

**ACVFA Sub-Committee on Ending Preventable Child and Maternal Deaths (EPCMD)
EPCMD Panel**

Date: July 13, 2016
To: Jack Leslie, Chair, ACVFA Panel
From: Ray Chambers, Chair, Ending Preventable Child and Maternal Deaths (EPCMD) Panel
Helene Gayle, Vice Chair, Ending Preventable Child and Maternal Deaths (EPCMD) Panel
Subject: Recommendations for improved efficiency, outreach, and financing of USAID's programming to end preventable child and maternal deaths in a generation

Executive Summary

Over the past year, the Ending Preventable Child and Maternal Deaths (EPCMD) Panel¹ has worked with dedicated leadership, and staff of the U.S. Agency for International Development (USAID). USAID has been a world leader in improving the lives of mothers and children around the world. In 2012, along with Ethiopia and India, USAID led the world with a pledge to end preventable child and maternal deaths (EPCMD) within a generation. This set the stage for the creation of a global Sustainable Development Goal (SDG) for ending preventable maternal, newborn and child deaths.

Over the last two decades, the world has reduced child and maternal mortality by one-half. This is considered to be one the greatest successes in international development. USAID has significantly contributed to this progress.

In July 2013, USAID embarked on the Award Cost Efficiency Study (ACES), a comprehensive effort led by the USAID Administrator to review USAID's EPCMD program designs, funding mechanisms, and cost structures and to outline opportunities for USAID to enhance spending effectiveness and efficiency.

USAID set a target of directly saving 500,000 child lives by 2015, as per the original ACES Report, and achieved this goal. USAID at the same time also set a target of helping to save 15 million lives by 2020. Since 2014, USAID has been working to refine the roadmap required to achieve this goal. Efforts have focused on sharpening implementation of high impact interventions, and now on better ensuring these interventions reach the poorest 40 percent of the population in 24 focus countries. If achieved, these countries will be able to more than achieve the 15 million lives saved goal by saving 8 million lives in the poorest population group alone, with the remaining coming from lives saved in the rest of the population.²

Annex A provides an update on the USAID Management Bureau's progress on the 2014 ACES Panel Recommendations as well as USAID's approach to reaching the 2020 lives saved target, which is outlined in the 2016 Acting on the Call: Ending Preventable Child and Maternal Deaths Report. As noted by USAID, the 2016 Acting on the Call Report provides country by country progress updates, including both where countries are "on track" and where progress is still needed to reach the 2020 target, demonstrated using a scorecard and based on implementation from year 1.

¹ See Annex B for a full list of EPCMD Panel Members.

² Acting on the Call: Ending Preventable Child and Maternal Deaths Report. <https://www.usaid.gov/what-we-do/global-health/acting-call-ending-preventable-child-and-maternal-deaths-report>

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The ACES Panel was expanded and reconstituted to aid USAID's Global Health Bureau in its implementation of the ACES recommendations. Going forward, the Panel recommended that the Global Health Bureau focus its work on three priority areas:

1. Continue to sharpen the Agency's efficiency and work toward EPCMD;
2. Intensify external outreach and engagement;
3. Increase financing for EPCMD.

The Ending Preventable Child and Maternal Deaths (EPCMD) Panel has identified these three areas for USAID to address in order to achieve the goal of ending preventable child and maternal deaths in a generation.

The conclusion that improvements in these three areas will be necessary for success was reached after assessing current progress toward the goal, conducting interviews with key stakeholders, and reviewing existing processes and end products. The following report includes detailed recommendations for how to make specific, meaningful improvements in these three areas.

Priority Area 1: Sharpening USAID's efficiency and work toward ending preventable child and maternal deaths

- **Recommendation 1:** Identify a select set of key indicators that are quantifiable and attributable across EPCMD focus countries to both communicate the impact of EPCMD programs, and to track and drive progress.
- **Recommendation 2:** Codify and build on key management improvements, and adopt best practices from other global health efforts.
- **Recommendation 3:** Follow up on ACES Blue Ribbon Panel recommendations and identify opportunities with Management Bureau to get additional impact and value from USAID investments.

Through the Award Cost Efficiency Study process, the ACES Panel and USAID identified the primary focus area to be sharpening USAID's efficiency in its EPCMD programming in order to yield greatest lives saved with operational accountability. This priority has therefore remained the first Priority Area of focus for the EPCMD Panel, particularly as sharpening the efficiency and work of USAID's EPCMD efforts provides a solid base for addressing Priority Areas 2 and 3 – intensifying external outreach and engagement, and increasing EPCMD financing.

Since the ACES Panel, USAID has made extraordinary progress in improving the operational efficiency and accountability processes for its EPCMD efforts. The EPCMD Panel looks forward to continuing to work with USAID to ensure this progress in sharpening EPCMD processes continues.

Improving operational efficiency will require first that USAID set the right targets and identify the right indicators to track progress, communicate impact to stakeholders, and improve accountability. These indicators should be concrete and quantifiable – and they should track the specific impact of USAID activities and investments. The development of this set of indicators should be informed by examples from other leading global programs and organizations (e.g., PEPFAR, DFID, the Global Fund).

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Reaching these targets will then require the design and implementation of formal structures and processes to streamline operations. USAID has already made progress toward greater efficiency – and much of this progress has been driven by the integration of best practices shared by other successful, health-focused government entities (e.g., the President’s Malaria Initiative). Continued efforts to incorporate and codify management best practices should be a key part of the strategy to improve efficiency.

USAID leadership should also leverage opportunities to improve operational efficiency beyond the scope of the Bureau for Global Health. The ACES Blue Ribbon Panel provided recommendations on how best to do this (e.g., streamlining and standardizing the acquisition and assistance process). As much as possible, USAID should follow up on these recommendations, updating them and assessing progress in a transparent way.

Priority Area 2: Intensifying external outreach and engagement

- **Recommendation 1:** Develop a set of core messages on EPCMD.
- **Recommendation 2:** Identify the messengers who will champion EPCMD among key stakeholder groups.
- **Recommendation 3:** Produce key materials for distribution with Congress and the American public.
- **Recommendation 4:** Deepen and broaden public and congressional understanding of EPCMD by creating specific webpage(s) on EPCMD within USAID’s website or USAID’s Global Health webpage(s).
- **Recommendation 5:** Intensify outreach efforts to the American public and to Congress.

In order to reach the goal of ending preventable child and maternal deaths within a generation, it will be critical to catalyze investment and attention from key stakeholders, including Congress and the broader American public. This will require clearer, more effective communication of the urgency of maternal, newborn, and child health issues and the ongoing efforts to address them.

There are important links between a successful external engagement and outreach strategy, and the actions identified in Priority 1, particularly tracking data and maintaining accountability, to continue to sharpen the focus of USAID’s EPCMD work. Improving USAID’s ability to define, measure, and articulate its global impact through clear, key results is a prerequisite to a successful strategy to engage the American public, Congress, and other stakeholders. The EPCMD Panel will work closely with USAID to determine a way forward on identifying, and systematically tracking and reporting on priority impact indicators.

Specifically, this means developing a set of messages that resonate with relevant audiences, enhancing the available resources to communicate these messages, and producing new materials.

These messages and materials should be shared through a comprehensive, redesigned online platform as well as through meetings and discussions with strategic partners. These meetings and discussions should include efforts targeted to the most effective potential Congressional advocates (e.g., roundtable discussions with key congressional committees, briefings for all members of the House Congressional Global Health Caucus, and briefings for new members of Congress) as well as to the broader American

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public (e.g., town hall sessions with civil society organizations, and in-district town halls). Additionally, USAID should leverage traditional and online press to advance their messaging.

Priority Area 3: Increasing financing for ending preventable child and maternal deaths

As described in the Global Financing Facility financing strategy:

- **Recommendation 1:** Ensure that all financing for EPCMD is “smart” by identifying interventions that are delivered efficiently and are the best value for money.
- **Recommendation 2:** Encourage “scaled financing” for EPCMD programs by supporting domestic funding, catalyzing development assistance, and facilitating innovative financing.
- **Recommendation 3:** Ensure all financing for EPCMD is “sustainable” and well-positioned to continue to support EPCMD programs in-country moving forward.

An increase in resources, particularly funding from host country governments, will be essential to achieving an end to child and maternal deaths. USAID should implement a clear strategy, and be monitored against it, to utilize its full complement of tools to leverage increased domestic funding, engaging the private sector, catalyzing development assistance, and facilitating innovative financing.

However, an increase in resources should be accompanied by the development of strategic financing mechanisms to grow and use those resources most effectively, including substantial strengthening of capacity and budget prioritization within USAID to carry out this work.

USAID should work toward the sustainability of these efforts by assisting countries as they build institutional capacity and develop plans to transition from grant to concessional to self-financing. Initiatives such as the Financing Alliance for Health – a partnership between a wide range of organizations, including the USAID, the World Bank, UNICEF, Partners in Health, Last Mile Health, Living Goods, the Ministry of Health of Ethiopia, the Clinton Health Access Initiative (CHAI), and the Office of the UN Special Envoy for Health and Malaria – are aligned with this focus on building institutional capacity and developing financing transition plans. Indeed, the Financing Alliance has been established to help governments build resilient health systems across Africa that also, over time, become financially self-sufficient through effective financing ‘mixes’ and modalities.

This should be supported by complementary activities to maximize the impact of these changes, including investment in country systems, investment in financial management improvements, encouraging the exchange of ideas and best practices, and effective engagement with the Global Financing Facility (GFF).

A systematic approach to using USAID’s full suite of tools (inclusive of grants, loans through development banks, guarantees, etc.) needs to be applied. With support of the Panel, we recommend that USAID develop a detailed plan that outlines how we can close the critical funding gaps for ending preventable child and maternal deaths through the range of mechanisms at our disposal.

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I. Recommendations for Priority Area 1: Sharpening USAID’s Efficiency and Work Toward Ending Preventable Child and Maternal Deaths

USAID has undertaken a number of important steps to sharpen its focus and maximize the impact of its investments on ending preventable child and maternal deaths, learning from other United States Government management practices, such as those employed by the President’s Malaria Initiative. These include the development and implementation of management dashboards, the Health Implementation Plan (HIP) process to align investments with country needs and opportunity, and the creation of a Child and Maternal Survival Coordinator position to oversee policy, budgeting, and planning.

A number of these actions reflect the 2014 recommendations of the ACES Blue Ribbon Advisory Panel convened with USAID leadership. The Panel’s first recommendation was to “define what success looks like” during the award design phase, including by setting quantified targets for impact in RFA/RFP against an agreed baseline and tracking progress. USAID should continue to sharpen its focus on impact by fully implementing this recommendation.

Recommendation 1: Identify a select set of key indicators that are quantifiable and attributable across EPCMD focus countries to both communicate the impact of EPCMD programs, and to track and drive progress.

USAID is limited in its ability to aggregate and report its outcomes and impact in EPCMD priority countries. Current public reporting mechanisms include USAID’s annual Report to Congress, and the annual *Acting on the Call* Report. The annual Report to Congress describes USAID’s accomplishments in the previous fiscal year. However, the existing indicators included in the report to highlight accomplishments are inconsistent from year to year, and utilize a mix of global data, national data for priority countries, and data attributable to USAID inputs. The *Acting on the Call* Report has been an important step forward in providing detailed country-level analyses and descriptions of USAID’s strategic approach, and includes an estimate of lives saved due to progress in priority countries. However, the Report’s use of national data does not allow for the ability to track USAID’s impact or aggregate accomplishments. Collectively, these Reports do not draw a clear, consistent line between global progress in ending preventable child and maternal deaths, and USAID activities and investments.

A set of agreed-upon indicators would serve two important functions. First, it would provide an effective way to communicate impact and progress to key stakeholders, including members of Congress and the Office of Management and Budget, as well as the engaged public and global health advocates. Second, and equally important, tracking these indicators could be used as an internal management tool, in conjunction with management dashboards and other mechanisms, to align resources for the greatest impact.

There are different approaches to developing key indicators with important trade-offs to consider. One approach is to develop a short menu of national coverage indicators that are closely and clearly linked to USAID investments, which could be tracked across EPCMD priority countries. While this approach would rely on existing national data sources, it might not reflect United States investments where they were concentrated in a particular region, population, or sub-sector. Alternatively, USAID could identify a set of outcomes specifically attributable to USAID efforts. This would require devising measures that also capture USAID investments that are designed to be catalytic and in settings where USAID investment is modest relative to overall spending. A third, hybrid approach is taken by Feed the Future, which uses

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population-based survey indicators within defined, sub-national “zones of influence” where United States resources are concentrated. This is a promising approach, which, if applied in the context of EPCMD efforts, has the potential to enable tracking and target-setting for high-level, impact-oriented targets while still capturing the contribution of United States investments.

The EPCMD Panel would be pleased to work closely with USAID to determine a way forward on identifying, and systematically tracking and reporting on priority impact indicators. At the same time, it is important to keep in mind relevant country data collection systems that will differ by country.

Examples of Key Indicators

While PEPFAR collects and publicly reports a broad array of indicators, its [results report](#) highlights six that are considered key:

- Number of people on treatment;
- Voluntary male medical circumcision;
- Orphans and vulnerable children receiving care and support;
- New health care workers trained;
- People receiving HIV testing and counseling; and
- Pregnant women receiving HIV testing and counseling.

DFID’s [Results Framework](#) is used to manage and track progress against set targets and publicly report on progress. DFID’s bilateral indicators for Reproductive, Maternal and Neo-Natal Health are:

- Number of births delivered with the help of nurses, midwives or doctors through DFID support;
- Number of additional women using modern methods of family planning through DFID support;
- Number of maternal lives saved through DFID support; and
- Number of neonatal lives saved through DFID support.

The Global Fund [Results Report](#), in addition to lives saved and more detailed key performance indicators, reports these topline results:

- Number of people receiving antiretroviral therapy (ART);
- Number of tuberculosis cases detected and treated; and
- Number of bednets distributed.

Proposed criteria for key results:

- **Available and high-quality:** Where possible, existing, well-established, regularly-collected indicators should be used.
- **Impact:** Indicators should measure impact, or serve as valid, evidenced-based proxies for impact. Indicators should be high on the results chain, with impact and outcome indicators and impact-correlated output indicators prioritized over input/process indicators.
- **Directly related to USAID investments in EPCMD priority countries:** The selected indicators should reflect a clear and direct contribution from USAID-funded activities.
- **Identification of opportunities and necessary changes:** Indicators should help identify in real time opportunities to accelerate impact as well as the need for adjustments to correct course.

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- **Integrated with the EPCMD dashboard and other internal processes:** The indicators should be utilized as a management tool to assess and accelerate progress.
- **Understandable to external stakeholders:** Indicators should be accessible to key non-technical audiences like Congress and the engaged public.

Recommendation 2: Codify and build on key management improvements, and adopt best practices from other global health efforts.

The next Administration should work with Congress to codify these actions, including establishing the duties and authorities of an empowered Coordinator position. The lengthy roster of bipartisan cosponsors of the *Reach Every Mother and Child Act* suggests strong support for these measures among members of Congress.

These management improvements have drawn directly from the experience of other successful U.S. global health efforts. For example, the duties and authorities outlined for the Child and Maternal Survival Coordinator incorporate lessons learned from the President’s Malaria Initiative (PMI). USAID should continue to work with other United States global health programs to identify, share, and adopt best practices like this. Specifically, USAID should partner with key stakeholders – including members of the EPCMD panel – to initiate a focused, time-bound process with PEPFAR, PMI and others to identify and adopt best practices in the use of dashboards and other management tools to further sharpen its focus for additional impact; this can include one or more learning sessions convened with the panel, and possible joint efforts with other US global health programs to increase impacts in a few key geographies.

Recommendation 3: Follow up on ACES Blue Ribbon Panel recommendations and identify opportunities with Management Bureau to get additional impact and value from USAID investments.

In addition to the opportunities to continue to sharpen the focus of EPCMD-related work, the ACES Blue Ribbon Panel also identified important opportunities beyond the scope of the Bureau for Global Health. This included those identified through an extensive review and based on partner feedback to improve cost efficiency and impact by streamlining and standardizing the acquisition and assistance process. The leadership of USAID and the next Administration should revisit this analysis and the specific recommendations, update its assessment of progress in a public and transparent fashion on a quarterly basis, and prioritize additional actions to improve value for money and impact from USAID investments.

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II. Recommendations for Priority Area 2: Intensifying External Outreach and Engagement

The concept of ending preventable child and maternal deaths and USAID's role in helping to achieve this vision is not well known outside of key stakeholders, including select members of Congress, despite the key leadership role the Agency plays. The United States' global response to HIV/AIDS was deemed an emergency and therefore received much more visibility in the media, which in turn fostered public and congressional support. A similar approach was taken with malaria through the Presidents' Malaria Initiative. Maternal, newborn and child health issues have not received such attention and therefore the issue has been relatively unknown among the American public and many members of Congress.

To sustain and further enhance U.S. leadership on maternal, newborn and child survival issues and to continue garnering support for increased investments for evidence-based interventions, it is vital to amplify the visibility for maternal, newborn and child survival issues in Congress and among the American public. The appointment of a high level Maternal, Newborn, and Child Survival Coordinator has been quite valuable in helping to elevate the issue. However, more needs to be done.

To combat this issue, the EPCMD Advisory Panel created an outreach subcommittee whose task was to identify ways in which USAID can increase its visibility and outreach with members of Congress and their staff, as well as with the American public, with the goal of solidifying support for strong U.S. engagement in maternal and child health through investments and effective policies. The subcommittee was tasked to determine how to make maternal and child health a topic that the American people understand and support as much as possible.

To do this, this subcommittee was asked to answer two questions:

- 1. Of all the value-added work that USAID is doing toward EPCMD, which are the "vital few" key messages that resonate most with the American people, with partners, with Congress, in the countries we are supporting, etc.)? How can we frame the Agency's work for the broadest and deepest engagement across all sectors?*
- 2. What are the best fora / vehicles to share these messages in creative and exciting ways over the next 12 months? Are there "unusual suspects"?*

There are important links between a successful external engagement and outreach strategy, and the actions identified in Priority 1 to continue to sharpen the focus of USAID's EPCMD work. Any communications effort is only as good as the information there is to communicate. Improving USAID's ability to define, measure, and articulate its global impact through clear, key results is a prerequisite to a successful strategy to engage the American public, Congress, and other stakeholders.

The following recommendations answer these questions and explain how USAID can deepen and broaden understanding of EPCMD for the American public and Congress. With the goal of increasing the number of congressional champions for this issue and growing support among the American public, the recommendations below also include suggestions on effective messaging and mechanisms to deliver that messaging.

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Recommendation 1: Develop a set of core messages on EPCMD.

“Ending preventable child and maternal deaths” is a complex and vaguely defined notion. Addressing it requires nuanced institutional, system and behavior changes that are not easily captured by clever taglines or short explanations. Approaches to ending preventable child and maternal deaths are contested and are still not well understood or well known outside of the health expert or global policy circles. Eliciting action from an American audience and Members of Congress will require framing a compelling narrative around EPCMD in order to convey results and to make information about EPCMD more accessible and relatable for audience targets. Ideally, an overarching narrative surrounding EPCMD will strike a balance in tone between stressing the severity of the issue while also communicating a message of hope and optimism. It will also include a call to action for varying audiences, encouraging audiences to share a common message and participate in the elimination of preventable child and maternal deaths through concrete actions.

To place context around ending preventable child and maternal deaths and broaden understanding of the topic for the American public and other audiences, we recommend:

- Developing a common and consistent definition of ending preventable child and maternal deaths that is easily understood by congressional staff and the American public and includes clear indicators of effectiveness (not in terms of deaths per population such as 20/1000) and not in terms of acronyms such as “EPMCD”;
- Developing clear messaging for the use of USAID and other relevant stakeholders, that identifies ending preventable child and maternal deaths as a globally-shared goal and as an integral component of achieving the Global Goals;
- Articulating the important role USAID commands in helping to reach the goal of zero preventable child and maternal deaths and directly connecting it to actions stakeholder groups can take in the context of *Acting on the Call*;
- Clearly illustrating the role of civil society – both United States-based civil society and national and local civil society in country – in helping to reach the ambitious goal of EPCMD; and
- Outlining the important role of the private sector in contributing to, and financing EPCMD.

This set of core messages should build off of existing knowledge on key messages that work well with Congress and the American public.

Annexes C and D, respectively, include examples of key messages that would resonate with the Congress and American public.

Recommendation 2: Identify the messengers who will champion EPCMD among key stakeholder groups.

To champion the key messages developed around EPCMD, USAID must identify the individuals and stakeholder groups that will most effectively deliver the message. Amplifying the voices of credible actors who have long been in the space and are doing impactful work in EPCMD can also aid in bolstering support for efforts. Ultimately, engaging new stakeholders in the fight to end preventable child and maternal deaths will require clearly stating the missed opportunity of not investing in EPCMD efforts. The right messaging can move Members of Congress to support EPCMD, demonstrate EPCMD as

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a worthwhile investment to American audiences, and inspire USAID EPCMD program countries to continue efforts. A key component of developing compelling messaging will depend upon demonstrating the positive outcome of making investments in EPCMD and how they translate into economic opportunities and promote women's empowerment.

Existing messengers for EPCMD efforts may include:

- Members of Congress;
- Multinational organizations, EPCMD NGOs, international organizations;
- USAID EPCMD program countries;
- American mothers and mothers in USAID EPCMD countries, who are aware of the impact of EPCMD programs; or
- EPCMD program implementation staff in developing countries.

Recommendation 3: Produce key materials for distribution with Congress and the American public.

USAID lacks easy-to-use materials on EPCMD and *Acting on the Call* that both educate and empower potential messengers to independently evangelize the message of ending preventable child and maternal deaths. The development of such materials, in coordination with a thoughtful effort to reach messengers where they are currently discovering and sharing content, could positively influence outreach efforts to Congress and to the American public, particularly for civil society organizations organizing in-district events, meeting with congressional staff or educating their supporters.

The materials should be produced and written in a way that is targeted to individuals with minimal knowledge about maternal, newborn and child survival, while also challenging audiences to draw parallels between ending preventable child and maternal deaths and more familiar initiatives or challenges (e.g. polio, HIV/AIDS).

Suggested materials include:

- One-page fact sheet on EPCMD;
- One-page fact sheet on key interventions for EPCMD;
- One-page fact sheet clearly explaining *Acting on the Call*;
- One-page fact sheet on financing that outlines the comprehensive financing package, including bilateral assistance, contributions to Gavi and the EPCMD financing framework;
- One-page fact sheet that makes USAID's financing framework very easy to understand;
- A simple visual graphic illustrating EPCMD;
- An interactive map linking investments abroad back to states in the United States (i.e., who in the United States benefits from investments abroad?);
- A database of personal, individualized stories with photos of those who have benefitted from USAID's EPCMD work;
- Short videos and video clips of mothers, children and families who have benefitted from USAID's EPCMD work;
- Interactive materials for the public to test and build their knowledge of EPCMD (e.g., online quiz on USAID's website); and

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- Increased messaging via USAID’s existing social media accounts.

Recommendation 4: **Deepen and broaden public and congressional understanding of EPCMD by creating specific webpage(s) on EPCMD within USAID’s website or USAID’s Global Health webpage(s).**

PEPFAR and Feed the Future have their own webpages that serve as a “one stop shop” for all resources and information for these initiatives. Both of these webpages clearly define the initiative, include assessments of effectiveness, list priority countries and link to annual progress reports.

An EPCMD-specific webpage would greatly enhance USAID’s ability to promote the EPCMD initiative and educate congressional staff and the American public.

We recommend using the original fact sheet³ created in 2012 during the first Child Survival Call to Action as well as the *Acting on the Call* site⁴ as a basis for developing the new webpage.

Recommendation 4.1: **Enhance resources and information on United States accomplishments and success.**

We appreciate and welcome efforts by USAID to have a variety of success stories on its website. While the “RESULTS AND DATA” section exhibits a few statistics that demonstrate the impact of USAID’s maternal and child health work, it is a short list. Some of these statistics might also be outdated, as they have been on the website for years.

USAID needs to better illustrate its impact on the ground in direct relation to maternal, newborn and child survival.

USAID’s website should include:

- A consolidated, updated set of success statistics across the four major buckets of interventions as outlined in *Acting on the Call*;
- A greater variety of personal, individualized stories of impact;
- A diversity of information on people and countries; and
- Stories that illustrate how the United States Government partners with countries around the world.

Recommendation 5: **Intensify outreach efforts to the American public and to Congress.**

Although USAID has made progress in its outreach to the American public and Congress, the Agency has the opportunity to significantly increase its reach. The following recommendations will ensure USAID’s work is heard by more people on Capitol Hill and across the country.

Recommendation 5.1: **Intensify outreach efforts to Congress.**

The members of this panel and feedback from other non-governmental organizations’ staff have noted that USAID could improve its outreach and educational efforts with Congress. While staff of USAID’s partner organizations and their grassroots supporters are meeting and educating their members of Congress, Congress likes to hear from United States Government agencies directly about their work.

³ <https://www.usaid.gov/news-information/news/fact-sheet-call-action-sets-course-end-preventable-child-deaths>

⁴ <https://www.usaid.gov/actingonthecall>

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It has been raised by congressional staff that USAID has not sufficiently reached out to key congressional staff, especially in explaining *Acting on the Call* and the impact of this framework on current programming. Congressional staff are also not as familiar with the EPCMD goal as other international development goals.

We recommend that USAID begin scheduling roundtable meetings with staff of the following key congressional committees:

- House Appropriations Subcommittee on State/Foreign Operations;
- Senate Appropriations Subcommittee on State/Foreign Operations;
- House Foreign Affairs Committee; and
- Senate Foreign Relations Committee.

Recommendation 5.1.2: Host a briefing session for all members of the House Congressional Global Health Caucus.

The attention to EPCMD of members of the Global Health Caucus goes beyond members of the key committees. These members and their staff have a particular yet broad interest in global health issues. Maternal, newborn and child survival issues need to be made more visible to this group on Capitol Hill.

We recommend that USAID reach out to the chairs of this caucus, Representatives Betty McCollum (D-MN) and Dave Reichert (R-WA), and discuss hosting an educational briefing session once a year.

Recommendation 5.1.3: Host a briefing session for new members of Congress at the beginning of new legislative sessions.

The beginning of a new legislative session is an opportune time to start educating new members of Congress on the issue of maternal, newborn and child survival. We recommend that USAID coordinate with partner organizations about co-hosting an educational session with staff of new incoming members of Congress, and particularly new members of key committees.

Recommendation 5.2: Ensure a seamless transition of EPCMD programs during the Administration transition.

The EPCMD Panel commends USAID for the outstanding progress in EPCMD programs to date. This work should be continued and strengthened moving forward. The EPCMD effort should be firmly established as an important priority for the incoming Administration to champion.

Recommendation 5.2: Intensify outreach to the American public.

To broaden and deepen the American public's understanding of EPCMD and USAID's approach and to further increase the visibility of USAID's work and the overall issue of maternal, newborn and child survival, we recommend that USAID – led by the maternal, Newborn and Child Survival Coordinator – spend more time speaking to the American public through in-person meetings and traditional and online press.

The following are suggested vehicles for strengthening USAID's reach to the public:

- Town hall sessions with civil society organizations in Washington, D.C.

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- The current MNCS Coordinator holds quarterly meetings with key stakeholders in Washington, D.C. These sessions serve as a useful dialogue between USAID and civil society.
- We recommend these town hall sessions be a permanent component of the role of the Maternal, Newborn and Child Survival Coordinator.
- In-district town hall sessions
 - USAID, and particularly the Maternal, Newborn and Child Survival Coordinator, should join organizations' events in targeted and strategic congressional districts.
 - Special speaking sessions on EPCMD should be scheduled with existing groups such as UNA-USA and the World Council of Affairs.
- Utilize existing convening platforms, such as CORE Group.
 - CORE Group is the implementing organization for the USAID Child Survival and Health Network Program. USAID should continue to engage with the CORE Group to assist in sharing knowledge and increasing understanding about USAID's work towards EPCMD.
- Traditional and online press
 - USAID should increase its efforts to place pieces in traditional and online press – including op-eds, letters to the editor, blog posts and others. USAID's EPCMD leaders, such as the Maternal, Newborn and Child Survival Coordinator, should occasionally write the pieces with non-profit and private sector partners to bolster the message. The pieces should be placed not only in national newspapers and websites, but state and local press outlets as well.
 - USAID should leverage any relevant media sources and explore the opportunity to develop a documentary on the achievements of the United States Government's EPCMD work throughout the global community.

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III. Recommendations for Priority Area 3: Increasing Financing for Ending Preventable Child and Maternal Deaths

The U.S. Government's role to: 1) promote and support the development of sustainable health financing systems in countries; 2) support the development of long-term health financing strategies and implementation plans, including leveraging meaningful increases in financial contributions from host country governments; and 3) provide implementation support and contribute to monitoring of progress of the execution of such strategies is fundamental to the achievement of an end to child and maternal deaths.

As described by the Global Financing Facility (GFF) strategy, the areas of attention can usefully be summarized into three overlapping and complementary areas: smart, scaled and sustainable financing. In order to ensure the development and success of these changes, USAID should also evaluate and update the relevant processes and systems required for implementation. This includes investing in accountability by improving the ability to track financial flows through health accounts, encouraging capacity-building in-country by channeling resources through country systems, sharing and implementing management best practices, and engaging effectively with the GFF.

Recommendation 1: **Ensure that all financing for EPCMD is “smart” by identifying interventions that are delivered efficiently and are the best value for money.**

“Smart financing” means that the interventions that are proven to be the best value for money are financed and delivered efficiently, with a focus on results. This requires not only identifying the best buy interventions, but also the best ways of delivering these interventions with quality. This is more effective than an approach where a range of interventions are “sprinkled”, with each receiving limited financing in the face of overall gaps. Strategic and operational plans developed as part of the country process often lack prioritization and the conversion to an actual investment plan. In order to mobilize increased domestic and external funding, the returns on investment should be made explicit, particularly to facilitate conversations with Finance Ministries. Careful consideration of ways to reduce inequalities in access to and payment for needed services amongst the poorest should be a key priority.

To do this, USAID should work with countries to:

- Define a set of time-bound targets relating to EPCMD that will be monitored to assess achievement;
- Describe intervention priorities for EPCMD that have been shown to have high impact for the costs (best buys), and can be afforded with the envelope of resources that is likely to be available with clear return on investment calculations;
- Identify innovative approaches to deliver efficient, equitable services;;
- Describe how the desired results will be monitored and evaluated, with feedback to policy modifications.

While each of these occurs occasionally as part of the USAID country dialogue (and has been substantially improved as part of Health Implementation Plan development, as recommended by the ACES Panel), carrying out the above in a more structured fashion will be an important contribution not

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only to USAID’s effectiveness, but to the effectiveness and impact of the broader health financing conversation within host countries.

Recommendation 2: **Encourage “scaled financing” for EPCMD programs by supporting domestic funding, catalyzing development assistance, and facilitating innovative financing.**

Scaled financing requires generating any additional funds – both domestic and international – necessary to fully finance the EPCMD interventions that are chosen. Financing can come from both public and private sources.

Recommendation 2.1: **Support domestic funding, encourage the private sector, and reduce out-of-pocket payments.**

To achieve scaled financing, United States projects and programs need to have a strong focus on key technical areas critical to supporting countries’ capacity to raise additional funds, particularly in light of the “graduation” of many countries from development assistance. These activities include technical support, information exchange and capacity-building in countries to:

- Develop ways of increasing government revenues for EPCMD, and/or increase the priority given to health and child and maternal health in budget allocations (at all levels of government).
- Broker country-level strategies with Ministers of Finance and Health to assemble a financing package to support the scale up of EPCMD programs.
- Leverage the private sector by developing innovative financing mechanisms to catalyze private sector capital towards health; facilitating partnerships between global private sector and countries; drawing on the private sector as a source of disruptive innovation to develop simpler and cheaper delivery models that enable the participation of new consumers previously excluded from traditional markets.
- Support initiatives such as the Financing Alliance for Health, which seeks to serve as the connective link between global health and the financing community and to support countries in identifying and utilizing both traditional and innovative sources of financing.

Recommendation 2.2: **Catalyze additional development assistance.**

USAID should use its influence and financial powers to catalyze development assistance for EPCMD where countries will be unable to raise all the necessary resources domestically. USAID could also ensure that United States development assistance for health (DAH) and associated technical support is synergistic and complementary to other major development partners, such as GFF, GAVI, Global Fund and the World Bank; that existing and new partners align around evidence-based, prioritized and results-focused government strategies; and that each partner’s strength is leveraged.

Recommendation 2.3: **Facilitate innovative financing.**

USAID should explore and back new innovative instruments that contribute to building a new financing architecture. Examples include effectively increasing the availability of domestic funds for health; developing mechanisms to help countries to deal with fluctuations in commodity prices that impact

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treasuries and therefore allocations to health sector; and market-shaping initiatives, which have the potential to, for example, cut commodity and pharmaceutical prices globally.

However, the Panel notes that the internal capacity within USAID, within the international development system more broadly, and at country level is severely limited. Without bolstering USAID's internal capacity and dedicated budget to this task, such innovations are likely to be ad-hoc and limited in scale and scope to where particularly entrepreneurial staff take action. A systematic approach to using USAID's full suite of tools (inclusive of grants, loans through development banks, guarantees, etc.) needs to be brought to bear, and the Panel notes the absence of a plan to do that. The development of a toolkit by USAID, however, has been a major step forward and recognized by the Panel, although insufficient in and of itself. Therefore USAID should develop a detailed plan to facilitate innovative financing, including utilization of the toolkit.

Recommendation 3: Ensure all financing for EPCMD is sustainable and well-positioned to continue to support EPCMD programs in-country moving forward.

Sustainable financing contributes to ending preventable child and maternal deaths by ensuring universal coverage of needed interventions, as well as by capturing the benefits of economic growth and addressing the challenges that occur as countries move from low- to middle-income status.

In this area, USAID should assist countries to:

- Ensure that domestically-sourced health spending and spending on EPCMD rises at a more rapid rate than national incomes;
- Develop strategies for transitioning countries from grant aid as they get richer, while ensuring that any external resources necessary to EPCMD are made available;
- Use its influence to ensure that DAH for countries that still need it catalyzes sustainable financing policies, including linking increases in domestic resource mobilization to continued DAH; and
- Recognizing that the majority of preventable maternal and child deaths occur in fragile and conflict-affected settings, develop tailored financing strategies that are relevant to these specialized country contexts in which there is a disproportionate impact on women and young children.

The recent slowdown in development assistance for health highlights the need to prioritize institutional capacity building and ***to develop plans that help countries ease the financial and institutional transition from grant to concessional and eventually self-financing.*** One example is to use development assistance to buy down interest on IBRD loans to bring them to concessional terms. It is important to anticipate this transition and help countries grow domestic resources and institutional capacity in such a way that there is a handoff in a progressive manner for 2030 and beyond.

Finally, USAID should support the expansion of prepaid pools. Increased funding for child and maternal health should not come from increased out-of-pocket payments in poor populations, as these payments prevent millions from obtaining the health services they need and result in severe financial hardship for millions more who use these services. USAID could support country efforts to reduce direct out-of-

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pocket health payments, particularly by the poor, through efforts to increase pre-payment and pooling from which the poor benefit. For example, this could be done through expansion of social health insurance towards informal sector workers and their families or adopting new technology that facilitates collection and pooling of contributions from those who can afford to make them.

IV. Ongoing Work of the EPCMD Panel

These recommendations are aimed to build upon USAID's tremendous success in maternal and child survival. The EPCMD Panel remains committed to working with the Agency to ensure EPCMD programs are well-positioned to thrive through the next Administration and efforts are sustained to sharpen the efficiency of their programs; to refine, strengthen and amplify their message to Congress and the American people; and to increase smart, scaled, and sustainable financing for EPCMD.

We thank the leadership and dedicated staff of USAID for their continued exceptional efforts, and for their personal commitment, to bring about an end to all preventable child and maternal deaths – beginning with the saving of an additional 15 million children by the end of 2020.

The American people should be incredibly proud of this work carried out on their behalf.

Recommendation	Evidence of Implementation
<p>Define “What Success Looks Like”</p>	<p>Use of technology expands interest in USAID activities, and a greater number of applicants/offers get answers more rapidly before deciding to invest in bidding, and shorter time to award:</p> <ul style="list-style-type: none"> USAID/Nigeria hosted two Industry Day webinar conferences in Washington D.C. for two solicitations-USAID Integrated Health Program (\$225M, SOL-620-15-000009), and the U.S. President’s Malaria Initiative for States (\$90M, SOL-620-16-000009). USAID/Egypt utilized pre-solicitation and pre-award conferences for two major EG procurements totaling \$48 million resulting in highly responsive proposals allowing the Contracting Officer to make awards without discussion in both cases. USAID/Washington, Global Health, achieved a five-year high with 90 new awards in FY2015, including 11 Supply Chain awards with a ceiling of \$11.5B, and 5 major awards in advance of lead times all of which accelerated establishment of critical development goals.
<p>Select Most Appropriate Instrument (i.e., Acquisition or Assistance (A&A)) to Enable Effective Award Management</p>	<p>Clearer policy and more outreach provides additional tools for Agency personnel and forum for discussion:</p> <ul style="list-style-type: none"> Updated and issued ADS 304, Selecting the Appropriate Acquisition and Assistance (A&A) Instruments in April 2016, in conjunction with draft amplifying guidance for the DRG sector. Accurate and complete Quarterly Business Forecast and conference calls between the public and the Bureau for Management’s Office of Acquisition and Assistance (M/OAA) provides for early identification of the Agency’s choice of instrument and clarification.
<p>Increase Financial Transparency of Administrative/Programmatic Costs</p>	<p>Global access to award file documents improves voucher processing.</p> <ul style="list-style-type: none"> In May 2016 USAID Washington completed the roll out of ASIST which provides access to the appropriate USAID personnel to award file documents and an automated voucher routing process. <p>Comprehensive instructions increase the quality of indirect cost rate proposals:</p> <ul style="list-style-type: none"> In April 2016 the Agency published on www.USAID.gov a user-friendly Indirect Cost Rate Guide for Nonprofit Organizations.
<p>Evaluate Costs in Relation to Outcomes</p>	<p>Agency senior leadership reviews of the largest acquisition and assistance activities strengthens development outcomes:</p> <ul style="list-style-type: none"> Since FY 2013, the Administrator has approved 67 A&A activities (\$75 million and above) with a total value of \$29.11B.
<p>Promote Competition by Creating and Competing Awards That Can Be Successfully Managed by a Wider Variety of Applicants</p>	<p>Expanded “how to” tools at USAID.gov , piloted self-assessment readiness tool to increase pool of potential implementing partners, and developed local capacity:</p> <ul style="list-style-type: none"> Created and updated a suite of information and training on “How to Work with USAID.” In Southern Africa, USAID piloted self-assessment organizational tools with 60 local partners in an effort to identify areas of risks, giving partners the ability to gain a better understanding of their readiness for doing business with USAID. USAID/Malawi developed the capacity of local publishing firms resulting in significant cost savings and better distribution of early grade reading materials to every school in Malawi within 20 weeks of contract award. Awarded 18 Ebola-related new awards in 2015, of which 16 utilized the expanded Broad Agency Announcement (BAA) procurement approach.
<p>Assess and Motivate Partner Performance</p>	<p>Significant increase in capturing contractor performance assessment reports (CPARs) improves dialogue between COs, CORs and Contractors while improving the quality and amount of past performance data available:</p> <ul style="list-style-type: none"> CPARs compliance reached 85% as of June 2016. <p>Tying performance to fee provides incentive to reach or exceed targets:</p> <ul style="list-style-type: none"> USAID/Egypt awarded Facilities Operations and Maintenance contract (in 2015) with a quarterly performance incentive-based award fee and USAID/Malawi 3 RFPs using fee tied to performance targets (SOL-612-16-000008, SOL-612-16-000006, SOL-612-16-000001).
<p>Broaden the Existing Practice of Managing the Universe of Awards as a Portfolio, from Planning through Award Management</p>	<p>Capturing business requirements for project planning, portfolio management and monitoring leads to functional requirements to be included in the Development Information System.</p> <ul style="list-style-type: none"> USAID/Malawi’s integrated strategy reduced duplication across partners, increases capacity of district government personnel and partner staff, and increases sustainability of activities.
<p>Equip Personnel with the Right Skills to Assess Value for Money, Hold Them Accountable, and Provide Incentives to Motivate</p>	<p>Expanded tools and increased participation in acquisition and assistance training strengthens knowledge and understanding of procurement workforce:</p> <ul style="list-style-type: none"> Delivered Management, Knowledge and Learning training to over 100 field participants including “value for money.” Extended licenses to over 100 users for the Virtual Acquisition Office.
<p>Enable Timely Access to Relevant, Useful Information</p>	<p>Greater outreach using social media and other virtual means more rapidly delivers current A&A information and access to senior procurement officials</p> <ul style="list-style-type: none"> Launched an e-mail distribution list and Twitter handle to more efficiently and effectively communicate with Implementing Partners. Expanded use of on-demand E-learning for A&A training allows workforce anytime, anywhere access.
<p>Streamline, Standardize, and Automate A&A Processes to Reduce Variation</p>	<p>Upgrades to A&A Planning tool and the Global Acquisition and Assistance System (GLAAS) lead to more accurate data and standardized documents:</p> <ul style="list-style-type: none"> In early 2016, released a new document builder and improved clauses functionality in GLAAS. In spring 2016, linked the A&A Plan tool with GLAAS to increase quality and remove redundancy. Extensive work on Intranet sites to provide pertinent information and access to documents for each phase of the award.

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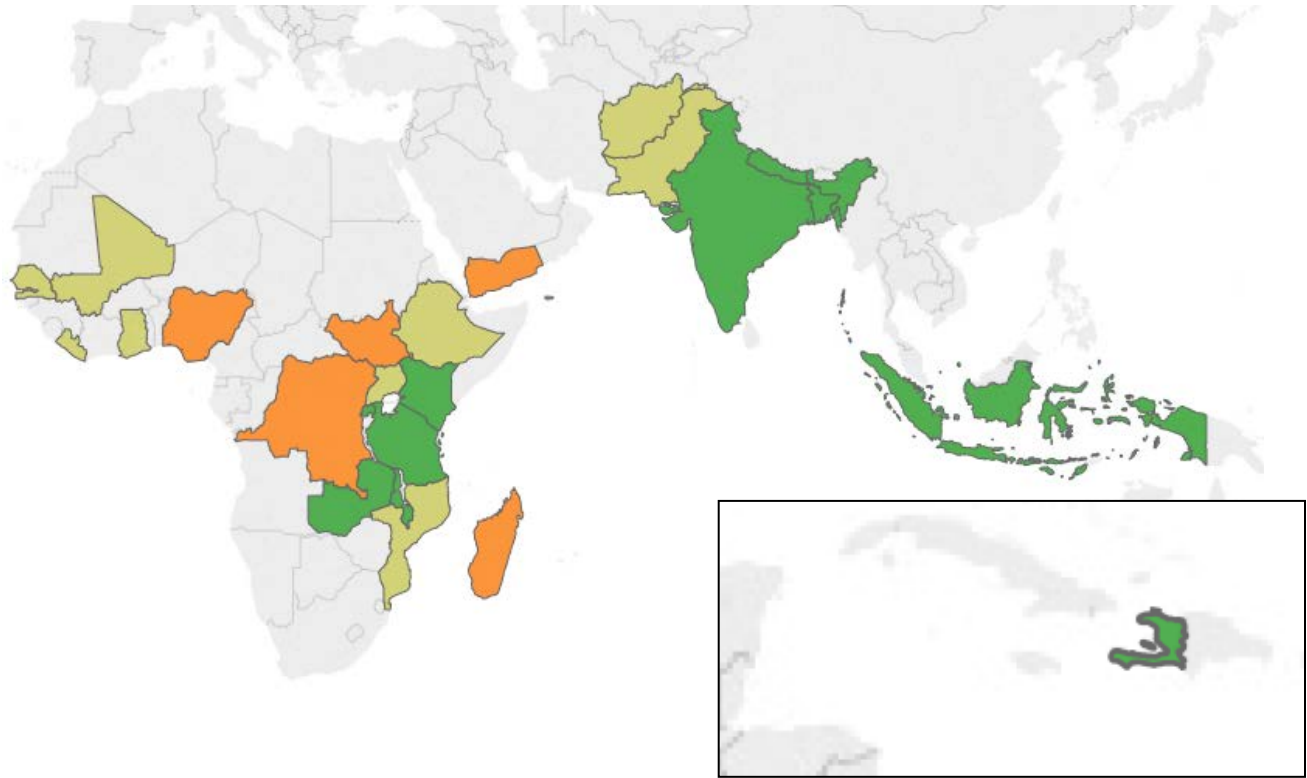
During the 2014 *Acting on the Call* in Washington, DC - USAID committed to save up to 500,000 lives by the end of 2015. Last year, working with analyses conducted by IHME to create a standardized scorecard for donors, USAID determined that this commitment had been met. This information was provided to the panel.

Also in 2014, USAID committed to working in collaboration with countries to save up to 15 million children's lives by 2020. This effort will put countries on track to reach the Sustainable Development Goal target of 25 child deaths per 1,000 live births by 2030. Through subsequent *Acting on the Call* reports, USAID has been tracking country progress against these commitments. We track progress by monitoring several areas:

1. Trends in under-5 mortality rates to determine whether countries are achieving an average annual rate of reduction sufficient to meet these goals.
 - Countries must achieve at least the country specific ARR that would keep them on the required trajectory from 2012 in order to be considered "on track."
2. A set of seven indicators across USAID priority interventions to ensure that coverage is on track with coverage required to achieve "best performer" status on that indicator.
 - Meeting or exceeding indicator targets in 4 or more out of 7 tracer indicators - indicates a high degree of overall progress and a country would be considered to be "on track."
3. Achievement of our lives saved goal in terms of numbers of lives saved.
 - Given that these commitments were made in 2014, using a 2012 baseline year - and current data is available only through 2015, progress toward lives saved of 17% of our total goal or greater is considered "on track" - (17% is the yearly percentage toward the target required for each of 6 implementation years 2014-2020).

The 2016 *Acting on the Call* report provides progress updates in each of these areas by country, including both where countries are "on track" and where progress is still needed or needs to be reinforced in order to guard against slipping (see below). USAID also created a series of management dashboards to track progress on program implementation. This allows direct support and technical assistance to countries as soon as key milestones fall behind, rather than waiting for indicator data. USAID recently added Burma as a 25th priority country and will similarly calculate and begin tracking Burma's progress using these same methodologies.

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Key
■ On Track (according to multiple measures)
■ On Track (according to 1 measure)
■ Not on Track

Measures include: Average annual rate of reduction of under-five mortality sufficient to achieve SDG goal, 4 or more out of 7 tracer indicators on target to achieve best performer coverage, greater than 17% of 2020 lives saved goal achieved in first year of implementation of Acting on the Call roadmaps.

Afghanistan		Kenya		Pakistan	
Bangladesh		Liberia		Rwanda	
DRC		Madagascar		Senegal	
Ethiopia		Mali		South Sudan	
Ghana		Malawi		Tanzania	
Haiti		Mozambique		Uganda	
India		Nepal		Yemen	
Indonesia		Nigeria		Zambia	

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Annex B: EPCMD Panel Members

Mr. Ray Chambers (Chair), UN Special Envoy for Health in Agenda 2030 and for Malaria

Dr. Helene Gayle, M.D., M.P.H. (Vice Chair), CEO, McKinsey Social Initiative

Mr. Jack Leslie (ACVFA Chair), Chairman, Weber Shandwick

Mr. Rodney Bent, Director, United Nations Information Center

Ambassador Deborah Birx, MD, U.S. Global AIDS Coordinator

Ms. Barbara Brocker, President, Allegro Global Procurement Solutions

Ms. Kathy Calvin, President and CEO, UN Foundation

Dr. Joanne Carter, DVM (Priority Area 1 Champion), Executive Director, RESULTS/RESULTS Educational Fund

Ms. Jean Case, CEO, The Case Foundation

Dr. Tim Evans (Priority Area 3 Champion) Senior Director, World Bank

Dr. Paul Farmer, M.D., Ph.D., Co- Founder, Partners in Health

Dr. Bill Frist, M.D., Former United States Senator

Ms. Gargee Ghosh, Director of Policy Analysis and Financing, BMGF

Ms. Anne Goddard, President and CEO, ChildFund International

Mr. Kent Hill, Senior Vice President, World Vision

Mr. Ira Magaziner, CEO & Vice Chairman, CHAI

Mr. John Megrue, Chairman, APAX Partners US

Mr. Mark Shriver (Priority Area 2 Champion), President, Save the Children Action Network

Mr. Jeffrey Walker, Vice Chairman, UN Special Envoy for Health in Agenda 2030 and for Malaria; Former Managing Partner & Co-Founder, JPMorgan Partners; Former Vice Chairman, JP Morgan Chase & Co; Former Chairman, JPMorgan Chase Foundation

Senator Harris Wofford, J.D., Former United States Senator

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Annex C: Key messages that resonate with Congress

- **Progress:** Congress wants to know that United States investments in maternal, newborn and child survival programs are effective. For example, the dramatic success in child survival over the past two and a half decades is a great starting point.
- **Impact:** It is vital to talk about the impact of United States investments on saving the lives of mothers and children as well as a description of how these investments and resources will actually be used.
- **Sustainability and Country Ownership:** It is critical to emphasize that the goal of EPCMD is a shared value and objective that is funded by other foreign governments, international organizations and the countries themselves. It furthermore helps to illustrate that citizens in these countries are holding their own governments accountable for financial and policy pledges.
- **Multiple Actors:** It is important to demonstrate to Congress how USAID is supported by a variety of actors, including the private sector. This shows that the United States Government and country governments partner with a variety of actors and that the United States is not alone in its efforts to end preventable child and maternal deaths around the world. For example, and in addition to corporate partners, USAID should better illustrate and discuss the role of partnerships such as Gavi, the Vaccine Alliance, or the Partnership for Maternal, Newborn and Child Health (PMNCH).

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Annex D: Key messages that resonate with the American public

- **Clear Statements** – The American public responds well to messaging that is clear and direct and not complicated with technical terms, acronyms, and government jargon.

The following messages are good examples of such clear statements:

- Fewer mothers and children are dying from preventable causes than ever before.
- Yet across the globe, millions of mothers and children still die each year from diseases and other causes that are entirely treatable.
- Every child deserves a strong start in life – we must invest in them early.
- When we invest in the health of women and children, we invest in the health and future of our world.
- There are simple, low-cost treatments that would treat illnesses like malaria and pneumonia and save millions of lives each year if properly funded.
- Let's help others help themselves by providing communities with the tools they need to prevent infant deaths.
- America can and should lead the fight to end preventable deaths of children and mothers worldwide.

Furthermore, the public is better equipped to comprehend EPCMD if the following points are addressed in order:

- **Progress:** The world has made significant progress in EPCMD (e.g. since 1990, the number of deaths of mothers and children under age 5 worldwide have been cut in half).
 - **Problem:** Despite this progress, mothers and child still die every day from preventable causes (e.g. 16,000 children and 800 mothers die every day).
 - **Solution:** We know how to end preventable child and maternal deaths (e.g. increase access to lifesaving, cost-effective and evidence-based interventions).
- **Impact Data** – The American public responds well to specific statistics that articulate the impact of United States investments.
 - **Personal, Individualized Stories** – The American public emotionally connects to personal stories of a mother, child or a family. These stories illustrate the importance of USAID's work while individualizing it and making it easier for people to grasp such a broad initiative.