



The U.S. Government and International Family Planning & Reproductive Health

May 2010

Reproductive Health (RH): The state of complete physical, mental and social well-being in all matters relating to the reproductive system and to its functions and processes, including family planning and sexual health.

Family Planning (FP): The ability of families or persons to anticipate and attain their desired number of children and plan the spacing and timing of births.

Overview

Access to family planning and reproductive health (FP/RH) services is critical to the health of women and children worldwide. The U.S. government first provided international family planning assistance in the mid-1960s and has since been a leading donor to FP/RH.

The Obama Administration has stated its strong support for FP/RH, as part of the overall U.S. global health portfolio. The U.S. Global Health Initiative (GHI), a \$63 billion six-year (FY09-FY14) initiative announced in May 2009 calls for a more comprehensive global health agenda and women- and girl-centered approach.

The Obama Administration has also reversed prior restrictions on the use of funding for family planning assistance by rescinding the Mexico City Policy and restoring funding to the United Nations Population Fund (UNFPA).

Current Global Snapshot

Improving access to FP/RH services globally can help prevent maternal deaths and reduce unintended pregnancies. Each year, an estimated 342,000 to half a million women die from complications during pregnancy and childbirth, almost all in developing countries.

Worldwide, however, more than 200 million women have an unmet need for contraceptives (e.g., they do not wish to get pregnant and are using no contraceptive method). Access to family planning methods varies significantly by region.

been on the rise, it is still below 50% globally and worse in Africa and South-East Asia (see Figure 1). Similarly, adolescent fertility rates have declined slowly and are particularly high in Africa, which also has the highest rate of unmet need for FP services.

Reasons for the lack of access to FP/RH services include low awareness of the risks of sexual activity, such as pregnancy and HIV; cost; gender inequality; and laws in some countries that require women and girls to be of a certain age or have third party authorization, typically from their husband.

Figure 1: FP/RH Indicators by Region

Table with 5 columns: WHO Region, Unmet Need for FP (2000-2007), Contraceptive Prevalence (2000-2008), Adolescent Birth Rate (2000-2007), and Antenatal Care Coverage (2000-2009). Rows include Global, Africa, Americas, South-East Asia, Europe, E. Mediterranean, and Western Pacific.

FP/RH Services: FP/RH encompasses a wide range of services that have been shown to be effective in decreasing the risk of unintended pregnancies, maternal and child mortality, and other complications, including birth spacing; contraception; sexuality education, information and counseling; post-abortion care; screening/testing for HIV and other sexually transmitted diseases (STDs); repair of obstetric fistula; antenatal and postnatal care; genital human papillomavirus (HPV) vaccine to prevent cervical cancer and genital warts; and research into new methods such as microbicides.

The U.S. Government Response

History

- Congress first authorized research on international family planning and population issues in the Foreign Assistance Act of 1961. In 1965, USAID launched its first FP program, and in 1968, began purchasing contraceptives to distribute in developing countries. The U.S. is one of the largest purchasers and distributors of contraceptives. In the 1980s, U.S. programs expanded to address maternal, newborn, and child health (MNCH). Beginning in the 1990s, USAID began to recognize the need for male involvement in FP/RH and focus on the needs of young people.

Structure & Programs

- The GHI has placed a new emphasis on FP/RH and an expectation that these programs will be scaled up over the next several years. USAID has long served as the lead U.S. agency for FP/RH activities;



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other agencies involved include the Centers for Disease Control and Prevention (CDC) (research, surveillance, technical assistance, and a designated WHO Collaborating Center for Reproductive Health),²³ the National Institutes of Health (NIH) (research), and the Peace Corps (volunteer activities).

- The U.S. government's stated FP/RH objective is to expand sustainable access to quality voluntary FP/RH services and information to: enhance efforts to reduce high-risk pregnancies; allow sufficient time between pregnancies; provide information, counseling, and access to condoms to prevent HIV transmission; reduce the number of abortions; support women's rights; and stabilize population growth.^{19,24} Increased emphasis on linking HIV and FP/RH through the President's Emergency Plan for AIDS Relief (PEPFAR) is one component.²⁵
- USAID operates FP/RH programs in 52 countries, including 24 "priority countries," most of which are in Africa.^{26,27} Countries are selected based on high rates of unmet need for FP, prevalence of high-risk births, low contraceptive use, and significant population pressures on land and water resources.²⁸ Although FP/RH and MNCH are linked, Congress directs funding to and USAID operates these programs separately.

Figure 2: U.S. Government Funded FP/RH Interventions^{16,17}

<ul style="list-style-type: none"> Linking family planning with maternity services HIV/AIDS & STD information and services Sexuality & reproductive health education Eliminating female genital mutilation Post-abortion care Prevention and repair of obstetric fistula 	<ul style="list-style-type: none"> Training of health workers Counseling and services such as birth spacing Contraceptive supplies and their distribution Financial management Public education and marketing Biomedical and contraceptive research and development Multilateral contributions to UNFPA
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U.S. Government Funding

- Most U.S. funding for FP/RH is specified by Congress in annual appropriations bills and part of the "Global Health and Child Survival" (GHCS) account at USAID; all GHCS funding for FP/RH is counted as part of the GHI. Additional funding is provided through other accounts (although it is not currently counted as part of the GHI).
- U.S. funding for international FP began in the 1960s. Over time, it has fluctuated and decreased as a share of the U.S. global health budget. After reaching approximately \$575 million in FY 1995, it dropped or remained relatively flat for more than a decade, not surpassing this level until FY 2010 when it reached \$648.5 million, including \$525 million in the GHCS account.²⁹ The FY 2011 budget request includes \$715.7 million for FP/RH (see Figure 3).³⁰ Despite recent increases, designated funding for FP/RH has not kept pace with U.S. global health funding, declining from 12% in FY 2004 to 6% in FY 2010, and is 6% of the FY 2011 request.³¹

Legal & Policy Restrictions

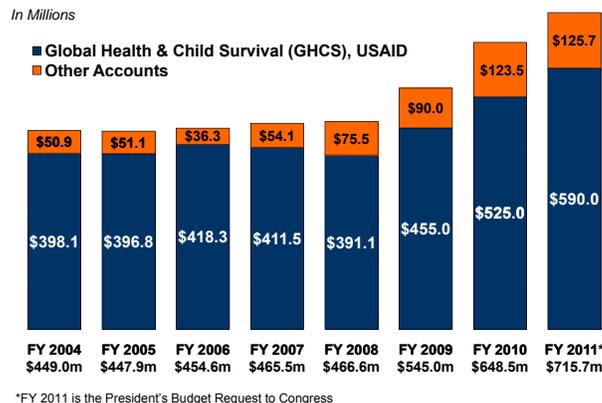
There are several legal, policy and programmatic requirements and restrictions concerning U.S. funding for international FP, including:

- Abortion:** Since 1973, U.S. law, through the Helms Amendment, has prohibited the use of foreign assistance for abortion as a method of family planning or to motivate or coerce any person to practice abortion.⁴
- The Mexico City Policy:** First instituted by President Reagan in 1984 through executive order, the Mexico City Policy required foreign NGOs to certify that they would not perform or promote abortion using funds from any source, as a condition for receiving U.S. funding. This policy has been a highly debated issue, rescinded by President Clinton, reinstated by President Bush, and rescinded again by President Obama in January 2009.⁴
- UNFPA:** Although the U.S. helped create UNFPA in 1969 and was a leading contributor for many years, there have been several years in which funding has been withheld due to executive branch determinations that UNFPA's activities in China violated the Kemp-

Kasten amendment which prohibits funding any program, as determined by the President, that supports coercive abortion or involuntary sterilization.³² In March 2009, President Obama announced that the U.S. would restore UNFPA funding; \$50 million was provided in FY 2009 and \$55 million in FY 2010.^{6,33,34}

- Voluntarism/informed choice:** These principles are specified in legislative language and program guidance.³⁵

Figure 3: U.S. Government Funding for Global Family Planning/ Reproductive Health, FY 2004-FY 2011*³⁰



Looking Ahead

The Administration has placed increasing emphasis on the importance of FP/RH within the U.S. global health portfolio as part of the GHI. There is also growing global attention to the need to augment FP/RH services worldwide and increase coverage and access. Still, despite widespread recognition of the importance of FP/RH, it will likely continue to be at the center of policy debate and discussion, particularly regarding U.S. funding and policy, within the Congress and Administration, as well as regarding the broader U.S. role in fostering progress toward the MDGs and other global efforts to promote access to FP/RH.

¹ WHO. *Reproductive Health*; http://www.who.int/topics/reproductive_health/en/.

² International Conference on Population and Development (ICPD), Programme of Action, Cairo 1994, <http://www.un.org/ecosocdev/geninfo/popularin/icpd.htm#intro>.

³ WHO. *Family Planning*; http://www.who.int/topics/family_planning/en/.

⁴ CRS. *International Population Assistance and Family Planning Programs: Issues for Congress*; January 2010.

⁵ GHI. *Implementation of the Global Health Initiative: Consultation Document*, February 2010.

⁶ White House. *Statement of Barack Obama on Rescinding the Mexico City Policy*, January 23, 2009.

⁷ State Department. *Remarks on the 15th Anniversary of the International Conference on Population and Development*, January 2010: <http://www.state.gov/secretary/rm/2010/01/135001.htm>.

⁸ Murray et al. "Maternal mortality for 181 countries, 1980-2008: a systematic analysis of progress towards Millennium Development Goal 5." *The Lancet*. Vol. 375, No. 9726; 2010.

⁹ WHO. *Maternal Mortality in 2005; 2007*.

¹⁰ UN. *Fact Sheet, Goal 5: Improve maternal health*; September 2008.

¹¹ Guttmacher Institute/UNFPA. *Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health*; 2009.

¹² UN. *The Millennium Development Goals Report 2009*; 2009.

¹³ WHO. *World Health Report 2005 – Making Every Mother and Child Count*; 2005.

¹⁴ WHO. *World Health Statistics 2010*; 2010.

¹⁵ At least four visits.

¹⁶ USA D. *Family Planning Programs - Saving Lives, Protecting the Environment, Advancing U.S. Interests*; http://www.usaid.gov/our_work/global_health/pop/popfaq.html#11.

¹⁷ USA D. *Fast Facts: Family Planning*; December 2009.

¹⁸ WHO, Johns Hopkins, and USAID. *Family Planning: A Global Handbook for Providers*; 2007.

¹⁹ USA D. *Report to Congress: Global Health and Child Survival Progress Report – FY 2008; 2009*.

²⁰ UNESCO. *International Technical Guidance on Sexuality Education*; December 2009.

²¹ USA D. *USAID Family Planning Program Timeline: Before 1965 to the Present*. http://www.usaid.gov/our_work/global_health/pop/timeline_b.pdf.

²² UNFPA. *Donor Support for Contraceptives and Condoms for STI/HIV Prevention (2008)*; 2009.

²³ CDC. *Global Reproductive Health*; March 2009: <http://www.cdc.gov/reproductivehealth/Global/index.htm>.

²⁴ USA D. *Strategic Framework for Family Planning*; http://www.usaid.gov/our_work/global_health/pop/framework.html.

²⁵ PEPFAR. *Five-Year Strategy*; December 2009: <http://www.pepfar.gov/strategy/index.htm>.

²⁶ State Department. *Congressional Budget Justification, Foreign Operations*; FY 2010 and FY 2011.

²⁷ Kaiser Family Foundation personal communication with USA D; April 2, 2010.

²⁸ USA D. *Countries*; http://www.usaid.gov/our_work/global_health/pop/countries/index.html.

²⁹ H R. 3288, 111 Cong., 1st Sess. (2009).

³⁰ Kaiser Family Foundation analysis; May 2010.

³¹ KFF calculation of funding designated for FP/RH through the GHCS account, as part of the GHI, as share of overall funding the programs now counted as part of the GHI.

³² CRS. *The U.N. Population Fund: Background and the U.S. Funding Debate*; February 2010.

³³ State Department. *U.S. Government Support for the United Nations Population Fund (UNFPA)*; March 2010: <http://www.state.gov/r/pa/prs/ps/2009/03/120841.htm>.

³⁴ H R. 1105, 111 Cong., 1st Sess. (2009).

³⁵ USA D. *USAID's Family Planning Guiding Principles and U.S. Legislative and Policy Requirements*; http://www.usaid.gov/our_work/global_health/pop/voluntarism.html.