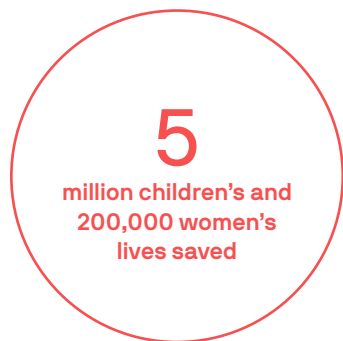


Realizing the Journey to Self-Reliance: The role of strong maternal and child survival programs

As Administrator Mark Green has stated, each of the US Agency for International Development's programs "should look forward to the day when foreign assistance is no longer necessary." The current administration's signature effort, the Journey to Self-Reliance, maps countries' progress toward self-sustainability and redefines US partnerships to meet their varied needs as they progress along the development spectrum.

Over PATH's four decades of working with the US government and partner countries to advance health equity, we have seen how maternal and child survival programs have enabled self-reliance. Maternal and child survival is a longstanding development priority and a strong indicator of robust health systems. Thanks in large part to US leadership on maternal and child survival over the past two decades, as well as its catalytic investments in high-burden countries, fewer mothers and children are dying each year than ever before.



This is the impact of USAID's maternal and child survival efforts in 25 priority countries in the past 10 years.



This ROI comes from eliminating health system barriers related to management, system quality, and community engagement.



This includes public and private funds freed up by making health systems more efficient.



US commitment to maternal and child survival

Among US agencies, USAID serves as the lead implementing agency for global maternal and child survival programs. In the past ten years, USAID has saved millions of children's lives and thousands of women's lives through the scale-up of high impact, evidence-based approaches to drive down the leading killers of mothers and children. These investments include ensuring access to high-quality pre-natal and post-partum care; nutrition services; delivering lifesaving vaccines; saving newborns from severe infections; protecting against diarrhea, pneumonia, and malaria; supporting healthy timing and spacing of births; and addressing co-morbidities, including HIV and tuberculosis.

Successful maternal and child health programs have demonstrated that when US foreign assistance is paired with domestic financial commitments the US is able to play a catalytic role in helping governments lead their own strategies. USAID can take many lessons from maternal and child survival programs as it works to define how it will accelerate and measure progress along the journey to self-reliance.

Empowered citizens, driving national ownership

Significant progress has been realized in countries taking ownership over their own health agendas and mobilizing domestic investments. At the 2019 African Union Heads of State Summit, leaders from across the African continent pledged to increase their domestic commitments to achieve health for all by 2030. PATH has seen that progress expressed not only through its implementation of maternal and child survival programs, but also in its advocacy. In just three years, working across six African countries, PATH has supported governments in passing 12 target policies and 6 budgets with increased funding levels for maternal and child health. The following examples of prioritization of maternal and child survival demonstrate progress toward the journey to self-reliance.



PATH/Andrew Berends

PATH works alongside governments and local partners to implement maternal and child survival programs in several countries, including Kenya. We help strengthen capacity of healthcare workers to delivery quality services to women and children.

The Democratic Republic of the Congo (DRC) has prioritized its investment in immunization, a best buy for health programs. In 2016, the DRC released its largest disbursement for co-financing for Gavi, the Vaccine Alliance, in almost a decade: more than US\$1.9 million. Recognizing that the full DRC commitment for Gavi co-financing of \$8.37 million was a significant burden for a resource-limited government to undertake, civil society advocates worked with parliament and the prime minister to split the payment into smaller disbursements. In addition to securing national funding, civil society won support for sub-national edicts to create new budget line items aimed at addressing long-standing roadblocks to getting vaccines to the most remote populations. The edicts serve as a sustainable tool to protect budgets that will not be subject to not subject to change with political turnover.

One of Kenya's largest counties, Kakamega, codified its maternal and child health program in law. In 2018, due to advocacy by civil society, Kakamega County passed landmark legislation to solidify a proven maternal and child health program into law, namely an innovative cash transfer program that incentivized women to use a package of health services during their pregnancy, delivery, and post-natal phase, helping to offset the hidden costs of accessing care. Specifically, the law "ring-fenced" 3 percent of the health budget to use for innovative financing components, such as a cash transfer program, and an additional 1.5 percent of the budget to support community health volunteers. The passing of this law resulted in long-term ownership of critical maternal and child interventions at the county level.

Uganda has continued to step up its commitment to domestic resource mobilization, as evidenced by the aversion of a 30 percent cut proposed in 2017 by the Ministry of Finance to the health budget. After the Ministry proposed the cut, civil society partners galvanized national policymakers by presenting evidence of the potential negative impacts on service delivery. As a result, the Parliamentary

Committee on Health opposed the reduction. After prioritizing health in the national agenda, counties also increased their budgets for health services. This led to local ownership of necessary improvements including increased availability of medicines and supplies, better and more attentive health workers, as well as construction of health centers and accommodation for workers.

Significant progress has been realized in countries taking ownership over their own health agendas and mobilizing domestic investments. USAID assesses progress toward this goal with a tool called the Country Roadmap, which uses 17 publicly-available metrics that examine areas such as open and accountable governance, inclusive development, economic policy, and the relative capacities of government, civil society, citizens, and the economy.

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PATH is a global organization that works to accelerate health equity by bringing together public institutions, businesses, social enterprises, and investors to solve the world's most pressing health challenges. With expertise in science, health, economics, technology, advocacy, and dozens of other specialties, PATH develops and scales solutions—including vaccines, drugs, devices, diagnostics, and innovative approaches to strengthening health systems worldwide.

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