

Making U.S. Foreign Assistance Work

Sexual and Reproductive Health and Human Rights as Key to Global Development

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FOREIGN ASSISTANCE REFORM AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

In 2006, Secretary of State Condoleezza Rice introduced the Bush Administration's plan to reorganize foreign assistance to bring greater coherence to the country's aid structure.¹ Since then, a number of think tanks and nongovernmental organizations (NGOs) have offered recommendations to streamline the myriad existing U.S. agencies that distribute foreign assistance. In addition, many NGOs are preparing to give input to Congress's considerations for reforming the 1961 Foreign Assistance Act. The Center for Health and Gender Equity (CHANGE) strongly agrees that overhauling the Foreign Assistance Act is crucial to reducing the bureaucratic, financial, and political barriers to women's health and rights that are in place within U.S. law and policy.

However, overhauling the Foreign Assistance Act will achieve nothing unless policy makers embrace the principle of advancing human rights, specifically by prioritizing the wellbeing, rights, and empowerment of women.

The corollary to this principle is that sexual and reproductive health and the human rights of women and girls are fundamental to their empowerment and essential to achieving broader development goals. While action on these issues has been difficult to achieve, world leaders cannot hope to significantly decrease poverty and build just and peaceful societies without significant advances in these areas.

CURRENT RECOMMENDATIONS FOR U.S. FOREIGN AID REFORM

The proposals generated by think tanks and nongovernmental groups for reforming foreign assistance raise important concerns about the current way aid is distributed, and call for a heightened profile for development within U.S. foreign policy.

In June 2008, a group of foreign assistance and global development experts calling themselves the Modernizing Foreign Assistance Network (MFAN) released their analysis and recommendations. In MFAN's *New Day, New Way*² document, they assert that international development should stop taking a back seat to diplomacy and defense within U.S. foreign policy, and should have its own cabinet-level post. Because it serves the national interest in its own unique way, and has specific goals that are often undermined by short-term political considerations, the development function of U.S. foreign policy needs to be strengthened, streamlined, and separated from – yet coordinated with – other key elements of foreign policy, the authors argue.

Both the international development NGO Oxfam America and InterAction – an alliance of 165 development organizations including CHANGE – have also called for a cabinet-level department to direct and manage U.S. foreign assistance.³ Both emphasize that eliminating poverty and human suffering should be the primary goals of U.S. development policy, with limited interference from short-term security concerns. The Oxfam document also promotes local ownership of development processes, with recipient governments and their citizens as the primary decision makers about where and how development should take place.⁴

IMPLICATIONS OF RECOMMENDATIONS FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

If implemented as recommended, these proposals could remove important obstacles that impede U.S. policy from adequately addressing sexual and reproductive health and rights by streamlining organizational structure and increasing funding and accountability with reduced political and bureaucratic restraints. Through field research, CHANGE has found that rigid divisions among development objectives – such as HIV prevention, maternal health, and family planning – create barriers to efficient, comprehensive, holistic, and user-based care.⁵ These inefficiencies are exacerbated by the multiple executive agencies overseeing programming (i.e. OGAC, HHS, CDC, USAID, etc., for global HIV programs) and by the short-term, politically motivated funding restrictions that make health and rights secondary considerations. A restructured assistance framework could look at health and rights issues in a more practical way. By making recipient governments and their citizens central decision makers, U.S. international development policies can facilitate a coordinated country-level approach to priority health issues.

GENDER COUNTS

In addition to restructuring and minimizing directed spending and tied-assistance, U.S. development policy must confront women's inequality head on. The world has already developed a consensus on women's importance to development. For decades, the global community has responded to the notable efforts of the global women's movement and has moved away from demographic centered population and development policies toward putting human rights and women's equality at the center. At the 1994 Cairo International Conference on Population and Development (ICPD), the United States joined a clear consensus that stated that "[t]he empowerment and autonomy of women and the improvement of their political, social, economic and health status is a highly important end in itself. In addition it is essential for the achievement of sustainable development."⁶

Building on the many international agreements from Cairo to Beijing to Copenhagen⁷, the Millennium Development Goals (MDGs) both explicitly and implicitly acknowledge the critical nature of gender equality within the eight goals. In 2000, the MDGs were affirmed by the U.S. and 188 other governments with the aim of cutting poverty by half by 2015.⁸ Goal 3 – Promote Gender Equality and Empower Women – explicitly embraces attention to gender, while the other goals depend on the extent of success of Goal 3 (see chart).

In contrast to the other proposals for U.S. foreign aid reform, InterAction's proposal begins to address the need for gender integration: "InterAction strongly believes that gender equality is essential for global progress and security. Gender equality and women's empowerment should be guiding principles for DGHD activities in all sectors." [DGHD is the Department for Global and Human Development, its name for the proposed central U.S. foreign aid agency.]⁹

The MFAN and Oxfam proposals, as well as other restructuring ideas that have emerged, have nothing concrete to say about women. Granted, their recommendations focus on the structure of U.S. foreign development assistance and not on the specifics. But at this critical opportunity as U.S. policy makers and the public revisit our goals and structures for foreign aid, women and girls – who form both the vast majority of the world's poor and oppressed and primary engines of grassroots development – must be made central.

To complement the efforts of MFAN, in July 2008, the International Center for Research on Women (ICRW) and Women Thrive Worldwide developed *Value Added: Integrating Women into the Recommendations of the Modernizing Foreign Assistance Network*.¹⁰ This important document lays out the



Millennium Development Goals Depend on Goal 3	Importance of Gender
Goal 1: Eradicate extreme poverty	Seventy percent of the world’s poor are women. Women suffer from discrimination in education, employment, land ownership, and access to health care. Gender violence robs women of economic stability.
Goal 2: Achieve universal primary education	Gender roles and stereotypes mean girls are more likely to be kept out of school than boys. Two thirds of African girls who start school do not finish primary grades.
Goal 4: Reduce child mortality	The economic and educational wellbeing of mothers is critical to child survival. Infants whose mothers die in childbirth have very low chances of survival worldwide.
Goal 5: Improve maternal health	Despite the fact that maternal mortality has continued unabated, addressing the mainly preventable causes has not been a priority for many governments or for the world as a whole. Women’s rights to skilled birth attendants, prenatal care, safe abortion, contraception, and HIV prevention services are not guaranteed.
Goal 6: Combat HIV/AIDS, malaria and other diseases	The feminization of HIV is a critical issue based in economic instability, gender violence, lack of education, gender inequality, and inadequate access to comprehensive sexual and reproductive health services. More than 60% of adults living with HIV in sub-Saharan Africa are women.
Goal 7: Ensure environmental sustainability	Women’s daily interactions with the environment, particularly in regions where they are the primary water and wood gatherers and farmers, are extremely important. Investing in women as stewards of environmental sustainability can generate important long-term effects.
Goal 8: Develop a global partnership for development	Cancellation of bilateral debt, increased official development assistance, and global partnerships can help advance country responses to social and economic factors that obstruct women’s equality and empowerment.

argument and recommendations for paying greater attention to the role of women and gender within development assistance, but fails to address the sexual and reproductive health and rights issues that are connected to every other aspect of women’s lives.¹¹

RIGHTS COUNT

The foreign assistance reform process also presents an important opportunity for the United States to affirm the human rights of aid recipients. Currently, recipients of U.S. assistance do not have any guarantee that U.S. funded programs will protect their freedoms of speech, assembly, or any other rights that U.S. citizens enjoy. In fact, several laws and policies governing U.S. aid conflict directly with basic human rights as delineated in U.S. and international law. Such human rights violations not only reflect poorly on the U.S. government’s commitment to basic freedoms, they also diminish the effectiveness of U.S. assistance programs and diplomatic efforts to advance democracy and democratic processes abroad.

One example of this is the current law that requires recipients of U.S. global HIV and AIDS funding to have a policy explicitly opposing the practice and legalization of prostitution, which must apply even to those activities funded by other donors. While there is a court-ordered temporary injunction forbidding



the U.S. from applying this policy to most U.S. based organizations due to constitutional questions,¹² the injunction cannot protect the rights of foreign-based NGOs. As CHANGE's research has found, this policy has undermined the work of many of the most effective NGOs working to prevent HIV transmission among sex workers, and has caused groups to censor language about sex worker rights.¹³

Another bold attack on the human rights of women overseas is the Mexico City Policy, known as the Global Gag Rule. This policy prohibits overseas recipients of U.S. family planning funds from using their own funds to provide legal abortion or information and referral to women seeking abortion. Moreover, it stifles democratic debate in other countries by prohibiting recipients from weighing in on abortion policy decisions. In other words, organizations must choose between U.S. funding for family planning programs and the right to contribute their expertise and knowledge to public debate around their own countries' laws and policies.

Like the Anti-Prostitution Loyalty Oath, the Gag Rule has not contributed to its stated goal. There is no evidence that the policy reduces the incidence of abortion.¹⁴ Rather, it is much more likely that by cutting off funding for family planning providers or silencing them on safe abortion options, the number of unsafe abortions increases.¹⁵

If aid recipients must surrender their human rights upon signing contracts for U.S. foreign assistance, global democracy and development suffer.

A FULL EMBRACE OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IS ESSENTIAL TO ACHIEVING SUSTAINABLE DEVELOPMENT

What has remained entirely absent from the debate over U.S. foreign assistance reform is sexual and reproductive health and rights. (See box for basic principles)

While it may be tempting for policy makers to avoid embracing the full range of programs and services associated with sexual and reproductive health and rights due to their politicization by extreme right wing organizations and politicians, success in achieving both U.S. development objectives and the Millennium Development Goals depends on an explicit U.S. commitment to these issues. Unfortunately, the 1961 U.S. Foreign Assistance Act as amended over the years includes several provisions that block effective and rights-based provision of sexual and reproductive health care.

The centrality of sexual and reproductive health and rights (SRHR) to development is widely acknowledged – at least on paper. In 2005, world leaders at the United Nations committed to achieving universal access to reproductive health by 2015, agreeing to integrate this goal within their national MDG strategies.¹⁶ This agreement builds on the consensus at the 1994 International Conference on Population and Development (ICPD). Moreover, the UN Millennium Project – an independent advisory body to propose optimal routes to achieving the MDGs – stated in its report: “Sexual and reproductive health and rights are essential to meeting all the Millennium Development Goals.”¹⁷

If taken seriously, this commitment would contribute significantly to a decrease in poverty and thus advance progress on the Millennium Development Goals. According to the Pan American Health Organization, “Poverty cannot and will not be eradicated without achieving ICPD goals.”¹⁸ In 2005, the African Union “recogni[z]ed that sexual and reproductive health is an important component in its own right of health, human rights and development programmes and that it is an integral part of the Millennium Development Goals.”²⁰ The UN Millennium Project says, “...universal access to sexual and reproductive health information and services would have far-reaching effects for both the maternal



In the ICPD Programme of Action, the international community agreed to basic principles around sexual and reproductive health and rights:

[R]eproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. In the exercise of this right, they should take into account the needs of their living and future children and their responsibilities towards the community. The promotion of the responsible exercise of these rights for all people should be the fundamental basis for government- and community-supported policies and programmes in the area of reproductive health, including family planning. As part of their commitment, full attention should be given to the promotion of mutually respectful and equitable gender relations and particularly to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality. Reproductive health eludes many of the world's people because of such factors as: inadequate levels of knowledge about human sexuality and inappropriate or poor-quality reproductive health information and services; the prevalence of high-risk sexual behaviour; discriminatory social practices; negative attitudes towards women and girls; and the limited power many women and girls have over their sexual and reproductive lives. Adolescents are particularly vulnerable because of their lack of information and access to relevant services in most countries. Older women and men have distinct reproductive and sexual health issues which are often inadequately addressed.

The implementation of the present Programme of Action is to be guided by the above comprehensive definition of reproductive health, which includes sexual health.¹⁹

health and child health Goals and for virtually every other Goal, including those for HIV/AIDS, gender, education, environment, hunger and income poverty.”²¹

Yet despite the compelling evidence and global consensus, universal access to sexual and reproductive health care is not currently a priority within U.S. foreign assistance. For example, legislators from both political parties recently passed up an opportunity to strengthen the U.S. approach to sexual and reproductive health by neglecting to integrate HIV and AIDS services with family planning programs in the reauthorization of U.S. global AIDS funding.

UNFPA funding has been suspended for years, despite this agency's critical work on a range of reproductive health issues in countries the U.S. doesn't serve. Claims that UNFPA supports coercive abortion in China have been soundly disproved, yet the ban on funding remains. The Helms amendment²² is another long-standing obstacle to reproductive health care in U.S. foreign assistance law. By denying U.S. funding for abortion, the Helms amendment makes it more difficult for women to obtain legal abortion in their countries, regardless of their need. Access to emergency contraception, while touted as a best practice on USAID's website,²³ has been downplayed by missions in several countries, particularly in Latin America.

However, it would not be enough for the U.S. to just promote access to sexual and reproductive health care. The associated rights cannot be ignored or separated. Rights ensure that women, girls, men and boys can freely make informed decisions – about contraception, about childbearing, about their lives. As ICPD states, this includes the “right to make decisions concerning reproduction free of



discrimination, coercion and violence,”²⁴ as well as “the right to attain the highest standard of sexual and reproductive health.”²⁵

Without a human rights approach to foreign aid, U.S. policies can too easily subvert the human dignity of aid recipients to a narrowly-defined U.S. interest. The Gag Rule denies women the right to make decisions concerning reproduction by silencing U.S. grantees on legal abortion options. The U.S. abstinence agenda denies women and young people vital information about preserving their sexual health, and the prostitution pledge takes away sex workers’ right to the highest standard of sexual health by undermining the most effective HIV prevention programs. While technically the U.S. has

Millennium Development Goal	Importance of Sexual and Reproductive Health and Rights
Goal 1: Eradicate Extreme Poverty and Hunger	By allowing individuals and couples to choose the number and spacing of their children, reproductive health care gives families greater control over their economic resources.
Goal 2: Achieve Universal Primary Education	When individuals and couples choose the number and spacing of their children, families are better able to afford and support schooling for each child. Also, avoiding adolescent pregnancies means girls are more likely to stay in school.
Goal 3: Promote Gender Equality and Empower Women	Comprehensive reproductive health programs empower women to make informed choices and better control their lives.
Goal 4: Reduce Child Mortality	Healthy mothers are better equipped to care for their children, and child spacing allows for better nutrition and health.
Goal 5: Improve Maternal Health	Access to rights-based services including family planning, prenatal care, skilled birth assistance, safe abortion and HIV testing is fundamental to maternal health.
Goal 6: Combat HIV/AIDS, malaria and other diseases	HIV prevention and treatment that is integrated with other reproductive health care services can lower stigma and increase access.
Goal 7: Ensure Environmental Sustainability	Families that can choose when and whether to have children are better able to manage scarce natural resources, including drinking water and land. Clean air and safe water are critical to healthy sexual and reproductive lives.
Goal 8: Develop a global partnership for development	Cooperating with other bilateral donors, multilaterals, and private sector can make HIV/AIDS drugs, maternal health equipment, and contraceptive supplies accessible—especially female and male condoms, which can be used as dual protection against HIV infection and unintended pregnancy.

agreed not to violate these rights by signing the ICPD and other international consensus documents, it clearly needs to make ICPD principles a core part of foreign assistance policy and practice in order to ensure its commitment translates into action.



RECOMMENDATIONS FOR FOREIGN ASSISTANCE REFORM

The current foreign aid structure makes the abandonment of complex political issues – including sexual and reproductive health and rights – inevitable. Advocates continue to fight for rights long established, for public health best practices long proven, and for international agreements signed years before. While CHANGE supports the recommendations made by MFAN, Oxfam America, InterAction, and ICRW/Women Thrive Worldwide, U.S. foreign assistance reform must go further to explicitly embrace human rights, gender equality, and sexual and reproductive health and rights. Unless U.S. policy makes these commitments specific, political realities will continue to exercise undue influence over development priorities and the U.S. will end up with more of the same.

Specifically, CHANGE recommends the following reforms:

- 1) Affirm and recognize sexual and reproductive health rights of all people, with special attention to women and youth, and ensure that U.S. ambassadors and missions support and promote SRHR on the ground.
- 2) Institute greater transparency for foreign policy goals related to sexual and reproductive health and rights, delineating what the United States is trying to accomplish through its funding.
- 3) Adopt a collaborative role for the U.S. in global affairs: align U.S. foreign assistance with the ICPD Programme of Action and the Millennium Development Goals; build on the successes of European donor nations and pool resources where creative partnerships are happening; sign, ratify and incorporate into U.S. law key international treaties that recognize and promote sexual and reproductive health and rights, such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child.
- 4) Create two new cabinet-level posts: one for global development and the other for women, making women's equality and sexual and reproductive health and rights a priority along with development within U.S. foreign policy.
- 5) Adopt modalities to ensure that U.S. funding goes directly to innovative, smaller grassroots organizations that promote sexual and reproductive health and rights and gender equality, and make sure U.S. money gets in the hands of women.
- 6) Eliminate restrictions (including the Mexico City Policy, Anti-Prostitution Loyalty Oath, and denial of funding for UNFPA) and unnecessary reporting requirements, and fund comprehensive sexual and reproductive health programs that integrate HIV prevention based on human rights and public health best practices, allowing communities to determine what interventions meet their needs.

CONCLUSION

Although the U.S. had been a global leader in foreign assistance for many decades, the U.S. has lost touch with the social and economic development and sexual and reproductive health goals it agreed to in Cairo and subsequent international meetings. The national security and diplomatic goals of U.S. foreign assistance cannot be achieved without a serious commitment, reflected in sound policies, to sexual and reproductive health and rights and gender equality. Because reaching the target of universal access to sexual and reproductive health care is a key to reducing poverty and achieving the Millennium Development Goals, this target should be integrated into all levels of U.S. foreign assistance. Doing so can better position the United States as a strong global collaborator and ensure that U.S. funding abroad yields the greatest results.



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