

**Sen. Susan M. Collins**  
**Reach Every Mother and Child Act of 2019**  
**Floor Statement**  
**June 10, 2019**

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I rise to introduce legislation with my friend and colleague from Delaware, Senator Chris Coons, called the *Reach Every Mother and Child Act of 2019*. I'm delighted to say that we have 22 bipartisan co-sponsors for our initiative. Our legislation would make it the policy of the United States to lead an effort to end preventable deaths of mothers, newborns, and young children in the developing world by the year 2030.

Due in part to American leadership and generosity, many lives have already been saved. Since 1990, the annual number of deaths of children under the age of five has been cut in half. Nevertheless, Mr. President, far too many mothers, newborns, and young children under the age of five still succumb to disease and malnutrition that could easily have been prevented. Every day, approximately 800 women die from preventable causes related to pregnancy and childbirth.

In addition, more than 15,000 children under the age of five die every day from treatable conditions such as prematurity, pneumonia, and diarrhea — with malnutrition being the underlying cause in nearly half of those deaths. Our bill aims to reach these mothers and children with simple, proven, cost-effective interventions that we know will help them survive.

A concentrated effort could end preventable maternal and child deaths worldwide by the year 2030. However, continued American leadership and support from the international community are critical to success. To achieve this ambitious goal, our bill would require the implementation of a strategy to scale up the most effective interventions to save as many lives as possible. This idea is central to our bill.

We do not have to guess at what interventions will work, Mr. President. The reality is that more than 15,000 children die each day of conditions that we know right now how to treat. These lifesaving interventions include clean birthing practices, vaccines, nutritional supplements, handwashing with soap, and other basic needs that remain elusive for far too many women and children in developing countries. This is what must change.

In addition, our bill would establish a maternal and child survival coordinator at USAID who would focus on implementing the five year strategy and verifying that the most effective interventions are being scaled up in target countries. The bill would improve government efficiency across several agencies that would collaborate with the coordinator to identify and promote the most effective treatments to end preventable maternal and child deaths globally. Mr. President, to promote transparency and greater accountability, our bill would also require detailed public reporting on progress toward implementing this strategy.

Finally, our legislation would encourage USAID to help pay for successful programs run by non-governmental entities. The message that we want to send to all our partners in the private sector, the nonprofit sector, the faith community, and local and international civil society groups is this: If you

can figure out an effective way to increase the likelihood that mothers and their children will survive childbirth in those first five vulnerable years of life, we want to acknowledge your contribution.

We realize that government does not have all the answers and that, if our partners in the private sector--whether it's nonprofits, foundations, the faith community, local and international government sponsored organizations, civil society groups—all work together, we can solve this problem. Improving the health and well-being of mothers and children around the world has far-reaching social and economic benefits as well.

USAID estimates and identifies examples of the return on our investment in numerous priority countries. For example, in Afghanistan, Haiti, Liberia, Nepal, South Sudan, Rwanda, and Yemen, USAID estimates that its health investments may yield a nine to one return in economic and societal benefits by the year 2035. USAID also estimates its return on investment in the form of “resources mobilized” — that’s a measure based on additional dollar investments made by country governments or local organizations, or cost savings within a health system from increased efficiencies. In Senegal, USAID estimates \$204 million in resources mobilized by 2025, which is a 656 to one return on USAID’s investment. In India, it estimates that a \$25.5 billion investment by 2025 is a striking nearly 3,000 to one return on USAID’s investment.

Other bipartisan initiatives, such as the successful President’s Emergency Plan for AIDS Relief, or PEPFAR, which was started by President George W. Bush, demonstrate that results-driven interventions can turn the tide for global health challenges. Applying lessons learned from past initiatives, our bill would provide the focus and the tools necessary to accelerate progress toward a goal that we should all be able to embrace, and that is ending preventable maternal and child deaths.

I urge my colleagues to join me and Senator Coons and our 22 cosponsors in supporting this legislation that will literally save the lives of mothers and children around the world by doing what we know works.

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