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Family Planning [1]

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Annex

U.S. International Population Assistance

Annual Funding Levels

(millions of dollars)

Fiscal year	1995	1996	1997	1998	1999	2000	*2001 (request)*
USAID	541.6	432.0	385.0	385.0	385.0	372.5	*541.6*
UNFPA	35.0	22.8	25.0	20.0	0	21.5	*25.0*
Total	**576.6**	**454.8**	**410.0**	**405.0**	**385.0**	**394.0**	***566.6***

Includes (1) U.S. funding through USAID for family planning, certain related reproductive health and other development activities, and assistance for research, surveys, and population censuses and (2) U.S. annual voluntary contributions to UNFPA through the State Department International Organization budget. Does not include other USAID support for maternal health, HIV/AIDS prevention, or other child survival and health programs, or other related U.S. contributions to such organizations as UNICEF, UNAIDS, WHO, or the World Bank, which support family planning and reproductive health-related activities..

Reduced by $12.5 million from Congressionally appropriated level of $385 million because of Presidential exercise of a provision allowing him to waive new abortion-related restrictions. Under the waiver, no more than $15 million may be provided worldwide to foreign nongovernmental organizations or multilateral organizations which elect not to certify that they will not engage in performing abortions or advocating to alter abortion laws or policies.

No U.S. funds can be used in China. Furthermore, legislative requirements for FY 1998 and FY 2000 required a dollar-for-dollar withholding from the appropriated funding level of an amount equivalent to UNFPA's spending for its program in China.

Equivalent of ___ cents per American per day.

Clearances:

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AA/LPA,JCrapa _____ date _____
LPA/CL,DRayburn _____ date _____
PPC/PHD,JHolfeld _____ date _____
DAA/G/PHN,DGillespie _____ date 3/24/00
G/PHN/POP,MNeuse _____ date 3/24/00
State/PRM/POP,MPollack _____ date 3/24/00
State/H,SJacobs _____ date _____
White House, ALewis _____ date _____

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DRAFT, 3/24/00

Saving Women's Lives, ProtectingWomen's Health:

U.S. Global Leadership in Family Planning

(incorporate a scanned photo collage of mothers and children here?)

Prepared for the White House World Health Day Ceremony
Washington, D.C.

April 7, 2000

United States Agency for

United States

International Development **Department of State**

Saving Women's Lives, Protecting Women's Health:

U.S. Global Leadership in Family Planning

Table of Contents

For further information: This report builds on and updates an earlier report published by USAID, From Commitment to Action: Meeting the Challenge of ICPD (Washington, D. C., January 1999).

Both the current and earlier report, along with additional information about USAID programs and projects, can be found on the USAID Website: *www.info.usaid.gov/pop_health/* .

Additional information on programs of the United Nations Population Fund (UNFPA) can be found in UNFPA Annual Reports and on the Fund's

Website: *www.unfpa.org*.

I. Reproductive Choice and Women's Health: The U.S. Response to a Global Challenge

The evolution of U.S. assistance. U.S. support for voluntary family planning and related health programs overseas began in the 1960s, backed by a strong bipartisan consensus in Congress. These programs were undertaken in the context of a larger U. S. commitment to assisting developing countries. U.S. leaders recognized that economic development elsewhere in the world was in the U.S. national interest and that sharing American resources and expertise had an essential role. Throughout the 1960s, broad-based support grew for efforts to expand access to family planning and related basic health services, both domestically in the United States and abroad. From the beginning, such services drew support for a variety of reasons -- their wider benefits for population stabilization and economic and social development, but also their direct contributions to health and individual quality of life, the status of women, and the welfare of families.

Congress has appropriated funds for family planning assistance through the U.S. Agency for International Development (USAID) each year since 1967. Other donor nations have also provided similar assistance, including the United Kingdom, Japan, Germany, and the Netherlands. In 1969, they lent their support to a U.S. initiative to create a special international voluntary program, the United Nations Population Fund (UNFPA), to respond to growing requests from developing countries. Since fiscal year 1995, funding through the two organizations has averaged $437 million per year, or less than ___ percent of the U.S. federal budget.

USAID continues to this day to provide funding and worldwide technical leadership in family planning and related reproductive health programs. USAID also cooperates closely with UNFPA, which has helped to promote global commitment to

these programs. The Fund has increasingly broadened its donor base, and the U.S. share of UNFPA's regular funding has declined from 50 percent of total income in the early 1970's to less than 8 percent annually since 1996. (See Annex for recent trends in funding for USAID and UNFPA.)

The impact of U.S. assistance. Since the 1960s, profound changes have occurred in reproductive behavior throughout much of the world. In developing countries excluding China, about 270 million couples currently use modern family planning methods -- representing all religions and cultures. Even in predominantly Muslim countries such as Egypt, Indonesia, and Iran, and in predominantly Catholic countries such as Mexico and Colombia, over 50 percent of married women now use family planning. Use has also increased dramatically in parts of Africa. For the developing world as a whole, the proportion of couples using modern contraceptive methods is about 37 percent, with total family planning use at 44 percent if traditional methods are also included. Whereas women in the 1960s averaged more than 6 children, they now average less than four. These changes in reproductive behavior have been spurred in part by improvements in women's educational and economic opportunities, but a key factor has also been voluntary use of family planning methods, made available for more than three decades through a cooperative global effort with strong U.S. support.

Saving women's lives through family planning. Despite the gains that have been made, U.S. leadership and assistance are still required. Quite simply, *women's lives are at stake.* Voluntary family planning is recognized as essential to responding effectively to two serious threats for women: maternal deaths and HIV/AIDS. Nearly 600,000 women die each year from preventable, pregnancy-related causes. Nearly half of those newly infected with HIV each year -- about 2.6 million -- are women.

Use of family planning methods can save women's lives by helping them to postpone early, high-risk pregnancies; avoid unintended pregnancies and therefore unsafe abortions; stop childbearing when they have reached their desired family size; and, where barrier methods are used, protect themselves from HIV/AIDS and other sexually transmitted diseases. In sum, access to family planning and related health information empowers women to make choices and manage reproductive risks. It is estimated that one in four maternal deaths could be prevented by use of family planning. *According to a consensus statement issued in 1999 by the World Health Organization, UNFPA, UNICEF, and the World Bank: "Enabling women and families to choose whether, when, and how often to have children is central to safe motherhood."*

The health benefits of family planning extend to children as well. Studies in developing countries consistently show that spacing births at least two years apart dramatically reduces infant and child deaths.

Saving a Woman's Life, Protecting A Family's Future

Berta Lopez lives in a village in the mountains of Ayacucho, Peru. She was pregnant last year with her ninth child. After she went into labor, complications developed. Her mother managed to walk a long distance to the health post of Vecinos, a local NGO providing maternal and child health services, including contraceptives, with USAID support. The obstetrical nurse, with no vehicle available, was able to borrow some mules and travel three hours to Berta's house, assist with the delivery, and provide medications that saved the lives of Berta and her baby. Berta and her husband are now using an injectable method of contraception, and the baby is nearly a year old.

With family planning assistance from USAID through Pathfinder International, Vecinos operates health posts in poor communities in Peru and trains providers, including the nurse in this story, to respond to the reproductive and child health needs of many families like Berta's. While more women are using modern contraception, a recent national survey showed that 35 percent of all births in Peru during the last five years were the result of unwanted pregnancies.

Providing couples with the means to make reproductive choices. Beyond saving lives, family planning helps couples achieve their reproductive goals, a basic right that Americans have long taken for granted. In addition to the continuing need to maintain and improve information and services for current contraceptive users, efforts are needed to expand effective access to many women who say they wish to space or limit their births but who are not now using family planning -- estimated at over 150 million. In every national survey in 55 countries since 1980, women report that their wanted family size is less than their actual family size.

The 1994 Cairo Consensus

In 1994, at the International Conference on Population and Development (ICPD) in Cairo, nearly 180 countries reached an unprecedented consensus on a comprehensive 20-year Program of Action. Among its key recommendations, the Program of Action called for universal access to family planning and other reproductive health services by 2015 and specific measures to advance the economic, educational, legal, and health status of women.

The Program of Action affirmed:

"...the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive

health." (Paragraph 7.3)

Integrating family planning and other reproductive health services. Since the 1994 ICPD, assistance by USAID and UNFPA has increasingly included support for integrated approaches that include not only family planning but other reproductive health services for women -- such as preventive care before and after childbirth, care for women experiencing complications of unsafe abortions, and diagnosis and treatment of sexually transmitted diseases. (Neither USAID nor UNFPA funds are used for abortion services.) In addition, USAID has also significantly increased funding for maternal health and HIV/AIDS prevention under separately appropriated health and child survival programs. Similarly, UNFPA supports integrated reproductive health activities, but also works closely with other UN system partners that are also involved in reproductive health, including UNAIDS, UNICEF, and the World Health Organization (WHO) -- all of which also receive U.S. contributions.

Enhancing quality of life and development. U.S. assistance for family planning has wider benefits. It reflects fundamental American values and principles in support of reproductive choice, promotion of health, and advancement of women. U.S. assistance also contributes to long-term national interests. The ability to practice family planning is basic to the empowerment of women -- having profound effects not only on their health but on their opportunities for schooling, employment, and participation in local and national affairs. Increased use of family planning will continue to slow population growth in many developing countries and enhance their prospects for becoming strong trading partners and strategic allies of the United States. Stabilizing population helps reduce demands on endangered air, land, and water resources and preserve the natural environment. All of these positive trends can contribute to global economic growth and political stability, and therefore to long-term U.S. security and prosperity.

Why Americans Should Care:
A Perspective from Secretary of State Madeleine K. Albright

Rapidly increasing populations can make it harder for societies to meet challenges and move forward....and undermine our strategic effort to bring nations closer together around common principles of democracy, peace and the rule of law--to build a world that is increasingly stable, prosperous, and free. That is why the Clinton Administration favors a comprehensive approach to help countries grow in ways that balance economic progress, social development, and environmental concerns. This approach also recognizes that women and women's health are at the core of successful development.

II. Working in Partnerships to Make a Difference

USAID and UNFPA programs are complementary and seek to provide comprehensive support to national efforts aimed at increasing access to family planning and reproductive health services as well as improving quality of care. Assistance includes training of physicians, nurses, and other providers; technical assistance in policy, management, communications, and logistics; and contraceptives and other reproductive health commodities. Funding is also provided for biomedical research, population and health research and data collection, and population censuses.

Both USAID and UNFPA work closely in the above areas with host country governmental and nongovernmental organizations (NGOs). USAID assistance also draws on the special expertise and experience of a diverse group of U.S.-based organizations, including universities, NGOs, private businesses, and other government agencies. UNFPA utilizes the technical capacity of other UN agencies as well as many other organizations worldwide.

Responding to requests from countries in every region, USAID is working in more than 60 countries, with most of its assistance concentrated in about 25 countries that account for three-fourths of the developing world population (excluding China). UNFPA responds to requests from almost all UN member developing countries and countries in transition. A key goal for both USAID and UNFPA is to move countries toward self-reliance. Among the countries that have "graduated" from USAID family planning assistance are the Republic of Korea, Colombia, Tunisia, Thailand, and Mexico.

Morocco: Long-term Investments Pay Off for Women

The government of **Morocco** has been a leading recipient of family planning assistance for three decades. Family planning, along with maternal and child health, has become an integral element of the Ministry of Health's programs reaching the poorest groups in Morocco's population of 28 million. Through USAID support, and with additional assistance from UNFPA, thousands of providers have been trained and innovative service delivery and management systems developed to ensure that women receive needed services. Reflecting Morocco's progress toward self-reliance, USAID support for contraceptives will end this year, and all of its assistance will be phased out over the next five years. Since 1983, Morocco's family planning effort has made a big difference for women's lives: modern contraceptive use has more than doubled to 49 percent of married women of reproductive age, average family size has declined by almost half to 3.1 children, and maternal deaths have dropped by more than 50 percent.

Expanding access to services through public-private partnerships. For

many years, USAID has supported innovative community-based approaches to providing family planning and reproductive health services, often through networks of local nongovernmental organizations. CARE and Save the Children are among the U.S.-based organizations with which USAID is working, each bringing a wealth of experience in child survival, health, and community development, along with extensive networks of local partners (see box). One influential model is in Bolivia, where a network of NGOs has been providing integrated reproductive and child health services to poor rural communities since 1988 ("PROCOSI"). Since then, prenatal care, safe deliveries, and use of modern contraceptives have vastly increased in project areas.

While UNFPA programs have tended to emphasize support to government services, traditionally the backbone of national family planning efforts, UNFPA is seeking ways to work more effectively with NGOs as well. Expenditures directed through NGOs have increased by 77 percent from $92 million (1991-94) to $163 million (1995-98). In the Philippines, for example, UNFPA has funded 30 NGOs working with underserved groups in 18 provinces.

A valued partner for both UNFPA and USAID since their programs began has been the International Planned Parenthood Federation (IPPF). IPPF is a network of national family planning associations in over 150 countries which serve ten million couples annually with family planning and other reproductive health services, often serving as their only source of care..

Reaching the Grassroots: Family Planning Through CARE

Prior to 1990, CARE was an organization well known for its work in rural relief and development programs around the world, but it had few activities in family planning and other areas of reproductive health such as safe motherhood and prevention of HIV/AIDS. Through an eight-year project funded by USAID from 1991-1998, CARE provided family planning and reproductive health information and services to more than 5 million couples in 32 countries. The impact of USAID's investment was multiplied further, as CARE raised an additional $1 from other donors for every $2 from USAID. In addition, CARE trained 36,000 providers through the project and integrated family planning/reproductive health into the activities of dozens of local community grassroots organizations, ensuring their capacity to provide ongoing services. Currently, CARE is helping to transfer lessons learned to other international development NGOs in the "NGO Networks for Health" project supported by USAID and implemented by Save the Children, CARE, Childreach/Plan International, the Adventist Development and Relief Agency (ADRA), and Program for Appropriate Technology in Health (PATH).

USAID has also been a world leader in engaging the private sector in providing family planning through pharmacies, private physicians, and other commercial outlets. In

Brazil, for example, USAID's commercial marketing project negotiated a partnership last year with a pharmaceutical company to introduce an injectable contraceptive, offering the project's support for an educational advertising campaign in exchange for a lower price to make the method more accessible to Brazilian women.

Focus on quality of care. Improving quality of care in family planning and reproductive health services is a high priority for both USAID and UNFPA. Funds support training programs for providers, service delivery research, and biomedical research on new contraceptives, including both male and female methods that prevent HIV/AIDS as well as unintended pregnancies. Innovative communications techniques, sometimes borrowing on commercial advertising approaches, engage men as well as women in actions to protect and enhance reproductive health.

Expanding Access and Quality of Care to Meet Unmet Need in Kenya

Twenty years ago in **Kenya**, women typically had 8 children. Now, women average 4.5 children, and 64 percent are either currently using or have used family planning. USAID and UNFPA have supported both clinic-based and community-based services, and have helped ensure that Kenyan women have a wide choice of contraceptive methods. Still, ## percent say they would like to space or limit their births but are not using contraception. And over a million more women will enter reproductive ages in the next five years.

Expanding the choice of methods available is basic to good quality of care -- a goal which is particularly difficult to achieve in the face of rapidly increasing demand for services. Both agencies are cooperating in a new reproductive health commodity initiative to help countries plan for their needs for contraceptives and other reproductive health-related equipment and medications. In Tanzania, for example, a concerted effort of USAID, UNFPA, and other donors helped the government reduce the percentage of health facilities that ran out of contraceptives from 27 percent in 1996 to 11 percent in 1999.

Reducing Maternal Deaths through Family Planning in Nepal

Nepal is one of the poorest countries in Asia, with a per capita income averaging less than $300 per year, and with one of the highest maternal mortality rates in the region. Each woman faces a 1 in 200 chance of dying in childbirth (compared to 1 in 3,700 in North America). Helping women avoid unwanted pregnancies through family planning is an important way to reduce maternal deaths in Nepal. USAID has had a long-term partnership with UNFPA and other donors to support increased access to contraception. While sterilization has been the predominant method in Nepal, efforts to widen the range

of contraceptives through provision of more temporary methods such as pills, injectables, and condoms are having a significant impact. Use of temporary methods has increased dramatically by couples choosing to space children, from only 2 percent in 1986 to 9.6 percent in 1996.

In addition, under its maternal health program, USAID is working with UNFPA and other donors on other approaches to prevent maternal deaths, including training healthworkers in obstetric emergencies and support for a community mobilization effort working to promote safe motherhood in 75 districts in Nepal. USAID has also supported development and distribution of an inexpensive clean home delivery kit to help ensure that women in remote mountainous areas of Nepal receive at least basic sanitation for normal deliveries.

Saving women's lives by replacing abortion with contraception. Since 1994, USAID has funded pilot research-demonstration programs to improve treatment for complications of unsafe abortion in more than 30 countries, including Egypt, Nepal, Kenya, and Peru. These programs are showing success not only in saving the lives of women, but also in providing women with the family planning information and services they need to avoid repeat abortions.

A relatively recent development in the past decade for both USAID and UNFPA is provision of family planning assistance to countries of Eastern Europe, Russia, and Central Asia, where women had little access to family planning for many years and relied heavily on abortion. With modest inputs of training and technical assistance, the results have been dramatic (see box below).

The Impact of Family Planning in Reducing Abortion and Maternal Mortality: New Evidence from Romania and Turkey

USAID-funded national reproductive health surveys in **Romania**, conducted by the U.S. Centers for Disease Prevention and Control (CDC) in 1993 and 1999, found that use of modern contraceptive methods (primarily pills, IUDs, and condoms), has more than doubled, from 14 to 29 percent of married women. During the same period, the abortion rate decreased by 35 percent, and abortion-related maternal mortality dropped by over 80 percent. USAID, UNFPA, IPPF, and the World Bank have been providing assistance in Romania, including training for hundreds of physicians and nurses, technical assistance in management, support for services by the Ministry of Health and local NGOs, and donations of contraceptives.

In **Turkey**, where abortion is legal and relatively common, steady progress has been made in reducing reliance on abortion. A University of North Carolina study found that between 1988 and 1998, contraceptive use increased by more than 20 percent. During the same period, abortions dropped by one-third, from 24 to 15 per 100 pregnancies.

These experiences closely parallel previously reported data on trends in contraceptive use and abortion rates for recent periods from Russia and several Central Asian Republics where USAID and UNFPA have provided assistance. Abortion rates, however, are still elevated in comparison to other European countries.

Intersectoral linkages. Developing countries face daunting challenges in attempting to simultaneously build democracies, create the conditions for economic growth, provide family planning and primary health care, and address other basic human needs. The best approach is often to link these efforts together. In Bangladesh, for example, the Bangladesh Rural Advancement Committee (BRAC), supported by USAID, operates in thousands of communities, providing literacy training, credit, and small enterprise development, along with primary health care and family planning. In Nigeria, during the difficult period of political transition since 1994, USAID found that NGOs that had been working in family planning and health were a good foundation for efforts to strengthen civil society and promote democracy. With help from USAID's Democracy and Governance program, the NGOs formed more than 60 "100 Women Groups," which successfully mobilized tens of thousands of women to vote.

UNFPA supports a project in Bolivia to provide literacy training to 75,000 rural indigenous women in areas where maternal and infant death rates are among the highest nationally. The training also helps the women with their self-confidence and promotes awareness of family planning and reproductive health, while respecting traditional beliefs and customs.

III. Priorities for the Future

Significant progress has been made since the 1960s in expanding access to modern methods of contraception, as well as to other reproductive health information and services. Still, the number of married women of reproductive age in developing countries is expected to increase by about ## million each year between now and 2015. **The overriding priority must therefore be to expand access to services through both the public and private sectors.** Special efforts must be made to reach underserved groups. Not only should improved services be available, but stronger communications efforts are needed to encourage use of services and responsible reproductive health behavior.

In addition, several additional tasks require priority attention:

- **Reaching youth**. Over one billion young people between the ages of 15 and 24 are entering their reproductive years, the largest generation in history, and an additional two billion are coming along behind them. Many young people lack even basic

information about reproduction and sexual health and are not reached by existing services that are often geared to women who already have children. Innovative approaches that can be effective in addressing the diverse needs of young people are greatly needed, along with sharing of models and lessons learned across countries.

- **Improving the quality of care in family planning services, including access to other reproductive health services.** Each family planning client, whether a continuing or new user, ideally needs to be able to choose a method that suits his or her circumstances and receive full information about how to use it, including possible side effects. Clients need screening and care from technically competent providers, for both family planning and other reproductive health needs. USAID and UNFPA, working with other donors and host countries, have a vital role to play in promoting commitment to a "culture" of quality and informed choice at all levels of country programs. Expanded assistance is particularly needed in such areas as provider training, management and supervision of services, and client education.

- **Helping countries become more self-reliant.** Technical skills and management capacity are essential if countries are to continue to progress with reduced donor support. Also needed are measures to encourage commitment and support for family planning and reproductive health goals by host country leaders from different sectors. Greater involvement of NGOs and the commercial private sector must be fostered, as governments cannot do everything themselves. USAID and UNFPA will be engaged in these efforts at all levels. A special focus of attention is the need to plan and mobilize resources for a continuing supply of the range of contraceptives and other commodities needed for women and men to use family planning and other reproductive health services effectively over time.

With a relatively modest investment, U.S. support for overseas programs in family planning and reproductive health over the past several decades has already achieved excellent results. Through U.S. assistance, strong partnerships have been built around the world. Hundreds of thousands, perhaps millions, of women's lives have been saved, and the health and well-being of their children and families has been greatly enhanced.

As we look to the future, the goals that have been set by the international community for universal access to family planning and reproductive health services by 2015 appear ambitious. But if U.S. assistance continues with strong support from the American people, it can play a pivotal role in helping other countries achieve these goals that are so critical to their future development and quality of life.

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U.S. State Department

Fax

To:	Ann Lewis, Counselor to the President	**From:**	Margaret Pollack, Director
Fax:	456-2215	**Pages:**	17+cover
Phone:	456-2644	**Date:**	December 17, 1999
Re:	Revised Draft International Population Strategy	**CC:**	

☐ **Urgent**

• **Comments:**

Ann: Attached for your comment is a revised draft international population strategy, incorporating comments from our meeting last Tuesday in U/S Loy's office. Also attached is a revised public events timeline and draft memo from U/S Loy to the Secretary (to which the strategy will be attached.) We are working further with State and USAID public affairs folks on a core talking points paper, per the discussion on Tuesday, and will share that with you as well for comment.

Many thanks, as always.

Margaret

DRAFT (12/17/99)

USG INTERNATIONAL POPULATION ASSISTANCE STRATEGY

November, 1999 - September, 2000

I. INTRODUCTION

The FY 2000 Consolidated Appropriations Act includes a provision that imposes international family planning restrictions on foreign non-governmental (NGOs) or multilateral organizations (Annex 1.) In signing the Act, the President stated that he has instructed USAID "to implement the new restrictions in such a way as to minimize to the extent possible the impact on international family planning efforts and to respect the rights of citizens to speak freely on issues of importance in their countries, such as the rights of women to make their own reproductive decisions." The President also stated that he "will oppose inclusion of this restriction in any future appropriations bill" (Annex 2.) On November 30, the President waived the restrictions (Annex 3.) By waiving the restrictions, total funding for international family planning program is reduced from $385 million to $372.5 million, with the $12.5 million transferred to the "Child Survival and Disease Programs Fund."

On November 24, prior to the President signing the legislation, Secretary of State Albright announced that the President's budget submission for FY 2001 would include a request for $541.6 million for international family planning assistance, a return to FY 1995 levels. Secretary Albright also gave notice that she will fight hard for the increased funding request and removal of the restrictions in the FY 2001 appropriations bill (Annex 4).

Obtaining public and Congressional support for an increase in funding and the removal of the restrictions, as well as continued support for UNFPA funding, will require significant efforts on the part of the State Department, USAID and the White House. The Administration will also continue to rely on the critical support of non-governmental organizations (NGOs), particularly those dedicated to population, women's and environmental issues, and key members of Congress.

The proposed International Population Assistance Strategy focuses on the remainder of FY 2000. It contains

four key sub-strategies: implementation of FY 2000 legislative requirements; public outreach, Congressional, and budget. The goal of the Strategy is to increase public awareness of international family planning and women's health in order to build stronger bi-partisan Congressional support. It provides an outline (with a timeline) of the various individuals, organizations, events, and issues essential to achieving the Administration's three key objectives for international population assistance in FY 2001: increased bilateral funding back to FY 1995 levels, elimination of legislative restrictions, and continued support for UNFPA funding.

Key to our efforts will be the solid teamwork, under the leadership of Secretary Albright, by State, USAID, and the White House staff representing our international population policy and program offices, Congressional affairs offices, legal counsel's offices, and public affairs and public diplomacy offices.

II. IMPLEMENTING THE FY 2000 LEGISLATION

USAID, in close consultation with State, is drafting certification guidance to assist foreign NGOs and multilateral organizations which anticipate USAID funds from its FY 2000 population assistance account, either directly from USAID through a contract, grant or cooperative agreement, or as a subgrantee or subcontractor (Annex 5). Consultations with staff members of the House Appropriations Committee and the HAC Subcommittee on For'n Ops took place December 16 to discuss our implementation timeline and answer questions. Two key related issues arose from these consultations: Congressional access to the names of foreign NGOs or multilateral organizations which are unable or unwilling to certify and the names of those same organizations which also receive child survival funds.

USAID has developed a timeline for implementing the legislation (Annex 6). Swift implementation is essential for several reasons: pipeline FY99 funds are running out; NGOs need time to consider their responses; we need to address quickly questions by and/or concerns of implementing partners; and the likely need to get OMB approval under the Paperwork Reduction Act.

III. PUBLIC OUTREACH STRATEGY

Our public outreach strategy needs to focus on three areas: message, our domestic audience, and our overseas audience (including beneficiary countries and our donor

partners.) Woven through these areas is identifying key events and opportunities at which our message can be conveyed.

1. Message: Key Themes

Protecting Women's Health and Saving Women's Lives

This will be the essential message with all audiences, particularly the general public.

- Family planning saves lives, prevents abortions, and provides individuals and couples with the basic right of women to make their own reproductive decisions free of government interference.
- Many couples in the developing world lack the means to exercise a basic right that most Americans take for granted: the right to choose the number and spacing of their children.
- In the developing world, limited access to family planning results in high rates of unintended pregnancy, millions of unsafe abortions and thousands of maternal and infant deaths.
- Every year, millions of women and children in the developing world die as a result of births that are too close together, too early or too late in a woman's life.
- In developing countries, maternal mortality is the leading cause of death of women of reproductive age, killing almost 600,000 women a year.
- One in four maternal deaths could be prevented by family planning, which postpones early, high-risk pregnancies; avoids unintended pregnancies and unsafe abortions; offers protection from STDs, including HIV/AIDS; and enables them to stop childbearing when they have reached their reproductive goals.
- Healthy mothers lead to healthy families.
- A healthy population makes for a healthy workforce. Women - more than half the world's population - can't contribute to the economic and social growth of their countries if their reproductive rights that enable them to go through their reproductive years (which,

coincidentally are also their prime productive years) aren't protected.

- U.S. assistance reduces maternal, infant and child mortality rates, increases girls' education and opportunities for women, and provides greater choices for individuals and couples.

- Greater U.S. assistance could prevent up to 25 percent of the 11 million deaths of children under age 5 by spacing births at least two years apart and by helping women to bear children during their healthiest reproductive years.

This Is Not About Abortion

This message is linked with the first message, and will be particularly critical on the Hill.

- No U.S. tax dollars are spent on performing abortion overseas or altering laws and policies related to abortion in a foreign country. This has been U.S. law since 1973.

Promoting Democratic Values

This message is important to our supporters. It should be targeted to those concerned with democracy and human rights.

- U.S. foreign policy is about promoting democratic values. One of those values is free speech.

- The international family planning restrictions undermine U.S. foreign policy goals of democracy and free speech. They contradict our attempts to lead by example.

- The restrictions on international family planning constitute bad policy. Americans - by a large margin - support family planning. The American public also respects the rights of other citizens to speak freely on issues of importance in their countries, such as the rights of women to make their own reproductive decisions.

- The legislation bans all debate, not just one side.

- Harsh limits have been placed on U.S. assistance to groups that use their own money to conduct activities

that, in the United States, are protected by the Constitution.

- International family planning is not only a women's issue and not only a reproductive rights issue. It is a foreign policy issue, with economic, environment, and security implications. explain?

Why the U.S. Needs to Maintain a Leadership Role

This is a less critical message, but will be relevant to appropriate audiences.

- Despite the legislative restrictions, the U.S. remains the largest population assistance contributor of any donor nation.

- The U.S. must maintain its longstanding global leadership role on population issues; despite dramatic increases in the use of family planning, significant challenges remain.

- Developing countries fund two-thirds of their population programs, but look to the U.S. and other donors for support and technical assistance.

- USAID has over 30 years of experience in the population arena and its technical leadership is unmatched.

- We fall short of the funding goals to which we committed ourselves at the 1994 International Conference on Population and Development (ICPD). The $12.5m cut will put us even further behind.

- While other countries, including developing countries themselves, have increased their assistance to help make up for the U.S. shortfall, 150 million couples still have an unmet need for safe and effective family planning services, and the lives of far too many women and children are at risk due to inadequate access to quality, comprehensive health care. Consequently, the livelihood of their families, their communities, and their countries are at risk.

- We accepted previous cuts and restrictions on our international family planning activities over the last four years to avoid accepting the bad policy that we were forced to accept for FY 2000. The rules have changed. That's why were going to work hard to get the

restrictions removed and increase U.S. funding back to FY 1995 levels.

2. Events and Opportunities

(NOTE: All involve White House, State, and USAID.)

- Direct interaction with NGOs and Members of Congress (i.e., small meetings, caucus meetings). Should take place at all levels, but involve senior level representation as much as possible.

- Domestic public events specifically on international population (e.g., speeches, conferences, workshop panels). Should take place at all levels, with key appearances by POTUS, SecState, SecHHS and USAID Administrator. Significant number of events with varied audience is required to reach broad domestic audiences. Therefore, will also require considerable amount of time by leadership within State and USAID. Work with R and USAID/LPA to identify speaking events at universities, town meetings, etc. Work with appropriate U.S. constituency-based NGOs to identify speaking events through affiliates around country.

- Domestic public events that can include remarks on international population (e.g., traditional foreign policy or national security fora, meetings of the business community, humanitarian and development assistance groups). Should take place at all levels, with key roles by POTUS, SecState, SecHHS, USAID Administrator, U/Ss and A/Ss. Incorporate stock statement about international family planning in remarks by various USG officials at town meetings and other public events. SecState should encourage A/Ss to include such remarks. PRM/POP will work with PA and regional bureaus to identify such opportunities.

- Domestic press events (i.e., editorial boards, TV/radio interviews). Should take place at all levels, depending on venue. Focus on regional media, with a few select international op-eds by SecState, SecHHS, U/S, A/S at appropriate times.

- International public events that can include remarks on international family planning (i.e., meetings on human rights, development, humanitarian assistance, women, environment, trade, etc.). Should take place at all levels, with key roles by POTUS, SecState, SecHHS, USAID Administrator, U/S and regional A/Ss. Should focus on

those events that will attract significant mainstream media attention.

- Site visits and outreach events on family planning as part of international travel by senior USG officials. Incorporate visits to USAID and UNFPA-supported projects in trips by SecState, U/Ss, A/Ss, and USAID Administrator. Work with UNFPA, national family planning associations, USAID Cooperating Agencies (CAs), etc. to develop media and outreach events around visits.

A proposed timeline with events is attached (Annex 7.)

Congressional Strategy

Our main challenge with Congress is to balance the sharing of information about the anticipated negative impacts and the need to increase the budget with our efforts to minimize the impact. In our favor is the fact that there is no legislative history on this language.

Other challenges include encouraging Congress not to add additional restrictions to our international family planning program as a quid pro quo for a funding increase, not to cut other development assistance (DA) accounts to make up for a funding increase in our international family planning program, and not to cut or place further restrictions on our furding to the UN Population Fund (UNFPA.)

We should anticipate a series of hearings by Rep. Chris Smith (R-NJ) on how we are implementing the legislation. We should encourage supportive Members from both sides of the aisle to hold their own hearings as well so as to ensure a balanced airing of our efforts and the legislation's impact. Administration officials should participate in such hearings.

Our first step with Congress was consultations with House Appropriations Committee Staff on the implementation process (see above). We should anticipate that at some point Congress directly (or through a GAO request) might seek the list of those organizations that were unable or unwilling to certify. The creation of this so-called "blacklist" is of great concern to our implementing partners. They fear, for example, that non-certifying foreign NGOs will be the subject of direct or indirect intimidation efforts by anti-abortion organizations or governments themselves. They cite, by way of precedent, the often-extreme tactics used against known abortion providers

here in the U.S. and Canada. The issuance of a list will likely also create a future-oriented chilling effect on the actions of NGOs that do certify, as they will be required to declare their plans for the next two years and, thus, will not be able to change their mind.

Our implementing partners realize that it may be inevitable that we will be required to share the names of non-certifying organizations. However, we should explore any legal or legislative recourse to not doing so. The intent of the legislation, as we read it, is not to develop a list of non-certifying organizations. Rather, the intent is to limit to no more than $15 million the amount of U.S. funds going to foreign non-governmental or multilateral organizations which, with their own private funds, perform abortion, violate the laws concerning the circumstances under which abortion is permitted, regulated, or prohibited, or engage in activities or efforts to alter the laws or policies related to abortion.

If we are indeed forced to make the list public, we should make our discomfort over doing so quite public and put the onus on Congress. We should also anticipate that some NGOs or multilateral organizations may take the USG on publicly for forcing them to divulge information that U.S.-based organizations are not required to.

Throughout the legislative calendar, we will want to make ourselves and written briefing materials available to Members and their staff so that they fully understand the legislation, how we are implementing it, and its impacts, as they become known - all in an effort to develop new supporters for removing the restrictions and increasing funding. We will also want to share this information with advocacy groups as appropriate. We should also integrate points about the importance of international family planning in all appropriate Congressional testimony by Administration officials. And we should work closely with those Members who supported Mexico City, but who advocate for human rights, particularly those who have previously opposed Rep. Istook's attempts to curtail free speech among domestic NGOs.

Budget Strategy

Secretary Albright announced on November 24 that the President will request in his FY 2001 budget 541.6 million for international family planning programs, a return to FY 1995 levels. Contingent in this request is an understanding that USAID's overall budget will need to increase (i.e., the

$169.1 million increase will not come from other USAID accounts. **Can we also say it will not come from other 150 accounts?**) Efforts led by OMB, in close coordination with S/RPP and USAID/M/B, will be critical in this regard.

Susan Snyder: What more can we say here?

FILE: Population/FY2001 International Population Strategy/USG Strategy Paper

Cleared: PRM:A/S JVTaft
C:
G:
R:
H:
L:
S/RPP:
USAID:
White House:

DRAFT

Annex 7

TIMELINE

(NOTE: **Boldface** items require involvement at the highest levels, e.g., POTUS and Cabinet level.)

November, 1999

- White House Deputy Chief of Staff and State/C meet with groups (11/18) - *Completed*
- SecState press briefing (11/24) - *Completed*
- POTUS statement upon signing legislation (11/30) - *Completed*

December, 1999

- White House meets with groups to discuss next steps (12/8) - *Completed*
- USAID/State meets with outside groups (12/9 and 12/10)
  - What the law says; what POTUS and SecState have said; broad statement re how legislation will be implemented - *Completed*
- USAID distributes briefing sheet to outside groups - *Completed*
  - What the law says; what POTUS and SecState have said; broad statement re how legislation will be implemented
- USAID/State meets with Hill staffers to discuss progress to date in implementing legislation/timeline - *Completed*
- **White House millennium statement on progress in women's health/family planning of century or re-release of CDC top 10 health achievements of century** (Week of 12/27)

January, 2000

- **SecState op-ed**
- USAID Administrator and senior staff meet with outside groups
- USAID sends certification letters and guidance foreign NGOs and multilateral organizations (State to send simultaneous cable with guidance to appropriate embassies.)
- **Roe v. Wade Anniversary** (1/22)
- **State of the Union Address** (1/27)
- **World Economic Forum**, Davos, Switzerland (1/27-2/1)
- Beijing+5/Women 2000 domestic events

February, 2000

- Release of President's FY01 budget
- National Summit on Africa, Washington (2/17-20)
- Beijing+5/Women 2000 domestic events

March, 2000

- International Women's Day (3/8)
- Commission on the Status of Women and Preparatory Committee for "Women2000" (Beijing+5), NY (2/28-3/17)
- **Release of America's Commitment @ State** (3/22)
- Planned Parenthood of America (PPFA) Annual Meeting, Washington, DC (3/22-26)
- **Testimony by State/USAID on Budget**
- U.N. Human Rights Commission (3/20-4/28)

April, 2000

- **White House Event on (International) Population and Family Planning Issues** (1st week in April)
  - Statement by POTUS, SecState, SecHHS, USAID Administrator
- **Testimony by State/USAID on Budget**
- **World Health Day** (4/7)
- **Presidential visit to India** (April)
- Earth Day (4/22)
- U.N. Human Rights Commission (3/20-4/28)

May, 2000

- World Press Freedom Day (5/3)
- 53rd World Health Assembly, Geneva (5/15-20)
- UN Millennium Forum, NY (5/22-26)
- **Commencement addresses by USG officials**
- INTERACTION Annual Forum
- Release of List of Non-Certifying Organizations to Congress (if requested)

June, 2000

- World Environment Day (6/5)
- **UNGASS on "Women 2000" (Beijing+5)**, NY (6/5-9)
- UNGASS on World Summit for Social Development (Copenhagen+5), Geneva (6/26-30)
- **Commencement addresses by USG officials**
- Global Health Council Annual Conference, Arlington, VA (6/18-23)

July, 2000

- **World Population Day** (7/11)
- **G-8 Summit, Okinawa** (7/21-23)
- 33rd ASEAN Ministerial Conference, Regional Forum, and Post-Ministerial Conference, Bangkok (7/24-29)
- 13th International AIDS Conference, Durban (7/19-24)

September, 2000

- **Release of UNFPA's State of the World Population Report**
- **55th UNGA**

DRAFT (12/17/99)

ACTION MEMORANDUM

TO: The Secretary

FROM: G - Under Secretary Loy

SUBJECT: International Family Planning - 2000 Strategy

I have been working over the past month with Ambassador Sherman, Counselor to the President Ann Lewis, and PRM, H, R, S/RPP and USAID representatives to develop a strategy to remove this year's restrictions on international family planning, increase funding for these programs in FY 2001, and maintain support for UNFPA funding.

The proposed strategy (Attachment A) focuses on the remainder of FY 2000 and addresses the implementation of the restrictions, public outreach efforts by the Administration, Congressional outreach, and budget issues.

Key issues and elements of the strategy are summarized below:

Implementation of the Restrictions

USAID, after close consultation with the Department, will send out in January letters with certification guidance to an estimated 2000-2500 foreign NGOs and multilateral organizations which anticipate USAID FY 2000 population assistance over the next two years. USAID will require that these groups certify as to whether they provide abortion services or engage in activities or efforts to alter abortion laws and policies. At the same time, we will send a cable to relevant embassies to inform them of the new certification requirement. The cable will include guidance to assist them in dealing with groups who want to know why they are required to provide information on what they do with their own funds, and why U.S.-based NGOs do not have the same requirement.

We anticipate that the greatest impacts of the restrictions will be: 1) the impact on women's lives and health affected by the $12.5 million cut; 2) the undermining

of our broader promotion of democracy and free speech;, and 3) the "chilling effect" created by having a "list" or organizations that cannot certify or, once they do certify, can not change their activities for the next two years. Our aim is to acknowledge and minimize these negative impacts.

Public Outreach

Our public outreach strategy will focus largely on the message that family planning protects the health and saves the lives of women and children, as well as prevents abortion. We must also clarify, though, that this issue is **not** about abortion - it is about voluntary family planning. As appropriate, we will also address U.S. efforts to promote democratic values, making the point that these legislative restrictions impair our credibility in promoting a participatory democracy and free speech, and contradict our attempts to lead by example.

While we have identified several specific opportunities for you and other senior Administration officials, we believe it is important that these broad messages be made by any and all appropriate Administration officials, at any and all appropriate levels. We have developed standard talking points that can be used by Department officials, as appropriate.

Congressional Outreach

Throughout the year, the Administration should work to help Members and their staff understand the legislation, as well as its implementation and impacts. We should integrate points about the importance of international family planning in all appropriate testimony by the Administration, including on the FY 2001 budget. By focusing on the real issues at hand - women's health and democratic values - we believe we can gain support for our goals.

Budget Issues

Obtaining support for a significant funding increase for FY 2001 will require not only public and Congressional support, but also significant effort within the Administration to ensure that the increased funding is additive, and not cut from within the international affairs base. Thus far, OMB has insisted that the additional $169 million come from within the Function 150 account (more exactly, within USAID's development assistance (DA) account.) Given the chronic underfunding of the DA account since 1995, this is simply unacceptable.

The key message to press with Congress in regard to the budget is that we lived with the underfunded level of $385 million for the past three years in order to avoid the Mexico City restrictions. By forcing the restrictions on us this year, Congress has changed the rules. Thus, we are now going after the amount we need, instead of the amount we know we can get.

I look forward to your comments on the strategy.

ISSUE FOR DECISION

That you agree with the proposed USG International Population Assistance Strategy (Attachment A.)

Agree _____ Disagree _____

ATTACHMENT

A - USG International Population Assistance Strategy

Population/FY 2001 International Population/Loy memo to S on Strategy

Cleared: PRM:A/S JVTaft
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S/RPP:
USAID:
White House:

women and to provide more comprehensive HIV-related services to a population of women who are increasingly at risk for contracting the disease.

It is only through your continued support that it will be possible to capitalize on the important gains of this past year. Again, thank you for your ongoing leadership on family planning issues. We look forward to working with you in the coming year.

If you have any questions or would like further information, please contact Judith DeSarno at the National Family Planning and Reproductive Health Association at (202) 293-3114 or any of the undersigned organizations.

Sincerely,

Advocates for Youth
Alan Guttmacher Institute
American Academy of Pediatrics
American Association of University Women
American College of Obstetricians and Gynecologists
American Medical Women's Association
American Public Health Association
American Society for Reproductive Medicine
Americans for Democratic Action
Association of Maternal and Child Health Programs
Center for Reproductive Law and Policy
Center for Women Policy Studies
Choice USA
National Abortion and Reproductive Rights Action League
National Abortion Federation
National Association of County and City Health Officials
National Council of Jewish Women
National Family Planning and Reproductive Health Association
National Latina Institute for Reproductive Health
National Partnership for Women and Families
National Women's Health Network
National Women's Law Center
Planned Parenthood Federation of America, Inc.
Population Action International
Religious Coalition for Reproductive Choice
SIECUS
Society for Adolescent Medicine
YWCA of the U.S.A.
Voters for Choice
Zero Population Growth

cc: John Podesta, Chief of Staff
Stephen Ricchetti, Assistant to the President and Deputy Chief of Staff
Ann Lewis, Counselor to the President
Jack Lew, Director, OMB
Sylvia Mathews, Deputy Director, OMB
Dan Mendelson, Associate Director, Health and Personnel, OMB
Lauren Supina, Deputy Assistant to the President and Director of Women's Initiatives and Outreach
Denese Shervington, Deputy Assistant Secretary for Population Affairs

December 1, 1999

The Honorable William J. Clinton
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear President Clinton:

We, the undersigned organizations committed to women's reproductive rights and health, are writing to thank you for your strong support for the Title X family planning program during the FY 2000 budget process. We were very pleased with the $24 million increase in funding for the domestic family planning program contained in the omnibus spending bill—only $1 million short of your budget request and the largest dollar increase for the program in the past two decades. We are looking to the Administration to continue this support for American women in need of subsidized family planning services by recommending a funding level of $300 million for the Title X program in your FY 2001 budget.

As you know, the Title X family planning program has been a vital part of the health care safety net for nearly 30 years. By funding comprehensive, voluntary family planning services at more than 4,500 clinics nationwide, the Title X program ensures that 4.3 million low-income women have access to affordable contraceptives and related preventive health services. Over the years, the Title X program has had a tremendous impact on reducing rates of unintended pregnancy and abortion, as well as improving maternal and child health. Primary care services provided by clinics receiving Title X funds range from contraceptive supplies and services, to breast and cervical cancer screening, to anemia testing and STD/HIV screening.

The funding increase included in the FY 2000 funding bill is a critical down-payment that will help the program meet increasing service costs that hamper its ability to provide high quality contraceptive care to all those in need. New technologies, including longer-lasting and more effective methods of contraception (Depo-Provera and Norplant), as well as improved Pap technologies, have the potential to expand the health care options of women served by Title X clinics, but still remain out of the reach of many Title X providers. Similarly, with rates of chlamydia skyrocketing, many family planning providers would like to routinely offer newly-approved screening tests for chlamydia and other sexually transmitted diseases, but find it financially prohibitive to do so. At the same time, many Title X clinics are struggling financially to serve increasing numbers of uninsured women who often have no other source of affordable contraceptive care.

Recently, your Administration announced its intention to request a significant increase in funding for international family planning. We applaud your leadership in this area. Similarly, we look to the Administration to recommit itself to supporting American women in need of subsidized family planning services by recommending a program increase of $60 million over the FY 2000 funding level for the Title X family planning program. Indeed, maintaining your critical financial support for the program will not only help the program meet these increasing costs, but will help to make further progress in the fights against unintended pregnancy—including teenage pregnancy—while reducing the need for abortion and improving the health of women and children. Increased funding will not only provide Title X clinics with the resources they need to offer a full range of contraceptive services and counseling, but also to serve hard to reach populations of

SAVING WOMEN'S LIVES

APRIL 7, 2000
2-3:00PM, East Room

MESSAGE: IMPORTANCE OF INTERNATIONAL FAMILY PLANNING
Reference to domestic family planning – women's health everywhere – to be included in POTUS' remarks

PROGRAM: POTUS
Albright
Real person/international
2 legislative slots: Carolyn Maloney
TBD
(Republican Senator? Olympia Snowe?)

ALSO at WH: Brief mix and mingle before program for speakers, mcs, other vips
Reception after program for all in State Dining Room
Katie Button will talk to Social Office

PRESS: Get people out early in day, morning TV etc, including real person
Release report on how family planning makes a difference -- AID to prepare

AUDIENCE: 180 seats
Recommendations to Lauren Supina

Planned Parenthood®
Federation of America, Inc.

November 30, 1999

The Honorable William J. Clinton
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear President Clinton,

On behalf of Planned Parenthood Federation of America (PPFA) and the millions of women and men who use our services I am writing to thank you for your strong support of the Title X family planning program during the fiscal year (FY) 2000 budget process. PPFA is very excited by the $24 million increase, the largest dollar increase for domestic family planning in the last two decades. As attention is focused on the FY2001 budget process, we urge you use this positive momentum to press forward with another significant increase for Title X and lead the way in changing some of the flaws in the recent FY2000 omnibus appropriations bill.

As you know, the Title X Family Planning Program has been key in helping millions of Americans obtain reproductive health care for nearly one-third of this century. The program is America's front line in the fight to prevent unintended pregnancy. It provides contraceptive and other reproductive health care services to almost 5 million low-income women through a network of more than 4,500 clinics. Since its inception in 1970, the Title X program has been instrumental in reducing the number of unintended pregnancies and abortions and vital in providing key primary care services such as contraceptive services, breast and cervical cancer screening, prenatal care, and STD screening and treatment. Many of the people served at the 4,500 clinics would be unable to access these important services without a strongly funded Title X program.

As your FY2000 budget request said, the increase for the domestic family planning program will begin to help serve more low-income, underserved, and hard to reach women. It will also allow our clinics to better serve their clients by offering services that might otherwise be cost-prohibitive, such as newly developed, more accurate pap tests for cervical cancer, newly developed forms of longer lasting, more expensive contraceptives, and more and better screening for STD's. There is a long way to go, however, especially when you consider that had the 1980 funding level for domestic family planning kept pace with medical inflation the program would now be funded at over $500 million. Another significant increase to help offset inflation is paramount. For too long Title X clinics have been asked to do more with less. Additional funding is also needed to not only address the changing reproductive health needs of our growing client population, but also the growing number of uninsured.

Often overlooked as a source of family planning funding is the Social Services Block Grant (SSBG), or Title XX. Although Title XX funds spent on family planning are less than 3% of the total, the money makes a major difference to the clinics that receive it. In some states, Planned Parenthood affiliates receive more money from Title XX than from Title X. For example, the Planned Parenthood affiliate in Fort Worth, Texas receives more than 80% of its public support from the Title XX program.

1120 Connecticut Avenue, N.W., Suite 461, Washington, DC 20036 (202) 785-3351 FAX (202) 293-4349

Repeated cuts to the Title XX program, totaling half a billion dollars, have translated into millions of dollars in cuts to family planning clinics and women turned away from clinics. As a result of FY1999 cuts to the program, more than 20,000 low-income women will be turned away this year from family planning clinics in Texas. This is why we ask you to continue to support the Social Services Block Grant at its authorized funding level of $2.38 billion, as proposed in your FY2000 budget.

We also ask that your FY2001 budget strike the harmful language included in the omnibus bill that could adversely affect federal employees' ability to acquire contraceptives. HR 2490, the FY2000 Treasury-Postal Appropriations bill you signed into law on September 9, contained the same language as the year before ensuring that contraceptive drugs and devices would be covered in FEHBP in the same way other prescriptive drugs and devices are covered. This bill also contained compromise language that allowed religious health care plans and any physician who objects to prescribing contraceptives to opt out of the requirement. After the bill was signed into law, anti-family planning Members of Congress slipped language into the conference on Commerce-Justice-State Appropriations bill and ultimately the year-end omnibus appropriations bill providing an expanded opt out provision for any individual who objects to prescribing and/or providing for contraceptives. Expanding the provision in this way could potentially limit women's access to FDA-approved methods of contraceptives. We urge you to strike this expansive language and include the more limited language contained in HR 2490 (Public Law 106-58) in your budget.

We at PPFA applaud your Administration's recent pledge to increase funding for international family planning. As you can see, there is much work to be done on domestic family planning issues as well. We look forward to your continued leadership on domestic family planning issues. Maintaining your support for these programs and issues is critical to successfully funding domestic family planning programs and providing access to contraceptive coverage. We look forward to working with you throughout the next year.

Again, we thank you for ongoing commitment to domestic family planning issues. If you have any questions or require any further information, please contact our Public Policy Division in Washington, DC at 202-785-3351.

Sincerely,

Gloria Feldt
President

cc: John Podesta, Chief of Staff
Stephen Ricchetti, Assistant to the President and Deputy Chief of Staff
Ann Lewis, Counselor to the President
Jacob Lew, Director, Office of Management and Budget
Sylvia Matthews, Deputy Director, Office of Management and Budget
Dan Mendelson, Associate Director, Health and Personnel, OMB
Lauren Supina, Deputy Assistant to the President and Director of Women's Initiatives and Outreach
Denese Shervington, Deputy Assistant Secretary for Population Affairs

DEPARTMENT OF THEOLOGY

MARQUETTE
UNIVERSITY

March 1, 2000

Ms. Peggy Curlin
President
CEDPA

Dear Peggy,

I am writing you regarding the efforts of Representative Christopher Smith (R-NJ) to impose a religious test on our international family planning assistance. Family Planning is a religiously grounded human right. To accede to Rep. Smith is to prefer one ultra-conservative religious persuasion while disparaging all others..

I am a professor of moral theology at Marquette University, a Jesuit institution. I am also the president of The Religious Consultation on Population, Reproductive Health and Ethics, a collegium of some 100 scholars representing the major and indigenous religions of the world. Our most recent project is entitled "**The Right to Family Planning, Contraception and Abortion in Ten World Religions**. This project, to be completed in a few months, shows that there is in the main religions of the world--including Judaism, Catholic and Protestant Christianity, Islam, Buddhism, Hinduism, Jainism, Taoism, Confucianism-- strong support for family planning as a human right. The project will demonstrate that family planning is a basic human right that should be respected in the laws of civilized societies.

There is a mean tendency in the political sphere to treat issues that directly and acutely affect women as "throw-away" concessions to the radical religious right. This is both unjust and intolerant and all the scholars in my organization protest it vigorously as a violation of religious freedom.

Sincerely yours,

Daniel C. Maguire

Daniel C. Maguire.
Professor of Moral Theology
President, The Religious Consultation on Population, Reproductive Health and Ethics

COUGHLIN HALL, 100 P.O. BOX 1881 MILWAUKEE, WISCONSIN 53201-1881 TELEPHONE (414) 288-7170 FAX (414) 288-5548

Planned Parenthood®
Federation of America, Inc.

Urgent

FAX TRANSMISSION

TO: Ann Lewis

FROM: Kathryn Vigueré, PPFA

DATE: 2/29/00

FAX #: ( ) 456-2215

NUMBER OF PAGES (INCLUDING COVER SHEET): ____

COMMENTS:

1120 Connecticut Avenue, N.W., Suite 461, Washington, DC 20036 (202) 785-3351 FAX (202) 293-4349

Memo

February 29, 2000

To: Ann Lewis, Counselor to the President

From: The Global Health Council
Planned Parenthood Federation of America
Population Action International
The Alan Guttmacher Institute
U.S. Committee for UNFPA

Re: White House Forum on Family Planning

We are very pleased to hear that the White House Forum on International Family Planning has been scheduled for Friday, April 7. We appreciate the continued commitment President Clinton has shown to U.S. funding for domestic and international family planning programs and believe this Forum will provide a unique opportunity to highlight this very important issue. We are delighted that both the President and Secretary Albright have been confirmed to speak at this event. This sends a powerful message about the United States' commitment to family planning through both our bilateral and multilateral foreign aid program.

As you consider what other speakers to include, we would like to suggest that Secretary Shalala also be included on the program. For over thirty years the U.S. has had a strong bipartisan commitment to good quality, voluntary family planning services for American women. During the same time, the U.S. has also been able to provide poor women in the developing world with the ability to plan the timing and spacing of their own children. Having the President share the platform with these two powerful women who represent both the domestic and international family planning programs would send a strong message here and around the world that the Clinton Administration is committed to promoting and protecting the health of women everywhere. Moreover, Secretary Shalala could effectively deliver the message that the global gag rule would be an unconstitutional infringement on domestic organizations providing family planning services in this country and should not apply to foreign organizations.

As you know, collectively our organizations are working to build a domestic constituency for international family planning programs. For example, Planned Parenthood Federation of American through its Global Partners program is forging links between domestic family planning providers and their counterparts overseas; Population Action International is working to partner Members of Congress with Parliamentarians from the developing world. We are hopeful that the White House event will provide support to these constituency-building efforts by supporting the message that in the United States there are many things we can do to help promote an international family planning program. Moreover, Secretary Shalala can reinforce that the U.S. commitments made at the International

Conference on Population and Development in Cairo to guaranteeing all women access to quality reproductive health care are being implemented both here and abroad.

You may also be aware that select national organizations are a part of The Packard Foundation's PLANET/Think Big initiative. At a recent planning meeting we agreed to work together on a journalist website with webcasting capacities. It will be completed in late March in time for the White House Forum. All of our organizations will be contributing information and it can be an important resource for our collective efforts. CCMC and the advertising agency DDB will be in touch with you about a webcast on April 7. This is an exciting opportunity to take the meeting globally to our many partners here in the U. S. and around the world.

As a final suggestions, we would like to ask that you also consider including on the program service providers who actually implement these family planning programs on the ground. We suggest one representative from both a developing country family planning program as well one from the U.S. These real world spokespeople can put a human face on family planning programs and illustrate why U.S leadership in this area is so critical. We would be happy to suggest some specific names of individuals that would be appropriate.

We thank you for the opportunity to provide these suggestions.

1/6/2000 SecState Family Planning Op-Ed Draft

In adopting the FY 2000 budget, Congress approved new restrictions on U.S. foreign assistance penalizing organizations that provide family planning and related health services to poor women and families in developing countries. Harsh limits are placed on U.S. assistance to groups that use their own money to advocate for reproductive rights in other countries – the right of free speech that in our country is protected by the United States Constitution.

The Administration was compelled to accept these restrictions because a minority group of legislators managed to link them to support for the United States to begin paying down, at long last, the arrears we owe to the United Nations. Further delay in these payments would have cost us our vote in the UN General Assembly and dealt a body blow to American influence – at a time when we are asking the UN to carry our vital missions around the world, including in Kosovo, East Timor and Africa.

This strategy, of holding badly needed legislation hostage, was the only way to enact restrictions that are not supported by the majority of Congress or the American people. The result is unnecessary, unwise, and illogical. It is unnecessary because U.S. laws already forbid spending U.S. funds on abortion services. It is unwise because it makes it more difficult for us to support women's health. It is illogical because, at the same time that the U.S. tries to promote democracy around the world, we are actually restricting speech by our example.

Today, millions of couples in the developing world are unable to exercise a basic right that most Americans take for granted: to choose the number and spacing of their children. Without the means to make such decisions, women often suffer unwanted pregnancies, which lead all too frequently to unsafe abortions or to health problems that can end in maternal and infant deaths.

Pregnancy-related complications are the leading cause of mortality among women of reproductive age in developing countries. The toll is roughly 600,000 every year – the equivalent of two jumbo jets a day crashing and killing all the people on board. Experts believe that perhaps one in every four maternal deaths could be prevented through access to family planning.

Family planning saves the lives of children as well as mothers. Healthy parents are more likely to produce healthy offspring. Eleven million children in the developing world die each year before reaching the age of five. Many could be saved if births were spaced further apart, and mothers bore a higher proportions of their children during their healthiest reproductive years. Thus, family planning assistance reduces the incidence of abortion, promotes maternal and child health and saves lives.

Family planning is especially important in helping women and girls in developing countries achieve access to education and economic opportunity. This is vital to individuals and to their families and communities. When women are able to be partners in their societies, we know that we are more likely to see healthy families and economic progress. And this, in turn, contributes to building stable democracies around the world.

Yet, despite growing needs as more women reach reproductive ages (one-half of the six billion world population is under the age of 25), our contributions to international family planning have declined by over 30 percent since 1995. These reductions are mostly a consequence of the ongoing disagreement between the Administration and Congress over impositions of these restrictions. Still, many groups continue to rely on support from the United States, which remains the largest single source of grant assistance through the U.S. Agency for International Development. Americans should be proud of a long tradition of U.S. leadership and determined to build upon it.

It is one thing for Congress to set rules for spending U.S. funds; it is quite another for Congress to penalize private groups for using their own money to publicize their views. Private groups should be able – without fearing loss of U.S. funding – to work to influence laws and policies in their own countries in a manner that is completely consistent with America's tradition of support for democracy and free speech.

That is why President Clinton has taken the extraordinary step of announcing – long before the rest of next year's budget request is transmitted to Congress – that he will propose increasing U.S. support for these programs from $372.5 million to $541.6 million.

President Clinton and I have vowed that we will fight hard against any further attempts to link these funds to unrelated issues. The stakes warrant the all out effort we will make, drawing strength from the support of Americans everywhere who want our nation to lead in protecting the health of women and children around the world.

Global Gag Rule Meeting

Angela Blake 03/01/2000 08:17:20 PM

Record Type: Record

To: Martha Foley/WHO/EOP@EOP, Wendy L. Patten/NSC/EOP@EOP, Sonny Garg/OMB/EOP@EOP, Lisa M. Kountoupes/WHO/EOP@EOP

cc: See the distribution list at the bottom of this message
Subject: 9:30am Global Gag Rule

This is a reminder about tomorrow (Thursday) morning's meeting hosted by the Women's Office on the Global Gag Rule at **9:30am** in **Room 472 OEOB**.

We hope you will be able to attend. Below is a list of the confirmed participants.

Please don't hesitate to call with any questions,
Angela x6-7301

ORGANIZATION	NAME
NARAL	Allison Herwitt
National Audubon Society	Annette Souder
Zero Population Growth	Brian Dixon
Sierra Club	Carol Schlitt
Pathfinder International	Daniel E. Pellegrom
Population Institute	Devinka Peiris
Nat'l Council of Jewish Women	Emily Felt
Center for Repro Law & Policy	Julia L Ernst
*National Wildlife Federation	Karin M. Krchnak
*CARE	Kate Bunting
Nat'l Fam. Plan. & Repro Health	Marilyn J. Keefe
Global Health Council	Nils Daulaire, MD
CEDPA	Peggy Curlin
Nat'l Women's Law Center	Sharon G. Levin
Alan Guttmacher Institute	Susan Cohen
Population Action International	Terri L. Bartlett
Planned Parenthood Fed of America	Valerie DeFillipo
American Assn. of Univ. Women	Nancy Zirkin
Nat'l Partnership for Wom. & Fam.	

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