

Recommendations to strengthen the future of USAID's maternal and child health programming



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Before the COVID-19 pandemic, important progress had been made in improving maternal, neonatal and child health (MCH) outcomes around the globe, with under-five deaths and maternal mortality falling to historic lows by 2019. However, the onset of the COVID-19 pandemic and resulting mortality has wreaked havoc on broad health outcomes. Recent data indicates COVID-19 has caused life expectancy in 31 countries to drop more than at any other time since World War II, a trend that is likely a global phenomenon, and barriers to accessing services are sure to affect outcomes for women and children.

Over the last two years, PATH has worked alongside governments, donors, and partners around the globe to respond to COVID-19 while working to mitigate its impact by preserving the delivery of essential health services. In early 2022, we conducted an internal analysis to explore COVID-19 disruptions—with a special focus on the impact to MCH essential services—and the innovations that were deployed to address these disruptions. We found that despite reduced budgets for MCH, overstretched workforces, and a reduced focus on universal health care, governments and their partners developed and used a range of innovations at the primary health care (PHC) level intended to safeguard MCH care. Although there were still significant disruptions to health systems' ability to provide quality care, these interventions often helped providers deliver essential services in new and innovative ways and in some instances, provided alternate options for clients to access essential services. USAID programming and investments, and the flexibility and expedient responses offered by US missions to in-country partners, were a critical component of these efforts to preserve care wherever possible.

The following recommendations emerged from our analysis and discussions with PATH experts about the best ways to protect progress made on maternal & child health by strengthening and delivering MCH essential services that keep them healthy, nourished, and safe. Above all, we believe that USAID **must stand up as a global leader** to champion PHC as an impactful platform for delivering essential MCH services in the context of universal health coverage; **work collaboratively with other global efforts and donors**; and **invest deeply in supporting countries to build health systems**, including **governance and accountability structures that deliver quality services** to women and children as they advance

domestic financing for MNCH as part of PHC. We recommend the following approaches as USAID considers its MCH programming for the future:

1. Prioritizing the use of data for decision-making within programs supported by USAID is necessary to ensure that MCH program decisions are rooted in evidence.

Programming informed by data is more likely to respond to the health needs of populations, to identify and address gaps, and to be able to track progress towards achieving health goals. Additionally, strong and comprehensive data systems—particularly those that integrate data from the private sector—hold potential to provide greater transparency to governments to inform strategies, implementing partners to help guide their efforts, donors to help target their investments, and to civil society and communities so they may hold governments and other actors accountable. Data visualization and data collection tools can help support decision-makers and providers at all levels of the health system.

Great strides have been made in expanding the collection and use of data to support health decisions. USAID has an important role to play by investing in efforts that will strengthen capacity to analyze and use data coupled with improvements in robust and quality data collection and management systems that can provide strengthened data accuracy and transparency.

2. USAID investments should integrate promising interventions and innovations that have the potential to strengthen and sustain capacity of health systems by reducing the burden on and costs to the public sector.

Interventions such as **telemedicine**, **self-care approaches**, and **private-sector delivery of essential health services** expanded rapidly after the onset of the COVID-19 pandemic, as governments and providers sought opportunities to triage non-emergency care away from overburdened facilities and control the spread of disease. Emerging innovations were often driven by private-sector actors who were able to develop and scale interventions and applications quickly, but the development of policies and standards to ensure equity and data protection could not keep pace with their implementation in many settings.

There is great potential to further develop promising approaches like telemedicine through USAID programming, and care must be given to ensure that equity underscores their expansion and there is alignment with global norms and standards.

3. Deeper maternal and child program investments by USAID in a focused set of high-priority countries can offer the potential for more significant impact, while a more modest pool of funds should be preserved for additional medium-priority countries who express strong interest and political leadership on MCH, or for which there may be need to respond to emerging issues.

USAID should look to its own successful strategies for country prioritization and focus— drawing from the approaches employed by initiatives such as the President's Malaria Initiative or Water for the World initiative to set prioritization criteria and focus on high-burden and higher-investment countries. In distilling this focus, it is important that US investments and strategy are aligned and coordinated closely with other donors so that countries not classified as high-priority are not left without support. Notably, there is opportunity to partner with other donors such as the UK, which recently released a new global health strategy, *Ending the Preventable Deaths of Mothers, Babies, and Children by 2030*, which focuses on four pillars (health systems; human rights, gender and equality; strengthening wider systems to end preventable death; and research, technology, and innovation).

As the US prioritizes its focus, its tailored country strategies must align with country-led strategies, guidelines, and policies; and US programming should retain a major focus on capacity-building of local institutions and bodies, systems strengthening, and human resources for health so that a journey to self-reliance is more likely to be realized and sustained. The flexibility shown by USAID missions during the COVID-19 response—which allowed implementers to pivot quickly and respond to emerging, unanticipated needs—has been appreciated by implementing and government partners alike and should be continued.

4. In strengthening its MCH strategy, USAID must prioritize a focus on reinforcing robust primary health care systems.

Strong PHC forms a backbone for adaptable and resilient health systems to deliver essential services, including for MCH. As USAID's *Vision for Health System Strengthening 2030* states, "High-performing and resilient systems are an imperative for improving and sustaining health progress and can also mitigate the deleterious health and economic effects of infectious disease outbreaks." Furthermore, the World Health Organization (WHO) estimates that scaling up PHC across LMICs could avert as many as 60 million lives by 2030. The COVID-19 pandemic has further illustrated that health systems with weak PHC cannot sustain positive health outcomes for mothers and children. PHC at all levels of the health system must be bolstered to take on early prevention and treatment functions to avert more serious health events as well as to manage surges in demand for healthcare during emergencies. Additionally, stronger program integration—including connections to sectors outside the health arena like education and social protection—can ensure that clients' health is addressed holistically and provide greater value to patients.

USAID should prioritize investments in PHC and integration as part of its comprehensive global health programming to support strengthening and resilience of overall health care systems and improve the delivery of MCH essential services. PHC programming must be done through a lens of equity—addressing gender dimensions and ensuring access to even the most vulnerable populations—and with an emphasis on integration and quality of care.

5. USAID must retain and bolster its investment in developing a resilient health workforce for emergency responses as well as routine care. The existence of a skilled health workforce is essential to ensuring that quality MCH services are offered at all levels of the health system.

The COVID-19 pandemic created additional challenges for already burdened health care workers (HCWs) who frequently operate at understaffed facilities with insufficient resources and training. HCWs need easy access to tools and mechanisms to help them triage care, training, and supervision to update their skills and knowledge—particularly when dealing with novel and/or emergency health threats—, reliable health equipment, and mental health and social support services.

USAID must provide adequate financing to initiatives that support health workforce strengthening and ensure its programming provides the supplies, training, and financial support that HCWs need to effectively perform their duties.