

117TH CONGRESS
2D SESSION

H. R. 8057

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

IN THE HOUSE OF REPRESENTATIVES

JUNE 14, 2022

Ms. JACOBS of California (for herself, Mr. FITZPATRICK, Ms. BASS, Mrs. KIM of California, Ms. SALAZAR, and Ms. MCCOLLUM) introduced the following bill; which was referred to the Committee on Foreign Affairs

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 2022”.

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. 138. 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 designated under subsection (e).

4 “(4) INTERNATIONAL MATERNAL AND CHILD
5 HEALTH AND NUTRITION PROGRAMS.—The term
6 ‘international maternal and child health and nutri-
7 tion programs’ means all programs carried out using
8 funds appropriated or otherwise made available for
9 international maternal and child health and nutri-
10 tion that are managed by the Bureau for Global
11 Health, missions, or other operating units of the
12 United States Agency for International Develop-
13 ment.

14 “(5) MOST VULNERABLE POPULATIONS.—The
15 term ‘most vulnerable populations’ includes adoles-
16 cents, populations in conflict-affected or fragile
17 areas, indigenous populations, religious minorities,
18 individuals with disabilities, and the poorest quintile
19 in urban and remote locations.

20 “(6) PRIORITY COUNTRIES.—The term ‘priority
21 countries’ means countries that have the greatest
22 need and highest burden of child and maternal
23 deaths, taking into consideration countries 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 “(7) RELEVANT PARTNER ENTITIES.—The
6 term ‘relevant partner entities’ means each of the
7 following:

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

10 “(B) International financial institutions.

11 “(C) Nongovernmental organizations.

12 “(D) Faith-based organizations.

13 “(E) Professional organizations.

14 “(F) The private sector.

15 “(G) Multilateral organizations.

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

18 “(I) Local health workers.

19 “(J) International organizations.

20 “(c) STATEMENT OF POLICY.—It is the policy of the
21 United States, in partnership with priority countries and
22 relevant partner entities, to establish and implement a co-
23 ordinated, integrated, and comprehensive strategy to end
24 preventable child and maternal deaths and ensure healthy
25 and productive lives by—

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

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

8 “(3) designing, implementing, monitoring, and
9 evaluating programs in a manner that enhances
10 transparency and accountability, increases sustain-
11 ability, and improves outcomes in priority countries;
12 and

13 “(4) supporting the research, development, and
14 introduction of innovative tools and approaches to
15 accelerate progress toward ending preventable child
16 and maternal deaths.

17 “(d) STRATEGY.—

18 “(1) IN GENERAL.—Not later than 1 year after
19 the date of the enactment of the Reach Every Moth-
20 er and Child Act of 2022, the President should es-
21 tablish and implement a comprehensive 5-year strat-
22 egy (in this subsection referred to as the ‘strategy’)
23 to contribute toward the global goal of ending pre-
24 ventable child and maternal deaths by 2030 as a
25 foundation for ensuring healthy and productive lives.

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

5 “(3) ELEMENTS.—The strategy should—

6 “(A) identify priority countries in which
7 the United States Agency for International De-
8 velopment will implement international mater-
9 nal and child health and nutrition programs to
10 reduce maternal, newborn, and child mortality
11 and improve health outcomes;

12 “(B) with respect to each priority country,
13 identify the most significant barriers to mater-
14 nal, newborn, and child survival and establish
15 outcome-based targets from which progress to-
16 ward addressing those barriers through inter-
17 national maternal and child health and nutri-
18 tion programs can be tracked;

19 “(C) in coordination with relevant partner
20 entities, outline how the United States Agency
21 for International Development will implement
22 the highest-impact, evidence-based interventions
23 for reducing maternal, newborn, and child mor-
24 tality and expand access to quality services
25 through community-based approaches to achieve

1 the outcome-based targets established under
2 subparagraph (B);

3 “(D) promote investments in community-
4 based activities that empower women, support
5 voluntarism, and provide respectful maternity
6 care;

7 “(E) describe how the most vulnerable
8 populations in each priority country will be tar-
9 geted and reached with highest-impact, evi-
10 dence-based interventions to reduce maternal,
11 newborn, and child mortality;

12 “(F) use United States Government strate-
13 gies and frameworks relevant to improving ma-
14 ternal, newborn, and child health;

15 “(G) address backsliding on access to and
16 demand for essential health services and other
17 key challenges affecting maternal, newborn, and
18 child survival caused by the COVID–19 pan-
19 demic;

20 “(H) include development and scale-up of
21 new technologies and approaches, including
22 those supported by public-private partnerships,
23 for research and innovation;

24 “(I) promote coordination and efficiency
25 within and among the relevant executive branch

1 agencies and initiatives, including the United
2 States Agency for International Development,
3 the Department of State, the Department of
4 Health and Human Services, the Centers for
5 Disease Control and Prevention, the National
6 Institutes of Health, the Millennium Challenge
7 Corporation, the Peace Corps, the Department
8 of the Treasury, the Office of the Global AIDS
9 Coordinator, the President's Malaria Initiative,
10 and the United States International Develop-
11 ment Finance Corporation;

12 “(J) project general levels of resources
13 needed to achieve the objectives stated in the
14 strategy; and

15 “(K) support the transition to domestic
16 sustainably financed health systems, empha-
17 sizing partnerships that seek to ensure afford-
18 ability, accessibility, quality, and delivery of
19 health services in an equitable and sustainable
20 manner.

21 “(4) DEVELOPMENT OF STRATEGY.—

22 “(A) CONSULTATION BY ADMINIS-
23 TRATOR.—The Administrator shall consult with
24 missions of the United States Agency for Inter-
25 national Development in priority countries, civil

1 society, and implementing partner organizations
2 to inform the development of the strategy.

3 “(B) LOCAL CONSULTATION; SUMMARY.—

4 The missions of the United States Agency for
5 International Development in priority countries
6 shall consult with relevant partner entities and
7 submit to the Coordinator a summary of such
8 consultations to inform the development of the
9 strategy.

10 “(e) ESTABLISHMENT OF CHILD AND MATERNAL
11 SURVIVAL COORDINATOR.—

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

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

21 “(A) oversee—

22 “(i) the strategy established under
23 subsection (d)(1); and

24 “(ii) international maternal and child
25 health and nutrition programs, including

1 by representing the United States at inter-
2 national and multilateral maternal and
3 child health and nutrition organizations;

4 “(B) have primary responsibility for the
5 oversight and coordination of all resources and
6 international activities of the United States
7 Government appropriated or used for inter-
8 national maternal and child health and nutri-
9 tion programs, as determined appropriate by
10 the Administrator;

11 “(C) direct the budget, planning, and
12 staffing to implement international maternal
13 and child health and nutrition programs for the
14 purpose of ending preventable child and mater-
15 nal deaths;

16 “(D) lead implementation and revision of
17 the strategy established under subsection (d)(1)
18 beginning 5 years after the date on which the
19 strategy is released;

20 “(E) coordinate with relevant executive
21 branch agencies, priority countries, and relevant
22 partner entities as appropriate, to carry out the
23 strategy established under subsection (d)(1)
24 and to align current and future investments

1 with high-impact, evidence-based interventions
2 to save lives;

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

10 “(G) report directly to the Administrator
11 regarding implementation of the strategy estab-
12 lished under subsection (d)(1).

13 “(3) RESTRICTION ON ADDITIONAL OR SUPPLE-
14 MENTAL COMPENSATION.—The Coordinator shall re-
15 ceive no additional or supplemental compensation for
16 carrying out responsibilities and duties under this
17 section.

18 “(f) AUTHORITY TO ASSIST IN IMPLEMENTATION OF
19 THE STRATEGY.—

20 “(1) IN GENERAL.—The President may provide
21 assistance to implement the strategy established
22 under subsection (d)(1).

23 “(2) FOCUS ON IMPACT.—

24 “(A) TARGETS FOR IMPLEMENTATION RE-
25 QUIRED.—Consistent with the guidelines estab-

lished under section 3 of the Foreign Aid Transparency and Accountability Act of 2016 (22 U.S.C. 2394c note; Public Law 114–191), the Administrator shall require United States Agency for International Development grants, contracts, and cooperative agreements, for the purposes of the strategy established under subsection (d)(1), to include targets for implementation of high-impact, evidence-based interventions and strengthening health systems, as appropriate, including baseline measurements from which to quantify progress.

“(B) EXCEPTION.—In exceptional circumstances for which the Administrator determines that the inclusion of targets described in subparagraph (A) is not reasonable or practicable for a grant, contract, or cooperative agreement, the grant, contract, or cooperative agreement, as the case may be, should include an explanation of the omission and explicitly state how measurable impact will be targeted and tracked.

“(g) ANNUAL REPORTS.—

“(1) REPORTS REQUIRED.—Not later than 1 year after the date of the enactment of the Reach

1 Every Mother and Child Act of 2022, and annually
2 thereafter until December 31, 2030, the President
3 shall submit to the appropriate congressional com-
4 mittees a report on progress made to achieve the
5 goals set forth in the strategy established under sub-
6 section (d)(1).

7 “(2) INFORMATION INCLUDED IN REPORTS.—
8 Each report required by paragraph (1) should in-
9 clude the following:

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

19 “(B) Estimates of maternal, newborn, and
20 child deaths averted as a result of international
21 maternal and child health and nutrition pro-
22 grams.

23 “(C) Data pertaining to populations served
24 by international maternal and child health and

1 nutrition programs, disaggregated by gender,
2 age, and wealth quintile.

3 “(D) A description of targets for coverage
4 of interventions and services in international
5 maternal and child health and nutrition pro-
6 grams and progress toward meeting those tar-
7 gets.

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

10 “(F) Information on funding for inter-
11 national maternal and child health and nutri-
12 tion programs overall and for each priority
13 country, including funding that has been
14 planned, appropriated, obligated, or expended
15 for the fiscal year in which the briefing is con-
16 ducted and the previous 5 fiscal years.

17 “(3) PUBLIC AVAILABILITY.—The President
18 shall make each report required by paragraph (1)
19 publicly available.

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

○