

114TH CONGRESS
1ST SESSION

H. R. 3706

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

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 7, 2015

Mr. REICHERT (for himself, Ms. MCCOLLUM, Ms. LEE, and Mr. MCCAUL) introduced the following bill; which was referred to the Committee on Foreign Affairs

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 2015”.

6 **SEC. 2. PURPOSE.**

7 The purpose of this Act is to implement a strategic
8 approach for providing foreign assistance in order to end
9 preventable maternal, newborn, and child deaths globally
10 within a generation.

1 **SEC. 3. DEFINITIONS.**

2 In this Act:

3 (1) ADMINISTRATOR.—The term “Adminis-
4 trator” means the Administrator of the United
5 States Agency for International Development.

6 (2) APPROPRIATE CONGRESSIONAL COMMIT-
7 TEES.—The term “appropriate congressional com-
8 mittees” means—

9 (A) the Committee on Foreign Relations
10 and the Committee on Appropriations of the
11 Senate; and

12 (B) the Committee on Foreign Affairs and
13 the Committee on Appropriations of the House
14 of Representatives.

15 (3) COORDINATOR.—The term “Coordinator”
16 means the Child and Maternal Survival Coordinator
17 established under section 6.

18 (4) TARGET COUNTRIES.—The term “target
19 countries” means specific countries that have the
20 greatest need and highest burden of maternal and
21 child deaths, taking into consideration countries
22 that—

23 (A) have high-need communities in fragile
24 states or conflict-affected states;

25 (B) are low- or middle-income countries; or

1 (C) are located in regions with weak health
2 systems.

3 **SEC. 4. STATEMENT OF POLICY.**

4 It is the policy of the United States, in partnership
5 with target countries, other donor country governments,
6 international financial institutions, nongovernmental orga-
7 nizations, international organizations, multilateral organi-
8 zations, and the private sector to establish and implement
9 a coordinated, integrated, and comprehensive strategy to
10 combat the leading causes of maternal, newborn, and child
11 mortality globally and ensure healthy lives by—

12 (1) scaling up the most effective, evidence-based
13 interventions, including for the most vulnerable pop-
14 ulations, with a focus on country ownership;

15 (2) designing, implementing, monitoring, and
16 evaluating programs in a way that enhances trans-
17 parency and accountability, increases the sustain-
18 ability, and improves outcomes in target countries;

19 (3) supporting the development and scale up of
20 innovative tools and approaches to accelerate
21 progress toward ending preventable maternal, new-
22 born, and child deaths; and

23 (4) utilizing and expanding the use of innova-
24 tive public-private financing mechanisms.

1 **SEC. 5. STRATEGY.**

2 (a) IN GENERAL.—Not later than one year after the
3 date of the enactment of this Act, the President shall es-
4 tablish and implement a comprehensive five-year, whole-
5 of-government strategy to achieve, with target countries
6 and donors, the goal of ending preventable maternal, new-
7 born, and child deaths globally and ensure healthy and
8 productive lives within a generation.

9 (b) ELEMENTS.—The strategy established under sub-
10 section (a) shall—

11 (1) set outcome-based targets to achieve the
12 goals of the strategy and ascertain baseline data rel-
13 evant for each target country and for all areas of
14 focus and programming as of the date of the release
15 of the strategy;

16 (2) building on the evidence outlined in
17 USAID’s “Acting on the Call: Ending Preventable
18 Child and Maternal Deaths”, include specific objec-
19 tives, programs, and approaches to utilize highest
20 impact evidence-based interventions to address the
21 leading causes of death among—

22 (A) women during pregnancy, childbirth,
23 and post delivery;

24 (B) newborns in their first 28 days; and

25 (C) children under the age of five, particu-
26 larly among the most vulnerable populations;

1 (3) include development and scale up of new
2 technologies and approaches, including those sup-
3 ported by public-private partnerships for research
4 and innovation;

5 (4) promote coordination and efficiency within
6 and amongst the relevant executive branch agencies
7 and initiatives, including the United States Agency
8 for International Development, the Department of
9 State, the Department of Health and Human Serv-
10 ices, the Centers for Disease Control and Preven-
11 tion, the National Institutes of Health, the Millen-
12 nium Challenge Corporation, the Peace Corps, the
13 Department of the Treasury, the Office of the Glob-
14 al AIDS Coordinator, and the President’s Malaria
15 Initiative;

16 (5) project general levels of resources needed to
17 achieve the strategy’s stated objectives;

18 (6) identify strategies for leveraging resources
19 in new and innovative ways;

20 (7) align with country-driven maternal, new-
21 born, and child health and survival plans and im-
22 prove coordination with foreign governments and
23 international organizations; and

24 (8) outline consultations with governments,
25 international financial institutions, nongovernmental

1 organizations, local and international civil society
2 groups, multilateral organizations, the private sector,
3 and local health workers and professional associa-
4 tions, as appropriate.

5 **SEC. 6. ESTABLISHMENT OF CHILD AND MATERNAL SUR-**
6 **VIVAL COORDINATOR.**

7 (a) IN GENERAL.—The President, acting through the
8 Administrator, shall designate a current USAID employee
9 serving in a career or non-career position in the Senior
10 Executive Service or at the level of a Deputy Assistant
11 Administrator or higher to serve concurrently as the Child
12 and Maternal and Survival Coordinator, who shall be re-
13 sponsible for—

14 (1) overseeing the strategy established under
15 section 5; and

16 (2) all United States Government funds appro-
17 priated or used for international maternal and child
18 health and nutrition programs.

19 (b) DUTIES.—The Coordinator shall—

20 (1) have the primary responsibility for the over-
21 sight and coordination of all resources and inter-
22 national activities of the United States Government
23 appropriated or used for international maternal and
24 child health and nutrition programs;

1 (2) direct the budget, planning, and staffing to
2 implement international maternal and child health
3 and nutrition projects and programs for the purpose
4 of achieving reductions in preventable maternal,
5 newborn, and child deaths;

6 (3) lead implementation and revision, not less
7 frequently than once every 5 years, of the strategy
8 established under section 5(a);

9 (4) coordinate with relevant executive branch
10 agencies, governments of partner countries, non-
11 governmental organizations, local civil society orga-
12 nizations, and private sector entities to carry out the
13 strategy established under section 5(a) and to align
14 current and future instruments with high-impact,
15 evidence-based interventions to save lives;

16 (5) provide direction to the design and oversight
17 of grants, contracts, and cooperative agreements
18 with nongovernmental organizations (including faith-
19 based, community-based, and civil society organiza-
20 tions) and private sector entities for the purpose of
21 carrying out the strategy established under section
22 5(a); and

23 (6) report directly to the Administrator regard-
24 ing implementation of the strategy established under
25 section 5(a).

1 (c) RESTRICTION ON ADDITIONAL OR SUPPLE-
2 MENTAL COMPENSATION.—The Coordinator shall receive
3 no additional or supplemental compensation as a result of
4 carrying out responsibilities and duties under this Act.

5 **SEC. 7. AUTHORITY TO ASSIST IN IMPLEMENTATION OF**
6 **THE STRATEGY.**

7 (a) IN GENERAL.—The President shall provide as-
8 sistance to implement the strategy established under sec-
9 tion 5(a).

10 (b) FOCUS ON IMPACT.—

11 (1) TARGETS FOR INCREASED IMPLEMENTA-
12 TION REQUIRED.—USAID grants, contracts, and co-
13 operative agreements for the purposes of the strat-
14 egy established under section 5(a) shall be required
15 to include targets for increased implementation of
16 high-impact, evidence-based interventions and
17 strengthening health systems, as appropriate, includ-
18 ing the establishment of baseline measurements from
19 which to quantify progress.

20 (2) EXCEPTION.—In exceptional circumstances
21 where USAID deems that inclusion of coverage tar-
22 gets or baseline measures are not reasonable or
23 practicable for the grant, contract, or cooperative
24 agreement, the funding mechanism shall include an

1 explanation of the omission and explicitly how meas-
2 urable impact will be targeted and tracked.

3 **SEC. 8. REPORTS.**

4 (a) REPORT REQUIRED.—The President shall update
5 Congress on progress made to achieve the strategy estab-
6 lished under section 5(a) as well as progress toward the
7 goals set forth in USAID’s 2014 “Acting on the Call:
8 Ending Preventable Child and Maternal Deaths” report
9 by submitting an annual report to the appropriate con-
10 gressional committees and making all report data publicly
11 available.

12 (b) INFORMATION INCLUDED IN REPORT.—A report
13 submitted under subsection (a) shall include the following:

14 (1) Indicators of progress made by United
15 States Government programs carried out under
16 international maternal and child health and nutri-
17 tion programs for the purposes of improving mater-
18 nal, newborn, and child health, particularly among
19 the most vulnerable populations, in each target
20 country and overall, including—

21 (A) number of maternal, newborn, and
22 child deaths averted;

23 (B) percentage of births attended by
24 skilled health personnel;

1 (C) density of health workforce (number of
2 health professionals per population);

3 (D) descriptions of the measured or esti-
4 mated impact on maternal, newborn, and child
5 survival of each ongoing program or project;
6 and

7 (E) any other targets identified by the Co-
8 ordinator as essential to meeting the goals of
9 the strategy for ending preventable maternal,
10 newborn, and child deaths.

11 (2) Assessments of progress made toward
12 achieving the targets set forth under paragraph (1).

13 (3) Descriptions of how the interventions or
14 programs are designed—

15 (A) to increase activities in target coun-
16 tries;

17 (B) to reach underserved, marginalized,
18 and impoverished populations;

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

22 (D) to invest in activities that empower
23 women, support voluntarism, and provide re-
24 spectful maternity care;

1 (E) to improve transparency and account-
2 ability at all levels and include common metrics
3 for tracking progress;

4 (F) to ensure that high-impact, evidence-
5 based interventions are prioritized; and

6 (G) to expand access to quality services
7 through community-based approaches and in-
8 clude community accountability measures.

9 (4) Reporting on each aspect of the strategy es-
10 tablished under section 5(a), including—

11 (A) multi-sectoral approaches, specific
12 strategies, and programming utilizing high-im-
13 pact, evidence-based interventions to address
14 the leading causes of preventable maternal,
15 newborn, and child deaths;

16 (B) activities to develop and scale up new
17 technologies and approaches, including those
18 identified by public-private partnerships for re-
19 search and innovation;

20 (C) coordination with United States agen-
21 cies, foreign governments, nongovernmental or-
22 ganizations, and international organizations;

23 (D) methods used to leverage new financial
24 and other public and private resources in inno-
25 vative ways; and

1 (E) best practices identified by the execu-
2 tive branch.

3 (5) Reporting on grants, contracts, and cooper-
4 ative agreements awarded, including—

5 (A) a comprehensive list of USAID grants,
6 contracts, and cooperative agreements awarded
7 in implementation of the strategy established
8 under section 5(a); and

9 (B) a description of—

10 (i) the targets for coverage of inter-
11 ventions or services and the baseline
12 against which they are measured and the
13 status of progress in meeting the targets;
14 or

15 (ii) in the case of exceptional cir-
16 cumstances where USAID determines that
17 inclusion of targets or baseline measure-
18 ments is not reasonably possible, an expla-
19 nation of how the impact of the grant, con-
20 tract, agreement, or resulting program is
21 being measured.

22 (6) Reporting on the innovative public-private
23 financing tools, including an analysis of the feasi-
24 bility and potential effectiveness of new financing
25 tools that could be used to fund efforts to end pre-

1 ventable maternal, newborn, and child deaths glob-
2 ally.

3 **SEC. 9. INNOVATIVE PUBLIC-PRIVATE FINANCING TOOLS.**

4 (a) IN GENERAL.—In addition to existing bilateral
5 and multilateral assistance for maternal, newborn, and
6 child survival, the United States Government, through
7 USAID and other relevant executive branch agencies iden-
8 tified by the Coordinator, should identify and remove fi-
9 nancial barriers to strengthen access to delivery systems
10 that reach vulnerable and marginalized populations. This
11 can be accomplished through the utilization of new and
12 existing tools that leverage public and private capital to
13 expand delivery of high-impact, evidence-based interven-
14 tions for international maternal, newborn, and child
15 health.

16 (b) AUTHORITIES.—To carry out provisions of this
17 Act, USAID is authorized—

18 (1) to grant loans;

19 (2) to set aside funds for use in the implemen-
20 tation of financing tools;

21 (3) to establish and use a financial intermediary
22 to implement new financing tools, as appropriate;

23 (4) to issue sovereign level guarantees; and

24 (5) to make equity investments.

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