2018 ACTING ON THE CALL
A FOCUS ON THE JOURNEY TO SELF-RELIANCE
FOR PREVENTING CHILD AND MATERNAL DEATHS
August 2018

Photo: Abir Abdullah
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 available to the health sector across our 25 priority countries for preventing child and maternal deaths.
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.

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.
PARTNERING WITH COUNTRIES ON THEIR JOURNEY TO SELF-RELIANCE

MALAWI

19.2M • Total Population
3.5M • Population Under 5 Years
~36K • Under 5 Deaths / Year
~55 • Under 5 Mortality Rate Per 1,000 Live Births
788K • Births
~634 • Maternal Mortality Ratio Per 100,000 Live Births

9.5M • 1.8M • 102.5K • 244 • 459K • 1,100

INTERVENTION COVERAGE

- Preventive Care
- Primary Health Care
- Maternal and Child Health
- Family Planning
- Nutrition

TARGET REACHED
TARGET NOT REACHED

- Protection
- Prevention
- Treatment
- Care

PREDICTED COVERAGE RATE BASED ON 2014 CHWIC ANALYSIS

- 20%
- 50%
- 80%
- 100%

SHIFTING CAUSES OF CHILD MORTALITY

- Diarrhea
- Infection
- Malnutrition
- Transport

MAJOR CHALLENGES:

- Healthcare Infrastructure
- Funding
- Staffing

PROGRESS

CURRNT

MOVING FORWARD

USAID INVESTMENTS THAT SUPPORT SUSTAINABILITY INCLUDE:

- Health Financing
- Contracting Out
- Information Systems Strengthening

$2.1M IN COST SAVINGS AND RESOURCES MOBILIZED BY 2025 WHICH IS AN 11 TO 1 RETURN ON USAID'S INVESTMENT

8/2/18
PARTNERING WITH COUNTRIES ON THEIR JOURNEY TO SELF-RELIANCE

KENYA

547.6M • Total Population
5.9M • Population Under 1 Year
74K • Under 5 Deaths / Year
49 • Under 5 Mortality Rate per 1,000 Live Births
1.1M • Births
510 • Maternal Mortality Ratio per 100,000 Live Births

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<tr>
<th>2017</th>
<th>23M</th>
<th>4.2M</th>
<th>95K</th>
<th>98</th>
<th>927K</th>
<th>400</th>
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<table>
<thead>
<tr>
<th>INTERVENTION COVERAGE</th>
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<tbody>
<tr>
<td>Households with Improved/Modern Source of Water</td>
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<td>Households with Handwashing Station</td>
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<tr>
<td>Contraceptive Prevalence Rate</td>
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<tr>
<td>Rural Internat'l Care Facility</td>
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<tr>
<td>Health Facility Delivery</td>
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<tr>
<td>Medical Access to Delivery</td>
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<tr>
<td>Health Facility Maternal &amp; Child Health Services</td>
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<td>Insecticide-Treated Net Ownership</td>
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<thead>
<tr>
<th>PREDICTED COVERAGE RATE BASED ON 2014 ART/C Analysis</th>
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<th>U5M MORTALITY TRENDS</th>
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<th>PROGRESS</th>
<th>CURRENT</th>
<th>MOVING FORWARD</th>
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<th>2012</th>
<th>2017</th>
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<tr>
<th>RELATIVE HEALTH STATUS</th>
<th>HEALTH SYSTEMS CAPACITY</th>
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<th>USAID INVESTMENTS THAT SUPPORT SUSTAINABILITY INCLUDES:</th>
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<th>HEALTH SYSTEM ACCOUNTABILITY</th>
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$86M in resources mobilized by 2025, which is a 45 TO 1 return on USAID’s investment.
INDIA:
In 2017, USAID said we would work with the a state Government and the private sector to provide innovative financing methods.

In 2018, USAID supported the Utkrisht (“Excellence”) Development Impact Bond, which uses private funds to improve maternal health care in the private sector in Rajasthan, which will reduce the burden on the public sector.
THE JOURNEY TO SELF-RELIANCE: COUNTRY UPDATES

**MOZAMBIQUE:**
In 2017, USAID said we would support the MOH’s long-term plan for developing a medical commodities supply chain, which would create one single command of the supply chain and ensure that the right quantity of goods are available.

Since 2012, Mozambique’s contribution for warehousing of medical commodities has increased from 20% to 30%, thereby reducing reliance on partner support for warehousing. The country is on track to support 50% of national warehousing needs by 2020.
THE JOURNEY TO SELF-RELIANCE: COUNTRY UPDATES

THE REPUBLIC OF ZAMBIA:
In 2017, USAID said we would support a model building on the Saving Mothers, Giving Life initiative in six provinces that includes high impact interventions addressing the whole reproductive life cycle of women and men.

In 2018, the Government is incorporating the lessons and best practices from Saving Mothers, Giving Life into a national plan to provide RMNCH services using joint funds between the Government and other partners.
THE JOURNEY TO SELF-RELIANCE: COUNTRY UPDATES

RWANDA:
In 2017, USAID said we would strengthen community-based health insurance monitoring and evaluation systems to identify challenges and apply targeted solutions.

In 2018, the community-based health insurance program has been transitioned to the Rwanda Social Security Board from the Agency for ongoing management, with only targeted technical assistance from USAID.
PROGRESS SINCE THE 2012 CALL TO ACTION

USAID'S IMPACT SINCE THE 2012 CALL TO ACTION

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

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

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

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

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

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

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

**28M**
children reached with nutrition programs

In 2017 alone, USAID helped **76 MILLION WOMEN AND CHILDREN** access essential — and often life-saving — health services.
FOR MORE INFORMATION:
USAID.GOV/ACTINGONTHECALL