

115TH CONGRESS
1ST SESSION

H. R. 4022

To implement a strategic approach for providing foreign assistance in order to end preventable child and maternal deaths globally within a generation, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 11, 2017

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

A BILL

To implement a strategic approach for providing foreign assistance in order to end preventable child and maternal deaths globally within a generation, and for other purposes.

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 CHILD AND MA-**
2 **TERNAL DEATHS.**

3 The Foreign Assistance Act of 1961 (22 U.S.C. 2151
4 et seq.) is amended by adding at the end of chapter 1
5 of part I the following:

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

8 “(a) SENSE OF CONGRESS.—It is the sense of Con-
9 gress that United States foreign assistance efforts should
10 focus on countries, regions, and communities with the
11 greatest need and the highest burden of preventable child
12 and maternal deaths.

13 “(b) STATEMENT OF POLICY.—It shall be the policy
14 of the United States, in coordination with recipient coun-
15 tries and relevant partner entities, to establish and imple-
16 ment a coordinated, integrated, and comprehensive strat-
17 egy to combat the leading causes of maternal, newborn,
18 and child mortality globally and ensure healthy and pro-
19 ductive lives for women and children, by—

20 “(1) scaling up the highest-impact, evidence-
21 based interventions, including for the most vulner-
22 able populations, with a focus on country ownership;

23 “(2) designing, implementing, monitoring, and
24 evaluating programs in a way that enhances trans-
25 parency and accountability, increases sustainability,
26 and improves outcomes in target countries; and

1 “(3) supporting the development and scale-up
2 of innovative tools and approaches to accelerate
3 progress toward ending preventable child and mater-
4 nal deaths and reach the goal of saving the lives of
5 15,000,000 children and 600,000 women.

6 “(c) STRATEGY.—

7 “(1) IN GENERAL.—Not later than one year
8 after the date of the enactment of this section, the
9 President shall establish and implement a com-
10 prehensive five-year, whole-of-government strategy to
11 accelerate progress toward ending preventable child
12 and maternal deaths within a generation and ensure
13 healthy and productive lives for women and children.

14 “(2) ELEMENTS.—The strategy established
15 under paragraph (1) shall—

16 “(A) set specific, outcome-based, and
17 measurable targets to achieve the goals of the
18 strategy and identify baseline data for each tar-
19 get country and for all areas of focus and pro-
20 gramming, as of the date of the publication of
21 such strategy;

22 “(B) incorporate existing Federal strate-
23 gies and frameworks relevant to ending prevent-
24 able child and maternal deaths, including spe-
25 cific objectives, programs, and approaches to

1 implement highest-impact, evidence-based inter-
2 ventions, to address the leading causes of death
3 in target countries, particularly among the most
4 vulnerable populations, for—

5 “(i) women, related to pregnancy,
6 childbirth, or the post-delivery period;

7 “(ii) newborn children during their
8 first 28 days; and

9 “(iii) infants and children under the
10 age of five;

11 “(C) include development and scale up of
12 new technologies and approaches, including
13 those supported by public-private partnerships
14 for research and innovation;

15 “(D) promote coordination and efficiency
16 within and amongst the relevant Federal de-
17 partments and agencies;

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

21 “(F) identify strategies for leveraging re-
22 sources with new and innovative financial tools;

23 “(G) align with the maternal, newborn,
24 and child health and survival plans of target

1 countries and improve coordination with foreign
2 governments and international organizations;

3 “(H) outline consultations with target
4 countries and relevant partner entities;

5 “(I) implement results-based contracting,
6 such as pay-for-outcome arrangements, and re-
7 duce financial and operational risks;

8 “(J) promote a shift toward inclusive and
9 sustainable investments;

10 “(K) support the transition to sustainably
11 financed, domestic health systems in target
12 countries; and

13 “(L) promote partnerships with organiza-
14 tions that have a long-term presence in target
15 countries and have shown evidence of sustain-
16 able community impact, including through the
17 capacity building of local and community-based
18 organizations.

19 “(3) IDENTIFICATION OF TARGET COUN-
20 TRIES.—For purposes of the strategy under para-
21 graph (1), the Administrator shall—

22 “(A) identify each country that has the
23 greatest need and faces the highest burden of
24 preventable child and maternal deaths, taking
25 into consideration countries that—

1 “(i) have high-need, underserved,
2 marginalized, vulnerable, or impoverished
3 communities;

4 “(ii) are fragile or conflict-affected
5 countries;

6 “(iii) are low- or middle-income coun-
7 tries; or

8 “(iv) are located in regions with weak
9 health systems; and

10 “(B) establish transparent selection cri-
11 teria for such target countries.

12 “(d) IMPROVING COORDINATION AND OVERSIGHT.—

13 “(1) ESTABLISHMENT OF SENIOR COORDI-
14 NATOR FOR CHILD AND MATERNAL SURVIVAL.—The
15 Administrator shall designate a current employee
16 serving in a career or non-career position in the Sen-
17 ior Executive Service or at the level of a Deputy As-
18 sistant Administrator or higher at the United States
19 Agency for International Development (USAID) to
20 serve concurrently as the Senior Coordinator for
21 Child and Maternal Survival.

22 “(2) DUTIES.—The Senior Coordinator shall—

23 “(A) have the primary responsibility for
24 the oversight and coordination of international
25 maternal and child health and nutrition funding

1 managed by the USAID Bureau of Global
2 Health;

3 “(B) lead the development of the strategy
4 established under subsection (c) and its imple-
5 mentation by USAID, including by directing
6 the budget, planning, and staffing with respect
7 to such implementation;

8 “(C) facilitate program and policy coordi-
9 nation of international maternal and child
10 health and nutrition programs between the
11 USAID, other relevant Federal departments
12 and agencies, and relevant partner entities;

13 “(D) monitor, evaluate, and report on any
14 activities undertaken by USAID pursuant to
15 the strategy required under subsection (c); and

16 “(E) provide direction to the design and
17 oversight of grants, contracts, and cooperative
18 agreements with any recipient of funds under
19 the responsibility of the Senior Coordinator
20 pursuant to subparagraph (A).

21 “(3) RESTRICTION ON ADDITIONAL OR SUPPLE-
22 MENTAL COMPENSATION.—The Senior Coordinator
23 shall not receive any additional or supplemental
24 compensation as a result of carrying out responsibil-
25 ities and duties under this section.

1 “(e) PRIORITIZATION OF GREATEST NEED AND MAX-
2 IMUM IMPACT.—

3 “(1) TARGETS FOR INCREASED IMPLEMENTA-
4 TION REQUIRED.—In accordance with the guidelines
5 established under section 3 of the Foreign Aid
6 Transparency and Accountability Act, any grant
7 made available by the Administrator and any con-
8 tract or cooperative agreement entered into by the
9 Administrator in order to implement the strategy es-
10 tablished under subsection (c) of this section shall—

11 “(A) include targets for increased imple-
12 mentation of high-impact, evidence-based inter-
13 ventions and strengthening health systems, as
14 appropriate; and

15 “(B) establish baseline measurements from
16 which to quantify progress toward such targets
17 and towards the goal of preventing life-threat-
18 ening morbidity and mortality for at least
19 15,000,000 children and at least 600,000
20 women, as described in subsection (b)(3).

21 “(2) EXCEPTION.—In exceptional cir-
22 cumstances when the Administrator determines that
23 the inclusion of coverage targets or baseline meas-
24 ures is not reasonable or practicable for a grant,
25 contract, or cooperative agreement, the funding

1 mechanism for such grant, contract, or agreement
2 shall include an explanation of the omission and ex-
3 plicitly state how measurable impact will be targeted
4 and tracked.

5 “(f) USE OF INNOVATIVE PUBLIC-PRIVATE FINANC-
6 ING TOOLS.—

7 “(1) IN GENERAL.—In addition to existing bi-
8 lateral and multilateral assistance for child and ma-
9 ternal survival, the Administrator shall implement
10 the strategy established under subsection (c)
11 through the use of innovative financing tools, where
12 appropriate, to expand delivery of highest-impact,
13 evidence-based interventions to address the leading
14 causes of preventable child and maternal deaths,
15 particularly among vulnerable populations. The Ad-
16 ministrator shall also explore models, whether exist-
17 ing or innovative, to improve the efficiency and ef-
18 fectiveness of investments through results-based con-
19 tracting (such as pay-for-outcome arrangements)
20 and reduce financial and operational risks with re-
21 spect to such implementation.

22 “(2) AUTHORIZATION TO FUND PROGRAMS ON
23 PAY-FOR-OUTCOME BASIS.—

24 “(A) IN GENERAL.—The Administrator
25 shall have the authority to provide assistance

1 for child and maternal survival on a pay-for-
2 outcome basis, as described in subparagraph
3 (B), to any initiative that meets the require-
4 ments described in subparagraph (C).

5 “(B) PAY-FOR-OUTCOME BASIS DE-
6 SCRIBED.—The pay-for-outcome basis described
7 in this paragraph is a performance-based grant,
8 contract, or cooperative agreement awarded in
9 the form of a commitment to provide payments
10 that is contingent on improved outcomes result-
11 ing in a social benefit to the public and in di-
12 rect cost savings or cost avoidance to the
13 United States Government.

14 “(C) REQUIREMENTS FOR PAY-FOR-OUT-
15 COME FUNDING.—The Administrator may only
16 provide assistance under subparagraph (A) to
17 an initiative that includes the following:

18 “(i) A detailed implementation plan
19 describing how the proposed pay-for-out-
20 come initiative is based on evidence sup-
21 porting an expectation of improved effec-
22 tiveness.

23 “(ii) A rigorous, independent, third-
24 party evaluation, using experimental or
25 quasi-experimental design or other quan-

1 titative research methodologies, that allows
2 for the strongest possible causal inferences,
3 when random assignment is not feasible, to
4 determine whether the initiative has
5 achieved the proposed improvement in out-
6 comes.

7 “(D) LIMITATION ON AVAILABILITY OF
8 FUNDING.—Any payments provided to an initia-
9 tive pursuant to the authorization under sub-
10 paragraph (A) may only be made available for
11 expenditure for not more than 5 years after the
12 date on which such payments are first made
13 available.

14 “(g) REPORTS.—

15 “(1) REPORT REQUIRED.—Not later than 2
16 years after the date of the publication of the strat-
17 egy required under subsection (c), and annually
18 thereafter, the President shall submit to the appro-
19 priate congressional committees, and make publicly
20 available, a report describing the implementation of
21 the strategy.

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

1 “(A) A summary and evaluation of
2 progress made to achieve the objectives de-
3 scribed in subsection (b), including the goal to
4 end preventable child and maternal deaths, and
5 the progress made toward achieving the goal of
6 reducing life threatening morbidity and mor-
7 tality for at least 15,000,000 children and at
8 least 600,000 women.

9 “(B) A description of the nature and ex-
10 tent of coordination among relevant Federal de-
11 partments and agencies on the implementation
12 of the strategy.

13 “(C) A description of how each aspect of
14 the strategy is being implemented, including—

15 “(i) the manner in which multi-sec-
16 toral approaches and concrete, high-im-
17 pact, evidence-based interventions are
18 being used to address the leading causes of
19 preventable child and maternal deaths;

20 “(ii) the degree to which the strategy
21 increases assistance to and activities by the
22 United States in target countries;

23 “(iii) the use of programs, projects, or
24 activities to develop and scale-up new tech-
25 nologies and approaches, including those

1 identified by public-private partnerships
2 for research and innovation, and the de-
3 gree to which such programs, projects, or
4 activities are posed to go to scale; and

5 “(iv) the methods used to leverage in-
6 novative financing and other public and
7 private resources and the progress made by
8 such methods.

9 “(D) A description of how each program,
10 project, or activity implementing the strategy is
11 designed to—

12 “(i) reach underserved, marginalized,
13 vulnerable, or impoverished populations;

14 “(ii) address the causes of newborn,
15 infant, child, and maternal morbidity and
16 mortality, including pre-term births, with
17 innovative efforts and interventions;

18 “(iii) invest in programs, projects, or
19 activities that empower women, support
20 voluntarism, and provide quality, respect-
21 ful, evidence-based maternity care;

22 “(iv) improve transparency and ac-
23 countability at all levels and include com-
24 mon metrics for tracking progress in
25 achieving the objectives of the strategy;

1 “(v) ensure that high-impact, evi-
2 dence-based interventions are prioritized,
3 including interventions promoting healthy
4 pregnancies; and

5 “(vi) expand access to quality services
6 for healthcare workers and for commu-
7 nities in target countries and include meas-
8 ures of accountability to such communities.

9 “(E) A comprehensive list of grants, con-
10 tracts, and cooperative agreements awarded to
11 implement the strategy, that includes—

12 “(i) a description of the targets for
13 coverage of interventions or services sup-
14 ported by such grants, contracts, or coop-
15 erative agreements, the baseline against
16 which they are measured, and the status of
17 their progress in meeting the targets; or

18 “(ii) in the case of exceptional cir-
19 cumstances where the inclusion of targets
20 or baseline measurements is not reasonable
21 or practicable, an explanation of how the
22 impact of the grant, contract, agreement,
23 or resulting program is being measured.

24 “(F) A description of how the Adminis-
25 trator has partnered with relevant partner enti-

1 ties at the national and local levels, including as
2 subgrantees.

3 “(G) A determination, after applying rig-
4 orous monitoring and evaluation methodologies,
5 whether the programs, projects, or activities im-
6 plementing the strategy have achieved measur-
7 able improvements in child and maternal health
8 or survival, particularly among the most vulner-
9 able populations, in each target country and
10 overall, and the specific improvements achieved
11 with respect to—

12 “(i) the maternal mortality ratio per
13 100,000 live births and the under-5 mor-
14 tality ratio per 1,000 live births;

15 “(ii) the number of newborn, infant,
16 child, and maternal deaths averted; and

17 “(iii) the percentage of births at-
18 tended by skilled health personnel.

19 “(H) An analysis of the gaps in the health
20 workforce that must be filled in order to end
21 preventable newborn, infant, child and maternal
22 deaths, including an analysis of health work-
23 force density relating to certified health workers
24 and community-based health workers.

1 “(I) A description of the measured or esti-
2 mated impact on newborn, infant, child, and
3 maternal survival of each ongoing program,
4 project, or activity implementing the strategy.

5 “(J) An assessment of progress made to-
6 ward achieving the targets established pursuant
7 to subsection (c)(2)(A).

8 “(K) A description of any innovative pub-
9 lic-private financing tools, including an analysis
10 of the feasibility and potential effectiveness,
11 that could be used to fund efforts to end pre-
12 ventable child and maternal deaths.

13 “(h) DEFINITIONS.—In this section:

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

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

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

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

1 “(3) RELEVANT FEDERAL DEPARTMENTS AND
2 AGENCIES.—The term ‘relevant Federal departments
3 and agencies’ includes each of the following:

4 “(A) The Department of State.

5 “(B) The United States Agency for Inter-
6 national Development, including the President’s
7 Malaria Initiative.

8 “(C) The Department of Health and
9 Human Services.

10 “(D) The Department of the Treasury.

11 “(E) The Department of Defense.

12 “(F) The Centers for Disease Control and
13 Prevention.

14 “(G) The National Institutes of Health.

15 “(H) The Millennium Challenge Corpora-
16 tion.

17 “(I) The Peace Corps.

18 “(J) The Office of the Global AIDS Coor-
19 dinator.

20 “(K) Any other Federal department or
21 agency determined by the President to be rel-
22 evant to carry out the purposes of this section.

23 “(4) RELEVANT PARTNER ENTITIES.—The
24 term ‘relevant partner entities’ means each of the
25 following:

1 “(A) Multilateral and international organi-
2 zations.

3 “(B) International financial institutions.

4 “(C) The national and local governments
5 of recipient countries.

6 “(D) Community nongovernmental organi-
7 zations, including faith-based, professional, and
8 civil society organizations.

9 “(E) Entities in the private sector.

10 “(F) Entities in the healthcare sector of
11 recipient countries.

12 “(5) SENIOR COORDINATOR.—The term ‘Senior
13 Coordinator’ means the Senior Coordinator for Child
14 and Maternal Survival established under subsection
15 (d).

16 “(6) TARGET COUNTRY.—The term ‘target
17 country’ means a country identified by the Adminis-
18 trator pursuant to subsection (c)(3).”.

○