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2D SESSION

H. R. 5268

To provide assistance to improve maternal and newborn health in developing countries, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 11, 2010

Mrs. CAPPS (for herself, Ms. MCCOLLUM, Mrs. CHRISTENSEN, Ms. WOOLSEY, Mrs. MALONEY, Ms. MOORE of Wisconsin, Ms. DELAURO, Ms. CLARKE, Ms. LEE of California, Ms. WASSERMAN SCHULTZ, Mr. LOEBSACK, Mr. GRIJALVA, Ms. SCHAKOWSKY, Ms. SHEA-PORTER, Ms. NORTON, Mrs. DAVIS of California, Mr. CONYERS, and Ms. MATSUI) introduced the following bill; which was referred to the Committee on Foreign Affairs

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A BILL

To provide assistance to improve maternal and newborn health in developing countries, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Improvements in Global Maternal and newborn health Outcomes while Maximizing Successes Act'' or ''Improvements in Global MOMS Act''.

SEC. 2. FINDINGS AND PURPOSES.

(a) FINDINGS.—Congress makes the following findings:

(1) In 2000, the United States joined 188 other countries in supporting 8 United Nations Millennium Development Goals (MDGs), including MDG 5, to reduce the maternal mortality ratio by three-quarters by 2015. In 2005, universal access to reproductive health was added as a target for MDG 5.

(2) On January 15, 2009, United States Permanent Representative to the United Nations Susan Rice stated before the Committee on Foreign Relations of the Senate that President Barack Obama is committed to ''making the Millennium Development Goals America's goals.''.

(3) With thousands of avoidable maternal deaths still occurring, the United States will need to immediately scale up its funding and delivery of proven low-cost, lifesaving interventions in order to fulfill its commitment to help ensure that MDG 5 is met.

(4) Substantial progress in maternal health has been made in some countries and regions: Egypt, Honduras, Malaysia, Sri Lanka, and parts of Bangladesh have all halved their maternal mortality ratios over the past few decades.

(5) However, MDG 5 has made the least progress of all the MDGs. At the current pace, MDG 5 will not be met in Asia until 2076 and much later in Africa.

(6) An estimated 8,800,000 children under the age of 5 die each year. Over 40 percent of these die in the first month of life. And mortality rates are increasing for those born to young mothers or where pregnancies are less than a year apart.

(7) Hundreds of thousands of women die each year from causes related to pregnancy and childbirth. Ninety-nine percent of these deaths occur in the developing world and the vast majority are preventable.

(8) In sub-Saharan Africa, a woman's lifetime risk of maternal death is a staggering 1 in 22, compared with 1 in 4,800 in the United States, according to the United Nations Children's Fund (UNICEF).

(9) Nine out of 10 women in sub-Saharan Africa will lose a child during their lifetimes.

(10) For every maternal death, approximately 20 women—or 10,000,000 women per year—suffer complications with severe consequences, including

pregnancy-related injuries such as fistula, uterine prolapse, infections, diseases, and disabilities.

(11) The number one cause of maternal deaths is hemorrhage. Other primary causes of maternal death include sepsis, unsafe abortion, hypertensive disorder, and prolonged or obstructed labor.

(12) Violent acts against pregnant women can lead to poor health outcomes, including preterm labor, preterm delivery, miscarriage, and stillbirths, and even maternal deaths, and the risk for maternal mortality is 3 times as high for abused mothers.

(13) The spacing of births has a powerful impact on a child's chances of survival. Children born less than 2 years after the previous birth are about 2.5 times more likely to die before age 5 than children born 3 to 5 years after the previous birth.

(14) Pregnancy is the leading cause of death for young women aged 15 to 19 worldwide. Compared to girls in their twenties, girls aged 15 to 19 are twice as likely, and girls under 15 five times as likely, to die in childbirth, and mortality and morbidity rates are also higher among infants born to young mothers.

(15) Globally, 215,000,000 women would like to delay or end childbearing, but do not have access to

modern contraceptives. Fully addressing this need would prevent an additional 53,000,000 unintended pregnancies each year and reduce maternal deaths due to unsafe abortion by 82 percent.

(16) If family planning and maternal and newborn services were provided simultaneously, the costs of these services would decline by $1,500,000,000 compared with investing in maternal and newborn care alone—this dual investment would result in a 70 percent decline in maternal deaths and 44 percent decline in newborn deaths.

(17) Maternal death rates are inextricably tied to neonatal survival, with the risk of death doubling for newborns in some countries in the developing world following maternal death.

(18) In many developing countries, including fragile states and countries affected by conflict, lack of access to quality health care facilities, health services, and trained providers results in deaths for mothers, newborns, and children—the majority of births in Africa take place without a skilled attendant present, increasing the risk of death or disability for both mother and newborn.

(19) The experiences of United States Government-supported and nongovernmental organization

maternal and child health programs in countries such as Nepal, Ethiopia, and Senegal have demonstrated that community-based approaches, linked to primary and referral care when possible, can deliver high-impact interventions to prevent or treat many of the life-threatening conditions affecting mothers, newborns, and children under the age of 5.

(20) More than half of all children and pregnant women in developing countries suffer from anemia, which is exacerbated by malaria, neglected tropical diseases, and nutritional deficits, causing adverse pregnancy outcomes and even death.

(21) According to WHO, women that have undergone female genital mutilation are significantly more likely than those who have not undergone female genital mutilation to experience serious postpartum health problems, and children born to mothers who have undergone female genital mutilation face higher death rates immediately after birth.

(22) According to the Director of National Intelligence's 2009 Annual Threat Assessment, widespread poor maternal and child health and malnutrition has the potential to weaken central governments and empower non-state actors, including terrorist and paramilitary groups.

(23) The United States Agency for International Development has estimated the economic impact of maternal and newborn mortality to be a global loss of over $15,000,000,000 due to diminished productivity.

(b) PURPOSES.—The purposes of this Act are—

(1) to authorize assistance to improve maternal and newborn health in developing countries; and

(2) to develop a strategy to reduce mortality and improve maternal and newborn health in developing countries.

SEC. 3. ASSISTANCE TO IMPROVE MATERNAL AND NEWBORN HEALTH IN DEVELOPING COUNTRIES.

(a) IN GENERAL.—Chapter 1 of part I of the Foreign Assistance Act of 1961 (22 U.S.C. 2151 et seq.) is amended—

(1) in section 102(b)(4)(B), by striking ''reduction of infant mortality'' and inserting ''reduction of maternal and newborn mortality''; and

(2) by inserting after section 104C the following new section:

''SEC. 104D. ASSISTANCE TO REDUCE MORTALITY AND IMPROVE MATERNAL AND NEWBORN HEALTH.

''(a) AUTHORIZATION.—Consistent with section 104(c), the President is authorized to furnish assistance,

on such terms and conditions as the President may determine, to reduce mortality and improve maternal health and the health of newborns in developing countries.

''(b) ACTIVITIES SUPPORTED.—Assistance provided under subsection (a) shall, to the maximum extent practicable, include—

''(1) activities to expand access and improve quality of maternal health services, including—

''(A) comprehensive voluntary family planning services, integrated into antenatal and postnatal care and in child health services, to support women and men in making informed decisions and having timely, intended, well-spaced pregnancies and to help women with preexisting conditions avoid high-risk, unintended pregnancies;

''(B) birth preparedness through the provision of quality antenatal care, including—

''(i) educating women and families about danger signs to look for, potential complications during pregnancy and childbirth, and where to access care;

''(ii) providing counseling about hygiene, nutrition, and the care and feeding of babies;

''(iii) helping women and families develop a birth plan that includes skilled delivery care and a transport plan in case of emergencies;

''(iv) screening for complications including blood pressure screenings;

''(v) diagnosis and treatment of existing conditions, such as HIV/AIDS, syphilis, malaria, and tuberculosis, and ensuring that women are provided with, or referred to, appropriate care and treatment for those conditions;

''(vi) ensuring that women infected with HIV are provided mother-to-child transmission prevention services, including access to voluntary family planning, medications to prevent such transmission, and counseling on infant feeding; and

''(vii) making vaccines, micronutrients, and treatment for infections and parasites available and accessible;

''(C) skilled delivery care, including—

''(i) the presence of an accredited health professional, such as midwife, doctor, or nurse, who has been educated and

trained to proficiency in the skills needed to manage normal or uncomplicated pregnancies, childbirth, and the immediate postnatal period, and in the identification, management, or referral of complications in women and newborns, including active management of the third stage of labor; and

''(ii) an enabling environment that includes access to a referral system, communication and transport, drugs and supplies, and equipment appropriate for a normal delivery;

''(D) quality emergency obstetric care, including—

''(i) increasing the technical competence of health care providers;

''(ii) increasing the essential supplies and equipment including fluids, blood products, and drugs to treat complications such as infection, bleeding, and hypertension;

''(iii) providing the information and counseling for the client, including quality of client-provider interaction;

"(iv) ensuring continuity of comprehensive, acceptable care, referrals and followup; and

"(v) access to cesarean section when necessary;

"(E) postpartum care and support, including—

"(i) activities to promote immediate exclusive breastfeeding;

"(ii) activities to promote essential care of newborns;

"(iii) activities to treat, repair, and provide followup services for injuries resulting from pregnancy and childbirth, including fistula; and

"(iv) family planning counseling and service provision; and

"(F) postabortion care, including—

"(i) emergency treatment of complications of unsafe abortion;

"(ii) family planning counseling and services; and

"(iii) linkages to other reproductive health services;

''(2) working with communities and health care providers to identify and remove barriers to maternal health care services, including barriers such as financial, sociocultural, transportation, gender discrimination, and stigma based on preexisting health concerns, and ensure that those services are based in individual human rights, as recognized by international agreements and instruments;

''(3) comprehensive sexuality education programs and services for youth that provide adolescents with information, skills, and materials necessary to postpone childbearing;

''(4) promotion of activities that focus on empowering women and girls and engaging men and boys at the individual, household, and community levels to improve the health outcomes of women, newborns, and children including education and awareness programs about gender-based violence, the health risks of female genital mutilation, and shared responsibility for and benefits of family planning;

''(5) activities to improve essential newborn care and treatment, including educating families and communities about proper antenatal and skilled delivery care, tetanus toxoid immunization during

pregnancy, immediate and exclusive breastfeeding, keeping the newborn warm, such as by providing skin-to-skin care, keeping the cord clean, resuscitation of newborns who are not breathing properly, and treatment of infections;

''(6) activities to prevent and treat childhood illness, including early infant diagnosis of HIV infection and increasing access to appropriate prevention and treatment for diarrhea, pneumonia, malaria, HIV/AIDS, and other life-threatening childhood illnesses;

''(7) activities to improve child and maternal nutrition, including the delivery of iron, zinc, vitamin A, iodine, and other key micronutrients, the promotion of breastfeeding and appropriate complementary feeding, and the utilization of Ready to Use Therapeutic Foods (RUTF) that, to the extent practicable, are developed, purchased, or produced in the country or region that they are utilized;

''(8) activities to strengthen the delivery of immunization services, including efforts to strengthen routine immunization, introduce new vaccines for diseases such as rotavirus and pneuomcoccal disease, and eliminate polio;

''(9) activities to improve household-level behavior related to safe water, hygiene, safe and hygienic food preparation and storage, exposure to indoor smoke, and environmental toxins such as lead;

''(10) activities to improve capacity for health governance, health finance, and the health workforce, including in the private sector, and support for training clinicians, nurses, technicians, sanitation and public health workers, community-based health workers, midwives, birth attendants, peer educators, volunteers, and private sector enterprises to provide integrated health services and referrals that meet the needs of patients across a continuum of care;

''(11) activities to address antimicrobial resistance in treating maternal health infections;

''(12) activities to establish and support management of host country institutions' information systems and the development and use of tools and models to collect, analyze, and disseminate information related to maternal and newborn health;

''(13) activities to develop and conduct needs assessments, baseline studies, targeted evaluations, or other information-gathering efforts for the design, monitoring, and evaluation of maternal and newborn health efforts, including—

"(A) studying the availability and effects of critical medicines, particularly those of importance in the developing world, on pregnant women and newborns;

"(B) collection, evaluation, and use of data on the medical and socioeconomic factors that led to a maternal or newborn death or 'near miss' at the community and health facility levels; and

"(C) sociocultural barriers, influencers, and enhancers of health and nutrition behaviors;

"(14) activities to integrate and coordinate assistance provided under this section with existing health programs for—

"(A) the prevention of the transmission of HIV from mother to child and other HIV/AIDS prevention, care, treatment, and counseling activities;

"(B) malaria;

"(C) tuberculosis;

"(D) family planning and reproductive health;

"(E) counseling for survivors of sexual- and gender-based violence;

''(F) neglected tropical diseases; and

''(G) nutrition;

''(15) activities to improve orphan care services and to support innovative orphan and vulnerable children programs;

''(16) activities to end harmful traditional practices including female genital mutilation and child marriage;

''(17) activities to train health care providers to prevent, identify, and manage cases of gender-based violence as part of family planning and maternal and newborn health services;

''(18) activities to support mental health care and provide psychosocial support;

''(19) activities to improve access to clean water and improved sanitation through community-based hygiene education programs, access to household- and community-level water purification tools and devices, and latrine construction; and

''(20) activities to prevent, control, and in some cases eliminate neglected tropical diseases for both newborns and mothers.

''(c) GUIDELINES.—To the maximum extent practicable, programs, projects, and activities carried out using assistance provided under this section shall be—

''(1) carried out through private and voluntary organizations, including community and faith-based organizations, and relevant international and multilateral organizations, including the United Nations Population Fund, the United Nations Children's Fund, and the Global Alliance for Vaccines and Immunizations, that demonstrate effectiveness and commitment to improving the health and rights of mothers, newborns, and children;

''(2) carried out in the context of country-driven plans in whose development the United States Government participates along with other donors and multilateral organizations, nongovernmental organizations, and civil society;

''(3) carried out with input by beneficiaries and other directly affected populations, especially women and marginalized communities; and

''(4) designed to build the capacity of host country governments and civil society organizations.

''(d) ANNUAL REPORT.—Not later than January 31, 2011, and annually thereafter for 4 years, the President shall transmit to Congress a report on the implementation of this section for the prior fiscal year.

''(e) DEFINITIONS.—In this section:

''(1) AIDS.—The term 'AIDS' has the meaning given the term in section 104A(g)(1) of this Act.

''(2) HIV.—The term 'HIV' has the meaning given the term in section 104A(g)(2) of this Act.

''(3) HIV/AIDS.—The term 'HIV/AIDS' has the meaning given the term in section 104A(g)(3) of this Act.''.

SEC. 4. DEVELOPMENT OF STRATEGY TO REDUCE MORTALITY AND IMPROVE MATERNAL AND NEWBORN HEALTH IN DEVELOPING COUNTRIES.

(a) DEVELOPMENT OF STRATEGY.—The President shall develop and implement a comprehensive strategy as part of the Global Health Initiative to reduce mortality and improve the health of mothers and newborns in developing countries.

(b) COMPONENTS.—The comprehensive United States Government strategy developed pursuant to subsection (a) shall include the following:

(1) An identification of not less than 30 countries, including fragile states and countries affected by conflict, with priority needs for the 5-year period beginning on the date of the enactment of this Act based on—

(A) the number and rate of neonatal deaths;

(B) the number and rate of maternal deaths;

(C) the number and rate of malnourished women of reproductive age; and

(D) the number of individuals with an unmet need for family planning.

(2) For each country identified in paragraph (1)—

(A) an assessment of the most common causes of maternal and newborn mortality and morbidity;

(B) a description of the programmatic areas and interventions providing maximum health benefits to populations at risk and maximum reduction in mortality and morbidity;

(C) an assessment of the investments needed in identified programs and interventions to achieve the greatest results;

(D) a description of how United States assistance complements and leverages efforts by other donors and builds capacity and self-sufficiency among recipient countries; and

(E) a description of goals and objectives for improving maternal and newborn health, in-

cluding, to the extent feasible, objective and quantifiable indicators.

(3) Enhanced coordination among relevant departments and agencies of the United States Government engaged in activities to improve the health and well-being of mothers and newborns in developing countries.

(4) A description of the measured or estimated impact on maternal and newborn morbidity and mortality of each project or program.

(c) REPORT.—Not later than 180 days after the date of the enactment of this Act, the President shall transmit to Congress a report that contains the strategy described in this section.

SEC. 5. AUTHORIZATION OF APPROPRIATIONS.

(a) IN GENERAL.—There are authorized to be appropriated to carry out this Act, and the amendments made by this Act, such sums as may be necessary for each of fiscal years 2011 through 2015.

(b) AVAILABILITY OF FUNDS.—Amounts appropriated pursuant to the authorization of appropriations under subsection (a) are authorized to remain available until expended.

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