

110TH CONGRESS
1ST SESSION

S. 1418

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

IN THE SENATE OF THE UNITED STATES

MAY 17, 2007

Mr. DODD (for himself, Mr. BROWN, Mr. SMITH, and Mr. LEAHY) introduced the following bill; which was read twice and referred to the Committee on Foreign 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 “United States Commit-
5 ment to Global Child Survival Act of 2007”.

6 **SEC. 2. FINDINGS AND PURPOSES.**

7 (a) FINDINGS.—Congress makes the following find-
8 ings:

1 (1) In 2000, the United States joined 188
2 countries in committing to achieve 8 Millennium De-
3 velopment Goals (MDGs) by 2015, including “MDG
4 4” and “MDG 5” that aim to reduce the mortality
5 rate of children under the age of 5 by $\frac{2}{3}$ and mater-
6 nal mortality rate by $\frac{3}{4}$ in developing countries, re-
7 spectively.

8 (2) The significant commitment of the United
9 States to reducing child mortality in the developing
10 world contributed to a 50-percent reduction in the
11 mortality rate of children under the age of 5 be-
12 tween 1960 and 1990, and over the past 20 years,
13 the United States has invested over \$6,000,000,000
14 in child survival programs run by the United States
15 Agency for International Development.

16 (3) According to one of the world’s leading
17 medical journals, the Lancet, despite United States
18 and global efforts to achieve MDG 4, of the 60
19 countries that account for 94 percent of under-5
20 child deaths, “only seven countries are on track to
21 meet MDG 4, thirty-nine countries are making some
22 progress, although they need to accelerate the speed,
23 and fourteen countries are cause for serious con-
24 cern”.

1 (4) 10,500,000 children under the age of 5 die
2 annually, over 29,000 children per day, from easily
3 preventable and treatable causes, including
4 4,000,000 newborns who die in the first 4 weeks of
5 life.

6 (5) 3,000,000 children die each year due to lack
7 of access to low-cost antibiotics and antimalarial
8 drugs, and 1,700,000 die from diseases for which
9 vaccines are readily available.

10 (6) Maternal health is an important deter-
11 minant of neonatal survival with maternal death in-
12 creasing death rates for newborns to as high as 100
13 percent in certain countries in the developing world.

14 (7) Approximately 525,000 women die every
15 year in the developing world from causes related to
16 pregnancy and childbirth.

17 (8) Risk factors for maternal death in devel-
18 oping countries include pregnancy and childbirth at
19 an early age, closely spaced births, infectious dis-
20 eases, malnutrition, and complications during child-
21 birth.

22 (9) According to the Lancet, nearly $\frac{2}{3}$ of an-
23 nual child and newborn deaths, 6,000,000 children,
24 can be avoided in accordance with MDG 4 if a pack-
25 age of high impact, low-cost interventions were made

1 available at a total, additional, annual cost of
2 \$5,100,000,000, including oral rehydration therapy
3 for diarrhea (\$0.06 per treatment) and antibiotics to
4 treat respiratory infections (\$0.25 per treatment).

5 (10) 2,000,000 lives could be saved annually by
6 providing oral rehydration therapy prepared with
7 clean water.

8 (11) Exclusive breastfeeding—giving only
9 breast milk for the first 6 months of life—could pre-
10 vent an estimated 1,300,000 newborn and infant
11 deaths each year, primarily by protecting against di-
12 arrhea and pneumonia.

13 (12) Expansion of clinical care for newborns
14 and mothers, such as clean delivery by skilled at-
15 tendants, emergency obstetric care, and neonatal re-
16 suscitation, can avert 50 percent of newborn deaths
17 and reduce maternal mortality.

18 (13) The United Nations Children's Fund
19 (UNICEF), with support from the World Health Or-
20 ganization, the World Bank, and the African Union,
21 has successfully demonstrated the accelerated child
22 survival and development program in Senegal, Mali,
23 Benin, and Ghana, reducing mortality of children
24 under the age of 5 by 20 percent in targeted areas
25 using low-cost, high-impact interventions.

1 (14) On September 14, 2005, President George
2 W. Bush stated before the United Nations High-
3 Level Plenary Meeting that the United States is
4 “committed to the Millennium Development Goals”.

5 (15) Nearing the halfway point of attaining the
6 MDGs by 2015 with thousands of avoidable new-
7 born, child, and maternal deaths still occurring, the
8 United States must immediately scale up its funding
9 and delivery of proven low-cost, life-saving interven-
10 tions in order to fulfill its commitment to help en-
11 sure that MDGs 4 and 5 are met.

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

13 (1) to develop a strategy to reduce mortality
14 and improve the health of newborns, children, and
15 mothers, and authorize assistance for its implemen-
16 tation; and

17 (2) to establish a task force to assess, monitor,
18 and evaluate the progress and contributions of rel-
19 evant departments and agencies of the United States
20 Government in achieving MDGs 4 and 5.

1 **SEC. 3. ASSISTANCE TO IMPROVE THE HEALTH OF**
2 **NEWBORNS, CHILDREN, AND MOTHERS IN**
3 **DEVELOPING COUNTRIES.**

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

7 (1) in section 104(c)—

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

10 (B) by redesignating paragraph (4) as
11 paragraph (2); and

12 (2) by inserting after section 104C the fol-
13 lowing new section:

14 **“SEC. 104D. ASSISTANCE TO REDUCE MORTALITY AND IM-**
15 **PROVE THE HEALTH OF NEWBORNS, CHIL-**
16 **DREN, AND MOTHERS.**

17 “(a) AUTHORIZATION.—Consistent with section
18 104(c), the President is authorized to furnish assistance,
19 on such terms and conditions as the President may deter-
20 mine, to reduce mortality and improve the health of
21 newborns, children, and mothers in developing countries.

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

25 “(1) Activities to improve newborn care and
26 treatment.

1 “(2) Activities to treat childhood illness, includ-
2 ing increasing access to appropriate treatment for
3 diarrhea, pneumonia, and other life-threatening
4 childhood illnesses.

5 “(3) Activities to improve child and maternal
6 nutrition, including the delivery of iron, zinc, vita-
7 min A, iodine, and other key micronutrients and the
8 promotion of breastfeeding.

9 “(4) Activities to strengthen the delivery of im-
10 munization services, including efforts to eliminate
11 polio.

12 “(5) Activities to improve birth preparedness
13 and maternity services.

14 “(6) Activities to improve the recognition and
15 treatment of obstetric complications and disabilities.

16 “(7) Activities to improve household-level be-
17 havior related to safe water, hygiene, exposure to in-
18 door smoke, and environmental toxins such as lead.

19 “(8) Activities to improve capacity for health
20 governance, health finance, and the health work-
21 force, including support for training clinicians,
22 nurses, technicians, sanitation and public health
23 workers, community-based health works, midwives,
24 birth attendants, peer educators, volunteers, and pri-
25 vate sector enterprises.

1 “(9) Activities to address antimicrobial resist-
2 ance in child and maternal health.

3 “(10) Activities to establish and support the
4 management information systems of host country in-
5 stitutions and the development and use of tools and
6 models to collect, analyze, and disseminate informa-
7 tion related to newborn, child, and maternal health.

8 “(11) Activities to develop and conduct needs
9 assessments, baseline studies, targeted evaluations,
10 or other information-gathering efforts for the design,
11 monitoring, and evaluation of newborn, child, and
12 maternal health efforts.

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

1 “(1) carried out through private and voluntary
2 organizations, including faith-based organizations,
3 and relevant international and multilateral organiza-
4 tions, including the GAVI Alliance and UNICEF,
5 that demonstrate effectiveness and commitment to
6 improving the health of newborns, children, and
7 mothers;

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

11 “(3) carried out with input by beneficiaries and
12 other directly affected populations, especially women
13 and marginalized communities; and

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

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

20 “(e) DEFINITIONS.—In this section:

21 “(1) AIDS.—The term ‘AIDS’ has the meaning
22 given the term in section 104A(g)(1) of this Act.

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

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

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

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

10 (2) in section 104A—

11 (A) in subsection (c)(1), by inserting “and
12 section 104D” after “section 104(c)”; and

13 (B) in subsection (f), by striking “section
14 104(c), this section, section 104B, and section
15 104C” and inserting “section 104(c), this sec-
16 tion, section 104B, section 104C, and section
17 104D”;

18 (3) in subsection (c) of section 104B, by insert-
19 ing “and section 104D” after “section 104(c)”;

20 (4) in subsection (e) of section 104C, by insert-
21 ing “and section 104D” after “section 104(c)”; and

22 (5) in the first sentence of section 119(c), by
23 striking “section 104(c)(2), relating to Child Sur-
24 vival Fund” and inserting “section 104D”.

1 **SEC. 4. DEVELOPMENT OF STRATEGY TO REDUCE MOR-**
2 **TALITY AND IMPROVE THE HEALTH OF**
3 **NEWBORNS, CHILDREN, AND MOTHERS IN**
4 **DEVELOPING COUNTRIES.**

5 (a) DEVELOPMENT OF STRATEGY.—The President
6 shall develop and implement a comprehensive strategy to
7 improve the health of newborns, children, and mothers in
8 developing countries.

9 (b) COMPONENTS.—The comprehensive United
10 States Government strategy developed pursuant to sub-
11 section (a) shall include the following:

12 (1) An identification of not less than 60 coun-
13 tries with priority needs for the 5-year period begin-
14 ning on the date of the enactment of this Act based
15 on—

16 (A) the number and rate of neonatal
17 deaths;

18 (B) the number and rate of child deaths;
19 and

20 (C) the number and rate of maternal
21 deaths.

22 (2) For each country identified in paragraph
23 (1)—

24 (A) an assessment of the most common
25 causes of newborn, child, and maternal mor-
26 tality;

1 (B) a description of the programmatic
2 areas and interventions providing maximum
3 health benefits to populations at risk and max-
4 imum reduction in mortality;

5 (C) an assessment of the investments need-
6 ed in identified programs and interventions to
7 achieve the greatest results;

8 (D) a description of how United States as-
9 sistance complements and leverages efforts by
10 other donors and builds capacity and self-suffi-
11 ciency among recipient countries; and

12 (E) a description of goals and objectives
13 for improving newborn, child, and maternal
14 health, including, to the extent feasible, objec-
15 tive and quantifiable indicators.

16 (3) An expansion of the Child Survival and
17 Health Grants Program of the United States Agency
18 for International Development, at least propor-
19 tionate to any increase in child and maternal health
20 assistance, to provide additional support programs
21 and interventions determined to be efficacious and
22 cost-effective.

23 (4) Enhanced coordination among relevant de-
24 partments and agencies of the United States Gov-
25 ernment engaged in activities to improve the health

1 and well-being of newborns, children, and mothers in
2 developing countries.

3 (5) A description of the measured or estimated
4 impact on child morbidity and mortality of each
5 project or program.

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

10 **SEC. 5. INTERAGENCY TASK FORCE ON CHILD SURVIVAL**
11 **AND MATERNAL HEALTH IN DEVELOPING**
12 **COUNTRIES.**

13 (a) ESTABLISHMENT.—There is established a task
14 force to be known as the Interagency Task Force on Child
15 Survival and Maternal Health in Developing Countries (in
16 this section referred to as the “Task Force”).

17 (b) DUTIES.—

18 (1) IN GENERAL.—The Task Force shall assess,
19 monitor, and evaluate the progress and contributions
20 of relevant departments and agencies of the United
21 States Government in achieving MDGs 4 and 5 in
22 developing countries, including by—

23 (A) identifying and evaluating programs
24 and interventions that directly or indirectly con-

1 tribute to the reduction of child and maternal
2 mortality rates;

3 (B) assessing effectiveness of programs,
4 interventions, and strategies toward achieving
5 the maximum reduction of child and maternal
6 mortality rates;

7 (C) assessing the level of coordination
8 among relevant departments and agencies of
9 the United States Government, the inter-
10 national community, international organiza-
11 tions, faith-based organizations, academic insti-
12 tutions, and the private sector;

13 (D) assessing the contributions made by
14 United States-funded programs toward achiev-
15 ing MDGs 4 and 5;

16 (E) identifying the bilateral efforts of other
17 nations and multilateral efforts toward achiev-
18 ing MDGs 4 and 5; and

19 (F) preparing the annual report required
20 by subsection (f).

21 (2) CONSULTATION.—To the maximum extent
22 practicable, the Task Force shall consult with indi-
23 viduals with expertise in the matters to be consid-
24 ered by the Task Force who are not officers or em-
25 ployees of the United States Government, including

1 representatives of United States-based nongovern-
2 mental organizations (including faith-based organi-
3 zations and private foundations), academic institu-
4 tions, private corporations, the United Nations Chil-
5 dren’s Fund (UNICEF), and the World Bank.

6 (c) MEMBERSHIP.—

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

9 (A) The Administrator of the United
10 States Agency for International Development.

11 (B) The Assistant Secretary of State for
12 Population, Refugees and Migration.

13 (C) The Coordinator of United States Gov-
14 ernment Activities to Combat HIV/AIDS Glob-
15 ally.

16 (D) The Director of the Office of Global
17 Health Affairs of the Department of Health
18 and Human Services.

19 (E) The Under Secretary for Food, Nutri-
20 tion and Consumer Services of the Department
21 of Agriculture.

22 (F) The Chief Executive Officer of the Mil-
23 lennium Challenge Corporation.

1 (G) Other officials of relevant departments
2 and agencies of the Federal Government who
3 shall be appointed by the President.

4 (H) Two ex officio members appointed by
5 the Speaker of the House of Representatives in
6 consultation with the Minority Leader of the
7 House of Representatives.

8 (I) Two ex officio members appointed by
9 the Majority Leader of the Senate in consulta-
10 tion with the Minority Leader of the Senate.

11 (2) CHAIRPERSON.—The Administrator of the
12 United States Agency for International Development
13 shall serve as chairperson of the Task Force.

14 (d) MEETINGS.—The Task Force shall meet on a reg-
15 ular basis, not less often than quarterly, on a schedule
16 to be agreed upon by the members of the Task Force, and
17 starting not later than 90 days after the date of the enact-
18 ment of this Act.

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

24 (f) REPORT.—Not later than 120 days after the date
25 of the enactment of this Act, and not later than April 30

1 of each year thereafter, the Task Force shall submit to
2 Congress and the President a report on the implementa-
3 tion of this section.

4 **SEC. 6. AUTHORIZATION OF APPROPRIATIONS.**

5 (a) IN GENERAL.—There are authorized to be appro-
6 priated to carry out this Act, and the amendments made
7 by this Act, \$600,000,000 for fiscal year 2008,
8 \$900,000,000 for fiscal year 2009, \$1,200,000,000 for fis-
9 cal year 2010, and \$1,600,000,000 for each of fiscal years
10 2011 and 2012.

11 (b) AVAILABILITY OF FUNDS.—Amounts appro-
12 priated pursuant to the authorization of appropriations
13 under subsection (a) are authorized to remain available
14 until expended.

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