

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

March 2009

For more than 40 years the United States government has supported international reproductive health programs, including family planning. More recently, the United States joined with other world leaders in a measure approved by the United Nations General Assembly committing to the achievement of universal access to reproductive health care by 2015 in progress toward improving maternal health within the Millennium Development Goals (MDGs). This shows that the country has provided leadership early on in not only ensuring funding for such programs, but also in moving family planning programs away from a demographic-driven approach to one that promotes voluntarism, quality of care and informed choice—free from violence, coercion, and discrimination. Yet, U.S. funding for family planning programs has declined by roughly 42% since 1995.<sup>1</sup> And the Bush administration helped to further cripple these programs and diminish the impact of international agreements by imposing ideologically based policies and funding restrictions like the Mexico City Policy (also known as the Global Gag Rule) and denying funding for the United Nations Population Fund (UNFPA). **As international family planning advocates ask the U.S. for \$1 billion in FY 2010 as its fair share to address the unmet need for family planning worldwide,<sup>2</sup> and as Congress considers reform of the Foreign Assistance Act of 1961, it is an important time to reconsider the policies that have been proven to hamper family planning and other reproductive health activities in the developing world.**

### GLOBAL NEED FOR INTERNATIONAL FAMILY PLANNING ASSISTANCE

In the world's developing countries, some 201 million women have an expressed need for safe and effective family planning methods, yet do not have the means to attain them.<sup>3</sup> The lack of access

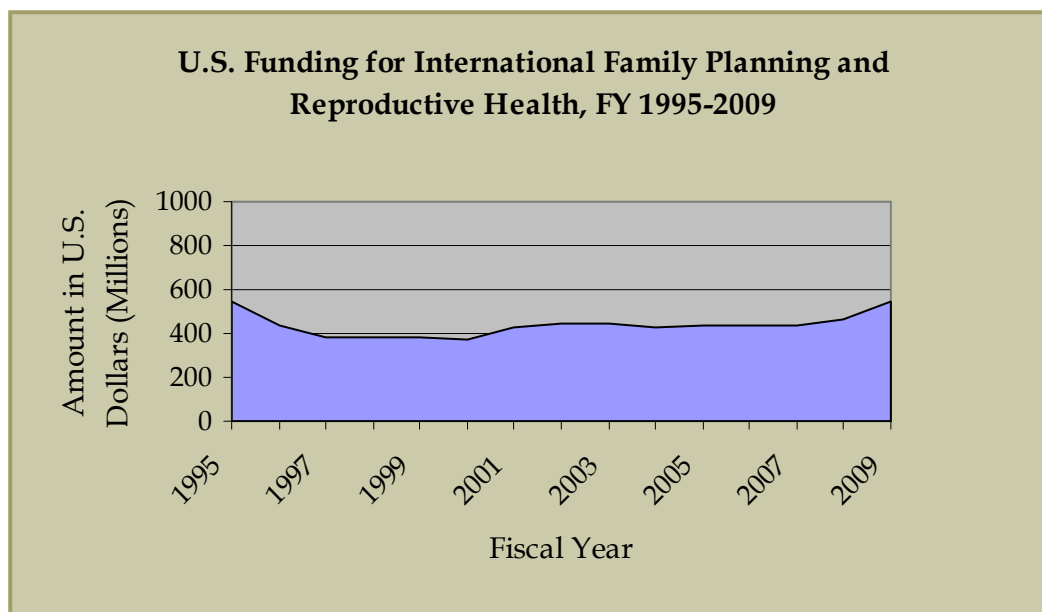
to voluntary family planning is a major cause of unnecessary death for more than half a million women a year, 99% of which take place in developing countries due to pregnancy and childbirth complications.<sup>4</sup> Without family planning, women are unable to avoid unintended pregnancies. One result is that 74,000 women die each year from unsafe abortion.<sup>5</sup> As a leading bilateral donor for international family planning, the U.S. should ensure that its financial support is effective 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

During the 1994 International Conference on Population and Development (ICPD), donor nations agreed to provide one-third of total funding needed in order to meet the unmet need for contraceptives. For international family planning and reproductive health programs, \$1 billion in FY 2010 would be a first step for the United States government to share in the financial commitments necessary to meet this target. This figure includes \$65 million for the United Nations Population Fund (UNFPA). While \$3.2 billion is the actual U.S. fair share needed to achieve universal access to reproductive health care by 2015, \$1 billion would help satisfy the unmet family planning need of about 201 million women who have an expressed desire to postpone childbearing, space births, or want no more children and are not using a modern method of contraception.<sup>6</sup> U.S. bilateral funding for international family planning assistance has declined by about \$100 million since 1995.<sup>7</sup>

Figure I



U.S. funding for international family planning assistance since 1995 is shown in Figure I.

### Mexico City Policy (Global Gag Rule)

The Mexico City Policy is a ban imposed by the United States government on nongovernmental organizations that receive funding from the United States Agency for International Development (USAID). The ban was first in place from 1985-1993, and stipulates that nongovernmental organizations receiving U.S. assistance cannot use their own, non-U.S. funds to inform the public or educate their government on the need to make safe abortion available; provide legal abortion services;

"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."

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

or provide advice on where to get an abortion. The policy did 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>8</sup>

Documentation and analysis of the impact of the Global Gag Rule have shown how the policy restricts a basic right to speech and the right to make informed health decisions, as well as harms the health and lives of poor women by making it more difficult to access family planning services. Ironically, it has also been found that the policy does not reduce abortion.<sup>9</sup>

Because of its harmful effects, President Clinton repealed the policy, but on January 22, 2001, President Bush reinstated the Mexico City Policy. In a subsequent memo in August 2003, the president extended the policy to "voluntary population planning" assistance provided by the Department of State, but excluded any foreign assistance allocated under the President's Emergency Plan for AIDS Relief.<sup>10</sup>

Ending the Bush administration's application of the Mexico City Policy, President Barack Obama repealed the provision on January 23, 2009. His



statement called for a new approach to family planning, one that was to end the politicization of women's health around the world. According to President Obama, "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. I have no desire to continue this stale and fruitless debate...It is time that we end the politicization of this issue."<sup>11</sup>

"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. State Department fact finding mission sent by the Bush administration in May 2002. The Bush administration nevertheless cut off funding to UNFPA two months later, citing Kemp-Kasten.*

### Kemp-Kasten Amendment

The Kemp-Kasten Amendment was enacted for the first time in 1985 as part of a United States appropriations law. The provision prohibits foreign aid to any organization that the administration determines is involved in coercive abortion or involuntary sterilization.<sup>12</sup> Using a broad interpretation of the Amendment, the Bush administration determined that the United Nations Population Fund's (UNFPA)<sup>13</sup> presence in China could be construed as involvement in China's coercive policies.<sup>14</sup> As a result, the United States withheld funding for UNFPA under President Bush from 2002 to 2008.<sup>15</sup> President Obama directed U.S. Congress to restore its funding in 2009.

In October 2008, the Bush administration took its interpretation a step further by applying Kemp-Kasten to Marie Stopes International (MSI), a UK-based organization that provides family planning services globally, because the organization works

with UNFPA in China.<sup>16</sup> MSI does not receive U.S. funding. Because of the Kemp-Kasten determination on MSI, the United States Agency for International Development (USAID) issued a directive to African governments prohibiting the distribution of U.S.-donated contraceptives to the organization. The United States government has not provided evidence that either UNFPA or MSI are in fact violating U.S. law by supporting coercive abortion or involuntary sterilization.

Since the U.S. has agreed to the principles and Programme of Action of the 1994 International Conference on Population and Development (ICPD), it has already made the commitment to the right of individuals to make decisions concerning reproduction free of discrimination, coercion and violence, and therefore, the Kemp-Kasten Amendment is not necessary to ensure that U.S. funding does not support coercive abortion or involuntary sterilization.

### 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>17</sup>

Worldwide, about 74,000 women die from unsafe abortion every year; and thousands more women suffer from life-threatening injuries due to unsafe abortion procedures. As countries around the world are reforming their abortion laws in recognition of this major contributor to maternal mortality and morbidity, they are handcuffed in developing modern service provision by the prohibition on U.S. assistance for safe abortion.



USAID has interpreted this amendment to prohibit U.S. funding of abortions that would preserve the physical or mental health of a woman, yet allow it for victims of rape or incest, or to save a woman's life. However, the U.S. has never funded any programs that include abortion services, even in these legally permitted cases.<sup>18</sup>

Worldwide, about 74,000 women die from unsafe abortion every year; and thousands more women suffer from life-threatening injuries due to unsafe abortion procedures.<sup>19</sup> As countries around the world are reforming their abortion laws in recognition of this major contributor to maternal mortality and morbidity, they are handcuffed in developing modern service provision by the prohibition on U.S. assistance for safe abortion. Poor women are disproportionately affected by this policy, as they often lack the resources to obtain a safe abortion.

Furthermore, paragraph 8.25 of the ICPD Programme of Action, which the U.S. has signed, explicitly states that in no case should abortion be promoted as a method of family planning, so the

Helms amendment seems superfluous. The ICPD goes on to explain that, "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>20</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, the U.S. should compassionately help to ensure that those abortions are safe.

### **Lack of Integration of Family Planning and HIV/AIDS Services**

U.S. policy has not adequately supported the integration of family planning services and HIV/

### **THE IMPORTANCE OF INTEGRATION**

Integrating HIV/AIDS services with SRH services and vice versa is a central part of integrating health services. HIV/AIDS programs have in the past been separated from SRH programs, but it is time to reintegrate these two obviously interlinked health issues in order to optimize positive health outcomes. Aside from the direct link in terms of sexual transmission and transmission from mother to child, HIV/AIDS and SRH issues share many of the same root causes, including gender inequality, poverty, stigma and marginalization of vulnerable groups. The need for better integration of HIV/AIDS and SRH efforts has been highlighted in policy pronouncements, including the Glion Call to Action and the New York Call to Commitment. A group of international donor and implementing organizations have specified key elements of integrated programming.

Integrating HIV/AIDS and SRH services has been shown to have several benefits. It helps to inform people of their HIV/AIDS status, reduce stigma associated with the disease, strengthen awareness about healthy sexual behavior, promote safer sex, increase access to and use of services, avert HIV transmission and unwanted pregnancies and save costs.

*UN Millennium Project, "Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals," 2006*



## INTERNATIONAL COMMITMENT TO INTEGRATED REPRODUCTIVE HEALTH CARE

All Countries should strive to make accessible through the primary health-care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015. Reproductive health care in the context of primary health care should, inter alia, include: family-planning counseling, information, education, communication and services; education and services for pre-natal care, safe delivery and post-natal care; prevention and appropriate treatment of infertility; abortion as specified in paragraph 8.25 including prevention of abortion and the management of the consequences of abortion; treatment of reproductive tract infections, sexually transmitted diseases and other reproductive health conditions; and information, education and counseling, as appropriate, on human sexuality, reproductive health and responsible parenthood.

*ICPD Programme of Action, 1994*

AIDS services. Integration has an important role to play in curbing both the AIDS pandemic and unintended pregnancy because women of childbearing age account for nearly half of those infected with HIV/AIDS worldwide.<sup>21</sup> Additionally, 80% of HIV infections are transmitted through heterosexual sex.<sup>22</sup>

Under U.S. policy, the U.S. Agency for International Development (USAID) is charged with administering most of the United States' foreign assistance related to population and family planning while the Office of the Global AIDS Coordinator is charged with administering foreign assistance related to HIV/AIDS.

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, contraceptive services, voluntary HIV/AIDS counseling and testing, prevention of mother-to-child transmission, and testing and treatment for other STDs and STIs. 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, PEPFAR and USAID 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>23</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 1994 International Conference on Population and Development (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 regain its leadership in support for voluntary international family planning programs and services, void of political and ideological restrictions. 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:

◆ Invest at least \$1 billion in voluntary international family planning programs and services for FY 2010; of which \$65 million should be allocated to UNFPA;

◆ In a rewrite or revision of the Foreign Assistance Act of 1961, explicitly endorse a sexual reproductive health and rights (SRHR) framework as delineated in the ICPD, and include the new MDG target of universal access to reproductive health by 2015;

◆ With the adoption of an SRHR framework in U.S. law, restrictions within the Foreign Assistance Act and appropriations amendments such as the Helms and Kemp-Kasten Amendments are no longer necessary and should be eliminated—allowing communities and recipient governments to determine what interventions meet their needs;

◆ Institute greater transparency for foreign policy goals related to family planning and sexual and reproductive health and rights, delineating what the United States is trying to accomplish through its funding; 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.

© 2009 No part of this document may be reproduced, disseminated, published, or transferred, except with prior permission and appropriate acknowledgment of the Center for Health and Gender Equity. Please cite as: Center for Health and Gender Equity. *International Reproductive Health and Family Planning: U.S. Funding Priorities and Policy Implications*. Washington, D.C.: Center for Health and Gender Equity, March 2009. For additional copies or inquiries, email [info@genderhealth.org](mailto:info@genderhealth.org).

<sup>1</sup> Calculation is reflected in real U.S. dollars.

<sup>2</sup> The \$1 billion request is based on the financial targets of the 1994 International Conference on Population and Development (ICPD) where it was decided that donor nations would provide one-third of total funding needed in order to meet the unmet need for contraceptives. United Nations Population Fund (UNFPA), *State of World Population 2005*, accessed via the web on 29 October 2008. [http://www.unfpa.org/swp/2005/english/ch4/chap4\\_page2.htm](http://www.unfpa.org/swp/2005/english/ch4/chap4_page2.htm).

<sup>3</sup> 1994 International Conference on Population and Development (ICPD).

<sup>4</sup> United Nations Population Fund (UNFPA), *Facts About Safe Motherhood*, accessed via the web on 29 October 2008. <http://www.unfpa.org/mothers/facts.htm>.

<sup>5</sup> United Nations Population Fund (UNFPA). Reproductive Health. Accessed via the web at [http://www.unfpa.org/swp/2005/english/ch4/chap4\\_page2.htm](http://www.unfpa.org/swp/2005/english/ch4/chap4_page2.htm).

<sup>6</sup> United Nations Population Fund (UNFPA), *State of World Population 2005*, accessed via the web on 29 October 2008. [http://www.unfpa.org/swp/2005/english/ch4/chap4\\_page2.htm](http://www.unfpa.org/swp/2005/english/ch4/chap4_page2.htm).

<sup>7</sup> Population Action International. Trends in U.S. Population Assistance. Accessed via the web at [http://www.populationaction.org/Issues/U.S.\\_Policies\\_and\\_Funding/Trends\\_in\\_U.S.\\_Population\\_Assistance.shtml](http://www.populationaction.org/Issues/U.S._Policies_and_Funding/Trends_in_U.S._Population_Assistance.shtml).

<sup>8</sup> Text of the Mexico City Policy can be found at: [http://www.usaid.gov/business/business\\_opportunities/cib/pdf/cib0108r.pdf](http://www.usaid.gov/business/business_opportunities/cib/pdf/cib0108r.pdf).

<sup>9</sup> IPAS. *The Global Gag Rule Harms Democracy, Women and U.S. Interests Abroad*. Chapel Hill, NC: IPAS. August 2007.

<sup>10</sup> United States Agency for International Development, *USAID's Family Planning Guiding Principles and U.S. Legislative and Policy Requirements*, updated on December 14, 2006.

<sup>11</sup> Statement of President Barack Obama on Rescinding the Mexico City Policy, January 23, 2009, accessed via the web on 10 February 2009. <http://www.whitehouse.gov/statement-released-after-the-president-recinds/>.



<sup>12</sup> P.L. 107-115, Foreign Operations, Export Financing, and Related Programs Appropriations Act of 2002, Title II Bilateral Economic Assistance.

<sup>13</sup> The United Nations Population Fund 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. [www.unfpa.org/about/index.htm](http://www.unfpa.org/about/index.htm).

<sup>14</sup> Pathfinder International, *Fact Sheet: UNFPA*, accessed via the web on 29 October 2008. [http://www.pathfind.org/site/PageServer?pagename=Advocacy\\_Resources\\_Fact\\_Sheets\\_UNFPA](http://www.pathfind.org/site/PageServer?pagename=Advocacy_Resources_Fact_Sheets_UNFPA).

<sup>15</sup> Correspondence from Secretary of State Colin Powell in 2002 outlines the official determination of the Bush Administration to withhold funds from UNFPA, accessed via the web on 20 November 2008. [http://www.unfpa.org/news/related\\_docs/usfundingreport01.pdf](http://www.unfpa.org/news/related_docs/usfundingreport01.pdf).

<sup>16</sup> Marie Stopes International, official press release – “Bush Administration bans Contraceptive Supplies to MSI”. Accessed via the web on 20 November 2008. [http://www.mariestopes.org/News/Bush\\_administration\\_bans\\_contraceptive\\_supplies\\_to\\_MSI.aspx](http://www.mariestopes.org/News/Bush_administration_bans_contraceptive_supplies_to_MSI.aspx).

<sup>17</sup> United States Foreign Assistance Act of 1961, U.S. Code 22 (1961), § 2151 et seq., Section 104(f) as amended.

<sup>18</sup> “Repealing the Global Gag Rule is Only the First Step,” by Patty Skuster. *Alternet*. January 13, 2009. <http://www.alternet.org/story/119241>.

<sup>19</sup> United Nations Population Fund (UNFPA), *Facts About Safe Motherhood*, accessed via the web on 29 October 2008. <http://www.unfpa.org/mothers/facts.htm>.

<sup>20</sup> United Nations Population Fund. International Conference on Population and Development Programme of Action. Cairo, Egypt: September 5-13, 1994. Paragraph 8.25.

<sup>21</sup> Family Health International (FHI), *Research Briefs on Family Planning and HIV Integration*, access via the web on 29 October 2008, <http://www.fhi.org/en/RH/Pubs/Briefs/FPandHIV/index.htm>.

<sup>22</sup> UNAIDS, WHO, and UNICEF. *Towards Universal Access: Scaling Up Priority HIV/AIDS Interventions in the Health Sector*, accessed via the web on 13 November 2008. [http://www.who.int/hiv/pub/towards\\_universal\\_access\\_report\\_2008.pdf](http://www.who.int/hiv/pub/towards_universal_access_report_2008.pdf).

<sup>23</sup> WHO et al. *Linkages: Evidence Review and Recommendations*. Accessed via the web at [http://www.ippf.org/NR/rdonlyres/61349CE8-C46B-4881-B289-D30E909BE88B/0/Linkages\\_evidence\\_review.pdf](http://www.ippf.org/NR/rdonlyres/61349CE8-C46B-4881-B289-D30E909BE88B/0/Linkages_evidence_review.pdf).

