FAMILY PLANNING AND REPRODUCTIVE HEALTH

WHAT YOU SHOULD KNOW

Investments in family planning and reproductive health (FP/RH) are essential to empowering women and girls, advancing gender equity, and reaching overall U.S. goals for global health, which include ending preventable child and maternal deaths and achieving an AIDS-free generation.

It is estimated that more than 214 million women in developing regions want to avoid pregnancy and have an unmet need for modern contraceptives.\(^1\)

For the 1.8 billion adolescents and youths worldwide who make up the largest generation ever, access to reproductive health information, tools, and services — including comprehensive sex education and contraception — is essential for remaining healthy, continuing their education, and developing skills to build more peaceful and prosperous communities.\(^2\) This is the case for those who are unmarried or already married, as well as for out-of-school adolescents.

Despite progress, 308,000 women died in 2017 as a result of pregnancy or childbirth, including from unsafe abortions. Most of these maternal deaths were preventable, and 99% occurred in developing countries.\(^1\)

Fulfilling the unmet need for contraception would enable women, youth, and couples to prevent unintended and high-risk pregnancies, resulting in an estimated 76,000 fewer maternal deaths each year.\(^1\)

RECOMMENDATIONS FOR CONGRESS

Ensure robust and increased funding for bilateral and multilateral international FP/RH programs in annual appropriations bills. In addressing the unmet need for modern contraceptives, the United States’ fair share is estimated to be $1.66 billion.\(^1,3\) Additionally, the United States should increase funding for contraceptive research and development (R&D), which is needed to refine existing contraceptive methods and to develop new methods that better meet the needs of women and couples.

Continue to appropriate funds for the lifesaving reproductive and maternal health work of the United Nations Population Fund (UNFPA). Congress must hold the administration accountable for service gaps created by the decision to defund UNFPA. Also, the process by which this decision was made should be reexamined without any accusation or inference of wrongdoing.

Support permanent legislative repeal of the U.S. government’s expanded Mexico City Policy, also known as the Global Gag Rule, which denies foreign organizations receiving U.S. global health assistance the right to use their non-U.S. funds to provide legal abortion services, counseling, or referrals, as well as the right to advocate for the reform of restrictive abortion laws in their own countries.

Oppose efforts to introduce new or to codify existing harmful policy riders that undermine FP/RH programs, such as the expanded Mexico City Policy and sweeping religious refusals. Support the repeal of longstanding restrictions such as the Helms Amendment to the Foreign Assistance Act.

Congress should utilize its accountability and oversight role to ensure that political nominees and appointees in key global health, development, humanitarian, and diplomatic positions have the knowledge and experience necessary to effectively lead these programs. Through U.S. foreign assistance and diplomacy, U.S. agencies must support comprehensive, evidence-based, medically accurate interventions, policies, and reporting that advance the health and human rights of women, young people, families, and marginalized communities.
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WHY THIS INVESTMENT IS IMPORTANT

The U.S. Agency for International Development (USAID) has funded FP/RH programs for more than 50 years. USAID currently supports programs in more than 45 countries, addressing the demand for reproductive health services by providing, for example, a full range of effective contraceptive methods, accurate information about sexual and reproductive health and rights, and health services that are integrated across other health and development programs. These efforts improve maternal and child health; reduce unintended pregnancies; lower HIV and sexually transmitted infection rates; promote women’s rights and empowerment; expand education opportunities for women and girls; raise standards of living; support more sustainable development; and assist programs that address gender-based violence or forced, early, and child marriage. These programs are also cost-effective: every $1 invested in contraception saves $2.20 in pregnancy-related care.1

In Fiscal Year 2018, Congress appropriated $607.5 million for international FP/RH efforts. This included $32.5 million for UNFPA, to be reprogrammed for bilateral FP/RH and maternal health activities following the administration’s March 2018 non-evidence-backed decision to block funding to UNFPA. These investments have a real impact on the lives of women, girls, and families, making it possible to achieve the following:

- 25 million women and couples received contraceptive services;
- 7.5 million unintended pregnancies were averted;
- 3.2 million induced abortions were averted (2.1 million of them unsafe), and;
- 14,600 maternal deaths were averted.4

UNFPA complements the bilateral U.S. family planning program, USAID, by expanding the reach of U.S. assistance to more than 155 countries. UNFPA is the world’s largest provider of donated contraceptives,5 and USAID is the world’s largest bilateral family-planning donor.6 Drastic funding cuts to these programs would only worsen supply shortages. UNFPA also provides critical reproductive and maternal health services in humanitarian-crisis settings, reaching more than 30 million people (more than 4 million of whom are pregnant women) across 59 countries, including refugees in Bangladesh and displaced communities in Yemen.7

The U.S. should increase investment in international FP/RH programs, while also continuing to push other countries and donors to step up and do their part. For every increase of $10 million in U.S. international FP/RH assistance, the following would result:

- 416,000 more women and couples would receive contraceptive services and supplies;
- 124,000 fewer unintended pregnancies, including 54,000 fewer unplanned births, would occur;
- 53,000 fewer abortions would take place (of which 35,000 would have been unsafe); and
- 240 fewer maternal deaths would occur.7

However, some U.S. policies undercut FP/RH and global health investments. For instance, the expanded Mexico City Policy, which impedes access to health care by cutting off funding to experienced providers, also interferes with the doctor-patient relationship by restricting health care providers from giving their patients accurate information, referrals, and services based on their needs.

RESOURCES


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CITATIONS