

Modeling Report: Impact of Cuts to USAID's Nutrition Programs

10.2 million children may not be reached; more than 678,000 children at risk of dying

INTRODUCTION

Successes in reducing maternal and child 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 first 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.

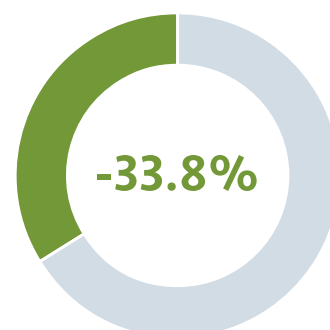
This document aims to estimate the cost of cuts to these lifesaving programs by translating the impact that the President's FY2019 budget proposal could have on the lives of children. The methodology undertaken, while illustrative, underscores the relationship between budget decisions and lives saved. As a result, we hope decision-makers and advocates alike will better understand the critical role nutrition plays in preventing child deaths and the integrated aspects of programming, as a cut to nutrition will reduce the overall pool of available services central to USAID's goals. Through this analysis, PATH has determined that the proposed FY2019 cut to nutrition funding would prevent 10.2 million children from being reached by nutrition programs, resulting in an estimated 678,150 child lives not saved in 2019.

By the numbers

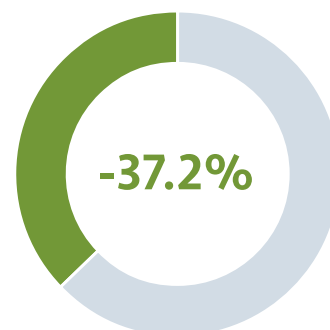


10.2 million

of 27.6 million children who will no longer be reached by USAID's nutrition programs under the proposed cut.



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



Percent change between FY2019 President's budget and FY2018 enacted budget for nutrition programs.

¹ The United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). 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.

FIGURE A Funding cuts proposed to USAID's global health nutrition program	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%
Nutrition	\$78.50	\$125.00	\$78.50	-37.2%

BACKGROUND

USAID has used modeling techniques to determine how the Child Survival Call to Action goals can be met. Using a “best-performer” scenario³ 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 countries⁴ expanded coverage of interventions for maternal, newborn, child health and family planning—including nutrition—at a rate of progress achieved by the best-performing countries among them.⁵ USAID’s modeling exercise revealed which country-specific targeted interventions would enable US programs to more rapidly achieve greater results.⁶

Within the model, USAID highlighted the need for timely nutrition-specific and nutrition-sensitive interventions at critical points in the lifecycle that have had a dramatic impact. Citing Bhutta et al., USAID stated that deaths in children younger than five years could be reduced by 15% if 10 interventions are taken to scale in high-burden countries at 90% coverage.⁷ As a result, USAID committed to “reach tens of millions of vulnerable people with nutrition information and services with additional investments...by targeting both the immediate drivers [of nutrition-specific interventions] such as adequate dietary intake and low disease burden, as well as [nutrition-sensitive interventions], which include access to and availability of sufficient, safe, and nutritious foods; education; quality health services; gender equality; and safe drinking water, hygiene, and sanitation.”⁸

METHODOLOGY

As USAID’s best-performer scenario is designed to show what is possible if all countries perform optimally, it does not identify any barriers to expanding coverage of these interventions. If, for instance, financing was no longer available for investing in nutrition programs, progress would lessen. In an exercise to demonstrate the effect of the FY2019 President’s budget would have on lives lost as a result of likely increased malnutrition, PATH estimated the potential child deaths that would occur proportionate to the decrease in federal funding for USAID’s nutrition programming—defined by Congress as the budget line earmarked for nutrition.⁹

As demonstrated in Figure A, the FY2019 President’s budget recommended total global health programming at USAID be reduced by 33% from baseline FY2018 enacted levels. A subset of global health programs, the FY2019 President’s budget includes only US\$78.5 million for nutrition—reflecting a \$46.5 million gap from the FY2018 enacted amount of \$125 million. This gap reflects a total cut of 37% of the FY2018 proposed levels.

A systematic accounting of US government nutrition programs in 20 priority countries, for which USAID is the lead technical support agency, found that these programs reached more than 27.6 million children in 2016.¹⁰ To calculate the consequences of budget cuts, PATH has conducted two analyses to understand:

1. **How many children would not be reached with nutrition interventions**
2. **How many children’s lives would be lost from worsened nutrition**

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 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.

6 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

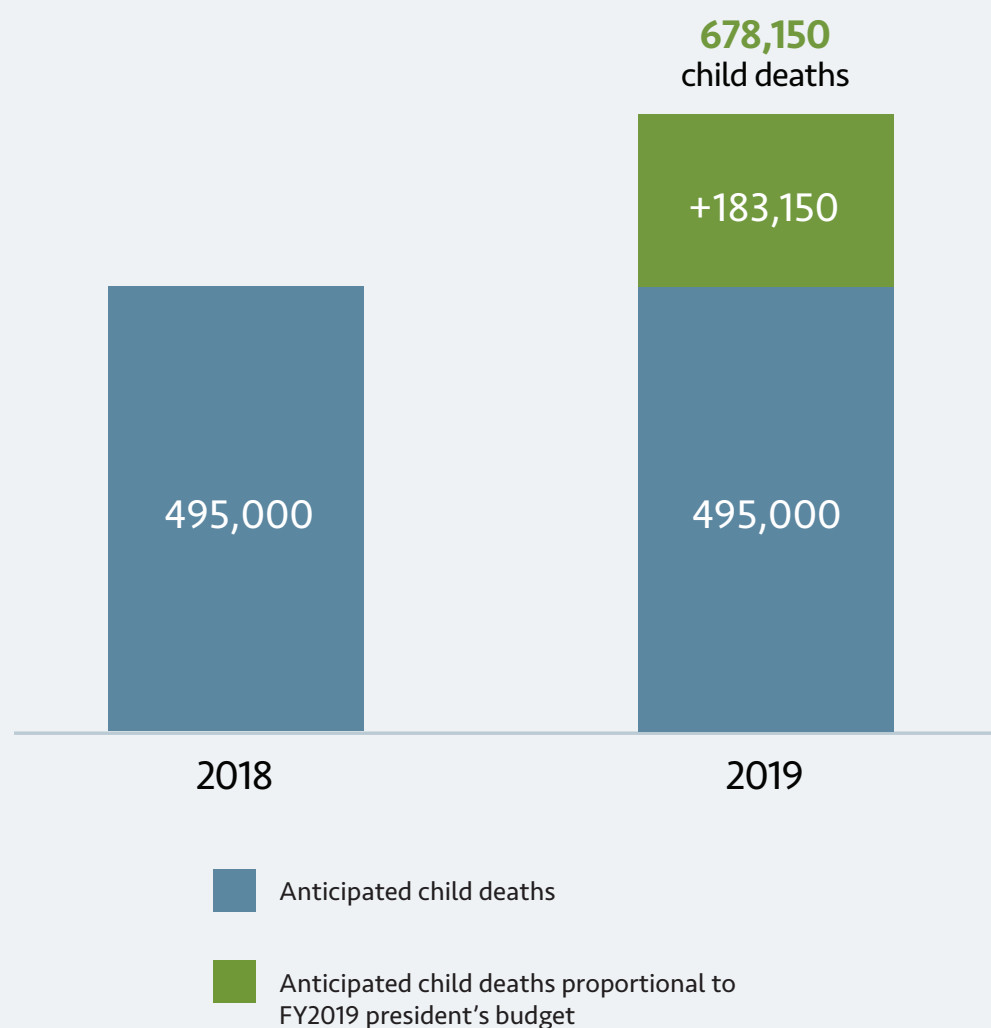
7 Bhutta ZA et al. Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? *The Lancet*. 2013; 382(9890):452–477. Available at [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)60996-4/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60996-4/abstract)

8 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

9 This does not include Feed the Future, as Feed the Future has unique funding which is not applicable to USAID’s core MCH strategies.

10 Feed the Future. 2017 Feed the Future Progress Snapshot. Available at https://www.usaid.gov/sites/default/files/documents/1867/2017_Feed_the_Future_Progress_Snapshot_Final_-_508C_1.pdf

FIGURE B Impact of a 37% budget cut on nutrition-related deaths in USAID's target countries



IMPACT

1. Children not reached with nutrition interventions due to budget cuts

Such a decrease in nutrition funding—applied evenly—means that 37% of services that were previously being delivered will no longer be available to the 27.6 million children reached by USAID in FY2018. This will result in over **10.2 million children no longer reached by USAID's nutrition programs.**

2. Children's lives lost from worsened nutritional status

Regardless of budget cuts, as a result of standard mortality rates, USAID is already battling the likelihood that 495,000 children in countries where it works will die of malnutrition.¹¹ A 37% budget cut further increases the likelihood of undernutrition-related deaths, resulting in an additional **183,150 child deaths proportional to the cut**, totaling 678,150 deaths from undernutrition in for 2019 alone. This is demonstrated in Figure B.

¹¹ Calculated by applying the standard 40.8/1000 under-5 mortality rate (per estimates developed by the UN Inter-agency Group for Child Mortality Estimation) to the 27 million children USAID reaches, totaling 1.1 million child deaths. Of the 1.1 million children deaths, 45% can be attributed to undernutrition, (as determined by Black et al. in The Lancet, Maternal and child undernutrition and overweight in low-income and middle-income countries, 2013.) Therefore, statistically, 495,000 of USAID's target population will die of malnutrition if nutrition interventions are not taken to scale in high-burden countries.

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 directly associated with deaths prevented and that all funding is used for programmatic implementation.
2. USAID will meet its targets and the number of deaths prevented will continue to increase. This analysis does not take into account any shifts in portfolio focus.
3. Changes in US funding will not result in changes in funding decisions made by other donors. 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. This analysis leverages proven modeling methods to demonstrate the link between a proposed 37% cut in nutrition funding and the projected deaths of 183,150 children if those cuts are enacted. The model can be adapted to help decision-makers understand how their choices impact nutrition programs within the Bureau of Global Health. If the US government aims to prevent child deaths as a core component of its global health strategies and programs, strong and sustained funding for nutrition programs should be seen as a critical and complementary investment. Fluctuations in financing means that these programs are unable to maximize their potential contributions. The US government must continue to prioritize the most promising interventions, such as nutrition, to save the lives of the most vulnerable children around the world.

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