

April 21, 2022

The Honorable Barbara Lee
Chair
House Subcommittee on State, Foreign
Operations, and Related Programs
2470 Rayburn House Office Building
Washington, DC 20510

Dear Chairwoman Lee:

On behalf of the 87 undersigned organizations, we respectfully urge you to support increased funding for international family planning and reproductive health programs and address policies that limit the effectiveness of these programs in the FY 2023 State Department, Foreign Operations and Related Programs Appropriations bill.

For over 50 years, the United States' investments in international family planning and reproductive health programs, through bilateral programs, as well as through the United Nations Population Fund (UNFPA), have sought to address the unmet need for family planning and reproductive health services. 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 a modern method of contraception.¹ 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 cause of these unacceptably high maternal mortality rates.² The burden of these challenges falls on Black and Brown women 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 U.S. and the international community, such as improving global health equity, supporting young people and advancing gender equality. Addressing the demand for access to reproductive health services, including through the provision of a full range of effective contraceptive methods and accurate information about sexual and reproductive health and rights, will improve maternal and child health, reduce the number of unintended pregnancies and unsafe abortions, lower HIV infection rates, promote women's and girls' rights and empowerment, raise standards of living, and support more sustainable development. Additionally, the ongoing COVID-19 pandemic, and other humanitarian crises, including in Afghanistan, Ethiopia, Ukraine, and Yemen, exposes and exacerbates inequalities between and within countries and highlight the importance of all people being able to access contraceptive services and other essential sexual, reproductive, and maternal health services, as well as gender-based violence services.

We appreciated the significant advances on sexual and reproductive health and rights that you proposed and shepherded through in the FY 2022 House SFOPS bill. These funding increases and critical policy changes sought to not only repair the considerable damage to U.S. investments in family planning and reproductive health by the previous administration, but to achieve a bold and more equitable vision of

¹ Guttmacher Institute, <https://www.guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2019>

² Guttmacher Institute, <https://www.guttmacher.org/fact-sheet/investing-sexual-and-reproductive-health-low-and-middle-income-countries>

U.S. leadership on international family planning and reproductive health. We look forward to working with you to further address these issues in FY 2023.

INCREASE FUNDING FOR INTERNATIONAL FAMILY PLANNING AND REPRODUCTIVE HEALTH

Providing a total of \$1.74 billion for international family planning and reproductive health (FP/RH) programs (\$1.62 billion from the Global Health Programs account and \$116 million from the International Organizations and Programs account for a voluntary contribution to UNFPA) 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. Responding to their demands would have a transformative impact on their lives and their communities and is long overdue after 12 years of stagnant funding. Investments in international FP/RH programs should be no less than \$1.45 billion, including \$97 million for UNFPA, in order to provide the third installment of the funding increases necessary to incrementally achieve the \$1.74 billion target by FY 2024.

U.S. investments in family planning and reproductive health (FP/RH) programs support the health and rights of women and families around the world, are cost-effective, and deliver results. FY 2021 funding of \$607.5 million for international FP/RH programs (of which \$32.5 million was a contribution to UNFPA) made the following possible:

- 27.2 million women and couples received contraceptive services and supplies;
- 12 million unintended pregnancies, including 4.5 million unplanned births, were averted;
- 4 million unsafe abortions were averted; and
- 19,000 maternal deaths were prevented.³

The U.S. must also support the critical role of UNFPA, which is the only intergovernmental institution with an explicit mandate to address sexual and reproductive health needs worldwide. U.S. investments in UNFPA allow our assistance dollars to reach even more individuals around the world, as UNFPA works in nearly three times the number of countries as USAID, including in humanitarian emergencies. UNFPA is often present in a country before, during and after a crisis, making it a reliable partner in both development and humanitarian contexts, especially when a crisis happens suddenly. UNFPA has quickly reworked its development programs in places like Afghanistan, Ethiopia, and Ukraine to respond to the sudden humanitarian needs of girls and women in recent crises.

PROMOTE THE EQUITY AND EFFICIENCY OF FP/RH PROGRAMS

- **Add language to Permanently Repeal the Global Gag Rule (GGR)** – The GGR is a harmful policy that negatively impacts the health and lives of communities worldwide, particularly women and girls and LGBT people. The policy forces foreign NGOs to choose between providing comprehensive sexual and reproductive health services, information, referrals and advocacy or remaining eligible to receive U.S. global health funds. The GGR undermines access to contraception, HIV/AIDS services, and maternal health care, contributing to more unintended pregnancies and more unsafe abortions. While President Biden rescinded the Trump Administration’s version of this policy, it is critical that language be added to the FY 2023 SFOPs appropriations bill to amend the Foreign Assistance Act to ensure that a future President cannot reinstate these damaging restrictions on U.S. funding in the future and to support sustainable

³ “Just the Numbers: The Impact of U.S. International Family Planning Assistance, 2021” Guttmacher Institute, June 2021. <https://www.guttmacher.org/just-numbers-impact-us-international-family-planning-assistance-2021>

partnerships and accelerate progress on global health, human rights, and gender equality. Permanently repealing the GGR aligns with efforts to re-engage the global community, dismantle white-supremacist, neocolonialist policies, address the worldwide COVID-19 pandemic, and ensure that health care providers can speak freely about all available reproductive health care options.

- **Update language to allow FP/RH supplies to be procured through the HIV Working Capital Fund** - 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.
- **Update language to exempt FP/RH from prohibitions on assistance to other countries, like all other global health programs.** - Only one global health program—family planning and reproductive health—is not exempted 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 family planning and reproductive health programs aren’t punished for their government’s misdeeds. The failure to address this inequity has resulted in family planning programs having to pause in places like Burkina Faso earlier this year.

ENSURE VOLUNTARISM AND PROMOTING EVIDENCE-BASED FP/RH PROGRAMS

- **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 outdated and misused 1985 Kemp-Kasten language with a broader prohibition to prevent U.S. foreign assistance funds from supporting any 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, including but not limited to coercive abortion, involuntary sterilization, or forced pregnancy. It’s important to note that the Kemp-Kasten Amendment has been used narrowly and politically, often solely to withhold funding to UNFPA⁴ and not for the stated purpose of combating reproductive coercion. Additionally, we ask that you delete the requirement for a presidential determination and provide a more precise definition of what constitutes involvement in these types of human rights abuses. Collectively, these changes would put forward a more serious, comprehensive, and meaningful approach to combating coercion in all its forms, wherever it occurs
- **Add language requiring the provision of complete and medically accurate information on modern contraceptives** - Modern contraceptive methods should be added to the existing requirement around the provision of complete and medically accurate information on condoms, to

⁴ Kaiser Family Foundation. UNFPA Funding & Kemp-Kasten: An Explainer. (May 2021). <https://www.kff.org/global-health-policy/fact-sheet/unfpa-funding-kemp-kasten-an-explainer/>

ensure that information on family planning methods and services is also medically accurate. This will guarantee that women that benefit from U.S.-funded programs are fully informed about all their options for preventing unintended pregnancies and combat misinformation.

- **Include report language on contraceptive research and development - USAID's** contraceptive research and development program has provided strong leadership in developing new methods, especially for use in low-resource countries. An expanding body of research suggests that improving and expanding use 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 STIs/HIV.
- **Modify report language to reflect the full scope of family planning and reproductive health activities and providers.** In past years, the bill report language has included a particular emphasis on activities such as “Healthy Timing and Spacing of Pregnancies” (HTSP) and the promotion of “Fertility Awareness Methods” (a.k.a natural family planning). The inclusion of language on only HTSP fails to acknowledge the many other rationales for the international FP/RH program and could be construed to limit the work of the USAID Office of Population and Reproductive Health, which also works on issues such as child marriage and gender-based violence. Additionally, a focus on specific fertility awareness methods undermines the FP/RH program's values of voluntarism and informed choice, by not encouraging the provision of counseling, education, and services on a full range of modern and effective contraceptive methods. Furthermore, while Faith-Based Organizations (FBOs) are valued USAID partners, they should be treated no differently than other community organizations and should not be entitled to any special preferences in the awarding of grants, cooperative agreements, and contracts or in the responsibility to comply with applicable laws and regulations governing global health assistance.

PROMOTING AND PROTECTING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

- **Strike the Helms Amendment.** 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”, in the annual appropriations bill is harmful and redundant as it also exists in permanent statute. This racist, neocolonial provision hurts millions of people around the world who live in areas that rely heavily on U.S. foreign assistance in order to fund health programs by restricting the ability of individuals to make their own personal medical decisions and access comprehensive reproductive health care. 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 U.S. 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, even in cases of rape, incest, or a life-endangering pregnancy. Removing these reiterations in the appropriations bill would be a powerful step toward ensuring that U.S. foreign policy expands access to quality, comprehensive sexual and reproductive health care services including safe, legal, and accessible abortion, for all.
- **Strike language restricting abortion coverage for Peace Corps Volunteers.** Peace Corps Volunteers (PCVs) are important representatives of the U.S. abroad, carrying out vital development projects and building goodwill. In line with calls from the both the global and domestic reproductive health communities to eliminate other abortion restrictions in

appropriations bills, we request that the restrictions on abortion coverage for PCVs in the appropriations bill be removed.

- **Insert language to require the State Department to report on reproductive rights in its annual human rights reports.** In 2017, the State Department deleted all subsections on reproductive rights from its Country Reports of Human Rights Practices without notice or justification. The State Department country reports are a critical resource to civil society, journalists, and governments in helping to better understand and address violations of women's reproductive rights. The statutory language requested would amend the Foreign Assistance Act to mandate that specific reporting requirements on the status of women's reproductive rights be met by the State Department. It would also require that the State Department fully consult with local non-governmental organizations and U.S. civil society and multilateral organizations with expertise and experience in sexual and reproductive health and rights in the preparation of the country reports.

In addition to the priority requests on FP/RH funding and on the policy language outlined above, the signatories recommend the continuation of positive and constructive Senate and House report language on sexual and reproductive health and rights-related topics including: microbicide research and development, obstetric fistula, female genital mutilation, child marriage, sexual violence in conflict, and prevention of discrimination and abuse of LGBTI 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 U.S. and the countries that receive foreign aid. Any increase in the FY 2023 appropriated level for FP/RH programs should not come at the expense of other poverty-focused development, global health, humanitarian, 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 sexual and reproductive health and rights.

Sincerely,

1. Advocates for Youth
2. Advocating Opportunity
3. Aidsfonds
4. American College of Obstetricians and Gynecologists
5. American Jewish World Service
6. American Medical Student Association
7. American Medical Women's Association
8. American Public Health Association
9. Amnesty International USA
10. Better World Campaign
11. California Latinas for Reproductive Justice
12. Catholics for Choice
13. Center for Biological Diversity
14. Center for Reproductive Rights
15. Clearinghouse on Women's Issues
16. Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)
17. Council on Global Equality
18. Desiree Alliance
19. EngenderHealth
20. Every Mother Counts

21. Feminist Majority Foundation
22. Freedom Network USA
23. Friends of the Earth US
24. Friends of UNFPA
25. Funders Concerned About AIDS
26. Global Fund for Women
27. Global Justice Center
28. GreeneWorks
29. Guttmacher Institute
30. Heartland Alliance International
31. Hispanic Federation
32. Human Rights Campaign
33. If/When/How: Lawyering for Reproductive Justice
34. In Our Own Voice: National Black Women's Reproductive Justice Agenda
35. International Action Network for Gender Equity & Law (IANGEL)
36. International Center for Research on Women (ICRW)
37. International Women's Convocation
38. Ipas
39. John Snow, Inc. (JSI)
40. KIOO Project
41. Last Mile4D
42. Louisiana Coalition for Reproductive Freedom
43. Management Sciences for Health
44. Medical Students for Choice
45. Metropolitan Community Churches, Global Justice Institute
46. MPact Global Action for Gay Health & Rights
47. MSI Reproductive Choices
48. NARAL Pro-Choice America
49. National Abortion Federation
50. National Birth Equity Collaborative
51. National Center for Lesbian Rights
52. National Council of Jewish Women
53. National Health Law Program
54. National Institute for Reproductive Health
55. National Organization for Women
56. National Partnership for Women & Families
57. New Voices for Reproductive Justice
58. Outright International
59. PAI
60. Pathfinder International
61. Planned Parenthood Federation of America
62. Population Connection Action Fund
63. Population Council
64. Population Institute
65. Population Services International (PSI)
66. Positive Women's Network-USA
67. Religious Coalition for Reproductive Choice
68. Reproaction
69. She's the First
70. SIECUS: Sex Ed for Social Change
71. SisterLove Inc.

72. SisterReach
73. SisterSong: National Women of Color Reproductive Justice Collective
74. Society for Maternal-Fetal Medicine
75. Tewa Women United
76. The Elizabeth Glaser Pediatric AIDS Foundation
77. The North American Society for Pediatric and Adolescent Gynecology (NASPAG)
78. The Womxn Project
79. UltraViolet
80. Union for Reform Judaism
81. URGE: Unite for Reproductive & Gender Equity
82. We Testify
83. White Ribbon Alliance
84. Women Deliver
85. Women's Environment and Development Organization (WEDO)
86. Women's Refugee Commission
87. Woodhull Freedom Foundation