

117TH CONGRESS
1ST SESSION

S. 1451

To amend the Foreign Assistance Act of 1961 to implement policies to end preventable maternal, newborn, and child deaths globally.

IN THE SENATE OF THE UNITED STATES

APRIL 29, 2021

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 amend the Foreign Assistance Act of 1961 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 2021”.

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

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

1 **“SEC. 138. ASSISTANCE TO END PREVENTABLE MATERNAL,**
2 **NEWBORN, AND CHILD DEATHS GLOBALLY.**

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

7 “(b) DEFINITIONS.—In this section:

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

11 “(2) APPROPRIATE CONGRESSIONAL COMMIT-
12 TEES.—The term ‘appropriate congressional com-
13 mittees’ means—

14 “(A) the Committee on Foreign Relations
15 and the Committee on Appropriations of the
16 Senate; and

17 “(B) the Committee on Foreign Affairs
18 and the Committee on Appropriations of the
19 House of Representatives.

20 “(3) COORDINATOR.—The term ‘Coordinator’
21 means the Child and Maternal Survival Coordinator
22 designated under subsection (e).

23 “(4) INTERNATIONAL MATERNAL AND CHILD
24 HEALTH AND NUTRITION PROGRAMS.—The term
25 ‘international maternal and child health and nutri-
26 tion programs’ means all programs carried out using

1 funds appropriated or otherwise made available for
2 international maternal and child health and nutri-
3 tion that are managed by the Bureau for Global
4 Health, missions, or other operating units of the
5 United States Agency for International Develop-
6 ment.

7 “(5) MOST VULNERABLE POPULATIONS.—The
8 term ‘most vulnerable populations’ includes adoles-
9 cents, populations in conflict-affected or fragile
10 areas, indigenous populations, religious minorities,
11 individuals with disabilities, and the poorest quintile
12 in urban and remote locations.

13 “(6) PRIORITY COUNTRIES.—The term ‘priority
14 countries’ means countries that have the greatest
15 need and highest burden of child and maternal
16 deaths, taking into consideration countries that—

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

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

20 or

21 “(C) are located in regions with weak
22 health systems.

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

1 “(A) The governments of other donor
2 countries.

3 “(B) International financial institutions.

4 “(C) Nongovernmental organizations.

5 “(D) Faith-based organizations.

6 “(E) Professional organizations.

7 “(F) The private sector.

8 “(G) Multilateral organizations.

9 “(H) Local and international civil society
10 groups.

11 “(I) Local health workers.

12 “(J) International organizations.

13 “(c) STATEMENT OF POLICY.—It is the policy of the
14 United States, in partnership with priority countries and
15 relevant partner entities, to establish and implement a co-
16 ordinated, integrated, and comprehensive strategy to end
17 preventable child and maternal deaths and ensure healthy
18 and productive lives by—

19 “(1) focusing on bringing to scale the highest-
20 impact, evidence-based interventions that address
21 the leading causes of maternal, newborn, and child
22 mortality in each priority country;

23 “(2) ensuring equitable access to essential
24 health services for the most vulnerable populations,
25 with a focus on country and community ownership;

1 “(3) designing, implementing, monitoring, and
2 evaluating programs in a manner that enhances
3 transparency and accountability, increases sustain-
4 ability, and improves outcomes in priority countries;
5 and

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

10 “(d) STRATEGY.—

11 “(1) IN GENERAL.—Not later than 1 year after
12 the date of the enactment of the Reach Every Moth-
13 er and Child Act of 2021, the President should es-
14 tablish and implement a comprehensive 5-year strat-
15 egy (in this subsection referred to as the ‘strategy’)
16 to contribute toward the global goal of ending pre-
17 ventable child and maternal deaths by 2030 as a
18 foundation for ensuring healthy and productive lives.

19 “(2) LEADERSHIP.—The Administrator, in co-
20 ordination with priority countries and relevant part-
21 ner entities, shall lead the establishment and imple-
22 mentation of the strategy.

23 “(3) ELEMENTS.—The strategy should—

24 “(A) identify priority countries in which
25 the United States Agency for International De-

1 velopment will implement international mater-
2 nal and child health and nutrition programs to
3 reduce maternal, newborn, and child mortality
4 and improve health outcomes;

5 “(B) with respect to each priority country,
6 identify the most significant barriers to mater-
7 nal, newborn, and child survival and establish
8 outcome-based targets from which progress to-
9 ward addressing those barriers through inter-
10 national maternal and child health and nutri-
11 tion programs can be tracked;

12 “(C) in coordination with relevant partner
13 entities, outline how the United States Agency
14 for International Development will implement
15 the highest-impact, evidence-based interventions
16 for reducing maternal, newborn, and child mor-
17 tality and expand access to quality services
18 through community-based approaches to achieve
19 the outcome-based targets established under
20 subparagraph (B);

21 “(D) promote investments in community-
22 based activities that empower women, support
23 voluntarism, and provide respectful maternity
24 care;

1 “(E) describe how the most vulnerable
2 populations in each priority country will be tar-
3 geted and reached with highest-impact, evi-
4 dence-based interventions to reduce maternal,
5 newborn, and child mortality;

6 “(F) use United States Government strate-
7 gies and frameworks relevant to improving ma-
8 ternal, newborn, and child health;

9 “(G) address backsliding on access to and
10 demand for essential health services and other
11 key challenges affecting maternal, newborn, and
12 child survival caused by the COVID–19 pan-
13 demic;

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

18 “(I) promote coordination and efficiency
19 within and among the relevant executive branch
20 agencies and initiatives, including the United
21 States Agency for International Development,
22 the Department of State, the Department of
23 Health and Human Services, the Centers for
24 Disease Control and Prevention, the National
25 Institutes of Health, the Millennium Challenge

1 Corporation, the Peace Corps, the Department
2 of the Treasury, the Office of the Global AIDS
3 Coordinator, the President’s Malaria Initiative,
4 and the United States International Develop-
5 ment Finance Corporation;

6 “(J) project general levels of resources
7 needed to achieve the objectives stated in the
8 strategy; and

9 “(K) support the transition to domestic
10 sustainably financed health systems, empha-
11 sizing partnerships that seek to ensure afford-
12 ability, accessibility, quality, and delivery of
13 health services in an equitable and sustainable
14 manner.

15 “(4) DEVELOPMENT OF STRATEGY.—

16 “(A) CONSULTATION BY ADMINIS-
17 TRATOR.—The Administrator shall consult with
18 missions of the United States Agency for Inter-
19 national Development in priority countries, civil
20 society, and implementing partner organizations
21 to inform the development of the strategy.

22 “(B) LOCAL CONSULTATION; SUMMARY.—
23 The missions of the United States Agency for
24 International Development in priority countries
25 shall consult with relevant partner entities and

1 submit to the Coordinator a summary of such
2 consultations to inform the development of the
3 strategy.

4 “(e) ESTABLISHMENT OF CHILD AND MATERNAL
5 SURVIVAL COORDINATOR.—

6 “(1) IN GENERAL.—The President should des-
7 ignate an individual, selected from among employees
8 of the United States Agency for International Devel-
9 opment serving in career or noncareer positions in
10 the Senior Executive Service or at the level of a
11 Deputy Assistant Administrator or higher, to serve
12 concurrently as the Child and Maternal Survival Co-
13 ordinator.

14 “(2) DUTIES.—The Coordinator should—

15 “(A) oversee—

16 “(i) the strategy established under
17 subsection (d)(1); and

18 “(ii) international maternal and child
19 health and nutrition programs, including
20 by representing the United States at inter-
21 national and multilateral maternal and
22 child health and nutrition organizations;

23 “(B) have primary responsibility for the
24 oversight and coordination of all resources and
25 international activities of the United States

1 Government appropriated or used for inter-
2 national maternal and child health and nutri-
3 tion programs, as determined appropriate by
4 the Administrator;

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

10 “(D) lead implementation and revision of
11 the strategy established under subsection (d)(1)
12 beginning 5 years after the date on which the
13 strategy is released;

14 “(E) coordinate with relevant executive
15 branch agencies, priority countries, and relevant
16 partner entities as appropriate, to carry out the
17 strategy established under subsection (d)(1)
18 and to align current and future investments
19 with high-impact, evidence-based interventions
20 to save lives;

21 “(F) provide guidance on the design and
22 oversight of grants, contracts, and cooperative
23 agreements with nongovernmental organizations
24 (including community, faith-based, and civil so-
25 ciety organizations) and private sector entities

1 for the purpose of carrying out the strategy es-
2 tablished under subsection (d)(1); and

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

6 “(3) RESTRICTION ON ADDITIONAL OR SUPPLE-
7 MENTAL COMPENSATION.—The Coordinator shall re-
8 ceive no additional or supplemental compensation for
9 carrying out responsibilities and duties under this
10 section.

11 “(f) AUTHORITY TO ASSIST IN IMPLEMENTATION OF
12 THE STRATEGY.—

13 “(1) IN GENERAL.—The President may provide
14 assistance to implement the strategy established
15 under subsection (d)(1).

16 “(2) FOCUS ON IMPACT.—

17 “(A) TARGETS FOR IMPLEMENTATION RE-
18 QUIRED.—Consistent with the guidelines estab-
19 lished under section 3 of the Foreign Aid
20 Transparency and Accountability Act of 2016
21 (22 U.S.C. 2394c note; Public Law 114–191),
22 the Administrator shall require United States
23 Agency for International Development grants,
24 contracts, and cooperative agreements, for the
25 purposes of the strategy established under sub-

1 section (d)(1), to include targets for implemen-
2 tation of high-impact, evidence-based interven-
3 tions and strengthening health systems, as ap-
4 propriate, including baseline measurements
5 from which to quantify progress.

6 “(B) EXCEPTION.—In exceptional cir-
7 cumstances for which the Administrator deter-
8 mines that the inclusion of targets described in
9 subparagraph (A) is not reasonable or prac-
10 ticable for a grant, contract, or cooperative
11 agreement, the grant, contract, or cooperative
12 agreement, as the case may be, should include
13 an explanation of the omission and explicitly
14 state how measurable impact will be targeted
15 and tracked.

16 “(g) ANNUAL REPORTS.—

17 “(1) REPORTS REQUIRED.—Not later than 1
18 year after the date of the enactment of the Reach
19 Every Mother and Child Act of 2021, and annually
20 thereafter until December 31, 2030, the President
21 shall submit to the appropriate congressional com-
22 mittees a report on progress made to achieve the
23 goals set forth in the strategy established under sub-
24 section (d)(1).

1 “(2) INFORMATION INCLUDED IN REPORTS.—

2 Each report required by paragraph (1) should in-
3 clude the following:

4 “(A) Indicators used by the United States
5 Agency for International Development to mon-
6 itor and evaluate progress of international ma-
7 ternal and child health and nutrition programs
8 toward ending preventable child and maternal
9 deaths in each priority country, such as the
10 standard foreign assistance indicators of the
11 Department of State and such other indicators
12 as the Coordinator considers relevant.

13 “(B) Estimates of maternal, newborn, and
14 child deaths averted as a result of international
15 maternal and child health and nutrition pro-
16 grams.

17 “(C) Data pertaining to populations served
18 by international maternal and child health and
19 nutrition programs, disaggregated by gender,
20 age, and wealth quintile.

21 “(D) A description of targets for coverage
22 of interventions and services in international
23 maternal and child health and nutrition pro-
24 grams and progress toward meeting those tar-
25 gets.

1 “(E) Reporting on each aspect of the
2 strategy established under subsection (d)(1).

3 “(F) Information on funding for inter-
4 national maternal and child health and nutri-
5 tion programs overall and for each priority
6 country, including funding that has been
7 planned, appropriated, obligated, or expended
8 for the fiscal year in which the briefing is con-
9 ducted and the previous 5 fiscal years.

10 “(3) PUBLIC AVAILABILITY.—The President
11 shall make each report required by paragraph (1)
12 publicly available.

13 “(h) USE OF FUNDS.—Funds appropriated or other-
14 wise made available to carry out activities under this sec-
15 tion shall be subject to all applicable restrictions under
16 Federal law.”.

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