PATH

# Modeling Report: Impact of Cuts to USAID's Maternal and Child Survival Programs

## An estimated 20.5 million women and children may not be reached, costing 2 million lives from 2018–2019

### INTRODUCTION

Successes in reducing child and maternal mortality have emboldened global leaders to chart a course for preventing maternal and child deaths within our lifetime. In 2012, the Child Survival Call to Action rallied the global community around a new, more targeted approach to accelerate progress in the highest-burden countries and communities. This effort was led by the United States—along with the United Nations Children's Fund and the governments of Ethiopia and India—and was subsequently endorsed by 178 governments worldwide.

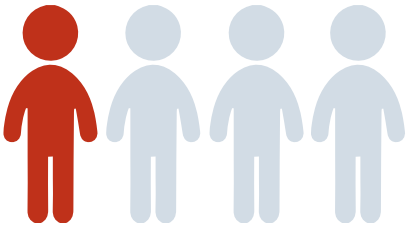
The US Agency for International Development (USAID) leads the US government's efforts of achieving progress toward maternal and child health targets, and its work has encouraged additional leadership efforts around the world. Results have been impressive. In the majority of countries receiving annual support from USAID for health programming, the number of children dying from preventable causes has been nearly cut in half. Around the world, the total number of annual child deaths has declined from 12.7 million (1990) to 5.6 million (2016).[1] The number of annual maternal deaths has declined by more than a third, from 532,000 (1990) to 303,000 (2015).[2] Despite this demonstrated progress, USAID's maternal and child survival programs have frequently been the target of proposed cuts to US foreign assistance funding.

This document aims to estimate the cost of cuts to these lifesaving programs by translating the impact that the President's FY2019 budget proposal could have on the lives of women and children, based on modeling of USAID's 2020 targets. The methodology undertaken, while illustrative, underscores the relationship between budget decisions and the lives of women and children. As a result, we hope decision-makers and advocates alike will better understand the real life influence cuts can have on these lifesaving programs. Through this analysis PATH found that the proposed FY2019 cut to maternal and child health funding would prevent 20.5 million women and children from being reached with essential health services, resulting in an estimated 2 million lives not saved from 2018–2019.

1 The United Nations Inter-agency Group for Child Mortality Estimation. Levels and Trends in Maternal Mortality Report, 2017. New York: UNICEF; 2017.

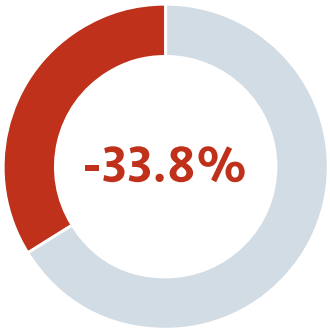
2 WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division. Trends in Maternal Mortality: 1990 to 2015. Geneva: WHO; 2015.

## By the numbers

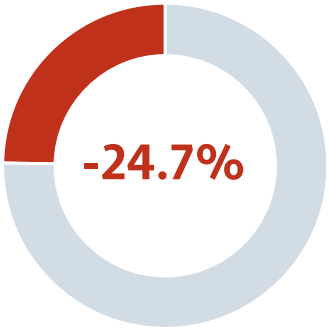


**20.5 million**

of 82 million mothers and children who will no longer be reached each year by USAID's maternal and child health survival programs under the proposed cut.




Percent change between FY2019 President's budget and FY2018 enacted budget for USAID global health programs.




Percent change between FY2019 President's budget and FY2018 enacted budget for total maternal and child survival funding across relevant budgets.

| FIGURE A Funding cuts proposed to USAID's maternal and child survival programs | FY2018 President's budget | FY2018 enacted budget | FY2019 President's budget | Percent cut proposed by FY2019 President's budget compared to FY2018 enacted |
|---|---|---|---|---|
| **Global health programs - USAID (millions)** | $1,505.50 | $3,020.00 | $2,000.00 | **-33.8%** |
| **Total funding across relevant budgets** | $1,212.10 | $1,890.95 | $1,424.10 | **-24.7%** |
| Maternal and child health | $459.60 | $487.00 | $369.60 | |
| Family planning | $0.00 | $523.95 | $302.00 | |
| Nutrition | $78.50 | $125.00 | $78.50 | |
| Malaria | $674.00 | $755.00 | $674.00 | |

## METHODOLOGY

USAID has used modeling to determine how the Child Survival Call to Action targets can be met. Using a "best-performer" scenario[3] the agency projected it could prevent the deaths of 15 million children and nearly 600,000 women by 2020 if all of its 25 high-priority countries[4] expand coverage of interventions for maternal, newborn, child health and family planning at a rate of progress achieved by the best-performing countries among them. USAID's modeling exercise revealed which country-specific targeted interventions would enable US programs to more rapidly achieve greater results.[5]

Building on these existing models, the analysis presented in this document provides further evidence of the importance of financial investment in preventing child and maternal deaths. PATH has estimated the effects that reducing funding for USAID's maternal and child survival programs—defined by Congress as the budget lines earmarked for maternal and child health, family planning, nutrition, and malaria—would have on saving lives.

Starting in 2014, the most recent country-level data was incorporated by USAID into a set of national models to examine the scale-up impact of proven maternal, newborn, and child health interventions according to best-performer trends.[6] As the scenario is designed to show what is possible if all countries perform optimally, it does not identify any barriers to expanding coverage of interventions. If, for instance, financing was no longer available for investing in maternal and child survival programs, progress would lessen as a result of reduced investment in life saving interventions. In an exercise to demonstrate the effect of the FY2019 President's budget, PATH estimated the potential maternal and child deaths that would occur proportionate to the decrease in federal funding for USAID's maternal and child health programming.

As demonstrated in Figure A, the FY2019 President's budget recommended total global health programming at USAID to be reduced by nearly 34% from baseline FY2018 enacted levels. To determine the impact of this reduction on maternal and child health, PATH evaluated the core maternal and child health, family planning, nutrition and malaria funding. Whereas the FY2018 enacted budget allocated $1.89 billion for these issues, the FY2019 President's budget includes only $1.42 billion—reflecting a $467 million gap. This reflects a total cut of about 25% from FY2018 enacted levels.

A systematic accounting of USAID's maternal and child survival programs in 25 priority countries found that these programs reached more than 82 million women and children in 2016.[7] To calculate the consequences of budget cuts, we conducted two analyses to better understand:

1. **How many mothers and children would not be reached** with essential health services
2. **How many mothers and children's lives would be lost** as a result of the reduction of funding

3 Walker N, Yenokyan G, Friberg IK, Bryce J. Patterns in coverage of maternal, newborn, and child health interventions: projections of neonatal and under-5 mortality to 2035. Lancet. 2013;382:1029–1038

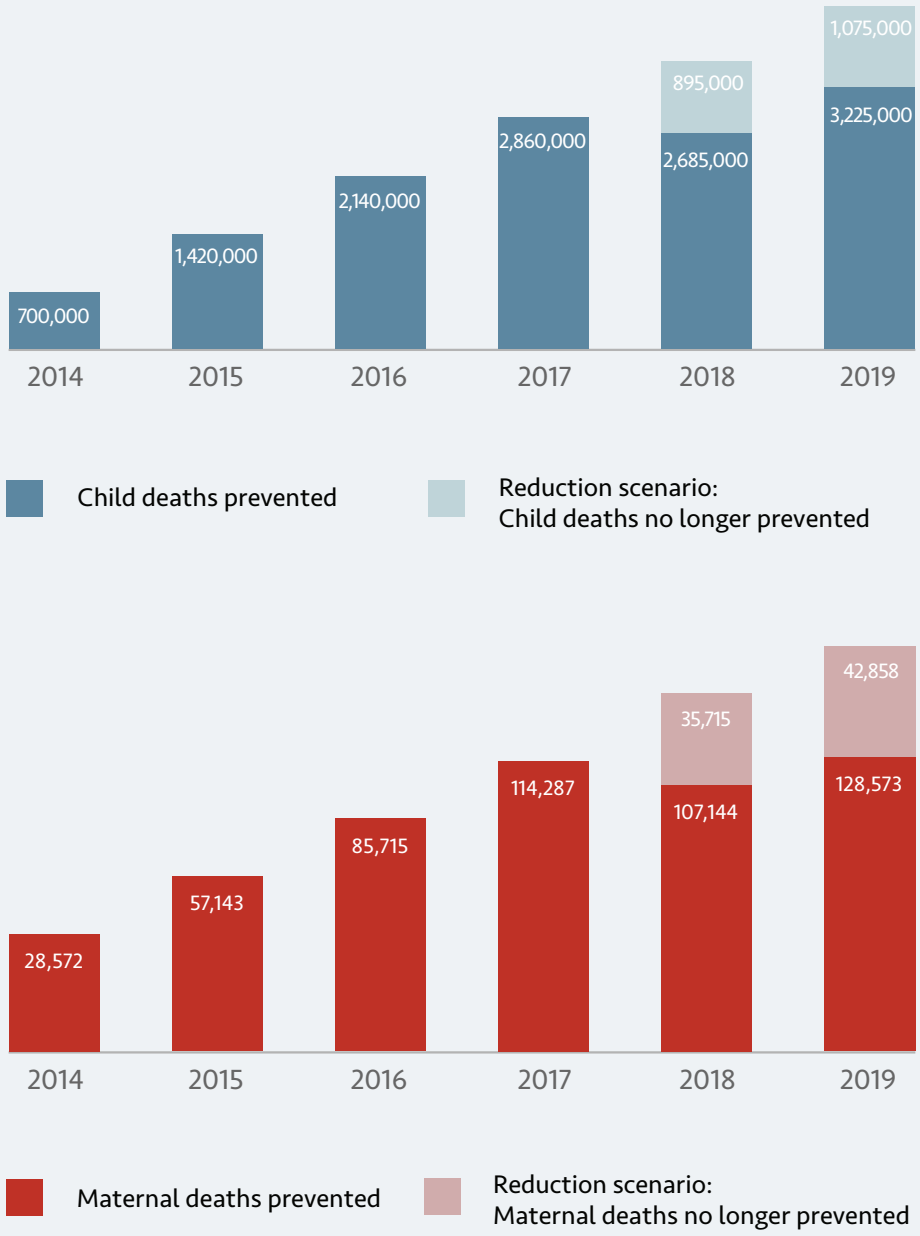
4 USAID's MNCH 25 priority countries: Afghanistan, Bangladesh, Democratic Republic of the Congo, Ethiopia, Ghana, Haiti, India, Indonesia, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Myanmar, Nepal, Nigeria, Pakistan, Rwanda, Senegal, South Sudan, Tanzania, Uganda, Yemen, and Zambia,

5 United States Agency for International Development (USAID). Acting on the Call: Ending Preventable Child and Maternal Deaths. Washington, DC: USAID; 2014. Available at: https://www.usaid.gov/sites/default/files/documents/1864/USAID_ActingOnTheCall_2014.pdf

6 Walker N, Yenokyan G, Friberg IK, Bryce J. Patterns in coverage of maternal, newborn, and child health interventions: projections of neonatal and under-5 mortality to 2035. Lancet. 2013;382:1029–1038.

7 United States Agency for International Development (USAID). Acting on the Call: Ending Preventable Child and Maternal Deaths. Washington, DC: USAID; 2017. Available at: https://www.usaid.gov/sites/default/files/documents/1864/USAID_2017_AOTC_final.pdf

FIGURE B: **Impact of a 25% budget cut on preventable maternal and child deaths in USAID's target countries.**




## IMPACT

### 1. Children not reached with maternal and child health interventions due to budget cuts

Such a decrease in maternal and child health funding—applied evenly—means 25% of services that were previously being delivered will no longer be available to the 82 million mothers and children previously reached by USAID. This will result in over **20.5 million mothers and children no longer reached each year by maternal and child survival programs.**

### 2. Projected number of mothers' and children's lives lost as a result of a reduction in funding

Assuming a 25% reduction in funds will lead to 25% reduction in deaths prevented (please note assumptions), of the 15 million children and nearly 600,000 mothers USAID aims to save between 2014 and 2019, **PATH estimates 1,970,000 children's and 78,572 mothers' lives will not be saved due to budget cuts from 2018- 2019.** This is demonstrated in Figure B.

## ASSUMPTIONS

Several limitations of the analysis need to be considered when interpreting the results. As this analysis is based on USAID's projected trends for coverage change, the consequences of these cuts can only be estimated in the context of the current models and assumptions about progress achieved to reach coverage targets. For this exercise, we assumed that:

1. USAID funding is correlated with deaths prevented and all funding is used for programmatic goals.
2. USAID will meet its 2020 targets and deaths prevented will continue to follow a linear pattern from 2014 through 2019.
3. This analysis does not take into account any shifts in prioritized interventions.
4. Changes in US funding will not result in changes in funding decisions made by other donors. Given the low level of funding for these resource-limited settings, other donors may only partially fill the gaps, especially given the US role in providing technical expertise.

## CONCLUSION

In environments of fiscal constraint, it is easy to forget the connection of US-funded health programs to actual lives impacted by US-funded health programs. This analysis leverages proven modeling methods to demonstrate the link between a proposed 25% cut in maternal and child health funding and 2 million lives not saved. The model can be adapted to help decision makers understand how their choices impact maternal and child survival programs. If the US government aims to prevent child and maternal deaths as a core component of its global health strategies and programs, strong and sustained funding should be seen as a critical investment. Fluctuations in financing means that these programs are unable to maximize their potential contributions. The Administration and Congress government must continue to prioritize the most promising interventions to save lives of the most vulnerable mothers and children around the world.

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