



# International Reproductive Health and Family Planning: U.S. Funding Priorities and Policy Implications

Center for Health and Gender Equity (CHANGE)

For more than 45 years, the United States government has supported international reproductive health programs through foreign assistance, including family planning.<sup>1</sup> Family planning programs have been one of the most successful development assistance interventions. However, there are still 215 million women who want to use contraception to plan and space their children, but do not have access to it.<sup>2</sup> This unmet need results in approximately 75 million unplanned pregnancies annually,<sup>3</sup> and presents avoidable health risks for women and children.

In 2002, the United States joined with other world leaders committing to the achievement of universal access to reproductive health care by 2015. This commitment built on U.S. leadership in developing and affirming the International Conference on Population and Development's (ICPD) 1994 Programme of Action, which emphasized human lives over population targets, and highlighted reproductive health and rights as the cornerstone of women's health and sustainable development. This long-standing leadership has both ensured funding for reproductive health programs, and continued to move family planning programs away from a demographic-driven approach to one emphasizing human rights—one that promotes voluntarism, quality of care, and informed choice free from violence, coercion, and discrimination.

However, the periodic impositions of legal restrictions on U.S. foreign assistance for family planning programs have impacted the continuity and effectiveness of these programs. Since 1985, funds have been cut and restored to key family planning service providers by the Mexico City Policy (also known as the Global Gag Rule) no less than four times. Likewise, funding to the United Nations Population Fund (UNFPA) has been cut and restored at least six times. Additionally, U.S. bilateral funding for international family planning has lagged. Overall, U.S. funding for population programs was no higher in constant dollars in 2010 than it was in 1971, and U.S. assistance continues to be far below the \$1 billion necessary to meet the global need for family planning.<sup>4</sup>

Although President Barack Obama reversed the Mexico City Policy as one of his first official acts and removed impediments to U.S. funding for UNFPA in February 2009, challenges to providing sufficient funding for effective family planning programs remain. In May 2009, President Obama introduced the U.S. Global Health Initiative (GHI), a new approach to global health that focuses on addressing critical health concerns, including family planning, maternal and child health, HIV/AIDS, tuberculosis, malaria, and neglected tropical diseases, in an integrated way that increases the efficiency of existing global health programs. The GHI gives the U.S. the opportunity and the mechanism to reconsider the policies and low funding levels that have been proven to hamper U.S. family planning programs.

## **GLOBAL NEED FOR INTERNATIONAL FAMILY PLANNING ASSISTANCE**

Voluntary family planning programs are critical to assisting women and men to plan families, space childbirths, and prevent death and illness related to pregnancy. Yet, in the world's developing countries, some 215 million women have an expressed need for safe and effective family planning methods, but cannot access them.<sup>5</sup> The lack of access to voluntary family planning is a major cause of mortality for the more than 356,000 women a year who die from pregnancy and childbirth complications.<sup>6</sup> All but one percent of these deaths take place in developing countries.<sup>7</sup> Without family planning, women cannot manage their pregnancies. One result is that 40,000 women die each year from unsafe abortion.<sup>8</sup>

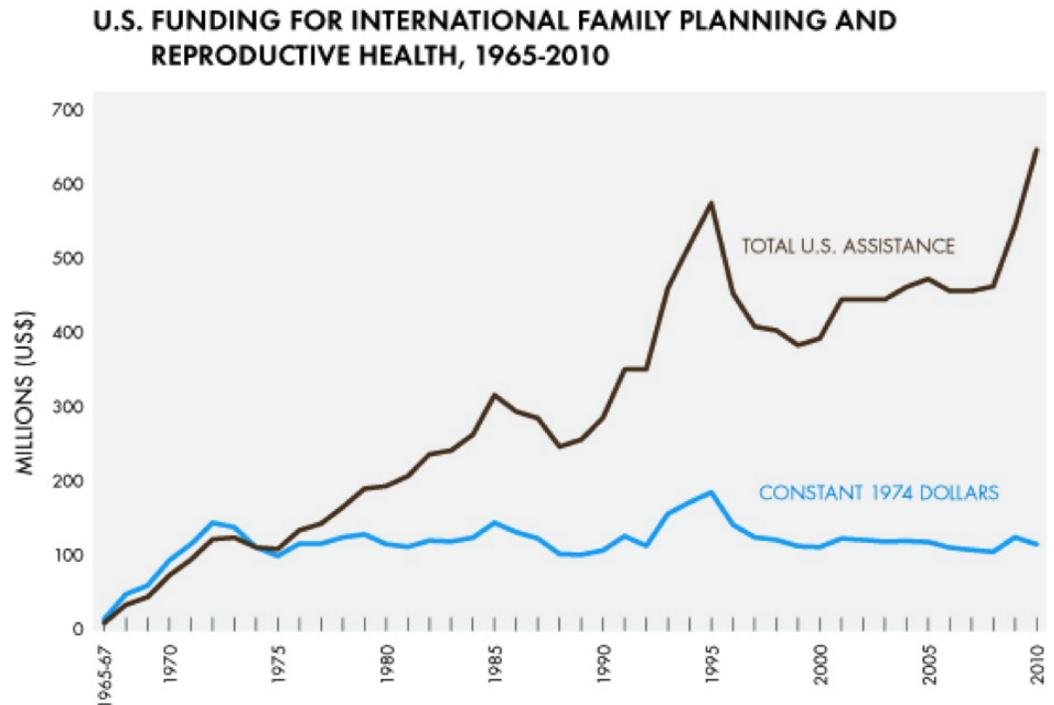
Currently, developing countries themselves commit the majority of resources for these important programs. However, in order to improve health outcomes for women and children in developing countries, resources available for family planning must align with the need, which would require a substantial increase in U.S. foreign assistance for family planning. Moreover, as a leading bilateral donor for international family planning, the U.S. should ensure that its global health dollars are being used most effectively by eliminating harmful restrictions within foreign assistance legislation, and promoting comprehensive, cost-effective approaches to sexual and reproductive health.

## **BARRIERS TO EFFECTIVE INTERNATIONAL FAMILY PLANNING ASSISTANCE IN U.S. POLICY**

### **FUNDING LEVELS**

At the ICPD, donor nations agreed to provide one-third of total funding needed in order to meet the unmet need for contraceptives. While \$3.2 billion a year is the actual amount the U.S. would have to contribute to meet its ICPD commitment to achieve universal access to comprehensive reproductive health care programs and services by 2015, this figure is perhaps unreachable in the near-term. However, a U.S. government contribution of \$1 billion dollars in Fiscal Year 2013 would help satisfy the global unmet family planning need.<sup>9</sup> This figure includes \$65 million for UNFPA.

Figure 1 below illustrates that, although funding has recovered slightly from its low points in 1999-2001, U.S. bilateral funding for international family planning assistance continues to fall far below the \$1 billion necessary to meet the unmet need. More concerning is the fact that U.S. contributions to international family planning have declined substantially in real dollars since their high-water mark in 1995.



Source: Population Action International<sup>10</sup>

#### **MEXICO CITY POLICY (GLOBAL GAG RULE)**

The Mexico City Policy, not currently in force, stipulates that nongovernmental organizations receiving U.S. family planning assistance cannot use their own, non-U.S. funds to inform the public or educate their government on the need to make safe abortion legal and available, or provide legal abortion services, advice on where to get an abortion, or information on abortion. When in effect, this policy does allow for exemptions in the cases of rape, incest, and the life of the mother, but not for a woman’s physical or mental health.<sup>11</sup> Organizations that refuse to be “gagged” in this manner are ineligible to receive U.S. funding.

The Mexico City Policy is controlled solely by the executive branch, meaning the president has the power to repeal or reinstate the policy without Congressional approval. It was first put in place by President Ronald Reagan in 1985.

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“For too long, international family planning assistance has been a political wedge issue, the subject of a back and forth debate that has served only to divide us...It is time that we end the politicization of this issue.”<sup>12</sup>

—President Barack Obama  
upon rescinding the Mexico City Policy, January 23, 2009

Documentation and analyses of the impact of the Global Gag Rule have shown how the policy harms the health and lives of poor women by limiting access to family planning services, curtailing a basic right to speech, and restricting the right to make informed health decisions. Ironically, it has also been found that the policy does not reduce abortion<sup>13</sup> and may actually increase abortion rates.<sup>14</sup>

Because of its harmful effects, President Bill Clinton repealed the policy in 1993, but it was reinstated by President George W. Bush in 2001. In a subsequent memo in August 2003, President Bush extended the policy to “voluntary population planning” assistance provided by the U.S. Department of State, but excluded any foreign assistance allocated under the President’s Emergency Plan for AIDS Relief (PEPFAR).<sup>15</sup>

President Obama repealed the policy on January 23, 2009. His statement called for a new approach to family planning that would end the politicization of women’s health around the world. “For too long, international family planning assistance has been a political wedge issue, the subject of a back and forth debate that has served only to divide us,” he said. “I have no desire to continue this stale and fruitless debate. It is time that we end the politicization of this issue.”<sup>16</sup>

In 2009, 2010, and 2011, the Senate Appropriations Committee adopted an amendment offered by Sen. Frank Lautenberg (D-NJ) that would remove the Mexico City Policy from the president’s control, and instead require any efforts to repeal or reinstate it to be approved by Congress. This amendment has been dropped from legislation every year to date.

#### **KEMP-KASTEN AMENDMENT**

The Kemp-Kasten Amendment was enacted for the first time in 1985 as part of an annual appropriations bill. The provision prohibits foreign aid to any organization that the current administration determines is involved in the management of a program that includes coercive abortion or involuntary sterilization.<sup>17</sup> While a literal interpretation of Kemp-Kasten supports women’s reproductive rights, it has been misused by policy makers to oppose reproductive rights. By using vague terms such as “involvement,” the amendment’s wording has been open to such abuse.

For example, the George W. Bush administration determined that UNFPA’s<sup>18</sup> presence in China could be construed as involvement in China’s coercive family planning policies.<sup>19</sup> As a result, the United States withheld funding for UNFPA under President Bush from 2002 to 2008.<sup>20</sup>

In October 2008, the Bush administration took its interpretation a step further by applying Kemp-Kasten to Marie Stopes International (MSI), an international family planning organization based in the United Kingdom—despite the fact that MSI was not receiving any U.S. funding at the time—because the organization was working with UNFPA in China.<sup>21</sup> As a result, USAID issued a directive to African governments prohibiting the distribution of U.S.-donated contraceptives to the organization. President Obama restored UNFPA’s U.S. funding in 2009. MSI is also no longer considered in violation of Kemp-Kasten and now receives U.S. funds.

“We find no evidence that UNFPA has knowingly supported or participated in the management of a program of coercive abortion or involuntary sterilization in the People’s Republic of China.”—Report by U.S. Department of State fact finding mission sent by the Bush administration in May 2002. The Bush administration nevertheless cut funding to UNFPA two months later, citing Kemp-Kasten.

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#### **HELMS AMENDMENT**

The Helms Amendment was first enacted in 1973, appended to the Foreign Assistance Act of 1961. The provision states that, “No foreign assistance funds may be used to pay for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions.”<sup>22</sup>

USAID has interpreted this amendment to prohibit U.S. funding of abortions that would preserve the physical or mental health of a woman, though it does make allowances in cases of rape, incest, or the life of the woman. Nevertheless, USAID has consistently over-interpreted the Helms language to include those exceptions, in addition to the purchase of equipment that could be used to perform abortions or to provide post-abortion care for victims of unsafe abortion<sup>23</sup>, and providing information and counseling on abortion.

Worldwide, about 40,000 women die from unsafe abortion every year and thousands more suffer from life-threatening injuries caused by unsafe abortion procedures.<sup>24</sup> As countries around the world are reforming their abortion laws in recognition of this major contributor to maternal mortality and morbidity, the Helms amendment continues to deny U.S. assistance in developing modern service provision. Poor women are disproportionately affected by this policy, as they often lack the resources to obtain a safe abortion.

The ICPD Programme of Action states: “All Governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women’s health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family-planning services.”<sup>25</sup>

While the U.S. should expand efforts to reduce the need for abortion through family planning programming and the provision of integrated services, it cannot continue to ignore the serious health impact of unsafe abortion. In cases where the U.S. is providing foreign assistance to countries where abortion is legal, and where the Geneva Convention applies, the U.S. should compassionately help to ensure that safe abortions are accessible to women who choose them.

#### **THE TIAHRT AMENDMENT**

The Tiahrt Amendment outlines a set of guidelines that USAID and their grantees must follow when conducting family planning programming. Proposed by Rep. Todd Tiahrt (R-KS) in 1998, the amendment was enacted as part of the Foreign Operations Appropriations Act of 1999 and has been included every year since. Specifically, the Tiahrt Amendment restricts USAID and subsidiary family planning service providers from setting targets or quotas when offering family planning

methods to clients. Providing incentives to clients to accept family planning is also prohibited, as is withholding essential goods, such as food or health care, if a client declines to use family planning services.<sup>26</sup>

Providers must also supply “comprehensible information about the health benefits and risks of the [planning] method chosen,”<sup>27</sup> particularly when the proposed method is part of a clinical trial or study, so clients can make fully informed decisions regarding their health.

The amendment addresses past coercive and abusive family planning programs that violated human rights. Though well-intentioned, it is ambiguous and therefore often misinterpreted during implementation, leading to country audits and investigations.<sup>28</sup> The prevalence of such action signifies a need for improved communication between implementing organizations and their subgrantees.

When first implemented, the Tiahrt Amendment applied only to grants from the USAID Development Assistance (DA) Account. However, these regulations were extended to include all USAID funding allotted for family planning programming on June 12, 2008.<sup>29</sup>

#### **THE SILJANDER AMENDMENT**

The Siljander Amendment prohibits the use of U.S. foreign assistance to lobby either for or against abortion. Enacted on December 11, 1981, it has been included in every foreign operations appropriations bill since. The amendment silences debate around a critical health and rights issue and limits the ability of women’s health advocates to honestly assess the causes of and solutions to maternal mortality. Such censorship of democratic dialogue surrounding health care clashes with the principles of the GHI, which strives to include civil society within the public health discussion and which pledges to forthrightly address maternal mortality.<sup>30</sup> In a recent report conducted by the Government Accountability Office (GAO), the Siljander Amendment was also reported to be difficult to interpret, as implementing organizations including the U.S. Department of State and USAID do not have “clear guidance for compliance.”<sup>31</sup>

#### **LACK OF INTEGRATION OF FAMILY PLANNING AND HIV/AIDS SERVICES**

While the Obama Administration has taken steps toward supporting integration of sexual and reproductive health through the GHI, U.S. policy still does not adequately promote the integration of family planning services and HIV/AIDS services. Integration has an important role to play in curbing both the AIDS pandemic and the rate of unintended pregnancy because women of childbearing age account for nearly half of those infected with HIV/AIDS worldwide.<sup>32</sup> Additionally, 80 percent of HIV infections worldwide are transmitted through heterosexual sex.<sup>33</sup> This means that the same women who are at risk of unintended pregnancy are also at risk of HIV infection. Because there is a clear relationship between the sexual transmission of HIV/AIDS and unintended pregnancy, integration of services in these areas is critical to meeting women’s needs. Services under the realm of both HIV/AIDS and family planning can include family planning counseling (including dual protection methods like female and male condoms), contraceptive services, voluntary HIV/AIDS counseling and testing, prevention of vertical transmission, and testing and treatment for other sexually transmitted infections. Of particular importance is voluntary family

planning counseling and services for women living with HIV so that they can make voluntary and informed decisions about whether and when to have children. By integrating services like these, U.S. global health programs will be able to more efficiently and effectively prevent HIV infection among women and girls, while reducing the burden on the health systems created by separate service providers.<sup>34</sup>

In recognition of the higher risk of cervical cancers among women living with HIV, PEPFAR's 2011 launch of the "Pink Ribbon Red Ribbon" campaign, which funds vital cervical and breast cancer screening and treatment, is a promising example of integrated sexual and reproductive health initiatives.<sup>35</sup> However, despite the United States' new emphasis on integration through the GHI, HIV/AIDS programming remains largely separate from family planning assistance programs. The Obama administration continues to prohibit PEPFAR funds for contraceptives from being spent on family planning programs, hindering the success of the GHI.<sup>36</sup>

However, integration of family planning and HIV/AIDS services is just one part of a broader comprehensive approach to sexual and reproductive health care for all.

#### **FAMILY PLANNING AS PART OF A SEXUAL AND REPRODUCTIVE HEALTH FRAMEWORK**

Family planning, sexual health, and maternal health are critical components of comprehensive reproductive health care that work best when approached seamlessly. As the U.S. government funds family planning activities through the foreign aid appropriations process, the allocation of that funding and policy/program implementation must be based on a comprehensive model—a model that combines family planning, sexual health, and maternal health with respect for individual human rights. The ICPD defined such a model. This same principle was affirmed by the U.N. General Assembly when it approved a target for universal access to reproductive health by 2015 through the Millennium Development Goals.

#### **RECOMMENDATIONS FOR U.S. FOREIGN POLICY AND FUNDING**

In order to fulfill its commitment to basic human rights and global development, the United States must support voluntary international family planning programs and services, void of political and ideological restrictions like the Mexico City Policy and the Helms Amendment. The Center for Health and Gender Equity makes the following recommendations in order to ensure that U.S. foreign policy and funding promote the fundamental sexual and reproductive health and rights of women and girls abroad.

Congress should:

- Invest at least \$1 billion per year in voluntary international family planning programs and services, of which \$65 million should be allocated to UNFPA;
- Rewrite or revise the Foreign Assistance Act of 1961, to explicitly endorse a sexual reproductive health and rights (SRHR) framework as delineated in the ICPD, and include the Millennium Development Goal of universal access to reproductive health by 2015;
- Legislatively repeal policy restrictions like the Mexico City Policy and the

Helms Amendment to ensure U.S. funds support and allow communities and recipient governments to provide health interventions that are necessary to address the public health impact of unsafe abortion and unintended pregnancies; and

- Pass a new version of the Kemp-Kasten Amendment to penalize only organizations that finance or directly manage programs found to engage in involuntary family planning and coercive abortion.

The Obama administration should:

- Issue legal interpretation of Helms with guidance to allow U.S. funding for abortions in the cases of rape, incest, and to save the life of a woman as well as funding for life saving postabortion care and counseling on a full range of reproductive health options, including abortion;
- Fully and meaningfully implement GHI principles, including instituting greater transparency for foreign policy goals related to family planning and sexual and reproductive health and rights; eliminating inefficient programs not proven to be effective, like abstinence-only programming; integrating HIV and family planning programming at same sites to meet the needs of individuals at the country level; and
- Fund and support comprehensive family planning and reproductive health programs that integrate HIV/AIDS services based on human rights and public health best practices.

## NOTES

- 1 The term “family planning” refers to the family planning/reproductive health line item in the annual Department of State, Foreign Operations and Related Programs Appropriations legislation.
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- 17 Foreign Operations, Export Financing, and Related Programs Appropriations Act, 2002: Title II: Bilateral Economic Assistance. Public Law 107-115. 107th Cong., 2d sess. (January 10, 2002).
- 18 The United Nations Population Fund (UNFPA) is an international development agency that was established in 1969 and is the second largest source of support for population programs in developing countries. UNFPA provides nearly one-fourth of all assistance to family planning and reproductive health programs worldwide. Its mission is to provide couples and individuals throughout the world with the ability to control their own reproductive lives through voluntary family planning education and services.

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## ABOUT CHANGE

The Center for Health and Gender Equity (CHANGE) is a U.S.-based nongovernmental organization that promotes the sexual and reproductive health and human rights of women and girls globally by shaping rights-based and just U.S. policies. CHANGE advocates for effective, evidence-based policies and increased funding for critical programs. CHANGE believes that every individual has the right to basic information, technologies, and services needed to enjoy a healthy and safe sexual and reproductive life free from coercion and preventable illness.

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