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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

OCTOBER 28, 2009

Mr. DODD (for himself, Mr. CORKER, and Mr. DURBIN) 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 ''Global Child Survival Act of 2009''.

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 (Reduce child mortality)'', which aims to reduce the mortality rate of children under the age of 5 by ⅔.

(2) The significant commitment of the United States to reducing child mortality in the developing world contributed to a 25 percent reduction in the mortality rate of children under the age of 5 between 1990 and 2006, 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 (USAID). In 15 countries in Africa, Asia, and Latin America that received assistance from USAID, under-5 mortality declined by an average of 33 percent between 1996 and 2006 alone, with some countries achieving a reduction as high as 50 percent.

(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) 8,800,000 children under the age of 5 die annually, more than 24,000 children per day, mostly from preventable and treatable causes, including 4,000,000 newborns who die in the first 4 weeks of life, according to UNICEF.

(5) Pneumonia, diarrhea, low birth weight, sepsis, birth trauma, and malaria, all of which are preventable and treatable diseases, are the top contributors of deaths of children under the age of 5.

(6) More than 3,000,000 children die each year due to lack of access to low-cost antibiotics, oral rehydration therapy, and antimalarial drugs, and 2,500,000 die from diseases for which vaccines are readily available.

(7) Nearly 1 of every 5 children die before the age of 5, more than 2,000,000 deaths per year, in the 10 countries with the highest child mortality rates in the world: Sierra Leone, Afghanistan, Chad, Equatorial Guinea, Guinea-Bissau, Mali, Burkina Faso, Nigeria, Rwanda, and Burundi.

(8) Approximately 536,000 women die every year, 99 percent of them in the developing world, from causes related to pregnancy and childbirth.

(9) Maternal death rates are inextricably tied to neonatal survival, with death rates for newborns increasing by 100 percent in some countries in the developing world following maternal death.

(10) 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.

(11) According to the Lancet, nearly ⅔ of annual child and newborn deaths, or nearly 6,000,000 children under age 5, can be avoided in accordance with MDG 4 if a package of high-impact, low-cost interventions were made available, including oral rehydration therapy for diarrhea ($0.54 per course of treatment) and antibiotics to treat respiratory infections ($0.71 per course of treatment).

(12) 2,000,000 lives could be saved annually by providing oral rehydration therapy prepared with clean water.

(13) According to the World Health Organization (WHO), Ready to Use Therapeutic Foods

(RUTF) have proven to be safe, cost-effective and highly effective in treating children with severe malnutrition and in facilitating home-based, locally produced, care regimens. Furthermore, according to the Journal of the American Medical Association (JAMA), utilization of RUTF has shown promise in preventing at-risk children from becoming malnourished.

(14) Exclusive breast feeding—giving only breast milk for the first 6 months of life—could prevent an estimated 1,400,000 newborn and infant deaths each year, primarily by protecting against diarrhea and pneumonia.

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

(16) Controlling intestinal worms will help prevent 16,000,000 cases of mental retardation and 200,000,000 years of lost primary schooling among children in developing countries.

(17) 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.

(18) The experiences of United States Government-supported and nongovernmental organization maternal and child health programs in countries such as Nepal, Ethiopia, and Senegal have demonstrated that community-based approaches, linked to primary and referral care when possible, can deliver high-impact interventions to prevent or treat many of the life-threatening conditions affecting mothers, newborns, and children under the age of 5.

(19) On January 15, 2009, United States Permanent Representative to the United Nations Susan Rice stated before the Committee on Foreign Relations of the Senate that President Barack Obama is committed to ''making the Millennium Development Goals (MDGs) America's goals.''.

(20) Nearing the halfway point of attaining the MDGs by 2015 with thousands of avoidable newborn

and child deaths still occurring, the United States will need to immediately scale up its funding and delivery of proven low-cost, life-saving interventions in order to fulfill its commitment to help ensure that MDG 4 is met.

(21) More than half of all children and pregnant women in developing countries suffer from anemia, which is exacerbated by malaria, neglected tropical diseases, and nutritional deficits, causing adverse pregnancy outcomes and even death. According to the United States Agency for International Development, hemorrhage, hypertensive disorders, anemia, and sepsis account for 60 percent of all maternal deaths in the developing world.

(22) According to the World Bank, the number of orphaned children is expected to rise to 35,000,000 by 2010 due to the legacy of AIDS and other diseases, war, and high rates of death in pregnancy and childbirth.

(23) According to the World Health Organization, women that have undergone female genital cutting (FGC) are significantly more likely than those without FGC to experience serious postpartum health problems, and children born to mothers who have undergone FGC face higher death rates imme-

diately after birth. According to the United Nations Interagency Statement on Eliminating Female Genital Mutilation, programs that include education, community involvement, public pledges and organized diffusion have been shown to bring about the necessary consensus and coordination for the abandonment of female genital cutting at the community level.

(24) According to the Director of National Intelligence's (DNI) 2009 Annual Threat Assessment, widespread poor maternal and child health and malnutrition has the potential to weaken central governments and empower non-state actors, including terrorist and paramilitary groups.

(25) On March 27, 2009, Secretary of State Hillary Clinton stated, ''Countries with higher infant mortality rates are more vulnerable to political upheaval.''.

(26) According to UNICEF, relatively inexpensive healthcare interventions, such as immunization programs, distribution of insecticide-treated bed nets, and the utilization of micronutrient supplements, have contributed to the lowest under-5 mortality rate since records began in 1960.

(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 MDG 4.

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 102(b)(4)(B), by striking ''reduction of infant mortality'' and inserting ''reduction of newborn and child mortality'';

(2) in section 104(c)—

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

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

(3) 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 and to support efforts to strengthen systems needed to build a continuum of maternal, newborn, and child health services and link the formal health system with communities.

''(b) ACTIVITIES SUPPORTED.—Assistance provided under subsection (a) shall, to the maximum extent practicable, include—

''(1) activities to improve essential newborn care and treatment, including tetanus toxoid immunization, breastfeeding, skin-to-skin care, birth asphyxia management, and treatment of infections;

''(2) activities to prevent and treat childhood illness, including increasing access to appropriate treatment for diarrhea, pneumonia, malaria, 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, the

promotion of breast feeding and appropriate complementary feeding, and the utilization of Ready to Use Therapeutic Foods (RUTF) to treat and prevent severe childhood malnutrition that, to the extent practicable, are developed, purchased or produced in the country or region that they are utilized;

''(4) activities to strengthen the delivery of immunization services, including efforts to strengthen routine immunization, introduce new vaccines, and eliminate polio;

''(5) activities to improve birth preparedness, maternity services, and recognition and treatment of obstetric complications and disabilities, including both near-term approaches such as household and facility-based prevention and treatment of postpartum hemorrhage as well as longer term investments in human and health system capabilities to deliver emergency and comprehensive obstetric care;

''(6) activities to improve household-level behavior related to safe water, hygiene, exposure to indoor smoke, and environmental toxins such as lead;

''(7) 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 workers, midwives, birth attendants, peer educators, volunteers, and private sector enterprises;

''(8) activities to address antimicrobial resistance in treating child and maternal health infections;

''(9) 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;

''(10) 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 including—

''(A) studying the effects of critical medicines, particularly those of importance in the developing world, on pregnant women; and

''(B) studying the state of orphan care services;

''(11) 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;

''(D) child spacing;

''(E) counseling for new mothers and victims of sexual violence; and

''(F) neglected tropical diseases;

''(12) activities to support scholarships to educate girls through secondary education;

''(13) activities to improve orphan care services and to support innovative orphan and vulnerable children programs;

''(14) activities to end female genital cutting through proven programs that combine empowering human-rights based education, organized diffusion, and public pledges for FGC abandonment;

''(15) activities to improve access to clean water and improved sanitation through community-based hygiene education programs, the use of personal water purification tools and devices, and latrine construction; and

''(16) activities to prevent, control, and in some cases eliminate neglected tropical diseases for both children and mothers.

''(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) in all cases possible, carried out in the context of country-led plans in whose development the United States Government participates along with other donors and multilateral organizations, nongovernment organizations, and civil society;

''(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, 2010, and annually thereafter for 4 years, the President

shall transmit to Congress a report on the implementation of this section for the prior fiscal year. The report shall include the most recent report submitted to the President by the Interagency Task Force on Child Survival in Developing Countries under section 5(f) of the Global Child Survival Act of 2009.

''(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 reduce mortality and 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) Using data compiled by the United Nations, the World Bank, and other international organizations, an identification of not less than 40 countries with priority needs for the 5-year period beginning

on the date of the enactment of this Act, to include—

(A) the number and rate of neonatal deaths;

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

(C) the number and ratio 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 and maternal 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 IN DEVELOPING COUNTRIES.

(a) ESTABLISHMENT.—There is established a task force to be known as the Interagency Task Force on Child Survival 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 MDG 4 in developing countries, including by—

(A) identifying and evaluating programs and interventions that directly or indirectly contribute to the reduction of newborn, child, and maternal mortality rates;

(B) assessing effectiveness of programs, interventions, and strategies toward achieving the maximum reduction of newborn, 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 insti-

tutions, the private sector, and host country for input and coordination;

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

(E) identifying the bilateral efforts of other nations and multilateral efforts toward achieving MDG 4; 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, the United Nations Children's Fund (UNICEF), the World Bank, relevant agencies of foreign governments, academic institutions, and private corporations.

(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 Administrator of the Foreign Agricultural Service 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 who may be members of the private sector or nongovernmental organization community.

(I) Two ex officio members appointed by the majority leader of the Senate in consultation with the minority leader of the Senate who

may be members of the private sector or non-governmental organization community.

(J) The Ambassador-at-Large for Global Women's Issues.

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

(d) MEETINGS.—Members of the Task Force or their designees 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 180 days after the date of the enactment of this Act and annually thereafter for 4 years, the Task Force shall submit to 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 such sums as may be necessary for each of

fiscal years 2010 through 2014, including such sums as may be necessary under the development assistance (DA) account pursuant to section 104D(b)(14) of the Foreign Assistance Act of 1961, as added by section 3(a)(2).

(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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