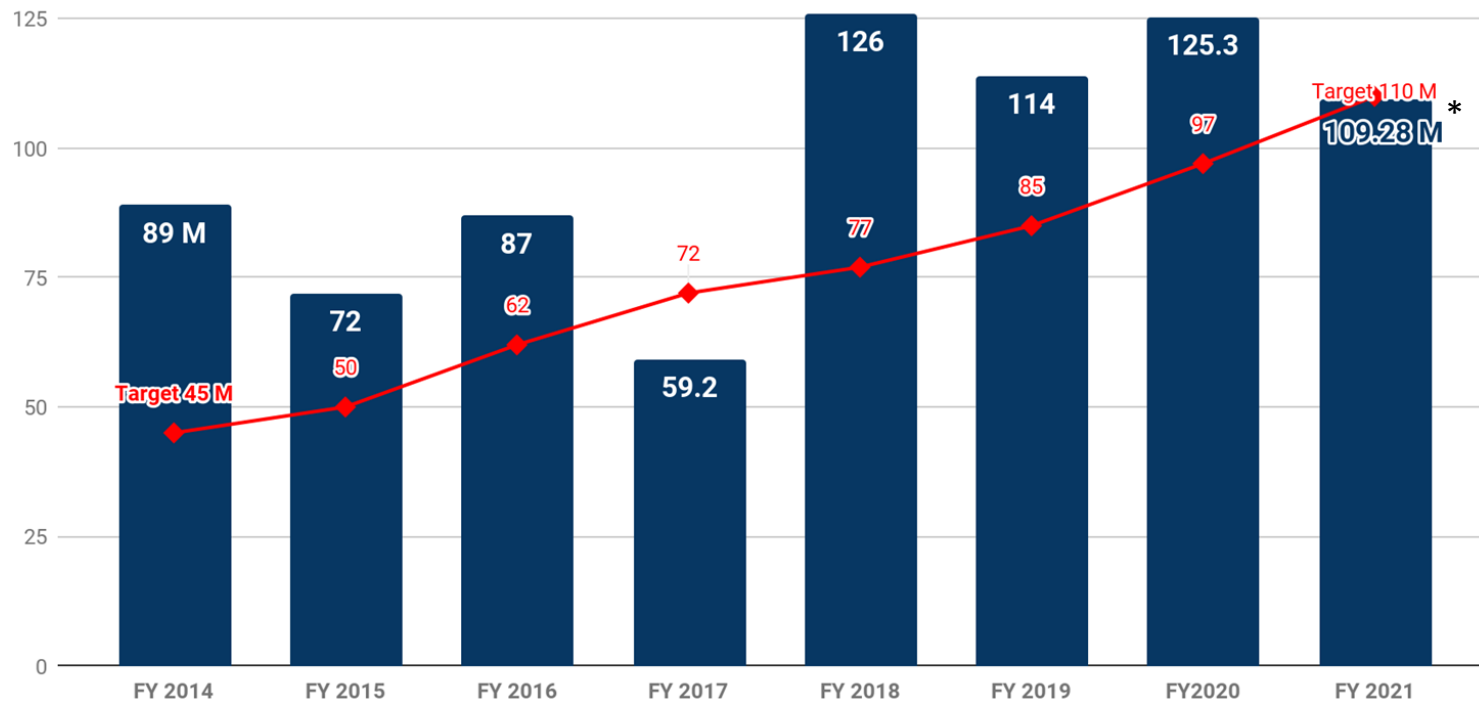
Key indicators

Annual Indicator:

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

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

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



*PMI coordinates its procurement and distribution of ITNs with other major donors, particularly the Global Fund. In FY 2021, PMI came under the projected target due to coordination efforts and ITNs successfully being distributed in part or in whole by other partners.

Data Source for ITN: President Malaria Initiative (PMI) program data Graph includes data for the 24 priority PMI countries and one sub-region

Data Source for all-cause mortality rates: [PMI April 2021 Annual Report](#). The Start year for the countries ranges from 2003/2004 to 2011/2012 depending on when the country became a PMI partner country and when the most recent mortality survey was implemented.

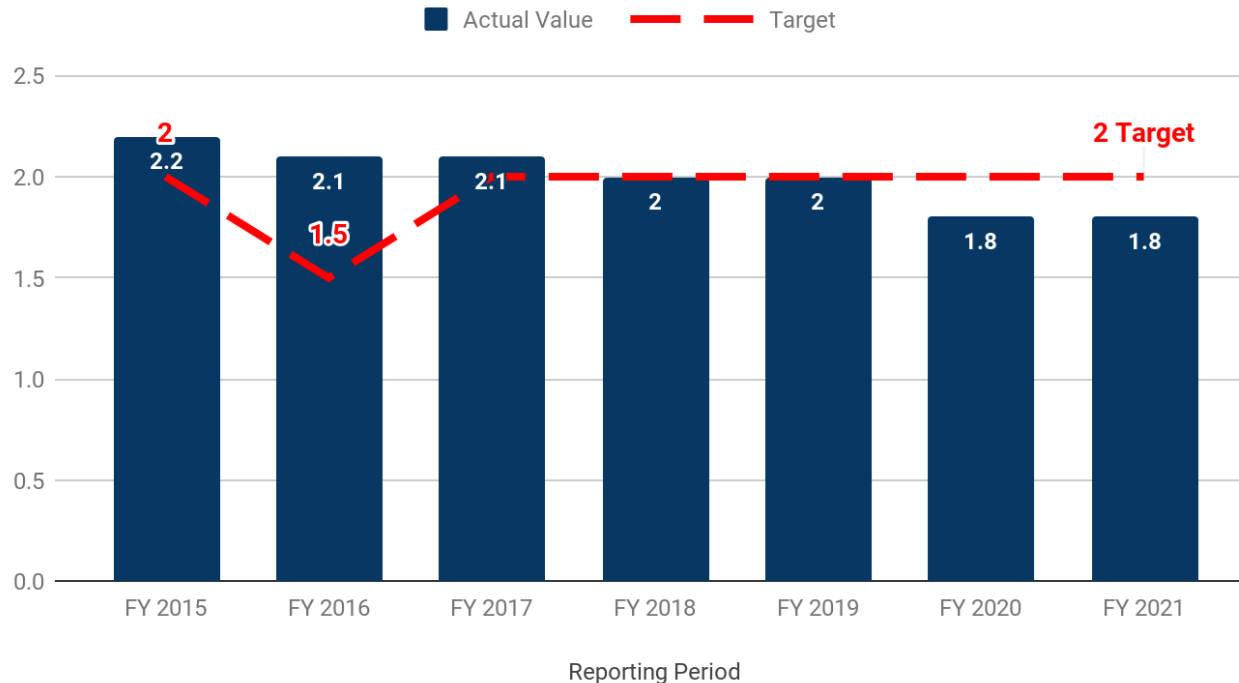
SENSITIVE BUT UNCLASSIFIED

Key indicators

Annual Indicator:

Absolute change in under-five mortality rate (*decrease per 1,000 live births*): Improvements in mortality outcomes are the result of increasingly effective efforts to link diverse health programs—in MCH, in malaria, in the contribution of voluntary family planning to the healthy timing and spacing of pregnancy, in nutrition, in HIV/AIDS, and in sanitation and hygiene. All of these efforts contribute to ending preventable child and maternal deaths.

Decrease in (weighted) Average Under Five Mortality Rate (per 1,00 live births)



Data source: United Nations Inter-agency Group for Child Mortality Estimation, Subnational Under-five Mortality Estimates, 1990–2019: Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, New York, 2021

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

Additional information

Contributing Programs

- USAID works collaboratively within the Agency, across the U.S. government, in collaboration with host-country governments, and with global partnerships to advance the goal of preventing maternal and child deaths.
- The U.S. government was one of the first to call on the global community to stop mothers and children from dying from preventable causes. The call to action resulted in 178 governments signing a pledge that commits to doing everything possible to accelerate declines in preventable maternal, newborn, and child deaths.
- Over 600 civil-society and private-sector organizations pledged support. This work directly advances the UN Secretary-General's Global Strategy for Women's and Children's Health and the subsequent Every Woman Every Child movement.
- USAID publishes its progress annually in the Acting on the Call Report. The FY 2020 report focuses on the the role of nurses and midwives.

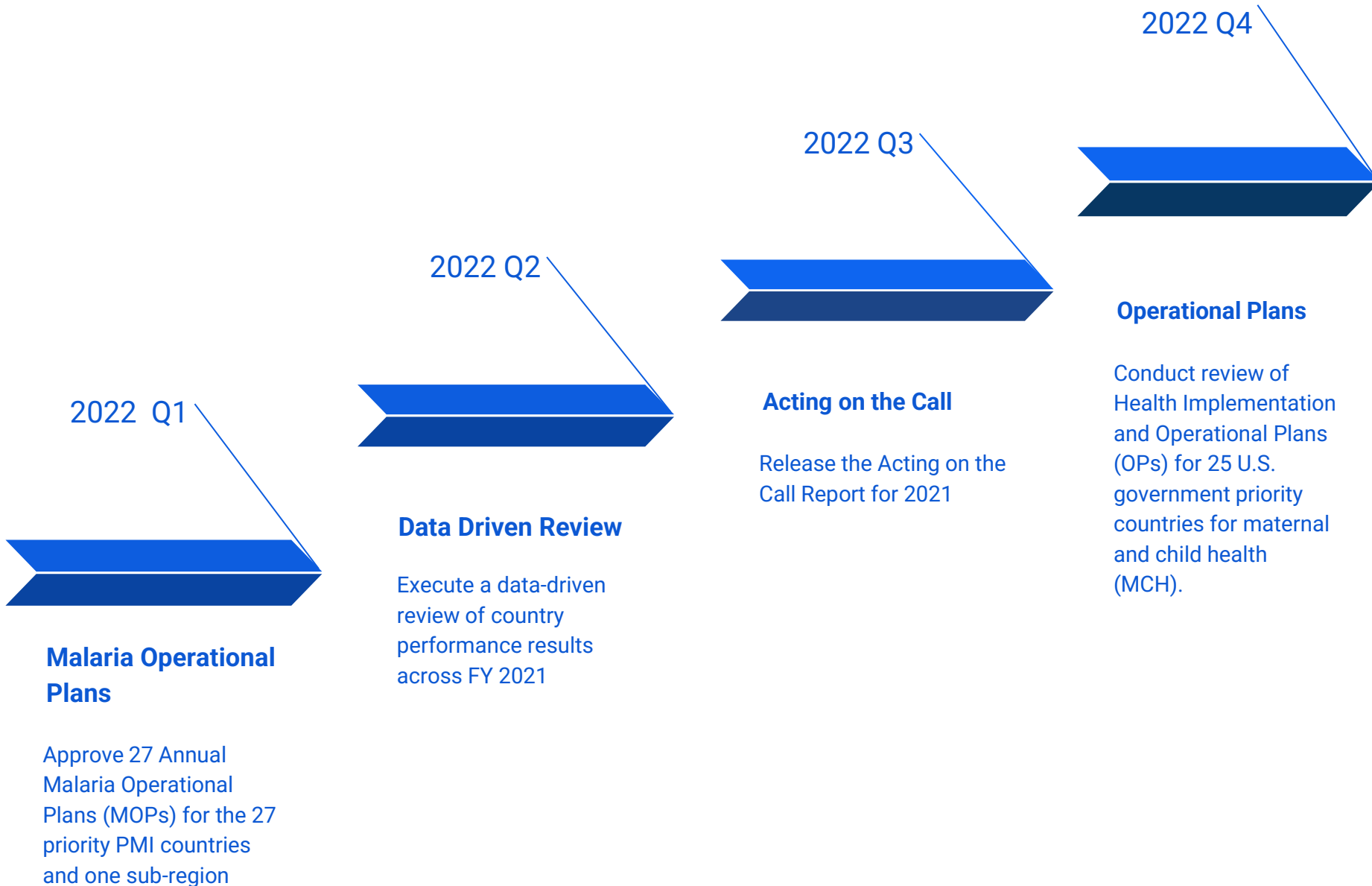
Stakeholder

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

Congressional Consultations

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

Key milestones



Key milestones

Milestone Summary

Key Milestone	Milestone Due Date	Milestone Status	Change from last quarter	Comments
Approve 27 Annual Malaria Operational Plans (MOPs) for the 27 priority PMI countries and one sub-region.	Q1 FY22	Completed	NA	Completed
Execute a data-driven review of country performance results across FY 2021 (prior year).	Q2 FY22	On track	NA	Data collection in progress
Release the Acting on the Call Report for 2021	Q3 FY22	Planned	NA	The 2020 report released November 2021
Conduct review of Health Implementation and Operational Plans (OPs) for 25 U.S. government priority countries for maternal and child health (MCH)	Q4 FY22	Planned	NA	FY 2021 just completed
Approve 27 Annual Malaria Operational Plans (MOPs) for the 27 priority PMI countries and one sub-region.	Q1 FY23	Planned	NA	
Execute a data-driven review of country performance results across FY 2021 (prior year).	Q2 FY23	Planned	NA	
Release the Acting on the Call Report for 2022	Q3 FY23	Planned	NA	
Conduct review of Health Implementation and Operational Plans (OPs) for 25 U.S. government priority countries for maternal and child health (MCH)	Q4 FY23	Planned	NA	

Narrative – FY 22 Q1

Milestones:

- PMI approved Malaria Operational Plans for 27 countries by end of FY 2022 Q1
- The Data Driven Review is in progress. USAID is currently collecting the data across all Operating Units receiving foreign assistance
- USAID published the FY 2021 **Acting on the Call Report** on November 12, 2021. The annual Acting on the Call report continues to highlight progress toward this shared vision and commitment to preventing child and maternal deaths
- USAID finalized in FY 2021 Q4 the Health Implementation Plan for FY 2021 for 25 priority countries

Indicators:

- Performance on the contraceptive commodities received on time is variable yet consistently above target of 80 percent, with a 100 percent achievement in FY 2021 Q3.
- Achievement on the absolute change in exclusive breastfeeding continues to be higher than the target of 1 percent with an FY 2021 report of 1.1 percent.
- Achievement in the absolute change in children receiving the Pneumococcal Vaccine has been consistently above the target of 1 percent despite fluctuations, with a 2021 report of 1.6 percent.
- The number of people protected against malaria with ITNs continue to remain high with achievement in 2020 at 125 million, above the target of 97 million.
- USAID made steady progress on the change in mCPR over the last few years, and achievement was slightly below the 1 percent target at 0.9 percent. However there is continued and consistent increase in the use of mCPR in the target countries.
- The target for the change in U5MR was met in 2018 and 2019, but fell slightly short in 2020 with the an achievement of 1.8 percent compared to the target of 2 percent.

Other:

- On August 25, 2020, the Africa region was certified wild polio free by the World Health Organization Africa Regional Commission for the Certification of Poliomyelitis Eradication, meeting rigorous evaluation standards and exhibiting no new cases for more than four years.
- The COVID 19 pandemic continues to disrupt health systems and programmatic efforts, and possibly impacting reporting and expected achievements.

In 2020 alone, USAID supported:



27 million

Women and couples with voluntary family planning



8 million

Pregnant women with breastfeeding counseling and support



27 million

Children with nutrition programs



8 million

Preventive malaria treatments for pregnant women



87 million

Mosquito nets distributed to protect communities against malaria



THE U.S. GOVERNMENT INVESTMENT

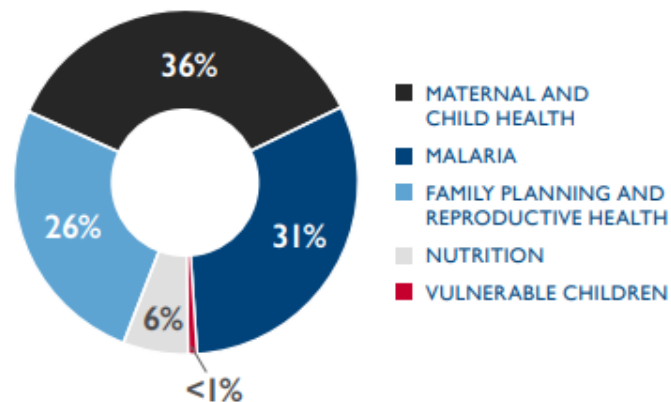
With the bipartisan support of Congress and the compassion of the American people, the U.S. Government invested more than \$21 billion from 2012 to 2020 to prevent child and maternal deaths.

PRIORITY GLOBAL HEALTH INVESTMENTS FROM 2012-2020

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	2020 FISCAL YEAR	TOTAL
(\$ MILLIONS)	8,599	8,420	8,826	9,277	8,841	8,867	8,801	8,939	9,210	79,780
PREVENTING CHILD AND MATERNAL DEATHS	2,285	2,262	2,398	2,534	2,417	2,372	2,362	2,381	2,430	21,441
CONTROLLING THE HIV/AIDS EPIDEMIC	5,893	5,773	6,000	6,000	6,000	6,000	6,000	6,050	6,260	53,976
COMBATING INFECTIOUS DISEASE THREATS	421	385	428	743	424	495	439	508	520	4,363

INVESTMENTS IN PREVENTING CHILD AND MATERNAL DEATHS

TOTAL 2012-2020:
\$21,441,000,000

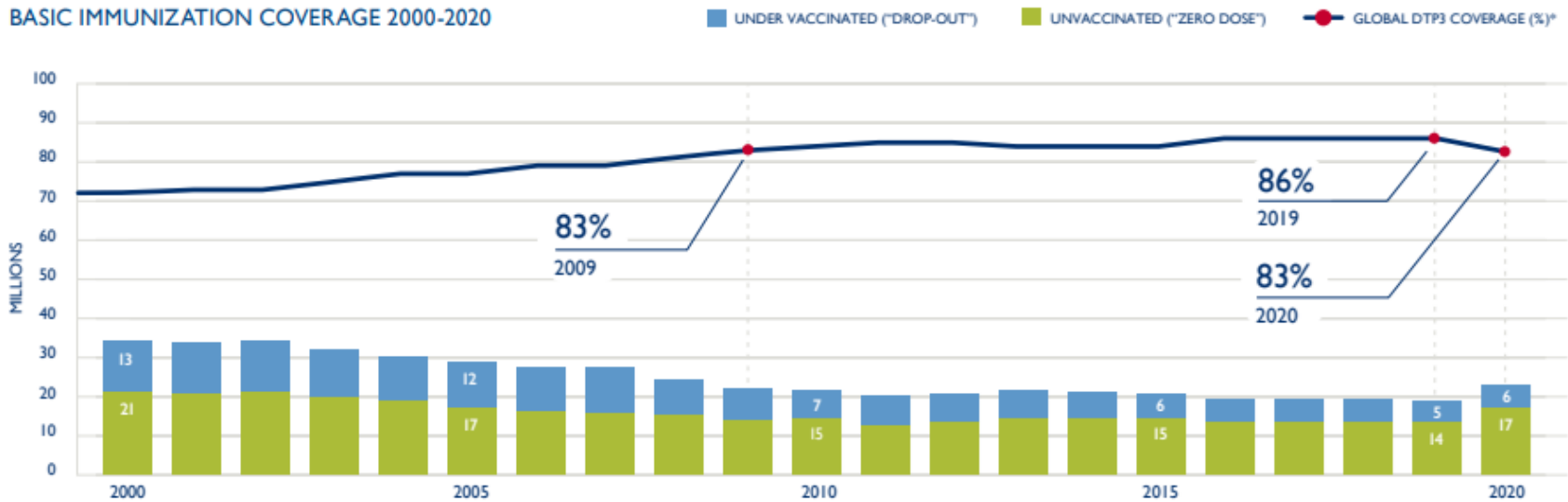


GLOBAL CHILDHOOD IMMUNIZATION COVERAGE WAS HIT EARLY AND HARD BY THE PANDEMIC

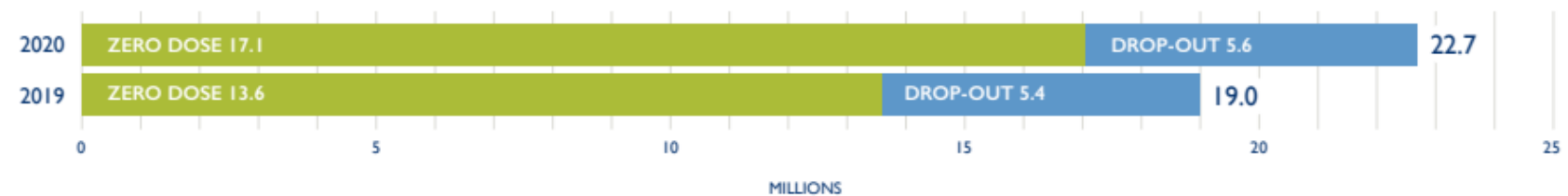
Twenty-three million children missed out on critical vaccines in 2020, the highest number since 2009 and 3.7 million more than in 2019. Concerningly, approximately 17 million of these children likely never received a single vaccine dose, expanding existing inequalities in immunization often experienced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

FIGURE 2:

BASIC IMMUNIZATION COVERAGE 2000-2020



22.7 MILLION UN- AND UNDER VACCINATED INFANTS IN 2020



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

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

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

Data accuracy & reliability

Data Sources

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

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

Data accuracy & reliability

Data Limitations

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

Data accuracy & reliability

Actions to improve data quality and availability

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

- USAID invests in technical assistance and data-collection at national, regional, and local levels to strengthen the delivery of healthcare, improve outcomes, and save millions of lives.
- USAID Global Health Bureau is currently working on a Global Health Data and Analytics (D&A) Strategy with a goal to make data and actionable insights available and accessible to all staff to encourage a data-driven health programming and evidence-based decision-making across USAID/W and operating units.
- USAID developed its first Digital Strategy (2020-2024) that outlines USAID's deliberate and holistic commitment to improve development and humanitarian assistance outcomes through the use of digital technology, and strengthen open, inclusive, and secure digital ecosystems. Digital ecosystems, consisting of stakeholders, systems, and enabling environment, empower people and communities to use digital technology to access services, engage with others, and pursue economic opportunities in partner countries.



Agency Priority Goal | Action Plan | FY 22 – Q3

Preventing Child and Maternal Deaths

Goal Leader(s):

Dr. Atul Gawande

Assistant Administrator

Bureau for Global Health (GH)

U.S. Agency for International Development (USAID)

Goal Overview

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

Problem to Be Solved:

- o In 2020 alone, five million children died before reaching their fifth birthday, even without an increase in mortality attributable to COVID-19. Under-five mortality is disproportionately distributed, with 54% in Sub-Saharan Africa and 28 percent in Southern Asia.
- o Nearly half (47 percent) of all under-five deaths in 2020 occurred during the neonatal period – the first 28 days of life – and Sub-Saharan Africa has the highest neonatal mortality rate in the world, at 27 deaths per 1,000 live births, followed by Southern Asia at 23 deaths per 1,000. A child born in a high-income country has a risk of death in the first month that is just one tenth the risk to a child born in a low-income country.
- o Maternal mortality rate (MMR) is unacceptably high. About 295,000 women died during and following pregnancy and childbirth in 2017. The vast majority of these deaths (94 percent) occurred in low-resource settings, and most could have been prevented.

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

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

Fact Sheet Newborns: improving survival and well-being available at [Newborns: improving survival and well-being \(who.int\)](#)

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

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

Committing to Child Survival" A promise renewed : [unicef_progress_report_2012.pdf \(who.int\)](#)

Newborns: Improving survival and wellbeing available at [Newborns: improving survival and well-being \(who.int\)](#)

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

Goal Overview

Challenges:

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

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

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

High-Risk Newborns

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

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

Deaths from Preventable Infectious Diseases and

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

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

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

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

Goal Overview

Opportunities

- By analyzing the causes of child and maternal deaths, leveraging the knowledge USAID has accumulated, and the current coverage of lifesaving interventions, USAID, as a global leader in the health sector, will identify programs and health interventions that will have the greatest impact.
- In the [Acting on the Call](#) report for 2021, USAID presented results from our approach adopted in 2014 to save the lives of children under five and pregnant women. USAID and our partners will focus on using diverse strategies applied in the community and in primary-care and higher-level facilities.
- USAID concentrates investments in [top-priority countries](#) selected by the technical offices based on the highest need and opportunity, meaning a USAID Mission in place with a health officer in Mission, as well as the potential to leverage resources from the public and private sectors to improve health outcomes. GH technical offices (Maternal and Child Health [MCH], Nutrition, Family Planning/ Reproductive Health [FP/RH]) are currently revising this list of priority countries. Together, these countries account for nearly 70 percent of maternal and child deaths worldwide.
- The U.S. Agency for International Development (USAID) will continue to work with our partners in the U.S. government and the global community to strengthen health care to prevent child and maternal deaths, as both have significant impact on global productivity, economic development, and sustainable development.

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

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

Goal target(s)

In the table below, please repeat the key metrics included in the goal statement (previous slide) that will be used to track progress.

Please update this column each quarter.

Achievement statement		Key indicator(s)	Quantify progress			Frequency
		A "key performance indicator" measures progress toward a goal target				
By...	We will...	Name of indicator	Current Target value	Starting value** (report date)	Current value (report date)	Update cycle
09/30/2022	fund and deliver shipments of contraceptive commodities on time	Percent of shipments of contraceptive commodities that are on time	80	75% (FY18 Q1)	95% (FY22 Q3)	Quarterly
09/30/2022	fund activities and work collaboratively to increase the rate of exclusive breastfeeding	Absolute change in the rate of exclusive breastfeeding among children under 6 months	+1	+1.9 (FY 18)	+1.1% (FY 21)	Annual
09/30/2022	fund activities and work collaboratively to increase the the percentage of children receiving the pneumococcal vaccine	Absolute change in total percentage of children who received at least 3 doses of PCV by 12 months of age	+1	+2.1 (FY 18)	+1.6% (FY 21)	Annual
09/30/2022	fund and distribute insecticide-treated nets to increase the number of people protected against malaria	Annual total number of people protected against malaria with insecticide- treated nets	110M	72 M (FY 15)	109M (FY 21)	Annual
09/30/2022	fund activities and work collaboratively to increase the prevalence of modern contraceptive use	Absolute change in the modern contraceptive prevalence rate	+1	1.3 (FY 15)	0.9% (FY 21)	Annual
09/30/2022	fund activities and work collaboratively to increase the survival rate of children under 5 years of age	Absolute change in under-five mortality rate (decrease per 1,000 live births)	-2	-2.3 (FY 15)	-1.8% (FY 21)	Annual

* PMI coordinates its procurement and distribution of ITNs with other major donors, particularly the Global Fund. In FY 2021, PMI came under the projected target due to coordination efforts and ITNs successfully being distributed in part or in whole by other partners.

Goal Team

USAID Global Health Bureau

Goal Lead

Office of the Assistant
Administrator

Atul Gawande, Assistant
Administrator

IMPLEMENTING TEAM

Office of Policy, Programs & Planning

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Jon Whitehead, Division Chief
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Infectious Disease/Malaria

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Misun Choi, Sr Advisor

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Amani Selim, Sr Advisor
Wezi Munthali, Technical Advisor
Bamikale Feyisetan, Sr Advisor

Health systems strengthening

Rachel Marcus, Director
(Acting)
Anwer Aqil, Sr Advisor

Goal Strategies

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

Goal Strategies

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

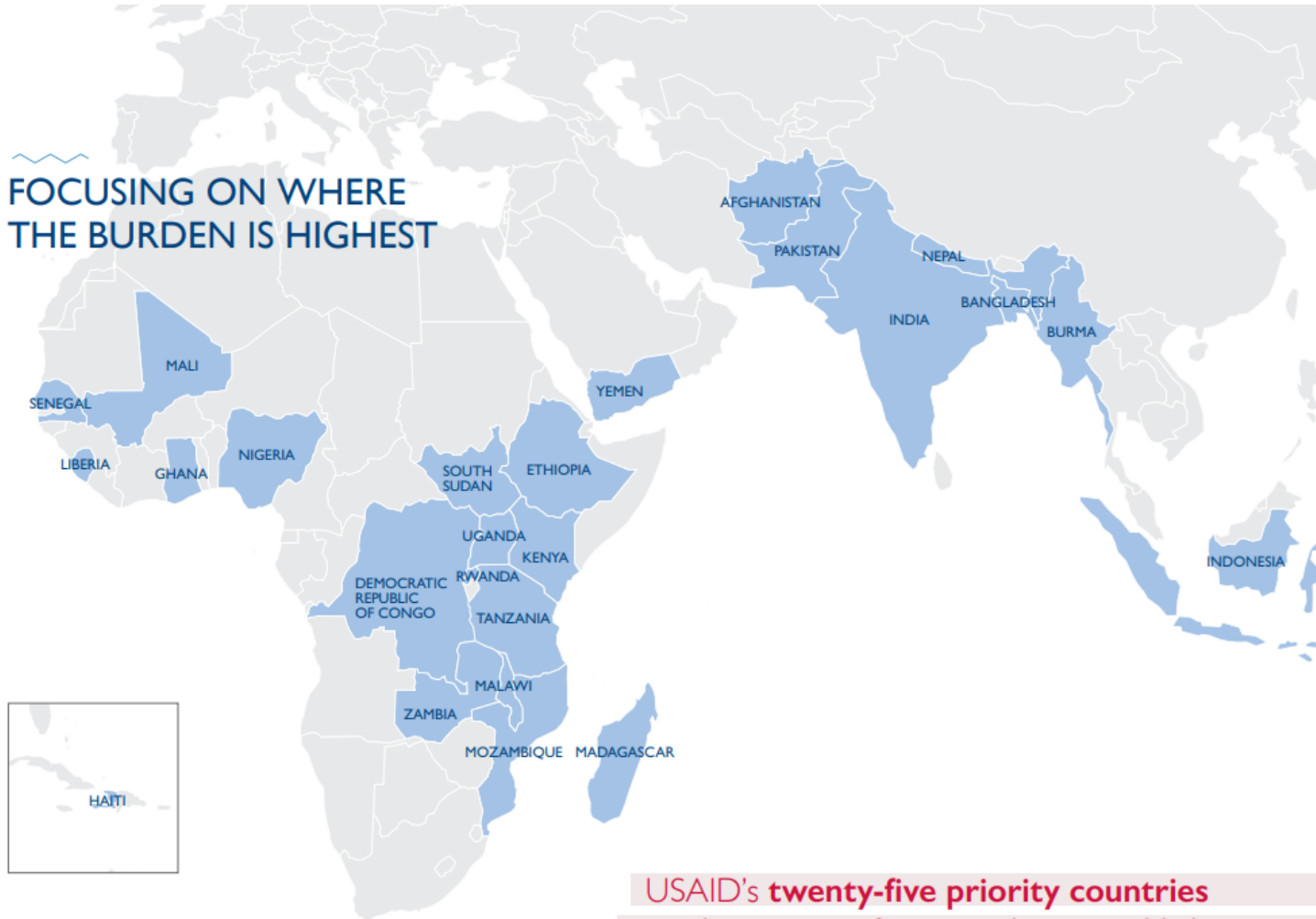
GH Priority Countries by PCMD Technical Areas

#	Region	Priority Count	MCH	FP/RH	Malaria	Nutrition FY22	PCMD count
1	AFR	Ethiopia	MCH	FPRH	Malaria	Nutrition	4
3	AFR	Mozambique	MCH	FPRH	Malaria	Nutrition	4
4	AFR	Nigeria	MCH	FPRH	Malaria	Nutrition	4
5	AFR	Tanzania	MCH	FPRH	Malaria	Nutrition	4
6	AFR	Uganda	MCH	FPRH	Malaria	Nutrition	4
7	AFR	DR Congo	MCH	FPRH	Malaria	Nutrition	4
8	AFR	Ghana	MCH	FPRH	Malaria	Nutrition	4
9	AFR	Malawi	MCH	FPRH	Malaria	Nutrition	4
10	AFR	Mali	MCH	FPRH	Malaria	Nutrition	4
11	AFR	Senegal	MCH	FPRH	Malaria	Nutrition	4
2	AFR	Kenya	MCH	FPRH	Malaria		3
12	AFR	Rwanda	MCH	FPRH	Malaria		3
13	AFR	Zambia	MCH	FPRH	Malaria		3
14	AFR	Liberia	MCH	FPRH	Malaria		3
15	AFR	Madagascar	MCH	FPRH	Malaria		3
16	ASIA	Bangladesh	MCH	FPRH		Nutrition	3
17	ASIA	Nepal	MCH	FPRH		Nutrition	3
18	ASIA	Burma	MCH		Malaria		2
19	ASIA	India	MCH	FPRH			2
20	LAC	Haiti	MCH	FPRH			2
21	ASIA	Afghanistan	MCH	FPRH			2
22	ASIA	Pakistan	MCH	FPRH			2
23	AFR	South Sudan	MCH	FPRH			2
24	ME	Yemen	MCH	FPRH			2
25	AFR	Burkina Faso			Malaria	Nutrition	2
26	AFR	Niger			Malaria	Nutrition	2
27	ASIA	Indonesia	MCH				1
28	ASIA	Cambodia			Malaria		1
29	AFR	Cameroon			Malaria		1
30	AFR	Cote d'Ivoire			Malaria		1
31	AFR	Sierra Leone			Malaria		1
32	AFR	Zimbabwe			Malaria		1
33	AFR	Angola			Malaria		1
34	AFR	Guinea			Malaria		1
35	ASIA	Thailand			Malaria		1
36	AFR	Benin			Malaria		1
37	ASIA	Philippines		FPRH			1
Count by Technical Area			25	24	27	14	37

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

Goal Strategies

FOCUSING ON WHERE
THE BURDEN IS HIGHEST



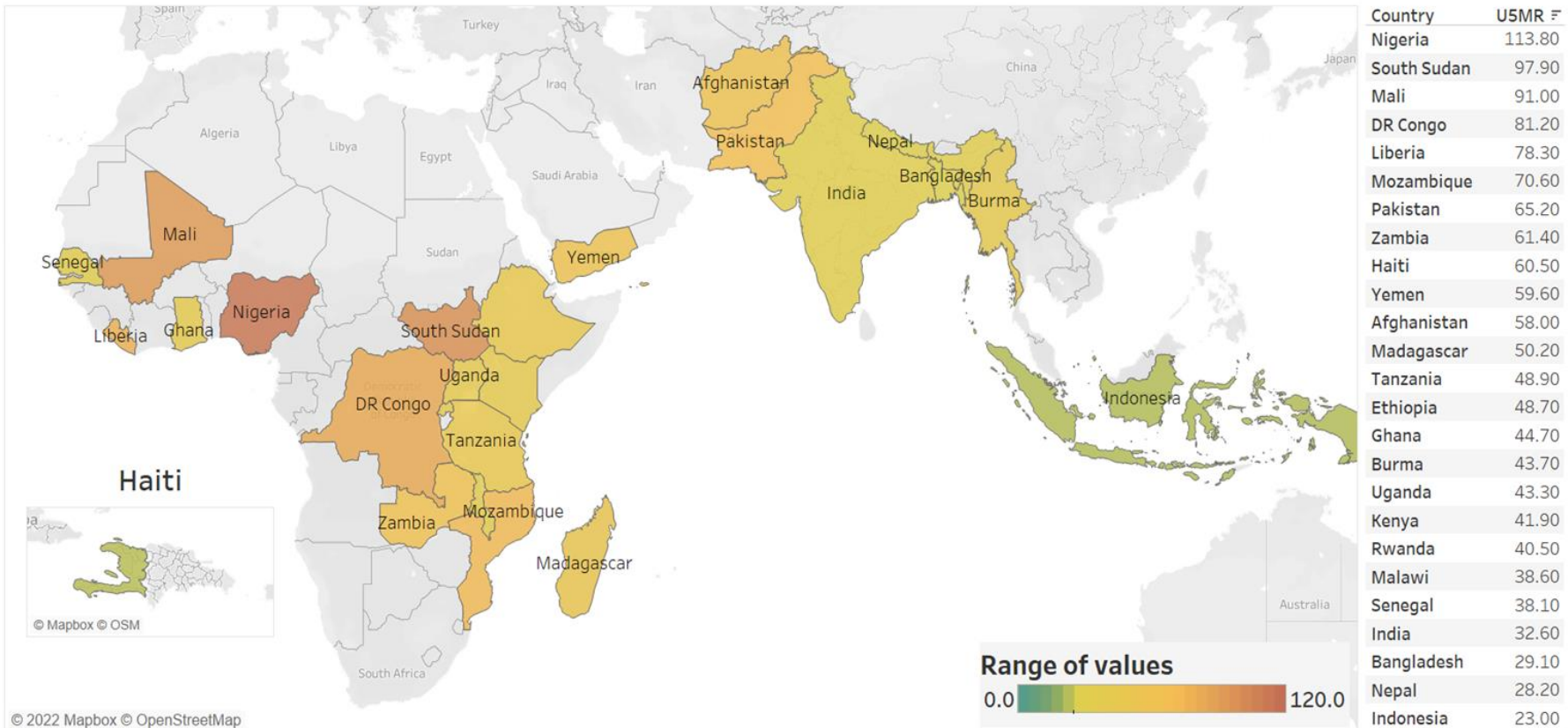
USAID's **twenty-five priority countries**
together account for more than two-thirds
of maternal and child deaths.

Data source: United Nations Inter-agency Group for Child Mortality Estimation, Subnational Under-five Mortality Estimates, 1990–2019: Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, New York, 2021
The 25 MCH priority countries are designated by the technical offices of the USAID Global Health Bureau based on need and opportunity

Key Indicators

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

U5MR in USAID Priority Countries, FY21



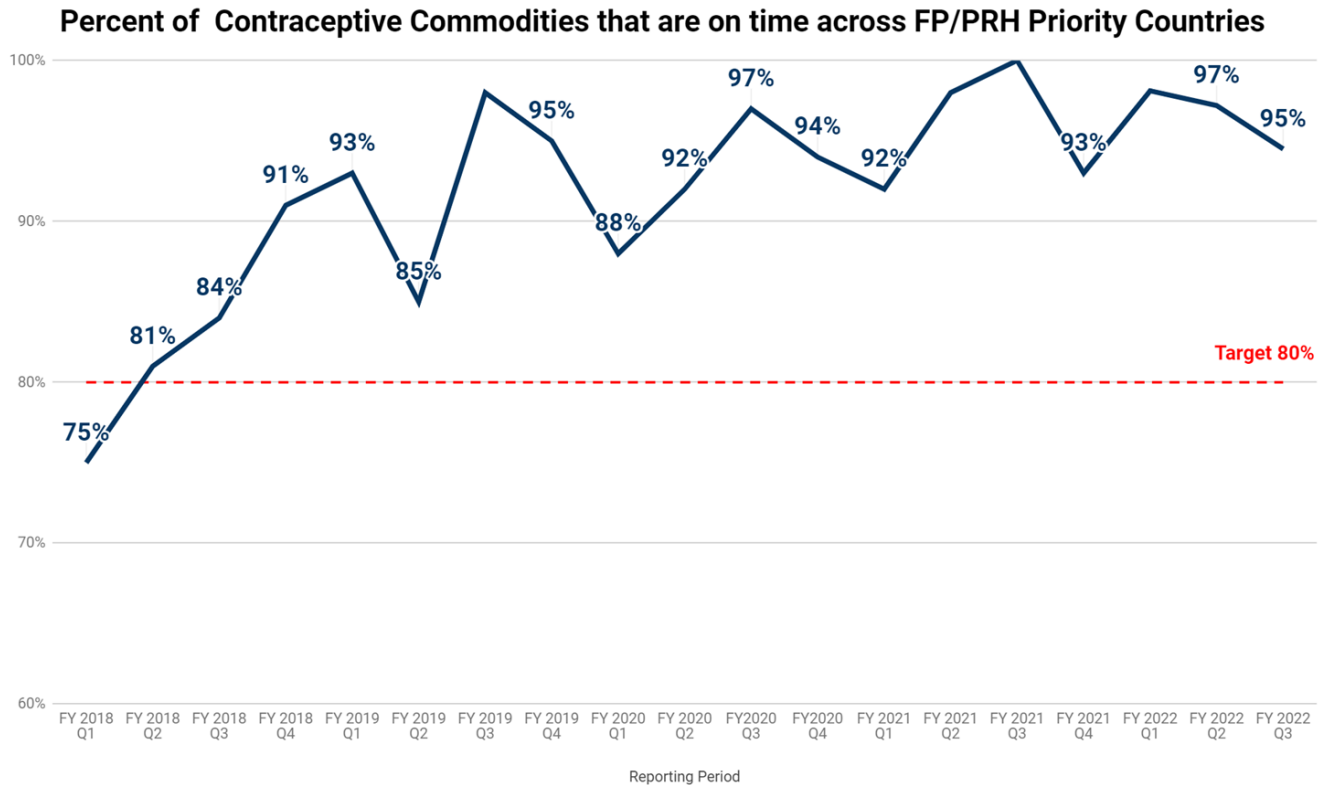
Source: UN IGME 2021: United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 'Levels & Trends in Child Mortality: Report 2021, Estimates Developed by the United Nations Inter-agency Group for Child Mortality Estimation', United Nations Children's Fund, New York, 2021...

Data source: United Nations Inter-agency Group for Child Mortality Estimation, Subnational Under-five Mortality Estimates, 1990–2019: Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, New York, 2021
Priority countries are designated by the technical offices of the USAID Global Health Bureau technical offices

Key indicators

Quarterly Indicator

Contraceptive Commodities: A major component of preventing child and maternal deaths is ensuring access to contraceptive commodities. Expanding access to information on voluntary family planning, and improving the supply and logistics of commodities, inherently benefits families, accelerates economic growth, and improves social stability.

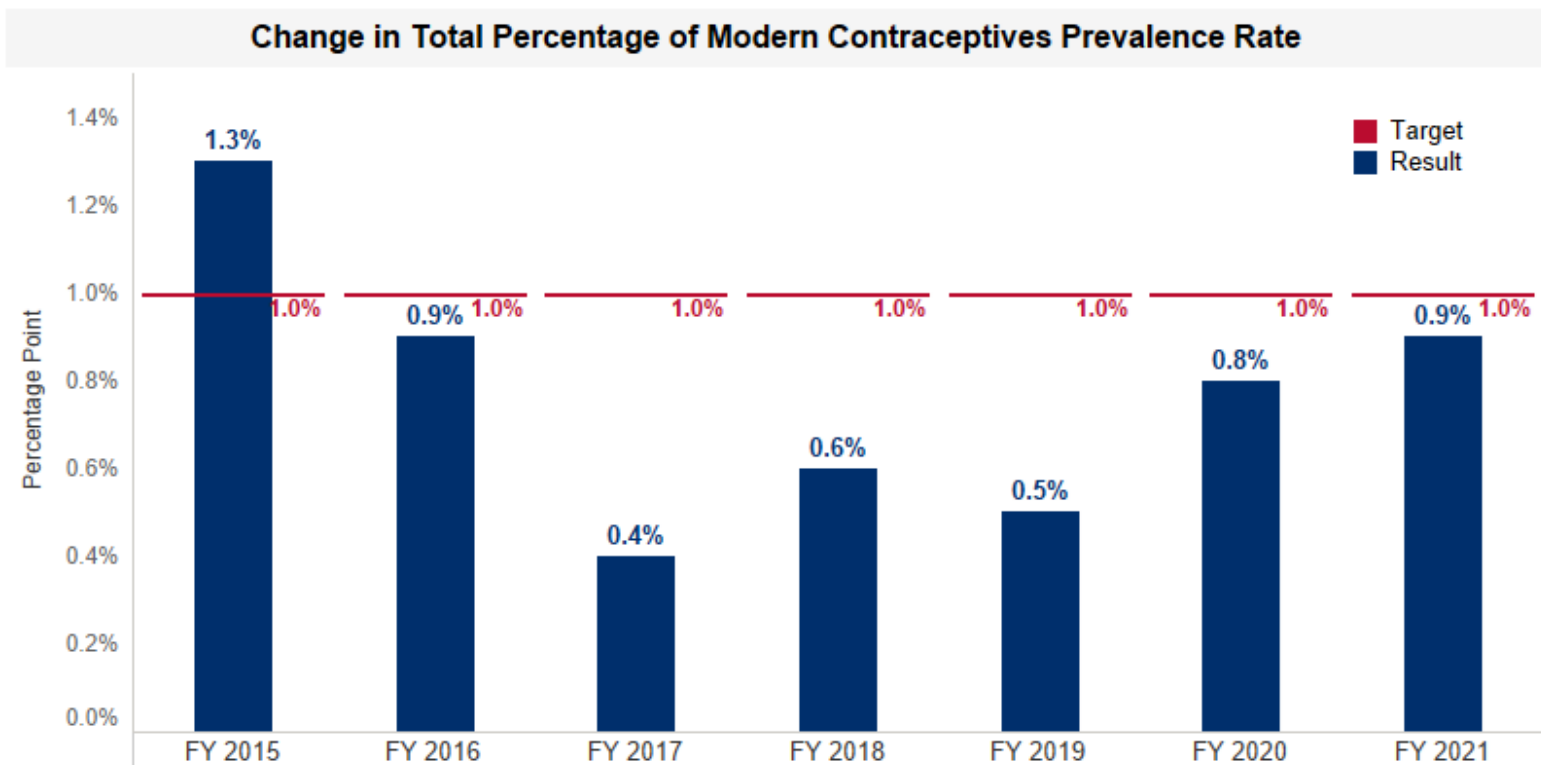


Data Source: Program data from the Central Contraceptive Procurement program. This indicator tracks the actual arrival of shipments of procured contraceptive commodities against the planned deliveries in the country. This is an average of all shipments during the reporting period.

Key indicators

Annual Indicator

Absolute change in the prevalence rate of modern contraceptives: Increased use of contraception leads to decreased unintended pregnancies and slows population growth over time. The Prevalence Rate of Modern Contraceptives (mCPR) measures the percentage of in-union women of reproductive age (15–49 years) who are using, or whose partner is using, a modern method of contraception at the time of the survey. Annual estimates of mCPR are actual or projected estimates from data from the DHS, MICS, and Performance-Monitoring and Accountability (PMA) Survey that are available at the time of reporting, with the projected estimates subject to revision as needed when new survey data are available later.



Data Sources: Demographic and Health Surveys (DHS), Reproductive Health Surveys (RHS), Multiple Indicator Cluster Surveys (MICS), and Performance Monitoring and Accountability (PMA). Projected values between reported survey data points are calculated using linear interpolation. The graph includes data for the year-to-year absolute change in USAID's 24 priority countries for voluntary family planning and reproductive health

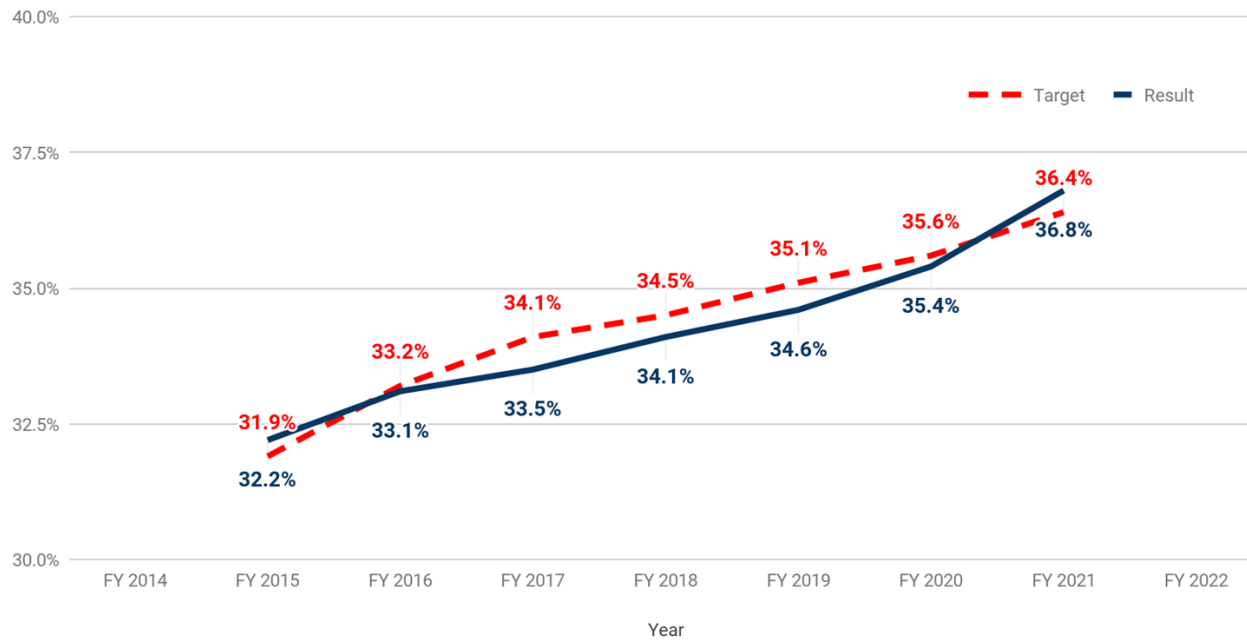
Key indicators

Annual Indicator

Incremental change (adds absolute change to the base value annually) in average prevalence rate of modern contraceptives:

Increased use of contraception leads to decreased unintended pregnancies and slows population growth over time. The Prevalence Rate of Modern Contraceptives (mCPR) measures the percentage of in-union women of reproductive age (15–49 years) who are using, or whose partner is using, a modern method of contraception at the time of the survey. Annual estimates of mCPR are actual or projected estimates from data from the DHS, MICS, and Performance-Monitoring and Accountability (PMA) Survey that are available at the time of reporting, with the projected estimates subject to revision as needed when new survey data are available later.

Incremental Change in Average Prevalence Rate of Modern Contraceptives



Data Sources: Demographic and Health Surveys (DHS), Reproductive Health Surveys (RHS), Multiple Indicator Cluster Surveys (MICS), and Performance Monitoring and Accountability (PMA)

The graph includes data for the year-to-year absolute change in USAID's 24 priority countries for voluntary family planning and reproductive health.

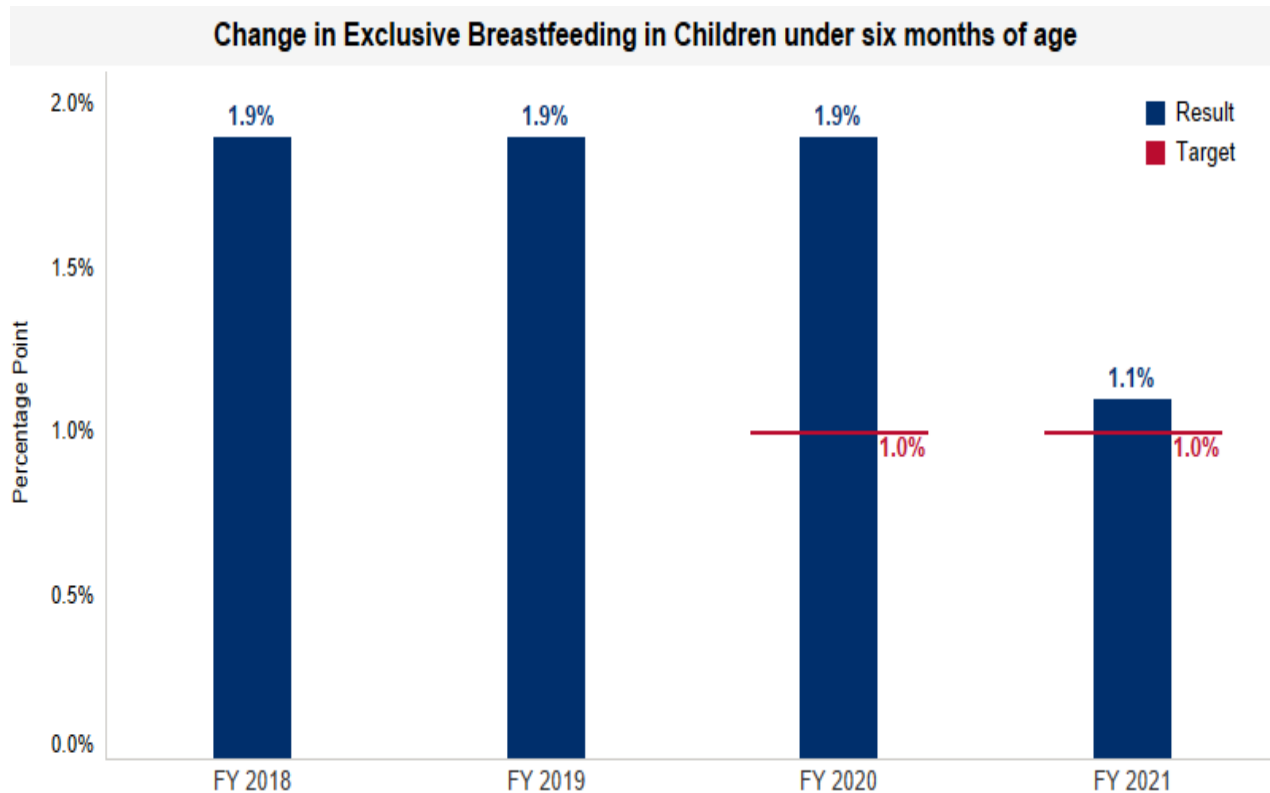
The target is calculated as 1% increase on the prior year achievement

Key indicators

Annual Indicator

Absolute Change in the Rate of Exclusive Breastfeeding among Children Under Six Months of Age in USAID's 25 MCH Priority

Countries: The proportion of children zero to five months fed exclusively with breast milk in USAID's 25 MCH priority countries came from Demographic Health Survey (DHS), UNICEF Multiple Indicator Cluster Survey (MICS), or other surveys and averaged (weighted by live births) each year.



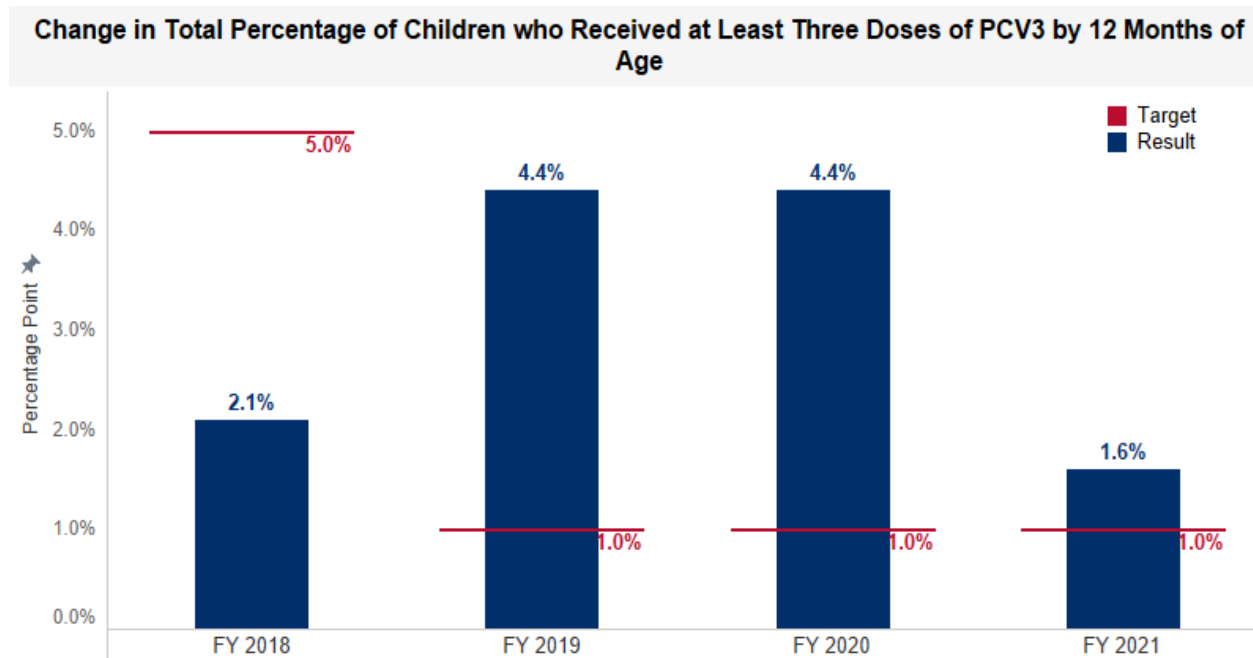
Data Source: Feed the Future program data, Demographic Health Survey (DHS), UNICEF Multiple Indicator Cluster Survey (MICS)
USAID collects data for this indicator by Calendar Year, which overlaps with the Federal Fiscal Year. For this reason, the Agency reports the difference in data from Calendar Years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

Key indicators

Annual Indicator:

Absolute Change in Total Percentage of Children who Received at Least Three Doses of Pneumococcal Vaccine by 12 Months of Age across 25 MCH Priority Countries

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



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

USAID collects data for this indicator by Calendar Year, which overlaps with the Federal Fiscal Year. For this reason, the Agency reports the difference in data from Calendar Years 2019 and 2020 for FY 2021. The graph includes data for USAID's 25 priority countries for MCH.

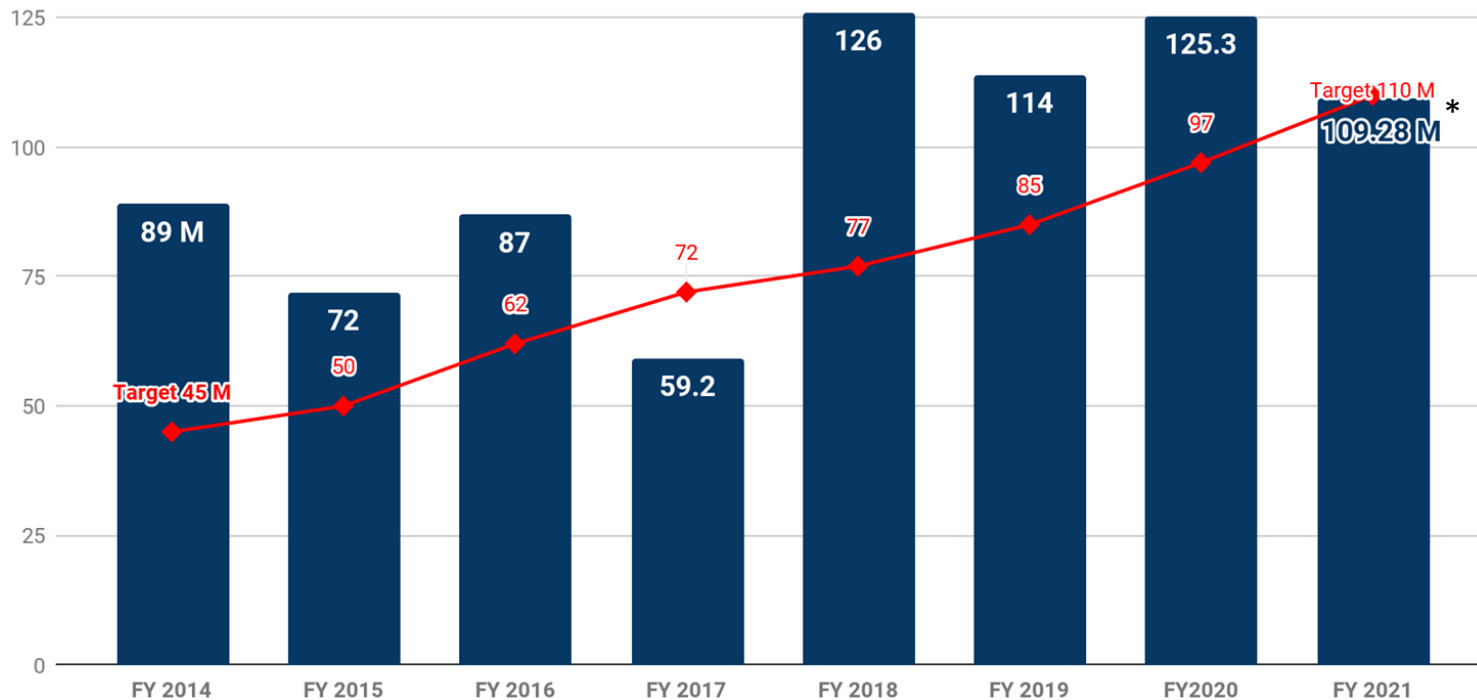
Key indicators

Annual Indicator:

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

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

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



*PMI coordinates its procurement and distribution of ITNs with other major donors, particularly the Global Fund. In FY 2021, PMI came under the projected target due to coordination efforts and ITNs successfully being distributed in part or in whole by other partners.

Data Source for ITN: President Malaria Initiative (PMI) program data Graph includes data for the 24 priority PMI countries and one sub-region

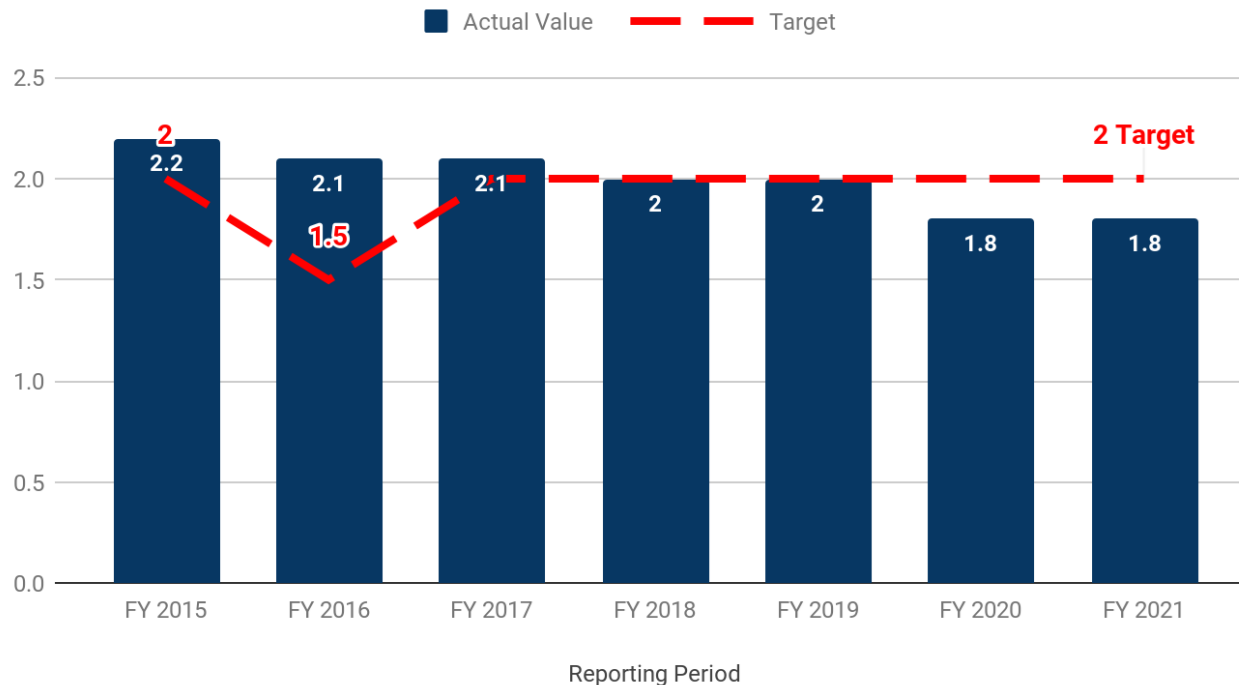
Data Source for all-cause mortality rates: [PMI April 2021 Annual Report](#). The Start year for the countries ranges from 2003/2004 to 2011/2012 depending on when the country became a PMI partner country and when the most recent mortality survey was implemented.

Key indicators

Annual Indicator:

Absolute change in under-five mortality rate (*decrease per 1,000 live births*): Improvements in mortality outcomes are the result of increasingly effective efforts to link diverse health programs—in MCH, in malaria, in the contribution of voluntary family planning to the healthy timing and spacing of pregnancy, in nutrition, in HIV/AIDS, and in sanitation and hygiene. All of these efforts contribute to ending preventable child and maternal deaths.

Decrease in (weighted) Average Under Five Mortality Rate (per 1,00 live births)



Data source: United Nations Inter-agency Group for Child Mortality Estimation, Subnational Under-five Mortality Estimates, 1990–2019: Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, New York, 2021

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

Additional information

Contributing Programs

- USAID works collaboratively within the Agency, across the U.S. government, in collaboration with host-country governments, and with global partnerships to advance the goal of preventing maternal and child deaths.
- The U.S. government was one of the first to call on the global community to stop mothers and children from dying from preventable causes. The call to action resulted in 178 governments signing a pledge that commits to doing everything possible to accelerate declines in preventable maternal, newborn, and child deaths.
- Over 600 civil-society and private-sector organizations pledged support. This work directly advances the UN Secretary-General's Global Strategy for Women's and Children's Health and the subsequent Every Woman Every Child movement.
- USAID publishes its progress annually in the Acting on the Call Report. The FY2021 [report](#) focuses on the role of nurses and midwives in sustaining life saving health services amidst the COVID-19 pandemic.

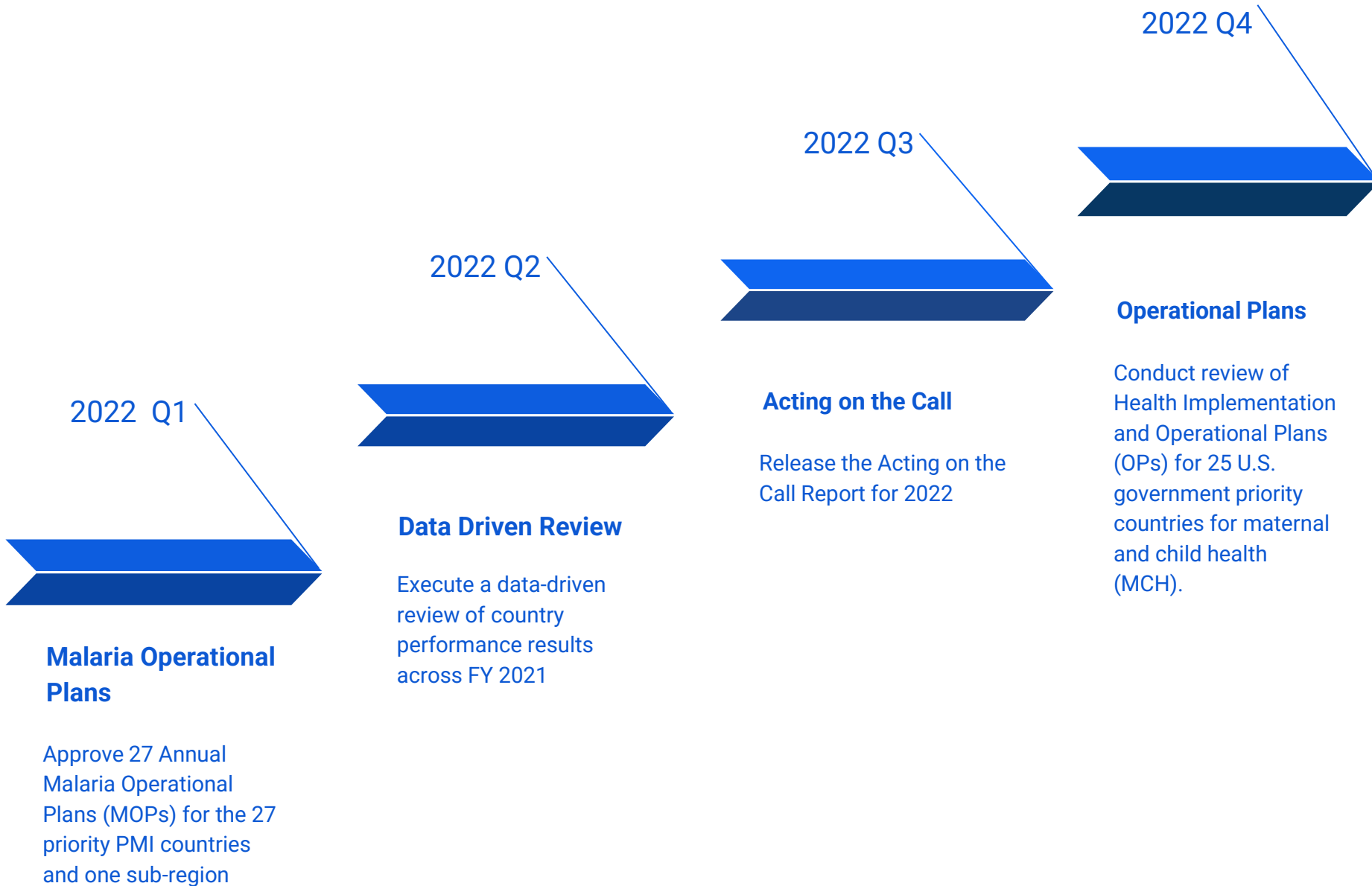
Stakeholder

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

Congressional Consultations

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

Key milestones



Key milestones

Milestone Summary

Key Milestone	Milestone Due Date	Milestone Status	Change from last quarter	Comments
Approve 27 Annual Malaria Operational Plans (MOPs) for the 27 priority PMI countries and one sub-region.	Q1 FY22	Completed	NA	Completed
Execute a data-driven review of country performance results across FY 21 (prior year).	Q2 FY22	Completed	NA	Delivered to USAID senior leadership in April 2022
Release the Acting on the Call Report for 2022	Q3 FY22	Delayed	Delayed to Q4, FY22	USAID released the FY21 report on Nov 14, 2021. We are currently working to release the FY22 report in Q4.
Conduct review of Health Implementation and Operational Plans (OPs) for 25 U.S. Government priority countries for maternal and child health (MCH)	Q4 FY22	Planned	NA	FY22 is planned
Approve 27 Annual Malaria Operational Plans (MOPs) for the 27 priority PMI countries and one sub-region.	Q1 FY22	Planned	NA	
Execute a data-driven review of country performance results across FY 22 (prior year).	Q2 FY22	Planned	NA	
Release the Acting on the Call Report for 2023	Q3 FY22	Planned	NA	
Conduct review of Health Implementation and Operational Plans (OPs) for 25 U.S. Government priority countries for maternal and child health (MCH)	Q4 FY22	Planned	NA	

Narrative – FY 22 Q3

Milestones:

- USAID expects to complete the Q3 milestone, the FY22 Acting on the Call report, by FY22 Q4 once the UN updates several databases the report draws from.

Indicators:

- In Q3, family planning and reproductive health priority countries received 95 percent of contraceptive commodities in FY 2022 Q3. The Agency consistently exceeds its target of 80 percent on its quarterly indicator focused on the percent of contraceptive commodities received on time.
- In FY 2021 the Agency exceeded its goal for the absolute change in exclusive breastfeeding of 1 percent with an FY 2021 report of 1.1 percent.
- In FY 2021, the Agency exceeded its goal for the absolute change in children receiving the Pneumococcal Vaccine of 1 percent despite fluctuations, with a 2021 report of 1.6 percent.
- With funding from the President's Malaria Initiative (PMI) and other major donors, USAID continues to help protect a high number of people against malaria with Insecticide Treated Nets (ITNs). In 2021 USAID helped protect over 109 million people with ITNs.
- USAID made steady progress on the change in the Prevalence Rate of Modern Contraceptives (mCPR) over the last few years, and achievement was slightly below the 1 percent target at 0.9 percent. However, there is continued and consistent increase in the use of mCPR in the target countries.
- The Agency met its target for the change in the under 5 mortality rate (U5MR) in 2018 and 2019, but fell slightly short in 2020 and 2021 reaching a 1.8 percent change in U5MR in both years compared to the target of 2 percent.

Other:

- The U.S. Government is leading the effort to vaccinate the world. Of the committed 1.2 billion vaccines, more than 565 million doses have been donated and delivered to over 115 countries from May 2021 through early July 2022. Working with the COVAX Vaccine Delivery Partnership, the U.S. Government's Initiative for Global Vaccine Access (Global VAX) is vital for vaccinating priority populations and for reaching the goal of vaccinating 70% of the world's population against COVID-19.
- **Preventing Child and Maternity Deaths:** USAID continued to invest in areas disproportionately impacted by elevated numbers for child mortality; in Sub-Saharan Africa and South Asia that contribute 54 percent and 28 percent to global under 5 (U5) mortality (2020) respectively. Since 2015, the 25 maternal and child health and nutrition (MCHN) priority countries have been at or above the target of 2 percent decrease in U5 mortality. With the COVID-19 pandemic, the average across the priority countries fell slightly to 1.8 percent in FY 2020 and FY 2021. The President's Malaria Initiative (PMI) has worked to reduce all-cause child mortality and parasite prevalence in the 27 partner countries

In 2020 alone, USAID supported:



27 million

Women and couples with voluntary family planning



8 million

Pregnant women with breastfeeding counseling and support



27 million

Children with nutrition programs



23 million

Preventive malaria treatments to protect pregnant women



38.9 million

Mosquito nets distributed to protect communities against Malaria



THE U.S. GOVERNMENT INVESTMENT

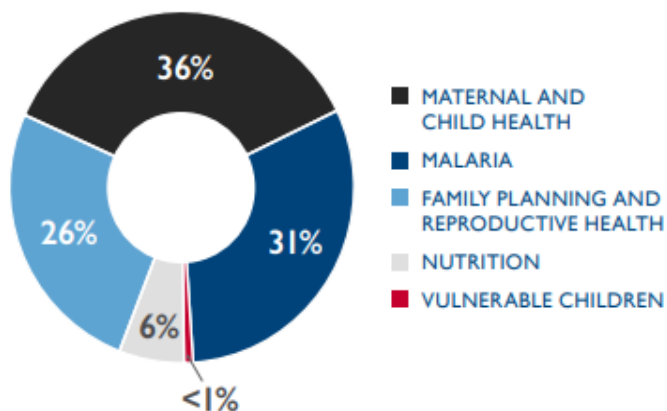
With the bipartisan support of Congress and the compassion of the American people, the U.S. Government invested more than \$21 billion from 2012 to 2020 to prevent child and maternal deaths.

PRIORITY GLOBAL HEALTH INVESTMENTS FROM 2012-2020

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	2020 FISCAL YEAR	TOTAL
(\$ MILLIONS)	8,599	8,420	8,826	9,277	8,841	8,867	8,801	8,939	9,210	79,780
PREVENTING CHILD AND MATERNAL DEATHS	2,285	2,262	2,398	2,534	2,417	2,372	2,362	2,381	2,430	21,441
CONTROLLING THE HIV/AIDS EPIDEMIC	5,893	5,773	6,000	6,000	6,000	6,000	6,000	6,050	6,260	53,976
COMBATING INFECTIOUS DISEASE THREATS	421	385	428	743	424	495	439	508	520	4,363

INVESTMENTS IN PREVENTING CHILD AND MATERNAL DEATHS

TOTAL 2012-2020:
\$21,441,000,000

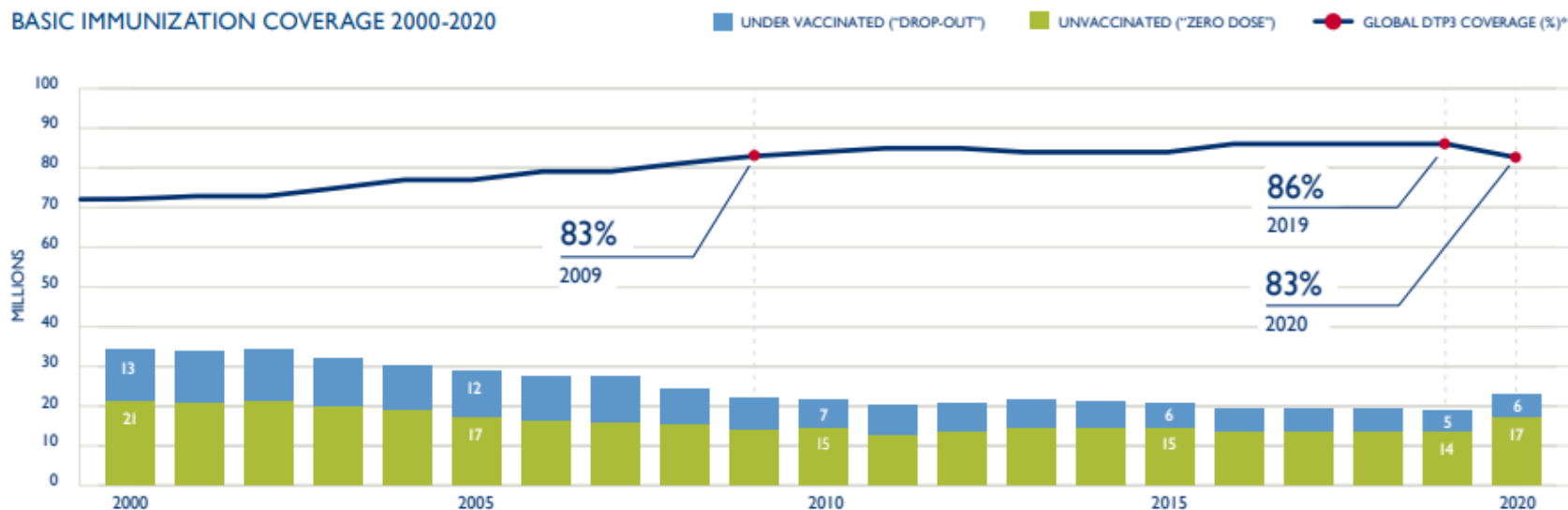


GLOBAL CHILDHOOD IMMUNIZATION COVERAGE WAS HIT EARLY AND HARD BY THE PANDEMIC

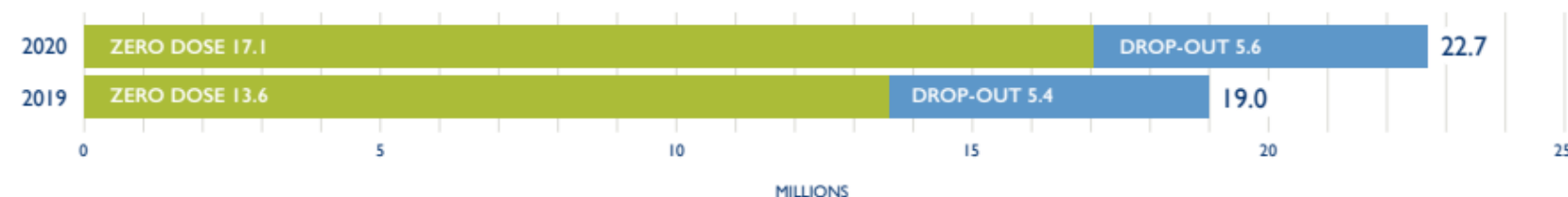
Twenty-three million children missed out on critical vaccines in 2020, the highest number since 2009 and 3.7 million more than in 2019. Concerningly, approximately 17 million of these children likely never received a single vaccine dose, expanding existing inequalities in immunization often experienced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

FIGURE 2:

BASIC IMMUNIZATION COVERAGE 2000-2020



22.7 MILLION UN- AND UNDER VACCINATED INFANTS IN 2020



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

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

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

Data accuracy & reliability

Data Sources

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

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

Data accuracy & reliability

Data Limitations

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

Data accuracy & reliability

Actions to improve data quality and availability

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

- USAID invests in technical assistance and data-collection at national, regional, and local levels to strengthen the delivery of healthcare, improve outcomes, and save millions of lives.
- USAID Global Health Bureau is currently working on a Global Health Data and Analytics (D&A) Strategy with a goal to make data and actionable insights available and accessible to all staff to encourage a data-driven health programing and evidence-based decision-making across USAID/W and operating units.
- USAID developed its first Digital Strategy (2020-2024) that outlines USAID's deliberate and holistic commitment to improve development and humanitarian assistance outcomes through the use of digital technology, and strengthen open, inclusive, and secure digital ecosystems. Digital ecosystems, consisting of stakeholders, systems, and enabling environment, empower people and communities to use digital technology to access services, engage with others, and pursue economic opportunities in partner countries.