

Dear Chairman Coons -

On behalf of the 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 State, Foreign Operations and Related Programs FY 2022 Appropriations bill.

For over 50 years, the United States investments in international family planning and reproductive health program, 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, 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 transmission rates, promote women's and girl's rights and empowerment, raise standards of living, and support more sustainable development. Additionally, the ongoing COVID-19 pandemic, and other crises, exposes and exacerbates inequalities between and within countries and highlights the importance of all women being able to access the contraceptive services and other essential sexual, reproductive and maternal health services, as well as gender-based violence services.

The previous administration caused considerable damage to U.S. investments in family planning and reproductive health. With a new supportive administration in the White House it is critical that Congress take bold steps through the FY 2022 appropriations process to help rebuild and advance U.S. leadership on international family planning and reproductive health.

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 11 years of stagnant funding. Investing in

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/>.

international FP/RH programs at no less than \$1.17 billion, including \$74 million for UNFPA, in order to provide the second 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 2020 funding of \$607.5 million for international FP/RH programs (of which \$32.5 million was a contribution to UNFPA) made the following possible:

- 27.4 million women and couples received contraceptive services and supplies;
- 12.2 million unintended pregnancies, including 4.5 million unplanned births, were averted;
- 4.1 million unsafe abortions were averted; and
- 20,000 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. After four years of being ineligible to receive funding due to a politically motivated decision by the previous administration, funding is finally able to flow to UNFPA. 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.

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 2022 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 sustainable partnerships and progress is possible. 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.

³ “Just the Numbers: The Impact of U.S. International Family Planning Assistance, 2020” Guttmacher Institute, July 2020. <https://www.guttmacher.org/article/2020/07/just-numbers-impact-us-international-family-planning-assistance-2020>

- **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.

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 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, including but not limited to coercive abortion, involuntary sterilization, or forced pregnancy, and to 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.
- **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 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.
- **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.
- **Strike report language that does not represent the full scope of family planning and reproductive health activities and providers.** The bill report language has come to include 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 specifically 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 entitle FBOs 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 from the Appropriations Bill.** 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 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.
- **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 and 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 2022 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,

Advocates for Youth
Advocating Opportunity
Aidsfonds
American College of Obstetricians and Gynecologists
American Jewish World Service
American Medical Student Association
American Society for Reproductive Medicine (ASRM)
Amnesty International USA
Better World Campaign
Catholics for Choice
Center for Biological Diversity
Center for International Policy
Center for Reproductive Rights
Center on Reproductive Rights & Justice at Berkeley Law
CHANGE (Center for Health & Gender Equity)
Cherisse Scott, CEO & Founder, SisterReach
Clearinghouse on Women's Issues
Colorado Organization for Latina Opportunity & Reproductive Rights (COLOR)
Council for Global Equality
Desiree Alliance
Elizabeth Glaser Pediatric AIDS Foundation
EngenderHealth
Feminist Majority Foundation
Freedom Network USA
Friends of the Earth US
Friends of UNFPA
Fundors Concerned About AIDS
Global Fund for Women
Global Justice Center
Global Justice Institute
Guttmacher Institute
Heartland Alliance International
Hispanic Federation
If/When/How: Lawyering for Reproductive Justice
In Our Own Voice: National Black Women's Reproductive Justice Agenda
International Action Network for Gender Equity & Law (IANGEL)
International Center for Research on Women (ICRW)
International Women's Convocation
International Women's Health Coalition
Ipas
John Snow, Inc. (JSI)
Management Sciences for Health
Medical Students for Choice
MPact: Global Action for Gay Men's Health & Rights
MSI Reproductive Choices
NARAL

National Abortion Federation
National Association Social Workers
National Birth Equity Collaborative (NBEC)
National Center for Lesbian Rights
National Council of Jewish Women
National Health Law Program
National Institute for Reproductive Health
National Organization for Women
National Partnership for Women & Families
National Women's Health Network
OUTRIGHT ACTION INTERNATIONAL
PAI
Pathfinder International
Planned Parenthood Federation of America
Population Connection Action Fund
Population Council
Population Institute
Population Services International (PSI)
Religious Coalition for Reproductive Choice
Secular Coalition for America
SIECUS: Sex Education For Social Change
SisterLove
SisterSong: National Women of Color Reproductive Justice Collective
Society for Maternal-Fetal Medicine
Tewa Women United
The North American Society for Pediatric and Adolescent Gynecology (NASPAG)
The Womxn Project
UltraViolet Action
Union for Reform Judaism
United Nations Association of the USA
URGE: Unite for Reproductive & Gender Equity
We Testify
White Ribbon Alliance Global
Women Deliver
Women of Reform Judaism
Women's Environment & Development Organization (WEDO)
Women's Refugee Commission
Woodhull Freedom Foundation

CC: Chairman Leahy

