

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

Dear Ranking Member Lee,

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 2024 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, preventable cause of unacceptably high global 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 healthcare access 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 (SRHR), 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 COVID-19 pandemic, and other humanitarian crises, including in Afghanistan, Ukraine, Türkiye, Syria, and Yemen, have exposed and exacerbated 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.

The need for these investments is even more pronounced in the wake of the *Dobbs v. Jackson Women's Health Organization* decision, which sent shockwaves and confusion throughout countries receiving U.S. global health assistance and emboldened anti-SRHR movements around the world. Increasing funding for international family planning and reproductive health programming and making needed policy changes 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* and expands access to quality, comprehensive sexual and reproductive health care services including safe, legal and accessible abortion, for all.

We appreciated the significant advances on SRHR that were included in the FY 2023 House SFOPS committee passed bill and the draft SFOPs bill proposed in the Senate. These funding increases and critical policy changes sought to achieve a bold and more equitable vision of U.S. leadership on international family planning and reproductive health. We look forward to working with you to further address these issues in FY 2024.

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 who want to delay or prevent pregnancy but face significant barriers to using a modern method of contraception.. Responding to their needs would have a transformative impact on their lives and their communities and is long overdue after 13 years of stagnant funding and significant inflation contributing to a 25% loss in purchasing power over that time.

Robust U.S. investments in family planning and reproductive health (FP/RH) programs are critical to supporting the health rights and wellbeing of people – particularly women, adolescent girls, and pregnant people – around the world. These investments are cost-effective and deliver life-saving results. Fully funding the U.S.' fair share of meeting the global need for modern contraception would result in approximately:

- 96.1 million women and couples receiving contraceptive services and supplies;
- 32.4 million unintended pregnancies, including 12.7 million unplanned births,
- averted;
- 10.6 million unsafe abortions averted; and
- 54,000 maternal deaths prevented.³

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

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, Ukraine, and most recently

following the February 2023 earthquakes in Türkiye and Syria, to respond to the sudden health and protection needs of people in 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, girls and LGBTQI+ 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 2024 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 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 global epidemics, 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 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 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 early last 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 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 both the global and domestic reproductive health, rights, and justice 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 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 U.S. and the countries that receive foreign aid. Any increase in the FY 2024 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. Aidsfonds
3. American College of Obstetricians and Gynecologists
4. American Humanist Association
5. American Jewish World Service
6. American Medical Student Association
7. American Medical Women's Association
8. American Public Health Association
9. American Society for Reproductive Medicine
10. Amnesty International USA
11. Better World Campaign
12. Catholics for Choice
13. Center for Biological Diversity
14. Center for Reproductive Rights
15. Clearinghouse on Women's Issues
16. Council for Global Equality
17. Desiree Alliance
18. EngenderHealth
19. Every Mother Counts
20. Feminist Majority Foundation
21. Fòs Feminista
22. FP2030
23. Freedom Network USA
24. Friends of the Earth US
25. Global Justice Center
26. GreeneWorks
27. Guttmacher Institute
28. Heartland Alliance International
29. Human Rights Campaign
30. If/When/How: Lawyering for Reproductive Justice
31. International Action Network for Gender Equity & Law (IANGEL)
32. International Center for Research on Women
33. International Convocation of Unitarian Universalist Women
34. International Planned Parenthood Federation (IPPF)
35. Ipas

36. JSI
37. KIOO Project
38. Last Mile4D
39. Louisiana Coalition for Reproductive Freedom
40. Management Sciences for Health
41. Medical Students for Choice
42. Metropolitan Community Churches, Global Justice Institute
43. MSI Reproductive Choices
44. NARAL Pro-Choice America
45. National Abortion Federation
46. National Birth Equity Collaborative
47. National Center for Lesbian Rights
48. National Council of Jewish Women
49. National Health Law Program
50. National Organization for Women
51. National Partnership for Women & Families
52. North American Society for Pediatric and Adolescent Gynecology (NASPAG)
53. Outright International
54. PAI
55. Pathfinder International
56. Planned Parenthood Federation of America
57. Population Connection Action Fund
58. Population Institute
59. Religious Coalition for Reproductive Choice
60. Reproaction
61. She's the First
62. SIECUS: Sex Ed for Social Change
63. SisterSong: National Women of Color Reproductive Justice Collective
64. Society for Maternal-Fetal Medicine
65. Tewa Women United
66. The Womxn Project
67. Union for Reform Judaism
68. United Nations Association of the USA
69. USA for UNFPA
70. We Testify
71. White Ribbon Alliance
72. Women Deliver
73. Women's Environment and Development Organization (WEDO)
74. Women's Refugee Commission
75. Woodhull Freedom Foundation