Reproductive, maternal, newborn, and child health

The reproductive, maternal, newborn, and child health category encompasses maternal disorders like maternal hemorrhage and ectopic pregnancy, neonatal sepsis and jaundice, and vaccine-related funding. Taken together, the burden of maternal and neonatal disorders is most felt in sub-Saharan Africa (with Pakistan also experiencing a high rate of DALYs due to maternal and neonatal disorders), according to the Global Burden of Disease 2019 study. As a group, maternal and neonatal disorders caused over 2 million deaths in 2019.

By cause, neonatal preterm birth and neonatal encephalopathy caused the most burden in 2019, leading to over 660,000 and 560,000 global deaths, respectively. But strides have been made over the past few decades: since 1990, the global, all-ages rate of deaths due to neonatal preterm birth has gone down 63.9%, and deaths caused by maternal hemorrhage have gone down 51.1%, from 95,100 in 1990 to 46,500 in 2019.

An estimated $14.8 billion in DAH went to reproductive, maternal, newborn, and child health in 2021, a decrease of 2.3% since 2019. By region, sub-Saharan Africa was the largest recipient of development assistance for reproductive, maternal, newborn, and child health in 2019, receiving $4.4 billion, or 28.8% of 2019 DAH.

The reproductive, maternal, newborn, and child health profile illustrates the sources, disbursement channels, and program areas reproductive, maternal, newborn, and child health DAH was allocated to. Figure A gives a high-level view of DAH for reproductive, maternal, newborn, and child health between 1995 and 2021, while Figure B illustrates how DAH for reproductive, maternal, newborn, and child health flowed from source to channel to program area in 2020–2021.

**FIGURE A** Development assistance for health for reproductive, maternal, newborn, and child health, 1995–2021*
“Other sources” captures development assistance for health for which we have source information but which is not identified as originating within any of the sources listed. Health assistance for which we have no source information is designated as “Unidentified.”

“Other governments” include Afghanistan, Angola, Argentina, Australia, Austria, Azerbaijan, Bangladesh, Belgium, Bhutan, Brazil, Brunei, Bulgaria, Cameroon, Canada, Central African Republic, Chad, China, Colombia, Côte d’Ivoire, Croatia, Czechia, Democratic Republic of the Congo, Denmark, Egypt, Estonia, Ethiopia, Finland, France, Gabon, Germany, Greece, Guinea, Hungary, Iceland, India, Indonesia, Iran, Iraq, Ireland, Italy, Jamaica, Japan, Jordan, Kenya, Kuwait, Latvia, Lebanon, Libya, Lithuania, Luxembourg, Madagascar, Malaysia, Malta, Monaco, Myanmar, New Zealand, Nigeria, Norway, Oman, Pakistan, Palestine, Peru, Poland, Portugal, Qatar, Romania, Russia, São Tomé and Príncipe, Saudi Arabia, Serbia, Singapore, Slovakia, Slovenia, South Africa, South Korea, South Sudan, Spain, Sudan, Sweden, Switzerland, Syria, Taiwan (province of China), Thailand, the Netherlands, Togo, Turkey, Uganda, Ukraine, United Arab Emirates, Yemen, and Zimbabwe.

“Other bilateral development agencies” include Austria, Belgium, Canada, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Japan, South Korea, Luxembourg, the Netherlands, New Zealand, Norway, Spain, Sweden, Switzerland, the United Arab Emirates, the United Kingdom, the European Commission, and EEA.

“Regional development banks” include the African Development Bank, the Asian Development Bank, and the Inter-American Development Bank.

“Other” captures development assistance for health for which we have program area information but which is not identified as being allocated to any of the program areas listed.

CEPI = Coalition for Epidemic Preparedness Innovations
NGOs = Non-governmental organizations
PAHO = Pan American Health Organization
UNAIDS = Joint United Nations Programme on HIV/AIDS
UNICEF = United Nations Population Fund
UNICEF = United Nations Children’s Fund
WHO = World Health Organization