



FAQ

Newborn, Child, and Mother Survival Act of 2009 (H.R.1410)

Talking Points

When discussing newborn, child, and mother survival issues with friends, colleagues, Members of Congress, and other interested persons, remember to highlight these critical facts:

- **Today, more than 24,000 children under age five will die**, mostly from preventable or treatable causes, such as pneumonia or diarrhea. And over half a million women die each year from pregnancy-related causes.
- **We know what works.** Research shows that proven, low-cost tools – such as vaccines and training for skilled birth attendants – could save the lives of more than 5 million of these children and mothers.
- **The U.S. should develop a comprehensive strategy to save the lives of children and mothers**, with clear goals for reducing mortality. Improved coordination and accountability, with increased funding for effective child and maternal health programs, is critically important.

What is newborn, child, and mother survival?

Every year, more than 8.8 million children between birth and age 5 die - mostly from preventable diseases and conditions - more than 40 percent of them in the first 28 days of life. Meanwhile, over half a million women in poor countries die from pregnancy-related causes. Factors such as malnutrition, unsafe drinking water, and inadequate access to appropriate clinical care contribute greatly to child and maternal mortality. We know how to prevent most of these deaths, but we have not invested the resources necessary to do so. Nor is there a coordinated and accountable system in place to address this global tragedy.

What is the goal of the Newborn, Child, and Mother Survival Act of 2009?

This legislation is about strengthening the U.S. Government's role in saving the lives of newborns, children, and mothers in poor countries. To accomplish this goal, the bill authorizes the development of a strategy to reduce child and maternal mortality, improving the effectiveness of global health programs while providing increased coordination, accountability, and additional investments in proven, low-cost health interventions.

Isn't a lot of money already going to child and maternal health (for example, to fight HIV/AIDS and malaria)?

Over the past several years, the U.S. has significantly increased funding for programs to fight HIV/AIDS and malaria in specific countries – and that is very important. However, nearly 90 percent of child deaths are caused by preventable and treatable diseases and conditions other than HIV/AIDS and malaria.

Unfortunately, funding for programs to address other basic health needs of children and pregnant mothers – such as immunizations, nutrition assistance, treatments for diarrhea and other infections, deworming, and the training of skilled birth attendants – has not kept pace. And many countries with the most serious child and maternal mortality rates in the world receive no funding from the United States to prevent these deaths.

Further, this is true despite the fact that health care interventions for children and mothers are very inexpensive. For example, oral

rehydration therapy costs about \$0.07 per treatment, while antibiotics for respiratory infections cost \$0.25 per treatment. Also, medicines to treat the seven most common neglected tropical diseases cost approximately \$0.50 per person per year.

Why should Congress provide more funding for helping children and mothers in poor countries, given the current economic climate and problems here in the United States?

For approximately \$7 per American each year, we can save the lives of millions of children and mothers. Poll after poll shows that a vast majority of Americans consider child survival a priority for our country. A national poll conducted by Lake Research Partners found that almost all Americans (95 percent) believe that child survival is an important issue facing the world today and 84 percent support increased funding to address the top preventable causes of death among children under 5.

Why does the U.S. Government need a new strategy for newborn, child and maternal health – why not just provide more funding for existing programs?

U.S. programs for child and maternal health have helped save millions of lives over the past three decades. But we have reached a stage where, in too many countries, current and stand-alone programs are not enough to cut child mortality rates. All too often, programs run by different U.S. government agencies are uncoordinated, limiting their overall effectiveness in saving the lives of children and their mothers.

Newborns in particular have been neglected in policies and programs. Yet new research has shown that most of the 3.7 million newborn babies that die every year could be saved by training parents in some simple care practices and by making sure health workers have training to help newborns with complications. Save the Children's "Saving Newborn Lives" project, for example, has reached 20 million newborns and mothers with a package of simple, community-based interventions that includes care during pregnancy and childbirth, immediate care for the newborn, and routine visits with a trained health care provider.

International health experts believe that existing, low-cost interventions could prevent a substantial proportion of child and maternal deaths - if strategically implemented and targeted to reach those most in need of assistance. Scaling up interventions that work will have a dramatic impact on reducing mortality when they are made available to all children and mothers who need them.

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