

ACTING ON THE CALL 2018

A FOCUS ON THE JOURNEY TO SELF-RELIANCE FOR PREVENTING CHILD AND MATERNAL DEATHS


USAID's work to eliminate health system bottlenecks can yield an average return on investment of 6 to 1, and will make available around \$26.9 billion in public and private funds in the health sector.


As a development agency, USAID aims to build capacity and reduce disease burden while strengthening health systems to enable countries to plan, fund, and manage their own continued progress. The 2018 Acting on the Call report focuses on 25 countries' journeys to self-reliance for preventing child and maternal deaths. Self-reliance is a country's ability to finance and implement solutions to its own development challenges. Understanding where countries lie on this effort – known as the journey to self-reliance – helps USAID to best partner with countries and support their efforts.

The report looks at the relative health status of 25 priority countries as well as the current capacity of the health system to meet the needs of women and children. In the report, we recount progress since the 2012 Call to Action as well as identify gaps in order to inform future programming and areas that need strengthening during the journey to self-reliance. For the first time ever, we've calculated the return on our investment to eliminate bottlenecks to improving health services.

By helping countries meet the needs of their women and children, USAID's support is yielding immediate returns now – in the form of improved health services and health outcomes – and lasting returns in the future, when foreign assistance is no longer needed.


USAID'S IMPACT SINCE THE 2012 CALL TO ACTION

 **13.2M**
health workers trained in maternal and child health and nutrition

 **77.1M**
treatments provided to children for diarrhea and pneumonia


 **25M**
women reached with voluntary family planning services, annually

 **8.7M**
women gave birth in a health facility

 **34.7M**
children vaccinated against deadly preventable diseases

 **28M**
children reached with nutrition programs

 **7.9M**
newborns reached with care after delivery

 **12.2M**
people gaining access to basic drinking water services

In 2017, USAID helped 76 million women and children access essential health services.

A HISTORY OF ACTING ON THE CALL

2012: At the Child Survival: Call to Action Summit global leaders agree around the goal of ending preventable child and maternal deaths.

2014: USAID releases first *Acting on the Call* report which lays out a country-specific roadmap to scale up high-impact interventions to save 15 million children and 600,000 women by 2020.

2015: The Government of India hosts a Call to Action, which allows ministers of health from priority countries to share best practices, and USAID releases the annual report focused on access to quality care during labor and delivery.

2016: USAID announces Burma as the 25 priority country and releases the annual report focused on equity.

2017: The Government of Ethiopia hosts an *Acting on the Call* Summit, which maintains momentum among ministers of health. USAID releases the annual report focusing on the impact of health systems strengthening.

2018: The 2018 *Acting on the Call* report looks at where countries are in their journey to self-reliance for preventing child and maternal deaths and includes the return on USAID's investment to address select health bottlenecks.

USAID PARTNERS WITH COUNTRIES ON THEIR JOURNEY TO SELF-RELIANCE

USAID aims to strengthen health systems to enable countries to plan, fund, and manage their own continued progress. Examples of progress over the past year demonstrate that USAID's efforts are making a difference.

NIGERIA: Assisted four laboratories in achieving international accreditation to conduct quality assurance testing of medicines, which means many maternal and child health drugs no longer need to be sent abroad for testing

GHANA: Supporting the Ghana Health Service in the transition from pen and paper to a digital health record system, which will enable GHS to better manage patient cases and promote efficiency in data management

DEMOCRATIC REPUBLIC OF THE CONGO: Following the 2017 Acting on the Call event, the Government of the DRC held a two-day workshop on reproductive, maternal, newborn, and child health, during which the Prime Minister announced his Government will subsidize access to health care for pregnant women and children under-five in Kinshasa

UGANDA: Supported local councils to assess financial performance at the district level, which increased locally raised funds for health by 52% from 2012 to 2017

CHILD HEALTH AS AN INDICATOR OF SELF-RELIANCE*



WEAKER CAPACITY TO MEET HEALTH NEEDS

GREATER CAPACITY TO MEET HEALTH NEEDS

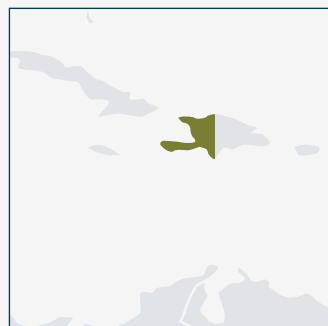
* The Child Health indicator is part of a larger USAID effort to measure capacity in the journey to self-reliance. Developed by the Center for International Earth Science Information Network, the Child Health indicator is the average of three scores for access to adequate sanitation, access to improved water, and child mortality, with a higher score reflecting a better child health situation. Out of a total possible score of 100, the countries shown here range from 34 to 81.

INDIA: Since 2012, 41% of USAID-supported districts have transitioned from poor performing to good performing, four times the national rate of improvement, and now at the request of the Government, USAID is transitioning support to other poor performing districts.

INDONESIA: After improvements in maternal and child health indicators in USAID districts, the MoH directed maternal and child health priority districts nationally to use domestic resources to replicate USAID's approaches. USAID developed standard operating procedures and budget implications to facilitate this scale-up

KENYA: Standardized the process of health worker training before delivering care, which has contributed to a 30% cost savings because of increased skills and efficiencies

TANZANIA: Established surveillance and response teams in 131 public, private, and faith-based health facilities to examine the causes of maternal and facility newborn deaths, which has resulted in a 20% reduction in deaths in one year



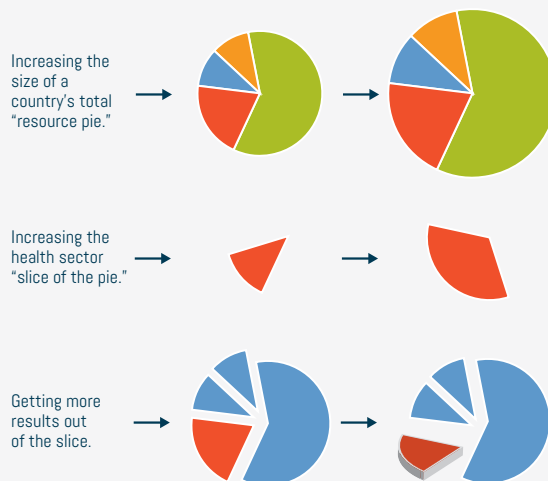
A FOCUS ON FINANCING

USAID's efforts to assist countries along their journey to self-reliance both help countries realize cost savings and efficiencies through support to their overall health capacity development, as well as protect populations from catastrophic expenses.

Diversifying resources for health becomes increasingly important as a country's health system and capacity matures. Such mobilization of additional resources occurs in at least three different ways: by helping countries to expand available resources at the country level, from both public and private sources, by making more of these resources specifically available in the health sector, and/or by improving the efficient use of existing resources

USAID also works with countries to make health more affordable and prevent an illness from being a financial catastrophe for a family. Because it is difficult to know who will get sick when and unexpected illnesses can lead to high health costs, countries use a variety of approaches to pool resources across a population so that everyone pays a small amount and share the risk of a catastrophic expense across the pool. Risk pooling is one way in which USAID works with partner governments to make health care affordable and accessible, and a significant step on the development journey.

DOMESTIC RESOURCE MOBILIZATION



JOURNEY TO SELF-RELIANCE FOR PREVENTING CHILD AND MATERNAL DEATHS

NEAR DESTINATION

Ensure systems are durable, accountable and responsive and can progress with reduced donor involvement

All pockets of the population are able to access needed care equitably

System delivers consistent, effective services, which communities access and hold accountable

Domestic resources fund key health functions, and expanded risk pools improve financial protection

EN ROUTE

Use data to target bottlenecks affecting management, system quality and community engagement

Consistently practice high impact interventions and equip facilities to meet quality standards

Mobilize resources to cover more public health functions and create limited risk pools

Use data to improve and deploy health staff and resources based on need

BEGINNING OF JOURNEY

Build a system that delivers a basic package of services

Countries are heavily reliant on donor resources, while starting to create risk pools and growing domestic health resources

Increase the reach of health services through outreach and community-based delivery

Equip workers to deliver a basic package of services, like vaccinations, voluntary family planning, and childbirth services

FINANCIAL PROTECTION

Making health systems efficient and minimizing financial burden on population

POPULATION COVERAGE

Ensuring equitable access to health services across diverse sectors of the population

SERVICE CAPACITY

Ensuring quality, integrated health services with available medical commodities