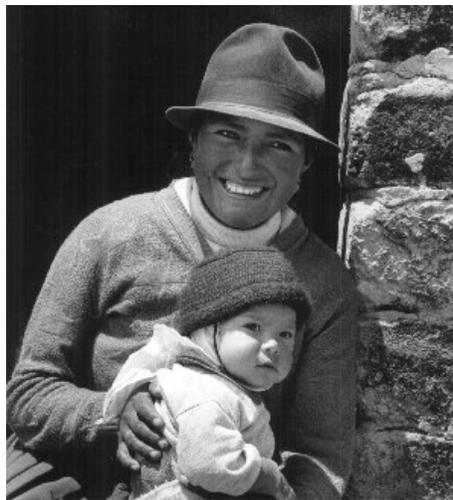


# **Saving Women's Lives, Protecting Women's Health**

**U.S. Global Leadership in Family Planning**



April 2000



**United States  
Department of State**



**United States Agency for  
International Development**

# Saving Women’s Lives, Protecting Women’s Health

## U.S. Global Leadership in Family Planning

### Table of Contents

|                                                                                                          |          |
|----------------------------------------------------------------------------------------------------------|----------|
| <b>I. Saving Women’s Lives through Family Planning:<br/>The U.S. Response to a Global Challenge.....</b> | <b>1</b> |
| Voluntary family planning: a vital key to women’s health                                                 |          |
| Enabling couples to make reproductive choices                                                            |          |
| Enhancing quality of life and development                                                                |          |
| <b>II. Working in Partnerships to Make a Difference.....</b>                                             | <b>4</b> |
| Providing comprehensive assistance through USAID and UNFPA                                               |          |
| Integrating family planning and other reproductive health services                                       |          |
| Expanding access to services through partnerships with NGOs                                              |          |
| Focusing on quality of care and the battle against HIV/AIDS                                              |          |
| Saving women’s lives by replacing abortion with contraception                                            |          |
| Working to empower women through integrated approaches                                                   |          |
| <b>III. Goals for the Future.....</b>                                                                    | <b>9</b> |

For further information: This report builds on and updates an earlier report published by USAID, *From Commitment to Action: Meeting the Challenge of ICPD* (Washington, D.C., January 1999).

Both the current and the earlier report, along with additional information about USAID programs and projects, can be found on the USAID Website: [www.info.usaid.gov/pop\\_health/](http://www.info.usaid.gov/pop_health/). Additional information on programs of the United Nations Population Fund (UNFPA) can be found in UNFPA Annual Reports and on the Fund’s Website: [www.unfpa.org](http://www.unfpa.org).

Cover photo: PLAN/Watson

## **I. Saving Women's Lives through Family Planning: The U.S. Response to a Global Challenge**

Since the 1960s, profound changes have occurred in reproductive behavior throughout much of the world. In developing countries excluding China, about 270 million couples, representing all religions and cultures, currently use modern family planning methods. For the developing world as a whole, the proportion of couples using some method of family planning—including pills, IUDs, condoms, sterilizations, or natural family planning—is 44 percent. Whereas women in the 1960s averaged more than six children, they now average fewer than four. These changes in reproductive behavior have been spurred in part by improvements in women's educational and economic opportunities. But a key factor has also been voluntary use of family planning methods, made available for more than three decades through a cooperative global effort with strong U.S. support. U.S. family planning assistance saves lives, protects health, and reduces abortions. At a time when more people are living with HIV than ever before, and a record high portion of the world's 6 billion people—one-half—is under 25 years of age, family planning is more critical than ever. The U.S. government provides family planning assistance to developing countries through the Agency for International Development (USAID), and the United Nations Population Fund (UNFPA). (See Annex for further background.)

**Voluntary family planning: a vital key to women's health.** Despite the gains that have been made, U.S. leadership and assistance are still required. Quite simply, *women's lives are at stake*. Voluntary family planning programs are essential to responding effectively to two serious threats for women: maternal deaths and HIV/AIDS. Nearly 600,000 women die each year from preventable, pregnancy-related causes. In addition, nearly half of those newly infected with HIV each year in developing countries—about 2.2 million—are women. Around half of all people who acquire HIV become infected before they turn 25 and typically die of AIDS before their 35th birthday.

Use of family planning methods can save women's lives by helping them postpone early, high-risk pregnancies; avoid unintended pregnancies and unsafe abortions; stop childbearing when they have reached their desired family size; and, where

barrier methods are used, protect themselves from HIV/AIDS and other sexually transmitted diseases. It is estimated that one in four maternal deaths could be prevented through the use of family planning. In sum, access to family planning and related health information and counseling empowers women to make choices about their lives and to manage reproductive risks. *According to a consensus statement issued in 1999 by the World Health Organization, UNFPA, UNICEF, and the World Bank: “Enabling women and families to choose whether, when, and how often to have children is central to safe motherhood.”*

The health benefits of using family planning extend to children as well. Spacing births at least two years apart has been shown to dramatically reduce infant and child deaths, with even greater reductions when births are spaced three years or more. Limiting births to a woman’s healthiest childbearing years also improves her children’s chances of surviving and remaining healthy. And one out of four infants of HIV-infected mothers becomes infected, heightening the urgency of efforts to prevent HIV/AIDS.

### **Saving a Woman’s Life, Protecting a Family’s Future**

Berta Lopez lives in a village in the Andean mountains. She was pregnant last year with her ninth child. After she went into labor, complications developed. Her mother managed to walk a long distance to the health post of a local nongovernmental organization (NGO) that provides maternal and child health services, including contraceptives, with USAID support. The obstetrical nurse, with no vehicle available, was able to borrow some mules and travel three hours to Berta’s house, assist with the delivery, and provide medications that saved the lives of Berta and her baby. Berta and her husband have now chosen to use an injectable method of contraception, and her son is nearly a year old.

With family planning assistance from USAID through Pathfinder International, the local NGO operates health posts in poor communities and trains providers, including the nurse in this story, to respond to the reproductive and child health needs of many families like Berta’s.

**Enabling couples to make reproductive choices.** Beyond saving lives, family planning helps couples achieve their reproductive goals, a basic right that Americans have long taken for granted. In addition to the continuing need to maintain and improve information and services for current contraceptive users, efforts are needed to expand effective access to many women who say they prefer to space or limit their births but who are not now using family planning— estimated at over 150 million. In every national survey in 55 countries since 1980, women report that their *desired* family size is less than their *actual* family size. Women and couples want to plan their families, but still often lack the information and access to services to do so.

### **Morocco: Long-term Investments Pay Off for Women**

The government of **Morocco** has been a leading recipient of family planning assistance for three decades. Family planning, along with maternal and child health, has become an integral element of the Ministry of Health's programs reaching the poorest groups in Morocco's population of 28 million. With USAID support and additional assistance from UNFPA, thousands of providers have been trained and innovative service delivery and management systems developed to ensure that women receive needed services. Reflecting Morocco's progress toward self-reliance, USAID assistance will be phased out over the next five years.

Since 1983, Morocco's family planning effort has made a big difference for women's lives: use of modern contraceptives has more than doubled, to 49 percent of married women of reproductive age; average family size has declined by almost half, to 3.1 children; and maternal deaths have dropped by more than 50 percent, from over 3,000 to less than 1,500 annually.

**Enhancing quality of life and development.** U.S. assistance for family planning has wider benefits. It reflects fundamental American values and principles in support of reproductive choice, health promotion, and the advancement of women. The ability to practice family planning is basic to the empowerment of women, having profound effects not only on their health, but also on their opportunities for schooling, employment, and participation in local and national affairs. Increased use of family planning will also continue to slow population growth in many developing countries, reducing demands on endangered air, land, and water resources.

### **Secretary of State Madeleine K. Albright on International Family Planning**

"I urge you to restore full funding to our support for international family planning. This is the most effective way for us to reduce the number of abortions and make it more likely that when children are born, they grow up healthy and strong. The money for these programs should be provided without restrictions on free speech and without restrictions that hamper efforts to save lives and protect the health of women and children."

— Testimony before the House Foreign Operations Subcommittee, March 2000

## II. Working in Partnerships to Make a Difference

**Providing comprehensive assistance through USAID and UNFPA.** USAID and UNFPA programs are complementary and seek to provide comprehensive support to national efforts aimed at increasing access to family planning and reproductive health services as well as improving quality of care. Assistance includes training of physicians, nurses, and other providers; technical assistance in policy, management, communications, and logistics; and contraceptives and other reproductive health commodities. Funding is also provided for biomedical research, population and health research, data collection, and population censuses.

Compared with UNFPA and other donors, USAID has devoted a significantly larger share of funding to nongovernmental organizations (NGOs). USAID assistance also draws on the special expertise and experience of a diverse group of U.S.-based organizations, including universities, NGOs, private businesses, and other government agencies. Responding to requests from countries in every region, USAID is working in more than 60 countries, with most of its assistance concentrated in about 25 countries that account for three-fourths of the developing-world population (excluding China).

In contrast to USAID, UNFPA focuses mainly on governments and utilizes the technical capacity of other UN agencies and other organizations worldwide. UNFPA responds to requests from almost all UN-member developing countries and countries in transition.

A key goal for both USAID and UNFPA is to move countries toward self-reliance. The Republic of Korea, a former recipient of family planning assistance, has now become a donor country itself. Among other countries that no longer need USAID family planning assistance are Colombia, Mexico, Thailand, and Tunisia.

Programs assisted by USAID and UNFPA are helping countries to achieve the goals of the 1994 International Conference on Population and Development (ICPD) (See box).

### **The 1994 Cairo Consensus**

In 1994, at the International Conference on Population and Development (ICPD) in Cairo, nearly 180 countries reached an unprecedented consensus on a comprehensive 20-year Program of Action. Among its key recommendations, the Program of Action called for universal access to family planning and other reproductive health services by 2015 and specific measures to advance the economic, educational, legal, and health status of women. The Program of Action affirmed:

***“...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.” (Paragraph 7.3)***

### **Integrating family planning and other reproductive health services.**

Assistance by USAID and UNFPA has increasingly included support for integrated approaches that include not only family planning but also other reproductive health services—such as preventive care before and after childbirth, care for women experiencing complications of unsafe abortions, and diagnosis and treatment of sexually transmitted diseases. (Neither USAID nor UNFPA funds are used for abortion services.) With other development assistance funds, USAID has also significantly expanded maternal and child health and HIV/AIDS prevention programs. Similarly, UNFPA supports integrated reproductive health activities and works closely with other UN system partners that are also involved in reproductive health, including UNAIDS, UNICEF, and the World Health Organization (WHO)—all of which also receive U.S. contributions.

### **Reducing Maternal Deaths through Family Planning in Nepal**

**Nepal** is one of the poorest countries in Asia, with a per capita income averaging less than \$300 per year, and with one of the highest maternal mortality rates in the region. Each woman faces a 1 in 200 chance of dying in childbirth (compared to 1 in 3,700 in North America). Helping women avoid unwanted pregnancies through family planning is an important way to reduce maternal deaths in Nepal. USAID has had a long-term partnership with UNFPA and other donors to support increased access to contraception. While sterilization has been the predominant method in Nepal, efforts to widen the range of contraceptives through provision of more temporary methods such as pills, injectables, and condoms are having a significant impact. Use of temporary methods has increased dramatically by couples choosing to space children, from only 2 percent in 1986 to more than 10 percent currently.

In addition, USAID is working with UNFPA and other donors on other approaches to prevent maternal deaths, including training health workers in obstetric emergencies and supporting a community mobilization effort to promote safe motherhood in 75 districts in Nepal. USAID has also supported development and distribution of an inexpensive clean home delivery kit to help ensure that women in remote mountainous areas of Nepal receive at least basic sanitation for normal deliveries.

**Expanding access to services through partnerships with NGOs.** For many years, USAID has supported innovative community-based approaches to providing family planning and reproductive health services, often through networks of local NGOs. CARE and Save the Children are among the U.S.-based organizations with which USAID is working, each bringing a wealth of experience in child survival, health, and community development, along with extensive networks of local partners (See box). One influential model is in Bolivia, where a network of 24 NGOs (PROCOSI) has been providing integrated reproductive and child health services to poor rural communities since 1988.

Since then, prenatal care, safe deliveries, and use of modern contraceptives have vastly increased in project areas.

### **Reaching the Grassroots: Family Planning through CARE**

Prior to 1990, CARE was an organization well known for its work in rural relief and development programs around the world. Still, CARE had few activities in family planning and other areas of reproductive health, such as safe motherhood and prevention of HIV/AIDS. Through a USAID-funded project from 1991 to 1998, CARE provided family planning and reproductive health information and services to more than 5 million couples in 32 countries. The impact of USAID's investment was multiplied further, as CARE raised an additional \$17 million from other donors, or \$1 for every \$2 from USAID. In addition, CARE trained 36,000 providers through the project and integrated family planning/reproductive health into the activities of dozens of local grassroots organizations, ensuring their capacity to provide ongoing services. Currently, CARE is helping transfer lessons learned to other international development NGOs in the NGO Networks for Health Project supported by USAID since 1998 and implemented by Save the Children, CARE, Childreach/Plan International, the Adventist Development and Relief Agency (ADRA), and Program for Appropriate Technology in Health (PATH).

While UNFPA programs have tended to emphasize support to government services, traditionally the backbone of national family planning efforts, UNFPA is seeking ways to work more effectively with NGOs as well, and to encourage closer cooperation between governments and NGOs. Since the early 1990s, expenditures directed through NGOs have increased by nearly 80 percent, to over \$160 million per year. In the Philippines, for example, UNFPA has funded 30 NGOs working with underserved groups in 18 provinces.

A valued partner for both UNFPA and USAID since their programs began has been the International Planned Parenthood Federation (IPPF). IPPF is a network of national family planning associations in over 150 countries. These associations serve 10 million couples annually with family planning and other reproductive health services, often serving as their only source of care.

USAID has also been a world leader in engaging the private sector in providing family planning through pharmacies, private physicians, and other commercial outlets. In Brazil, for example, USAID's commercial marketing project negotiated a partnership last year with a pharmaceutical company to introduce an injectable contraceptive, offering the project's support for an educational advertising campaign in exchange for a lower price to make the method more accessible to Brazilian women.

**Focusing on quality of care and the battle against HIV/AIDS.** Improving quality of care in family planning and reproductive health services is a high priority for both USAID and UNFPA. Funds support training programs for providers and program managers; improved information and counseling; service delivery research; and biomedical research on new contraceptives, including both male and female methods that prevent HIV/AIDS as well as unintended pregnancies. Innovative communications techniques, sometimes borrowed from commercial advertising approaches, engage men as well as women in actions to protect and enhance reproductive health.

Expanding the choice of methods available, which is basic to good quality of care, is a goal that is particularly difficult to achieve in the face of rapidly increasing demand for services. Both agencies are cooperating in a new reproductive-health commodity initiative to help countries meet their needs for contraceptives and other reproductive health-related equipment and medications. In Tanzania, a concerted effort of USAID, UNFPA, and other donors helped the government reduce the percentage of health facilities that ran out of contraceptives from 27 percent in 1996 to 11 percent in 1999—thereby ensuring that more couples could obtain services and achieve their reproductive goals. Selling contraceptives through commercial channels to those who can afford to pay can improve financing and increase access to methods at the same time.

The HIV/AIDS pandemic has been more devastating than most anticipated. Over 34 million people now live with HIV/AIDS, 95 percent of whom are in the developing world. Women account for nearly half of new infections, and in Africa, 12 to 13 women are infected for every 10 men. Half of the newly infected are also under age 25. Deaths from AIDS have resulted in over 11 million orphans worldwide. In Southern Africa, one person in five between the ages of 15 and 49 has HIV or AIDS. The average life expectancy in Uganda is expected to drop from an already extremely low 42.6 years to just 31.5 years by 2010 as a result of AIDS. Family planning programs help slow the spread of the HIV/AIDS by providing information, counseling, and male and female condoms.

### **Meeting Unmet Need for Family Planning and Fighting HIV/AIDS in Kenya**

Twenty years ago in **Kenya**, women typically had 8 children. Now, women average 4.5 children, and 64 percent are either currently using or have used family planning methods. USAID and UNFPA have supported both clinic-based and community-based services, and have helped ensure that Kenyan women have a wide choice of contraceptive methods. Still, 24 percent say they would like to space or limit their births but are not using contraception. And a million more Kenyan women will enter reproductive ages in the next five years. Already, more than 1.1 million women are estimated to be infected with HIV, 13 percent of the country's adult female population. Both unmet need for contraception and the rapid transmission of HIV/AIDS lend special urgency to efforts to increase condom use. A USAID-funded program to promote subsidized sales of condoms now sells 12 million condoms annually, triple the sales of just three years ago.

**Saving women’s lives by replacing abortion with contraception.** Since 1994, USAID has funded pilot research-demonstration programs to improve treatment for complications of unsafe abortion in more than 30 countries, including Egypt, Kenya, Nepal, and Peru. These programs are showing success not only in saving the lives of women, but also in providing women with the family planning information and services they need to avoid repeat abortions.

A relatively recent development in the past decade for both USAID and UNFPA is provision of family planning assistance to countries of Eastern Europe, Russia, and Central Asia, where women had little access to family planning for many years and relied heavily on abortion. With modest inputs of training and technical assistance, the results have been dramatic (See box).

**The Impact of Family Planning on Reducing Abortion and Maternal Mortality:  
New Evidence from Romania and Turkey**

USAID-funded national reproductive health surveys in **Romania**, conducted by the U.S. Centers for Disease Prevention and Control (CDC) in 1993 and 1999, found that use of modern contraceptive methods—primarily pills, IUDs, and condoms—has more than doubled, from 14 percent to 29 percent of married women. During the same period, the abortion rate decreased by 35 percent, and abortion-related maternal mortality dropped by over 80 percent. USAID, UNFPA, IPPF, and the World Bank have been providing assistance in Romania, including training for hundreds of physicians and nurses, technical assistance in management, support for services by the Ministry of Health and local NGOs, and donations of contraceptives.

In **Turkey**, where abortion is legal and relatively common, steady progress has been made in reducing reliance on abortion. A University of North Carolina study found that contraceptive use increased by more than 20 percent between 1988 and 1998. During the same period, abortions dropped by one-third, from 24 to 15 per 100 pregnancies.

These experiences closely parallel previously reported data on trends in contraceptive use and abortion rates for recent periods from Russia and several Central Asian Republics where USAID and UNFPA have provided assistance. Abortion rates in the former Soviet Republics, however, are still elevated compared with those in other European countries.

**Working to empower women through integrated approaches.** The benefits to women of improved family planning and reproductive health services will be greatest where women have access to education, employment, and the political process. Conversely, women who are healthy and able to time their pregnancies are likely to benefit more from available educational and employment opportunities. Thus, it often makes sense to link programs that benefit women. In Bangladesh, for example, the

Bangladesh Rural Advancement Committee, supported by USAID, operates in thousands of communities, providing literacy training, credit, and small enterprise development, along with primary health care and family planning. In Nigeria, during the difficult period of political transition since 1994, USAID found that NGOs that were working in family planning and health were also a good foundation for efforts to strengthen civil society and promote democracy. With help from USAID's Democracy and Governance program, the NGOs formed more than 60 "100 Women Groups," which successfully mobilized tens of thousands of women to vote.

UNFPA supports a project in Bolivia to provide literacy training to 75,000 rural indigenous women in areas where maternal and infant death rates are among the highest nationally. The training also helps the women gain self-confidence and promotes awareness of family planning and reproductive health, while respecting traditional beliefs and customs.

### III. Goals for the Future

Significant progress has been made since the 1960s in expanding access to modern methods of contraception, as well as to other reproductive health information and services. With a relatively modest investment, U.S. support for overseas programs in family planning and reproductive health over the past several decades has already achieved excellent results. Through U.S. assistance, strong partnerships have been built around the world. The lives of hundreds of thousands, perhaps millions, of women have been saved, and their health and well-being—as well as the health and well-being of their children and families—have been greatly enhanced.

Still, the number of married women of reproductive age in developing countries is expected to increase by about 15 million each year between now and 2015. More young people are about to enter their reproductive years than ever before. **The overriding priority must therefore be to expand access of those in need to services through both the public and private sectors.** Special efforts must be made to reach underserved groups, who are most likely to face high-risk pregnancies and the threat of HIV/AIDS. Not only should improved services be available, but stronger communications efforts also are needed to educate people about these services and to encourage responsible reproductive health behavior. All of these efforts will succeed best if investments are also made in women's education, nutrition, and employment, and if other barriers to women's advancement are reduced.

Several tasks require priority attention:

- **Reaching youth.** Over 1 billion young people are entering their reproductive years—the largest generation in history—and an additional 2 billion are right behind them. Many young people lack even basic information about reproductive and sexual health and are not reached by existing services, which are often geared to women who already have children. Innovative and

culturally sensitive approaches that can effectively address the diverse needs of young people are greatly needed, along with sharing of models and lessons learned across countries.

- **Improving the quality of care in family planning services, including access to other reproductive health services.** Each family planning client, whether a continuing or new user, ideally should be able to choose a method that suits his or her circumstances and should receive full information about use of the method, including its possible side effects. Clients need screening and care from technically competent providers, for both family planning and other reproductive health needs. USAID and UNFPA, working with other donors and host countries, have a vital role to play in promoting commitment to a “culture” of quality and informed choice at all levels of country programs. Expanded assistance is particularly needed in areas such as provider training, management and supervision of services, and client education.
- **Helping countries become more self-reliant.** Technical skills and management capacity are essential if countries are to continue to progress with reduced donor support. Also needed are measures to encourage commitment and support for family planning and reproductive health goals by host country leaders from different sectors. Greater involvement of NGOs and the commercial private sector must be fostered, because governments cannot do everything themselves. USAID and UNFPA will be engaged in these efforts at all levels. A special focus of attention is the need to plan and mobilize resources to ensure a continuing supply of the range of contraceptives and other commodities needed for women and men to use family planning and other reproductive health services effectively.

As we look to the future, the international community’s goals of universal access to family planning and reproductive health services by 2015 appear ambitious. But if U.S. assistance continues with strong support from the American people, it can play a pivotal role in helping other countries achieve these goals that are so critical to their future development and quality of life.

## ANNEX

### **U.S. Support for Voluntary Family Planning and Related Health Programs: History and Funding Levels**

U.S. support for voluntary family planning and related health programs overseas began in the 1960s, backed by a strong bipartisan consensus in Congress. These programs were undertaken in the context of a larger U.S. commitment to assisting developing countries. U.S. leaders recognized that economic development elsewhere in the world was in the U.S. national interest and that sharing American resources and expertise had an essential role. Throughout the 1960s, broad-based support grew for efforts to expand access to family planning and related basic health services, both in the United States and abroad. Through both Republican and Democratic presidential administrations, such services drew support for a variety of reasons—from their wider benefits for population stabilization and economic and social development, to their direct contributions to health and individual quality of life, the status of women, and the welfare of families.

Congress has appropriated funds for family planning assistance through the U.S. Agency for International Development (USAID) each year since 1967. USAID has provided worldwide technical leadership in family planning and related reproductive health programs.

From the beginning, other donors, especially the United Kingdom, Japan, Germany, and the Netherlands, have also been active. In 1969, they lent their support to a U.S. initiative to create a special international voluntary program, the United Nations Population Fund (UNFPA), to respond to growing requests from developing countries for family planning assistance. UNFPA has increasingly broadened its donor base, and the U.S. share of UNFPA's regular funding has declined from 50 percent of total income in the early 1970s to less than 8 percent annually since 1996. Increasingly, governments and consumers in developing countries are investing their own resources.

Since fiscal year 1995, U.S. funding for USAID and UNFPA has averaged \$437 million per year, or less than three one-hundredths of one percent (.03 percent) of the U.S. federal budget. For further information about recent funding trends, see the table on the following page.

**U.S. International Population Assistance<sup>1</sup>**  
**Annual Funding Levels**  
(millions of dollars)

| Donor              | Fiscal Year  |              |              |              |              |                    |                          |
|--------------------|--------------|--------------|--------------|--------------|--------------|--------------------|--------------------------|
|                    | 1995         | 1996         | 1997         | 1998         | 1999         | 2000               | 2001<br><i>(request)</i> |
| USAID              | 541.6        | 432.0        | 385.0        | 385.0        | 385.0        | 372.5 <sup>2</sup> | 541.6                    |
| UNFPA <sup>3</sup> | 35.0         | 22.8         | 25.0         | 20.0         | 0            | 21.5               | 25.0                     |
| <b>Total</b>       | <b>576.6</b> | <b>454.8</b> | <b>410.0</b> | <b>405.0</b> | <b>385.0</b> | <b>394.0</b>       | <b>566.6<sup>4</sup></b> |

<sup>1</sup>Includes (1) U.S. funding through USAID for family planning, certain related reproductive health and other development activities, and assistance for research, surveys, and population censuses and (2) U.S. annual voluntary contributions to UNFPA through the State Department International Organization budget. Does not include other USAID support for maternal health, HIV/AIDS prevention, or other child survival and health programs, or other related U.S. contributions to organizations such as UNICEF, UNAIDS, WHO, or the World Bank, which support family planning and reproductive health-related activities.

<sup>2</sup> Reduced by \$12.5 million from the level of \$385 million appropriated by Congress, because of Presidential exercise of a provision allowing him to waive new abortion-related requirements. Under these requirements, foreign nongovernmental or multilateral organizations must be asked to certify that they will not engage in performing abortions or advocating to alter abortion laws or policies with their own, non-U.S. funds. With the waiver, up to \$15 million may be provided worldwide to organizations that elect not to certify.

<sup>3</sup> No U.S. funds can be used in China. Furthermore, legislative requirements for FY 1998 and FY 2000 required a dollar-for-dollar withholding from the appropriated funding level of an amount equivalent to UNFPA's spending for its program in China.

<sup>4</sup> Equivalent to about 4 cents per American per week.