

The Reach Every Mother and Child Act

In 1990 the number of under-five child deaths was soaring at over 12 million children each year dying of mainly preventable and treatable causes in the world's poorest places. But through smart investments in development that have built the foundations for health and by countries themselves increasing access to cost-effective health programs, **the number of children who die each year before the age of five has shrunk by over half.¹**

While huge strides have been made, each year 5.9 million children still die of mainly preventable and treatable causes before they reach their fifth birthday.² Additionally, 289,000 women die from pregnancy-related causes each year.³ The majority of these deaths occur in the poorest places in the world. This need not be the case.

The latest evidence shows that we can end unnecessary deaths of mothers and children globally by 2035. What we do today will decide if we meet that goal.

Acting on the Call to Save More Lives

The United States has been a global leader in saving the lives of mothers and young children, working in partnership with developing countries to increase access to lifesaving vaccines, quality nutrition, skilled birth attendants, and other cost-effective, evidence-based interventions. However, an independent high-level review by business and development leaders concluded that we will not meet our goal of saving lives without addressing underlying challenges at the U.S. Agency for International Development (USAID). Drawing lessons from the enormously successful President's Malaria Initiative (PMI), the ACES Blue-Ribbon Panel⁴ made a series of recommendations to address specific budget and management weaknesses impeding progress, including a highly decentralized planning and decision-making process, an inability to flexibly match resources with opportunities, and fragmented data collection that makes it difficult to measure progress.

In 2014, USAID hosted *Acting on the Call: Ending Preventable Child and Maternal Deaths*. They unveiled their implementation of several of the panel's suggested reforms, including creating clear benchmarks for success, appointing a Child and Maternal Survival Coordinator, and realigning \$2.9 billion in existing grants to improve health outcomes. USAID laid out a clear country-by-country roadmap to accelerate health outcomes and save lives by prioritizing effective, evidence-based interventions based on country needs. **To reach the goal of ending preventable child and maternal deaths by 2035, USAID has set bold, intermediate goals of saving 15 million child lives and 600,000 women's lives by 2020.**

By working with poor countries to create sustainable change, together we can end preventable child deaths in a generation – if we accelerate momentum.

This roadmap alone will not be enough. Strong congressional oversight is necessary to ensure USAID stays on track and delivers a coherent strategy with bold targets to reach the end of preventable maternal and child deaths.

Legislating Reform in Bipartisan Reach Act

New bicameral and bipartisan legislation, The Reach Every Mother and Child Act of 2015 introduced by Senator Collins and Coons and Representatives Reichert, McCollum, Lee and McCaul (S. 1911 and H.R. 3706), proposes reforms that hold USAID accountable for a **smarter and more effective approach to saving more lives**. The Reach Act requires a centralized and coherent strategy to maximize our investments. Returns are measured in lives saved and healthy, prosperous communities. The Reach Act enshrines into law the need for:

- An ambitious, **coordinated U.S. Government strategy** with **clear, measurable goals** and increasing **accountability** and transparency at all levels for ending preventable maternal and child deaths and helping ensure healthy lives by 2035.
- Focusing on the **poorest and most vulnerable populations**, recognizing the unique needs within different countries and communities.
- Scaling up the most **effective, evidence-based interventions** with a focus on country ownership and aligning with existing maternal, newborn, and child survival plans.
- Enshrining a Child and Maternal Survival Coordinator responsible for **oversight and coordination** of resources directly linked to reducing maternal and child mortality.
- Creating **new, innovative funding sources** to complement U.S. investments.

With a strategy that puts kids and mothers first, we have the chance to make sure every child, regardless of where she's born, has a healthy start to life.

To support this bipartisan legislation, please contact:

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1 UNICEF's [Committing to Child Survival: A Promise Renewed, Progress Report 2015](#)

2 Ibid.

3 WHO, UNICEF, UNFPA, The World Bank, UNPD: [Trends in Maternal Mortality: 1990-2013](#)

4 Blue Ribbon Advisory Panel Report on USAID, June 2014 <http://www.usaid.gov/sites/default/files/documents/1868/blue-ribbon-advisory-panel.pdf>