

110TH CONGRESS
1ST SESSION

H. R. 2266

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

IN THE HOUSE OF REPRESENTATIVES

MAY 10, 2007

Ms. MCCOLLUM of Minnesota (for herself, Mr. SHAYS, Mr. PAYNE, Mr. REICHERT, Mr. BLUMENAUER, Mr. CROWLEY, Mr. ELLISON, Mr. GRIJALVA, Mr. HONDA, Ms. JACKSON-LEE of Texas, Mr. JEFFERSON, Mr. McDERMOTT, Mr. MCGOVERN, Mr. OLVER, Mr. SNYDER, Ms. WATSON, and Ms. WOOLSEY) introduced the following bill; which was referred to the Committee on Foreign Affairs

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 finds the following:

1 (1) The significant commitment of the United
2 States to reducing child mortality in the developing
3 world contributed to a 50 percent reduction in the
4 mortality of children under the age of 5 between
5 1960 and 1990.

6 (2) The United States Agency for International
7 Development's support for child survival interven-
8 tions and technologies during the 1970s and 1980s
9 saves the lives of millions of children each year.

10 (3) Since 1990 significant progress in child sur-
11 vival has been made, including substantial reduc-
12 tions in child mortality in Egypt (68 percent), Nepal
13 (49 percent), and Malawi (43 percent).

14 (4) While United States investments in child
15 survival has contributed to a major decline in the
16 rate of child mortality, 10.1 million children under
17 the age of 5 die each year, over 28,000 children per
18 day, from easily preventable and treatable causes.

19 (5) Four million newborns die in the first 4
20 weeks of life, which accounts for 38 percent of all
21 deaths of children under the age of 5.

22 (6) Ninety percent of deaths of children under
23 the age of 5 occur in just 42 countries.

24 (7) According to the Lancet, 67 percent of neo-
25 natal deaths take place in just 10 countries: India,

1 China, Pakistan, Nigeria, Bangladesh, Ethiopia, the
2 Democratic Republic of the Congo, Indonesia, Af-
3 ghanistan, and the United Republic of Tanzania.

4 (8) According to the Lancet, maternal health is
5 an important determinant of neonatal survival with
6 maternal death increasing death rates for newborns
7 to as high as 100 percent in poor countries.

8 (9) Approximately 525,000 women die every
9 year in the developing world from causes related to
10 pregnancy and childbirth.

11 (10) Poverty is the root cause of many mater-
12 nal and neonatal deaths, either because it increases
13 the prevalence of risk factors or because it reduces
14 access to care.

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

20 (12) Skilled birth attendants, access to preven-
21 tive care, and child spacing can reduce maternal
22 mortality and increase child survival rates.

23 (13) A package of 20 affordable interventions,
24 including skilled care at birth, emergency obstetric
25 care, breastfeeding, vaccinations, antibiotics, and

1 micro-nutrients, could save 6 million children per
2 year at a cost of only \$25 per child or \$1.62 per
3 person in 60 priority countries.

4 (14) Millions of children's lives can be saved by
5 high-impact, low-cost, feasible interventions like oral
6 rehydration therapy (ORT) for diarrhea (\$0.06 per
7 treatment), antibiotics to treat respiratory infections
8 (\$0.25 per treatment), and anti-malaria tablets
9 (\$0.12 per treatment).

10 (15) Three million children die each year due to
11 lack of access to low-cost antibiotics and anti-malar-
12 ial drugs.

13 (16) Lack of access to health services results in
14 30 million children under the age of 1 year going
15 without necessary immunizations and 1.7 million
16 children dying from diseases in which vaccines are
17 readily available.

18 (17) During the 1990s, successful immuniza-
19 tion programs reduced polio by 99 percent, tetanus
20 deaths by 50 percent, and measles cases by 40 per-
21 cent.

22 (18) Between 1999 and 2004, distribution of
23 low-cost vitamin A supplements saved an estimated
24 2.3 million lives, yet the unmet need for vitamin A
25 supplements results in an estimated 250,000 to

1 500,000 children becoming blind each year, with 70
2 percent of such children dying within 12 months of
3 losing their sight.

4 (19) Exclusive breastfeeding—giving only
5 breast milk for the first 6 months of life—could pre-
6 vent an estimated 1.3 million newborn and infant
7 deaths each year, primarily by protecting against di-
8 arrhea and pneumonia.

9 (20) Two million lives could be saved annually
10 by providing oral-rehydration therapy prepared with
11 clean water.

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

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

24 (23) In 2000, the United States joined 188
25 other countries in supporting 8 United Nations Mil-

1 Millennium Development Goals, including goals to re-
2 duce the mortality rate of children under the age of
3 5 by two-thirds and reduce maternal deaths by
4 three-quarters by 2015.

5 (24) On September 14, 2005, President George
6 W. Bush stated before the leaders of the world: “To
7 spread a vision of hope, the United States is deter-
8 mined to help nations that are struggling with pov-
9 erty. We are committed to the Millennium Develop-
10 ment Goals.”.

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

12 (1) authorize assistance to reduce mortality and
13 improve the health of newborns, children, and moth-
14 ers in developing countries, including strengthening
15 the capacity of health systems and health workers;

16 (2) develop and implement a strategy to reduce
17 mortality and improve the health of newborns, chil-
18 dren, and mothers in developing countries; and

19 (3) establish a task force to assess, monitor,
20 and evaluate the progress and contributions of rel-
21 evant departments and agencies of the Government
22 of the United States in achieving the United Nations
23 Millennium Development Goals by 2015 for reducing
24 the mortality of children under the age of 5 by two-

1 thirds and reducing maternal mortality by three-
2 quarters in developing countries.

3 **SEC. 3. ASSISTANCE TO REDUCE MORTALITY AND IMPROVE**
4 **THE HEALTH OF NEWBORNS, CHILDREN, AND**
5 **MOTHERS IN DEVELOPING COUNTRIES.**

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

9 (1) in section 104(c)—

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

11 and

12 (B) by redesignating paragraph (4) as
13 paragraph (2);

14 (2) by redesignating sections 104A, 104B, and
15 104C as sections 104B, 104C, and 104D, respec-
16 tively; and

17 (3) by inserting after section 104 the following
18 new section:

19 **“SEC. 104A. ASSISTANCE TO REDUCE MORTALITY AND IM-**
20 **PROVE THE HEALTH OF NEWBORNS, CHIL-**
21 **DREN, AND MOTHERS.**

22 “(a) AUTHORIZATION.—Consistent with section
23 104(c), the President is authorized to furnish assistance,
24 on such terms and conditions as the President may deter-

1 mine, to reduce mortality and improve the health of
2 newborns, children, and mothers in developing countries.

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

6 “(1) Activities to improve newborn care and
7 treatment.

8 “(2) Activities to treat childhood illness, includ-
9 ing increasing access to and utilization of appro-
10 priate treatment for diarrhea, pneumonia, and other
11 life-threatening childhood illnesses.

12 “(3) Activities to improve child and maternal
13 nutrition, including the delivery of iron, zinc, vita-
14 min A, iodine, and other key micronutrients and the
15 promotion of breastfeeding.

16 “(4) Activities to strengthen the delivery of im-
17 munization services, including efforts to eliminate
18 polio.

19 “(5) Activities to improve birth preparedness
20 and maternity services.

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

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

1 “(8) Activities to improve capacity for health
2 governance, finance and workforce, including sup-
3 port for training clinicians, nurses, technicians, sani-
4 tation and public health workers, community-based
5 health workers, midwives, birth attendants, peer
6 educators, volunteers, and private sector enterprises.

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

9 “(10) Activities to establish and support host
10 country institutions’ management information sys-
11 tems and the development and use of tools and mod-
12 els to collect, analyze, and disseminate information
13 related to newborn, child, and maternal health.

14 “(11) Activities to develop and conduct needs
15 assessments, baseline studies, targeted evaluations,
16 or other information-gathering efforts for the design,
17 monitoring, and evaluation of newborn, child, and
18 maternal health efforts.

19 “(12) Activities to integrate and coordinate as-
20 sistance provided under this section with existing
21 health programs for—

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

25 “(B) malaria;

1 “(C) tuberculosis; and

2 “(D) child spacing.

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, including faith-based organizations,
8 and relevant international and multilateral organiza-
9 tions, including the GAVI Alliance (formerly known
10 as the Global Alliance for Vaccines and Immuniza-
11 tion) and the United Nations Children’s Fund
12 (UNICEF), giving priority to organizations that
13 demonstrate effectiveness and commitment to im-
14 proving the health of newborns, children, and moth-
15 ers;

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

19 “(3) carried out with input by beneficiaries and
20 other directly-affected populations, especially women
21 and marginalized communities; and

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

24 “(d) ANNUAL REPORT.—Not later than January 31
25 of each year, the President shall transmit to Congress a

1 report on the implementation of this section for the prior
2 fiscal year.

3 “(e) DEFINITIONS.—In this section:

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

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

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

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

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

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

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

21 (B) in subsection (e)(2), by striking “sec-
22 tion 104B, and section 104C” and inserting
23 “section 104C, and section 104D”; and

24 (C) in subsection (f), by striking “section
25 104(c), this section, section 104B, and section

1 104C” and inserting “section 104(c), section
2 104A, this section, section 104C, and section
3 104D”;

4 (3) in subsection (c) of section 104C (as reded-
5 signed by subsection (a)(2) of this section), by in-
6 serting “and section 104A” after “section 104(c)”;

7 (4) in subsection (c) of section 104D (as reded-
8 signed by subsection (a)(2) of this section), by in-
9 serting “and section 104A” after “section 104(c)”;

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

13 (6) in section 135(b)—

14 (A) in paragraph (1), by striking “section
15 104A(g)(1)” and inserting “section
16 104B(g)(1)”; and

17 (B) in paragraph (3), by striking “section
18 104A(g)(3)” and inserting “section
19 104B(g)(3)”.

20 **SEC. 4. STRATEGY TO REDUCE MORTALITY AND IMPROVE**
21 **THE HEALTH OF NEWBORNS, CHILDREN, AND**
22 **MOTHERS IN DEVELOPING COUNTRIES.**

23 (a) STRATEGY REQUIRED.—The President shall de-
24 velop and implement a comprehensive United States Gov-
25 ernment strategy to reduce mortality and improve the

1 health of newborns, children, and mothers in developing
2 countries.

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

6 (1) An identification of not less than 60 coun-
7 tries with priority needs for the 5-year period begin-
8 ning on the date of the enactment of this Act based
9 on—

10 (A) the number and rate of neonatal
11 deaths;

12 (B) the number and rate of child deaths;
13 and

14 (C) the number and rate of maternal
15 deaths.

16 (2) For each country identified in paragraph
17 (1)—

18 (A) an assessment of the most common
19 causes of newborn, child, and maternal mor-
20 tality;

21 (B) a description of the programmatic
22 areas and interventions providing maximum
23 health benefits to populations at risk as well as
24 maximum reduction in mortality;

1 (C) an assessment of the investments need-
2 ed in identified programs and interventions to
3 achieve the greatest results;

4 (D) a description of how United States as-
5 sistance complements and leverages efforts by
6 other donors, as well as builds capacity and
7 self-sufficiency among recipient countries; and

8 (E) a description of goals and objectives
9 for improving maternal, newborn, and child
10 health, including, to the extent feasible, objec-
11 tive and quantifiable indicators.

12 (3) An expansion of the Child Survival and
13 Health Grants Program of the United States Agency
14 for International Development, at a minimum pro-
15 portionate to any increase in child and maternal
16 health assistance, to provide additional support pro-
17 grams and interventions determined to be efficacious
18 and cost-effective in improving health and reducing
19 mortality.

20 (4) Enhanced coordination among relevant de-
21 partments and agencies of the United States Gov-
22 ernment engaged in activities to improve the health
23 and well-being of newborns, children, and mothers in
24 developing countries.

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

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

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

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

15 (b) DUTIES.—

16 (1) IN GENERAL.—The Task Force shall assess,
17 monitor, and evaluate the progress and contributions
18 of relevant departments and agencies of the Govern-
19 ment of the United States in achieving the United
20 Nations Millennium Development Goals by 2015 for
21 reducing the mortality of children under the age of
22 5 by two-thirds (Millennium Development Goal 4)
23 and reducing maternal mortality by three-quarters
24 (Millennium Development Goal 5) in developing
25 countries, including by—

1 (A) identifying and evaluating programs
2 and interventions that directly or indirectly con-
3 tribute to the reduction of newborn, child, and
4 maternal mortality rates;

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

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

15 (D) assessing the contributions made by
16 United States-funded programs toward achiev-
17 ing the Millennium Development Goals 4 and 5;

18 (E) identifying the bilateral efforts of other
19 nations and multilateral efforts toward achiev-
20 ing the Millennium Development Goals 4 and 5;
21 and

22 (F) preparing the annual report required
23 by subsection (f).

24 (2) CONSULTATION.—To the maximum extent
25 practicable, the Task Force shall consult with indi-

1 individuals with expertise in the matters to be consid-
2 ered by the Task Force who are not officers or em-
3 ployees of the Government of the United States, in-
4 cluding representatives of United States-based non-
5 governmental organizations (including faith-based
6 organizations and private foundations), academic in-
7 stitutions, private corporations, the United Nations
8 Children’s Fund (UNICEF), and the World Bank.

9 (c) MEMBERSHIP.—

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

12 (A) The Administrator of the United
13 States Agency for International Development.

14 (B) The Assistant Secretary of State for
15 Population, Refugees and Migration.

16 (C) The Coordinator of United States Gov-
17 ernment Activities to Combat HIV/AIDS Glob-
18 ally.

19 (D) The Director of the Office of Global
20 Health Affairs of the Department of Health
21 and Human Services.

22 (E) The Under Secretary for Food, Nutri-
23 tion and Consumer Services of the Department
24 of Agriculture.

1 (F) The Chief Executive Officer of the Mil-
2 lennium Challenge Corporation.

3 (G) The Director of the Peace Corps.

4 (H) Other officials of relevant departments
5 and agencies of the Federal Government who
6 shall be appointed by the President.

7 (I) Two ex-officio members appointed by
8 the Speaker of the House of Representatives in
9 consultation with the minority leader of the
10 House of Representatives.

11 (J) Two ex-officio members appointed by
12 the majority leader of the Senate in consulta-
13 tion with the minority leader of the Senate.

14 (2) CHAIRPERSON.—The Administrator of the
15 United States Agency for International Development
16 shall serve as chairperson of the Task Force.

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

22 (e) DEFINITION.—In this subsection, the term “Mil-
23 lennium Development Goals” means the key development
24 objectives described in the United Nations Millennium

1 Declaration, as contained in United Nations General As-
2 sembly Resolution 55/2 (September 2000).

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

8 **SEC. 6. AUTHORIZATION OF APPROPRIATIONS.**

9 (a) IN GENERAL.—There are authorized to be appro-
10 priated to carry out this Act, and the amendments made
11 by this Act, \$600,000,000 for fiscal year 2008,
12 \$900,000,000 for fiscal year 2009, \$1,200,000,000 for fis-
13 cal year 2010, and \$1,600,000,00 for each of the fiscal
14 years 2011 and 2012.

15 (b) AVAILABILITY OF FUNDS.—Amounts appro-
16 priated pursuant to the authorization of appropriations
17 under subsection (a) are authorized to remain available
18 until expended.

○