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The Case for the Next Administration Intensifying U.S. Leadership in International Family Planning

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Introduction²

Family planning is a highly effective and often undervalued global health tool. It is widely recognized that better access to family planning in developing countries generates better health and development outcomes, for both women and children. The data are clear: universal access to voluntary family planning could prevent 79,000 maternal deaths and 600,000 newborn deaths every year.³ Family planning can have truly exceptional outcomes when combined strategically with better nutrition, greater access and coverage of vaccines, education for girls, and economic empowerment.

In practice, strengthening international family planning programs means allowing women in developing countries to have the same voice and decisionmaking power in planning whether and when to have children that most Americans take for granted,⁴ even those who may oppose abortion. In the U.S. context, this reality is a powerfully persuasive argument for the United States standing behind expanded family planning opportunities for women and their families in low-income countries. U.S. support for international family planning does not include abortion, which is prohibited by U.S. law governing foreign assistance.

For several decades, the United States has played a sustained, leading role in expanding access to family planning around the globe, promoting better maternal and child health outcomes, and

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² This paper draws both from research and focused interviews conducted with 36 experts in women's and family health. These experts comprise current and former U.S. government officials, heads of large nongovernmental organizations (NGOs) and faith-based groups, academics, representatives of multilateral institutions, private foundations, and the private sector. The author would like to thank Julie Becker, Maria Schneider, Jeffrey L. Sturchio, and Caitlin Williams of Rabin Martin for their research assistance.

³ Bob Carr et al., "Giving women the power to plan their families," *Lancet* 380, no. 9837 (July 2012), [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(12\)60905-2.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(12)60905-2.pdf).

⁴ Centers for Disease Control and Prevention (CDC), "Current Contraceptive Status of Women 15–44: United States 2011–2013," December 2014, <http://www.cdc.gov/nchs/data/databriefs/db173.pdf>.

stronger economic growth and development, all of which contributes to more resilient populations. The United States accounts for close to 45 percent of the bilateral donor investments in family planning.⁵ U.S. contributions have been essential to the significant gains achieved in recent decades. However, for largely domestic political reasons, high-level U.S. leadership on the international stage has been cautious and understated.

There remains much unfinished business to scale up programs, create greater demand for and expand access to commodities and quality services, accelerate integration with other maternal and child health services, and innovate new and cost-effective family planning methods. These face admittedly tough challenges, but in reality they also present compelling opportunities, even more so in recent years. Today we are in the midst of an accelerated international mobilization—captured in the 2012 London summit, which led to the creation of FP2020—that is pressing for expanded commitments to promising partnerships that unite national governments, private companies, donors, civil groups, faith-based organizations, foundations, and international organizations. The next administration has in front of it considerable opportunities to exercise enlarged U.S. leadership and to achieve demonstrable, concrete health gains.

The Current Context

Family planning programs provide women and couples the opportunity to decide whether, when, and how many children they have. The focus is on information, access, and choice with regard to safe and effective contraception, which can help to delay first pregnancy, improve healthy birth spacing, and avoid unintended pregnancy and abortion. The most effective tools are proven, straightforward, and increasingly affordable. They include access to the full range of modern contraceptives (short-acting, long-acting, and permanent methods); education, information, and counseling; and postabortion care.

Reproductive health refers to a woman's well being across different phases of her life, and encompasses family planning as one of several vital tools. Many definitions of reproductive health also include antenatal, maternity, and postnatal care, although programmatically these are often addressed separately, as well as efforts to address female genital mutilation, child marriage, and gender-based violence.⁶

There has been an important shift in the family planning paradigm: from an early focus on fertility reduction to a more comprehensive view since the mid-1990s of reproductive health and rights that encompasses family planning, prevention and treatment of sexually transmitted diseases, including HIV, treatment for infertility, prevention and management of unsafe abortion, and freedom from

⁵ Kaiser Family Foundation, "U.S. Funding for International Family Planning and Reproductive Health: Issue Brief," April 2016, <http://files.kff.org/attachment/issue-brief-u-s-funding-for-international-family-planning-reproductive-health>.

⁶ Although some definitions of reproductive health include safe abortion, the World Health Organization (WHO) definition makes no reference to abortion. See WHO, "Health Topics: Reproductive Health," http://www.who.int/topics/reproductive_health/en/.

sexual violence. The guiding principles are quality services, equity in access, voluntarism, and informed choice.

Women Want to Plan Their Families, and Evidence Supports the Significant Public Health and Development Benefits

Millions of women in low-income countries strive to plan their pregnancies and to have the same decisionmaking power and access to the same range of services and products that women in other industrialized countries actively use. And they seek these benefits for the same reasons: to improve the health of themselves and their children; to be better able to take advantage of educational opportunities for themselves and their children; and to engage in economically productive activities and build a sounder economic future.

The health benefits of family planning are significant and well documented, and numerous studies demonstrate that investments in voluntary family planning can significantly improve maternal, infant, and child health outcomes, including preventing millions of unintended pregnancies and abortions. Family planning reduces maternal mortality, and could prevent one-third of maternal deaths.⁷ By reducing closely spaced and ill-timed births, family planning could reduce infant deaths by 10 percent and reduce deaths of under-five-year-olds by more than 20 percent.⁸ Indeed, early childbearing greatly increases the risk of maternal and neonatal mortality⁹; complications related to pregnancy and childbirth are the second leading cause of death for 15- to 19-year-olds globally, and in many developing countries, they are the leading cause of death in this age group.¹⁰ By reducing unintended pregnancies, family planning reduces adolescent pregnancies, helps HIV-infected women who decide to have children do it as safely as possible, and averts unsafe abortions.¹¹

Smaller families mean more economic opportunity for women and the ability to invest greater resources in each child. Improvements in women's health and education have positive impacts on these and other outcomes for their children, including better child health and survival, higher immunization rates, and better nutrition, as well as educational attainment. This has proven to be the case in countries including South Korea and Thailand, which increased access to family planning, leading to greater investments in health and education, and ultimately to economic growth.¹²

⁷ Saifuddin Ahmed et al., "Maternal deaths averted by contraceptive use: an analysis of 172 countries," *Lancet* 380, no. 9837 (July 2012), [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)60478-4/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60478-4/abstract); Adrienne Kols, "Reducing Unmet Need for Family Planning: Evidence-based Strategies and Approaches," *Outlook* 25, no. 1 (November 2008), https://www.unfpa.org/sites/default/files/resource-pdf/EOL_nov08.pdf.

⁸ John Cleland et al., "Contraception and health," *Lancet* 380, no. 9837 (July 2012), [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)60609-6/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60609-6/fulltext).

⁹ See WHO, "Family Planning/Contraception," fact sheet, May 2015, <http://who.int/mediacentre/factsheets/fs351/en/>; and WHO, "Adolescent Pregnancy," fact sheet, September 2014, <http://www.who.int/mediacentre/factsheets/fs364/en/>.

¹⁰ WHO, "Adolescent Pregnancy"; Relief Web, "Pregnancy complications, child birth, leading cause of death among 15–19 year old girls—UNFPA chief," July 8, 2013, <http://reliefweb.int/report/world/pregnancy-complications-child-birth-leading-cause-death-among-15-19-year-old-girls>.

¹¹ See WHO, "Family Planning/Contraception."

¹² Carr et al., "Giving women the power to plan their families."

Substantial Gains, as International Attention Escalates

In the past decades, there has been huge progress in enabling women to plan their families. Approximately 64 percent of married women and up to 75 percent of women globally who want to avoid a pregnancy are using modern methods of family planning. As a result there has been a significant decline in the average number of children born to each woman during her lifetime, from more than 6 in the 1960s to 2.6 today. However, significant regional disparities remain, and in many least-developed countries, high fertility rates persist, as do low contraceptive prevalence rates.

Attention to family planning rose in the 1960s and 1970s, marked by the groundbreaking first intergovernmental population conference in Bucharest in 1974, which established population as an integral part of development. During the 1980s interest in the provision of family planning waned, as other development priorities (integrated rural development) took priority, discomfort grew over approaches that emphasized population control, and controversy unfolded over abortion and contraception. Global attention to family planning increased with the historic 1994 International Conference on Population and Development in Cairo, where there was a pronounced paradigm shift away from population control to an emphasis on the rights of women, and a holistic view of reproductive health.

In the intervening years, family planning has been subject to periods of greater political support and investments, followed by decreases in international focus. The Millennium Development Goals did not initially include a target for family planning, although one was added subsequently in 2007. The international spotlight on family planning intensified in 2012 with the London Summit on Family Planning and the launch of FP2020, which galvanized international and national support to address unmet need for family planning.

High Levels of Unmet Need Persist

In sharp contrast to the United States and other advanced economies, there remains a stark unmet need for family planning in developing countries. There are an estimated 225 million women who desire and need family planning yet lack access. Studies indicate that in 2014, of the 1.6 billion women of childbearing age in developing countries, more than half, 877 million, wanted to avoid pregnancy but only 652 million were using modern contraceptives.¹³ If the unmet need for family planning were met, it is estimated that approximately one-third of the roughly 300,000 annual maternal deaths (99 percent of which occur in developing countries) could be averted.¹⁴

Women identify many barriers to using family planning, including lack of availability of commodities, financial constraints, religious and cultural norms, concerns about health effects, provider bias, and

¹³ Susheela Singh, Jacqueline E. Durroch, and Lori S. Ashford, *Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014* (New York: Guttmacher Institute, 2014), https://www.guttmacher.org/sites/default/files/report_pdf/addingitup2014.pdf.

¹⁴ Ahmed et al. "Maternal deaths averted by contraceptive use."

the wishes of husbands or mothers-in-law. The Demographic and Health Surveys have provided data from a wide range of countries on these issues.¹⁵

At a time when developing countries are seeing the largest youth population in history, it is urgent to invest in their health and education. However, accessing family planning (FP)/reproductive health (RH) information and services remains especially difficult for adolescent girls and young women, whether married or unmarried. One-third of girls in low- and middle-income countries are either married or in a union before the age of 18, and many others are already sexually active before the age of 15; consequently, an estimated 33 million young women aged 15–24 have an unmet need for contraception.¹⁶ This age group has been neglected for too long, and addressing its FP/RH and development needs requires an intense targeted approach.¹⁷

The Role of the United States

U.S. Investments Have Been Essential, But Political Leadership Remains Hesitant

The United States has been the global leader in FP/RH, providing both technical and financial assistance. The current U.S. funding—\$608 million for FY 2016—covers some 40 countries, but focuses on 24 priority countries in sub-Saharan Africa and South Asia. Family planning is included in USAID’s initiative on ending preventable child and maternal deaths by 2035, and the President’s Emergency Plan for AIDS Relief (PEPFAR) has increasingly recognized the important linkages between HIV/AIDS and FP/RH services, including family planning and cervical cancer. The Obama administration reversed some of the policy restrictions that impact family planning programs, which had been imposed by previous administrations, notably rescinding the Mexico City policy and restoring funding to the United Nations Population Fund (UNFPA).

Yet high-level U.S. leadership on family planning remains understated and cautious, reflecting the Obama and Bush administrations’ focus on other global health priorities as well as concerns about the abortion debates. Family planning has taken a back seat to the dominant signature foreign aid initiatives of both the George W. Bush administration (e.g., PEPFAR, the President’s Malaria Initiative) and the Barack Obama administration (e.g., Feed the Future, and Power Africa).

Both the Bush and the Obama administrations chose, consciously, to operate quietly and carefully in advancing family planning, aware of the need to navigate the cultural and political sensitivities surrounding contraception and especially abortion. In pursuing this strategy, incremental progress has

¹⁵ Yoonjung Choi, Madeleine Short Fabic, and Jacob Adetunji, “Measurement of Family Planning in Demographic and Health Surveys: Lessons and Challenges” (presentation, Population, Family, and Reproductive Health Seminar, Johns Hopkins School of Public Health, September 2014), <http://www.jhsph.edu/departments/population-family-and-reproductive-health/news-and-events/wednesday-seminars/2014-2015-presentations/09-17-2014-measurement%20of%20access.pdf>.

¹⁶ USAID, FP2020, Bill & Melinda Gates Foundation, UKaid et al., “Global Consensus Statement for Expanding Contraceptive Choice for Adolescents and Youth to Include Long-Acting Reversible Contraception,” October 20, 2015, <http://www.familyplanning2020.org/youth-larc-statement>.

¹⁷ See George C. Patton et al., “Our future: a *Lancet* commission on adolescent health and wellbeing,” *Lancet*, 387 no. 10036 (June 2016), [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(16\)00579-1.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)00579-1.pdf).

been achieved and a middle-ground consensus has been preserved across differing American interests, conservative and liberal, in support of international family planning efforts.¹⁸

U.S. bilateral and multilateral funding for FP/RH has fluctuated since 1995, due largely to domestic political debates around abortion and whether or not to support UNFPA. U.S. funding increased from \$425 million in bilateral funding in FY 2006 to \$608 million in bilateral and multilateral funding (including for UNFPA)¹⁹ in FY 2016, and the president's request for FY 2017 is \$620 million.²⁰ While the bulk of U.S. funding goes through USAID, additional FP/RH resources flow through the Centers for Disease Control and Prevention (CDC), the State Department, the National Institutes of Health (NIH), and Peace Corps.

Even though it has been firmly established for over four decades that U.S. foreign aid cannot legally, financially, or in any other way support abortion, and U.S. family planning approaches have faithfully adhered to that requirement, this has not entirely eliminated the risk that debates over U.S. international family planning could be overtaken by unresolved domestic confrontations over abortion. That threat of a spillover from U.S. internal controversy to the international realm has been real. Not surprisingly, building the essential middle-ground consensus on international family planning, one that bridges liberal and conservative perspectives, has been by definition a complex enterprise that requires patient engagement and dialogue. It is often best pursued outside the hot glare of public debate. And it requires nurturing a consensus on family planning while conscious of the delicate need to protect U.S. support across the full range of global health commitments, especially in HIV/AIDS, tuberculosis, and malaria. Confrontations over family planning, if not managed effectively, carry the inherent risk of ancillary damage to these other critically important areas.

These concerns notwithstanding, there is a certain price to U.S. caution and discretion. Although the United States remains the leading donor to family planning, high-level and forceful advocacy for family planning by the Obama administration has been less, in the opinion of many expert observers, than might have been expected. Overt support could have been louder and stronger in recent years for the development of new technologies, approaches, and partnerships to better meet the family planning needs of women around the world. A common refrain among family planning experts is that the U.S. government should now become a stronger, more vocal champion of international family planning and should systematically strive to motivate others countries to do more.

¹⁸ See Janet Fleischman and Allen Moore, *International Family Planning: A Common-Ground Approach to an Expanded U.S. Role* (Washington, DC: CSIS, July 2009), https://csis-prod.s3.amazonaws.com/s3fs-public/legacy_files/files/publication/090723_Fleischman_IntlFamilyPlng.pdf.

¹⁹ U.S. funding to the UN Population Fund (UNFPA) has been withheld when the executive branch has determined that UNFPA's activities in China violated the Kemp-Kasten* Amendment, which prohibits funding any organization or program that supports or participates in the management of a program of coercive abortion or involuntary sterilization, despite UNFPA not supporting such activities in China. See Kaiser Family Foundation, "U.S. Funding for International Family Planning and Reproductive Health," issue brief, April 2016, <http://files.kff.org/attachment/issue-brief-u-s-funding-for-international-family-planning-reproductive-health>.

²⁰ Ibid.

A Call for Expanded U.S. Leadership

Conditions today are ripe for intensified U.S. leadership on family planning. The bipartisan consensus in the United States surrounding international family planning has matured and expanded. A global mobilization has celebrated the value of family planning, spotlighted the gaps that remain, brought new global leaders on to the stage, improved the data available, and raised the confidence that investments will have concrete beneficial payoffs in health outcomes. And that mobilization has shown it is possible to leverage additional resources from multiple sources.

It is time that the United States elevate family planning through an overt and high-level approach that can deliver higher returns.

What might that look like?

1. It would rest on intensified and high-level U.S. diplomatic leadership, directed at raising U.S. financial and political commitments as well as aggressively encouraging the same by other donors and national governments, in prioritizing reproductive health and family planning, and in investing in the development of new technologies, approaches, and partnerships that better meet the needs of women in low-income countries.
2. It would rest on an overt commitment to expand significantly access for young women and adolescents, as well as other underserved populations such as those who are poor and living in remote and fragile settings.
3. It would rest on a serious, focused commitment to integrate family planning with other key global health and development investments, more strategically and effectively than has been the case up to now.

Achieving these priorities will require sustained engagement at the White House and the helm of USAID, focused on advancing the narrative that family planning is a success story in its own right and an integral component of global health and international development. It will require concrete, measurable targets during the next administration's four-year tenure, supported by expanded resources and strengthened alliances with those leaders of the faith-based community eager to provide these tools to the women and families they serve, and other civil society and women's health organizations. It will require publicly applauding the rising commitments of developing countries to increase access to contraceptives for their citizens.

This moment of opportunity also arrives in the midst of two evolving crises, each of which demands U.S. leadership in expanding family planning as a tool in meeting the acute needs of vulnerable women and their partners. The spread of the Zika virus carries the threat of an epidemic that results in high rates of microcephalic infants. The mushrooming population of refugees and internally displaced persons now exceeds 65 million. In each, large populations of women who are pregnant or in their child-bearing years seek to delay or avoid pregnancy. In fragile, unstable settings, these same women are particularly vulnerable to rape and sexual exploitation. As the new administration pursues a

strategy of expanded leadership on family planning, the case for concerted action now is made even greater by Zika and the historic scale of human displacement, suffering, and vulnerability in today's unsettled world. Perforce, U.S. leaders on family planning will speak to these emerging crises.

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