

LEGISLATIVE *Analysis*

Center for Family and Human Rights

Pro-Life Concerns About the REACH Act of 2023

S.1547 Senator Susan Collins (R-ME)

The REACH ACT sets a low bar to lower maternal and child mortality

The goal of the Reach Every Mother and Child (REACH) Act is to reduce preventable maternal and child mortality in developing countries receiving U.S. foreign assistance. While this is an important objective, the problems with the REACH Act stem from the underlying USAID maternal and child health strategy, which the bill would effectively codify.

When the REACH Act was introduced in previous Congresses, USAID’s maternal and child health framework was outlined in the document “Acting on the Call.” As C-Fam analysis showed, the “lives saved” projections in this framework included contraception alongside interventions that address cause-specific threats to mothers and children. The result was an estimate that two thirds of maternal deaths would be averted by preventing pregnancy in the first place, and one third of child deaths would be averted by preventing the conception of the child. In fact, in every target country, the number of projected surviving children whose lives would be averted through family planning far exceeded the number of children projected to survive due to other USAID interventions.

USAID’s maternal and child health strategy has been recently updated, and many of the same problems remain: it sets targets for contraceptive prevalence (use) and positions family planning alongside interventions intended to ensure safe pregnancy and birth and child survival.

The REACH Act explicitly aligns itself with “United States Government strategies and frameworks relevant to improving maternal, newborn, and child health” and calls for estimates of “deaths averted” and “outcome-based targets.” It repeatedly references the “highest-impact, evidence-based interventions” for reducing mortality.

It would also establish a Maternal and Child Survival Coordinator at USAID, tasked with “verifying that the most effective interventions are scaled up in target countries” according to the press release announcing the bill.

Neither the bill nor the press release mentions family planning or contraception. However, the USAID maternal and child health policy framework to which it would give the force of law most certainly does. Moreover, USAID’s history of attributing “deaths averted” to the nonexistence of children and improved maternal health to a reduction in maternity raises concerns that family planning will be framed as the most cost-effective and “evidence-based” intervention to improve maternal and child health worldwide.

This could result in siphoning resources and attention away from cause-specific interventions that save mothers’

and babies' lives and redirecting it toward family planning organizations, the vast majority of which support and promote abortion.

The REACH Act could be greatly improved by drawing a clear line between family planning and maternal and child health. Rather than a blanket endorsement of USAID's framework, it should clearly express that "lives saved"/"deaths averted" not include those attributed to preventing pregnancy and explicitly ensure that the highest-impact, evidence-based interventions be limited to those which address specific complications and risks to the lives of mothers and children, beginning with pregnancy.

Given the increase in pro-abortion activism in the maternal/women's health space, the REACH Act should include pro-life Mexico City Policy language ensuring that USAID's overseas partners that provide or promote abortion are not funded in the name of maternal and child health.



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