

116TH CONGRESS
1ST SESSION

S. 1766

To implement policies to end preventable maternal, newborn, and child deaths globally.

IN THE SENATE OF THE UNITED STATES

JUNE 10, 2019

Ms. COLLINS (for herself, Mr. COONS, Mr. ROBERTS, Ms. DUCKWORTH, Mr. SULLIVAN, Mr. VAN HOLLEN, Mrs. CAPITO, Mr. MARKEY, Mr. ISAKSON, Mr. MERKLEY, Mr. MORAN, Mr. CARDIN, Mr. CORNYN, Ms. ROSEN, Mr. YOUNG, Ms. STABENOW, Mr. ENZI, Mr. WYDEN, Mr. CRAMER, Mr. MURPHY, Mr. RUBIO, and Mr. REED) introduced the following bill; which was read twice and referred to the Committee on Foreign Relations

A BILL

To implement policies to end preventable maternal, newborn, and child deaths globally.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Reach Every Mother
5 and Child Act of 2019”.

1 **SEC. 2. ASSISTANCE TO END PREVENTABLE MATERNAL,**
 2 **NEWBORN, AND CHILD DEATHS GLOBALLY.**

3 The Foreign Assistance Act of 1961 (22 U.S.C. 2151
 4 et seq.) is amended by adding at the end of chapter I of
 5 part I the following new section:

6 **“SEC. 137. ASSISTANCE TO END PREVENTABLE MATERNAL,**
 7 **NEWBORN, AND CHILD DEATHS GLOBALLY.**

8 “(a) PURPOSE.—The purpose of this section is to im-
 9 plement a strategic approach for providing foreign assist-
 10 ance in order to end preventable child and maternal deaths
 11 globally by 2030.

12 “(b) DEFINITIONS.—In this section:

13 “(1) ADMINISTRATOR.—The term ‘Adminis-
 14 trator’ means the Administrator of the United
 15 States Agency for International Development.

16 “(2) APPROPRIATE CONGRESSIONAL COMMIT-
 17 TEES.—The term ‘appropriate congressional com-
 18 mittees’ means—

19 “(A) the Committee on Foreign Relations
 20 and the Committee on Appropriations of the
 21 Senate; and

22 “(B) the Committee on Foreign Affairs
 23 and the Committee on Appropriations of the
 24 House of Representatives.

1 “(3) COORDINATOR.—The term ‘Coordinator’
 2 means the Child and Maternal Survival Coordinator
 3 established under subsection (e).

4 “(4) INTERNATIONAL MATERNAL AND CHILD
 5 HEALTH AND NUTRITION PROGRAMS.—The term
 6 ‘international maternal and child health and nutri-
 7 tion programs’ means all programs carried out using
 8 funds appropriated or otherwise made available for
 9 international maternal and child health and nutri-
 10 tion that are managed by the United States Agency
 11 for International Development Bureau of Global
 12 Health.

13 “(5) RELEVANT PARTNER ENTITIES.—The
 14 term ‘relevant partner entities’ means each of the
 15 following:

16 “(A) The governments of other donor
 17 countries.

18 “(B) International financial institutions.

19 “(C) Nongovernmental organizations.

20 “(D) Faith-based organizations.

21 “(E) Professional organizations.

22 “(F) The private sector.

23 “(G) Multilateral organizations.

24 “(H) Local and international civil society
 25 groups.

1 “(I) Local health workers.

2 “(J) International organizations.

3 “(6) TARGET COUNTRIES.—The term ‘target
4 countries’ means specific countries that have the
5 greatest need and highest burden of child and ma-
6 ternal deaths, taking into consideration countries
7 that—

8 “(A) have high-need communities in fragile
9 states or conflict-affected states;

10 “(B) are low- or middle-income countries;
11 or

12 “(C) are located in regions with weak
13 health systems.

14 “(c) STATEMENT OF POLICY.—It is the policy of the
15 United States, in partnership with target countries and
16 relevant partner entities, to establish and implement a co-
17 ordinated, integrated, and comprehensive strategy to com-
18 bat the leading causes of maternal, newborn, and child
19 mortality globally and ensure healthy and productive lives
20 by—

21 “(1) focusing on bringing to scale, specific to
22 each country’s needs, the highest impact, evidence-
23 based interventions, including for the most vulner-
24 able populations, with a focus on country and com-
25 munity ownership;

1 “(2) designing, implementing, monitoring, and
2 evaluating programs in a way that enhances trans-
3 parency and accountability, increases sustainability,
4 and improves outcomes in target countries; and

5 “(3) supporting the research, development, and
6 introduction of innovative tools and approaches to
7 accelerate progress toward ending preventable child
8 and maternal deaths.

9 “(d) STRATEGY.—

10 “(1) IN GENERAL.—Not later than one year
11 after the date of the enactment of the Reach Every
12 Mother and Child Act of 2019, the President shall
13 establish and implement a comprehensive five-year,
14 whole-of-government strategy, together with target
15 countries and donors, to contribute toward the glob-
16 al goal of ending preventable child and maternal
17 deaths by 2030 as a foundation for ensuring healthy
18 and productive lives.

19 “(2) ELEMENTS.—The strategy established
20 under paragraph (1) shall—

21 “(A) set outcome-based targets to achieve
22 the goals of the strategy and ascertain baseline
23 data relevant for each target country and for all
24 areas of focus and programming as of the date
25 of the release of the strategy;

1 “(B) utilize United States Government
2 strategies and frameworks relevant to ending
3 preventable child and maternal deaths, includ-
4 ing specific objectives, programs, and ap-
5 proaches to achieve the highest-impact, evi-
6 dence-based interventions to address the leading
7 causes of death, particularly among the most
8 vulnerable populations, of—

9 “(i) women related to pregnancy,
10 childbirth, and post-delivery;

11 “(ii) newborns in their first 28 days;
12 and

13 “(iii) infants and children under the
14 age of five years old;

15 “(C) include development and scale up of
16 new technologies and approaches, including
17 those supported by public-private partnerships,
18 for research and innovation;

19 “(D) promote coordination and efficiency
20 within and amongst the relevant executive
21 branch agencies and initiatives, including the
22 United States Agency for International Devel-
23 opment, the Department of State, the Depart-
24 ment of Health and Human Services, the Cen-
25 ters for Disease Control and Prevention, the

1 National Institutes of Health, the Millennium
 2 Challenge Corporation, the Peace Corps, the
 3 Department of the Treasury, the Office of the
 4 Global AIDS Coordinator, and the President’s
 5 Malaria Initiative;

6 “(E) project general levels of resources
 7 needed to achieve the strategy’s stated objec-
 8 tives;

9 “(F) identify strategies for leveraging re-
 10 sources in new and innovative ways;

11 “(G) align with country- and community-
 12 driven maternal, newborn, and child health and
 13 survival plans and improve coordination with
 14 foreign governments and international organiza-
 15 tions;

16 “(H) outline consultations with relevant
 17 partner entities as appropriate;

18 “(I) implement results-based contracting
 19 (such as pay-for-success) and financial and
 20 operational risk reduction;

21 “(J) promote a shift towards investments
 22 that support inclusive and sustainable business
 23 models; and

24 “(K) support the transition to domestic
 25 sustainably financed health systems.

1 “(3) INITIAL STRATEGY.—For the purposes of
 2 this section, a strategy meeting the criteria described
 3 in paragraph (2) that is in effect as of the date of
 4 enactment of this section may be deemed to fulfill
 5 the establishment requirement in paragraph (1).

6 “(e) ESTABLISHMENT OF CHILD AND MATERNAL
 7 SURVIVAL COORDINATOR.—

8 “(1) IN GENERAL.—The President shall des-
 9 ignate a current USAID employee serving in a ca-
 10 reer or non-career position in the Senior Executive
 11 Service or at the level of a Deputy Assistant Admin-
 12 istrator or higher to serve concurrently as the Child
 13 and Maternal Survival Coordinator. The Coordinator
 14 shall be responsible for—

15 “(A) overseeing the strategy established
 16 under subsection (d); and

17 “(B) international maternal and child
 18 health and nutrition programs.

19 “(2) DUTIES.—The Coordinator shall—

20 “(A) have the primary responsibility for
 21 the oversight and coordination of all resources
 22 and international activities, as determined ap-
 23 propriate by the Administrator of the United
 24 States Agency for International Development,
 25 of the United States Government appropriated

1 or used for international maternal and child
2 health and nutrition programs;

3 “(B) direct the budget, planning, and
4 staffing to implement international maternal
5 and child health and nutrition programs for the
6 purpose of ending preventable child and mater-
7 nal deaths;

8 “(C) lead implementation and revision, not
9 less frequently than once every 5 years, of the
10 strategy established under subsection (d)(1);

11 “(D) coordinate with relevant executive
12 branch agencies, target countries, and relevant
13 partner entities as appropriate, to carry out the
14 strategy established under section 5(a) and to
15 align current and future investments with high-
16 impact, evidence-based interventions to save
17 lives;

18 “(E) provide guidance on the design and
19 oversight of grants, contracts, and cooperative
20 agreements with nongovernmental organizations
21 (including community, faith-based, and civil so-
22 ciety organizations) and private sector entities
23 for the purpose of carrying out the strategy es-
24 tablished under subsection (d)(1); and

1 “(F) report directly to the Administrator
2 regarding implementation of the strategy estab-
3 lished under subsection (d)(1).

4 “(3) RESTRICTION ON ADDITIONAL OR SUPPLE-
5 MENTAL COMPENSATION.—The Coordinator shall re-
6 ceive no additional or supplemental compensation as
7 a result of carrying out responsibilities and duties
8 under this section.

9 “(f) AUTHORITY TO ASSIST IN IMPLEMENTATION OF
10 THE STRATEGY.—

11 “(1) IN GENERAL.—The President shall provide
12 assistance to implement the strategy established
13 under subsection (d)(1).

14 “(2) FOCUS ON IMPACT.—

15 “(A) TARGETS FOR INCREASED IMPLE-
16 MENTATION REQUIRED.—Consistent with the
17 requirements for foreign assistance programs
18 included in the Foreign Aid Transparency and
19 Accountability Act of 2016 (Public Law 114–
20 119), USAID grants, contracts, and cooperative
21 agreements for the purposes of the strategy es-
22 tablished under subsection (d)(1) shall be re-
23 quired to include targets for increased imple-
24 mentation of high-impact, evidence-based inter-
25 ventions and strengthening health systems, as

1 appropriate, including the establishment of
2 baseline measurements from which to quantify
3 progress.

4 “(B) EXCEPTION.—In exceptional cir-
5 cumstances where USAID determines that in-
6 clusion of coverage targets or baseline measures
7 are not reasonable or practicable for the grant,
8 contract, or cooperative agreement, the funding
9 mechanism shall include an explanation of the
10 omission and explicitly state how measurable
11 impact will be targeted and tracked.

12 “(g) REPORTS.—

13 “(1) REPORT REQUIRED.—Not later than one
14 year after the date of the enactment of this section,
15 and annually thereafter for 5 additional years, the
16 President shall submit to the appropriate congres-
17 sional committees a report on progress made to
18 achieve the strategy established under subsection
19 (d)(1) as well as progress toward the goal to end
20 preventable child and maternal deaths globally. The
21 report shall be made publicly available.

22 “(2) INFORMATION INCLUDED IN REPORT.—
23 The report required under paragraph (1) shall in-
24 clude the following elements:

1 “(A) Indicators of progress made by
2 United States Government programs carried
3 out under international maternal and child
4 health and nutrition programs for the purposes
5 of improving maternal, newborn, and child
6 health and survival, particularly among the
7 most vulnerable populations, in each target
8 country and overall, including—

9 “(i) maternal mortality ratio per
10 100,000 live births and under-5 mortality
11 ratio per 1,000 live births;

12 “(ii) number of maternal, newborn,
13 and child deaths averted;

14 “(iii) percentage of births attended by
15 skilled health personnel;

16 “(iv) an analysis of gaps in the health
17 workforce required to end preventable child
18 and maternal deaths, including an analysis
19 of health workforce density (number of cer-
20 tified health workers, including commu-
21 nity-based health workers, per population);

22 “(v) a description of the measured or
23 estimated impact on maternal, newborn,
24 and child survival of each ongoing program
25 or project;

1 “(vi) progress towards achieving the
 2 goal to save 15,000,000 children’s lives
 3 and 600,000 women’s lives, and any subse-
 4 quent goals established under the strategy
 5 required under subsection (d); and

6 “(vii) any other targets identified by
 7 the Coordinator as essential to meeting the
 8 goals of the strategy for ending prevent-
 9 able child and maternal deaths.

10 “(B) Assessments of progress made toward
 11 achieving the targets set forth under subpara-
 12 graph (A).

13 “(C) A description of how the interventions
 14 or programs are designed to—

15 “(i) increase activities in target coun-
 16 tries;

17 “(ii) reach underserved, marginalized,
 18 vulnerable, under nourished or malnour-
 19 ished, and impoverished populations;

20 “(iii) address causes of maternal, new-
 21 born, and child mortality with innovative
 22 efforts and interventions posed to go to
 23 scale;

1 “(iv) invest in activities that empower
2 women, support voluntarism, and provide
3 respectful maternity care;

4 “(v) improve transparency and ac-
5 countability at all levels and include com-
6 mon metrics for tracking progress;

7 “(vi) ensure that high-impact, evi-
8 dence-based interventions are prioritized;
9 and

10 “(vii) expand access to quality services
11 through community-based approaches and
12 include community accountability meas-
13 ures.

14 “(D) Reporting on each aspect of the
15 strategy established under subsection (d)(1), in-
16 cluding—

17 “(i) multi-sectoral approaches, specific
18 strategies, and programming utilizing high-
19 impact, evidence-based interventions to ad-
20 dress the leading causes of preventable
21 child and maternal deaths;

22 “(ii) activities to develop and scale up
23 new technologies and approaches, including
24 those identified by public-private partner-
25 ships, for research and innovation;

1 “(iii) coordination with United States
2 agencies, foreign governments, nongovern-
3 mental organizations, and international or-
4 ganizations;

5 “(iv) methods used to leverage new fi-
6 nancial and other public and private re-
7 sources in innovative ways; and

8 “(v) best practices identified by the
9 executive branch.

10 “(E) Reporting on grants, contracts, and
11 cooperative agreements awarded, including—

12 “(i) a comprehensive list of USAID
13 grants, contracts, and cooperative agree-
14 ments awarded in implementation of the
15 strategy established under subsection
16 (d)(1); and

17 “(ii) a description of—

18 “(I) the targets for coverage of
19 interventions or services and the base-
20 line against which they are measured
21 and the status of progress in meeting
22 the targets; or

23 “(II) in the case of exceptional
24 circumstances where USAID deter-
25 mines that inclusion of targets or

1 baseline measurements is not reason-
 2 able or practicable, an explanation of
 3 how the impact of the grant, contract,
 4 agreement, or resulting program is
 5 being measured.

6 “(F) Reporting on the innovative public-
 7 private financing tools, including an analysis of
 8 the feasibility and potential effectiveness of new
 9 financing tools that could be used to fund ef-
 10 forts to end preventable child and maternal
 11 deaths globally.

12 “(h) AUTHORIZATION OF APPROPRIATIONS.—

13 “(1) AUTHORIZATION.—For each of fiscal years
 14 2020 and 2021, there is authorized to be appro-
 15 priated to the Secretary of State and the Adminis-
 16 trator of the United States Agency for International
 17 Development to carry out this section—

18 “(A) \$545,000,000 for bilateral maternal
 19 and child health;

20 “(B) \$290,000,000 for Gavi, the Vaccine
 21 Alliance; and

22 “(C) \$145,000,000 for nutrition.

23 “(2) APPLICATION.—Funds appropriated or
 24 otherwise made available to carry out activities

1 under this section shall be subject to all applicable
2 restrictions under Federal law.

3 “(3) EXPIRATION OF FUNDS.—Amounts appro-
4 priated or otherwise made available to carry out ac-
5 tivities under this section shall remain available for
6 obligation for a period of 5 years.”.

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