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

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A BILL

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

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''United States Commitment to Global Child Survival Act of 2007''.

SEC. 2. FINDINGS AND PURPOSES.

(a) FINDINGS.—Congress makes the following findings:

(1) In 2000, the United States joined 188 countries in committing to achieve 8 Millennium Development Goals (MDGs) by 2015, including ''MDG 4'' and ''MDG 5'' that aim to reduce the mortality rate of children under the age of 5 by ⅔ and maternal mortality rate by ¾ in developing countries, respectively.

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

(3) According to one of the world's leading medical journals, the Lancet, despite United States and global efforts to achieve MDG 4, of the 60 countries that account for 94 percent of under-5 child deaths, ''only seven countries are on track to meet MDG 4, thirty-nine countries are making some progress, although they need to accelerate the speed, and fourteen countries are cause for serious concern''.

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

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

(6) Maternal health is an important determinant of neonatal survival with maternal death increasing death rates for newborns to as high as 100 percent in certain countries in the developing world.

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

(8) Risk factors for maternal death in developing countries include pregnancy and childbirth at an early age, closely spaced births, infectious diseases, malnutrition, and complications during childbirth.

(9) According to the Lancet, nearly ⅔ of annual child and newborn deaths, 6,000,000 children, can be avoided in accordance with MDG 4 if a package of high impact, low-cost interventions were made

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

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

(11) Exclusive breastfeeding—giving only breast milk for the first 6 months of life—could prevent an estimated 1,300,000 newborn and infant deaths each year, primarily by protecting against diarrhea and pneumonia.

(12) Expansion of clinical care for newborns and mothers, such as clean delivery by skilled attendants, emergency obstetric care, and neonatal resuscitation, can avert 50 percent of newborn deaths and reduce maternal mortality.

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

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

(15) Nearing the halfway point of attaining the MDGs by 2015 with thousands of avoidable newborn, child, and maternal deaths still occurring, the United States must immediately scale up its funding and delivery of proven low-cost, life-saving interventions in order to fulfill its commitment to help ensure that MDGs 4 and 5 are met.

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

(1) to develop a strategy to reduce mortality and improve the health of newborns, children, and mothers, and authorize assistance for its implementation; and

(2) to establish a task force to assess, monitor, and evaluate the progress and contributions of relevant departments and agencies of the United States Government in achieving MDGs 4 and 5.

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

(a) IN GENERAL.—Chapter 1 of part I of the Foreign Assistance Act of 1961 (22 U.S.C. 2151 et seq.) is amended—

(1) in section 104(c)—

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

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

(2) by inserting after section 104C the following new section:

"SEC. 104D. ASSISTANCE TO REDUCE MORTALITY AND IMPROVE THE HEALTH OF NEWBORNS, CHILDREN, AND MOTHERS.

''(a) AUTHORIZATION.—Consistent with section 104(c), the President is authorized to furnish assistance, on such terms and conditions as the President may determine, to reduce mortality and improve the health of newborns, children, and mothers in developing countries.

''(b) ACTIVITIES SUPPORTED.—Assistance provided under subsection (a) shall, to the maximum extent practicable, be used to carry out the following activities:

''(1) Activities to improve newborn care and treatment.

''(2) Activities to treat childhood illness, including increasing access to appropriate treatment for diarrhea, pneumonia, and other life-threatening childhood illnesses.

''(3) Activities to improve child and maternal nutrition, including the delivery of iron, zinc, vitamin A, iodine, and other key micronutrients and the promotion of breastfeeding.

''(4) Activities to strengthen the delivery of immunization services, including efforts to eliminate polio.

''(5) Activities to improve birth preparedness and maternity services.

''(6) Activities to improve the recognition and treatment of obstetric complications and disabilities.

''(7) Activities to improve household-level behavior related to safe water, hygiene, exposure to indoor smoke, and environmental toxins such as lead.

''(8) Activities to improve capacity for health governance, health finance, and the health workforce, including support for training clinicians, nurses, technicians, sanitation and public health workers, community-based health works, midwives, birth attendants, peer educators, volunteers, and private sector enterprises.

''(9) Activities to address antimicrobial resistance in child and maternal health.

''(10) Activities to establish and support the management information systems of host country institutions and the development and use of tools and models to collect, analyze, and disseminate information related to newborn, child, and maternal health.

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

''(12) Activities to integrate and coordinate assistance provided under this section with existing health programs for—

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

''(B) malaria;

''(C) tuberculosis; and

''(D) child spacing.

''(c) GUIDELINES.—To the maximum extent practicable, programs, projects, and activities carried out using assistance provided under this section shall be—

''(1) carried out through private and voluntary organizations, including faith-based organizations, and relevant international and multilateral organizations, including the GAVI Alliance and UNICEF, that demonstrate effectiveness and commitment to improving the health of newborns, children, and mothers;

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

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

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

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

''(e) DEFINITIONS.—In this section:

''(1) AIDS.—The term 'AIDS' has the meaning given the term in section 104A(g)(1) of this Act.

''(2) HIV.—The term 'HIV' has the meaning given the term in section 104A(g)(2) of this Act.

''(3) HIV/AIDS.—The term 'HIV/AIDS' has the meaning given the term in section 104A(g)(3) of this Act.''.

(b) CONFORMING AMENDMENTS.—The Foreign Assistance Act of 1961 (22 U.S.C. 2151 et seq.) is amended—

(1) in section 104(c)(2) (as redesignated by subsection (a)(1)(B) of this section), by striking ''and 104C'' and inserting ''104C, and 104D'';

(2) in section 104A—

(A) in subsection (c)(1), by inserting ''and section 104D'' after ''section 104(c)''; and

(B) in subsection (f), by striking ''section 104(c), this section, section 104B, and section 104C'' and inserting ''section 104(c), this section, section 104B, section 104C, and section 104D'';

(3) in subsection (c) of section 104B, by inserting ''and section 104D'' after ''section 104(c)'';

(4) in subsection (c) of section 104C, by inserting ''and section 104D'' after ''section 104(c)''; and

(5) in the first sentence of section 119(c), by striking ''section 104(c)(2), relating to Child Survival Fund'' and inserting ''section 104D''.

SEC. 4. DEVELOPMENT OF STRATEGY TO REDUCE MORTALITY AND IMPROVE THE HEALTH OF NEWBORNS, CHILDREN, AND MOTHERS IN DEVELOPING COUNTRIES.

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

(b) COMPONENTS.—The comprehensive United States Government strategy developed pursuant to subsection (a) shall include the following:

(1) An identification of not less than 60 countries with priority needs for the 5-year period beginning on the date of the enactment of this Act based on—

(A) the number and rate of neonatal deaths;

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

(C) the number and rate of maternal deaths.

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

(A) an assessment of the most common causes of newborn, child, and maternal mortality;

(B) a description of the programmatic areas and interventions providing maximum health benefits to populations at risk and maximum reduction in mortality;

(C) an assessment of the investments needed in identified programs and interventions to achieve the greatest results;

(D) a description of how United States assistance complements and leverages efforts by other donors and builds capacity and self-sufficiency among recipient countries; and

(E) a description of goals and objectives for improving newborn, child, and maternal health, including, to the extent feasible, objective and quantifiable indicators.

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

(4) Enhanced coordination among relevant departments and agencies of the United States Government engaged in activities to improve the health

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

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

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

SEC. 5. INTERAGENCY TASK FORCE ON CHILD SURVIVAL AND MATERNAL HEALTH IN DEVELOPING COUNTRIES.

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

(b) DUTIES.—

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

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

tribute to the reduction of child and maternal mortality rates;

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

(C) assessing the level of coordination among relevant departments and agencies of the United States Government, the international community, international organizations, faith-based organizations, academic institutions, and the private sector;

(D) assessing the contributions made by United States-funded programs toward achieving MDGs 4 and 5;

(E) identifying the bilateral efforts of other nations and multilateral efforts toward achieving MDGs 4 and 5; and

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

(2) CONSULTATION.—To the maximum extent practicable, the Task Force shall consult with individuals with expertise in the matters to be considered by the Task Force who are not officers or employees of the United States Government, including

representatives of United States-based nongovernmental organizations (including faith-based organizations and private foundations), academic institutions, private corporations, the United Nations Children's Fund (UNICEF), and the World Bank.

(c) MEMBERSHIP.—

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

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

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

(C) The Coordinator of United States Government Activities to Combat HIV/AIDS Globally.

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

(E) The Under Secretary for Food, Nutrition and Consumer Services of the Department of Agriculture.

(F) The Chief Executive Officer of the Millennium Challenge Corporation.

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

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

(I) Two ex officio members appointed by the Majority Leader of the Senate in consultation with the Minority Leader of the Senate.

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

(d) MEETINGS.—The Task Force shall meet on a regular basis, not less often than quarterly, on a schedule to be agreed upon by the members of the Task Force, and starting not later than 90 days after the date of the enactment of this Act.

(e) DEFINITION.—In this subsection, the term ''Millennium Development Goals'' means the key development objectives described in the United Nations Millennium Declaration, as contained in United Nations General Assembly Resolution 55/2 (September 2000).

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

of each year thereafter, the Task Force shall submit to Congress and the President a report on the implementation of this section.

SEC. 6. AUTHORIZATION OF APPROPRIATIONS.

(a) IN GENERAL.—There are authorized to be appropriated to carry out this Act, and the amendments made by this Act, $600,000,000 for fiscal year 2008, $900,000,000 for fiscal year 2009, $1,200,000,000 for fiscal year 2010, and $1,600,000,000 for each of fiscal years 2011 and 2012.

(b) AVAILABILITY OF FUNDS.—Amounts appropriated pursuant to the authorization of appropriations under subsection (a) are authorized to remain available until expended.

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