

109TH CONGRESS
1ST SESSION

H. R. 4222

To provide assistance to improve the health of newborns, children, and mothers in developing countries, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 3, 2005

Ms. MCCOLLUM of Minnesota (for herself, Mr. SHAYS, Mrs. CHRISTENSEN, Ms. JACKSON-LEE of Texas, Mr. MCGOVERN, Mr. LEACH, Ms. DELAURO, Mr. BERMAN, Mr. PAYNE, Mr. GRIJALVA, Mr. McDERMOTT, Mr. SANDERS, Mr. HONDA, Mrs. MALONEY, Mr. CASE, Mr. McNULTY, Mrs. JOHNSON of Connecticut, and Mr. LARSON of Connecticut) introduced the following bill; which was referred to the Committee on International Relations

A BILL

To provide assistance to improve the health of newborns, children, and mothers in developing countries, 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 “Child Health Invest-
5 ment for Long-term Development (CHILD and Newborn)
6 Act of 2005”.

1 **SEC. 2. FINDINGS AND PURPOSES.**

2 (a) FINDINGS.—Congress finds the following:

3 (1) Around the world, approximately 10.8 mil-
4 lion children under the age of five die each year,
5 more than 30,000 per day, almost all in the devel-
6 oping world.

7 (2) Each year in the developing world, four mil-
8 lion newborns die in their first four weeks of life.

9 (3) Sub-Saharan Africa, with only 10 percent of
10 the world's population, accounts for 43 percent of all
11 deaths among children under the age of five.

12 (4) Countries such as Afghanistan, Angola and
13 Niger experience extreme levels of child mortality,
14 with 25 percent of children dying before their fifth
15 birthday.

16 (5) For children under the age of five in the de-
17 veloping world, preventable or treatable diseases,
18 such as measles, tetanus, diarrhea, pneumonia, and
19 malaria, are the most common causes of death.

20 (6) Throughout the developing world, the lack
21 of basic health services, clean water, adequate sani-
22 tation, and proper nutrition contribute significantly
23 to child mortality.

24 (7) Hunger and malnutrition contribute to over
25 five million child deaths annually.

1 (8) The lack of low-cost antibiotics and anti-
2 malarial drugs contribute to three million child
3 deaths each year.

4 (9) Lack of access to health services results in
5 30 million children under the age of one year going
6 without necessary immunizations.

7 (10) Every year an estimated 250,000 to
8 500,000 vitamin A-deficient children become blind,
9 with one-half of such children dying within 12
10 months of losing their sight.

11 (11) Iron deficiency, affecting over 30 percent
12 of the world's population, causes premature birth,
13 low birth weight, and infections, elevating the risk of
14 death in children.

15 (12) Two-thirds of deaths of children under five
16 years of age, or 7.1 million children, including three
17 million newborn deaths, could be prevented by low-
18 cost, low-tech health and nutritional interventions.

19 (13) Exclusive breastfeeding—giving only
20 breast milk for the first six months of life—could
21 prevent an estimated 1.3 million newborn and infant
22 deaths each year, primarily by protecting against di-
23 arrhea and pneumonia.

1 (14) An additional two million lives could be
2 saved annually by providing oral-rehydration therapy
3 prepared with clean water.

4 (15) During the 1990s, successful immuniza-
5 tion programs reduced polio by 99 percent, tetanus
6 deaths by 50 percent, and measles cases by 40 per-
7 cent.

8 (16) Between 1998 and 2000, distribution of
9 low-cost vitamin A supplements saved an estimated
10 one million lives.

11 (17) Expansion of clinical care of newborns and
12 mothers, such as clean delivery by skilled attendants,
13 emergency obstetric care, and neonatal resuscitation,
14 can avert 50 percent of newborn deaths.

15 (18) Keeping mothers healthy is essential for
16 child survival because illness, complications, or ma-
17 ternal death during or following pregnancy increases
18 the risk for death in newborns and infants.

19 (19) Each year more than 525,000 women die
20 from causes related to pregnancy and childbirth,
21 with 99 percent of these deaths occurring in devel-
22 oping countries.

23 (20) The lifetime risk of an African woman
24 dying from a complication related to pregnancy or

1 childbirth is 1 in 16, while the same risk for a
2 woman in a developed country is 1 in 2,800.

3 (21) Risk factors for maternal death in devel-
4 oping countries include early pregnancy and child-
5 birth, closely spaced births, infectious diseases, mal-
6 nutrition, and complications during childbirth.

7 (22) Reducing maternal mortality requires birth
8 spacing, access to preventive care, skilled birth at-
9 tendants, and emergency obstetric care.

10 (23) The role of the United States in promoting
11 child survival and maternal health over the past
12 three decades has resulted in millions of lives being
13 saved around the world.

14 (24) In 2000, the United States joined 188
15 other countries in supporting eight Millennium De-
16 velopment Goals designed to achieve “a more peace-
17 ful, prosperous and just world”.

18 (25) Two of the Millennium Development Goals
19 call for a reduction in the mortality rate of children
20 under the age of five by two-thirds and a reduction
21 in maternal deaths by three-quarters by 2015.

22 (26) On September 14, 2005, President George
23 W. Bush stated before the leaders of the world: “To
24 spread a vision of hope, the United States is deter-
25 mined to help nations that are struggling with pov-

1 erty. We are committed to the Millennium Develop-
2 ment Goals.”.

3 (b) PURPOSES.—The purposes of this Act are to—

4 (1) authorize assistance to improve the health
5 of newborns, children, and mothers in developing
6 countries, including by strengthening the capacity of
7 health systems and health workers;

8 (2) develop and implement a strategy to im-
9 prove the health of newborns, children, and mothers,
10 including reducing child and maternal mortality, in
11 developing countries;

12 (3) to establish a task force to assess, monitor,
13 and evaluate the progress and contributions of rel-
14 evant departments and agencies of the Government
15 of the United States in achieving the United Nations
16 Millennium Development Goals by 2015 for reducing
17 the mortality of children under the age of five by
18 two-thirds and reducing maternal mortality by three-
19 quarters in developing countries.

20 **SEC. 3. ASSISTANCE TO IMPROVE THE HEALTH OF**
21 **NEWBORNS, CHILDREN, AND MOTHERS IN**
22 **DEVELOPING COUNTRIES.**

23 (a) IN GENERAL.—Chapter 1 of part I of the Foreign
24 Assistance Act of 1961 (22 U.S.C. 2151 et seq.) is amend-
25 ed—

1 (1) in section 104(e)—

2 (A) by striking paragraphs (2) and (3);

3 and

4 (B) by redesignating paragraph (4) as
5 paragraph (2);

6 (2) by redesignating sections 104A, 104B, and
7 104C as sections 104B, 104C, and 104D, respec-
8 tively; and

9 (3) by inserting after section 104 the following
10 new section:

11 **“SEC. 104A. ASSISTANCE TO IMPROVE THE HEALTH OF**
12 **NEWBORNS, CHILDREN, AND MOTHERS.**

13 “(a) AUTHORIZATION.—Consistent with section
14 104(e), the President is authorized to furnish assistance,
15 on such terms and conditions as the President may deter-
16 mine, to improve the health of newborns, children, and
17 mothers in developing countries.

18 “(b) ACTIVITIES SUPPORTED.—Assistance provided
19 under subsection (b) shall, to the maximum extent prac-
20 ticable, be used to carry out the following activities:

21 “(1) Activities to strengthen the capacity of
22 health systems in developing countries, including
23 training for clinicians, nurses, technicians, sanitation
24 and public health workers, community-based health

1 workers, midwives and birth attendants, peer edu-
2 cators, and private sector enterprises.

3 “(2) Activities to provide health care access to
4 underserved and marginalized populations.

5 “(3) Activities to ensure the supply, logistical
6 support, and distribution of essential drugs, vac-
7 cines, commodities, and equipment to regional, dis-
8 trict, and local levels.

9 “(4) Activities to educate underserved and
10 marginalized populations to seek health care when
11 appropriate, including clinical and community-based
12 activities.

13 “(5) Activities to integrate and coordinate as-
14 sistance provided under this section with existing
15 health programs for—

16 “(A) the prevention of the transmission of
17 HIV from mother-to-child and other HIV/AIDS
18 counseling, care, and treatment activities;

19 “(B) malaria;

20 “(C) tuberculosis; and

21 “(D) child spacing.

22 “(6) Activities to expand access to safe water
23 and sanitation.

24 “(7) Activities to expand the use of and tech-
25 nical support for appropriate technology to reduce

1 acute respiratory infection from firewood smoke in-
2 halation.

3 “(c) GUIDELINES.—To the maximum extent prac-
4 ticable, programs, projects, and activities carried out using
5 assistance provided under this section shall be—

6 “(1) carried out through private and voluntary
7 organizations, as well as faith-based organizations,
8 giving priority to organizations that demonstrate ef-
9 fectiveness and commitment to improving the health
10 of newborns, children, and mothers;

11 “(2) carried out with input by host countries,
12 including civil society and local communities, as well
13 as other donors and multilateral organizations;

14 “(3) carried out with input by beneficiaries and
15 other directly affected populations, especially women
16 and marginalized communities; and

17 “(4) designed to build the capacity of host
18 country governments and civil society organizations.

19 “(d) ANNUAL REPORT.—Not later than January 31
20 of each year, the President shall transmit to Congress a
21 report on the implementation of this section for the prior
22 fiscal year.

23 “(e) DEFINITIONS.—In this section:

24 “(1) AIDS.—The term ‘AIDS’ has the meaning
25 given the term in section 104B(g)(1) of this Act.

1 “(2) HIV.—The term ‘HIV’ has the meaning
2 given the term in section 104B(g)(2) of this Act.

3 “(3) HIV/AIDS.—The term ‘HIV/AIDS’ has
4 the meaning given the term in section 104B(g)(3) of
5 this Act. ”.

6 (b) CONFORMING AMENDMENTS.—The Foreign As-
7 sistance Act of 1961 (22 U.S.C. 2151 et seq.) is amend-
8 ed—

9 (1) in section 104(c)(2) (as redesignated by
10 subsection (a)(1)(B) of this section), by striking
11 “and 104C” and inserting “104C, and 104D”;

12 (2) in section 104B (as redesignated by sub-
13 section (a)(2) of this section)—

14 (A) in subsection (c)(1), by inserting “and
15 section 104A” after “section 104(c)”;

16 (B) in subsection (e)(2), by striking “sec-
17 tion 104B, and section 104C” and inserting
18 “section 104C, and section 104D”; and

19 (C) in subsection (f), by striking “section
20 104(c), this section, section 104B, and section
21 104C” and inserting “section 104(c), section
22 104A, this section, section 104C, and section
23 104D”;

1 (3) in subsection (c) of section 104C (as redese-
2 gnated by subsection (a)(2) of this section), by in-
3 serting “and section 104A” after “section 104(c)”;

4 (4) in subsection (c) of section 104D (as redese-
5 gnated by subsection (a)(2) of this section), by in-
6 serting “and section 104A” after “section 104(c)”;

7 and

8 (5) in the first sentence of section 119(c), by
9 striking “section 104(c)(2), relating to Child Sur-
10 vival Fund” and inserting “section 104A”.

11 **SEC. 4. DEVELOPMENT OF STRATEGY TO IMPROVE THE**
12 **HEALTH OF NEWBORNS, CHILDREN, AND**
13 **MOTHERS IN DEVELOPING COUNTRIES.**

14 (a) DEVELOPMENT OF STRATEGY.—The President
15 shall develop a comprehensive strategy to improve the
16 health of newborns, children, and mothers, including re-
17 ducing newborn, child, and maternal mortality, in devel-
18 oping countries.

19 (b) COMPONENTS.—The strategy developed pursuant
20 to subsection (a) shall include the following:

21 (1) Programmatic areas and interventions pro-
22 viding maximum health benefits to populations at
23 risk as well as maximum reduction in mortality, in-
24 cluding—

1 (A) costs and benefits of programs and
2 interventions; and

3 (B) investments needed in identified pro-
4 grams and interventions to achieve the greatest
5 results.

6 (2) An identification of countries with priority
7 needs for the five-year period beginning on the date
8 of the enactment of this Act based on—

9 (A) the neonatal mortality rate;

10 (B) the mortality rate of children under
11 the age of five;

12 (C) the maternal mortality rate;

13 (D) the percentage of women and children
14 with limited or no access to basic health care;
15 and

16 (E) additional criteria for evaluation such
17 as—

18 (i) the percentage of one-year old chil-
19 dren who are fully immunized;

20 (ii) the percentage of children under
21 the age of five who sleep under insecticide-
22 treated bed nets;

23 (iii) the percentage of children under
24 the age of five with fever treated with anti-
25 malarial drugs;

1 (iv) the percentage of children under
2 the age of five who are covered by vitamin
3 A supplementation;

4 (v) the percentage of children under
5 the age of five with diarrhea who are re-
6 ceiving oral-rehydration therapy and con-
7 tinued feeding;

8 (vi) the percentage of children under
9 the age of five with pneumonia who are re-
10 ceiving appropriate care;

11 (vii) the percentage of the population
12 with access to improved sanitation facili-
13 ties;

14 (viii) the percentage of the population
15 with access to safe drinking water;

16 (ix) the percentage of children under
17 the age of five who are underweight for
18 their age;

19 (x) the percentage of births attended
20 by skilled health care personnel;

21 (xi) the percentage of women with ac-
22 cess to emergency obstetric care;

23 (xii) the potential for implementing
24 newborn, child, and maternal health inter-
25 ventions at scale; and

1 (xiii) the demonstrated commitment of
2 countries to newborn, child, and maternal
3 health.

4 (3) A description of how United States assist-
5 ance complements and leverages efforts by other do-
6 nors, as well as builds capacity and self-sufficiency
7 among recipient countries.

8 (4) An expansion of the Child Survival and
9 Health Grants Program of the United States Agency
10 for International Development to provide additional
11 support programs and interventions determined to
12 be efficacious and cost-effective improving health
13 and reducing mortality.

14 (5) Enhanced coordination among relevant de-
15 partments and agencies of the Government of the
16 United States engaged in activities to improve the
17 health of newborns, children, and mothers in devel-
18 oping countries.

19 (c) REPORT.—Not later than 180 days after the date
20 of the enactment of this Act, the President shall transmit
21 to Congress a report that contains the strategy described
22 in this section.

1 **SEC. 5. INTERAGENCY TASK FORCE ON CHILD SURVIVAL**
2 **AND MATERNAL HEALTH IN DEVELOPING**
3 **COUNTRIES.**

4 (a) **ESTABLISHMENT.**—There is established a task
5 force to be known as the Interagency Task Force on Child
6 Survival and Maternal Health in Developing Countries (in
7 this section referred to as the “Task Force”).

8 (b) **DUTIES.**—

9 (1) **IN GENERAL.**—The Task Force shall assess,
10 monitor, and evaluate the progress and contributions
11 of relevant departments and agencies of the Govern-
12 ment of the United States in achieving the Millen-
13 nium Development Goals by 2015 for reducing the
14 mortality of children under the age of five by two-
15 thirds and reducing maternal mortality by three-
16 quarters in developing countries, including by—

17 (A) identifying and evaluating programs
18 and interventions that directly or indirectly con-
19 tribute to the reduction of child and maternal
20 mortality rates;

21 (B) assessing effectiveness of programs,
22 interventions, and strategies toward achieving
23 the maximum reduction of child and maternal
24 mortality rates;

25 (C) assessing the level of coordination
26 among relevant departments and agencies of

1 the Government of the United States, the inter-
2 national community, international organiza-
3 tions, faith-based organizations, academic insti-
4 tutions, and the private sector;

5 (D) assessing the contributions made by
6 United States-funded programs toward achiev-
7 ing the Millennium Development Goals;

8 (E) identifying the bilateral efforts of other
9 nations and multilateral efforts toward achiev-
10 ing the Millennium Development Goals; and

11 (F) preparing the annual report required
12 by subsection (f).

13 (2) CONSULTATION.—To the maximum extent
14 practicable, the Task Force shall consult with indi-
15 viduals with expertise in the matters to be consid-
16 ered by the Task Force who are not officers or em-
17 ployees of the Government of the United States, in-
18 cluding representatives of United States-based non-
19 governmental organizations (including faith-based
20 organizations and private foundations), academic in-
21 stitutions, private corporations, the United Nations
22 Children’s Fund (UNICEF), and the World Bank.

23 (c) MEMBERSHIP.—

24 (1) NUMBER AND APPOINTMENT.—The Task
25 Force shall be composed of the following members:

1 (A) The Administrator of the United
2 States Agency for International Development.

3 (B) The Assistant Secretary of State for
4 Population, Refugees and Migration.

5 (C) The Coordinator of United States Gov-
6 ernment Activities to Combat HIV/AIDS Glob-
7 ally.

8 (D) The Director of the Office of Global
9 Health Affairs of the Department of Health
10 and Human Services.

11 (E) The Under Secretary for Food, Nutri-
12 tion and Consumer Services of the Department
13 of Agriculture.

14 (F) The Chief Executive Officer of the Mil-
15 lennium Challenge Corporation.

16 (G) The Director of the Peace Corps.

17 (H) Other officials of relevant departments
18 and agencies of the Federal Government who
19 shall be appointed by the President.

20 (2) CHAIRPERSON.—The Administrator of the
21 United States Agency for International Development
22 shall serve as chairperson of the Task Force.

23 (d) MEETINGS.—The Task Force shall meet on a reg-
24 ular basis, not less often than quarterly, on a schedule
25 to be agreed upon by the members of the Task Force, and

1 starting not later than 90 days after the date of the enact-
2 ment of this Act.

3 (e) DEFINITION.—In this subsection, the term “Mil-
4 lennium Development Goals” means the key development
5 objectives described in the United Nations Millennium
6 Declaration, as contained in United Nations General As-
7 sembly Resolution 55/2 (September 2000).

8 (f) REPORT.—Not later than 120 days after the date
9 of the enactment of this Act, and not later than April 30
10 of each year thereafter, the Task Force shall submit to
11 Congress and the President a report on the implementa-
12 tion of this section.

13 **SEC. 6. AUTHORIZATION OF APPROPRIATIONS.**

14 (a) IN GENERAL.—There are authorized to be appro-
15 priated to carry out this Act, and the amendments made
16 by this Act, \$660,000,000 for fiscal year 2007 and
17 \$1,200,000,000 for each of the fiscal years 2008 through
18 2011.

19 (b) AVAILABILITY OF FUNDS.—Amounts appro-
20 priated pursuant to the authorization of appropriations
21 under subsection (a) are authorized to remain available
22 until expended.

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