Mission: to end preventable child and maternal deaths in a generation.

303,000 mothers continue to die during what should be a joyous moment in their lives, and 5.9 million children die from causes we know how to prevent.

Major Determinants for Ending Preventable Deaths

- Child Health
  - Newborn
  - Immunization
  - Polio
  - Childhood Illnesses
- Maternal Health
- Malaria
- Family Planning
- Nutrition
- Water, Sanitation, and Hygiene

USAID’S ROLE

USAID works in the toughest parts of the world to end extreme poverty, and to promote resilient, democratic societies while advancing our security and prosperity. Ensuring the survival of mothers, newborns, and children is vital to developing healthy, prosperous nations. USAID works with countries and partners to end preventable child and maternal deaths. USAID’s efforts are working toward the recently endorsed Sustainable Development Goals.

- At USAID we have aligned our resources toward life-saving interventions that have the greatest impact on mortality.
- New data, effective technologies, and country innovations enable strategic shifts towards ending preventable child deaths by focusing on the countries, diseases, and populations with the highest burden and the interventions that work.
- The budget allocates resources to countries with the highest need, demonstrable commitment, and the potential to leverage resources from the public and private sectors in order to accelerate progress to end preventable child and maternal deaths.

HAITI

UNDER-5 MORTALITY RATE:
- ≥100
- 75-100
- 50-74
- ≤50

These 25 countries represent over two thirds of the global preventable child and maternal deaths.

WHY WE’RE NEEDED

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>NEED</th>
<th>GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal and Child Health</td>
<td>Every year 5.9 million children die before their 5th birthday. And 303,000 mothers die each year.</td>
<td>Save 15 million child lives and 600,000 women’s lives by 2020.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Family Planning</th>
<th>More than 225 million women in developing countries who don’t want to get pregnant lack access to contraceptives and voluntary family planning information and services.</th>
<th>Reach 120 million more women and girls in the world’s poorest countries with access to voluntary family planning information, contraceptives, and services by 2020.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria</td>
<td>In 2015, an estimated 292,000 malaria deaths occurred in children under 5 years of age in Africa—74 percent of the total malaria deaths in the Africa Region, and 95 percent of all malaria deaths in children under five globally.</td>
<td>Further reduce malaria deaths and substantially decrease malaria morbidity, including 33 percent reductions in malaria mortality and 40 percent reductions in malaria morbidity in supported countries by 2020, towards the long-term goal of elimination.</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Globally, stunting afflicted 159 million (24 percent of all) children under five in 2014. A stunted child is nearly five times more likely to die from infectious diseases than a non-stunted child.</td>
<td>Decrease chronic malnutrition, measured by stunting, by 20 percent over five years.</td>
</tr>
</tbody>
</table>

*Work is done in concert with host countries and partners*
IMPACT HIGHLIGHTS

Child deaths decreased by more than half (54 percent) from 1990 to 2015, saving an estimated 100 million child lives, and maternal deaths decreased by 43 percent over the same period. Since 2008 alone, USAID’s maternal and child survival efforts in 24 priority countries\(^*\) have saved the lives of 4.6 million children and 200,000 women.

Between 2000 and 2015, malaria mortality rates decreased globally by 60 percent, and by 71 percent among children under five living in sub-Saharan Africa. It is estimated that 6.2 million malaria-related deaths, primarily in African children under the age of five, were averted during this period.

Rates of modern contraceptive use increased from 12 percent in 1990 to 32 percent in 2014 in countries with the largest USAID supported programs. Family planning enables women to practice healthy timing and spacing of pregnancies, which could lower child deaths by 25 percent and cut maternal deaths by one-third.

Stunting, or short height for age, is caused by a lack of essential vitamins and nutrients during the early years and by frequent illness, which robs growing bodies of the capacity to utilize available nutrients. In USAID’s 19 nutrition focus countries, stunting prevalence has been reduced from 56 percent in 1990 to 38 percent in 2014.

\(^*\)Data not yet available for Burma

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**State and USAID Global Health Programs Request FY 2017 ($ millions) Total $8.58 billion**

The priority Ending Preventable Child and Maternal Deaths (EPCMD) comprises 25 percent of the total Global Health Programs State-USAID.

- Ending Preventable Child and Maternal Deaths $2,226.5
- Creating an AIDS-free Generation $6,000.0
- Protecting Communities from Infectious Diseases $350.0

Total: $8.58 billion

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**USAID Global Health Programs Request FY 2017 ($ millions) Total $2.907 billion**

More than 75 percent of USAID’s global health funding is focused on EPCMD.

- Ending Preventable Child and Maternal Deaths $2,226.5
- Creating an AIDS-free Generation $330.0
- Protecting Communities from Infectious Diseases $350.0

Total: $2.907 billion

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**USAID Global Health Programs, Funding History for Maternal and Child Health**

Within Maternal and Child Health, most additional resources are devoted to Gavi.

- **USAID Global Health Programs, Funding History for Maternal and Child Health**
  - **Bilateral and Central Programs**
  - **Gavi, the Vaccine Alliance**
  - **Water and Sanitation**
  - **Polio**

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**FY 2014 ENACTED**
- **Bilateral and Central Programs** 703.5
- **Gavi, the Vaccine Alliance** 715.0
- **Water and Sanitation** 750.0
- **Polio** 814.5

**FY 2015 ENACTED**
- **Bilateral and Central Programs** 703.5
- **Gavi, the Vaccine Alliance** 715.0
- **Water and Sanitation** 750.0
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**FY 2016 ESTIMATE**
- **Bilateral and Central Programs** 703.5
- **Gavi, the Vaccine Alliance** 715.0
- **Water and Sanitation** 750.0
- **Polio** 814.5

**FY 2017 REQUEST**
- **Bilateral and Central Programs** 703.5
- **Gavi, the Vaccine Alliance** 715.0
- **Water and Sanitation** 750.0
- **Polio** 814.5