

114TH CONGRESS
1ST SESSION

S. 1911

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

IN THE SENATE OF THE UNITED STATES

AUGUST 30, 2015

Ms. COLLINS (for herself and Mr. COONS) 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 2015”.

6 **SEC. 2. PURPOSE.**

7 The purpose of this Act is to authorize coordination
8 of a whole-of-government strategic approach to accelerate
9 action by the United States to assist developing countries

1 reach the goal of ending preventable maternal, newborn,
2 and child deaths by 2035.

3 **SEC. 3. DEFINITIONS.**

4 In this Act:

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

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

11 (A) the Committee on Foreign Relations
12 and the Committee on Appropriations of the
13 Senate; and

14 (B) the Committee on Foreign Affairs and
15 the Committee on Appropriations of the House
16 of Representatives.

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

20 (4) TARGET COUNTRIES.—The term “target
21 countries” means specific countries have the greatest
22 need and highest burden for maternal and child
23 health interventions, taking into consideration coun-
24 tries that—

1 (A) have high-need communities in fragile
2 and poor States;

3 (B) are located in regions with weak health
4 systems; and

5 (C) have governments that have dem-
6 onstrated the political will necessary for mater-
7 nal and child efforts to be sustainable and ef-
8 fective.

9 **SEC. 4. STATEMENT OF POLICY.**

10 It is the policy of the United States, in partnership
11 with developing governments, other donor country govern-
12 ments, international financial institutions, nongovern-
13 mental organizations, faith-based organizations, multilat-
14 eral organizations, and the private sector, to establish and
15 implement a coordinated, integrated, whole-of-government
16 strategy to combat the leading causes of maternal, new-
17 born, and child mortality by—

18 (1) building on progress and success to date;

19 (2) scaling up the most effective, evidence-based
20 interventions with a focus on country ownership;

21 (3) designing, implementing, monitoring, and
22 evaluating programs in a way that increases the sus-
23 tainability and ownership of the programs and im-
24 proves outcomes in target countries;

1 (4) focusing on target countries and other areas
2 of focus;

3 (5) streamlining existing resources and scaling
4 up proven interventions;

5 (6) increasing transparency and accountability;

6 (7) supporting the development and scale up of
7 innovative tools and approaches to accelerate
8 progress toward ending preventable maternal, new-
9 born, and child deaths;

10 (8) creating innovative public-private financing
11 mechanisms;

12 (9) requiring that grants, contracts, and coop-
13 erative agreements for ending preventable maternal,
14 newborn, and child deaths include targets for in-
15 creased implementation of proven interventions and
16 strengthening health systems as appropriate, includ-
17 ing the establishment of baseline measurements from
18 which to quantify progress; and

19 (10) accelerating progress towards self-suffi-
20 ciency for maternal, newborn, and child health and
21 survival programs in target countries and other
22 areas of focus.

23 **SEC. 5. STRATEGY.**

24 (a) IN GENERAL.—The President shall establish an
25 inter-agency working group, led by the Child and Maternal

1 Survival Coordinator at the United States Agency for
2 International Development (USAID) and establish and
3 implement, not later than one year after the date of the
4 enactment of this Act, a coordinated, whole-of-govern-
5 ment, ten-year strategy to achieve, with partner countries
6 and donors, the goal of ending preventable maternal, new-
7 born, and child deaths by 2035.

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

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

15 (2) utilize existing, reliable data and modeling
16 to enable agencies to reach such targets;

17 (3) include specific objectives, programs, and
18 approaches to utilize highest impact, evidence-based
19 interventions to address the leading causes of death
20 among women during pregnancy, childbirth, and
21 post-delivery; newborns in their first 28 days; and
22 children under the age of five, building on the evi-
23 dence outlined in USAID’s “Acting on the Call:
24 Ending Preventable Child and Maternal Deaths”;

25 (4) focus on target countries;

1 (5) 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 (6) ensure coordination within and amongst the
6 relevant executive branch agencies and initiatives,
7 including the United States Agency for International
8 Development, the Department of State, the Depart-
9 ment of Health and Human Services, the Centers
10 for Disease Control and Prevention, the National In-
11 stitutes of Health, the Millennium Challenge Cor-
12 poration, the Peace Corps, the Department of the
13 Treasury, the Office of the Global AIDS Coordi-
14 nator, and the President’s Malaria Initiative;

15 (7) improve coordination and efficiency among
16 relevant executive branch agencies, foreign govern-
17 ments, and international organizations;

18 (8) project general levels of resources needed to
19 achieve the strategy’s stated objectives;

20 (9) identify strategies for leveraging resources
21 in new and innovative ways;

22 (10) align with country-driven maternal, new-
23 born, and child health and survival plans and plans
24 of international organizations that will support

1 progress towards self-sustainability by partner coun-
2 tries; and

3 (11) outline consultations with governments,
4 international financial institutions, nongovernmental
5 organizations, faith-based organizations, local and
6 international civil society groups, multilateral organi-
7 zations, the private sector, and local health workers
8 and professional associations, as appropriate.

9 **SEC. 6. ESTABLISHMENT OF A CHILD AND MATERNAL SUR-**
10 **VIVAL COORDINATOR.**

11 (a) IN GENERAL.—The President, acting through the
12 Administrator, shall designate a current USAID employee
13 serving in a career or non-career position in the Senior
14 Executive Service or at the level of a Deputy Assistant
15 Administrator or higher to serve concurrently as the Ma-
16 ternal and Child Survival Coordinator, who shall be re-
17 sponsible for overseeing maternal and child health and nu-
18 trition funding managed by the Bureau of Global Health
19 of USAID and lead the inter-agency working group estab-
20 lished under section 5.

21 (b) DUTIES.—The Coordinator shall—

22 (1) direct the budget, planning, and staffing to
23 implement the projects and programs of maternal
24 and child health and nutrition accounts managed by
25 the Bureau of Global Health at USAID for the pur-

1 pose of achieving reductions in preventable maternal,
2 newborn, and child deaths;

3 (2) lead implementation and revision, not less
4 frequently than once every 10 years, of the strategy
5 established under section 5;

6 (3) cooperate with relevant executive branch
7 agencies, governments of partner countries, non-
8 governmental organizations (including faith-based,
9 community-based and civil society organizations),
10 and private sector entities to carry out the strategy
11 and to align current and future instruments with
12 high-impact, evidence-based interventions to save
13 lives;

14 (4) provide direction to and oversee grants, con-
15 tracts, and cooperative agreements with nongovern-
16 mental organizations (including faith-based, commu-
17 nity-based and civil society organizations) and pri-
18 vate sector entities for the purpose of carrying out
19 the strategy; and

20 (5) report to the Administrator regarding im-
21 plementation of the strategy.

22 (c) RESTRICTION ON ADDITIONAL OR SUPPLE-
23 MENTAL COMPENSATION.—The responsibilities and spe-
24 cific duties of the Coordinator shall be in addition to any
25 other responsibilities or specific duties assigned to the in-

1 dividual. The Coordinator shall receive no additional or
2 supplemental compensation as a result of carrying out re-
3 sponsibilities and duties under this Act.

4 **SEC. 7. ANNUAL REPORTING ON MATERNAL, NEWBORN,**
5 **AND CHILD SURVIVAL.**

6 The President shall update Congress on progress
7 made to achieve the strategy established under section 5
8 as well as progress towards the goals set forth in USAID's
9 2014 Acting on the Call report by submitting an annual
10 report to the Committee on Foreign Relations of the Sen-
11 ate and the Committee on Foreign Affairs of the House
12 of Representatives and publish all report data on the
13 Internet website, www.foreignassistance.gov (also known
14 as the "Foreign Assistance Dashboard"). The report shall
15 include the following elements:

16 (1) Indicators of progress made by United
17 States Government programs carried out under ma-
18 ternal and child health and nutrition accounts man-
19 aged by the Bureau of Global Health toward improv-
20 ing maternal, newborn, and child health in each tar-
21 get country and overall, including—

22 (A) number of maternal deaths averted;

23 (B) number of deaths averted of newborns
24 in their first 28 days;

1 (C) number of deaths averted of child be-
2 fore their fifth birthday;

3 (D) maternal mortality ratio (per 100,000
4 live births);

5 (E) under five mortality rate;

6 (F) births attended by skilled health per-
7 sonnel;

8 (G) density of health workforce (number of
9 health professionals per population);

10 (H) descriptions of the measured or esti-
11 mated impact on maternal, newborn, and child
12 mortality of each on-going program or project;
13 and

14 (I) any other targets identified by the Co-
15 ordinator or the inter-agency working group as
16 essential to meeting the goals of the President's
17 strategy for ending preventable maternal, new-
18 born, and child deaths.

19 (2) Descriptions of how the interventions are
20 designed—

21 (A) to increase activities in target coun-
22 tries;

23 (B) to reach underserved, marginalized,
24 and impoverished populations;

1 (C) to address causes of maternal, new-
2 born, and child mortality with innovative efforts
3 and interventions posed to go to scale;

4 (D) to invest in activities that empower
5 women, support voluntarism, and provide re-
6 spectful maternity care;

7 (E) to improve transparency and account-
8 ability at all levels and include common metrics
9 for tracking progress;

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

12 (G) to expand access to quality services
13 through community-based approaches and in-
14 clude community accountability measures.

15 (3) Assessments of progress made over the re-
16 porting period towards improving the indicators set
17 forth under paragraph (1).

18 (4) Reporting on each aspect of the strategy es-
19 tablished under section 5, including—

20 (A) multi-sectoral approaches, specific
21 strategies, and programming utilizing high im-
22 pact, evidence-based interventions to address
23 the leading causes of preventable maternal,
24 newborn, and child deaths;

1 (B) activities to develop and scale up new
2 technologies, interventions, or approaches, in-
3 cluding those identified by public-private part-
4 nerships for research and innovation;

5 (C) coordination and efficiency within and
6 among each agency in the inter-agency working
7 group, foreign governments, nongovernmental
8 organizations, and international organizations;

9 (D) methods used to leverage new financial
10 and other public and private resources in inno-
11 vative ways; and

12 (E) best practices identified by the execu-
13 tive branch and its inter-agency working group.

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

16 (A) a comprehensive list of USAID grants,
17 contracts and cooperative agreements awarded
18 in implementation of the strategy created under
19 this Act; and

20 (B)(i) a description of—

21 (I) the targets for interventions or
22 services and the baseline against which
23 they are measured; and

24 (II) the status of progress in meeting
25 the targets; or

1 (ii) in exceptional circumstances where
2 USAID determines that inclusion of targets or
3 baseline measurements is not reasonably pos-
4 sible, an explanation of how the impact of the
5 grant, contract, agreement or resulting program
6 is being measured.

7 (6) Comprehensive and disaggregated informa-
8 tion consistent with the United States Government’s
9 commitment to implement transparency measures.

10 **SEC. 8. ESTABLISHMENT OF AN INNOVATIVE PUBLIC-PRI-**
11 **VATE FINANCING MECHANISM.**

12 (a) ESTABLISHMENT OF FINANCING FRAMEWORK.—
13 The United States Government, through USAID and
14 other relevant executive branch agencies identified by the
15 Coordinator and the inter-agency working group, shall de-
16 velop a financing framework to leverage public and private
17 capital to expand delivery of high-impact, evidence-based
18 interventions for maternal, newborn, and child health. The
19 framework shall also set clear expectations for co-financ-
20 ing, where appropriate, to increase domestic investment
21 in maternal, newborn, and child survival with the goal of
22 assisting countries in moving towards financial self-suffi-
23 ciency for such programs.

24 (b) USE OF FRAMEWORK.—

1 (1) IN GENERAL.—In addition to existing bilat-
2 eral and multilateral assistance for maternal, new-
3 born, and child survival, the United States Govern-
4 ment is authorized to utilize the tools outlined in the
5 framework, as well as other innovative financing
6 mechanisms identified and approved by the inter-
7 agency working group, to help countries achieve
8 clear results, exhibit transparency in the use of
9 funds, encourage new domestic and international fi-
10 nancing entities, and leverage new and additional
11 public, private, and philanthropic funds for mater-
12 nal, newborn, and child health and survival in part-
13 ner countries.

14 (2) TOOLS AND APPROACHES.—These tools and
15 approaches include development impact bonds, loan
16 guarantees, revolving funds, working capital funds,
17 performance-based financing mechanisms, public-pri-
18 vate partnerships, and other similar financing or
19 monetization mechanisms that leverage funding to
20 expand interventions that save lives and improve
21 health and survival.

22 (3) AUTHORITIES.—In addition to currently
23 held authorities, USAID and other relevant execu-
24 tive branch agencies of the United States Govern-
25 ment, acting on their own or in partnership with de-

1 veloping countries, other donor countries, nongovern-
2 mental organizations, international organizations, or
3 multilateral financial institutions, is authorized—

4 (A) to grant loans;

5 (B) to set aside funds for use in the imple-
6 mentation of financing mechanisms under sub-
7 section (a);

8 (C) to use a financial intermediary to im-
9 plement a pay-for-performance financing mech-
10 anism, subject to the eligibility requirements set
11 forth under subsection (c);

12 (D) to issue sovereign level guarantees;

13 and

14 (E) to make equity investments.

15 (c) ELIGIBILITY FOR PARTICIPATION.—In order to
16 participate in the pay-for-performance program, partner
17 countries shall be required by the United States Govern-
18 ment to commit to—

19 (1) fully benchmarked plans to increase nominal
20 and per capita health spending; and

21 (2) fully developed and budgeted maternal and
22 child survival plans.

23 (d) PROJECT QUALIFICATION.—In order to have a
24 project qualify under subsection (c), the partner country
25 or its designated implementing partner must produce—

- 1 (1) specific outcome goals for the project;
- 2 (2) a description of each intervention and pro-
3 jected outcome for the project;
- 4 (3) rigorous evidence demonstrating that the
5 interventions can be expected to produce the pro-
6 jected outcomes;
- 7 (4) an estimate of projected government costs
8 and savings to conduct the project;
- 9 (5) a description of how the outcomes are mon-
10 etized and secured against fixed costs;
- 11 (6) a description of the target population or
12 populations that will be served by the project;
- 13 (7) a description of the expected social benefits
14 to participants who receive the interventions, as well
15 as others who may be impacted;
- 16 (8) the metrics that will be used to determine
17 whether the outcomes have been achieved and the
18 methods to be used to measure those metrics; and
- 19 (9) a plan for sustainability of efforts.

20 (e) ESTABLISHMENT OF DEVELOPMENT IMPACT
21 PARTNERSHIP.—The United States Government shall
22 support the creation of a development impact partnership
23 to act as a financial intermediary and facilitate the financ-
24 ing mechanism established under this section. The part-
25 nership shall be designed to allow for the incorporation

1 of private sources and other nongovernmental sources of
2 capital to leverage United States Government investments,
3 foster public-private partnerships, and engage private sec-
4 tor actors in developing countries to achieve measurable
5 progress towards the strategy established under section 5.

6 **SEC. 9. AUTHORIZATION OF FUNDING.**

7 (a) AUTHORIZATION.—There are authorized to be ap-
8 propriated such sums as may be necessary to carry out
9 the maternal and child strategy, financing framework, and
10 Development Impact Partnership.

11 (b) APPLICATION.—Federal funds appropriated to
12 carry out activities under this act shall be subject to all
13 applicable restrictions under Federal law.

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