

August 22, 2022

Shalanda Young  
Director, Office of Management and Budget  
1650 Pennsylvania Avenue NW  
Washington, DC 20503

Dear Director Young,

As sexual and reproductive health and rights (SRHR) come under attack both at home and abroad, we appreciate the Biden-Harris administration's steadfast support for these rights. As Secretary of State Blinken declared in response to the Supreme Court ruling to overturn *Roe v. Wade* and eliminate the federal constitutional right to abortion, the United States "... remain[s] fully committed to helping provide access to reproductive health services and advancing reproductive rights around the world." We believe that U.S. investments and engagement are critical to making SRHR a reality for all people globally. Therefore, on behalf of the undersigned organizations, we respectfully urge you to support increased funding for international family planning and reproductive health (FP/RH) programs and address policies that limit the effectiveness of these programs in the President's Budget Request for fiscal year (FY) 2024.

For over 50 years, U.S. investments in international FP/RH programs, through bilateral programs as well as the United Nations Population Fund (UNFPA), have sought to address the unmet need for FP/RH services around the world. While significant progress has been made, 218 million women in low- and middle-income countries continue to want to delay or prevent pregnancy but face significant barriers to using modern methods of contraception.<sup>1</sup> Furthermore, an estimated 299,000 women in these countries die each year from pregnancy-related causes, including unsafe abortion, which continues to be a major, preventable cause of unacceptably high maternal mortality rates.<sup>2</sup> The COVID-19 pandemic has further compounded challenges to accessing sexual and reproductive health care around the world. The disproportionate burden and harm of these challenges falls on Black and Brown individuals who live in low- and middle-income countries and face the most significant barriers to health care access in countries worldwide, due to systems that are rooted in and reinforce white supremacy, neocolonialism and gender inequality.

Investments in sexual and reproductive health support a number of foreign policy, development and humanitarian goals that are shared by the United States and the international community, such as improving global health, supporting young people and advancing gender equity and equality. Addressing the demand for access to sexual and reproductive health services, including through the provision of a full range of effective contraceptive methods and accurate information about SRHR, will improve maternal and child health, reduce the number of unintended pregnancies and unsafe abortions, lower HIV transmission rates, promote women's and girls' rights and empowerment, reduce poverty, raise standards of living, ease adaptation to the changing climate and support more sustainable development. Additionally, the ongoing COVID-19 pandemic and other crises expose and exacerbate inequalities between and within countries and highlight the importance of all people being able to access

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<sup>1</sup> Guttmacher Institute. (2020, June). *Adding It Up: Investing in Sexual and Reproductive Health 2019*. <https://www.guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2019>

<sup>2</sup> Guttmacher Institute. (2020, July). *Adding It Up: Investing in Sexual and Reproductive Health in Low- and Middle-Income Countries*. <https://www.guttmacher.org/fact-sheet/investing-sexual-and-reproductive-health-low-and-middle-income-countries>

contraceptive services and other essential sexual, reproductive and maternal health services, as well as gender-based violence services.

### **Funding Request**

**Fund bilateral and multilateral FP/RH programs at \$1.74 billion (\$1.62 billion from the Global Health Programs account and \$116 million from the International Organizations and Programs account).**

Providing a total of \$1.74 billion for international FP/RH programs would meet the U.S. fair share of addressing the needs of 218 million women in low- and middle-income countries with an unmet need for family planning.

This recommended funding level represents the U.S. fair share and positions our country as a strong partner in the global effort to fulfill the unmet need for modern methods of contraception.<sup>3</sup> This amount is calculated based on the targets included in the 1994 International Conference on Population and Development Programme of Action, which specified that one-third of the financial resources necessary to provide reproductive health care to communities around the world should be provided by donor countries and two-thirds by the low- and middle-income nations. By applying the U.S. percentage share of total gross national income of high income countries to its assigned one-third contribution to the total funding required to address the unmet need for contraception, the U.S. share of the cost — based on relative wealth — equals \$1.74 billion. Other donor governments and low- and middle-income nations, as part of the burden-sharing agreement, would be responsible for \$10.86 billion.<sup>4</sup>

U.S. investments in FP/RH programs are critical to promoting the health and well-being of people — particularly women, girls and pregnant people — around the world, are cost-effective and deliver real results. Fully funding the U.S. fair share of meeting the global need for modern contraception would result in approximately:

- 77.9 million women and couples receiving contraceptive services;
- 34.4 million unintended pregnancies averted;
- 11.5 million unsafe abortions averted;
- 13 million unplanned births avoided; and
- 55,240 maternal deaths prevented.<sup>5</sup>

Moreover, every additional dollar spent on contraceptive services would save \$3 in pregnancy-related care.<sup>6</sup>

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<sup>3</sup> Guttmacher Institute. (2020, July). Adding It Up: Investing in Sexual and Reproductive Health in Low- and Middle-Income Countries. <https://www.guttmacher.org/fact-sheet/adding-it-up-investing-in-sexual-reproductive-health>

<sup>4</sup><https://pai.org/resources/just-math-methodology-calculating-u-s-share-cost-addressing-unmet-need-contraception-developing-countries/>

<sup>5</sup> Guttmacher Institute. (2021, June). Just the Numbers: The Impact of U.S. International Family Planning Assistance, 2021. <https://www.guttmacher.org/just-numbers-impact-us-international-family-planning-assistance-2021>

<sup>6</sup> Guttmacher Institute. (2020, June). Adding It Up: Investing in Sexual and Reproductive Health in Low- and Middle-Income Countries. <https://www.guttmacher.org/fact-sheet/adding-it-up-investing-in-sexual-reproductive-health>

The United States must increase financial support to UNFPA, which is the only multilateral institution with an explicit mandate to address the reproductive health needs of communities worldwide. UNFPA complements the United States' bilateral international family planning program, expanding the reach of U.S. assistance through its work in more than 150 countries, including many in which the U.S. Agency for International Development (USAID) does not currently operate FP/RH programs. As the world continues to face an unprecedented pandemic and numerous humanitarian crises, UNFPA plays an irreplaceable role in the provision of reproductive and maternal health services in humanitarian settings and conflict-affected areas, including in Ukraine, Afghanistan, Syria, Ethiopia and Yemen.

We appreciated President Biden's proposed increase of 7.5% over current funding levels, for a total of \$653 million, in his FY 2022 budget. However, this amount fell far short of not only the U.S. fair share, but also the House-passed FY 2022 State Department-foreign operations bill that included \$830 million for international FP/RH programs.

### **Increase funding available for the National Institutes of Health and USAID research and development of contraceptives and multipurpose prevention technologies.**

Nearly one in four women in low- and middle-income countries who want to avoid pregnancy have an unmet need for contraception, resulting in 111 million unintended pregnancies, 30 million unplanned births and 69 million abortions, many of which are performed under unsafe conditions.<sup>7</sup> An expanding body of knowledge suggests that improving and expanding use of contraception requires more than just increasing access to existing methods. Biomedical research is needed to refine existing contraceptive methods to make them more acceptable, affordable and accessible, and to develop new methods that fill gaps in the existing method mix, including the development of multipurpose prevention technologies that simultaneously prevent both unintended pregnancy and sexually transmitted infections, including HIV.

## **Policy Recommendations to Advance SRHR**

### **Strike restrictions on funding for abortion, including the Helms amendment.**

We encourage President Biden to strike the Helms amendment from his budget proposal for FY 2024. The inclusion of the Helms amendment, which prohibits the use of U.S. foreign assistance funds for "the performance of abortion as a method of family planning," is harmful and hurts millions of people around the world who live in areas that rely on U.S. foreign assistance in order to fund health programs. It unnecessarily restricts the ability of individuals to make their own personal medical decisions and access comprehensive reproductive health care, including abortion care, particularly in countries where it is legal. As the United States grapples with barriers to racial justice, the Helms amendment is yet another example of a systemic, racist policy that has become commonplace in society. It is an example of the United States using foreign policy and foreign aid to control the health care and bodily autonomy of Black and Brown people around the world. Furthermore, the Helms amendment has been over-implemented as a complete ban on U.S. funding for abortion care around the world, even in cases of rape, incest or a life-endangering pregnancy. Removing these reiterations in the President's FY 2024 budget request would be a powerful step toward ensuring that U.S. foreign policy meets the moment, addresses the global harm of the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization* and expands access to quality, comprehensive sexual and reproductive health care services including safe, legal and accessible abortion, for all.

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<sup>7</sup> Guttmacher Institute. (2020, June). *Adding It Up; Investing in Sexual and Reproductive Health 2019*. <https://www.guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2019>

In further alignment with your FY 2022 and FY 2023 budget proposals to end the Hyde amendment's restriction on Medicaid coverage for abortion care, we also request that you strike the prohibition on coverage of abortion care for Peace Corps Volunteers in your FY 2024 budget request.

Neither the Helms amendment nor the Peace Corps abortion coverage ban were included in the House committee-passed FY 2023 appropriations bill.

**Delete funding conditions applied to UNFPA.**

We request that President Biden again propose the deletion of all long-standing boilerplate restrictions on the U.S. voluntary contribution to UNFPA, as was done in his FY 2022 and FY 2023 proposals. This includes: the requirement that UNFPA maintain U.S. funds in a segregated account, none of which may be spent in China; no funding for abortion; and a dollar-for-dollar reduction in the U.S. contribution by the amount of funds UNFPA furnishes to China.

**Update Kemp-Kasten amendment to address all forms of reproductive coercion, and delete the requirement for a presidential determination.**

Proposed changes in statutory language would replace the 1985 Kemp-Kasten language with a broader prohibition to prevent U.S. foreign assistance funds from supporting coercive activities with regard to matters of reproduction and bodily autonomy, consistent with the 1994 International Conference on Population and Development (ICPD) Programme of Action. This should include, but is not limited to: use of incentives or disincentives to lower or raise fertility; use of incentives or targets for uptake of specific contraceptive methods; withholding of information on reproductive health options; forced sterilization; forced abortion; and forced pregnancy.

Additionally, we ask that you delete the requirement for a presidential determination to restrict the ability of a president to interpret the law in such a manner as to unfairly and inconsistently apply the prohibition on funding to organizations. The revision also provides a more precise definition of what constitutes involvement in these types of human rights abuses.

**Insert technical fixes to allow for contraceptive procurement using the HIV/AIDS Working Capital Fund and for FP/RH programs to continue in countries where U.S. foreign aid has been cut off.**

Current law only allows "child survival, malaria, tuberculosis and emerging and infectious diseases" programs to use the HIV/AIDS Working Capital Fund to procure and distribute pharmaceutical commodities for use in U.S.-funded programs. This change would broaden the fund to allow USAID to use the HIV Working Capital Fund to procure contraceptive commodities and a full range of global health supplies. This technical language change would allow USAID the flexibility to purchase the right commodities for countries, when they are needed, in the right amounts, increasing the purchasing power of family planning funding without reducing funding for other critical and complementary health commodities.

Only one global health program, FP/RH, is not exempt from a variety of prohibitions on assistance that can and have been enforced against country governments that commit coups, nuclear proliferation, loan default, expropriation of U.S. assets and other misdeeds. Exempting FP/RH programs done in cooperation with foreign governments from defunding when U.S. foreign assistance is otherwise cut off to a country because of various prohibitions in the law is important as a matter of fairness and consistency and will ensure that people who rely on U.S.-supported FP/RH programs are not punished for their government's misdeeds.

The President's FY 2023 Budget included these technical fixes and we encourage him to include them again in his FY 2024 proposal.

**Modify the Siljander amendment to only prohibit the use of U.S. funds to lobby against abortion.**

As written, the Siljander amendment prohibits the use of funds to lobby for abortion even as the lack of access to safe abortion services around the world continues to drive unacceptably high rates of maternal mortality and limits the rights of women, girls and pregnant people. The United States and its partners should be able to use diplomatic engagement and foreign assistance to promote access to quality, comprehensive sexual and reproductive health care services for all people, including safe, legal and accessible abortion. Foreign policy funding decisions — particularly those around health — should be grounded in science and fact, and the evidence is clear that access to safe abortion saves lives.

**Eliminate the Livingston amendment, which allows organizations that receive certain government grants to refuse to offer the full range of contraception based on their religious objections.**

The Livingston amendment significantly undermines access to the full range of contraceptive methods and, as a result, the SRHR of people around the world. Allowing organizations to refuse to offer the full range of contraception and limit the types of contraceptive methods provided to only natural family planning (NFP) limits voluntarism and informed choice. Furthermore, the promotion of NFP at the expense of other contraceptive methods is ill-advised and unethical. Instead, organizations should honor the birth control method preference of all individuals. Promoting NFP at the expense of other methods is dangerous, especially in areas where unintended pregnancy can frequently be life-threatening, since NFP has a lower use-effectiveness rate than other modern contraceptive methods, such as the pill, injectables, implants and intrauterine devices (IUDs), offered by USAID-funded projects. Partner organizations should be supported to enable people to voluntarily select a method most appropriate to their needs. Given that 218 million women in low- and middle-income countries have an unmet need for family planning services, it is critical that we increase the availability of all effective contraceptive options.

In addition to the priority requests on FP/RH funding and the policy language outlined above, the signatories recommend the continuation of positive and constructive language on SRHR-related topics including: microbicide research and development, obstetric fistula, female genital mutilation, child marriage, sexual violence and the prevention of discrimination and abuse of LGBTQI+ individuals abroad. Policy restrictions that impede human rights and limit the information and services available to people to make their own informed decisions about their bodies and their lives are a stark example of neocolonialism, taking advantage of the uneven relationship between the United States and the countries that receive U.S. foreign aid. Any increase in the FY 2024 funding levels for FP/RH programs should not come at the expense of other poverty-focused development, global health, humanitarian aid or women's empowerment and gender equality programs.

We thank you for your consideration of these requests and look forward to working with you to advance SRHR for all.

Sincerely,

1. Advocates for Youth
2. American College of Obstetricians and Gynecologists
3. American Humanist Association
4. American Society for Reproductive Medicine
5. Better World Campaign

6. Catholics for Choice
7. Center for Biological Diversity
8. Center for Reproductive Rights
9. Clearinghouse on Women's Issues
10. Council for Global Equality
11. Desiree Alliance
12. EngenderHealth
13. Friends of the Earth United States
14. Global Justice Center
15. Guttmacher Institute
16. Heartland Alliance International
17. Human Rights Campaign
18. International Action Network for Gender Equity & Law (IANGEL)
19. International Center for Research on Women (ICRW)
20. International Women's Convocation
21. Ipas
22. Jewish Women International
23. JSI
24. Louisiana Coalition for Reproductive Freedom
25. Management Sciences for Health
26. MPact Global Action
27. MSI Reproductive Choices
28. NARAL Pro-Choice America
29. National Abortion Federation
30. National Birth Equity Collaborative
31. National Organization for Women
32. National Working Positive Coalition
33. North American Society for Pediatric/Adolescent Gynecology (NASPAG)
34. PAI
35. Pathfinder International
36. Planned Parenthood Federation of America
37. Population Connection Action Fund
38. Population Council
39. Population Institute
40. Population Services International (PSI)
41. Religious Coalition for Reproductive Choice
42. Ribbon
43. SIECUS: Sex Ed for Social Change
44. SisterSong: National Women of Color Reproductive Justice Collective
45. Tewa Women United
46. The Womxn Project
47. U.S. People Living with HIV Caucus
48. UltraViolet
49. Union for Reform Judaism
50. United Nations Association of the USA
51. Universal Access Project
52. We Testify
53. White Ribbon Alliance
54. Women Deliver

55. Women of Reform Judaism
56. Women's Refugee Commission
57. Woodhull Freedom Foundation