

117TH CONGRESS
1ST SESSION

S. _____

To advance targeted, high-impact, and evidence-based interventions for the prevention and treatment of global malnutrition, to improve the coordination of such programs, and for other purposes.

IN THE SENATE OF THE UNITED STATES

Mr. COONS (for himself, Mr. WICKER, Mr. KAINE, and Mr. BOOZMAN) introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To advance targeted, high-impact, and evidence-based interventions for the prevention and treatment of global malnutrition, to improve the coordination of such programs, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Global Malnutrition
5 Prevention and Treatment Act of 2021”.

6 **SEC. 2. NUTRITION PROGRAMS.**

7 (a) IN GENERAL.—The Administrator of the United
8 States Agency for International Development, in coordina-

1 tion with relevant Federal departments and agencies, is
2 authorized and encouraged to scale up the prevention and
3 treatment of global malnutrition, including by supporting
4 efforts—

5 (1) to target high-impact and evidence-based re-
6 sources and nutrition interventions to support the
7 most vulnerable populations, including children
8 younger than 5 years of age and pregnant and lac-
9 tating women, susceptible to severe malnutrition, in-
10 cluding both stunting and wasting;

11 (2) to increase coverage, particularly within pri-
12 ority countries, of high-impact and evidence-based
13 nutrition interventions that include coordinated de-
14 ployment of prenatal vitamins, breastfeeding sup-
15 port, vitamin A supplementation, emergency thera-
16 peutic food, and other evidence-based interventions
17 as appropriate;

18 (3) to increase the use of context and country-
19 appropriate fortification of staples and condiments
20 with essential nutrients;

21 (4) to advance evidence-based programs and
22 interventions carried out using data-driven ap-
23 proaches, best practices, and targeted to country-
24 specific contexts and needs;

1 (5) to support the development of country-spe-
2 cific policies to prevent and treat malnutrition;

3 (6) to leverage investments to strengthen pri-
4 mary health systems and support community health
5 workers in order to advance improved nutrition out-
6 comes; and

7 (7) to ensure rigorous monitoring and evalua-
8 tion of all nutrition programs and interventions.

9 (b) COORDINATION.—The Administrator of the
10 United States Agency for International Development, in
11 coordination with relevant Federal departments and agen-
12 cies, should coordinate with bilateral and multilateral do-
13 nors, partner country governments, United Nations agen-
14 cies, civil society, nongovernmental organizations, includ-
15 ing faith-based organizations, and the private sector to
16 scale up efforts to prevent and treat global malnutrition,
17 including by—

18 (1) building the capacity of local and commu-
19 nity-based organizations and partner country gov-
20 ernments to expand coverage and ensure sustain-
21 ability of nutrition interventions;

22 (2) expanding research and innovation to iden-
23 tify and scale effective and evidence-based nutrition
24 interventions based on country-specific contexts;

1 (3) improving the coordination of nutrition
2 interventions, including within the United Nations;

3 (4) leveraging additional resources and ensuring
4 appropriate burden-sharing to support nutrition
5 interventions in priority countries;

6 (5) expanding domestic resource mobilization
7 and domestic financing for nutrition interventions;
8 and

9 (6) encouraging investment into innovative and
10 multistakeholder finance partnerships;

11 **SEC. 3. PRIORITY COUNTRIES.**

12 (a) DESIGNATION.—The Administrator, in coordina-
13 tion with the Nutrition Leadership Council, shall—

14 (1) designate certain countries as “priority
15 countries” for the purposes of prioritizing programs
16 to prevent and treat malnutrition; and

17 (2) not later than 5 years after the date of the
18 enactment of this Act, review and update such des-
19 ignations based on the criteria described in sub-
20 section (b).

21 (b) CRITERIA.—In selecting priority countries under
22 subsection (a), the Administrator should consider—

23 (1) the prevalence of severe malnutrition among
24 children younger than 5 years of age and pregnant
25 and lactating women;

1 (2) the presence of high-need, underserved,
2 marginalized, vulnerable, or impoverished commu-
3 nities;

4 (3) the enabling environment for improved nu-
5 trition, including the presence of national nutrition
6 plans and the demonstration of strong political com-
7 mitment; and

8 (4) other appropriate factors.

9 (c) SENSE OF CONGRESS.—It is the sense of Con-
10 gress that the Administrator should continue to undertake
11 nutrition interventions in countries that are not selected
12 as priority countries, particularly if opportunities are iden-
13 tified to advance multi-sectoral development programming
14 and to integrate efforts to prevent and treat global mal-
15 nutrition with other priority areas and program objectives.

16 **SEC. 4. COORDINATION.**

17 (a) NUTRITION LEADERSHIP COUNCIL.—There is es-
18 tablished at the United States Agency for International
19 Development (referred to in this section as “USAID”), the
20 Nutrition Leadership Council (referred to in this section
21 as the “Council”), which shall coordinate efforts by
22 USAID to prevent and treat malnutrition globally.

23 (b) DUTIES.—The Council shall—

24 (1) advance efforts by USAID to prevent and
25 treat malnutrition globally;

1 (2) ensure that nutrition interventions, particu-
2 larly within priority countries, are carried out in
3 close coordination with and aligned with existing
4 United States Government and USAID strategies,
5 including—

6 (A) the Senator Paul Simon Water for the
7 World Act of 2014 (Public Law 113–289);

8 (B) the Global Food Security Act of 2016
9 (22 U.S.C. 9301 et seq.);

10 (C) the Global Fragility Act of 2019 (22
11 U.S.C. 9801 et seq.); and

12 (D) the Global Child Thrive Act of 2020
13 (subtitle I of title XII of division A of Public
14 Law 116–283); and

15 (3) ensure that nutrition programs and inter-
16 ventions are coordinated with nutrition programs
17 carried out by other relevant Federal departments
18 and agencies.

19 (c) MEMBERSHIP.—The Council shall include rep-
20 resentatives of—

21 (1) the Bureau for Global Health;

22 (2) the Bureau for Resilience and Food Secu-
23 rity;

24 (3) the Bureau for Humanitarian Assistance;
25 and

1 (4) other appropriate USAID bureaus and of-
2 fices.

3 (d) INTERAGENCY EFFORTS.—In carrying out the
4 activities described in section 2, the Administrator, in co-
5 ordination with relevant Federal departments and agen-
6 cies, shall seek to leverage additional private sector re-
7 sources to prevent and treat malnutrition in priority coun-
8 tries by—

9 (1) increasing cooperation between USAID, the
10 Millennium Challenge Corporation, the United
11 States International Development Finance Corpora-
12 tion, and other relevant Federal departments and
13 agencies to better leverage the full spectrum of
14 grants, technical assistance, debt, equity, loan guar-
15 anty tools, and public-private partnerships to pre-
16 vent and treat global malnutrition;

17 (2) utilizing the Administrator’s role as Devel-
18 opment Finance Corporation Vice Chair to consider
19 opportunities within the Development Finance Cor-
20 poration’s development impact framework that sup-
21 port improved nutrition outcomes; and

22 (3) exploring opportunities to advance burden-
23 sharing in nutrition-related assistance.

1 **SEC. 5. IMPLEMENTATION PLAN.**

2 (a) IN GENERAL.—Not later than 260 days after the
3 date of the enactment of this Act, the Administrator, in
4 coordination with other relevant Federal departments and
5 agencies, shall develop and submit to the appropriate con-
6 gressional committees an implementation plan to prevent
7 and treat global malnutrition and carry out the activities
8 authorized under section 2.

9 (b) CONTENTS.—The implementation plan required
10 under subsection (a) shall—

11 (1) establish specific and measurable goals, ob-
12 jectives, and performance metrics towards prevention
13 and treatment of global malnutrition, including clear
14 benchmarks and intended timelines for achieving
15 such goals and objectives;

16 (2) establish baseline measurements and time-
17 bound targets for increasing coverage of key nutri-
18 tion interventions in priority countries, which may
19 include scaling up to—

20 (A) 80-percent coverage for—

21 (i) vitamin A (to be measured by the
22 proportion of children 6 to 59 months old
23 receiving 2 high-dose vitamin A supple-
24 ments in a given year);

25 (ii) prenatal vitamins (measured by
26 the proportion of pregnant women who re-

1 ceived multiple micronutrient supplemen-
2 tation daily); and

3 (iii) breastfeeding (as measured by
4 proportion of mothers of children between
5 0 and 5 months of age reached by pro-
6 motion of breastfeeding activities); and

7 (B) 50-percent coverage for treatment of
8 wasting (as measured by the proportion of chil-
9 dren 6 to 59 months with severe acute mal-
10 nutrition receiving therapeutic feeding treat-
11 ment);

12 (3) require monitoring and evaluation plans for
13 all nutrition programs and activities, as appropriate;

14 (4) in countries that were selected as priority
15 countries, ensure that nutrition is adequately ad-
16 dressed within the Country Development Coopera-
17 tion Strategy to the extent practicable and identify
18 opportunities to expand efforts to prevent and treat
19 malnutrition, including through leveraging existing
20 health and development programs and other ongoing
21 activities; and

22 (5) require all USAID grants, contracts, and
23 cooperative agreements for the purposes of the treat-
24 ment or prevention of severe malnutrition to include
25 targets for increased coverage of high-impact nutri-

1 tion interventions, including the establishment of
2 baseline measurements from which to quantify
3 progress.

4 (c) **STAKEHOLDER CONSULTATION.**—The implemen-
5 tation plan required under this section shall be developed
6 in consultation with, as appropriate, representatives of
7 nongovernmental organizations, including faith-based or-
8 ganizations, civil society groups, multilateral organizations
9 and donors, relevant private, academic, and philanthropic
10 entities, and the appropriate congressional committees.

11 **SEC. 6. REPORTING REQUIREMENTS.**

12 (a) **ANNUAL REPORT.**—Not later than 1 year after
13 the date of the enactment of this Act, and annually there-
14 after for 5 additional years, the Administrator shall sub-
15 mit a report to the appropriate congressional committees
16 that describes the progress made towards preventing and
17 treating malnutrition, including—

18 (1) a summary of the progress made towards
19 achieving the specific and measurable goals, objec-
20 tives, and performance metrics towards ending glob-
21 al malnutrition identified as required under section
22 5(b)(1);

23 (2) in countries identified as priority coun-
24 tries—

1 (A) a detailed summary of nutrition pro-
2 grams and activities in the previous fiscal year,
3 including—

4 (i) a breakdown of the countries to
5 which nutrition resources have been allo-
6 cated; and

7 (ii) the estimated number of people
8 reached through nutrition interventions;
9 and

10 (B) an assessment of the coordination of
11 nutrition programs with other health and devel-
12 opment programs and priorities;

13 (3) a summary of efforts to expand research
14 and innovation to development and scale up new
15 tools to prevent and treat global malnutrition;

16 (4) an assessment of the collaboration and co-
17 ordination of USAID nutrition efforts with the
18 United Nations agencies, the World Bank, other
19 donor governments, host country governments, civil
20 society, the private sector, and other efforts, as ap-
21 propriate;

22 (5) a description of other donor and host coun-
23 try financial commitments and efforts to prevent
24 and treat malnutrition; and

1 (6) the constraints on implementation of pro-
2 grams and key lessons learned from programs and
3 activities from the previous fiscal years.

4 (b) USE OF INFORMATION.—The Administrator may
5 choose to include the report required in this section as a
6 component of other congressionally mandated reports pro-
7 vided to appropriate congressional committees, as appro-
8 priate.

9 **SEC. 7. COMPLIANCE WITH THE FOREIGN AID TRANS-**
10 **PARENCY AND ACCOUNTABILITY ACT OF**
11 **2016.**

12 Section 2(3) of the Foreign Aid Transparency and
13 Accountability Act of 2016 (Public Law 114–191; 22
14 U.S.C. 2394c note) is amended—

15 (1) in subparagraph (C), by striking “and” at
16 the end;

17 (2) in subparagraph (D), by striking the period
18 at the end and inserting “; and”; and

19 (3) by adding at the end the following:

20 “(E) the Global Malnutrition Prevention
21 and Treatment Act of 2021.”.

22 **SEC. 8. SUNSET.**

23 This Act shall cease to have force or effect beginning
24 on the date that is 7 years after the date of the enactment
25 of this Act.