

118TH CONGRESS  
1ST SESSION

**S.** \_\_\_\_\_

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

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IN THE SENATE OF THE UNITED STATES

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Ms. COLLINS (for herself, Mr. COONS, Mr. WICKER, and Mr. DURBIN) introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

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**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 2023”.

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 2023, the President shall estab-  
21 lish and implement a comprehensive 5-year strategy  
22 (in this subsection referred to as the ‘strategy’) to  
23 contribute toward the global goal of ending prevent-  
24 able child and maternal deaths by 2030 as a founda-  
25 tion 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) CRITERIA.—The strategy shall—

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 “(5) INITIAL STRATEGY.—A strategy meeting  
11 the criteria described in paragraph (3) that is in ef-  
12 fect as of the date of the enactment of the Reach  
13 Every Mother and Child Act of 2023 is deemed to  
14 fulfill the establishment requirement under para-  
15 graph (1).

16 “(e) ESTABLISHMENT OF CHILD AND MATERNAL  
17 SURVIVAL COORDINATOR.—

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

1           “(2) DUTIES.—The Coordinator shall—

2                   “(A) oversee—

3                           “(i) the strategy established under  
4                           subsection (d)(1); and

5                           “(ii) international maternal and child  
6                           health and nutrition programs, including  
7                           by representing the United States at inter-  
8                           national and multilateral maternal and  
9                           child health and nutrition organizations;

10                   “(B) have primary responsibility for the  
11                   oversight and coordination of all resources and  
12                   international activities of the United States  
13                   Government appropriated or used for inter-  
14                   national maternal and child health and nutri-  
15                   tion programs, as determined appropriate by  
16                   the Administrator;

17                   “(C) direct the budget, planning, and  
18                   staffing to implement international maternal  
19                   and child health and nutrition programs for the  
20                   purpose of ending preventable child and mater-  
21                   nal deaths;

22                   “(D) lead implementation and revision of  
23                   the strategy established under subsection (d)(1)  
24                   beginning 5 years after the date on which the  
25                   strategy is released;

1           “(E) coordinate with relevant executive  
2           branch agencies, priority countries, and relevant  
3           partner entities as appropriate, to carry out the  
4           strategy established under subsection (d)(1)  
5           and to align current and future investments  
6           with high-impact, evidence-based interventions  
7           to save lives;

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

15          “(G) report directly to the Administrator  
16          regarding implementation of the strategy estab-  
17          lished under subsection (d)(1).

18          “(3) RESTRICTION ON ADDITIONAL OR SUPPLE-  
19          MENTAL COMPENSATION.—The Coordinator shall re-  
20          ceive no additional or supplemental compensation for  
21          carrying out responsibilities and duties under this  
22          section.

23          “(f) AUTHORITY TO ASSIST IN IMPLEMENTATION OF  
24          THE STRATEGY.—

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

4           “(2) FOCUS ON IMPACT.—

5           “(A) TARGETS FOR IMPLEMENTATION RE-  
6 QUIRED.—Consistent with the guidelines estab-  
7 lished under section 3 of the Foreign Aid  
8 Transparency and Accountability Act of 2016  
9 (22 U.S.C. 2394c note; Public Law 114–191),  
10 the Administrator shall require United States  
11 Agency for International Development grants,  
12 contracts, and cooperative agreements, for the  
13 purposes of the strategy established under sub-  
14 section (d)(1), to include targets for implemen-  
15 tation of high-impact, evidence-based interven-  
16 tions and strengthening health systems, as ap-  
17 propriate, including baseline measurements  
18 from which to quantify progress.

19           “(B) EXCEPTION.—In exceptional cir-  
20 cumstances for which the Administrator deter-  
21 mines that the inclusion of targets described in  
22 subparagraph (A) is not reasonable or prac-  
23 ticable for a grant, contract, or cooperative  
24 agreement, the grant, contract, or cooperative  
25 agreement, as the case may be, shall include an

1 explanation of the omission and explicitly state  
2 how measurable impact will be targeted and  
3 tracked.

4 “(g) ANNUAL REPORTS.—

5 “(1) REPORTS REQUIRED.—Not later than 1  
6 year after the date of the enactment of the Reach  
7 Every Mother and Child Act of 2023, and annually  
8 thereafter until December 31, 2030, the President  
9 shall submit to the appropriate congressional com-  
10 mittees a report on progress made to achieve the  
11 goals set forth in the strategy established under sub-  
12 section (d)(1).

13 “(2) INFORMATION INCLUDED IN REPORTS.—  
14 Each report required by paragraph (1) shall include  
15 the following:

16 “(A) Indicators used by the United States  
17 Agency for International Development to mon-  
18 itor and evaluate progress of international ma-  
19 ternal and child health and nutrition programs  
20 toward ending preventable child and maternal  
21 deaths in each priority county, such as the  
22 standard foreign assistance indicators of the  
23 Department of State and such other indicators  
24 as the Coordinator considers relevant.

1           “(B) Estimates of maternal, newborn, and  
2 child deaths averted as a result of international  
3 maternal and child health and nutrition pro-  
4 grams.

5           “(C) Data pertaining to populations served  
6 by international maternal and child health and  
7 nutrition programs, disaggregated by gender,  
8 age, and wealth quintile.

9           “(D) A description of targets for coverage  
10 of interventions and services in international  
11 maternal and child health and nutrition pro-  
12 grams and progress toward meeting those tar-  
13 gets.

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

16           “(F) Information on funding for inter-  
17 national maternal and child health and nutri-  
18 tion programs overall and for each priority  
19 country, including funding that has been  
20 planned, appropriated, obligated, or expended  
21 for the fiscal year in which the report is sub-  
22 mitted and the previous 5 fiscal years.

23           “(3) PUBLIC AVAILABILITY.—The President  
24 shall make each report required by paragraph (1)  
25 publicly available.

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