POLICY PROPOSAL TO INCREASE U.S. GOVERNMENT INVESTMENT IN INTERNATIONAL FAMILY PLANNING AND REPRODUCTIVE HEALTH SERVICES

by
Haley Nicholson

A capstone project submitted to Johns Hopkins University in conformity with the requirements for the degree of Master of Arts in Public Management

Baltimore, Maryland
May, 2015

© 2015 Haley Nicholson
All Rights Reserved

Abstract:

In December 2014, the Guttmacher Institute and the United Nations Population Action Fund released their newest version of the report, Adding It Up-The Costs and Benefits of Investing in Sexual and Reproductive Health 2014. They found there are "an estimated 225 million women who want to avoid a pregnancy who are not using an effective contraceptive method," at statistic that is "virtually unchanged since the last Adding It Up report of 2008." They also found it would cost "$39.2 billion annually to bring the total cost of sexual and reproductive care annually" to fully address this unmet need. Currently, the United States government is the top bilateral contributor to international family planning and reproductive health (FP/RH) programming.

MEMORANDUM:

TO: SENATOR PATRICK LEAHY (VT) Ranking Member of SFOPS

REPRESENTATIVE NITA LOWEY (NY) Ranking Member of HFOPS

FROM: HALEY NICHOLSON

Action-Forcing Event:

In December 2014, the Guttmacher Institute and the United Nations Population Action Fund released their newest version of the report, *Adding It Up-The Costs and Benefits of Investing in Sexual and Reproductive Health 2014.* They found there are "an estimated 225 million women who want to avoid a pregnancy who are not using an effective contraceptive method," at statistic that is "virtually unchanged since the last *Adding It Up* report of 2008."[1] They also found it would cost "$39.2 billion annually to bring the total cost of sexual and reproductive care annually" to fully address this unmet need.[2] Currently, the United States government is the top bilateral contributor to international family planning and reproductive health (FP/RH) programming.

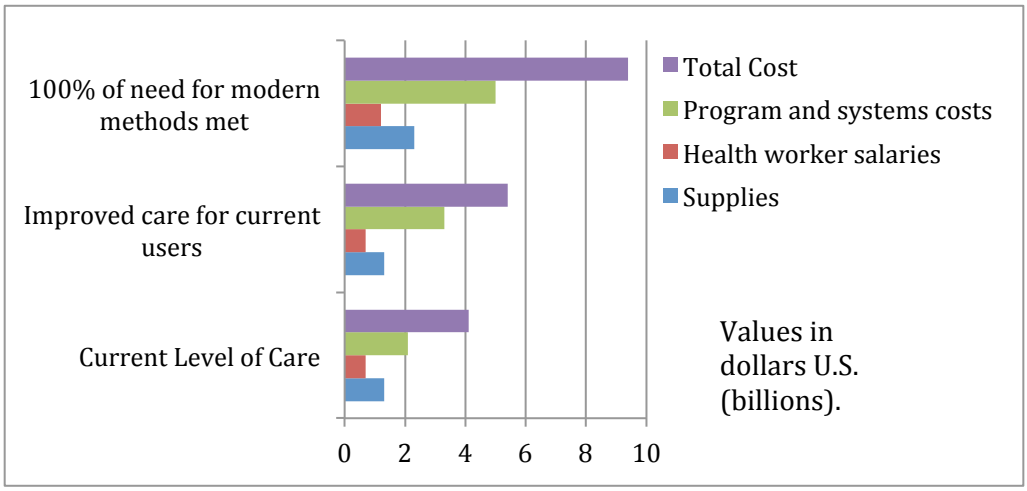
Statement of the Problem:

The lack of contraceptive services for these women, of which the largest population impacted are between the ages of 15-19, has led to: 21 million women not receiving care for pregnancy or delivery complications, 550,000 HIV-infected women who don't receive medicine to prevent mother-to-child transmission, 33 million newborns not

[1] Susheela Singh, Jacqueline E. Darroch, and Lori S. Ashford, *Adding It Up- The Costs and Benefits of Investing in Sexual and Reproductive Health 2014,* (New York: Guttmacher Institute), 6-7.

receiving needed care for pregnancy complications, and just over 3 million women and girls suffering complications from unsafe abortions or not receiving post abortion care.[3] The impacts on their health can also result in women and girls having fewer years of education, less economic opportunities, and force them to place a greater strain on environmental resources.[4] [5] The health and rights of women and girls along with secondary benefits of education and economic opportunity could be addressed by providing increased and reliable funding for contraceptive services. Investments in contraceptive services are proving to be one of the best public health interventions to deal with reproductive health issues and future economic opportunities for women and girls.

The chart below shows overall contraceptive costs and what they would look like when 100% of contraceptive needs are met, what improving care for contraceptive users from current funding levels would look like, and what the current level of funding covers for contraceptive services. (Chart design and data provided by the Guttmacher Institute).



[3] I Susheela Singh, Jacqueline E. Darroch, and Lori S. Ashford, *Adding It Up- The Costs and Benefits of Investing in Sexual and Reproductive Health 2014,* (New York: Guttmacher Institute), 6-7.
[4] Janet Fleischman, Allen Moore, "International Family Planning-A Common-Ground Approach to an Expanded U.S. Role," July, 2009.
[5] PAI, "Integrated Population, Health and Environment (PHE) More than the Sum of Its Parts," 2013, http://pai.org/wp-content/uploads/2014/02/PHEintegration.pdf.

The current amount being spent on contraceptive services in the developing world is $4.1 billion.[6] To fully meet the need "for modern contraceptive services the cost would need to be increased to $9.4 billion". This funding would provide all of the contraceptive services needed while helping women address: unsafe pregnancy and delivery, treatment for HIV positive women and prevent transmission to their children, address basic newborn care in the developing world, and help prevent unsafe abortion. These investments would yield real results and benefits. Studies have found "for every increase of $10 million in U.S. international family planning and reproductive health assistance, the following would result:

- **460,000 more women and couples would receive contraceptive services and supplies;**
- **97,000 fewer unintended pregnancies, including 45,000 fewer unplanned births, would occur;**
- **39,000 fewer abortions would take place (of which 30,000 would have been unsafe); and**
- **200 fewer maternal deaths would occur.[7]**

The presence of well-funded and reliable contraceptive programs provides multiple benefits to women's reproductive health as well as their equality. Without a future increase in funding a lack of access to affordable and consistent family planning services

[6] Susheela Singh, *Adding It Up- The Costs and Benefits of Investing in Sexual and Reproductive Health 2014,* (New York: Guttmacher Institute), 6-7.
[7] Guttmacher Institute, *Just the Numbers*- The Impact of U.S. International Family Planning Assistance, April 2015, http://www.guttmacher.org/media/resources/just-the-numbers-2015.pdf.

will result in "an estimated 290,000 women dying each year in developing countries from pregnancy-related causes, and 2.9 million newborns dying in the first month of life."[8]

Continued flat funding has resulted in "200 million women infected with one of four major curable STIs, most not knowing they are infected and not receiving treatment." Women all over the world are suffering because the U.S. and other countries are not making the full investments they should for reproductive health programming. The inability to continually make proper funding commitments paired with political debates about the role of abortion in international family planning is holding up the progress of women and girl's health. Investments in family planning and reproductive health (FP/RH) programming will start to backslide unless necessary funding increases are made.

Political debates have always impacted international FP/RH policy and funding. Policymakers, their constituencies, and private organizations primarily in the Western hemisphere worries FP/RH "aid efforts have been applied as a coercive form of population under the guise of "family planning."[9] One of their main concerns is the role abortion plays in providing family planning and reproductive health services. As a result restrictive abortion policies implemented by the U.S. and other governments, donors, and country governments, have resulted in the death of thousands of women and girls abroad and made access to contraceptives difficult.

[8] Guttmacher Institute, "Adding It Up: Investing in Sexual and Reproductive Health," December 2014, http://www.guttmacher.org/pubs/FB-AddingItUp2014.pdf.
[9] Zoe Schlanger, Elijah Wolfson, "How to Defuse the Population Bomb," *Newsweek,* December 18, 2014, http://www.newsweek.com/2014/12/26/fixing-crowded-earth-293024.html.

It is estimated that "74 million unintended pregnancies occur each year in the developing world."[10] Within these developing regions there have been 36 million abortions of which 20 million are unsafe. Unsafe abortion can result in the death of the mother, child, or cause life-long health complications. It is important to allow countries where abortion is legal to integrate this as an option within their contraceptive services. Currently the U.S. government does not provide funding for abortion services in other countries and they've also created restrictive policies on abortion education, referrals, and services for countries even when countries use their own funds.

In recent years studies have also shown when there is a lack of access to FP/RH services it will impact the years of education a woman or girl will achieve, her financial prospects resulting in poverty, and place a high burden on environmental resources[1112] The benefits of increasing funding for family planning will ensure quality health services for women and girls, and provide economic benefits to their families and communities. These secondary benefits have been reported in numerous studies and have included "improved prospects for economic development; lower demand for food; reduced environmental degradation, and improved educational and economic opportunities especially for women and girls." These benefits must be reemphasized to larger audiences when making the case for increased funding for contraceptive services.

---

[10] Susheela Singh, Jacqueline E. Darroch, and Lori S. Ashford, *Adding It Up- The Costs and Benefits of Investing in Sexual and Reproductive Health 2014,* (New York: Guttmacher Institute), 14.
[11] World Health Organization, Media Centre- Family Planning, May 2013, http://www.who.int/mediacentre/factsheets/fs351/en/.
[12] Janet Fleischman, Allen Moore, "International Family Planning-A Common-Ground Approach to an Expanded U.S. Role," July, 2009.

History:

U.S. investments in international family planning and reproductive health can trace their origins to the early 1950s and 1960s. On January 4, 1965 in the annual state of the union President Johnson made a commitment to deal with a booming world population and "the growing scarcity in world resources."[13] The U.S. began to focus on "lower rates of population growth, population stabilization as a long term goal, and family planning programs to help achieve these goals."[14] These funding commitments were originally "supported by private foundations in the United States of America, and eventually the governments of the U.S. and some European countries."[15] Since then investments by the governments of the United Kingdom, Denmark, and Norway, along with work of foundations, NGOs, and their implementing partners have contributed to funding on-going FP/RH programs around the world.

A number of private groups also did in-county research to address local needs and capabilities. Later these groups would form an "establishment of private Family Planning Associations (FPAs) in more than 30 countries, most of them becoming members of the International Planned Parenthood Federation (IPPF)."[16] The creation of the United Nations Population Fund (UNFPA) was also established in 1969 as one of the official UN bodies dedicated to international FP/RH and cross-linked issues.

---

[13] Craig Lasher, "The State of the Union Address That Kickstarted International Family Planning Programs, *All Access-PAI,* January 20, 2015, http://www.populationaction.org/blog/2015/01/20/the-state-of-the-union-address-that-kickstarted-international-family-planning-programs/.

[14] Amy O. Tsui, Ann K. Blanc, "The Dilemma of Past Success: Insiders' Views on the Future of the International Family Planning Movement," February 2005.

[15] Matthews Mathai, "The global family planning revolution: three decades of population policies and programmes," *Bulletin of the World Health Organization,* Volume 86, Number 3, March 3 2008.

[16] Pathfinder International, Our History-1950s, http://www.pathfinder.org/about-us/our-history/, accessed February 23, 2015.

The 1960s-1970s was a time of growth and experimentation for FP/RH programming, and also represents a time when the U.S. market was beginning to provide a wide range of family planning contraceptive commodities. USAID and their partners undertook initiatives including the implementation of the World Fertility Surveys in 1972, conducting Contraceptive Prevalence Surveys, and having the First UN World Conference on the Status of Women in 1975.[17] Since these events USAID and their recipient countries have seen "contraceptive prevalence for modern methods increase from under 10 percent in the 1960s to over 50 percent in 2013, fertility declining from more than 6 children per woman in the early 1950s to 2.6 children by 2012, and almost one-third of women of reproductive age using modern contraceptives in 27 USAID target countries."

During the 1970s and 1980s the practice of sterilization, and pressure on women in certain regions for it being the best option for birth control caused concern among U.S. policymakers. There were also concerns during this time about the side effects of certain hormonal methods impacting women of different demographics in negative ways and the risks not being revealed to them.[18] These issues were addressed in the U.S. by implementing several laws in the early 1970s and1990s. Some laws have proven to be for political posturing rather than addressing the concern that the U.S. and others were imposing their beliefs about population onto vulnerable peoples.

The first of these laws was an amendment to the Foreign Assistance Act (FAA) and it is still impacting international FP/RH access today. It is the Helms Amendment that was

[17] Tonya Himelfrab, "50 Years of Global Health- Saving Lives and Building Futures," June 2014, http://www.usaid.gov/sites/default/files/documents/1864/USAID_50-Years-of-Global-Health.pdf.
[18] Amy O. Tsui, Ann K. Blanc, "The Dilemma of Past Success: Insiders' Views on the Future of the International Family Planning Movement," February 2005.

passed in 1973. It "prohibits the use of foreign assistance to pay for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortion."[19] As the law stands today it continues to prohibit women abroad from receiving abortion access in the cases of rape, incest, and life endangerment. This is a misinterpretation by the U.S. government that makes it difficult for a number of health providers receiving U.S. funding to provide women abroad with the full range of reproductive health services. The Helms Amendment is also an issue international FP/RH advocates and NGOs continue to lobby Congress and the White House on for a correct interpretation.

Another significant law impacting international family planning and reproductive health is the Kemp-Kasten Amendment of 1985. This was passed under an annual State-Foreign Ops bill and "prohibits funding for any organization or program, as determined by the President, that supports or participates in the management of a program of coercive abortion or involuntary sterilization." Another policy purporting concern with international FP/RH programming being implemented as forced sterilization but primarily is targeting funding to the United Nations Population Fund (UNFPA). It was written broadly in an attempt to connect UNFPA to China's one-child population practices despite continual evidence the agency has never worked with China on this policy.[20] The law was rescinded under the Clinton Administration but then implemented again under the Bush Administration. It continues to be a way to pin the "the United

[19] The Henry J. Kaiser Family Foundation, "The U.S. Government and International Family Planning & Reproductive Health: Statutory Requirements and Policies." February 2015.
[20] UNFPA, "UNFPA Welcomes US Congress Support, Urges Administration to Release Funds," January 23, 2004, http://www.unfpa.org/news/unfpa-welcomes-us-congress-support-urges-administration-release-funds.

Nations Population Fund presence in China being construed as involvement in China's coercive family planning policies."[21]

One of the most well known laws impacting international FP/RH was implemented in 1984 and is known as the Global Gag Rule or the Mexico City Policy. The law prohibits any international organization from taking U.S. funds even when the organization uses its own money to provide services, education, or referrals to other clinics providing abortion assistance in countries where it is legal.[22] This policy has harmed funding in regions like Sub-Saharan African representing some of the greatest need in the world for modern contraception. The Gag Rule is currently rescinded under President Obama, but has been revoked or reinstated depending on a president's political affiliation.

Another important part of the history of international family planning and reproductive health is U.S. government funding levels. Since the 1960s the United States government continues to be the top bilateral donor for international contraceptive services. The funding "has continually fluctuated and overall decreased as a share of the U.S. global health budget."[23] When accounting for inflation the highest funding level for international FP/RH by the U.S. government was in 1995 at approximately $575 million. Since then the levels have dropped or remained flat for more than a decade. These funding levels have often been dependent upon political preferences rather budget constraints.

---

[21] CHANGE- Center for Health and Gender Equality, "Kemp-Kasten Amendment," Accessed February 10, 2015, http://www.genderhealth.org/the_issues/us_foreign_poc licy/kemp/.
[22] Population Action International (PAI),Topic- Global Gag Rule, Accessed December 2014, http://populationaction.org/topics/global-gag-rule/,
[23] The Henry J. Kaiser Family Foundation, "The U.S. Government and International Family Planning & Reproductive Health: Statutory Requirements and Policies." February 2015.

Looking at previous funding usually correlates with the political party in charge of Congress and the White House. It is conservative politicians that have made or proposed cuts despite the fact that the majority of Americans have increasingly supported international FP/RH programs. Polls "have consistently shown that 75 to 90 percent of Americans support international family planning programs, including 69 percent of Independents and Republicans."[24] There have been instances where conservative lawmakers have found comprise and agreed to higher funding levels for programming. In the current political climate in Congress though it appears this may be difficult.

Despite infighting in Congress or the politics of an Administration agencies like the United States Agency for International Development (USAID) continue funding family planning programs. As of 2012 the U.S. was "the largest bilateral donor to international FP/RH with $485.0 million, along with the U.K. at $99.4 million, the Netherlands at $65.5 million, France at $49.6 million, and Germany at $47.6 million." These countries partner with the U.S. to work on crosscutting contraceptive issues including maternal and newborn care, providing reproductive health services to youth populations, and HIV/AIDS family planning integration. These investments have been successful in many countries by increasing access to contraception and improving maternal mortality rates. It is important to recognize these countries are willing to continue investments but they look to the U.S. to be a top donor.

One of the most impactful historical moments for civil society, NGOs, and a number of governments was the 1994 International Conference on Population and Development

[24] Population Action International (PAI), Topic- U.S. Foreign Assistance, Accessed February 2015, http://populationaction.org/topics/u-s-foreign-assistance/.

(ICPD) in Cairo. Participants shifted the conversation from the theme of population control as a core component of family planning programming to an "ambitious set of goals for improving sexual health and reproductive rights all over the world."[25] This emphasis on family planning and reproductive health as fundamental rights was outlined in the ICPD Program of Action. The program's "focus is wider than sexual and reproductive health, it links the interrelationships between population, sustained economic growth, health, education, economic status and empowerment of women."

Another milestone made by the parties at the first ICPD was "to allocate an annual sum of $18.5 billion by 2005, $20.5 billion by 2010 and $21.7 billion by 2015 for population and reproductive health programs in developing countries."[26] These funding targets would come from developing countries and external donor funding. Since the first ICPD meeting funding commitments were met in 2005, but not in 2010 and 2015. Despite successes in global programming and increases in funding for international family planning and reproductive health some of the health issues connected to family planning and contraceptive services have surpassed them in funding and U.S. political support. Despite these setbacks the ICPD helped lay the groundwork for advocating for reproductive health as more than a population issue.

A final development to look at for international family planning and reproductive health are investments from private donors. There have been a number of private donors in the international development space for decades. In the last several years a number of them

[25] International Planned Parenthood Federation, International Conference on Population and Development, accessed February 18, 2015, http://www.ippf.org/our-work/what-we-do/advocacy/icpd.
[26] International Parliamentarians' Conference on the Implementation of the ICPD, History IPCI, Accessed February 18, 2015, http://www.ipci2014.org/en/node/36.

have started or expanded their investments in international family planning and contraceptive services. Organizations like the Gates Foundation, the Packard Foundation, and the Nike Foundation have made a number of long-standing financial commitments to these programs and their cross linkage issues.[27] [28] [29]

Background:

Part 1: The Problem:

Guttmacher's Adding It Up report has been tracking global unmet need for contraceptive services for several years. It found in 2008 there were 215 million women with unmet need, and in 2012 there were 222 million women with unmet need.[30] The number of women needing contraceptive services has slowly increased and funding for these services has remained flat. The countries with the greatest need for these services require more funding up front because they are in resource poor and hard to reach geographies. Not having any increased funding for current contraceptive programs run the risk of backsliding because the flat funding is not meeting new demand, and the countries being added to programming have little chance at receiving any substantial investment funding.

Funding has not been completely unsuccessful. In 2012 there were 55 million women not receiving care for pregnancy or delivery complications, 122 million women and their newborns were not receiving needed care, and almost 23 million were suffering

---

[27] FP Family Planning 2020, Progress Report 2013-2014, http://progress.familyplanning2020.org/executive-summary, Accessed February 27, 2015.
[28] The David & Lucile Packard Foundation, Population and Reproductive Health-What We Fund, http://www.packard.org/what-we-fund/population-reproductive-health/, Accessed February 27, 2015.
[29] Nike Foundation, The Girl Effect, http://www.girleffect.org/, Accessed March 1, 2015.
[30] Guttmacher, *Adding It Up- The Costs and Benefits of Investing in Sexual and Reproductive Health 2008, 2012,* http://www.guttmacher.org/pubs/AddingItUp2009.pdf, and http://www.guttmacher.org/pubs/AIU-2012-estimates.pdf.

complications from unsafe abortions in 2009.[31] Family planning and contraceptive investments helped decrease the amount of women being impacted by these reproductive health problems in the past few years. However if funding does not increase family planning and contraceptive investments will backslide and the occurrences of maternal mortality, HIV transmission from mother to child, and newborns will suffer from complications during and after their mother's pregnancy especially in countries with no significant health system or structure in place.

Another aspect of the increased demand for contraceptives is a rapid growing youth population. As of 2014 there were 1.8 billion young people living on the planet.[32] Within this population adolescent girls face two unique problems, child marriage and a high unmet need for contraceptive services. [33] Within the 225 million women who have an unmet contraceptive services "women aged 15-19 who are sexually active and want to avoid pregnancy represent the highest level of unmet need of any age group." It was estimated in 2014 that 12 million adolescents aged 15-19 in developing regions will give birth, another 3.2 million will have an unsafe abortion, and complications of pregnancy will be the second common cause of death of young women globally.

Access to contraceptive services and reproductive health for youth is often not provided at health facilitates. Despite cultural acceptance of women being married before they are 18 "young people are generally excluded from decision-making about the types of

---

[31] Eric Zuehlke, "Reducing Unintended Pregnancy and Unsafely Performed Abortion Through Contraceptive Use, September, 2009, http://www.prb.org/Publications/Articles/2009/unintendedpregnancyandabortion.aspx.
[32] Monica Das Gupta, Robert Engleman, Jessica Levy, Gretchen Luchsinger…*The Power of 1.8 Billion, Adolescents, Youth And The Transformation of the Future,"* 2014, http://www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP14-Report_FINAL-web.pdf.
[33] Susheela Singh, Jacqueline E. Darroch, and Lori S. Ashford, *Adding It Up- The Costs and Benefits of Investing in Sexual and Reproductive Health 2014,* (New York: Guttmacher Institute), 37.

programs and policies that might best meet their needs, and age of consent laws are barring adolescents under 18 from getting access to needed reproductive health services and information."[34] It is important to remember cultural norms are a big part of keeping youth from gaining access to contraceptive services. Working within in the cultural practices impacting youth is an area of international family planning and reproductive health programming that is still being developed.

Current Policy: For fiscal year 2015 the President's budget request for total bilateral and multilateral global health accounts for international family planning and reproductive health was $644.3 million, with Congress approving $610 million dollars in total funding for bilateral and multilateral global health accounts. For fiscal year 2016 the President's budget request for these programs were $612.6 million. [35] Both of these figures represent a decrease in funding since the mid-1990s.

U.S. foundations and private donors represent some of the highest funding for contraceptive services around the world. Donors and the U.S. government have created a solid foundation of investment in international FP/RH. Despite the increasing unmet need for contraceptive services the number of essential health conditions impacting women and girls have improved in a number of countries because of U.S. investments. The U.S.' government's work in international family planning and reproductive health is directly tied to international aid efforts, and we are not in position financially or diplomatically to withdraw from them.

---

[35] Washington Memo, "President's Budget Request Disappoints on Family Planning and Reproductive Health," February 3, 2015, http://pai.org/newsletters/presidents-budget-request-disappoints-on-family-planning-and-reproductive-health/.

Part 2: Agencies:

Some of the most important agencies involved in providing and funding international family planning including contraceptive services are USAID and UNFPA. For over 50 years USAID has been a leader in providing contraceptive services, supplies, and educational services. After initial investments were made the agency worked to expand beyond only providing contraceptive drugs. Some innovations have included: collaborating with UNFPA to fund the first World Fertility Study and funding Demographic and Health Surveys (DHS) demonstrating the need and impact of FP/RH programs, initiating household and community-based delivery of family planning services, strengthening logistics and supply chain systems to ensure that commodities are available when needed, and funding research on new technologies to expand contraceptive choices.[36]

USAID's work shows successful contraceptive services must cover a full range of reproductive health choices. Along with providing a number of modern and traditional options they've also worked to create reliable supply chains of contraceptives at an affordable rate in a variety of settings. Their work providing contraceptives and establishing supply chains has been used as a model for other global health programs at the agency. USAID realized after their initial work in the 1960s and 1970s providing contraceptives had to be paired with "programs becoming more complex and country specific."[37]

---

[36] Tonya, Himelfarb, *50 Years of Global Health-Saving Lives and Building Futures*, June 2014, http://www.usaid.gov/sites/default/files/documents/1864/USAID_50-Years-of-Global-Health.pdf.

They also recognized the need to include communities in FP/RH programming by receiving direct input on what contraceptive methods people wanted. Expansion to the needs of local communities has been critical for addressing concerns around USAID's work from policymakers, the media, and donors about coercion and the imposition of western values on population control. Another component of their work is "graduating family planning programs in countries." This model is in place to ensure future funding is not being wasted and countries will eventually take responsibility for future implementation of family planning programming. To date they have graduated seven countries from contraceptive funding including the "Dominican Republic, El Salvador, Honduras, Jamaica, Nicaragua, Paraguay and Peru."

Another agency working on family planning and contraceptive access is UNFPA. In addition to their work with USAID this UN agency has been providing family planning by ensuring a steady, reliable supply of quality contraceptives in some of the poorest regions and most dangerous humanitarian settings. They have also done programming to "increase access to modern contraception among adolescent girls as a crucial starting point for improving their long-term health."[38] Their work spans 159 countries with $976.8 million in total funding to work on family planning and contraceptive access as a key component of their services.[39]

One of the biggest struggles UNFPA has faced in their work is their presence in China. This is important to understand because their presence in China is often misconstrued by conservative policymakers during budget or other related policy markups as an excuse to

[38] United Nations Population Fund, Family Planning Overview-
[39] UNFPA, *Annual Report 2013-Realizing the Potential,* http://www.unfpa.org/sites/default/files/pub-pdf/UNFPA%20AR%202013_LR_FINAL.pdf.

submit policy riders or defunding the U.S.' contribution to the agency. Conservatives claim UNFPA's work in China has been to help the Chinese government with their previously coercive one child practices. They also claim UNFPA provides sex-selective abortion services in China as well as India. In reality "UNFPA does not promote abortion as method of family planning, rather it accords the highest priority to voluntary family planning to prevent unintended pregnancies to eliminate recourse to abortion."[40]

UNFPA has been providing assistance in China since 1979. They have been "conducting demographic analyses and using data for policy planning to shift attention to a comprehensive approach to sexual and reproductive health."[41] Those in opposition to UNFPA are lawmakers and organizations that often strongly oppose modern forms of contraceptive. One of the most well known champions of trying to defund the agency is Representative Chris Smith (NJ). Despite his and other lawmakers attacks the U.S. government and other countries continue to support UNFPA's family planning and reproductive health programming. They have seen how far investments in UNFPA's reproductive health services have gone to provide access to developing countries especially in some of the hardest to reach areas.

Private Foundations:

One of the most active foundations in international FP/RH is the Gates Foundation. They have been funding a variety of international health issues since 1997. In recent years they've become active in family planning and reproductive health services. They are

[40] United Nations Population Fund, "Frequently Asked Questions," http://www.unfpa.org/frequently-asked-questions#abortion.
[41] United Nations Population Fund, "UNFPA China", https://data.unfpa.org/docs/chn, accessed March 4, 2015.

trying to bring "access to high-quality contraceptive information, services, and supplies to an additional 120 million women and girls in the poorest countries by 2020 without coercion or discrimination, with the longer-term goal of universal access to voluntary family planning."[42] In their work they believe "voluntary family planning is one of the great public health advances of the past century."

In 2012 at the London Summit on Family Planning the Gates Foundation along with the U.K. Department for International Development (DFID), UNFPA, USAID, and more than 20 governments created a global partnership known as Family Planning 2020 (FP2020). The overall mission of the group is to "support the rights of women and girls to decide, freely, and for themselves, whether, when, and how many children they want to have."[43] They are working with their partners to "address the policy, financing, delivery and socio-cultural barriers to women accessing contraceptive information, services and supplies."[44] So far the work has yielded $2.6 billion from donors. This level shows contraceptive services funding needs to be scaled up to truly address current gaps.

Another well-known private organization working on FP/RH issues is The William and Flora Hewlett Foundation. The foundation's Global Development and Population Programs have international women's reproductive health as a key sub-component.[45] They focus on three health outcomes: to ensure that no woman has an unwanted pregnancy, to ensure that no woman dies from an unsafe abortion, and to make family

---

[42] Gates Foundation, "What We Do- Family Planning-Strategy Overview," http://www.gatesfoundation.org/What-We-Do/Global-Development/Family-Planning, accessed March 2, 2015.

[43] Family Planning 2020, "About FP2020-What is Family Planning 2020?" http://www.familyplanning2020.org/about-us/about-us, accessed March 5, 2015.

[45] The William and Flora Hewlett Foundation, "International Women's Reproductive Health Strategy," April 2014.

planning and reproductive health an integral part of broader development goals." Their work on these issues is focused on sub-Saharan Africa, the region representing the highest unmet need for contraception in the world. Through their work they have seen "women must be able to access quality reproductive health services" with an emphasis on effective delivery systems of contraceptives while overcoming any cultural barriers to having full access.

One of Hewlett's more progressive programs is the inclusion of safe abortion as a part of the contraceptive services they offer. They recognize "most major donors avoid this issue, but bilateral funding to support safe and legal abortion swings depending on changing domestic politics and economic conditions of donor countries." Through their FP/RH work they've seen too many high incidences of unsafe abortion in the field too great to ignore.[46] The inclusion of abortion in contraception services includes "training abortion providers to understand the current legal context in the countries where they work, and providing appropriate counseling along with a variety of abortion options, including medical abortions."[47] The Hewlett Foundation proves unsafe abortion is happening frequently and using data to show that when family planning programs include safe and legal abortion overall incidents of abortion will go down.

There are several think tanks and organizations opposing the work being done by these foundations and agencies. They see the issues of unmet need for contraceptives to be about more than a funding issue. Until a few years ago the RAND Corporation produced a number of reports criticizing international family planning. They pointed out the

[46]The William and Flora Hewlett Foundation, "International Women's Reproductive Health Strategy," Outcome 2- To Ensure That No Woman Dies of An Unsafe Abortion," April 2014.

promised benefits of these programs including reducing impacts on the environment and climate were overstated. In recent years they have started to change their stance on international family planning and reproductive health but also continue to evaluate criticisms of these programs. Some of the criticisms of FP/RH programming focus on the critiques " if lowering high fertility and slowing population growth will necessarily produce secondary economic benefits," the demand for contraceptives in the developing world being overstated, and "family planning and fertility regulation not providing the important health benefits they are presumed to offer."[48]

Other organizations criticizing international family planning programming are the American Enterprise Institute (AEI) and the Heritage Foundation. The height of their arguments were made during the Bush Administration when they made cuts to international family planning and reproductive health and re-implemented the Global Gag Rule. These organizations reported, "determining the actual demographic consequences of these restrictions unfortunately was not as simple and straightforward an exercise as one might suppose."[49] They still provide research and support for conservative policymakers that support the Global Gag Rule and say it does not have the impact NGOs claim. Both organizations argue the reach of contraceptive services won't have the benefits NGOs and others claim. Both have also consistently fought against the work of UNFPA and claim their work in China has supported the Chinese government in their coercive population practices and citizens with sex-selective abortions.

[48] Judith R. Seltzer, "International Family Planning Programs: Criticisms and Responses," 2002, http://www.rand.org/pubs/research_briefs/RB5063.html.
[49] Nicholas, Eberstadt, "Mexico City Policy- Effects of Restrictions on International Family Planning Funding," July 19, 2001.

Elected Officials: The most influential elected officials working on international family planning and reproductive health funding and policy are the Chair and Ranking members of the Senate Foreign Relations Committee (SFRC) Senator Bob Corker (TN) and Senator Chris Cardin (MD) and Senator Lindsey Graham (SC) and Senator Patrick Leahy (VT) of the Senate Appropriations Subcommittee on State, Foreign Operations and Related Programs (SFOPS). On the House side influential members include: Congressman Ed Royce (CA) and Congressman Eliot Engel (NY) of the House Foreign Affairs Committee (HFAC), and Congresswoman Kay Granger (TX) and Congresswoman Nita Lowey (NY) of the House Appropriations Subcommittee on State, Foreign Operations, and Related Programs (HFOPS).

A critical part of these committee's work is during the appropriations' process specifically around funding U.S. global health accounts supporting international family planning and reproductive health. Over the years the funding levels coming out of the House have been far lower than the President's request, zero out of funding for UNFPA, and have a policy rider to reinstate the Global Gag Rule. The Senate has been able to provide a steady funding level not cutting funds but not increasing them and for the past several years has been free of any policy riders both in favor and opposed to abortion policies.

The House Foreign Affairs Committee has been heavily impacted by the changing political climate in Washington. A committee that is traditionally an assignment for new members has had the addition of several conservative members. The committee is also dealing with Rep. Chris Smith (NJ) and his position as the Chair for the Subcommittee on Africa, Global Health, Human Rights, and International Organizations. Rep. Smith is also

a co-chair of the House Pro-Life caucus and has long been a champion of defunding UNFPA. His seniority and notoriety within certain religious organizations has led to almost a complete lack of activity on any global health issue on the committee.

For the foreseeable future there will not be any movement even on the educational level with Rep. Smith's presence.

The Senate Foreign Relations Committee is also frequently assigned to newer members but has not had as many issues around international family planning and reproductive health services. The atmosphere has been open to hearing about global women's issues including FP/RH. The shift in the Senate majority could cause this dynamic to change but Chairman Corker and several of his colleagues' track records on international FP/RH linkage issues including maternal health and HIV/AIDS is far more moderate than newer Republican members.

NGOS/INGOS: One of the most well known INGOS working on contraceptive services is Population Services International (PSI). They work on a number of global health issues with three decades of experience on contraception services and development. They have partnered with FP2020, the U.S. and U.K. governments, United Nations agencies, and private foundations.[50] PSI's work entails expanding provider networkers, providing competency-based training programs ensuring quality family planning services, utilizing existing distribution services to provide contraceptives, expanding the reach of products and services through a variety of outreach mechanisms, working with governments and

[50] PSI, PSI At A Glance, http://www.psi.org/about/at-a-glance/, accessed March 3, 2015.

stakeholders to increase contraceptive security, and advocating for policy changes to reduce barriers to access and use of contraception.[51]

Their work in the developing world are in regions with some of the highest unmet contraceptive need. As of 2013, they have provided "22,404,426 Couple Years of Protection (CYPs), a term referring to one year of protection against unintended pregnancy." This work has prevented an "estimated 5.6 million unintended pregnancies and more than 15,400 maternal deaths worldwide." PSI's work exemplifies the reach and efficiency a well-funded organization can execute in the developing world for family planning and contraceptive services.

In addition to the Adding It Up report the Guttmacher Institute has been is also one of the top NGOs working on international family planning and reproductive health research, advocacy and policy. As a leader in FP/RH research they have helped partner NGOs and governments track the data on the needs, successes, and challenges of investments for contraceptive services. Their research has helped implementing organizations know where contraceptive services should be scaled up, and helped organizations working on international FP/RH advocacy to have a trusted resource when advocating for increased funding.

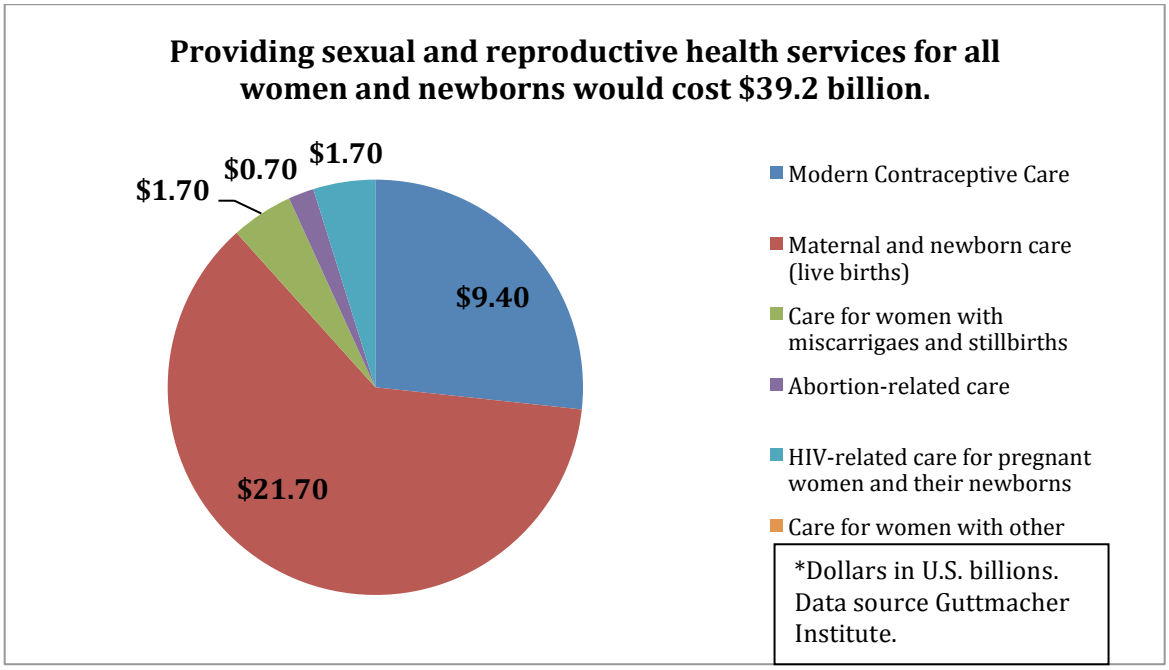
Policy Proposal:

a. Policy Authorization Tool:

The policy proposal is to increase the U.S. government's contribution to international family planning and reproductive health accounts to $1 billion dollars including $65

[51] PSI, Contraception, http://www.psi.org/health-area/contraception/, accessed March 3, 2015.

million for UNFPA.[52] These funding levels will be met by increasing funding under relevant programming under the Global Health Account and Economic Support Fund sections of the State and Foreign Operations Annual Appropriations Act of 2017. These accounts are funded under the Bilateral Economic Assistance Title III as part of annual congressional appropriations.[53] Below is a chart breaking down if family planning funding was met at the recommended overall level of $39.2 billion how funding would be divided among programs: (Chart design and data provided by Guttmacher Institute).



This increased funding will also include a new report specifically focusing on the impacts of increasing contraceptive services, and will be evaluated and reported on behalf implementing agencies receiving funding including USAID, the U.S. State Department, and UNFPA. The report will look specifically at the impacts of increasing contraceptive

[52] PAI, "Washington Memo," February 3, 2015, http://pai.org/newsletters/presidents-budget-request-disappoints-on-family-planning-and-reproductive-health/.
[53] The Library of Congress- Thomas, *Bill Summary & Status 113th Congress (2013-2014) H.R. 3457 Summary,* http://thomas.loc.gov/cgi-bin/bdquery/z?d113:HR03547:@@@D&summ2=m&.

services compared to the last five fiscal year levels and focus on the efficiency of funding in high-need countries. The report will also analyze how closely low-resource countries are getting to the percentages required for graduation from family planning assistance along with projected years of graduation.

This report will require bi-annual statistics on how increased contraceptive services have impacted the rates of: maternal deaths, newborn deaths, perinatal transmission of HIV to infants (PMTCT), infection rates of common (STIs) including pelvic inflammatory disease and syphilis, HIV infection rates, rates of safe and unsafe abortion, and cervical cancer.[54] This reporting process will require USAID, State Department, and UNFPA field and technical staff with the final approval of appropriate bureau chiefs, program coordinators, and final sign off by the USAID Administrator and the Secretary of State.

b. Policy Implementation Tool or Mechanism: Passage will be sought via an amendment to the annual appropriations bill, H.R. XX- the FY17 State and Foreign Operations Appropriations Bill. When funding is passed and approved by the President, funds will be disbursed via global health accounts and economic support funds within relevant agencies.

Funding levels will then be determined by appropriate agency staff and disbursed to countries where the U.S. government currently has investments in international family planning. There will be funding priority given to countries with the highest unmet need of modern contraceptive services. Once disbursed to approved country programs funds will then be used by field and technical staff to enhance or establish contraceptive services,

[54] Susheela Singh, Jacqueline E. Darroch, and Lori S. Ashford, *Adding It Up- The Costs and Benefits of Investing in Sexual and Reproductive Health 2014,* (New York: Guttmacher Institute), 37.

and allocated to trusted local partners and NGOs working on family planning programming.

The required report attached to this funding will also review the countries receiving increased contraceptive services and provide updates on: the percentages of primary and secondary enrollment and graduation rates for girls aged 4-18, percentage of women taking out small business loans, and women reporting independent income outside of the agriculture sector throughout the country. Members of Congress will be given this report for review and relevant agency staff should be available for a hearing if requested.

Policy Analysis:

Pros:

Increased funding will provide modern contraception access for 225 million women and girls who need it. Contraceptive supplies and education will help reduce a number of preventable health issues. Issues including: maternal deaths, STI infection rates, mother to child transmission of HIV, newborn deaths, and unsafe abortion. There are a variety of experts that agree family planning and contraceptive investments will yield savings in other parts of a woman's life. Studies show "depending on the services offered, each dollar spent on voluntary family planning can save governments up to $31 USD in health care, water, education, housing and sanitation."[55] In addition to these savings when women have access to contraceptive services they "are more likely to be educated, marry later, be healthier and have healthier families, and have better access to economic

[55] Aspen Institute, Aspen Global Health and Development At the Aspen Institute, "Family Planning is the Missing Investment," http://www.aspeninstitute.org/sites/default/files/content/docs/pubs/Family%20Planning%20is%20the%20Missing%20Investment_final.pdf, accessed March 13, 2015.

opportunities." There is a relationship between economic efficiency and basic health equity that increased investments in family planning can address.

There are several successful country examples of governments and donors increasing investments in contraceptive services. One of the best is Hong Kong, Singapore, Taiwan, and South Korea also known as Asian "tiger" economies. When they increased investments in voluntary family planning access they had "one third of the growth of their economies attributed to a demographic shift in the number of income-generation adults being higher than those who depended on them for support."[56] Non-coercive family planning investments created financial stability for women and these countries' workforces.

Increased investments in contraceptive access in Africa, specifically in Ethiopia and Rwanda are other successful examples. When Ethiopia increased funding for family planning they saw "a 96% increase in contraceptive use between 2005 and 2011."[57] They also saw an increase in "community based health services and a nationwide network of health extension workers, and infant mortality decreasing by 23% while under five mortality decreasing by 28% from 2005 to 2011."[58] Once the Rwandan government made a formal commitment to family planning, their "modern contraceptive prevalence rate has more than quadrupled from 10% to 45% in 2010, and the total fertility rate has decreased

---

[56] UNFPA, "Additional Investments in Family Planning Would Save Developing Countries More Than $11 Billion a Year," November 14, 2012, http://www.unfpa.org/news/additional-investments-family-planning-would-save-developing-countries-more-11-billion-year.

[57] Aspen Institute, Aspen Global Health and Development At the Aspen Institute, "Family Planning is the Missing Investment," http://www.aspeninstitute.org/sites/default/files/content/docs/pubs/Family%20Planning%20is%20the%20Missing%20Investment_final.pdf, accessed March 13, 2015.

from 6.1% in 2005 to 4.6% in 2010." These two countries are a few examples in Africa where investments in family planning and contraceptive services can be effective.

USAID's work on family planning programming has been of the biggest successes of the agency. After initial investments in contraceptive services were made more than 50 years ago they have been able to "advance new technologies and support program innovation, implementation and evaluation." The first two decades of investment were focused in Asia and Latin America."[59] Now many of the countries in these regions "have reached advanced levels of maturity and are being "graduated" from family planning assistance." To achieve graduation countries must reach "high levels of modern contraception use (ranging between 51 and 70%) and low levels of fertility (ranging between 2.3 and 3.1 children per woman).[60] Countries generally have better overall basic health statistics for women and families and better economic opportunities.

Another reason to support increased investment in contraceptive services is equity. Of the 225 million women and girls wanting access to modern contraceptives many are in low-income countries. These regions represent places "where the poorest people are facing the greatest health challenges."[61] The guiding principals of the 1994 ICPD and it's succeeding work continues to define reproductive health as encompassing "more than the avoidance of illness and death: and calls for universal access to reproductive health care." The principal that reproductive rights is a fundamental human right is advocated by country governments, NGOs, and CSOs at a number of international dialogues including

[59] USAID, "Family Planning Program Overview," April 2013, http://www.usaid.gov/sites/default/files/documents/1864/fp_overview.pdf.

[61] Susheela Singh, Jacqueline E. Darroch, and Lori S. Ashford, *Adding It Up- The Costs and Benefits of Investing in Sexual and Reproductive Health 2014,* (New York: Guttmacher Institute), 6-8.

negotiations around the Millennium Development Goals and Sustainable Development Goals processes.

Cons:

One of the biggest challenges in making international family planning investments is addressing cultural norms around contraceptive use. The time and funding needed to get community buy in, provide educational services via community members, and navigate the services people want can be costly and timely. There is also the possibility these investments will not be embraced by local populations. Efforts can be seen as coercive by recipient country governments and their citizens. International family planning investments also have a past of being coercive and struggle to shed this image. There is also the issue those opposed to this work also don't see increased funding as the best solution.

An additional challenge to getting community buy-in will be ensuring funds are properly spent. Many of the countries representing the highest unmet need for contraception are in Africa. This is a continent that has a checkered history of success when it comes to international aid. In countries like Zambia, Malawi, Kenya, and Zaire all have corrupt governments misusing foreign aid funds across sectors.[62] The abuse of foreign aid and countries not having taxation laws or an effective legislative system has led to many recipient being "more debt-laden, more inflation-prone, and more unattractive to higher-quality investment." This can deter the U.S. and other governments as well as private donors from future investments in any kind of future assistance.

[62] Dambisa, Moyo, "Why Foreign Aid is Hurting Africa," March 21, 2009, http://www.wsj.com/articles/SB123758895999200083.

Another obstacle is most of the women in need of contraceptive services live in the lowest-income and resource poor countries. Contraceptive investments are needed but the ultimate goal is to eventually graduate countries so they can use their own funding for family planning services. In countries like Côte d'Ivoire where poverty rates continue to increase, or in Syria where conflict is not improving, these countries will not be able to support health services including contraceptive services for a long time.[63] [64] It will also take years to develop workable conditions to provide services and education. Many advocates and researchers in the NGO space also find the evaluations USAID does on countries graduating from family planning assistance is more formulaic than an in-depth assessment. This could be a waste of investments and will not create the sustainable model women and girls need for long-term contraceptive use

One of the most important aspects for providing consistent and affordable contraceptive services and supplies is having an adequate health work force to provide them. USAID, UNFPA, implementing NGOS, and private donors recognize the importance of utilizing local citizens to provide contraceptive services when possible. Employing a local workforce helps break down local stigmas and increases the chances of women being regular contraceptive users. Even though organizations are hiring and training local populations there is still a significant shortage of health workers abroad.[65]

---

[63] Andrea Halverson, "Women's Empowerment and Family Planning: Investments Essential to Poverty Reduction," June, 2013, http://www.usaid.gov/frontiers/2014/publication/section-4-womens-empowerment-and-family-planning-investments-essential-poverty.

[64] UNFPA, "Crisis in Syria-Overview," http://www.unfpa.org/emergencies/crisis-syria, accessed March 21, 2015.

[65] Frontline Health Workers Coalition, "Our Mission," http://frontlinehealthworkers.org/about-the-coalition/our-mission/, accessed March 20, 2015.

Family planning programs abroad often have women come to clinics and there are not enough trained health staff to help them. The women and girls most in need of these services often live in geographically hard to reach places where poverty levels are high. These conditions are not attractive to most health workers and many local citizens don't have the education needed to train for administering many contraceptive services. There are efforts underway by USAID, the Gates Foundation, and INGO PATH to create a simpler mechanism for delivering long-lasting and contraceptive methods, but this is still in the early phases.[66]

An argument being made against increasing family planning and reproductive health investments is around the claims of the overall economic benefits these services. There are some experts who don't deny investments should be made on some level, but say that level of health and secondary economic and educational benefits are not yielding as high of a return some studies claim.[67] They argue countries most in need of contraceptive services rarely have a formal registry system for recording births and deaths. Critics point out not having this kind of system proves organizations don't know the actual need for contraception, and the impacts of not having family planning access are being overstated.

Critics also say the secondary benefits of family planning like more years of education and better economic opportunities are hard to accurately measure. They point to the cases making the correlation between family planning services and economic and educational success is only representing a few country examples. Until formal birth and death register systems are put in place and research on secondary benefits represent a larger sample of

[66] PATH, "Sayana Press Project," http://sites.path.org/rh/recent-reproductive-health-projects/sayanapress/, accessed March 22, 2015.
[67] Nicholas, Eberstadt, "Bush, Abortion, and Foreign Aid," February 11. 2002, http://www.aei.org/publication/bush-abortion-and-foreign-aid/.

countries, increasing family planning investments is not guaranteed to provide the benefits many foundations and NGOs claim. [68] [69]

Political Pros and Cons:

Pros: Endorsing this level of funding for family planning and contraceptive services may not get the full amount requested. By proposing higher levels it can help the likelihood funding will be negotiated down from the $1 billon level but higher than previous years' levels, it can also prevent cuts or a zeroing out of accounts. There are several political pros for endorsing this level of funding.

Numerous NGOS, major news outlets, economists, members of the caucus and subcommittee support an increased investment in contraceptive services. NGOs have continually talked about success cases in countries where increased investments in modern contraceptives benefited the population in numerous ways. Places like Mexico, Egypt, and Indonesia, all have been recipients of U.S. funding for contraceptives services and this funding helped decrease infant mortality, increased the use of modern contraceptives, and decreased the average birth rate.[70] Economists from The Copenhagen Consensus Centre, an organization of top experts on measuring the effectiveness of all international development investments, previously doubted increasing family planning

[68] Judith R., Seltzer, "International Family Planning Programs-Criticisms and Responses, 2002, http://www.rand.org/pubs/research_briefs/RB5063.html.
[69] Nicholas, Eberstadt, "Mexico City Policy," July 29, 2001, http://www.aei.org/publication/mexico-city-policy/.
[70]Population Connection, "What Will $1 Billion Buy? http://www.populationconnection.org/article/will-1-billion-buy/, accessed March 26, 2014.

investments. Now as they are evaluating Sustainable Development Goals (SDGs) and which ones have the best payoff "they found that 18 of the 169 would pay back $15 or more for every $1 spent," including family planning.

Major news outlets are capturing the need for the U.S. government to increase investments and capitalizing on key global health events to highlight the need. Papers like the New York Times, the LA Times, and the Chicago Sun Times are covering the impacts of not making contraceptive services investments in the developing world. They are providing coverage on how countries have benefitted both in health and economic terms when family planning investments are made. The Chicago Sun Times pointed out that by giving women and girls the access they need to family planning services this leads to saving their lives in childbirth. They also reported that contraceptives would equate to "preserving lives and save roughly $15 billion in lost productivity each year, allowing thousands more healthy women and children to contribute to their families, communities and economies."[71] A recent Wall Street Journal article also just named universal access to sexual and reproductive health as one of the top-five most valuable development interventions with returns as high as $150 for every $1 spent."[72]

Another positive political aspect of proposing this funding level is the overwhelming support coming from the democratic caucus on this issue. There are solid champions in the House and Senate. Some members have published their support in the media. One is SFOPS member Senator Chris Murphy (CT) who wrote an op-ed pointing out the many

[71] Jeni Klugman and Purmina Mane, "A good investment on International Women's Day," March 3, 2015, http://chicago.suntimes.com/news/7/71/417117/good-investment-international-womens-day.
[72] Senator Chris Murphy, "Time to invest in International Family planning," September 26, 2014, http://thehill.com/opinion/op-ed/218949-time-to-invest-in-international-family-planning.

benefits of increasing family planning investments. He highlighted the fact that "meeting the need for contraception would cost an estimated $4.1 billion, and it would save $5.7 billion in other development costs.

The Chairs of the relevant sub-committees with jurisdiction over this funding have also supported international family planning. Chair Kay Granger (TX) in the House has asked for private support from her Republican colleagues on the HFOPS subcommittee on many of these issues while frequently not pushing too hard for reduced funding levels or depleting UNFPA funding. She has also worked with a number of moderate global health NGOs on family planning issues. Chair Lindsay Graham (SC) has had moments of backing down on previous family planning commitments, largely due to political challenges, but has also worked on bi-partisan legislation dealing with a number of family planning related issues. His biggest redline is ensuring U.S. funds continue to in no way provide abortions abroad. Procedurally the accounts relevant to increasing funding for international contraceptive services are unlikely to come to the floor for a vote escaping the critical eye of members concerned about contraceptive issues for religious or political reasons.

In the 2014 elections women's issues particularly health issues including contraceptive coverage became a top issue for candidates. Some Republicans even beat out Democratic incumbents by taking on a more moderate stance on them. This increased funding level if messaged properly can show voters Congress' supports expanding women's health access. Many organizations in support of increasing international family planning funding also have strong grassroots presence in conservative or moderately conservative congressional districts. They are actively working to support Republican members willing to be public

about supporting international family planning and getting their constituents to support them.

One of the biggest concerns for increasing funding for contraceptive services could be around the role faith based organizations (FBOs) play. FBOs are traditionally some of the largest providers for global health. FBOs connections to communities in developing countries are critical for gaining the trust of local populations. In recent years FBOs and implementing NGOs have started to form partnerships and work together to provide family planning services. FBOs are becoming more comfortable sharing that "many faith traditions and denominations, as well as their religious leaders and adherents, support family planning, and essentially all faith traditions support the concept of healthy timing and spacing of pregnancy."[73] Increasing support from communities of faith on family planning and contraceptives is showing the argument that faith prohibits these kinds of investments is not representative of the majority of religious communities' opinion on international family planning.

Cons:

The current political climate in Congress is one of the biggest challenges to passing increased funding levels with no harmful policy riders attached. In the past two election cycles some of the members being elected are more conservative. Their views on family planning, modern contraceptives, abortion, and foreign aid are vastly different from democratic members as well as the moderate republican members they are replacing. In the last few sessions of Congress there have been a number of attacks on family planning

[73] World's Faiths Development Dialogue, *Faith & International Family Planning,* February 2014, http://www.emtct-iatt.org/wp-content/uploads/2014/03/Faith-and-International-Family-Planning.pdf.

issues. The atmosphere around global health has become so politicized on the House side that the House Foreign Affairs Committee (HFAC) has not held any hearings of significance on global health issues especially women's health issues. The addition of highly conservative members in the Republican majority does not bode well for addressing a change in House attitude in the future.

The House Subcommittee on State and Foreign Operations (HFOPS) doesn't have the same contentious air as HFAC and there are a few moderate republican members willing to work on these issues behind the scenes. Some of the more tense moments occur during appropriations markup. There is usually without fail amendments offered by a few conservative members of the committee for re-implementing the Global Gag Rule, defunding UNFPA, and making drastic cuts to the international family planning account. Democratic members offer counter amendments, but have struggled on several occasions to defend them. Specifically the issue of defunding UNFPA has been particularly difficult for members to explain during markup especially around their work in China.

On the Senate Foreign Relations Committee (SFRC) family planning funding has not been as difficult. With the new Republican majority this committee may shift toward the dynamic that is occurring in the House. In particular the dynamic between the Chair and Ranking member of the subcommittee dealing with global women's issues could prove problematic. The Chair Senator Marco Rubio (FL) is running for President in 2016 and is primarily being funded by tea-party conservatives. The ranking member Senator Barbara Boxer (CA) is one of the most liberal members of the Senate, and a top-champion for abortion issues. This subcommittee dynamic along with the presence of more

conservative members on SFRC like Senator Rand Paul (KY), Senator John Barrasso (WY), and Senator David Perdue (GA) may create a tougher fight for these issues.

The Senate Subcommittee on State and Foreign Operations (SFOPS) committee membership has not changed drastically in the new majority. There are well-known international family planning champions including Senator Jean Shaheen (VT), Senator Chris Murphy (CT), and Senator Chris Coons (DE). All have introduced legislation and been public about their support for increasing funding for family planning and contraceptive services. Some have also worked on cross linkage issues with Republican senators. However, like SFRC the addition of Senator James Lankford (OK) and Senator Steve Daines (MT) could make it more difficult for the subcommittee to address increased funding.

The number of Americans supporting funding for international family planning and contraceptive services has increased in the past several years, but many are uncertain of how much the U.S. spends collectively on foreign aid. As the economy continues to recover many believe one way to deal with reducing the deficit is by reducing foreign aid. In recent polling "of the 19 options for cutting government spending, only one- reducing foreign aid- was supported by more than 40 percent of Americans." It was also found "among Republicans, there's majority support for only two cuts: foreign aid and unemployment assistance."[74] The perception of cutting foreign aid is cuts will provide a significant amount of money to pay down the U.S. deficit. On average Americans think "28% of the federal budget is spent on the foreign aid budget," when in reality it is a little

[74] Kevin Robillard, "Poll: Most only want foreign aid cuts," February 22, 2013, http://www.politico.com/story/2013/02/poll-most-only-want-foreign-aid-cuts-87948.html.

above 1%.[75] Getting Americans to understand how much is spent on foreign aid continues to be a struggle, and the majority of their concerns for foreign relations policy is on international security issues like terrorism.

Finally one of the most difficult political fights for increasing funding comes from highly conservative religious groups and elected members. One of the most well known organizations opposed to U.S. investments for international family planning programs is the Center for Family and Human Rights (C-Fam). C-Fam continually opposes the work of UNFPA and insists they participate with China in implementing their one-child population policy. They also routinely disturb UN proceedings especially around the topics of family planning, reproductive health, and youth reproductive health issues. They see UNFPA's work as a "prescription to ensure a "demographic dividend" that includes freely available abortion for adolescents, removing age of consent, drug and prostitution laws, and reduced parental involvement in the sexual formation of their children."[76]

The work of organizations like C-Fam, the Heritage Foundation, and the American Enterprise Institute provide research for members like Rep. Chris Smith (NJ). Smith's presence on HFAC and as the Chair of the House Subcommittee on Africa, Global Health, Global Human Rights, and International Organizations, has given him the platform he needs to routinely question U.S. government investments in international contraceptive services. His recent attacks have been around the developments in being able to more easily administer long-lasting contraceptive methods. He's also held hearings on "sex-

[75] Kaiser Family Foundation, "2013 Survey of Americans on the U.S. Role in Global Health," November 7, 2013, http://kff.org/global-health-policy/poll-finding/2013-survey-of-americans-on-the-u-s-role-in-global-health.

[76] Rebecca Oas, "UN Agency Lobbies for Fewer Kids as Countries Grow Old," March 26, 2015, https://c-fam.org/friday_fax/unfpa-lobbies-for-fewer-kids-as-countries-grow-old/.

selective" abortion practices and UNFPA's possible role in assisting countries with this practice. His efforts are stifling any ability for the committee to vote on or have hearings related to any serious women's health issues including family planning and reproductive health.

Recommendations:

After reviewing the pros and cons of this proposal it is my recommendation to propose increased funding for international family planning including contraceptive health services for FY17. Interest in women's health and empowerment issues at the international level is at an all time high. Of the numerous international development investments family planning is one of the most efficient use of aid dollars. The amount of evidence and research shows the real health impacts and future economic benefits these services can provide, making it hard for opponents to dispute. The majority of the arguments critics are making against increased investment in contraceptive services are based on dated information from the Bush Administration. They also represent a set of conservative political and religious views that don't represent the majority of American voters.

The politics of the 1990s and early 2000s represent a time when discussions on modern contraception usage were controversial. Now this topic is starting to shift in elections. More candidates and members are talking about family planning, especially as women voters become one of their most important demographics. The increase in women running for office and participating more actively in the political process makes it easier to support women's health issues. Women like Hillary Clinton, Melinda Gates, Michelle

Obama, Samantha Power, and their work on women and girl's empowerment issues are becoming about more than building schools for girls. They are demanding and creating programing recognizing that for a woman or girl to succeed her reproductive health must also be secured. As they make arguments for integrated programming it is also becoming easier to measure international development investments. Agencies and organizations reports on successes and failures in foreign aid can be relayed in real time. These factors combined with the political momentum and media attention to women's health issues is at a pivotal moment.

Behind this political momentum is fifty years of U.S. investments in international family planning and contraceptive care that has helped improve the lives of women and girls around the world. Women are having fewer children, girls are receiving education on essential health services, and fewer of them are dying in childbirth. Initial contraceptive services investments can be high but over the long-term are cost effective. They can also: employ local populations, engage communities on cultural traditions harming young women and girls, help prevent maternal mortality and HIV, and address the economic burdens of unwillingly having large families. Family planning policy is in a different place than it was even ten years ago thanks to increased support and awareness and improvements in contraceptive technology.

The biggest challenge to this proposal will be the political fight. However, the opponents are not new to this space and members can be prepared for the attacks they have. Many of these critics also represent a shrinking portion of the population, the conservative and religious right. With the attacks on family planning and reproductive health happening at the domestic level this can be messaged as a parallel situation to what women abroad

have been facing. By messaging the relationship between domestic and international situations properly while showing the critics of increasing contraceptive access oppose any woman using modern contraception will create a strong justification for increased funding.

Even if the funding does not reach the $1 billion level this will help the arguments for increasing what has been flat funding for years. Investments by the U.S. government have been made and current funding is proving to one be of the most effective international development interventions. This next fiscal cycle is the time to embrace this evidence and not back down from increasing our investments in one of the most successful foreign aid investments the U.S. has ever made.

Curriculum Vitae:

Haley Nicholson

202-290-8765 · haley.nicholson@gmail.com

Professional Experience

Legislative Policy Analyst

Population Action International **January 2014-Present**

- Provides analysis to congressional offices with regards to U.S. funded global health programs including international family planning, reproductive health, HIV/AIDS, and maternal health. Work includes adapting to shifting political situations and problem solving with a number of outside organizations to pursue international global health goals
- Monitors standing congressional relationships and creates opportunities for new congressional champions by providing legislative expertise and creative alternatives to policy and advocacy efforts at the federal level
- Uses strong interpersonal skills for problem solving at the organizational and external level
- Practices strong written and oral communication skills for creating original content and analysis to be shared internally and externally with international NGOs, foundations, and federal level policy makers and staff

SENIOR LEGISLATIVE ASSISTANT

The Office of Hon. Ed Perlmutter **January 2009-December 2014**

- Worked on legislative issues including, telecommunications, foreign affairs, education, healthcare, trade, seniors' issues, and women's issues, included meeting with interest groups, vote tracking and making recommendations, and writing official statements
- Legislative work entailed, coordinating original legislation and legislative priorities for the office, preparing policy memos, writing speeches and talking points for the member, communicating with federal agencies on behalf of the office and constituent groups, and maintaining strong relationships with other offices, committees, and leadership
- Took senior leadership role to train and manage entry level staff on federal policy process and daily office operations

STAFF ASSISTANT

- **The Duberstein Group - Washington DC October 2007-December 2008**

Conducted political research before the most recent election cycle for the partners' online publication

Managed an office staff of eight, which included making weekly orders, setting up for client meetings, and assisting with travel arrangements

Education

Bachelor of Arts (BA) - English and International Affairs (May 2007)

University of Colorado - Boulder, CO

Dean's List, Spring 2006

Study Abroad: Seville, Spain. Language and Society Program (2005)

Masters of Arts (MA)- Public Management (May 2015)

Johns Hopkins University- Baltimore, MD

Professional Trainings

- **Woodrow Wilson Foreign Policy Fellow - Washington DC**
  September 2013-November 2013

- Engaged in weekly conversation and strategic foreign policy exercises with senior level congressional staff

- **Truman National Security Scholar October 2009-December 2009**

- Participated in series of talks with experts on national and international security

- **White House Project - New York, NY September 2008**

- Participated in GO RUN Program on how to run a campaign for elected office

<u>Volunteer Experience</u>

-PPMW Developing Leaders Program - Washington DC September 2013-May 2014

-Chosen in inaugural class on future skills needed to be a successful board member for Planned Parenthood.

Women's Information Network (WIN) - Washington DC February 2011-Present

-Served as the Development Director on organization's Executive Committee, worked on fundraising and event planning

Horton's Kids - Washington DC January 2007-January 2009

-Tutored an underprivileged 4th grade student in literacy, which included planning curriculum each week