

INTERNATIONAL FAMILY PLANNING & REPRODUCTIVE HEALTH RECOMMENDATIONS FOR THE FY 2018 STATE-FOREIGN OPERATIONS BILL

Organization: 40 organizations supportive of international family planning and reproductive health programs (see list of endorsers below)

Contact: Craig Lasher clasher@pai.org (202) 557-3442
Jonathan Rucks jrucks@pai.org (202) 557-3422

FY 2018 FUNDING REQUEST

Funding Request: a total of \$1.2 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 \$78 million voluntary contribution to the United Nations Population Fund (UNFPA).

Rationale/Background:

This recommended level is the U.S. fair share of the \$9.4 billion estimated to be necessary to address the unmet need for modern contraception of 225 million women in the developing world.¹ It is calculated by adopting the burden-sharing targets included in the 1994 International Conference on Population and Development's *Programme of Action*, which specified that one-third of the financial resources necessary to provide reproductive health care should be furnished by donor countries and two-thirds by the developing nations themselves. By applying the U.S. percentage share of total gross national income (GNI) of the developed world to its assigned one-third contribution to the total funding required to address the unmet need for contraception, the U.S. share of the cost, based on relative wealth, equals \$1.193 billion.

U.S. investments in family planning and reproductive health (FP/RH) programs are cost-effective and deliver real results. The FY 2017 omnibus appropriates funding of \$607.5 million for international FP/RH programs, of which \$32.5 million is a contribution to the United Nations Population Fund. However, in March 2017, the Trump administration announced that it would cut off funding to UNFPA. Nevertheless, a longstanding provision in the bill directs that funds withheld from UNFPA are to be reprogrammed to bilateral family planning, maternal, and reproductive health, so that funds remain available for FP/RH purposes. U.S. funding of \$607.5 million in FY 2017 makes it possible to achieve the following:

- 26 million women and couples receive contraceptive services and supplies;
- 8 million unintended pregnancies, including 3 million unplanned births, are averted;
- 3.3 million induced abortions are averted (most of them unsafe); and
- 15,000 maternal deaths are averted.²

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.³ For every increase of \$10 million in U.S. international family planning and reproductive health assistance, the following would result:

- 433,000 more women and couples would receive contraceptive services and supplies;

¹ "Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014," Guttmacher Institute and UNFPA, December 2014. <http://www.guttmacher.org/pubs/AddingItUp2014.pdf>.

² "Just the Numbers: The Impact of U.S. International Family Planning Assistance," Guttmacher Institute, May 2017. https://www.guttmacher.org/sites/default/files/article_files/justthenumbersinternational2017.pdf.

³ "Adding It Up."

- 128,000 fewer unintended pregnancies, including 57,000 fewer unplanned births, would occur;
- 55,000 fewer abortions would take place (most of them unsafe);
- 250 fewer maternal deaths would occur.⁴

In reality, the appropriated level for overseas FP/RH programs has fallen over \$40 million or over six percent since FY 2010. In FY 2011, the full House approved a cut from the prior year's appropriation in excess of \$200 million, and the Subcommittee has proposed slashing funding by about \$150 million from the prior year's appropriation to \$461 million for the last six fiscal years (FY 2012—FY 2017).

Currently, an estimated 303,000 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.⁵ 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.

Furthermore, for the nearly 2 billion adolescents and youth worldwide, the largest youth population in history, access to quality and youth-friendly reproductive health services, including comprehensive sex education and family planning, is critical to ensure they have the opportunity to remain healthy, continue their education, and develop skills to build more peaceful and prosperous communities.

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 90 million people in 2016. 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.

In order to meet these 21st century challenges, the United States should be increasing investment in international FP/RH programs. 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.⁶ 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 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.

⁴ "Just the Numbers."

⁵ World Health Organization Global Health Observatory Data. http://www.who.int/gho/maternal_health/en/.

⁶ "Acting on the Call: Ending preventable child and maternal deaths," USAID, UNFPA, and UNICEF, June 2014. https://www.usaid.gov/sites/default/files/documents/1864/USAID_ActingOnTheCall_2014.pdf.

Additionally, the world is facing unprecedented ongoing health and humanitarian crises, which negatively impact the health and lives of women and their families. The Zika virus, a both vector-borne and sexually-transmitted virus, is linked to maternal and newborn health complications including severe birth defects, while conflicts, like those in Syria and the surrounding area, natural disasters and the resulting displacement can greatly limit women's access to health services. 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 sexual, reproductive and maternal health services.

In addition, in the wake of the State Department's unjustifiable March 30, 2017 Kemp-Kasten determination, the United States must also resume financial support to UNFPA, 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.⁷ In addition, UNFPA plays an indispensable and critical role today in the provision of reproductive and maternal health services in humanitarian settings, reaching 38 million people (of which over 5.6 million are pregnant women) in 56 countries—including most notably Syrian refugee women in Jordan as well as refugees and internally displaced persons in Iraq, South Sudan, and Yemen.⁸

Funding levels:

(in millions of dollars)	FY 2016 enacted	FY 2017 Senate Committee- approved bill	FY 2017 enacted	FY 2018 budget request
Global Health Programs account	(523.95)	(544.0)	(523.95)	0
Economic Support Fund	—	(41.0)	—	0
TOTAL, bilateral FP/RH	575.0	585.0	575.0	0
U.S. contribution to UNFPA (IO&P)	32.5	37.5	32.5	0
TOTAL, bilateral & multilateral FP/RH	607.5	622.5	607.5	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).

⁷ *Zika Virus: The Challenge for Women*, Kaiser Family Foundation, February 1, 2016.

⁸ UNFPA, *Humanitarian Action—2017 Overview*, January 2017. https://www.unfpa.org/sites/default/files/pub-pdf/Humanitarian_2017_Overview_2017-01-18_web_0.pdf.

FY 2018 BILL & REPORT LANGUAGE REQUESTS

DELETE FROM FY 2017 OMNIBUS (H.R. 244—P.L. 115-31) – 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 2018, \$78,000,000 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.~~

ADD THE FOLLOW NEW PROVISIO TO FY 2017 OMNIBUS (H.R. 244—P.L. 115-31)—see strikethrough for language recommended for deletion and changes or additions highlighted in yellow

TITLE III

BILATERAL ECONOMIC ASSISTANCE

GLOBAL HEALTH PROGRAMS

Provided further, That none of the funds made available in this Act nor any unobligated balances from prior appropriations Acts may be made available to any organization or program which, as determined by the President, supports or participates in the management of a program of coercive abortion or involuntary sterilization: *Provided further*, funds appropriated to the United Nations Population Fund by this Act or prior Acts making appropriations for the Department of State, foreign operations, and related programs shall be made available to the United Nations Population Fund notwithstanding the State Department determination of March 30, 2017 made pursuant to the previous proviso: *Provided further*, That any determination made under the previous *second* proviso must be made not later than 6 months after the date of enactment of this Act, and must be accompanied by the evidence and criteria utilized to make the determination:

INCLUDE THE FOLLOWING SECTION CONTAINED IN THE FY 2017 SENATE COMMITTEE-APPROVED STATE-FOREIGN OPERATIONS BILL (S. 3117)

SEC. 7084 (b) ASSISTANCE FOR FOREIGN NONGOVERNMENTAL ORGANIZATIONS.—The Foreign Assistance Act of 1961 (22 U.S.C. 2151 et seq.) 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 FY 2017 OMNIBUS (H.R. 244—P.L. 115-31) – see strikethrough for language recommended for deletion and see additions indicated in *italics*

SPECIAL PROVISIONS

Sec 7034. (n) HIV/AIDS WORKING CAPITAL FUND.—Funds available in the HIV/AIDS Working Capital Fund established pursuant to section 525(b)(1) of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 2005 (Public Law 108–477) may be made available for pharmaceuticals and other products for ~~child survival, malaria, and tuberculosis~~ *other global health and child survival activities* to the same extent as HIV/AIDS pharmaceuticals and other products, subject to the terms and conditions in such section: Provided, That the authority in section 525(b)(5) of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 2005 (Public Law 108– 477) shall be exercised by the Assistant Administrator for Global Health, USAID, with respect to funds deposited for such non-HIV/ AIDS pharmaceuticals and other products, and shall be subject to the regular notification procedures of the Committees on Appropriations: Provided further, That the Secretary of State shall include in the congressional budget justification an accounting of budgetary resources, disbursements, balances, and reimbursements related to such fund.

Rationale/Background

Current law only allows “child survival, malaria, and tuberculosis” programs to use the HIV/AIDS Working Fund to procure and distribute pharmaceutical commodities for use in USG-funded programs. This change would broaden the fund to allow USAID to use the fund to procure contraceptive commodities, as well as to clarify and ensure that pharmaceutical products to prevent and treat other infectious diseases like Zika and Ebola—not just malaria and TB—could be procured.

This technical language change would allow USAID, specifically the Office of Population and Reproductive Health (PRH), to increase the purchasing power of family planning funding. It would allow their forecasting to be more efficient by providing the technical staff with the time and flexibility to purchase the right commodities for countries, when they are needed, in the right amounts.

This technical language change will not affect in any way the amount allocated to the fund for the procurement of HIV/AIDS, malaria, TB, or child survival commodities. It will only serve to increase the purchasing power of the FP/RH funds allocated to the fund when it comes to the procurement of

contraceptive commodities by allowing the use of this more efficient and cost-effective procurement mechanism utilized by most of the other global health sectors at USAID, except for contraceptives.

AMEND THE FY 2017 OMNIBUS (H.R. 244—P.L. 115-31) – 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 from termination of U.S. foreign assistance as a result of a coup d’état in a country—Section 7008—only

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 2017 State-foreign ops bill ([S. 3117](#)) included the change (Sec. 7058, p. 282), as it had for the last several years, except in FY 2016.

Alternatively, a specific exemption applying only to the section in the bill terminating U.S. foreign assistance after coup d’état (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.⁹ 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 either the FY 2016 or the FY 2017 report of either the House or Senate, although both included report language supportive of global health research in general.

DELETE THE FOLLOWING SECTION CONTAINED IN REPORT ([S. Rpt. 114-290](#)) ACCOMPANYING THE FY 2017 SENATE COMMITTEE-APPROVED STATE-FOREIGN OPERATIONS BILL ([S. 3117](#))

~~The Committee recognizes that information and assistance for families interested in healthy timing and spacing of pregnancies can enhance maternal and child health and improve the chances of survival of~~

⁹ “In Search of Breakthroughs: Renewing Contraceptive Research and Development,” *Guttmacher Policy Review*, volume 16, issue 1 (March 2013). <https://www.guttmacher.org/gpr/2013/03/search-breakthroughs-renewing-support-contraceptive-research-and-development>.

~~women and children. The Committee recognizes the important role played by faith-based and community organizations in the provision of global health services, and the Committee encourages USAID to expand partnership work with faith-based and community organizations on programs that support the healthy timing and spacing of pregnancies. The Committee encourages USAID to improve the reach and impact of voluntary family planning programs, including male behavior change and fertility awareness programs.~~

Rationale/Background

The Office of Population and Reproductive Health (PRH) at USAID has been actively engaged in healthy timing and spacing of pregnancy (HTSP) programming for some time, arguably since the inception of the program over 50 years ago. In fact, it is a core component of PRH's program. However, HTSP is but one of a number of rationales for the program. As a result, the report language is superfluous and potentially counterproductive.

While USAID should be encouraged to continue to expand the reach and impact of voluntary family planning counseling, education, and services, through all the interventions and means at their disposal, no one intervention or set of interventions should be prioritized. USAID should make the decision—in consultation with local stakeholders—about which interventions make the most sense in the diverse countries in which they work around the world.

HTSP programming and/or a focus on HTSP programming should in no way detract from and impact the broad contributions that family planning access provides around our larger development goals, including decreasing poverty, increasing economic gains, empowering women and girls, and protecting the environment.

Given the emphasis on healthy timing and spacing of pregnancy, there is real concern that focusing solely on HTSP programming could be construed to limit other FP/RH activities that PRH engages in, including programs to prevent child, early, and forced marriage; GBV; FP/HIV integration; FGM; and fistula.

HTSP programming also should not interfere or complicate USAID's ability to provide permanent methods, such as tubal ligation and vasectomy, and long-acting reversible contraceptives, both types of which have limiting family size among their principal purposes—not just timing and spacing pregnancies.

ORGANIZATIONAL ENDORSERS

Advocates for Youth
American Congress of Obstetricians and Gynecologists
American Jewish World Service
Association of Reproductive Health Professionals
Better World Campaign
Catholics for Choice
Center for Biological Diversity
Center for Health & Gender Equity (CHANGE)
Center for Reproductive Rights
EngenderHealth
Feminist Majority Foundation
Friends of UNFPA
General Board of Church & Society, The United Methodist Church
Guttmacher Institute

International Center for Research on Women
International Medical Corps
International Women's Health Coalition
International Youth Alliance for Family Planning
IntraHealth International
Ipas
John Snow, Inc. (JSI)
Management Sciences for Health
Medical Students for Choice
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
Pathfinder International
Physicians for Reproductive Health
Planned Parenthood Federation of America
Population Connection Action Fund
Population Council
Population Institute
Population Services International (PSI)
Sierra Club
Unitarian Universalist Association
Women Thrive Alliance

FINAL—5/24/17