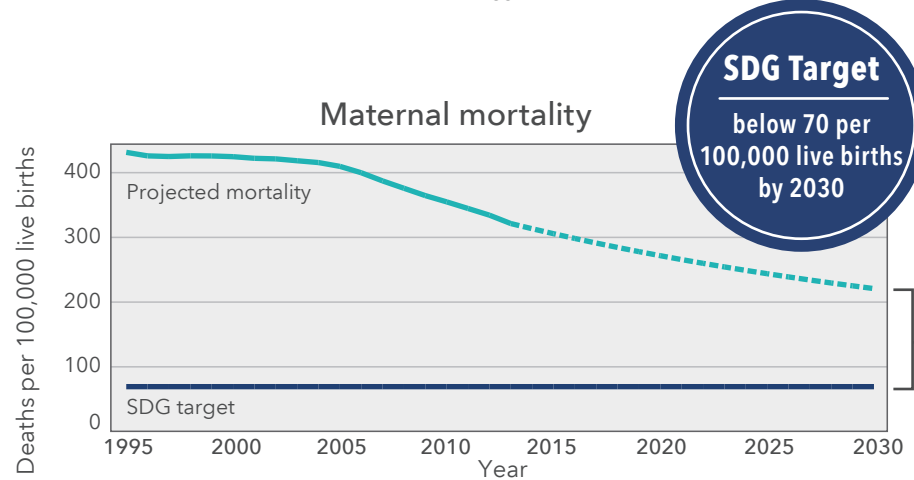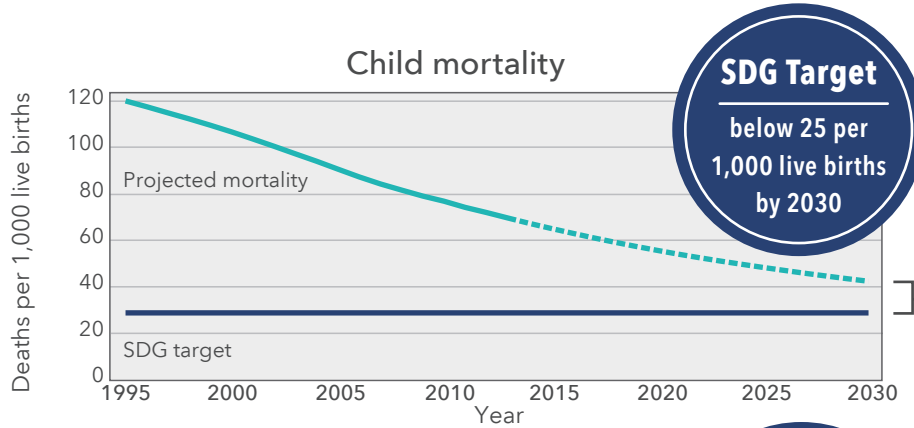# Changing the course of history in US priority countries

As a group, US priority countries* are projected to fall short of the targets laid out in the UN's Sustainable Development Goals (SDGs).

Mortality in US priority countries, 1995–2030

Child mortality

Deaths per 1,000 live births

120
100
80
60
40
20
0

Projected mortality

SDG target

1995 2000 2005 2010 2015 2020 2025 2030
Year

SDG Target
below 25 per 1,000 live births by 2030

Maternal mortality

Deaths per 100,000 live births

400
300
200
100

Projected mortality

SDG target

1995 2000 2005 2010 2015 2020 2025 2030
Year

SDG Target
below 70 per 100,000 live births by 2030

By mobilizing additional funding, the US can help make it possible for priority countries to close these gaps.

Between 2000 and 2015, $13.0 billion of US government funding saved an estimated:

2.5 million
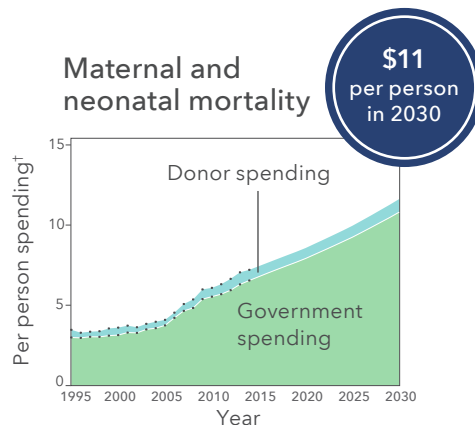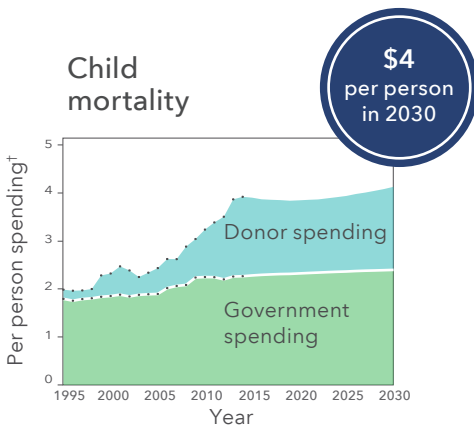children's lives

($5.1 billion invested in child health)

1.0 million
mothers' and neonates' lives

($7.9 billion invested in maternal/neonatal health)

Maternal, neonatal, and child health spending in US priority countries, 1995–2030

Child mortality

Per person spending†

5
4
3
2
1
0

Donor spending

Government spending

1995 2000 2005 2010 2015 2020 2025 2030
Year

$4 per person in 2030

Maternal and neonatal mortality

Per person spending†

15
10
5
0

Donor spending

Government spending

1995 2000 2005 2010 2015 2020 2025 2030
Year

$11 per person in 2030

†2010 purchasing power parity dollars

*According to work by the Council on Foreign Relations, the 49 US priority countries are Afghanistan, Angola, Bangladesh, Benin, Botswana, Burkina Faso, Burundi, Cambodia, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Dominican Republic, Ethiopia, Georgia, Ghana, Guatemala, Guinea, Guyana, Haiti, India, Indonesia, Jordan, Kenya, Lesotho, Lebanon, Liberia, Madagascar, Malawi, Mali, Mozambique, Myanmar, Namibia, Nepal, Nigeria, Pakistan, Philippines, Rwanda, Senegal, Sierra Leone, South Africa, Swaziland, Tajikistan, Tanzania, Uganda, Ukraine, Vietnam, Yemen, Zambia, and Zimbabwe.
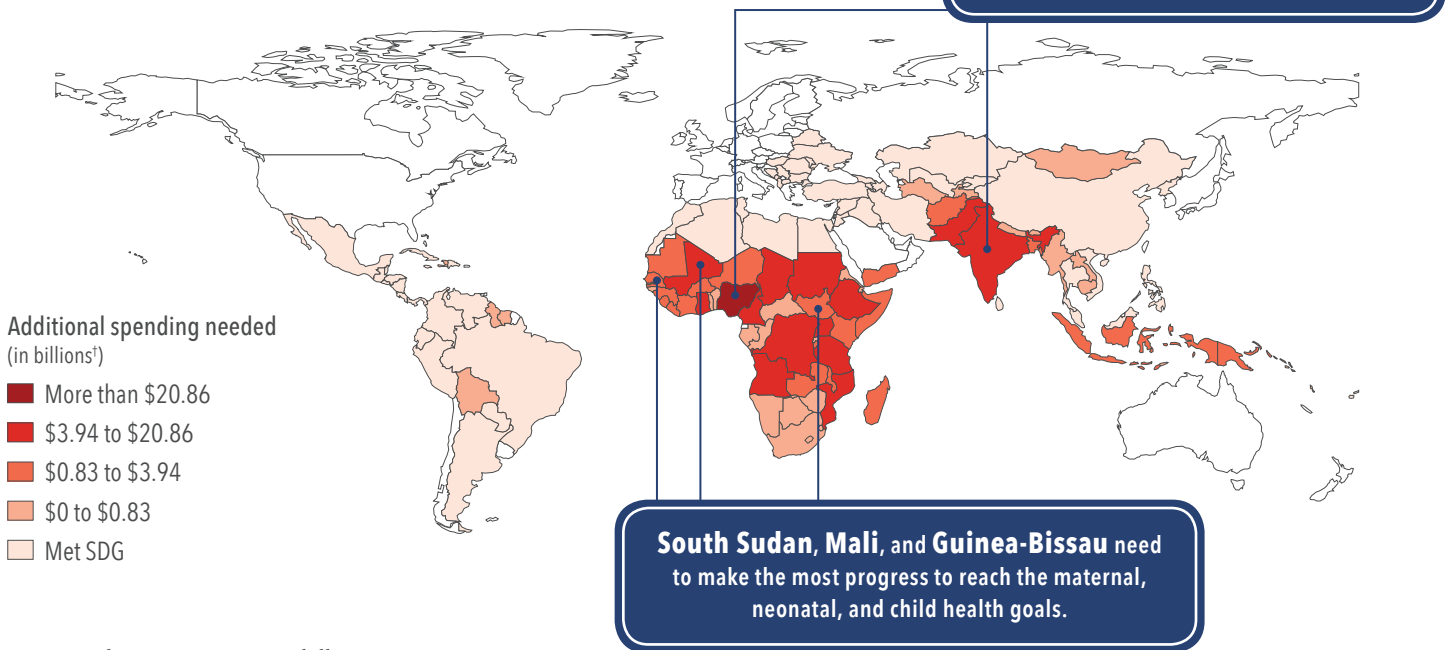
Up to $16 billion per year in additional spending needed to meet SDGs

Cumulative funding needed to reach SDGs by 2030, in billions
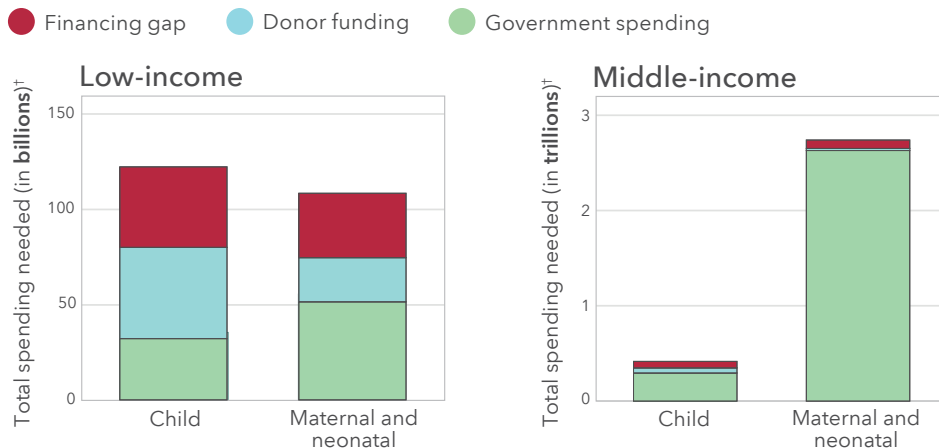
	Low-income countries	US priority countries	Low- and middle-income countries	Number of lives that could be saved in low- and middle-income countries
Child health	$42.17 BILLION	$101.47 BILLION	$110.41 BILLION	41.5 million children
Maternal and neonatal health	$33.73 BILLION	$105.99 BILLION	$122.08 BILLION	6.2 million mothers and neonates

Additional spending needed to meet maternal, neonatal, and child health SDGs, 2016–2030

India and **Nigeria** require 41.37% of all funding needed to meet SDGs.

Additional spending needed
(in billions†)

- More than $20.86
- $3.94 to $20.86
- $0.83 to $3.94
- $0 to $0.83
- Met SDG

South Sudan, **Mali**, and **Guinea-Bissau** need to make the most progress to reach the maternal, neonatal, and child health goals.

†2010 purchasing power parity dollars

Cumulative funding needs and expected spending to meet SDGs, low- and middle-income countries, 2016–2030

- Financing gap
- Donor funding
- Government spending

Low-income

Total spending needed (in **billions**)†

150 / 100 / 50 / 0

Child — Maternal and neonatal

Middle-income

Total spending needed (in **trillions**)†

3 / 2 / 1 / 0

Child — Maternal and neonatal

†2010 purchasing power parity dollars

Preliminary results

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