Accelerating Action in Maternal and Child Health Act (AAMCH)

Draft by: MNCS Working Group
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Title: Accelerating Action in Maternal and Child Health (AAMCH): Policies to end preventable maternal, newborn, and child deaths worldwide.

Sec. X – Purpose: To authorize a coordinated, integrated, whole-of-government strategic approach to accelerate action in United States’ foreign assistance to developing countries to reach the goal of ending preventable maternal, newborn and child deaths, to help ensure healthy lives by 2035.

Sec. X – Statement of Policy: Declares that it is the policy of the United States, in partnership with other donor countries, developing countries, international financial institutions, nongovernmental organizations, faith-based organizations, academic institutions, multilateral organizations, and the private sector, to:

Establish a coordinated, integrated, whole-of-government strategy to combat the leading causes of maternal, newborn, and child mortality by:

1) Building on progress and success to date;
2) Scaling up the most effective, evidence-based interventions with a focus on country ownership;
3) Focusing on countries, regions or communities with the greatest need;
4) Streamlining existing resources and scaling up targeted resources;
5) Increasing transparency and accountability;
6) Supporting the development and scale up of innovative tools and approaches to accelerate lives saved; and
7) Creating innovative new public-private financing mechanisms.

Sec. X – Strategy: The President shall establish an inter-agency working group, led by the Maternal and Child Survival Coordinator at the United States Agency for International Development (USAID) and develop and implement a coordinated, integrated, whole-of-government, five year strategy to achieve, with partner countries and donors, the goal of ending preventable maternal and child deaths, and ensure healthy and productive lives by 2035.

This strategy shall:

1) Set outcome-based, equitable targets to achieve the goals of the strategy;
2) Utilize current data and modeling to enable agencies to reach such targets;
3) Include specific objectives, strategies and multi-sectoral approaches to utilize high impact interventions to address the leading causes of death and disability among 1) newborns in their first 28 days; 2) children under the age of five, and 3) women during pregnancy, childbirth, and post-delivery; building on the evidence outlined
in “Acting on the Call: Ending Preventable Child and Maternal Deaths”
developed by USAID;
4) Focus on countries, regions, and communities with progressing health indicators as well as with the greatest need in maternal and child health;
5) Include activities to develop and scale up new technologies and approaches, including through public-private partnerships for research and innovation;
6) Ensure inter-agency coordination of roles and responsibilities of relevant executive branch agencies and initiatives including, but not limited to: USAID, Department of State, Department of Health and Human Services, Millennium Challenge Corporation, Peace Corps, Office of the Global AIDS Coordinator, and President’s Malaria Initiative;
7) Improve coordination and efficiency among relevant executive branch agencies, relevant foreign governments, and international organizations;
8) Project general levels of resources needed to achieve the stated objectives;
9) Identify strategies for leveraging resources in new and innovative ways;
10) Align with country-owned maternal, newborn, child survival plans;
11) Include consultations with governments, nongovernmental organizations, international and local civil society organizations, academic institutions, multilateral organizations, private sector, and faith-based organizations; and
12) Include activities to engage local health workers and professional associations in carrying out their country plans.

Sec. X – Coordination: Maternal and Child Survival Coordinator

A) IN GENERAL – There is established within USAID a Maternal and Child Survival Coordinator (referred to in this section as the “Coordinator”), who shall be appointed by the President to manage maternal child health and nutrition funding under USAID.

B) AUTHORITIES – The Coordinator, acting through nongovernmental organizations (including faith-based, community-based and civil society organizations), partner country finance, health, and other relevant ministries, and relevant executive branch agencies as may be necessary and appropriate to carry out this section, is authorized to:

1) Operate internationally to oversee, coordinate, and carry out prevention, care, treatment, support, capacity and policy development, and other activities such as research and innovation, budgeting and planning to accelerate the reduction of preventable maternal, newborn, and child deaths;
2) Provide grants to, and enter into contracts and cooperative agreements with, nongovernmental organizations to carry out this section and to align current, future, and existing instruments with high-impact evidence-based interventions to save lives;
3) Require that grants, contracts, and cooperative agreements for ending preventable maternal and child deaths include ambitious targets for increased coverage of proven interventions and strengthening health
systems, including the establishment of baseline measurements from which to quantify progress;
4) Transfer and allocate executive branch agency funds that have been appropriated for the purposes described in paragraphs (1) and (2).

C) DUTIES –

1) IN GENERAL – The Coordinator shall report to the USAID Administrator and have primary responsibility for the oversight and coordination resources directly linked to the achievement of reductions of maternal and child mortality and morbidity under the purposes of this act managed by the Bureau of Global Health of USAID under the maternal and child health and nutrition accounts.

Sec. X – Assistance to Implement the AAMCH Strategy:

IN GENERAL – The President shall provide assistance to implement this strategy. U.S. assistance shall focus on countries, regions, and communities with the greatest need, taking into consideration high-need geographies such as fragile states; countries with marginalized populations and sub-populations; settings with weak health infrastructure; as well as high-potential nations with progressing indicators.

Sec. X – Reporting, Monitoring, and Evaluation:

The President shall seek to ensure assistance to implement the AAMCH Strategy is provided under established parameters for a rigorous accountability system to monitor and evaluate progress and impact of the strategy, including by reporting to the appropriate congressional committees and the public on an annual basis.

1) Not later than 90 days after enactment and annually thereafter, the President shall submit to the Committee on Foreign Relations of the Senate and the Committee on Foreign Affairs of the House of Representatives a report in an open, machine readable format, on the implementation of this act for the prior fiscal year.

2) Reporting on annual targets, including progress on saving 15 million children’s lives and 600,000 women’s lives by 2020, across maternal, newborn, and child health including:

   a) Reporting on annual targets across maternal, newborn, and child health including:

      (i) Bilateral programmatic targets across maternal, newborn, and child health including:

         I. Number of maternal deaths averted;
         II. Number of child and newborn deaths averted;
         III. Description of goals and objectives for improving newborn, child, and maternal health, including, to the
extent feasible, objective and quantifiable indicators; and

IV. A description of the measured or estimated impact on child and maternal morbidity and mortality of each project or program.

(ii) Description of how these targets are designed to:

I. Increase activities in the countries that account for the largest share of under-five deaths;

II. Increase activities in the countries that account for the largest share of maternal deaths;

III. Increase activities to reach the most underserved populations;

IV. Target priority causes of mortality with innovation efforts and interventions poised to go to scale;

V. Invest in activities to empower women, support volunteerism and provide respectful maternity care;

VI. Improve transparency and mutual accountability at all levels, through common metrics for tracking progress;

VII. Increase activities in countries to ensure that high impact, evidence-based interventions are prioritized; and

VIII. Expand access to quality services through community based approaches, including community accountability mechanisms.

b) An assessment and quantification of progress over the reporting period toward achieving the targets set forth in subparagraph a) including:

i. The number, by partner country, of maternal deaths averted;

ii. The number, by partner country, of child and newborn deaths averted; and

iii. The estimated quantified impact of United States assistance on maternal and childhood mortality.

c) Reporting on each aspect of the strategy including:

(i) Multi-sectoral approaches, and specific strategies utilizing high impact interventions being implemented to address the leading causes of death and disability among:

I. Newborns in their first 28 days;

II. Children under the age of five;

III. Women during pregnancy, childbirth, and post-delivery; and
IV. Building on the evidence outlined in “Acting on the Call: Ending Preventable Child and Maternal Deaths” developed by USAID.

(ii) Activities to develop and scale up new technologies and approaches, including through public-private partnerships for research and innovation;

(iii) Coordination and efficiency among relevant executive branch agencies, foreign governments, and international organizations;

(iv) Strategies for leveraging resources in new and innovative ways;

(v) Output of consultations with governments, nongovernmental organizations, international and local civil society organizations, academic institutions, multilateral organizations, private sector, and faith-based organizations, including how local organizations are empowered to play a meaningful role to advocate for, design, and implement local maternal, newborn and child health programming; and

(vi) Report on linkages between other initiatives and strategies of USAID, Department of State, Department of Health and Human Services, Millennium Challenge Corporation, Peace Corps, Office of the Global AIDS Coordinator, President’s Malaria Initiative and other relevant agencies and approaches for improving maternal, newborn and child health outcomes.

Sec. X – Creation of an Innovative Financing Framework:

Subtitle X – Financing Tools

The U.S. government through USAID shall develop innovative financing tools to leverage private capital for health with tools such as, but not limited to, loan guarantees, revolving funds, working capital funds, and development impact bonds.

Subtitle X – Pay-for-Performance Mechanism

The U.S. government shall develop a pay-for-performance mechanism in the form of a Development Impact Bond (DIB) pilot program for delivering maternal, newborn, and child health interventions in targeted USAID focus countries.

In order to participate in a pilot program, the U.S. government shall require specific commitments from partner nations:
1) Fully benchmarked plans to increase nominal and per capita health spending,

2) Fully developed and budgeted maternal and child survival plans, and

3) Adherence to World Bank procurement standards in the contracting and delivery of interventions.

To qualify as a DIB project, under this title, a project must produce following:

1) The outcome goals of the project.
2) A description of each intervention in the project and anticipated outcome of such intervention.
3) Rigorous evidence demonstrating that the intervention can be expected to produce the desired outcomes.
4) The social outcome must be monetized and secured against fixed costs.
5) The target population that will be served by the project.
6) The expected social benefits to participants who receive the intervention and others who may be impacted.
7) Projected government costs and savings to conduct the project.
8) The metrics that will be used to determine whether the outcomes have been achieved and how such metrics will be measured.

The U.S. government shall create a Development Finance Fund to provide support for the Development Impact Bond program. The Development Finance Fund will serve as the partnership that will allow for the incorporation of private sources of capital to leverage government investments to achieve measurable results.