

Ending Preventable Child and Maternal Deaths

The U.S. Agency for International Development (USAID) focuses its global health efforts on delivering meaningful results in three key areas: ending preventable child and maternal deaths (EPCMD), creating an AIDS-free generation, and protecting communities from infectious diseases. Work on all of these goals contributes to EPCMD.

These efforts run the gamut from the individual to the entire health system within a country. Individual choices and social norms are important in reducing maternal and child deaths. Facility-level care and district health management, characterized by respectful care for mothers and children, quality services, and a focus on prevention, are also essential elements. And a health system that makes use of quality data, innovation, and research to improve policies and services for mothers and children round out the picture.

MEASURE Evaluation's work on EPCMD is chiefly at the level of the national health system. Ending preventable child and maternal deaths requires improved health services, especially for the most vulnerable and marginalized within a society. MEASURE Evaluation supports health systems, by helping governments collect and analyze data that reveal gaps for maternal and child survival services and supports responsiveness to those needs. We conduct evaluations of services and programs to see what is working. We advocate sound policies on maternal and newborn care to avert preventable deaths. We help countries strengthen their health information systems so that decisions are evidence-informed.

The Need

Every year, 6.6 million children and almost 300,000 mothers die from causes we know how to prevent.

Pregnancy-related complications account for about half of maternal deaths and, as these direct causes have begun to decrease, the share borne by indirect causes—such as malaria, HIV, tuberculosis, and malnutrition—rises. Indirect causes currently account for almost 30 percent of deaths, and many of those are preventable.

Among newborns, three causes account for more than 80 percent of neonatal deaths (within 28 days of birth). These are complications of prematurity; intrapartum-related deaths, including birth asphyxia; and neonatal infections.

Among children under age five, malaria, pneumonia, diarrhea, and severe malnutrition are the most frequent killers.



Photo by Jack Hazerjian, MEASURE Evaluation

The Goal

USAID's goal is to save the lives of 15 million children and nearly 600,000 women by 2020. Global goals are to reduce maternal mortality by more than two-thirds by 2030.

Specifically relevant for MEASURE Evaluation, USAID's strategies to achieve these goals include strengthening health systems, ensuring accountability, addressing inequities, improving metrics and measurement systems, and ensuring data quality.

The Work

USAID is focusing on 24 priority EPCMD countries that account for 70 percent of maternal and child deaths. They are Afghanistan, Bangladesh, the Democratic Republic of the Congo, Ethiopia, Ghana, Haiti, India, Indonesia, Kenya, Liberia, Madagascar, Malawi,

Mali, Mozambique, Nepal, Nigeria, Pakistan, Rwanda, Senegal, South Sudan, Tanzania, Uganda, Yemen, and Zambia.

Challenges in these countries are the tracking of mother and child pairs enrolled and retained in treatment for HIV, measures for the prevention of mother-to-child transmission of HIV, and data quality.

MEASURE Evaluation is helping focus maternal and child health interventions to high-burden and underserved populations. We are working on a policy tool that demonstrates to countries how improving health information systems (HIS) at scale facilitates their program targeting and monitoring to reach EPCMD goals. This effort includes technical leadership for MEASURE Evaluation's HIS and data use and communication tools to help sharpen national EPCMD strategies; assistance to help countries state clear national and subnational targets; help to develop data visualizations to track program progress; and disseminating lessons learned through a community of practice.

We also work in the area of [civil registration and vital statistics](#), which helps countries—including the 24 EPCMD priority countries—to achieve a better count of maternal and child illnesses and deaths. This in turn helps to achieve such EPCMD goals as providing a baseline for measuring gains in preventing these deaths and promoting a culture of respect for the status of mothers and children within the society, by taking account of their lives.

MEASURE Evaluation is developing a user guide for the revised [Performance of Routine Information System Management \(PRISM\) tools](#) to strengthen routine health information systems (RHIS), including those in EPCMD countries. The project will pilot the tools in one or two countries, eventually transferring it to an open source web-based platform. This will enable EPCMD and other U.S. government programs—such as the President's Emergency Plan for AIDS Relief (PEPFAR) and the President's Malaria Initiative (PMI)—to strengthen the collection, analysis, and use of relevant and good-quality routine health data. Our revised curriculum for RHIS capacity building also will reinforce USAID's priority to improve and institutionalize HIS standards to ensure strong systems that can support EPCMD initiatives.

Maternal deaths and the deaths of young children are often caused by infectious diseases and other chronic conditions unrelated to

pregnancy and childbirth. MEASURE Evaluation is developing an improved HIS strategic planning guideline to help countries (including EPCMD countries) with initiatives on infectious disease surveillance and outbreak control as well as reproductive services delivery and support. These guidelines will also help countries integrate digital tools in their plans, such as [geographic information systems](#); [mHealth](#) and eHealth tools; and information and communication technology tools, to facilitate data gathering, analysis, dissemination, and use.

Research Activities

MEASURE Evaluation also conducts research to further global knowledge about what works to reduce maternal and newborn deaths. The U.S. government makes significant investments in ancillary health activities that contribute to reducing child and maternal mortality as part of other government-wide initiatives, including PEPFAR, Feed the Future, and PMI. MEASURE Evaluation is contributing to the PMI metrics by conducting impact evaluations in five countries with a high malaria burden, which is mostly borne by children under age five. These countries—Kenya, Liberia, Madagascar, Mali, and Zambia—are among the 24 prioritized in USAID's [EPCMD call to action](#).

Another research activity will use geographic mapping to compare methods of estimating travel time to facilities that offer emergency obstetric services. The study will conduct a cost analysis to determine unit costs of improving maternal health services that could be offered in facilities versus ancillary services, such as transport to existing emergency services. Information from this analysis will show how either or both of these initiatives may be effective in reducing maternal deaths.

MEASURE Evaluation also is investigating improved methods to measure maternal and neonatal mortality. This work includes a study based on the [Bangladesh Maternal Mortality and Health Care Survey \(2010\)](#) to develop subnational estimates from that country that can be used to provide general guidance on appropriate methods so that other countries also can obtain subnational estimates of maternal mortality as a key indicator for maternal health.

MEASURE Evaluation's Services

To access the project's capabilities statements, visit: <http://www.measureevaluation.org/about/services/capacity-statements>. To access MEASURE Evaluation resources, country governments should contact their local USAID mission. The mission, in turn, can contact the USAID AOR for MEASURE Evaluation, Lisa Maniscalco (lmaniscalco@usaid.gov). For more information, e-mail measure@unc.edu or go to our website: www.measureevaluation.org.