

INTERNATIONAL FAMILY PLANNING & REPRODUCTIVE HEALTH RECOMMENDATIONS FOR THE FY 2017 STATE-FOREIGN OPERATIONS BILL

Organization: 61 organizations supportive of international family planning and reproductive health programs (see list of endorsers below)

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Funding Request: a total of at least \$1 billion for family planning and reproductive health programs, both bilateral and multilateral, with funding provided from the Global Health Programs account and the Economic Support Fund and from the International Organizations and Programs account in order to provide a \$65 million voluntary contribution to the United Nations Population Fund (UNFPA).

Rationale/Background:

U.S. investments in family planning and reproductive health (FP/RH) programs are cost-effective and deliver real results. FY 2015 funding of \$610 million for international FP/RH programs (of which \$35 million is a contribution to the United Nations Population Fund)—the last fiscal year for which programmatic impact data is currently available—made it possible to achieve the following:

- 28 million women and couples receive contraceptive services and supplies;
- 6 million unintended pregnancies, including 3 million unplanned births, are averted;
- 2.4 million induced abortions are averted (1.9 million of them unsafe); and
- 12,000 maternal deaths are averted.¹

Despite these investments, an estimated 225 million women in developing countries want to delay or avoid pregnancy but face significant barriers to using modern contraceptive methods.² Currently, an estimated 290,000 women in developing countries die each year from pregnancy-related causes, and unsafe abortion continues to be a major cause of these unacceptably high maternal mortality rates. Addressing the demand for access to reproductive health services, including through the provision of a full range of effective contraceptive methods and accurate information about sexual and reproductive health and rights, along with integration with other health services, will improve maternal and child health, reduce unintended pregnancies, lower HIV infection rates, promote women's and girl's rights and empowerment, enhance women's and girl's education, raise standards of living, and support more sustainable development.

The unmet need for contraceptives is also a key driver of the 74 million annual unintended pregnancies worldwide and a contributor to the net increase in global population of nearly 89 million people in 2015. At the end of 2011, world population reached 7 billion, and the next billion people is expected to be added by the year 2023 at current growth rates, creating serious challenges to the efforts of the international community to improve human health and wellbeing, promote economic development, enhance security and stability, and protect the global environment.

Additionally, the world is facing numerous ongoing health and humanitarian crises including the outbreak of the Zika virus and the continued conflict in Syria, resulting in an influx of refugees into neighboring states and beyond. These, and other crises, highlight the importance of all women being able to access the contraceptive services needed to plan their families and other critical reproductive and maternal health services.

¹ *Just the Numbers: The Impact of U.S. International Family Planning Assistance*, Guttmacher Institute, April 2015. <http://www.guttmacher.org/media/resources/just-the-numbers-2015.pdf>

² *Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014*, Guttmacher Institute and UNFPA, December 2014 see <http://www.guttmacher.org/pubs/AddingItUp2014.pdf>

In order to meet these 21st century challenges, the United States should be increasing investment in international family planning and reproductive health programs. In addition, in countries with high HIV prevalence, where most new HIV infections are occurring in women and adolescent girls, it is particularly important that reproductive health services be integrated with programs addressing HIV/AIDS, as well as maternal and child health. Integration of FP/RH information and services with other sector programming, including those which aim to prevent and mitigate the negative impacts of child, early and forced marriage, early pregnancy, and gender-based violence and advance gender equality and women's empowerment, ensure progress on a wide range of development goals shared by the United States and the international community.

Such additional investments would yield tangible benefits. For every increase of \$10 million in U.S. international family planning and reproductive health assistance, the following would result:

- 520,000 more women and couples would receive contraceptive services and supplies;
- 110,000 fewer unintended pregnancies, including 50,000 fewer unplanned births, would occur;
- 50,000 fewer abortions would take place (of which 40,000 would have been unsafe);
- 200 fewer maternal deaths would occur;
- 900 fewer children would lose their mothers.³

Investments in FP/RH are integral to the future progress of U.S. global health programs, in particular achieving the goals of important initiatives to improve maternal, newborn and child health (Acting on the Call – Ending Preventable Child and Maternal Deaths) and combat HIV/AIDS (President's Emergency Plan for AIDS Relief (PEPFAR) and DREAMS).

For example, scaling up voluntary family planning between 2013 and 2020 in the U.S. government's 24 priority countries would avert 7 million newborn and child deaths and 450,000 maternal deaths by preventing unintended and high-risk pregnancies.⁴ The number of deaths averted by increased use of family planning would represent nearly half (47 percent) of the Acting on the Call initiative's goal for children's lives saved and over three-quarters of its goal of women's lives saved by 2020.

In addition, the United States must also continue to support the critical role of UNFPA, which is the only intergovernmental institution with an explicit mandate to address the reproductive health needs of men and women worldwide. UNFPA complements the U.S.'s bilateral international family planning program and expands the reach of our assistance by working in more than 150 countries, including those affected by conflict and humanitarian crises and many others in which the U.S. Agency for International Development does not currently operate FP/RH programs. For example, UNFPA currently delivers FP/RH services in nearly all Zika-impacted countries.⁵

If the United States, the recognized world leader in the provision of FP/RH financial and technical assistance, were to provide its appropriate share of the total financial resources necessary to address the unmet need for contraception, this sum would total nearly \$1.2 billion annually, including \$65 million for a voluntary contribution to the UNFPA.⁶

Unfortunately, U.S. funding commitments have continued to erode. Since 1995, U.S. financial assistance has declined by one-third when adjusted for inflation. The number of women of reproductive age in developing countries has grown by more than 350 million during the same time period. In addition, the appropriated level for overseas FP/RH programs has fallen \$40 million or over six percent since FY 2010.

³ *Just the Numbers*.

⁴ [Acting on the Call—Ending Preventable Child and Maternal Deaths](#), USAID, UNFPA, and UNICEF, June 2014.

⁵ [Zika Virus: The Challenge for Women](#), Kaiser Family Foundation, February 1, 2016.

⁶ *Adding It Up*. Total global expenditures of \$9.4 billion are necessary to meet the current unmet need for modern contraception from all funding sources, both donor nations and the developing countries themselves.

Funding levels:

(in millions of dollars)	FY 2015 enacted	FY 2016 Senate committee-approved bill	FY 2016 enacted	FY 2017 budget request
Global Health Programs account	(523.95)	(538.0)	(523.95)	544.0
Economic Support Fund	—	(39.6)	—	41.0
TOTAL, bilateral FP/RH	575.0	577.6	575.0	585.0
U.S. contribution to UNFPA (IO&P)	35.0	35.0	32.5	35.0
TOTAL, bilateral & multilateral FP/RH	610.0	(612.6)	607.5	620.0

NOTE: FP/RH funding levels that were earmarked in the statute are indicated in **bold**, while funding levels that were specified in report language are denoted in (parentheses).

FY 2017 BILL & REPORT LANGUAGE REQUESTS

DELETE FROM FINAL FY 2016 OMNIBUS (H.R. 2029—P.L. 114-113) – see strikethrough for subsections recommended for deletion and see changes indicated in *italics*

UNITED NATIONS POPULATION FUND

SEC. 7082. (a) CONTRIBUTION.—Of the funds made available under the heading “International Organizations and Programs” in this Act for fiscal year 2017, \$65,000,000 shall be made available for the United Nations Population Fund (UNFPA).

(b) AVAILABILITY OF FUNDS.—Funds appropriated by this Act for UNFPA, that are not made available for UNFPA because of the operation of any provision of law, shall be transferred to the “Global Health Programs” account and shall be made available for family planning, maternal, and reproductive health activities, subject to the regular notification procedures of the Committees on Appropriations.

~~(c) PROHIBITION ON USE OF FUNDS IN CHINA.—None of the funds made available by this Act may be used by UNFPA for a country program in the People’s Republic of China.~~

~~(d) CONDITIONS ON AVAILABILITY OF FUNDS.—Funds made available by this Act for UNFPA may not be made available unless—~~

~~(1) UNFPA maintains funds made available by this Act in an account separate from other accounts of UNFPA and does not commingle such funds with other sums; and~~

~~(2) UNFPA does not fund abortions.~~

~~(e) REPORT TO CONGRESS AND DOLLAR FOR DOLLAR WITHHOLDING OF FUNDS.—~~

~~(1) Not later than 4 months after the date of enactment of this Act, the Secretary of State shall submit a report to the Committees on Appropriations indicating the amount of funds that the UNFPA is budgeting for the year in which the report is submitted for a country program in the People’s Republic of China.~~

~~(2) If a report under paragraph (1) indicates that the UNFPA plans to spend funds for a country program in the People’s Republic of China in the year covered by the report, then the amount of such funds the UNFPA plans to spend in the People’s Republic of China shall be deducted from the funds made available to the UNFPA after March 1 for obligation for the remainder of the fiscal year in which the report is submitted.~~

INCLUDE THE FOLLOWING SECTION CONTAINED IN THE FY 2016 SENATE COMMITTEE-APPROVED STATE-FOREIGN OPERATIONS BILL (S. 1725)

SEC. 7063. (b) ASSISTANCE FOR FOREIGN NONGOVERNMENTAL ORGANIZATIONS.—The Foreign Assistance Act of 1961 is amended by inserting after section 104C the following:

“SEC. 104D. ELIGIBILITY FOR ASSISTANCE.

“Notwithstanding any other provision of law, regulation, or policy, in determining eligibility for assistance authorized under sections 104, 104A, 104B, and 104C, a foreign nongovernmental organization—

“(1) shall not be ineligible for such assistance solely on the basis of health or medical services, including counseling and referral services, provided by such organization with non-United States Government funds if such services—

“(A) are permitted in the country in which they are being provided; and

“(B) would not violate United States law if provided in the United States; and

“(2) shall not be subject to requirements relating to the use of non-United States Government funds for advocacy and lobbying activities other than those that apply to United States nongovernmental organizations receiving assistance under this part.”.

AMEND THE FINAL FY 2016 OMNIBUS (H.R. 2029—P.L. 114-113) – see strikethrough for language recommended for deletion and see additions indicated in *italics*

GLOBAL HEALTH ACTIVITIES

Sec. 7058. (a) IN GENERAL.—Funds appropriated by titles III and IV of this Act that are made available for ~~bilateral assistance for child survival activities or disease~~ *global health* programs including activities relating to research on, and the prevention, treatment and control of, HIV/AIDS may be made available notwithstanding any other provision of law except for the provisions under the heading “Global Health Programs” and the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (117 Stat. 711; 22 U.S.C. 7601 et seq.), as amended: . . .

OR—potential amendment to existing Section 7058 exempting FP/RH programs only from termination of U.S. foreign assistance as a result of a coup d’e’tat in a country (Section 7008)

After the word “amended,” add the following new provisos:

Provided, That funds appropriated by this Act that are made available for family planning activities may be made available notwithstanding section 7008 of this Act: *Provided further*, That the previous proviso shall only apply to ongoing family planning activities through governments to which assistance appropriated by this Act has been terminated under section 7008: . . .

Rationale/Background

The 2012 coup in Mali and the resulting cut-off of U.S. government foreign assistance to that country points out the fact that only one global health program—family planning and reproductive health—is not exempted from a variety of prohibitions on assistance that can and have been enforced against country governments that commit coups, nuclear proliferation, loan default, expropriation of U.S. assets, and other misdeeds. In contrast, child survival and HIV/AIDS, and other disease-specific programs are currently exempted from these country assistance prohibitions, as well as many other provisions of law.

In order for the U.S. government to be consistent in its efforts to use the leverage of a foreign aid cut-off on a country to encourage changes in national policy or behavior—but in not at the same time punishing citizens for the actions of their government—it would be entirely appropriate that the exemption currently granted only to child survival, HIV/AIDS, and other disease programs be extended to the full spectrum of life-saving global health activities. (According to USAID staff, maternal health has always been considered a part of child survival for purposes of this exemption.)

Exempting FP/RH programs done in cooperation with foreign governments from defunding when U.S. foreign assistance is otherwise cut off to a country because of various prohibitions in the law is important as a matter of principle and consistency, and will improve program efficiency.

This ought to be a non-controversial technical change. All that is required is changing a few words so that the provision in the annual appropriations bill reads “global health programs”—rather than “child survival activities or disease programs.”

It is important to note that the anti-abortion and anti-coercion riders are part of the “Global Health Programs” section of the annual appropriations bill. Therefore, this change would not undermine longstanding amendments that restrict the use of U.S. foreign aid funds for the provision of abortion as a method of family planning (Helms), biomedical research on abortion (Biden), and abortion lobbying (Siljander); prohibit funding to organizations that support or participate in the management of a “program of coercive abortion or involuntary sterilization” (Kemp-Kasten); guarantee informed consent and referral (DeConcini); and ban the imposition of family planning targets or quotas (Tiahrt).

The Obama administration included a proposal to change the wording in the FY 2017 budget [appendix](#) for the fifth year in a row (Sec. 7036, p. 926) and the Senate committee-approved FY 2015 State-foreign ops bill ([S. 2499](#)) included the change (Sec. 7058, p. 222), as it had for the last several years. However, the proposed change was not included in the Senate committee-approved bill for FY 2016.

Alternatively, a specific exemption applying only to the section in the bill terminating U.S. foreign assistance after coup d’etat (Section 7008), which would allow the continuation of direct U.S. assistance to the government for ongoing family planning activities could be added.

ADD THE FOLLOWING REPORT LANGUAGE

"The Committee recognizes that there is a need to accelerate research and development of contraceptives that are more effective, affordable, and easier to deliver and may also prevent sexually transmitted diseases. The Committee directs USAID to increase funding to its Office of Population and Reproductive Health to support the expansion of such efforts, and encourages partnerships and cost-sharing with USAID’s Office of HIV/AIDS and National Institutes of Health. The Committee directs USAID to consult with the Committee on funding for such purposes."

Rationale/Background

USAID’s contraceptive research and development program has provided strong leadership in developing new methods, especially for use in low-resource countries. And yet, the contraceptive revolution remains unfinished. One in four women in developing countries in need of contraception are not using a modern method, resulting in 74 million unintended pregnancies, 28 million unplanned births and 36 million abortions, the majority of which are unsafe. An expanding body of knowledge suggests that improving and expanding use requires more than just increasing access to existing methods. Biomedical research is needed to refine existing contraceptive methods to make them more acceptable, affordable, and

accessible, and to develop new methods that fill gaps in the existing method mix, including the development of multipurpose prevention technologies that simultaneously prevent both unintended pregnancy and STIs/HIV.

The report accompanying the Senate committee-approved FY 2015 State-foreign operations appropriations bill ([S. Rpt. 113-195](#)) included the language above. According to the terms of the FY 2015 omnibus, House and Senate committee–approved report language is included in the accompanying [explanatory statement](#) unless explicitly excluded. Identical report language was included in the FY 2014 omnibus under the same terms. However, similar language was not included in the FY 2016 report of either the House or Senate, although both included report language supportive of global health research in general.

ORGANIZATIONAL ENDORSERS

Advocates for Youth
American Academy of Pediatrics
American Congress of Obstetricians and Gynecologists
American Humanist Association
American Jewish World Service
Association of Reproductive Health Professionals
Better World Campaign
CARE USA
Catholics for Choice
Center for Biological Diversity
Center for Environment and Population (CEP)
Center for Health & Gender Equity (CHANGE)
Center for Inquiry
Center for Reproductive Rights
Center for Women Policy Studies
Disciples for Choice
Disciples Justice Action Network
EngenderHealth
Feminist Majority Foundation
General Board of Church & Society, The United Methodist Church
Global Health Council
Global Youth Coalition on HIV/AIDS
Guttmacher Institute
In Our Own Voice: National Black Women's Reproductive Justice Agenda
Institute for Science and Human Values, Inc.
International Center for Research on Women
International Medical Corps
International Women's Health Coalition
International Youth Alliance for Family Planning

IntraHealth International
Ipas
Jewish Women International
John Snow, Inc. (JSI)
Management Sciences for Health
Marie Stopes International-US
Medical Students for Choice
Meridian Group International, Inc.
NARAL Pro-Choice America
National Center for Lesbian Rights
National Center for Transgender Equality
National Council of Jewish Women
National Family Planning & Reproductive Health Association
National Organization for Women
PAI
Partners for Development
Pathfinder International
Physicians for Reproductive Health
Planned Parenthood Federation of America
Population Association of America/Association of Population Centers
Population Connection Action Fund
Population Council
Population Institute
Population Services International (PSI)
Religious Institute
Sierra Club
Unitarian Universalist Association
Women at the Center
Women of Reform Judaism
Women Thrive Worldwide
Women's Refugee Commission
Women's Research & Education Institute