

115TH CONGRESS
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S. 1730

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

IN THE SENATE OF THE UNITED STATES

AUGUST 2, 2017

Ms. COLLINS (for herself, Mr. COONS, Mr. MORAN, Mrs. SHAHEEN, Mr. RUBIO, Mr. BLUMENTHAL, Mr. ENZI, Mr. ISAKSON, Mr. DURBIN, and Mr. MURPHY) 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 2017”.

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) RELEVANT PARTNER ENTITIES.—The
5 term ‘relevant partner entities’ means each of the
6 following:

7 “(A) The governments of other donor
8 countries.

9 “(B) International financial institutions.

10 “(C) Nongovernmental organizations.

11 “(D) Faith-based organizations.

12 “(E) Professional organizations

13 “(F) The private sector.

14 “(G) Multilateral organizations.

15 “(H) Local and international civil society
16 groups.

17 “(I) Local health workers.

18 “(J) International organizations.

19 “(5) TARGET COUNTRIES.—The term ‘target
20 countries’ means specific countries that have the
21 greatest need and highest burden of child and ma-
22 ternal deaths, taking into consideration countries
23 that—

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

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

2 or

3 “(C) are located in regions with weak

4 health systems.

5 “(c) STATEMENT OF POLICY.—It is the policy of the
6 United States, in partnership with target countries and
7 relevant partner entities, to establish and implement a co-
8 ordinated, integrated, and comprehensive strategy to com-
9 bat the leading causes of maternal, newborn, and child
10 mortality globally and ensure healthy and productive lives
11 by—

12 “(1) scaling up the highest impact, evidence-
13 based interventions, including for the most vulner-
14 able populations, 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 sustainability,
18 and improves outcomes in target countries; and

19 “(3) supporting the development and scale up
20 of innovative tools and approaches to accelerate
21 progress toward ending preventable child and mater-
22 nal deaths.

23 “(d) STRATEGY.—

24 “(1) IN GENERAL.—Not later than one year
25 after the date of the enactment of the Reach Every

1 Mother and Child Act of 2017, the President shall
2 establish and implement a comprehensive five-year,
3 whole-of-government strategy to achieve, with target
4 countries and donors, the goal of ending preventable
5 child and maternal deaths globally and ensure
6 healthy and productive lives by 2030.

7 “(2) ELEMENTS.—The strategy established
8 under paragraph (1) shall—

9 “(A) set outcome-based targets to achieve
10 the goals of the strategy and ascertain baseline
11 data relevant for each target country and for all
12 areas of focus and programming as of the date
13 of the release of the strategy;

14 “(B) utilize United States Government
15 strategies and frameworks relevant to ending
16 preventable child and maternal deaths, includ-
17 ing specific objectives, programs, and ap-
18 proaches to implement highest impact, evidence-
19 based interventions to address the leading
20 causes of death, particularly among the most
21 vulnerable populations, of—

22 “(i) women related to pregnancy,
23 childbirth, and post delivery;

24 “(ii) newborns in their first 28 days;

25 and

1 “(iii) infants and children under the
2 age of five years old;

3 “(C) include development and scale up of
4 new technologies and approaches, including
5 those supported by public-private partnerships,
6 for research and innovation;

7 “(D) promote coordination and efficiency
8 within and amongst the relevant executive
9 branch agencies and initiatives, including the
10 United States Agency for International Devel-
11 opment, the Department of State, the Depart-
12 ment of Health and Human Services, the Cen-
13 ters for Disease Control and Prevention, the
14 National Institutes of Health, the Millennium
15 Challenge Corporation, the Peace Corps, the
16 Department of the Treasury, the Office of the
17 Global AIDS Coordinator, and the President’s
18 Malaria Initiative;

19 “(E) project general levels of resources
20 needed to achieve the strategy’s stated objec-
21 tives;

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

24 “(G) align with country-driven maternal,
25 newborn, and child health and survival plans

1 and improve coordination with foreign govern-
2 ments and international organizations;

3 “(H) outline consultations with target
4 countries and relevant partner entities as ap-
5 propriate;

6 “(I) implement results-based contracting
7 (such as pay-for-success) and financial and
8 operational risk reduction;

9 “(J) promote a shift towards investments
10 that support inclusive and sustainable business
11 models; and

12 “(K) support the transition to domestic
13 sustainably financed health systems.

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

19 “(e) ESTABLISHMENT OF CHILD AND MATERNAL
20 SURVIVAL COORDINATOR.—

21 “(1) IN GENERAL.—The President shall des-
22 ignate a current USAID employee serving in a ca-
23 reer or non-career position in the Senior Executive
24 Service or at the level of a Deputy Assistant Admin-
25 istrator or higher to serve concurrently as the Child

1 and Maternal Survival Coordinator. The Coordinator
2 shall be responsible for—

3 “(A) overseeing the strategy established
4 under subsection (d); and

5 “(B) all United States Government funds
6 appropriated or used for international maternal
7 and child health and nutrition programs.

8 “(2) DUTIES.—The Coordinator shall—

9 “(A) have the primary responsibility for
10 the oversight and coordination of all resources
11 and international activities of the United States
12 Government appropriated or used for inter-
13 national maternal and child health and nutri-
14 tion programs;

15 “(B) direct the budget, planning, and
16 staffing to implement international maternal
17 and child health and nutrition projects and pro-
18 grams for the purpose of achieving reductions
19 in preventable child and maternal deaths;

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

23 “(D) coordinate with relevant executive
24 branch agencies, target countries, and relevant
25 partner entities as appropriate, to carry out the

1 strategy established under section 5(a) and to
2 align current and future investments with high-
3 impact, evidence-based interventions to save
4 lives;

5 “(E) provide direction to the design and
6 oversight of grants, contracts, and cooperative
7 agreements with nongovernmental organizations
8 (including community, faith-based, and civil so-
9 ciety organizations) and private sector entities
10 for the purpose of carrying out the strategy es-
11 tablished under subsection (d)(1); and

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

15 “(3) RESTRICTION ON ADDITIONAL OR SUPPLE-
16 MENTAL COMPENSATION.—The Coordinator shall re-
17 ceive no additional or supplemental compensation as
18 a result of carrying out responsibilities and duties
19 under this section.

20 “(f) AUTHORITY TO ASSIST IN IMPLEMENTATION OF
21 THE STRATEGY.—

22 “(1) IN GENERAL.—The President shall provide
23 assistance to implement the strategy established
24 under subsection (d)(1).

25 “(2) FOCUS ON IMPACT.—

1 “(A) TARGETS FOR INCREASED IMPLE-
2 MENTATION REQUIRED.—Consistent with the
3 requirements for foreign assistance programs
4 included in the Foreign Aid Transparency and
5 Accountability Act of 2016 (Public Law 114–
6 119), USAID grants, contracts, and cooperative
7 agreements for the purposes of the strategy es-
8 tablished under subsection (d)(1) shall be re-
9 quired to include targets for increased imple-
10 mentation of high-impact, evidence-based inter-
11 ventions and strengthening health systems, as
12 appropriate, including the establishment of
13 baseline measurements from which to quantify
14 progress.

15 “(B) EXCEPTION.—In exceptional cir-
16 cumstances where USAID determines that in-
17 clusion of coverage targets or baseline measures
18 are not reasonable or practicable for the grant,
19 contract, or cooperative agreement, the funding
20 mechanism shall include an explanation of the
21 omission and explicitly state how measurable
22 impact will be targeted and tracked.

23 “(g) REPORTS.—

24 “(1) REPORT REQUIRED.—Not later than one
25 year after the date of the enactment of this section,

1 and annually thereafter for 5 additional years, the
2 President shall submit to the appropriate congress-
3 sional committees a report on progress made to
4 achieve the strategy established under subsection
5 (d)(1) as well as progress toward the goal to end
6 preventable child and maternal deaths globally. The
7 data in the report shall be made publicly available.

8 “(2) INFORMATION INCLUDED IN REPORT.—

9 The report required under paragraph (1) shall in-
10 clude the following elements:

11 “(A) Indicators of progress made by
12 United States Government programs carried
13 out under international maternal and child
14 health and nutrition programs for the purposes
15 of improving maternal, newborn, and child
16 health and survival, particularly among the
17 most vulnerable populations, in each target
18 country and overall, including—

19 “(i) maternal mortality ratio per
20 100,000 live births and under-5 mortality
21 ratio per 1,000 live births;

22 “(ii) number of maternal, newborn,
23 and child deaths averted;

24 “(iii) percentage of births attended by
25 skilled health personnel;

1 “(iv) an analysis of gaps in the health
2 workforce required to end preventable child
3 and maternal deaths, including an analysis
4 of health workforce density (number of cer-
5 tified health workers, including commu-
6 nity-based health workers, per population);

7 “(v) a description of the measured or
8 estimated impact on maternal, newborn,
9 and child survival of each ongoing program
10 or project;

11 “(vi) progress towards achieving the
12 goal to save 15,000,000 children’s lives
13 and 600,000 women’s lives by 2020, and
14 any subsequent goals established under the
15 strategy required under subsection (d); and

16 “(vii) any other targets identified by
17 the Coordinator as essential to meeting the
18 goals of the strategy for ending prevent-
19 able child and maternal deaths.

20 “(B) Assessments of progress made toward
21 achieving the targets set forth under subpara-
22 graph (A).

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

1 “(i) increase activities in target coun-
2 tries;

3 “(ii) reach underserved, marginalized,
4 vulnerable, and impoverished populations;

5 “(iii) address causes of maternal, new-
6 born, and child mortality with innovative
7 efforts and interventions posed to go to
8 scale;

9 “(iv) invest in activities that empower
10 women, support voluntarism, and provide
11 respectful maternity care;

12 “(v) improve transparency and ac-
13 countability at all levels and include com-
14 mon metrics for tracking progress;

15 “(vi) ensure that high-impact, evi-
16 dence-based interventions are prioritized;
17 and

18 “(vii) expand access to quality services
19 through community-based approaches and
20 include community accountability meas-
21 ures.

22 “(D) Reporting on each aspect of the
23 strategy established under subsection (d)(1), in-
24 cluding—

1 “(i) multi-sectoral approaches, specific
2 strategies, and programming utilizing high-
3 impact, evidence-based interventions to ad-
4 dress the leading causes of preventable
5 child and maternal deaths;

6 “(ii) activities to develop and scale up
7 new technologies and approaches, including
8 those identified by public-private partner-
9 ships, for research and innovation;

10 “(iii) coordination with United States
11 agencies, foreign governments, nongovern-
12 mental organizations, and international or-
13 ganizations;

14 “(iv) methods used to leverage new fi-
15 nancial and other public and private re-
16 sources in innovative ways; and

17 “(v) best practices identified by the
18 executive branch.

19 “(E) Reporting on grants, contracts, and
20 cooperative agreements awarded, including—

21 “(i) a comprehensive list of USAID
22 grants, contracts, and cooperative agree-
23 ments awarded in implementation of the
24 strategy established under subsection
25 (d)(1); and

1 “(ii) a description of—

2 “(I) the targets for coverage of
3 interventions or services and the base-
4 line against which they are measured
5 and the status of progress in meeting
6 the targets; or

7 “(II) in the case of exceptional
8 circumstances where USAID deter-
9 mines that inclusion of targets or
10 baseline measurements is not reason-
11 able or practicable, an explanation of
12 how the impact of the grant, contract,
13 agreement, or resulting program is
14 being measured.

15 “(F) Reporting on the innovative public-
16 private financing tools, including an analysis of
17 the feasibility and potential effectiveness of new
18 financing tools that could be used to fund ef-
19 forts to end preventable child and maternal
20 deaths globally.

21 “(h) AUTHORIZATION OF APPROPRIATIONS.—

22 “(1) AUTHORIZATION.—For fiscal years 2018
23 through 2022, the provisions of this section shall be
24 carried out using amounts appropriated or otherwise
25 made available for the Department of State or the

1 United States Agency for International Development
2 and available for global health programs.

3 “(2) APPLICATION.—Funds appropriated or
4 otherwise made available to carry out activities
5 under this section shall be subject to all applicable
6 restrictions under Federal law.

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

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