

June Podcast: 2018 Acting on the Call Report

*A conversation with John Borrazzo about this year's Acting on the Call report
Deputy Director of the Office of Maternal Child Health and Nutrition at USAID*

Bea Spadacini: Hello and welcome to USAID's Bureau for Global Health podcast. My name is Bea Spadacini and I am a Senior Communications Advisor to the Bureau for Global Health at USAID. Today in the studio, we're joined by John Borrazzo, Deputy Director of the Office of Maternal and Child Health and Nutrition at USAID. John will be talking to us about the 2018 Acting on the Call Report.

Before we dive into this month's subject, I want to make sure that our listeners learn a bit more about John, your background and journey into public health.

Well thank you, Bea, it's a pleasure to be here with you. I really appreciate the opportunity to talk a little about what we've been doing with Acting on the Call. I've actually been at AID, and surprise myself, over twenty-five years. I started here as an environmental health person, worked on lead exposure and air pollution in kids for about six years and then worked in water and sanitation for about ten years where I started to become more appreciative of the full context within which diarrhea was killing kids. And with that became much more focused more broadly on all the interventions we have in the toolbox to address child health. So my starting point was child health, been working on maternal and child health now for over ten years and it's actually been a wonderful journey and I'm glad every day that I've had opportunity to do this kind of work.

Q: So let's turn to today's subject, the Acting on the Call Report. Can you tell us a little bit about this report and why it is so significant for those working in the maternal and child health space?

So this Acting on the Call Report this year was one of a series of reports that really began when we launched the child survival call to action back in 2012. And the Child Survival Call to Action, it was designed to essentially refocus people's attention on the fact that we weren't making sufficient progress towards, what at the time, were the Millennium Development Goal targets for both maternal and child health, this was focused very specifically on the child, and in fact at that time in 2012, we were also looking forward to saying, "Ok, what would be the goal that would renew interest, renew our ability to actually mobilize country and political will and country resources, as well as global will and global resources to really refocusing on these problems."

So in 2012, we together with UNICEF, the governments of Ethiopia and India, we convened a global meeting to try to lay out what was going to be an aspiration. What we did was a little

unique, where we said “Well, what we have now is simply a relative reduction in mortality, and frankly, a two-thirds reduction in mortality from a very bad state is still going to be a very bad state.” So what we started to embrace in 2012 was the idea of a grand convergence in health, that all countries should attain the same level of health and wellbeing for children and ultimately as we grew this goal, for women and children, that were the standards in more industrialized and more developed countries.

Using that as a starting point, we said, “Well what will be a reasonable way in which we could actually approach this? What would be the geography? What would be the target?” And with that starting point, we were able to lay out, and really lay the groundwork for what ultimately became the Sustainable Development Goal targets for maternal, newborn and child survival. And these targets are ones where, if we were to achieve these by 2030, we really would be well on the pathway to achieving what we all would like to see, which is essentially this grand convergence, where the levels of mortality that we see in many countries currently described as developing countries, would be the same as those we see in the more developed, industrialized countries.

Q: So what has changed since 2012? What happened in the years after 2012? Can you tell us a little bit more about that?

So I guess the key event was in 2014, with the same partners we convened Acting on the Call, and while we had had in the call to action a statement of commitment, and it was cross-cutting, it wasn't just by governments, it was civil society, faith based organizations, private sector...We really had the opportunity to say “Ok, what would an action plan look like?” to actually realize this aspiration that we laid out. So in Acting on the Call, what we did was, for USAID in particular, we set out at the time, we had 24 priority countries that accounted for about 70% of the maternal and child deaths, and we made a commitment to say “Here is the way in which we will prioritize our own efforts to really try to make sure the countries are getting on this aspirational pathway of this grand convergence of maternal and child survival.”

We worked with UNICEF in conjunction with the governments of Ethiopia and India to essentially convene these priority countries and, largely with governments, but was cross-cutting, was there were also private sector partners, to really look very crisply at what would be the interventions that would have to be increased in terms of their coverage to be able to maximize the impact on child survival. And, as we then subsequently, that was in 2014, in 2015, we placed a greater emphasis on maternal survival and basically continued each year to build a plan of action that was actually going to be ultimately successful in moving us further and further along this pathway.

So we convened three times, one was in 2014, that was convened here in Washington, the initial meeting for Acting on the Call. The second meeting for Acting on the Call was in 2015, convened and hosted by the government of India. And then last year, in 2017, we had the Acting on the Call meeting convened by the government of Ethiopia. And there have been reasons that those partners were key partners- India and Ethiopia both have demonstrated political commitment to this issue. In addition, they've both made good progress and both recognize the need to make further progress, so then they are influential players in their own regions. We have addressed a series of issues, as I said first in 2014, child health and newborn health to some extent; in 2015, maternal health; in 2016, looking at this through an equity lens; in 2017 through a health systems lens; and now in 2018, really looking at this concept of the journey to self-reliance.

Q: Tell me a little more about what is the journey to self-reliance and how does this apply to the Acting on the Call Report this year?

A: So the journey to self-reliance is a priority of the new USAID Administrator, Mark Green, and it really rests on this idea that the country's capacity to fulfill its own aspirations for development really does rely on a number of different pillars. There's its own political commitment, its own resource capacity, ultimately its capacity also to finance development. There's a number of different dimensions in the journey to self-reliance. It's clear that in these 25 countries that we've prioritized for work in maternal and child survival, they are all in different places on this journey and some of them will require different kinds of support. Some will require more direct support and direct service delivery. Some will require more support in technical assistance. Some are much further down the road and it's more of a partnership relationship where the role that we're playing is to facilitate various kinds of financial partnerships with private sector. The journey to self-reliance is not only about government, it's about all players in the country being able to come together and being able to work effectively together and with international institutions, international counterparts to continue to move the process of development.

Q: In terms of maternal and child health in this year's report, how are you looking at the journey to self-reliance for each country and maternal and child health?

So with respect to maternal and child health, clearly countries are at different stages of development. We often talk about the humanitarian to development nexus- that's not actually a very good way of describing it. There's really a continuum of the kinds of activities that have to be unrolled and depending upon the degree of system strength. Systems can be very weak in the sense of being very fragile and can be very strong in terms of being sustainably financed and mobilize the human and financial resources to effectively deliver the services that are required.

We have countries that nevertheless, across this entire spectrum, in terms of where they are on this journey and what they are able to do in terms of being self-reliant at this point in time, are all able to make progress in terms of reduced maternal and child deaths.

Q: Tell us a little bit about the progress in general that has been made. What are some of the findings and something interesting in the report?

So as I said a moment ago, the thing that's been great about Acting on the Call is that countries with very diverse settings and very diverse starting points can make progress and have all made progress. A critically important dimension of self-reliance is country ownership. We have in this year's report a good example in a program called Saving Mothers Giving Life, which has been a partnership with private sector in this case Merck for Mothers, other USG agencies, CDC as well as the office of the Global AIDS Coordinator, as well as country governments in Zambia, Uganda, and the state level in Nigeria. Really demonstrating the most critical interventions to save mothers' lives, particularly around the time of delivery, focused not only saving mothers' lives but newborn lives- this is what we call perinatal mortality.

They have been highly effective in demonstrating a critical set of interventions. For example, reducing the problems in seeking care and have been very effective in reducing facility-level mortality and ultimately district-level maternal mortality by approximately fifty percent. This has then been, in turn, taken up by the governments themselves, and this idea of country ownership, particularly in both Zambia and Uganda, have been able to take it and roll it out in many more districts than we were able to initially operate. It's a good example of how country ownership is really critically important to try to achieve scale and to try to achieve public health impact.

For example, we've got some good results, in terms of this journey to self-reliance, for countries that are largely able to finance their own health programs, the role of donor is to demonstrate what could work. A good example is Indonesia where our support has in fact become much more focused on systems levels and to help the Indonesian government with technical assistance and help it fully implement the systems that it itself has embraced like universal health coverage and universal health insurance. There are opportunities in India where the role that our money plays is insignificant compared to the role of the Indian government's own funds and frankly all the funds that are going into the health sectors in India.

The reality though is that our technical assistance is considered critically important by the government of India. We're able to demonstrate things and then Indian government at both the federal level and the state level is essentially able to take those models and roll them out. Over the past several years, our relatively modest investment of \$14 million in technical assistance and in demonstration activities really resulted in federal and state governments leveraging their own funds to a little over \$80 million. That allows them to scale up and replicate these kinds of results.

In other places, the systems are not as well developed in terms of financing and the role of donors is much more important, but, nevertheless, they're able to make good progress. In DR Congo, the government was able to look at what was being presented at the Acting on the Call meeting in 2017 and they used that to provoke their own initiative to provide subsidized healthcare for pregnant women and children in Kinshasa and that is actually a very significant outcome. That is a good example of another feature of the Acting on the Call meetings, which has been the opportunity for what we've been calling "ministerial conclaves". It's really more about having opportunities in very small, face to face meetings with a minister, maybe a minister plus one from each of these countries, to have the opportunity to sit together as part of Acting on the Call, share lessons learned, share best practices, and that serves two functions.

One, as in the example I just mentioned to you, where one minister and one country can actually see what's going on someplace else and say "That's had a huge impact and if we did that in my country, it would have a similar impact." The other is that there is constant turnover at a political level and ministers of health and that this opportunity to re-engage and recommit every couple years is actually an important feature of Acting on the Call.

Q: Thank you! So it sounds like we're doing a lot of great work in partnership with governments, private sector, civil society. How will this particular report impact future programs to improve the health of women and children?

Bea that's a great question! I mean the reality is that the report alone is not enough, it's the way the report, as you implied, stimulates action. So we use the report, in terms of our own programming, to continue to refine, to use evidence-based approaches, to use data, to drive our decision making and to encourage countries to do the same. We have a huge opportunity that's been unfolding over the last decade in using country data systems in addition to the kinds of things we do with survey methodologies to really gain insight into what we need to do and what countries need to do to advance the cause of women's and children's health.

We've really got an opportunity with this report and with this new perspective of trying to tailor our own assistance depending on the strength of the country's systems, where countries are on their own journey to self-reliance, to be as efficient as we can possibly be with the limited resources that we have to make a difference in the lives of women and children throughout the world.

Q: So if people want to find out more about the report and read about each of the countries that are featured in the report, the 25 priority countries, where can they access this information?

So I encourage you to go online if you go to USAID.gov or just google USAID and Acting on the Call, you'll get to the Acting on the Call landing page and you'll find this report for this year as well as all of our reports from previous years available and hopefully of use.

Thank you so much! I really appreciate your time

Thanks for having me here!

