

Reproductive, Maternal, Newborn and Child Health

Background

Promoting the sexual and reproductive health and rights of all people and reducing maternal, newborn and child mortality are integral to alleviating poverty, promoting security, and building more stable nations — central tenets and goals of the “smart power” approach to U.S. foreign policy and U.S. foreign assistance. At the 1994 International Conference on Population and Development (ICPD), the U.S. helped forge and signed onto a global consensus around a 20-year plan of action that placed empowering women and girls, protecting human rights, and promoting the sexual and reproductive health of men, women, and youth at the core of efforts to achieve sustainable development.⁵⁶ This agreement has been reaffirmed numerous times since then by the global community.

In 2000, the world community adopted eight Millennium Development Goals, including: reduce child mortality (MDG 4), improve maternal health (MDG 5) and combat HIV/AIDS, malaria and other diseases (MDG 6). MDG 5 includes two specific targets, one on reducing maternal mortality, and the other on ensuring universal access to reproductive health.⁵⁷ In order to effectively promote global health and development, it is crucial that the U.S. adopt the fulfillment of the ICPD commitments and the health MDGs, including 4, 5 and 6, as central goals of US foreign policy, and end restrictive policies that have limited access to reproductive health information and services.

To align with ICPD and Millennium Development Goals, U.S. global health strategy must be framed around the continuum of care, including:

- **Infancy and childhood:** Many of the most prevalent causes of childhood death are preventable or easily treatable through simple, proven interventions. Providing accessible, comprehensive health care during infancy and childhood lays the foundation for lifelong good health.
- **Adolescence:** Providing appropriate, accessible information and services can address gender-based violence, promote healthy relationships, reduce unintended pregnancy and unsafe abortion, equip young people to avoid infection with HIV and other sexually transmitted infections (STIs), and give them the resources and information they need to delay pregnancy. Preventing child marriage and promoting gender equality between boys and girls are important elements of a comprehensive strategy.
- **Reproductive age:** Women and girls risk a range of health problems during their reproductive years; complications from pregnancy and childbirth are often the leading cause of death and disability during this time in women’s lives. Universal access to family planning services, which enable women (and men) to avoid unintended and high-risk pregnancies, can reduce deaths from pregnancy and childbirth by up to 30%; spacing births by three years or more also reduces infant and child mortality significantly.⁵⁸ Providing skilled, rights-based care before, during, and after childbirth, and emergency care for the management of complications, is essential for preventing these needless deaths. It also offers the most effective setting for preventing transmission of HIV from mother to child.
- **Throughout the lifespan:** Promoting good sexual and reproductive health requires information and services throughout the lifespan to

confront reproductive cancers, STIs, and HIV/AIDS, which account for a large portion of the catastrophic burden of ill-health for women in poor countries. Engaging men and boys in sharing responsibility for the sexual and reproductive health of their partners can also contribute to greater gender equality and reduce sexual and gender violence.

Addressing these health needs across the lifespan requires a functioning and effective health system. Key characteristics of such a health system that are essential for reproductive, maternal, newborn and child health include attention to human rights and quality of care; sufficient numbers and equitable deployment of health workers with the appropriate skills, including life-saving obstetric skills; essential drugs, equipment and other commodities; effective mechanisms for communication and transport, especially for women, newborns, or children with life-threatening complications; adequate health facilities; and a health information system.

Positive Synergies

The components of sexual and reproductive health, as well as maternal, newborn, and child health, have strong synergies with each other as well as with other aspects of health. An integrated approach, providing comprehensive, client-centered, equitable, rights-based care, carries multiple benefits. For health care users, it enables their varying health needs to be met through a single visit to a health care facility, minimizing transport and other costs. For example, women can receive antiretroviral treatment for HIV at the same time that they receive counseling and services for family planning and immunization for their children. For health systems, an integrated approach brings greater efficiency, enabling managers to economize on training, supervision, and supply systems costs. For societies, higher quality health services that are used by more people translate into a greater reduction in the prevalence and impact of disease and other health problems.

Sexual & Reproductive Health

The global community has defined sexual and reproductive health services to include:⁵⁹

- **Quality family planning information, counseling and services** aimed at satisfying the unmet need for contraception and enabling people to determine the number and timing of children
- **Comprehensive care during pregnancy and childbirth** to reduce deaths and illness among women and newborns
- **Prevention, detection, management and treatment of STIs**
- **Prevention, detection, management and treatment of reproductive tract cancers**

Sexual, Reproductive & Maternal Health

Family planning: Women's lack of access to sexual and reproductive health services — including family planning — is a key contributor to poor health and poverty. Over 200 million women in developing countries have an unmet need for effective, modern contraceptives.⁶⁰ Addressing this unmet need would avert an estimated 52 million unintended pregnancies each year, and would give millions of families and individuals greater control over their personal and economic lives by allowing them to choose the number and timing of their children.⁶¹

For more than 40 years, the United States has been a leader in supporting family planning programs around the world. Between 1965 and 2005, use of family planning by women of reproductive age in the developing world

(excluding China) rose from less than 10 percent to 53 percent.⁶² But in real terms, US support for family planning is at the same level now than it was 35 years ago, despite a significant increase in the size of the global population and significant increases in the level of unmet need.⁶³

U.S. support for family planning programs must provide people with affordable access to basic sexual and reproductive health services, a wide range of contraceptive methods from which to choose, and information and education about safe and responsible family planning.

Maternal and newborn health, including management of unsafe abortion:

Each year more than 500,000 women die from pregnancy- and childbirth-related complications, and an additional 15 to 20 million women suffer debilitating consequences of pregnancy.⁶⁴ Annually, four million newborns die in the first four weeks of life, accounting for 40 percent of all deaths among children under the age of five.⁶⁵ Almost all of these maternal and newborn deaths occur in developing countries. In many countries, maternal and child mortality statistics have not improved in the last two decades, and MDGs 4 and 5 are far off track for fulfillment by the 2015 deadline.

Most maternal deaths are caused by common complications that often come without warning, including hemorrhage, infection, hypertensive disorders, obstructed labor, and unsafe abortion.⁶⁶ Effective health strategies for preventing or managing poor maternal health comprise: quality antenatal care, including counseling on birth preparedness, detection of complications, nutrition education, and nutrition supplementation; skilled care by a doctor, nurse or midwife during childbirth, including management of obstetric or neonatal complications as necessary; and immediate postpartum/postnatal care for mother and baby, including management of neonatal complications. Providing these services also offers an effective setting for preventing transmission of HIV from mother to child.

Worldwide, there are almost 20 million unsafe abortions per year; an estimated 70,000 women die from the complications of unsafe abortion, and millions more suffer infertility or other health problems.⁶⁷ Pregnancy prevention is a critical first step; addressing the unmet need for family planning would significantly reduce the number of unsafe abortions and their public health consequences. Providing safe services for legal procedures would also help reduce deaths significantly. The third key element of a strategy to address unsafe abortion is post-abortion care, a combination of interventions that includes management of abortion complications; contraceptive services to prevent future unintended pregnancies; and links and referrals for other reproductive or social services, including diagnosis and treatment of sexually transmitted infections and counseling on gender-based violence.

Sexually transmitted infections: Each year there are 340 million new cases of curable sexually transmitted infections (STIs), the most common of which are gonorrhea, syphilis, Chlamydia, and trichomoniasis. Women, especially young adults, are particularly vulnerable to STIs because they often lack the knowledge and resources to protect themselves. Worldwide, women are five times more likely than men to contract an STI, which can result in pregnancy-related complications, infertility, pelvic inflammatory disease, cervical cancer, and elevated risk of contracting HIV.⁶⁸

Effective strategies for STI management should integrate prevention and treatment within reproductive health services as well as providing youth with comprehensive services and information. Other key strategies include condom promotion and distribution, community-based advocacy on preventing STIs,

early diagnosis and treatment, and providing specific services for at-risk populations. STI prevention and treatment cuts across other elements of reproductive and maternal health, including family planning, antenatal care, and HIV; there is a clear need to assess and address STI management needs comprehensively.

Reproductive cancers: Reproductive cancers include cancers related to the breast, uterus, vulva, endometrium, ovaries, prostate, testicles, and penis. Among women, breast cancer and cervical cancer are the most common. Worldwide, there are over 1.3 million new cases of breast cancer and 400,000 new cases of cervical cancer each year. Cervical cancer is the leading cause of cancer-related deaths in women living in developing countries, who account for 85% of the estimated 235,000 deaths worldwide. Many of these women develop cervical cancer as a result of contracting the Human Papilloma Virus (HPV). Providing regular Pap test screenings, HPV tests, and/or vaccines can prevent infections or enable women to receive early diagnosis and treatment.⁶⁹

Young people: People under the age of 25 represent nearly half of the world's population, and face significant sexual and reproductive health challenges. Worldwide, about 6,000 youth aged 15 to 24 are infected with HIV each day.⁷⁰ Young people experience over 100 million new cases of STIs each year.⁷¹ Young women experience high rates of unintended pregnancy, and each year, there are about 15 million births to adolescent mothers. Complications of pregnancy and childbirth, including unsafe abortion, are the leading cause of death for young women aged 15 to 19 in low and middle income countries.⁷² In many countries, gender imbalance leads to negative outcomes for young women, including child marriage, too-early childbearing, and lack of access to reproductive supplies, services, and information.

Providing young people with appropriate, accessible information and services can help them to address gender-based violence, avoid infection with HIV and other STIs, and prevent unintended pregnancy, thus reducing the high rates of unsafe abortion and maternal and infant mortality among this demographic. Accurate, appropriate sexuality education should include information and skills development to delay sexual relations, engage in healthy sexual activity, and practice respect for individuals' rights and autonomy.

Child Health

In 2008, for the first time since records have been kept, the number of annual global child deaths fell below nine million. This milestone is the culmination of decades of effort in which the U.S. has played a critical role. In the 1980s, U.S. leadership, funding and technical expertise were critical in launching a "child survival revolution." Working alongside UNICEF and other partners, U.S. investments in low-cost, life-saving basic health interventions have saved millions of lives.

However, in the last decade U.S. leadership and resources have failed to keep pace with the scale of the problem. Despite progress, 8.8 million children still die every year before reaching their fifth birthday – over 24,000 every day.⁷³ Nearly all of these deaths occur in poor countries, with the highest rates of child mortality occurring in sub-Saharan Africa and South Asia. A child born today in sub-Saharan Africa is 27 times more likely to die than a child born in an industrialized country.⁷⁴ This extreme inequity exists not only among countries, but within them; like maternal morbidity and mortality, child morbidity and mortality are overwhelmingly concentrated among the poorest and most marginalized populations.

Childhood malnutrition & Food Security

Weaning children aged 6 months to 2 years are the most vulnerable to malnutrition and suffer irreversible damage. Good maternal nutrition and exclusive breastfeeding of infants for the first six months followed by the introduction of a nutritious and diverse complementary diet are well-established principles of good nutrition. A just-released World Bank evaluation costed key nutrition interventions in 36 priority countries at \$11.8 billion per year, with costs shared by affected countries and the private sector. Childhood malnutrition sits as the nexus of Food Security and Child Health. The U.S. should substantially increase funding for nutrition; incorporate direct nutrition interventions and include nutrition indicators in health projects; target children under the age of two and pregnant women for nutrition interventions; prioritize areas of endemic malnutrition; support the community-based treatment of severe acute malnutrition; and target children before they fall off into the most severe form of malnutrition by supporting prevention strategies, including safety nets. While some nutrition funding is included in our costing estimates here a comprehensive approach, which bridges the Global Health and Food Security Initiatives could have a much greater impact. We urge that the Food Security Initiative have substantial funding for nutrition and a mandate for integration with the GHI.

Of the 67 countries with the highest child mortality rates, only 10 are on track to achieve Millennium Development Goal 4, which calls for a two-thirds reduction in child death rates by 2015.⁷⁵ The U.S. must invest in scaling up a basic package of proven, life-saving interventions to accelerate progress toward MDG 4:

- **Providing appropriate pneumonia treatment:** Pneumonia kills more children than any other single disease, accounting for as much as a third of all under-5 deaths. Treatment with antibiotics is effective and inexpensive, but only 56 percent of children in the developing world with suspected pneumonia see an appropriate health care provider.⁷⁶
- **Preventing and treating diarrheal diseases:** Oral rehydration therapy (ORT) supplemented with zinc is an effective treatment for dehydration and a life-saving intervention for diarrheal diseases, which kill up to 2 million children per year. Only 38 percent of children receive this treatment when needed.⁷⁷ Prevention of diarrheal diseases includes basic sanitation, hygiene and safe water supply.
- **Providing measles vaccine:** Measles is the leading cause of vaccine-preventable deaths. Despite considerable reductions in deaths since 1999, extending vaccine coverage is an unfinished priority in child health.
- **Confronting malnutrition:** Malnutrition is an underlying cause of almost half of child deaths and accounts for 11% of the total global burden of disease. Key nutrition interventions include nutrition education, including breastfeeding promotion; micronutrient supplementation/fortification; complementary and therapeutic feeding; and community-based therapeutic care for severe acute malnutrition (see sidebar).
- **Malaria prevention and treatment** (see pg. 15).
- **Newborn care** (see section on maternal and newborn care above).

Targets

The Global Health Initiative can, with sufficient funding, achieve a great deal in the area of Reproductive, Maternal, Newborn, and Child Health. Based on UN estimates, by investing in successful interventions, building on what works, and crafting a comprehensive approach U.S. funding could, by 2015:

- Prevent the deaths of 150,000 women from complications of pregnancy and childbirth
- Save the lives of at least 975,000 children (aged 1 month to 5 years)
- Save the lives of at least 675,000 newborn babies
- Reduce by over one-third the rate of chronic malnutrition in children aged 12 to 23 months
- Prevent 225,000 stillbirths
- Provide comprehensive sex education to at least 370 million adolescents and young people

In order for this to be possible, the approach described above must be undertaken—eschewing half-hearted intervention in favor of well resourced comprehensive strategies. *This need for comprehensive interventions at the local level, however, must be matched by a U.S. strategy with clear, specific programmatic targets to drive accountability and ensure success.* As such, we believe the U.S. should set the following coverage targets to reach by 2015 (noting that 2015 is the year for which estimates are available and recognizing this is longer than current the GHI):

By 2015 the U.S. should aim to ensure that:

- An additional 35 million births taking place in facilities that provide quality care for both normal and complicated deliveries
- 40 million more women receiving quality antenatal care
- 35 million more women and newborn babies receiving quality postnatal care
- In 2015, an additional 10 million couples using modern methods of family planning
- 25 million more episodes of child pneumonia taken for appropriate treatment

Costs

The Institute of Medicine has noted that reproductive, maternal, newborn and child health, along with nutrition and neglected tropical diseases have been severely under-resourced during the past decade. Based on various costing estimates generated by the World Health Organization and UNFPA, it is estimated that \$79.7 billion is needed between 2011 and 2015 to achieve MDGs 4 and 5 in the 49 most high-burden, aid-dependent countries.

The U.S. government currently invests approximately \$1 billion per year in reproductive, maternal, newborn and child health (see Table 5).

	FY09 Enacted	FY10 President's Request	FY10 House	FY10 Senate
Maternal, newborn, child health	0.495	0.5235	0.528	0.555
Family Planning ⁷⁹	0.545	0.593	0.6485	0.6285
TOTAL	1.040	1.1665	1.1765	1.1835

In light of the massive and urgent need, we call for the U.S. government to significantly increase its support for all of the reproductive, maternal, newborn and child health program interventions outlined above, to a level of at least \$3.7 billion per year for the period 2011 to 2014. UN estimates developed by UNFPA and the World Health Organization suggest that a total of \$64.72 billion in *additional* funding is needed between 2011 and 2014 for the “aid dependent” countries. The U.S. should do its fair share which, added to current funding levels, would bring us to a minimum of approximately \$3.7 billion per year.

	2011	2012	2013	2014	Total
Child Health ⁸⁰	5.74	5.68	5.80	5.13	22.35
Reproductive, maternal and newborn health ⁸¹	10.08	10.57	10.95	10.77	42.37
TOTAL (CH + RMNH)	15.82	16.25	16.75	15.90	64.72
U.S. “fair share”	3.71	3.78	3.86	3.72	15.07

Needed Policy Changes: Reproductive, Maternal, Newborn and Child Health

- Prioritize maternal, newborn, and child health, and sexual and reproductive health and rights, within an integrated global strategy for strengthening health systems. This should include addressing the enormous health workforce shortfalls in many developing countries, with a specific emphasis on ensuring adequate numbers of mid-level providers with the appropriate skills to provide life-saving interventions for women, newborns and children.
- Allocate the consistent, predictable, additional funding necessary to fulfill these priorities, while fulfilling existing commitments to HIV and AIDS prevention and treatment programs.
- Encourage the development of health systems that ensure access to a comprehensive range of health services in single health care settings or located nearby with meaningful referral services.
- Establish “universal access to reproductive health” as a formal goal of U.S. foreign policy, in line with the commitments of ICPD and the Millennium Development Goals.
- Ensure equitable and maximum access to integrated services, information, and comprehensive sexuality education for young people, eliminating funding restrictions that have limited such access.
- Set clear, achievable, and enforceable goals and indicators for increasing access to health services across the full continuum of care, including comprehensive sexual and reproductive health services as well as interventions to reduce maternal, newborn, and child mortality.
- Ensure that U.S. programs and policies protect and promote the human rights of women and young people, including their right to make decisions on matters related to their sexual and reproductive health free of coercion, discrimination, and violence.