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International Family Planning 6 [1]

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SOME FURTHER DETAILS ON REPUBLICAN MEXICO CITY LANGUAGE:

(1) The $356 cap is a TIGHTER cap (not just a lower cap) than the $385 in the House passed bill. The $356 includes funds in the bill to control fertility or to delay childbirth. The FY 97 level and the House-passed bill cap do not. We are working on an analysis of how much more restrictive it is, BUT IT IS NOT AN "APPLES TO APPLES" COMPARISON TO THE $385 WE HAVE BEEN TALKING ABOUT. Dem Hill staff think it could reduce real spending by another $30 million, meaning that population spending is really cut to $326, compared to $385 in FY 97 and in the House bill.

(2) They have EXPANDED the definition of lobbying. The Statement of Managers would deem it to apply not just to efforts to change the laws of a country, but "such other activities as conferences and workshops" and "drafting and distributing materials" talking about problems in countries' abortion laws. THIS IS VERY BAD.

(3) It includes the House-passed ban on all US aid to UNFPA. This issue had been resolved to our satisfaction in the conference, and the conference is closed on that item. They should not re-open.

(4) In reality, the "half waiver" will probably knock all the same people out of the program that no waiver would knock out.

(5) IMPORTANT CAVEAT ON NON-MEXICO CITY PROVISIONS. The Leadership talking points only say the conference report includes "UN reforms." It does NOT clearly say that the full arrears and reorg are included.

(6) We have only seen Leadership talking points, no bill language, so we don't know whether there are other problems.

AUTHORIZATION FOR POPULATION PLANNING

SEC. ____. (a) AUTHORIZATION.--Not to exceed $385,000,000 of the funds appropriated in title II of this Act may be available for population planning activities or other population assistance.

(b) RESTRICTION ON ASSISTANCE TO FOREIGN ORGANIZATIONS THAT PERFORM OR ACTIVELY PROMOTE ABORTIONS.—

(1) PERFORMANCE OF ABORTIONS.—(A) Notwithstanding section 614 of the Foreign Assistance Act of 1961, or any other provision of law, no funds appropriated by title II of this Act for population planning activities or other population assistance may be made available for any foreign private, nongovernmental, or multilateral organization until the organization certifies that it will not, during the period for which the funds are made available, perform abortions in any foreign country, except where the life of the mother would be endangered if the pregnancy were carried to term or in cases of forcible rape or incest.

(B) Subparagraph (A) may not be construed to apply to the treatment of injuries or illnesses caused by legal or illegal abortions or to assistance provided directly to the government of a country.

(2) LOBBYING ACTIVITIES.—(A) Notwithstanding section 614 of the Foreign Assistance Act of 1961, or any other provision of law, no funds appropriated by title II of this Act for population planning activities or other population assistance may be made available for any foreign private, nongovernmental, or multilateral organization until the organization certifies that it will not, during the period for which the funds are made available, violate the laws of any foreign country concerning the circumstances under which abortion is permitted, regulated, or prohibited, or engage in any activity or effort to alter the laws or governmental policies of any foreign country concerning the circumstances under which abortion is permitted, regulated, or prohibited.

(B) Subparagraph (A) shall not apply to activities in opposition to coercive abortion or involuntary sterilization.

(3) APPLICATION TO FOREIGN ORGANIZATIONS.--The prohibitions of this subsection apply to funds made available to a foreign organization either directly or as a subcontractor or subgrantee, and the certifications required by paragraphs (1) and (2) apply to activities in which the organization engages either directly or through a subcontractor or subgrantee.

(c) WAIVER AUTHORITY.—

(1) AUTHORITY.—The President may waive the restrictions contained in subsection (b) that require certifications from foreign private, nongovernmental, or multilateral organizations;

(2) REDUCTION OF ASSISTANCE.—In the event the President exercises the authority contained in paragraph (1) to waive either or both subsections (b) (1) and (b) (2), then—

(A) assistance authorized by subsection (a) and allocated for population planning activities or other population assistance shall be reduced by a total of $20,000,000, and that amount shall be transferred from funds appropriated by this Act under the heading "Development Assistance" and consolidated and merged with funds appropriated by this Act under the heading "Child Survival and Disease Programs Fund"; and

(B) Notwithstanding any other provision of law, such transferred funds that would have been made available for population planning activities or other population assistance shall be made available for infant and child health programs that have a direct, measurable, and high impact on reducing the incidence of illness and death among children.

(3) LIMITATION.—The authority provided in paragraph (1) may be exercised to allow the provision of not more than $5,000,000.

United States Department of State

Washington, D.C. 20520

September 28, 1997

MEMORANDUM

TO: S/C - Ambassador Sherman

THRU: H - Meg Donovan

FROM: PRM/POP - Margaret Pollack

SUBJECT: State of Play: U.S. International Population and Family Planning Assistance

Per Meg Donovan's request, the following is the current population language state of play. If you have any questions, please don't hesitate to call either Meg (202-244-7345) or me (703-641-0123).

MEXICO CITY LANGUAGE

Background

The House level is $385m; the Senate is $435m; the Administration's request was $400m. Both the House foreign ops and State authorization bills contain Rep. Smith's Mexico City "gag rule" language. Neither Senate bills contain such language.

Options

1. Senate language (i.e., "clean bill")

2. Gilman-Pelosi modified

   e.g., funding may not be made available to "organizations that do not ~~promote~~ encourage abortion as a method of ~~family planning~~ contraception and that utilize these funds to prevent abortion ~~as a method of family planning~~."

   (Gilman-Pelosi language to be deleted is in ~~strike/thru~~; our language to be inserted is in **bold**.)

3. Quarterly metering; no delay

4. Monthly metering; no delay

5. Current law (i.e., no funds until July 1, 1998; February vote, monthly metering)

6. Gilman-Pelosi w/o Mexico City language

(see attached to see how Smith Mexico City language would be/not be included)

7. Gilman-Pelosi w/ Mexico City language

UN POPULATION FUND (UNFPA)

Both the Senate and House bills fund UNFPA at $25m, $5m less than the Administration's FY98 request of $30m.

The House foreign ops and State authorization bills would prohibit all funding to UNFPA if it starts a new program in China. The Senate bills contains no such language. Current law requires a dollar-for-dollar withholding if UNFPA goes back into China. Current law language is far more punative than other legislative restrictions on withholding funds to UN organizations (e.g., UNDP, UNICEF) which operate programs in pariah countries (e.g., Libya, Cuba, Iraq.) These other legislative restrictions only require a proportionate withholding commensurate with our overall percentage of an organizations total funding. For example, in the case of UNFPA, under current law language we would have to withhold $4m annually from UNFPA if/when it goes back into China; under other restrictions we would only have to withhold 8% of the annual $4m to be spent in China, or $400,000.

Options

1. Senate language (i.e., separate accounts; no USG money spent in China)

2. Proportionate withholding (i.e., a withholding commensurate with our contribution as an overall percentage of UNFPA's funding)

3. Current law (i.e., dollar-for-dollar withholding)

4. Double withholding (i.e., two dollars withheld for every dollar spent in China, or $8m)

5. 50 percent withholding (i.e., $12.5m)

Bottom line: In the end, we may have to trade off all UNFPA funding to protect us from bad Mexico City language.

Attachments: 1. Current law language
2. Proposed FY98 House and Senate language

Drafted:MPollack, PRM/POP
SEPOP 1851; x33069; 9/28/97
Cleared:H:MDonovan (subs-by phone 9/27)
PRM:PEOakley (subs-by phone 9/27)
G:TEWirth (subs-by phone 9/28)
USAID/LPA:JBuckley (subs-by phone 9/27)

United States Department of State

Washington, D.C. 20520

March 12, 1998

TO: G - Ambassador Sherman

FROM: L/FO - William D. Kissinger

SUBJECT: Miscellaneous Questions regarding International Population Programs

At our meeting the other day you asked me to track down the answer to two questions. Your first question was whether the World Health Organization (WHO) was one of the "multilateral organizations" referred to in the Smith language. The answer appears to be yes. WHO has a "small" family planning program as does the Pan American Health Organization (PAHO) -- without contacting AID or PRM, I do not know what the magnitude of the programs are. In any event, the language of the Smith Amendment would, if enacted, extend the certification requirement to these programs as well.

The second question you tasked me with was whether (pre-abortion) counseling was required as a condition for receiving USG funding under the International Population program. There does not appear to be a legal requirement for such counseling -- presumably because USG funds are not used to provide abortions except in very limited circumstances, i.e., in cases of rape or incest or where the mother's life is in jeopardy. That said, AID's contracts may require that any procedures carried out at facilities funded in whole or in part with USG funding be preceded by counseling in order to obtain informed consent. I could not determine this without contacting AID.

In any event, making pre-abortion counseling a legal precondition to receiving USG funding would be a new legal requirement. (It might be controversial, however, because it would impose restrictions on activities that are not funded, at least directly, with USG funds.)

It bears noting that the law requires counseling before any sterilization procedure can be performed using USG funds. Current law requires that NGO's providing sterilization services using USG funds ensure that the individual has voluntarily come to

the treatment facility and has given an informed consent to the procedure. 48 C.F.R. section 752.7016. Informed consent is defined to include voluntary assent after being advised of:

> the surgical procedures to be followed, the attendant discomforts and risks, the benefits to be expected, the availability of alternative methods of family planning, the purpose of the operation and its irreversibility, and the fact that the consent can be withdrawn at any time prior to the operation.

Id. A copy of the entire provision is attached.

Drafted:L/FO: WKissinger

3/10/98 Word # 47408

7015 Use of pouch facilities.

r use in all USAID non-commercial racts exceeding the simplified ac- ition threshold and involving per- iance overseas.

USE OF POUCH FACILITIES (JULY 1997)

Use of diplomatic pouch is controlled e Department of State. The Department ate has authorized the use of pouch fa- es for USAID contractors and their em- es as a general policy, as detailed in graphs (a)(1) through (a)(7) of this e; however, the final decision regarding of pouch facilities rests with the Em- or USAID Mission. In consideration of use of pouch facilities as hereinafter d, the Contractor and its employees to indemnify and hold harmless the rtment of State and USAID against loss mage occurring in pouch transmission. Contractors and their employees are au- ized use of the pouch for transmission receipt of up to a maximum of 2 pounds shipment of correspondence and docu- s needed in the administration of for- assistance programs.

U.S. citizen employeed of U.S. contrac- are authorized use of the pouch for per- l mail up to a maximum of one pound hipment (but see paragraph (a)(3) of this e).

Merchandise, parcels, magazines, or papers are not considered to be personal for purposes of this clause, and are not orized to be sent or received by pouch.

Official mail as authorized by paragraph) of this clause should be addressed as ws: Individual or Organization name, wed by the symbol "C", city Name of , U.S. Agency for International Develop- t, Washington, DC 20523–0001.

Personal mail pursuant to paragraph) of this clause should be sent to the ad- s specified in paragraph (a)(4) of this se, but without the name of the organi- on.

Mail sent via the diplomatic pouch may be in violation of U.S. Postal laws and not contain material ineligible for h transmission.

USAID contractor personnel are not au- use of military postal facilities O/FPO). This is an Adjutant General's de- on based on existing laws and regulations rning military postal facilities and is g enforced worldwide. Posts having ac- to APO/FPO facilities and using such for omatic pouch dispatch, may, however, pt official mail from Contractors and er mail from their employees for the ch, provided of course, adequate postage ffixed.

) The Contractor shall be responsible for ising its employees of this authorization and these guidelines and limitations on use of pouch facilities.

(c) Specific additional guidance on use of pouch facilities in accordance with this clause is available from the Post Communication Center at the Embassy or USAID Mission.

[49 FR 13259, Apr. 3, 1984, as amended at 56 FR 2699, Jan. 24, 1991; 57 FR 5237, Feb. 13, 1992; 62 FR 40471, July 29, 1997; 62 FR 45334, Aug. 27, 1997]

752.7016 Family planning and population assistance activities.

The following clause is applicable to all contracts involving any aspect of family planning or population activities.

FAMILY PLANNING AND POPULATION ASSISTANCE ACTIVITIES (AUG. 1986)

(a) *Voluntary Participation.* (1) The Contractor agrees to take any steps necessary to ensure that funds made available under this contract will not be used to coerce any individual to practice methods of family planning inconsistent with such individual's moral, philosophical, or religious beliefs. Further, the Contractor agrees to conduct its activities in a manner which safeguards the rights, health and welfare of all individuals who take part in the program.

(2) Activities which provide family planning services or information to individuals, financed in whole or in part under this contract, shall provide a broad range of family planning methods and services available in the country which the activity is conducted or shall provide information to such individuals regarding where such methods and services may be obtained.

(b) *Prohibition on Abortion-related Activities.* No funds made available under this Contract shall be used to finance, support, or be attributed to the following activities: (i) Procurement or distribution of equipment intended to be used for the purposes of inducing abortions as a method of family planning; (ii) special fees or incentives to women to coerce or motivate them to have abortions; (iii) payments to persons to perform abortions or to solicit persons to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; (v) any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilization as a means of family planning (epidemiologic or descriptive research to assess the incidence, extent or consequences of abortion is not precluded); or (vi) lobbying for abortion.

(c) *Voluntary Participation Requirements for Sterilization Programs.* (1) None of the funds made available under this contract shall be used to pay for the performance of involuntary sterilizations or to coerce or provide any financial incentive to any person to practice sterilizations.

(2) The Contractor shall insure that any surgical sterilization procedures supported in whole or in part by funds from the contract are performed only after the individual has voluntarily come to the treatment facility and has given an informed consent to the sterilization procedure. Informed consent means the voluntary knowing assent from the individual given after being adv of the surgical procedures to be followed, the attendant discomforts and risks, the benefits to be expected, the availability of alternative methods of family planning, the purpose of the operation and its irreversibility, and the fact that the consent can be withdrawn at any time prior to the operation. An individual's consent is considered voluntary if it is based upon the exercise of free choice and is not obtained by any special inducement or any element of force, fraud, deceit, duress or other forms of coercion or misrepresentation.

(3) Further, the Contractor shall document the patient's informed consent by: (i) A written consent document in a language the patient understands and speaks, which explains the basic elements of informed consent, as set out above, and which is signed by the individual and by the attending physician or by the authorized assistant of the attending physician; or (ii) when a patient is unable to read adequately a written certification signed by the attending physician or by the authorized assistant of the attending physician that the basic elements of informed consent above were orally presented to the patient, and that the patient thereafter consented to the performance of the operation. The receipt of the oral explanation shall be acknowledged by the patient's mark on the certification and by the signature or mark of the witness who shall be of the same sex and speak the same language as the patient.

(4) Copies of the informed consent forms and certification documents for each voluntary sterilization (VS) procedure must be retained by the performing Contractor or subcontractor for a period of three years after the performance of the sterilization procedure.

(d) The Contractor shall insert the substance of this clause in any subgrants, subcontracts, purchase orders, and other subordinate agreements hereunder whenever appropriate to the goods and services to be provided under such agreements.

[49 FR 13259, Apr. 3, 1984, as amended at 49 FR 33669, Aug. 24, 1984; 51 FR 34985, Oct. 1, 1986]

CHRONOLOGY OF MEXICO CITY POLICY-RELATED AMENDMENTS
(1995—1999)

Bill Amended	Performance of abortion	Advocacy	UNFPA	Funding	Outcome
State Department Authorization FY 1996-97 (H.R. 1561)					
Smith amendment	Prohibition on U.S. funding for any private NGO or multilateral organization that performs abortion, except in case of life, rape, or incest, or violates abortion laws in other countries; exemption for treatment of post-abortion complications or assistance provided directly to a foreign government **[hereinafter the performance ban]**	Prohibition on U.S. funding for any private NGO or multilateral organization that "engages in any activity or effort to alter the laws or governmental policies of any foreign country concerning the circumstances under which abortion is permitted, regulated, or prohibited"; exemption for activities in opposition to coercive abortion or involuntary sterilization **[hereinafter the advocacy ban]**	Prohibition of a U.S. contribution unless the President certifies that UNFPA has terminated all activities in China or that there have been no coerced abortions in China during the preceding 12 months **[hereinafter UNFPA cut-off]**	No provisions	Adopted 240-181 May 24, 1995
Morella substitute	Prohibition on the use of U.S. foreign aid funds to pay for the performance of abortion, except in case of life, rape, or incest, or to support activities in violation of abortion laws in other countries	Prohibition on the use of U.S. foreign aid funds to lobby for or against abortion	Prohibition of a U.S. contribution unless the President certifies either that UNFPA does not support coercive abortion and no U.S. funds have been used in China or that there have been no coerced abortions in China during the preceding 12 months; U.S. reps. on UNFPA governing board must request that UNFPA censure the Chinese government	No provisions	Rejected 198-227 May 24, 1995

Bill Amended	Performance of abortion	Advocacy	UNFPA	Funding	Outcome
State Department Authorization FY 1996-97 (S. 908)	No provisions	No provisions	No provisions	No provisions	Merged with S. 961; both bills became part of conference report on H.R. 1561
Foreign Aid Authorization FY 1996-97 (S. 961)					
"Chairman's mark" *[Chairman Helms (R-NC), Senate Foreign Relations Committee (SFRC)]*	Prohibits U.S. funding for "any program, project, or activity" that violates or seeks to alter abortion law or policy in foreign countries; exemption for activities in opposition to coercive abortion or involuntary sterilization	Prohibits U.S. funding for "any program, project, or activity" that violates or seeks to alter abortion law or policy in foreign countries; exemption for activities in opposition to coercive abortion or involuntary sterilization	Explicit prohibition of a U.S. contribution to UNFPA	No provisions	Mexico City policy provisions unchallenged; Feingold substitute amendment on UNFPA adopted (11-5) in full SFRC committee markup on June 7, 1995

H.R. 1561 (H. Rpt. 104-478)—a combined State Department and foreign aid authorization bill—was vetoed by the President on April 12, 1996 for five stated reasons, most notably, the failure of the bill to remedy the severe limitations on U.S. population assistance funding and requirements that the foreign affairs bureaucracy be radically reorganized. Since the conference report contained no specific authorization for population assistance, restrictions contained in the January 26 Continuing Resolution (not more than 65 percent of FY 1995 level or $356 million, delayed release of funds until July 1, 1996, and monthly "metering") remained in effect (see below).

Bill Amended	Performance of abortion	Advocacy	UNFPA	Funding	Outcome
Foreign Ops. Appropriation FY 1996 (H.R. 1868)					
Smith amendment	Performance ban	Advocacy ban	UNFPA cut-off	No provisions	Adopted 243-187 June 28, 1995
Meyers substitute	Strike performance ban	Strike advocacy ban	UNFPA cut-off	No provisions	Rejected 201-229 June 28, 1995
Leahy amendment	Requirement that funding restrictions applied to NGOs and multilateral organizations can be no more restrictive that those applied to foreign governments in determining eligibility for U.S. population assistance **[hereinafter the Kassebaum language]**	Kassebaum language; defined term "motivate" in 1973 Helms amendment prohibiting use of U.S. foreign aid for abortion-related activities	U.S. contribution of not more than $35 million; contribution maintained in a segregated account and no U.S. funds used by UNFPA in China; any amount above $7 million spent by UNFPA in China deducted from contribution	No provisions	Comprehensive amendment adopted in subcommittee markup (8-5); unchallenged in full committee and on the floor; included in final bill approved by the Senate on September 21, 1995

On January 26, 1996, Congress agreed to attach the foreign operations appropriation to a Continuing Resolution (H.R. 2880, PL 104-99). In exchange for dropping the Mexico City gag rule that had delayed passage of the bill for months and contributed to two government shutdowns, House Republican leaders insisted on reducing population assistance by 35 percent from the FY 1995 level of $548 million—unless a separate authorization bill became law by July 1 (see above). In the absence of an authorization bill, population programs received $356 million, disbursed in monthly installments of 6.7 percent of the total funding over a 15-month period.

A freestanding conference report for the foreign operations appropriations bill (H. Rept. 104-295) had been adopted by conferees on October 25, 1995, but the Mexico City policy amendment was "reported in disagreement," requiring votes on the House and Senate floors on this single issue remaining in dispute. The House and the Senate voted to reaffirm their respective positions on a total of seven separate occasions. For example, on November 1, 1995, the Senate voted 53 to 44 to strike the House Smith amendment and to reaffirm the Senate Kassebaum language. In the face of an unwavering veto threat from the administration, the ongoing stalemate in Congress led to the high-level negotiations that produced the deal contained in the January 26 CR.

Disturbed by the unfair treatment of population assistance programs in the January 26 CR, Senate Appropriations Committee Chairman Hatfield (R-OR) attempted to remove the funding restrictions in the final April 25 CR. His amendment stated that the funding ceiling, metering, and delay could be lifted if the President determined that the "effects of those restrictions would be that the demand for family planning services would be less likely to be met and that there would be a significant increase in abortions . . ." A McConnell-Dole motion to strike the Hatfield amendment on March 15, 1996 failed 52 to 43. Sen. Hatfield was unable, however, to persuade the House leadership to accept his amendment despite offering them a series of eight compromise provisions on the Mexico City policy—including at least two that were unacceptable to family planning advocates. All eight proposals were rejected by House Speaker Gingrich and Rep. Smith, and Hatfield relented in the end.

Bill Amended	Performance of abortion	Advocacy	UNFPA	Funding	Outcome
Foreign Ops. Appropriation FY 1997 (H.R. 3540) "Chairman's mark" *[Chairman Callahan (R-AL), House Appropriations Subcommittee on Foreign Operations]*	Performance ban, except prohibitions limited to foreign NGOs and multilateral organizations **[hereinafter performance ban #2]**, with NGO certification	Advocacy ban, except prohibitions limited to foreign NGOs and multilateral organizations **[hereinafter advocacy ban #2]**, with NGO certification	Not more than $25 million available to UNFPA, conditioned on the Secretary of State certifying that UNFPA programs in China have ended and has assurances that there no plans to resume funding a China program (language in IO&P section)	Capped at $356 million; for foreign NGOs that do not agree to comply with the performance and advocacy bans, their funding is limited to 50% of amount they received in FY95 & parceled out for first 4 months of FY at 8.34% of total; foreign NGOs not recipients in FY95 must certify no involvement in abortion to receive any funds	Language included in Chairman Callahan's mark at the subcommittee level; unchallenged in full committee and on the floor; passed by House, July 11, 1996; conference stalemates on population issues; foreign ops. bill incorporated in omnibus spending bill; stage set for February 1997 vote on release of blocked population funds
Leahy substitute	Strike performance ban #2 included in "Chairman's mark," substitute Kassebaum language	Strike advocacy ban #2 included in "Chairman's mark," substitute Kassebaum language; prohibition on the use of U.S. foreign aid funds to lobby for or against abortion	U.S. contribution of not more than $35 million; contribution maintained in a segregated account and no U.S. funds used by UNFPA in China; dollar-for-dollar reduction in U.S. contribution equal to amount UNFPA is spending in China	Population account of $410 million; not less than 65% to be channeled to NGOs through USAID Office of Population; earmark of $15 million of NIS funds	Comprehensive amendment adopted in subcommittee markup (8-5); unchallenged in full committee or on the floor; passed by Senate, July 26, 1996
Family Planning Facilitation and Abortion Funding Restriction Act of 1997 (Smith-Oberstar-Hyde-Barcia—H.R. 581)	Performance ban #2, no waiver	Advocacy ban #2, no waiver	No provisions	Releases blocked funds on March 1 versus July 1 and deletes "metering"	Adopted 231-194 February 13, 1997 (bill died since companion Senate bill not acted upon)

Under massive omnibus spending bill for FY 1997 (H.R. 3610, PL 104-208) signed into law on September 30, 1996, no new policy restrictions were imposed, but the funding level for bilateral population assistance was capped at $385 million. Funds would not become available until March 1, 1997—six months into the fiscal year—unless there was a presidential determination that the funding delay was having a negative impact on the functioning of the program and both chambers voted in agreement with the president's finding. If either house voted to reject the determination, FY 1997 funds would not be released until July 1, 1997. Regardless of the outcome of the votes, the funds would be metered out at a rate of 8% of the total over the following 12½ months. The House approved H.J. Res. 36 on February 13, 1997 on a vote of 220 to 209; the Senate followed suit on February 25 by a margin of 53 to 45.

Bill Amended	Performance of abortion	Advocacy	UNFPA	Funding	Outcome
State Department authorization FY 1998-99 (H.R. 1757)					
Smith amendment	Performance ban #2	Advocacy ban #2	UNFPA cut-off	No provisions	Adopted 232-189 June 5, 1997
Campbell-Greenwood-Lowey substitute	Prohibition on the use of U.S. foreign aid funds to pay for the performance of abortion, except in case of life, rape, or incest, or to support activities in violation of abortion laws in other countries	Prohibition on the use of U.S. foreign aid funds to lobby for or against abortion	Limitation on funding of not more than $25 million available to UNFPA; U.S. contribution maintained in a segregated account and no U.S. funds used by UNFPA in China; not more than one-half of the funds available before March 1; report from the Secretary of State required; dollar-for-dollar reduction in U.S. contribution equal to amount UNFPA is spending in China	No provisions	Rejected 200-218 June 5, 1997
"Chairman's mark" (S. 903)	No provisions	No provisions	No provisions	No provisions	Population language deliberately excluded

The Senate version of H.R. 1757 (S. 903) incorporated an agreement between the administration and Senators Helms (R-NC) and Biden (D-DE) on the reorganization of the U.S. foreign affairs bureaucracy and on UN management reform and payment of UN arrears. But the conference committee was stymied by House insistence on including the Smith amendment in the face of opposition by the White House and the Senate (including SFRC Chairman Helms) and broke down as Congress adjourned at the end of 1997. It was at this point that family planning opponents persuaded the House leadership to link UN arrears (nearly $1 billion) and IMF funding ($3.5 billion initially plus $14.5 billion later) to their demands for new population policy restrictions. In a letter to the President dated November 13, 1997, House Speaker Newt Gingrich offered two proposals—neither acceptable—to release the UN-IMF hostages: a substantive "compromise" on new population policy restrictions (see below) or enactment of a separate authorization bill for population assistance.

In March 1998, Republican conferees reconvened and reported out a conference report including the Smith November "compromise." The gambit to ram the bill through the House and Senate in an attempt to embarrass the President almost failed when restive House conservatives balked at payment of UN arrears, despite inclusion of the Mexico City gag rule. The votes in the House and the Senate were largely party-line but turned on the population issue. The House approved the conference report by voice vote on March 26, 1998. The Senate then narrowly approved it on April 28 on a vote of 51 to 49. It languished in legislative limbo until it was finally sent to the President and vetoed on October 21, 1998. (It is important to note that UN advocates felt that many of the UN reform conditions by then would be impossible to meet due to the passage of time and only about $100 million in back dues would have flowed.) The administration and Congress, however, agreed to include a State Department reorganization plan and some payments to the UN in the FY 1999 omnibus spending bill (H.R. 4328) signed by the President on October 21, 1998.

Bill Amended	Performance of abortion	Advocacy	UNFPA	Funding	Outcome
Foreign Ops. Appropriation FY 1998 (H.R. 2159)					
Leahy substitute (S. 955)	Strike performance ban #2 included in "Chairman's mark," substitute Kassebaum language	Strike advocacy ban #2 included in "Chairman's mark;" prohibition on the use of U.S. foreign aid funds to lobby for or against abortion	U.S. contribution of not more than $25 million; contribution maintained in a segregated account and no U.S. funds used by UNFPA in China	Separate population account of $435 million; not less than 65% to be channeled to NGOs through USAID Office of Population	Comprehensive amendment adopted in subcommittee markup by voice vote; unchallenged in full committee or on the floor; passed by Senate, July 17, 1997
Smith amendment	Performance ban #2	Advocacy ban #2	UNFPA cut-off	No provisions	Adopted 234-189 September 4, 1997
Gilman-Pelosi substitute	Performance ban #2, exemption for organizations that "do not promote abortion as a method of family planning and that utilize [U.S.] funds to prevent abortion as a method of family planning"	Advocacy ban #2, exemption for organizations that "do not promote abortion as a method of family planning and that utilize [U.S.] funds to prevent abortion as a method of family planning"	UNFPA cut-off, except any funds withheld from UNFPA shall be reprogrammed for bilateral population assistance	No provisions	Rejected 210-218 September 4, 1997
Smith "compromise"—November 1997	Performance ban #2 with presidential waiver	Advocacy ban #2. Inclusion of report language in Statement of Managers defining prohibited activities—"Such practices include not only overt lobbying for such changes, but also such other activities as conferences and workshops having among their themes the alleged defects in the abortion laws, as well as drafting and distribution of materials calling attention to such alleged defects." **[hereinafter advocacy definition]**	UNFPA cut-off	If President waives performance ban #2, population assistance capped at $356 million, inclusive of all funds "designed to control fertility or to reduce or delay childbirths or pregnancies, irrespective of the heading under which such funds are made available." **[hereinafter waiver penalty]**	Proposed initially in context of conference on foreign ops. bill and reiterated by Speaker Gingrich in letter to the President (see above). Refusal to accept this proposal resulted in linkage of payments to UN and IMF to population policy debates.

After two months of protracted negotiations over international population assistance policy, Congress finally enacted the conference report for the FY 1998 foreign operations appropriations bill (H.R. 2159, PL 105-118) on November 13, 1997. Family planning supporters successfully resisted imposition of new population policy restrictions. But total bilateral population assistance was straight-lined at not more than $385 million. Funds continued to be metered at a rate of 8.34% per month (or one-twelfth of the total available for the year). Unlike FY 1996 and 1997, no crippling, months-long delay in the release of appropriated funds was mandated, allowing population assistance funds to begin flowing immediately.

Family planning opponents had attempted to attach the Smith "compromise" to the conference report by relying solely on the support of Republican conferees. Under strong pressure from Senate Majority Leader Lott (R-MS), three conferees traditionally supportive of family planning—Senate Appropriations Committee Chairman Stevens (R-AK) and Sens. Specter (R-PA) and Campbell (R-CO)—were persuaded to endorse this approach. But on the House side, Reps. Porter (R-IL) and Frelinghuysen (R-NJ) refused to go along with forcing the proposal out of the conference with only Republican signatures, thereby blocking the "compromise," resulting in the deal on funding restrictions described above.

Bill Amended	Performance of abortion	Advocacy	UNFPA	Funding	Outcome
Foreign Ops. Appropriation FY 1999 (H.R. 4569)					
"Chairman's mark" (S. 2334) *[Written by Ranking Member Leahy (D-VT) with agreement of Chairman McConnell (R-KY)]*	Kassebaum language	Kassebaum language; prohibition on the use of U.S. foreign aid funds to lobby for or against abortion	No provisions	Earmark of not less than $435 million; not less than $50 million for maternal health	Unchallenged in subcommittee, full committee, or on the floor; passed by Senate, September 2, 1998
Smith amendment *[Offered by Appropriations Committee member Wicker (R-MS)]*	Performance ban #2 with presidential waiver	Advocacy ban #2 with modified advocacy definition included in statutory language—revised definition prohibits "sponsoring, rather than merely attending, conferences and workshops."	UNFPA cut-off [Smith/Wicker amendment] Explicit prohibition in "Chairman's mark"	Waiver penalty	Adopted in full Appropriations Committee; unchallenged on floor by family planning supporters due to unfavorable parliamentary situation; passed by House, September 17, 1998.

The massive $520 billion omnibus spending bill (H.R. 4328, PL 105-277) signed by the President on October 21, 1998 after five short-term continuing resolutions. Included in the omnibus bill was the foreign operations appropriations bill along with seven other appropriations bills that Congress has failed to enact. Imposition of the Mexico City gag rule was again avoided but funding remained capped at $385 million and metering continued. [Although not directly related, a U.S. contribution to UNFPA was also explicitly prohibited.]

Bill Amended	Performance of abortion	Advocacy	UNFPA	Funding	Outcome
Foreign Ops. Appropriation FY 2000 (H.R. 2606)					
"Chairman's mark" (S. 1234) *[Written by Ranking Member Leahy (D-VT) with agreement of Chairman McConnell (R-KY)]*	Kassebaum language	Kassebaum language; prohibition on the use of U.S. foreign aid funds to lobby for or against abortion	U.S. contribution to UNFPA of not less than $25 million; contribution maintained in a segregated account and no U.S. funds used by UNFPA in China	Earmark of not less than $425 million	Unchallenged in subcommittee, full committee, or on the floor; passed by Senate, June 30, 1999
Smith amendment	Performance ban #2 with presidential waiver	Advocacy ban #2 with modified advocacy definition included in report language—revised definition prohibits "sponsoring, rather than merely attending, conferences and workshops."	No provisions	No financial penalty if President exercises waiver	Adopted 228-200 July 29. 1999
Greenwood-Lowey	Prohibition on funding a foreign NGO unless it certifies that—it will not use U.S. foreign aid funds to promote abortion as a method of family planning or to lobby for or against abortion; it will utilize U.S. funds to reduce the incidence of abortion as a method of family planning; and it will not violate the abortion laws of other countries.	Prohibition on funding a foreign NGO unless it certifies that—it will not engage in any advocacy activity or effort to alter the abortion laws or policies of a foreign government in violation of applicable national laws restricting public participation in the policymaking process.	No provisions	No provisions	Adopted 221-208 July 29. 1999

The foreign operations bill conference report (H. Rpt. 106-339) has no new population policy restrictions but continues the $385 million funding ceiling—for the fourth year in a row—and metering. Competing Mexico City language proposals—the Smith amendment and Greenwood-Lowey bipartisan alternative in the House and the so-called Kassebaum-Leahy "anti-Mexico City" language in the Senate—were all dropped in the House-Senate conference committee. Bill sent to the President on October 6, 1999 for expected veto over low overall funding levels.

URGENT
NODIS
MEMORANDUM

TO: **H -- Barbara Larkin and Meg Donovan**

FROM: **G -- Kelly Clements** (KTC)

DATE: **March 12, 1998**

SUBJ: **Legislative Debate --**
Information on Int'l Family Planning Assistance to NGOs

Barbara and Meg --

Before Wendy left for Tokyo, she asked me to work with USAID to gather more information for you to use in negotiations on the State Authorization bill and supplemental requests. In particular, she asked Jill Buckley to provide the following:

- a list of all organizations USAID funds to provide international family planning assistance;
- which countries the grantees (or sub-grantees) operate in;
- total budgets of the grantee NGOs;
- if we know, how much each organization spends on lobbying with their own funds;
- if we know, how much each organization spends on providing abortions services with their own funds;
- provide facts behind the rhetoric that international family planning assistance decreases the number of abortions and if we have negative case studies (i.e. f.p. assistance increases the number of abortions), let's have those too.

I know negotiations are moving quickly on the Hill. Wendy suggested that I pass you a copy of what is still a "work in progress." It contains some of the information requested, but not all of it. We are still working with USAID to obtain the following:

- total budgets and specifically what organizations do with their own funds on the abortion and lobbying questions (the extent to which we know);
- a complete list of countries in which those funded NGOs operate;
- succinct case studies of the positive effects of international family planning assistance on abortion rates as well as the negatives.

Please let me know if there is additional information you need for these negotiations. We'll collect it as quickly as possible.

USAID is nervous that this information not get into the wrong hands. I assured them that it was for your use only in these difficult negotiations and it was certainly in USAID's best interest to be as forthcoming as possible to provide the remaining information.

Q: What non-governmental organizations (NGOs) receive family planning assistance and in which countries?

-- 33 U.S.-based private organizations receive central USAID funding (see attached list.) In turn, many of these organizations have additional U.S.-based or foreign subcontractors in the countries in which they are active. A major foreign NGO recipient is the International Planned Parenthood Federation (IPPF) based in London, with 127 affiliated family planning associations (FPAs).

-- USAID Missions also fund governments and developing country NGOs directly. A list of countries receiving USAID population assistance in FY97 and total funding levels is attached, as well as a list of over 130 host institutions receiving Mission funds.

Q: Which of these organizations perform abortions with their own funds?

-- To the best of our current information, a handful of IPPF affiliated associations, which receive funding from IPPF/London, perform abortions funded by non-USAID funds in countries where they are legal, including India, Bangladesh, and Cuba Some other foreign NGOs receiving USAID family planning assistance are also believed to perform abortions with their own funds in Bangladesh, India, and possibly one or more African countries. (NOTE: WE ARE TRYING TO PIN USAID DOWN ON THIS.)

Q: Which of these organizations engage in abortion-related advocacy or lobbying with their own funds?

-- When advocacy is very broadly defined (similar to the House leadership's definition) -- data collection, research, publications, professional workshops and seminars addressing the health consequences of unsafe abortion -- IPPF/London and a number of IPPF affiliated FPAs are involved with their own funds. Other host country NGOs funded by USAID also participate in various degrees of advocacy with their own funds. (NOTE: WE ARE TRYING TO PIN USAID DOWN ON THIS.)

-- IPPF is precluded by UK law from specific lobbying; a few affiliate FPAs may lobby with their own funds as permitted by law in their own countries.

-- In general, direct lobbying to change abortion laws is rare by NGOs receiving USAID funding (roughly estimated at under $75,000 annually).

-- Although advocacy activities are increasingly widespread in developing countries, no more than one or two countries a year have a formal legislative debate. A recent example of an NGO active in such a debate about abortion laws would be the Planned Parenthood Association of South Africa.

Q: What are the overall budgets for the NGOs receiving family planning assistance and what is the amount or percentage spent on performing abortions or lobbying?

-- The U.S. provides over two-thirds of donor assistance to population NGOs and provides some level of funding to nearly every significant foreign NGO involved in family planning activities in USAID-assisted countries.

-- Based on UN figures for 1996, the total population budgets for U.S.-based and foreign NGOs together, from all sources, can be estimated at about $1 billion.

-- The IPPF and foreign NGO component (including USAID's contribution) would account for approximately $700 million.

-- The proportion of total budgets for IPPF and foreign NGOs spent on broadly defined activities (data collection, research, publications, professional workshops and seminars addressing the health consequences of unsafe abortion), estimated at $10 million annually, would be about 1.5 percent.

-- A narrower definition of advocacy (e.g., portions of publications or meetings which explicitly concern themselves with expanding access to safe abortion), estimated at $400,000, would be less than 1/10 of one percent.

-- The proportion of total IPPF and NGO budgets spent for performing abortions (estimated at under $1 million) would be less than 2/10 of one percent and even less for abortion lobbying (estimated at $75,000).

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United States Agency for International Development
Global Bureau
Office of Population Cooperating Agencies
Summary of Obligations by Contractor/Grantee

Contractor/Grantee	FY 1995 Obligations	FY 1996 Obligations
Aladan Incorporated	10,495,033	13,330,411
AVSC, Inc.	14,308,930	8,367,000
Basic Health Management (POPTECH)	3,104,000	
Carolina Population Center (EVALUATION)	4,294,994	1,066,000
Centers for Disease Control & Prevention (CDC)	3,150,000	125,000
Centre for Dev & Pop Activities (CEDPA)	8,754,600	3,899,000
CARE	5,480,713	2,176,000
Deloitte & Touche (PROFIT)	4,900,000	532,000
Eastern VA Medical School (CONRAD)	5,433,750	4,933,140
East-West Center for Population	3,887,000	997,896
Family Health International (FHI)	18,366,000	4,605,817
Finishing Enterprises Inc.	2,918,626	
Future's Group	30,429,308	6,969,666
Georgetown University	3,911,000	3,707,000
Int'l Planned Parenthood Fed/London	9,000,000	7,000,000
Int'l Planned Parenthood Fed/West Hemisphere Reg	14,056,000	2,098,000
JHPIEGO Corporation	12,371,000	360,000
John Snow, Inc.	22,390,935	4,359,202
Johns Hopkins University	22,439,552	11,726,800
Jorge Scientific Corporation		1,327,636
Leiras Pharmaceutical Corp.	1,913,520	
MACRO International (DHS)	10,460,000	3,048,000
Management Sciences for Health (FPMD)	9,950,000	2,730,000
National Academy of Sciences	542,000	300,000
Panalpina , Inc.	6,941,762	
Ortho Pharmaceutical Corporation	1,224,586	
Pal-Tech, Inc.		460,000
Pathfinder International	30,261,000	15,637,466
Population Council	24,089,716	5,706,000
Population Reference Bureau	2,139,000	1,924,508
University of Michigan (Pop Fellows)	8,774,042	1,982,000
University of North Carolina (PRIME)	8,940,000	7,452,800
Upjohn Worldwide	2,772,051	4,738,000
U.S. Bureau of Census	3,783,000	
Western Consortium for Public Health	7,014,000	230,000
World Health Organization	2,750,000	
Wyeth-Ayerst	17,395,981	300,000
TOTAL	338,642,089	122,088,342

Notes:

(1) Obligations include funds from the Population, Development Fund for Africa an Assistance Initiatives appropriations; exclude USAID bilateral, regional and other bureau funds.

(2) FY96 obligations include only those completed by September 30, 1996; exclude funds metered in FY97.

12/11/97

USAID Population Funding by Country
All Accounts: FY 1997 ($ millions)

	TOTAL
Bangladesh	23.677
Cambodia	1.000
Egypt	13.067
India	16.800
Indonesia	10.200
Jordan	6.000
Morocco	5.600
Nepal	8.400
Philippines	20.500
ANE Regional	1.000
ANE Total	**106.244**
Bolivia	12.176
Brazil	4.700
Dominican Rep	3.959
Ecuador	3.800
El Salvador	5.000
Guatemala	4.710
Haiti	6.334
Honduras	4.000
Jamaica	3.095
Mexico	9.313
Nicaragua	4.366
Paraguay	2.000
Peru	8.243
LAC Regional	1.453
LAC Total	**74.149**
Benin	1.800
Eritrea	0.200
Ethiopia	5.800
Ghana	8.500
Guinea	3.000
Kenya	7.300
Madagascar	4.800
Malawi	3.300
Mali	4.000
Mozambique	2.100
Senegal	5.500
South Africa	3.600
Tanzania	5.300
Uganda	5.800
Zambia	3.300
Zimbabwe	4.000
REDSO/WA	6.800
AFR/SD	2.000
Sahel	0.400
AFRICA Total	**78.500**
Turkey	4.400
Albania	0.400
Romania	2.184
Russia	1.000
Ukraine	3.700
Moldova	0.300
Armenia	0.835
Georgia	0.700
Kazakstan	1.000
Kyrgyzstan	0.830
Tajikistan	0.100
Turkmenistan	0.300
Uzbekistan	0.600
NIS Regional	0.835
ENI Total	**16.984**
Central Programs	**109.123**
Grand Total	**385.000**

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Population Projects Database v3.0
Special Report
FY 1996 Host Institution Expenditures
for Selected Countries
(in $000)

Country	Institution Name	Bilateral	CA	TOTAL
Bangladesh	ACNABIN	1	0	1
Bangladesh	ADCOMM Ltd	0	28	28
Bangladesh	AITAM	0	71	71
Bangladesh	Aoyan	0	-2	-2
Bangladesh	Assn Community/Pop Research	0	103	103
Bangladesh	Assn for Comm & Pop Research	0	104	104
Bangladesh	Assn for Volun Surgical Contra	581	0	581
Bangladesh	AVCom Productions	0	16	16
Bangladesh	Badda Self-Help Center	0	19	19
Bangladesh	Bang Rural Advancemnt Committe	0	2	2
Bangladesh	Cambridge Consulting Corp	8	0	8
Bangladesh	Dhaka University	0	15	15
Bangladesh	Family Planning Svc Trng Ctr	1,507	0	1,507
Bangladesh	FP Association of Bangladesh	684	0	684
Bangladesh	Gonagiri Mohila Samity	0	26	26
Bangladesh	Independent Univ of Bangladesh	0	25	25
Bangladesh	Int'l Ctr Diar'l Dis Res/Bang	2,964	708	3,672
Bangladesh	Kumudini Welfare Trust	0	18	18
Bangladesh	Ministry of Health	2,677	1,376	4,053
Bangladesh	Mitra and Associates	54	226	280
Bangladesh	MULTIPLE	0	2,850	2,850
Bangladesh	Mutagacha Pourashava	0	-1	-1
Bangladesh	Nat'l Inst of Pop Res & Trng	0	135	135
Bangladesh	Nobarun Samity	0	32	32
Bangladesh	Pathfinder Fund	2,980	12	2,992
Bangladesh	PIACT, B	0	20	20
Bangladesh	Population Council	0	443	443
Bangladesh	Population Dev. & Eval Unit	0	1	1
Bangladesh	Population Services Int'l	2,548	0	2,548
Bangladesh	Port of Chalna Authority	0	10	10
Bangladesh	Proshanti	0	-1	-1
Bangladesh	Social Marketing Company	0	3,723	3,723
Bangladesh	Sukhi Paribar	0	-1	-1
Bangladesh	Swanirvar Bangladesh	0	2,789	2,789
Bangladesh	Technical Assistance, Inc.	0	1,387	1,387
Bangladesh	The Asia Foundation	5,366	86	5,452
Bangladesh	Tilottoma Voluntary Womens Org	0	-1	-1
Bangladesh	U.S. Agency for Int'l Dev.	175	0	175
Bangladesh	Univ of Dhaka Dept of Stat	0	25	25
Bangladesh	University Research Corp	0	39	39
Bangladesh	Voluntary Paribar Kallayan	0	-1	-1
Bangladesh Total		19,545	14,282	33,827
Cambodia	Coop for Am Relief Everywhere	282	0	282
Cambodia	Family Plan Int'l Assistance	869	0	869
Cambodia	Medicins sans Frontiers	310	0	310
Cambodia	MULTIPLE	0	1,013	1,013
Cambodia	World Education	265	0	265
Cambodia Total		1,726	1,013	2,739

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Country	Institution Name	Bilateral	CA	TOTAL
India	ADITHI	0	3	3
India	AIDS Research Foundation/India	0	59	59
India	AV Network LTD	0	13	13
India	Bihar State Coop Milk Prod Fed	0	27	27
India	Continental Device Private Ltd	219	0	219
India	Council for Social Development	0	20	20
India	CPDS	0	91	91
India	Ctr for Dev & Pop Activities	0	947	947
India	Gujarat St Crime Prevntn Trust	0	42	42
India	IIP	0	373	373
India	Independent Consultant	0	8	8
India	India Assn Parliment Pop & Dev	0	4	4
India	Indian Assn for Studies on Pop	1	22	23
India	Indian Inst of Hlth Mgmt Resea	0	52	52
India	Indian Inst of Sci-Bangalore	0	22	22
India	Indian Medical Association	0	116	116
India	Indust Credit Invest Corp	47	0	47
India	Int'l Executive Service Corps	7	0	7
India	Marketing & Research Group	0	51	51
India	Mawana Sugar Works/Siel	0	12	12
India	Ministry of Health	0	-15	-15
India	MULTIPLE	0	2,212	2,212
India	Nat'l Inst of Immunology	0	29	29
India	Operations Research Group	0	55	55
India	PACT	229	0	229
India	Parivar Seva Sanstha	0	37	37
India	Prerana	0	111	111
India	Prg Appropriate Tech in Health	25	0	25
India	Purple Arc Films PVT LTD	0	25	25
India	Soc & Rural Research Institute	0	5	5
India	State Innov. FP Serv. Agency	4,500	0	4,500
India	Syntax Communications	0	23	23
India	Young Women's Christian Assoc	0	1	1
India Total		5,028	4,345	9,373
Indonesia	Atma Jaya University	0	50	50
Indonesia	Bank Rayat Indonesia	0	455	455
Indonesia	Basic Health Management	36	0	36
Indonesia	Central Bureau of Statistics	24	0	24
Indonesia	Frank Small & Associates	0	44	44
Indonesia	Gadja Mada University	0	25	25
Indonesia	Indo Assn Secure Contraception	130	415	545
Indonesia	Indonesia Medical (Dr.) Assn	20	294	314
Indonesia	Indonesia Midwives Association	35	279	314
Indonesia	Indonesian Medical Association	0	126	126
Indonesia	Indonesian Pharm. Association	42	0	42
Indonesia	Int'l Planned Parenthood Fed	0	298	298
Indonesia	Muhammadiyah	0	266	266
Indonesia	MULTIPLE	0	535	535

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Population Projects Database v3.0
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Country	Institution Name	Bilateral	CA	TOTAL
Indonesia	MULTIPLE-CA	-2,263	0	-2,263
Indonesia	MULTIPLE-PN	0	580	580
Indonesia	National Family Planning Board	-93	0	-93
Indonesia	Nat'l FP Coordinating Board	1,113	7,614	8,727
Indonesia	P.T. Fortune	-2	0	-2
Indonesia	PT Distriversa	0	181	181
Indonesia	U.S. Agency for Int'l Dev.	1	109	110
Indonesia	University of Indonesia	0	75	75
Indonesia	University Research Corp	2,618	0	2,618
Indonesia	Yayasan Indonesia Sejahtera	0	1,132	1,132
Indonesia	Yayasan Kusuma Buana	0	302	302
Indonesia Total		1,661	12,780	14,441
Russia	Futures Group	101	0	101
Russia	Futures Group/Somarc	52	0	52
Russia	JSI-MOTHERCARE	82	0	82
Russia	Maternity Hospital #1, Tver	0	91	91
Russia	Moscow State University	0	9	9
Russia	MULTIPLE	-186	117	-69
Russia	Novosibirsk Oblast Dept PH	0	557	557
Russia	Resch Inst of Mat & Childhood	0	-9	-9
Russia	Russian Assn Family Planning	0	71	71
Russia	TV Company OBLIK	0	4	4
Russia	U.S. Agency for Int'l Dev.	30	102	132
Russia	Video Cosmos Company	0	11	11
Russia Total		79	953	1,032
Turkey	Department of Health	0	84	84
Turkey	Hacettepe University	0	108	108
Turkey	Housing Development Admin	0	225	225
Turkey	Human Resource Dev Foundation	0	639	639
Turkey	Ministry of Health	0	141	141
Turkey	Ministry of Hlth & Soc Action	0	9	9
Turkey	MULTIPLE	0	218	218
Turkey	MULTIPLE-PN	0	481	481
Turkey	Soyal Sigortalat Kurumu	0	288	288
Turkey	Turk Family Hlth & Pop Found	0	423	423
Turkey	Turkiye Esnaf Ve Sanatkarla Ko	0	-5	-5
Turkey	U.S. Agency for Int'l Dev.	0	151	151
Turkey Total		0	2,762	2,762
Zambia	Central Statistics Office	0	698	698
Zambia	Coop for Am Relief Everywhere	1,386	29	1,415
Zambia	Ctr for African Family Studies	0	300	300
Zambia	Department of Health	0	13	13
Zambia	Family Life Movement-Zambia	0	11	11
Zambia	John Snow, Inc	233	60	293
Zambia	Johns Hopkins University	155	0	155
Zambia	La Leche League International	1	0	1
Zambia	M&M Mgmt & Labor Consultants	0	100	100
Zambia	Ministry of Health	19	43	62

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Population Projects Database v3.0
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(in $000)

Country	Institution Name	Bilateral	CA	TOTAL
Zambia	MULTIPLE	0	335	335
Zambia	Pharmaceutical Soc of Zambia	0	1,532	1,532
Zambia	Population Services Int'l	-1,001	0	-1,001
Zambia	U.S. Agency for Int'l Dev.	125	0	125
Zambia	University Teaching Hospital	0	40	40
Zambia Total		918	3,161	4,079
Grand Total		28,957	39,296	68,253

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U.S. AGENCY FOR
INTERNATIONAL
DEVELOPMENT

The Role of Family Planning in Preventing Abortion

A growing body of evidence supports the common sense assumption that preventing unintended pregnancies leads to a reduction in pregnancy terminations. **Experience shows that contraceptive services provided through family planning programs, including those funded by USAID, provide the means for avoiding unintended pregnancies and therefore play an essential role in reducing abortions.**[1]

This briefing note reviews data from many countries collected by different analysts over a long period of time. These findings point to the following main conclusions:

- Use of abortion is closely associated with unmet need for contraception and with reliance on less effective methods.
- In some countries, desire to have smaller families may increase faster than availability of family planning services and effective use of contraception, resulting in a short-term phenomenon in which use of contraception and abortion rates both rise simultaneously.
- Over the longer term (15-20 years), as contraceptive use becomes the norm, abortion rates fall substantially.
- Abortion rates are lower in countries where more effective modern methods of contraception are used than in countries where less effective methods predominate.
- Family planning programs are beginning to have a pronounced impact on abortions in Eastern Europe and the former Soviet Union, as well as in some Latin American countries where abortion rates have historically been extremely high.
- Providing access to contraception (along with life-saving care where needed) to women who have had abortions will help in preventing repeat abortions.

Abortion and Unmet Need for Contraception

Abortion rates are high in many developing countries and in countries of Central and Eastern Europe and the former Soviet Union.[2] A 1995 survey in Russia shows an abortion ratio of about two induced abortions for every live birth.[3] Overall, about 32 million abortions are estimated to take place in developing countries every year, more than half of which are unsafe or clandestine, resulting in more than 70,000 preventable maternal deaths.[4]

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The large number of abortions is closely associated with unmet need for contraception. As desire to have smaller families increases, and as the number of women of reproductive age also increases, programs must work hard to keep up with growing demand for contraception. A large "unmet need" for contraception exists among women who have stated that they would like to delay or avoid another birth but are not using a method of contraception. Surveys estimate that at least 120 million couples in developing countries have an unmet need for contraception by this definition, and millions more are using methods that are relatively less reliable or effective.

- In **Turkey**, recent data show that among married women who reported having had an abortion in the past five years (14 percent of the respondents), 34 percent were not using any contraceptive method at the time they became pregnant, and 45 percent were using withdrawal, which has a high failure rate.[5]

- In a large-scale study in four Latin American countries (**Bolivia, Colombia, Peru** and **Venezuela**), 73 percent of women hospitalized for abortion reported that they were not using a contraceptive method at the time they became pregnant.[6]

The Impact of Contraceptive Use on Abortion: Research Findings

The short-term phenomenon of simultaneous increases in contraceptive use and abortion. In some circumstances, use of contraception and abortion rates may both be rising at the same time. This phenomenon may occur because the desire to have smaller families may be increasing faster than the availability of contraceptive information and services and the consistent use of effective contraceptives. A decline in abortion rates for some countries therefore does not become evident until contraceptive methods are both widely available and effectively used. In countries where high rates of abortion coexist for a period of time with expanding family planning programs, it is likely that even more abortions would occur without the protection from unintended pregnancies provided by family planning services.

Historical data. A number of studies, drawing on experience in a wide range of countries where data on both abortion and contraceptive use are relatively reliable, support the conclusion that use of effective modern methods makes a significant contribution over time to reducing unintended pregnancies and abortions.

- In **South Korea**, contraceptive use increased from 24 percent in 1971 to 77 percent in 1988. Lifetime total abortion rates per woman continued to increase to a peak of 2.9 in 1978, after which there was a nearly one-third decrease to 1.9 by 1991.[7]

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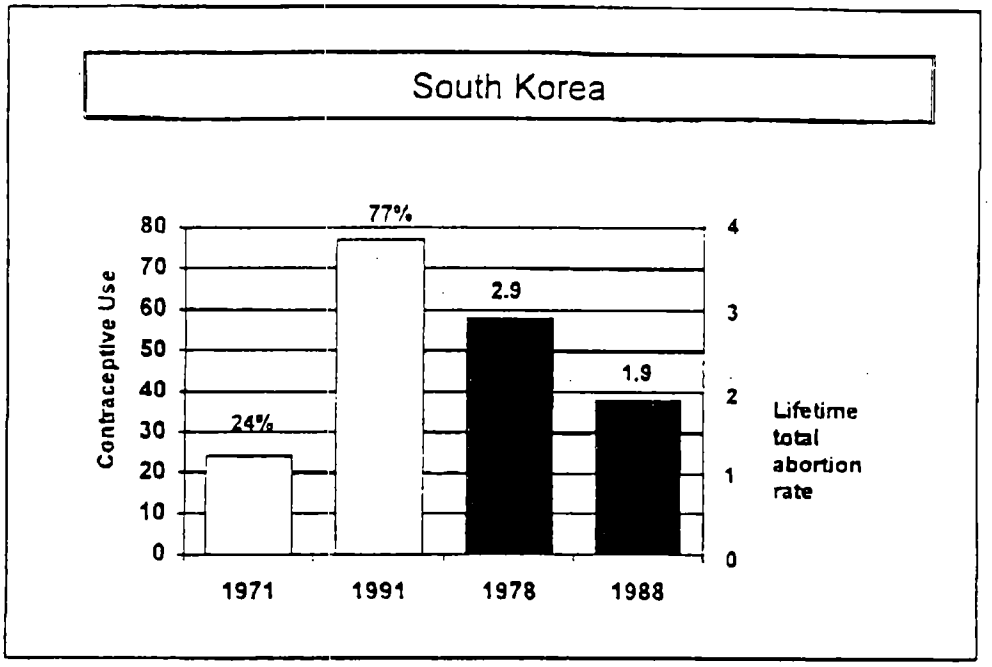
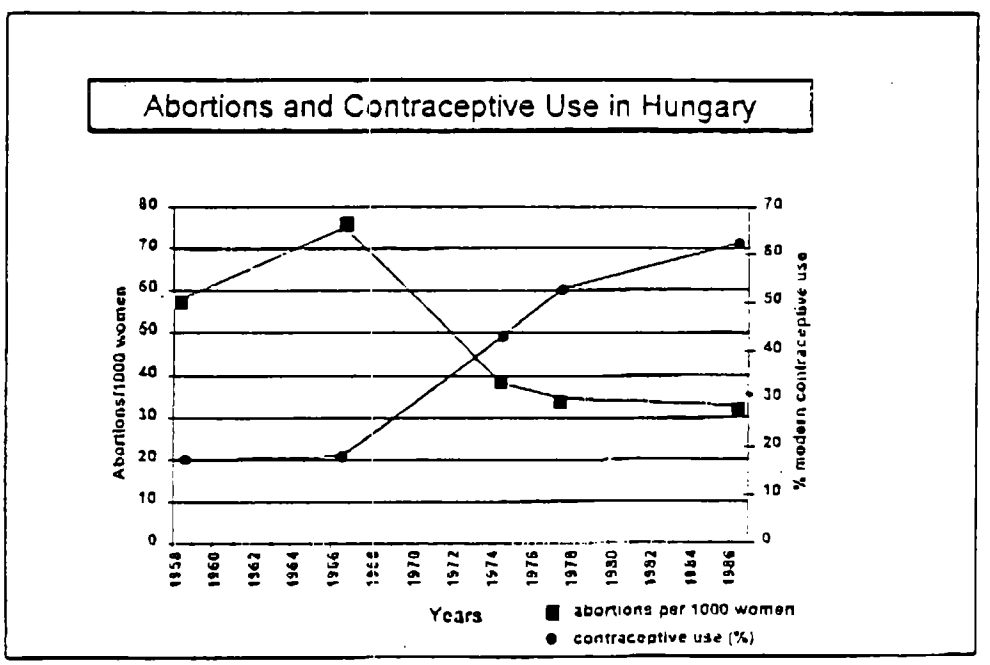


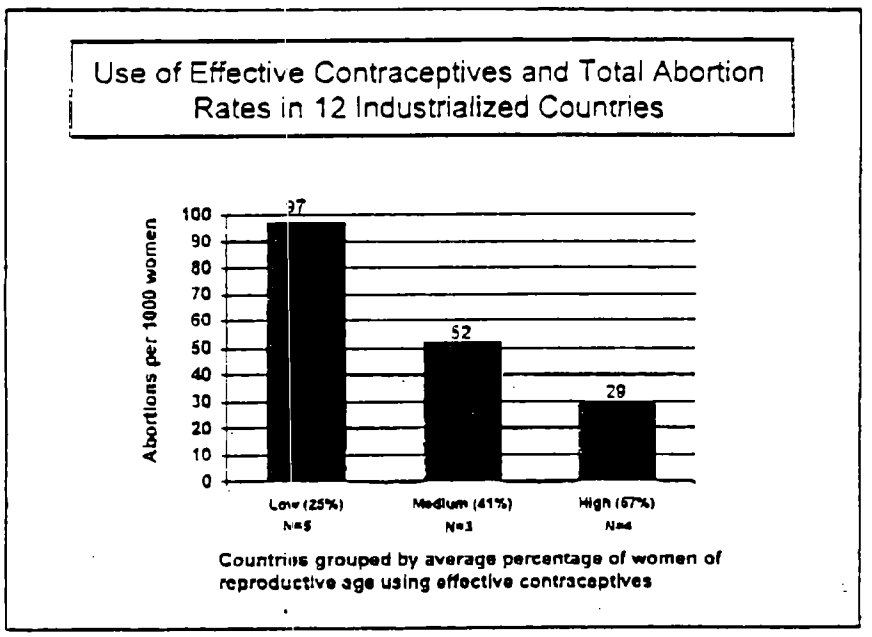
- In **Chile**, increased use of contraception since 1960 has been accompanied by a dramatic decline in abortion rates, which were estimated to drop from 77 per 1000 married women of reproductive age in 1960 to 45 in 1990.[8]

- In **Hungary**, abortion rates were increasing, reaching a peak of close to 80 per 1000 women in the late 1960's, while contraceptive use remained at a low level (around 20 percent). Subsequently, a dramatic increase in contraceptive use, to over 50 percent of couples in 1978, was accompanied by a sharp drop in abortion rates, to just over 30 per 1000 women in 1986.[9]



Comparative data. Comparisons of abortions and patterns of contraceptive use across countries also help to demonstrate the close connection between use of effective methods and lower abortion rates.

- A study of industrialized countries, including the United States, Canada, and all of Western Europe, using data from surveys between 1975 and 1984 found that "[t]he principal effect of using a highly effective method of contraception is to reduce the incidence of abortion." Abortion rates were lower in countries where the proportion of women relying on three effective methods (pills, IUDs, and sterilization) was higher.[10] Grouping countries by levels of effective method use highlights this relationship. The "low" category of countries had a group average of 25 percent effective method use and an average abortion rate of 97 per 1000, whereas the "high" category of countries had a group average of 57 percent effective method use and an average abortion rate of only 29 per 1000.

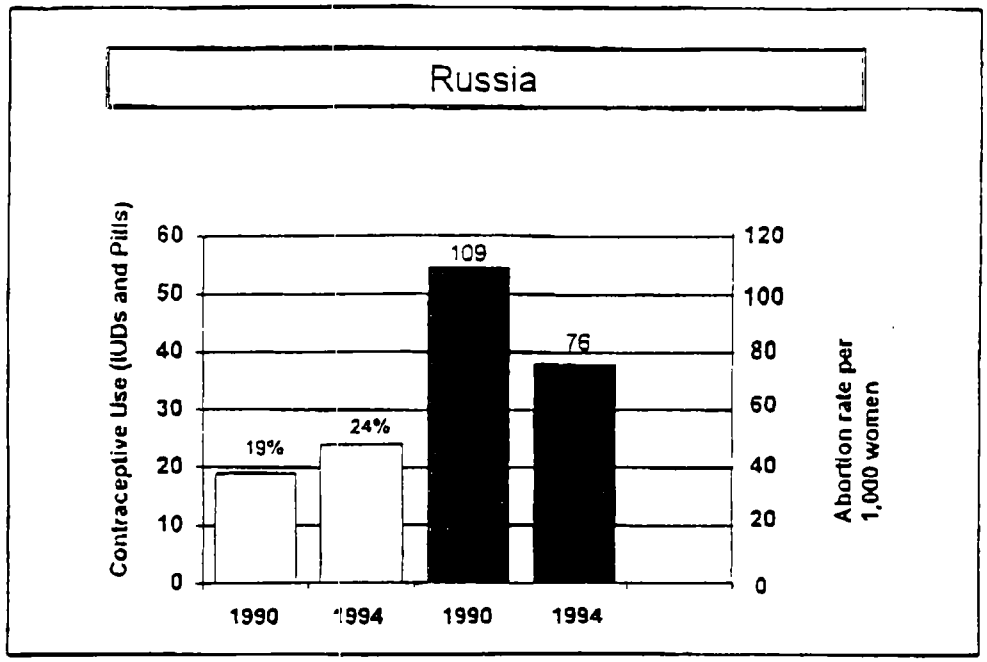


Central and Eastern Europe and the Former Soviet Union: Recent Data

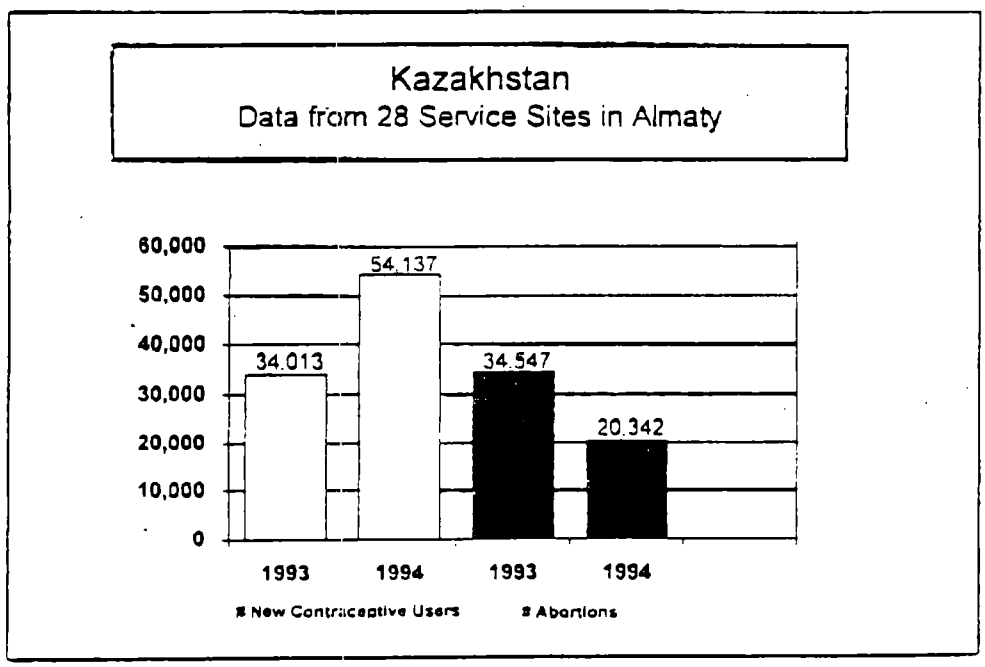
In the countries of **Central and Eastern Europe and the former Soviet Union**, abortion rates have been extremely high for many years, in large part due to the lack of access to effective, modern methods of contraception. Results of recent efforts to increase availability of contraceptive services are already evident:

- The IPPF affiliate in **Russia**, founded in 1991, now has 50 branches across the country. According to the Russian Ministry of Health, from 1990 to 1994, contraceptive use (IUDs and pills) increased from 19 percent to 24 percent. During this same time period, the number of abortions performed dropped from 3.6 million to 2.8 million. The abortion rate per 1,000 women dropped from 109 in 1990 to 76 in 1994.[11]

14



- In the city of Almaty, in **Kazakhstan**, USAID has provided assistance to train doctors and nurses and to increase contraceptive supplies for 28 clinics. Contraceptive users served by these clinics have increased by 59 percent from 1993 to 1994, from 34,013 to 54,137. During the same period, abortions declined by 41 percent, from 34,547 to 20,342.[12] The 1995 Demographic and Health Survey in **Kazakhstan** shows a 15 percent decline in the total lifetime abortion rate per woman from 2.0 in the 1988-91 period to 1.7 in the 1992-1995 period, during which the modern contraceptive use rate increased by 21 percent.[13]



- The Ministry of Health in the **Ukraine** reported a significant decrease in abortions from January to June 1996, which it has directly attributed to the women's reproductive health program which began in 1995 with USAID funding. The abortion ratio fell 8.6 percent in this six month period, from 150 to 137 per 100 live births.[14]

Latin America

Between 3 and 5 million abortions take place in Latin American countries each year, causing roughly one-third of maternal deaths in the region.[15]

- A recent comparative study concluded: "In **Colombia** and **Mexico** the level of abortion stabilized once contraceptive use began to rise....In Colombia,...most regions are now showing declines in the abortion rate since the mid-1980s...suggesting that the culture of effective contraception is beginning to take hold."[16] From the same study, data from Bogota, the capital city of Colombia, showed a one-third increase in use of all forms of contraception between 1976 and 1986, accompanied by a 45 percent drop in the abortion rate, from 49 to 27 per 1000. For Mexico City and the surrounding region, use of all forms of contraception increased approximately 24 percent between 1987 and 1992, while the abortion rate fell 39 percent, from 41 to 25 per 1000.

Significantly, Colombia and Mexico have had very effective programs to expand availability of contraception -- in which USAID has long been a major donor.

Africa

In **Africa**, there are over 3 million unsafe abortions annually, leading to approximately 21,000 maternal deaths.[17] Researchers and public health leaders point to a strong connection between programs that provide contraceptives and prevention of abortion and maternal deaths.

- A study conducted in **Tanzania** among women hospitalized for complications of induced abortion found that less than 19 percent were using any type of contraceptive method, including traditional methods, at the time they became pregnant. The investigators concluded that "unsafe abortion is a serious health problem in our country...costly to the individuals concerned and to the country's health system. One solution is increased accessibility and availability of family planning information, education and services for all eligible couples and individuals."[18]

- According to a physician from the Ministry of Health in **Ethiopia**, where USAID is the key donor helping to launch the national family planning effort: "Like other developing countries, Ethiopia has a lot of abortions, and from the studies in the capital's five hospitals, 30 percent of bed capacity is due to abortion. It is mostly younger women...coming in with complications after having an illegal abortion. Many young women are dying.... The government doesn't have any intention of using abortion as a family planning

method. So we are trying to have an excellent program in family planning in our country. We are just getting started, and within the next five years we will definitely depend on donors."[19]

Saving Lives and Preventing Repeat Abortions

Providing women who have had abortions with life-saving medical care accompanied by access to contraceptive information and services is an approach which will both reduce maternal deaths and prevent repeat abortions. With USAID support since 1993, the feasibility of assuring availability of family planning services to women receiving treatment for abortion complications is being tested and evaluated in studies underway or nearing completion in seven countries.

- In **Turkey**, pilot projects are dramatically increasing use of contraception among women who have had abortions, including a project in the largest maternity hospital in Ankara, where 98 percent of clients adopted a contraceptive method.[20]

- In **Egypt**, USAID supported a pilot study in two hospitals, in which providers were trained to provide improved treatment for complications as well as to discuss contraception with postabortion patients and provide a referral for services. The proportion of patients intending to begin using a contraceptive method increased from 37 percent in the pre-test to 62 percent in the post-test.[21]

Conclusion

USAID is committed to helping couples meet their reproductive goals through the provision of safe and effective methods of family planning. Increasing access to high quality contraceptive services and a wide range of effective methods is an effective strategy to reduce reliance on abortion by preventing the unwanted pregnancies that lead to abortion.

Prepared by:

Office of Population
Center for Population, Health and Nutrition
Bureau for Global Programs, Field Support and Research
U.S. Agency for International Development

August 1996

ENDNOTES

[1] As a matter of law and policy, USAID does not promote abortion as a method of family planning, and USAID funds cannot be used to fund abortions except in cases of rape, incest, or if the life of the woman is in danger. USAID, "USAID Policy on Abortion," April 1994.

[2] In most developing countries, data on the extent of abortion are unreliable. Women are often reluctant to report abortions. Official data from governments are of variable quality, and data from hospitals or doctors who treat women for abortion complications provide only partial information. In collaboration with other donors, USAID is supporting efforts in selected countries to improve collection of data on the incidence of abortion as well as further analyses of the impact of family planning on unintended pregnancy and abortion. Country cases with quantitative data in this paper represent those for which relatively accurate data are available. Several different measures of abortion are used: Abortion rates refer to the number of abortions per 1000 women of reproductive age in the population. Abortion ratios refer to the number of abortions per 100 or 1000 live births. The lifetime total abortion rate is a measure of the number of abortions that an average woman is likely to have in her lifetime.

[3] Preliminary data from 1995 Russia Reproductive Health Survey assisted by the U.S. Centers for Disease Control (CDC).

[4] World Health Organization, "Abortion: A Tabulation of Available Data on the Frequency and Mortality of Unsafe Abortion" (Geneva: WHO Document No. WHO/FHE/MSM/93.13, 1994); and Susheela Singh and Stan Henshaw, "The Incidence of Abortion: A Worldwide Overview," Paper presented at the IUSSP Seminar on Socio-Cultural and Political Aspects of Abortion from an Anthropological Perspective, Trivandrum, India, March 25-28, 1996.

[5] Ministry of Health, Hacettepe University, and Demographic and Health Surveys, Demographic and Health Survey 1993 (Calverton, Md.: Ministry of Health and Macro International Inc., 1994). Overall, 63 percent of women in Turkey are using family planning, but only 35 percent use modern methods, and the remainder rely on periodic abstinence, withdrawal, or other less effective methods.

[6] S. Singh and D. Wulf, "The Likelihood of Induced Abortion Among Women Hospitalized for Abortion Complications in Four Latin American Countries," International Family Planning Perspectives, Vol.19, No. 4 (1993):134-141.

[7] Jeanne Noble and Malcolm Potts, "The Fertility Transition in Cuba and the Federal Republic of Korea: The Impact of Organised Family Planning," Journal of Biosocial Science, Vol. 28 (1996): 211-225. A nearly identical pattern to that of Korea was also found for Cuba.

[8] John Paxman, et al., "The Clandestine Epidemic: The Practice of Unsafe Abortion in Latin America," in Studies in Family Planning, Vol. 24, No. 4, July/August 1993, pp. 206-214; and The Alan Guttmacher Institute, Clandestine Abortion: A Latin American Reality, New York, 1994.

[9] Hungary data reported here are drawn from Adam Balogh and Lazlo Lampe, "Hungary," in Bill Rolston and Anna Eggert, eds., Abortion in the New Europe: A Comparative Handbook (Westport, Connecticut: Greenwood Press, 1994): 139-156; and United Nations, World Contraceptive Use (New York: United Nations Data Diskettes, 1992).

[10] Elise F. Jones, et al., Pregnancy, Contraception, and Family Planning Services in Industrialized Countries (New Haven: Yale University Press, 1989), p. 218. Data on contraceptive use and abortion rates are from Belgium, Canada, Denmark, Finland, France, Great Britain, Greece, Italy, Netherlands, Norway, Sweden and the United States.

[11] International Planned Parenthood Federation, "Fighting Russia's 'Abortion Culture,'" Annual Report, 1995-1996 (London: IPPF, 1996), p. 11.

[12] M. Babamuradova, et al., Evaluation of AVSC-Supported Programs in Kazakhstan, Kyrgyzstan, Turkmenistan, and Uzbekistan (New York: AVSC International, March 1995).

[13] J.M. Sullivan, "Trends in Induced Abortion and Contraceptive Use by Time Period, Kazakstan 1984-1995," (Calverton, Maryland: Demographic and Health Surveys Project, Macro International, Inc., 1996).

[14] USAID/Ukraine mission report, July 1996.

[15] John Paxman, et al., "The Clandestine Epidemic," op. cit.

[16] Susheela Singh and Gilda Sedgh, "Trends in Abortion, Contraception and Fertility in Brazil, Colombia, and Mexico," forthcoming in International Family Planning Perspectives (1997).

[17] World Health Organization, Abortion: A Tabulation of Available Data, op cit.

[18] G. S. Mpangile, et al, "Factors Associated with Induced Abortion in Public Hospitals in Dar es Salaam, Tanzania," Reproductive Health Matters, No. 2 (November 1993): 29-30.

[19] Statement made at the Centre for Development and Population Activities, Management Training Workshop, Washington, D. C., July 1996.

[20] Cable from Ambassador Grossman to the Secretary of State, "Emerging Population Trends in Turkey: Shifting From Abortion to Contraception?" (State Department Cable No. Ankara 02219) March 4, 1996.

[21] The Egyptian Fertility Care Society and the Population Council, Improving the Counseling and Medical Care of Post Abortion Patients in Egypt, Final Report. (Cairo: EFCS, May 1995).

DRAFT

FY 2000 Population Assistance Certification
Status Report as of April 28, 2000

The Certification Process

- Guidance on the process was completed and sent to USAID country missions and prime contractors and grantees on January 27, 2000.

- Those foreign NGOs and other covered organizations expected at that time to receive FY 2000 population funding were requested to complete the certification form. NGOs receiving FY 1999 funds whose programs are ending were not asked to complete certification forms.

- The form allowed NGOs to elect option 1, to certify, or option 2, not to certify. The completed forms were to be returned by March 24, 2000.

- Based on information received by March 24, missions and prime contractors and grantees were asked to provide estimates of expected funding levels for non-certifying organizations (those electing option 2 or not responding) by March 31.

- A number of additional covered subcontractors and subgrantees implementing activities with FY 2000 population funds will be identified after funding allocations are completed and new awards are made. The guidance included a new clause/provision to be added to all new and existing agreements requiring awardees to implement the certification procedures for all subagreements through September 30, 2001.

Certifying organizations

Organizations that have certified, including all six (?) of the organizations which received "early" FY 2000 funding in February	435
Additional certifications expected by the end of May	5
Certifications under *new central awards* (e.g., large new contracts to be awarded June/July for family planning/reproductive health services; commodity logistics; policy and management assistance)	100
Certifications under *new mission bilateral awards* (e.g., Indonesia, Kenya, West Bank/Gaza)	50
Certifications uner *existing prime contractors and grantees awaiting FY 2000 funding allocations and programming decisions*	100
Estimated total as of October 1, 2001	**+/- 690**

Note: These numbers are based on rough estimates provided by missions and cooperating agencies at USAID/W request. Central cooperating agencies implementing existing awards are still awaiting final funding allocations from missions and will be making decisions through September 30, 2001 on local subcontractors and subgrantees as project activities progress.

Earlier estimates of the number of covered organizations, which were higher, neglected to consider that many foreign NGOs work with multiple U.S. partners, but only need to certify once. Approximately X NGOs submitted redundant certifications in the first round.

Non-certifying organizations

Non-certifying organizations include organizations which elected Option 2 on the certification form ("elects not to certify at this time to the conditions outlined in Option No. 1") or which have communicated to USAID that they are not responding to the certification request. Non-certifying organizations are not necessarily engaged in the abortion-related activities prohibited under the certification.

- 7 non-certifying organizations. Total expected level of funding for FY 2000: $7.865 million (2 percent of FY 2000 total funding of $372.5 million).
- 5 additional organizations are expected not to certify, based on initial information received by USAID, but their final status is still being clarified. Funding for these

organizations totals less than $1 million. An unknown (but probably small) number of other organizations may be added by September 30, 2001.

- Prior to the development of the certification procedures and guidance, emergency funding was provided, with the approval of Congress, to six organizations in Latin American countries, totalling $6.8 million. These organizations have since certified, and the funding has been taken out of the cap.

- There is presently no indication that total funding for non-certifying organizations will exceed the $15 million cap.

Number and types of organizations submitting certifications

- 22 U.S.-based organizations have submitted certification forms from X foreign NGO subrecipients. (4 awards to additional U.S.-based organizations are pending.)

- 36 country missions have submitted certifications forms from X foreign NGO recipients which they fund directly. (3 missions have major bilateral awards pending.)

- USAID/W has submitted 2 non-certifying organizations and 1 certifying organization under central agreements directly managed by the Office of Population.

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

Number of Pages 1
(Excluding cover sheet)

Date:
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To: Martha Foley FAX #: 62021

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FROM:

___ Rodney Bent, Branch Chief	(202) 395-6854	___ Ron Silberman	(202) 395-4595
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___Allan Villabroza	(202) 395-3947	___Cheryl Anderson	(202) 395-3948
___Theresa Stoll	(202) 395-4605		

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COMMENTS: I still need to check these w/ Ally, and I will send you more detailed copy tomorrow.

RESEARCH AS A PROPORTION OF USAID FUNDING
($ millions)

Fiscal Year	Total USAID Obligations*	Total Research Obligations	Research as Percentage of Total	Family Planning Obligations	Family Planning Research Obligations	Research as Percentage of Total
1993	3,521	382	11%	448	72	16%
1994	3,317	254	8%	480	43	9%
1995	4,405	268	6%	541	51	9%
1996	3,177	222	7%	151	52	34%

* Total USAID obligations includes Development Assistance, the Economic Support Fund, and assistance for Central and Eastern Europe and the New Independent States of the former Soviet Union. Subtracted from each year's total is $1,600 million in cash grants and commodity imports for Israel and Egypt.

Consequences of metering for USAID's population program

"Metering" refers to the restriction under which population funds are made available to USAID in small monthly allotments. Metered funding has been imposed on the program for the last two fiscal years, or since July 1996.

> Under metering, USAID's roughly 100 programs (60 bilateral country programs and 40 worldwide central programs), each actually receive funds three to four times a year. Funds for a given program cannot be received sooner than scheduled without disrupting funding for other programs.

While USAID has taken steps to minimize the impact of metering, damage has occurred and would worsen with continued metering in FY 1998.

-- In **Uganda**, funding was cut for CARE's program of family planning and related health services in the Southwest region bordering Zaire (Congo), affecting **over 1 million people**. Large increases in unintended pregnancies, abortions, and maternal and child deaths are inevitable.

-- In **Bolivia**, family planning services through NGOs for 30 percent of Bolivia's rural population, about **1 million people**, have been "stop and go" due to erratic funding. The situation would worsen in FY 1998 with continued metering.

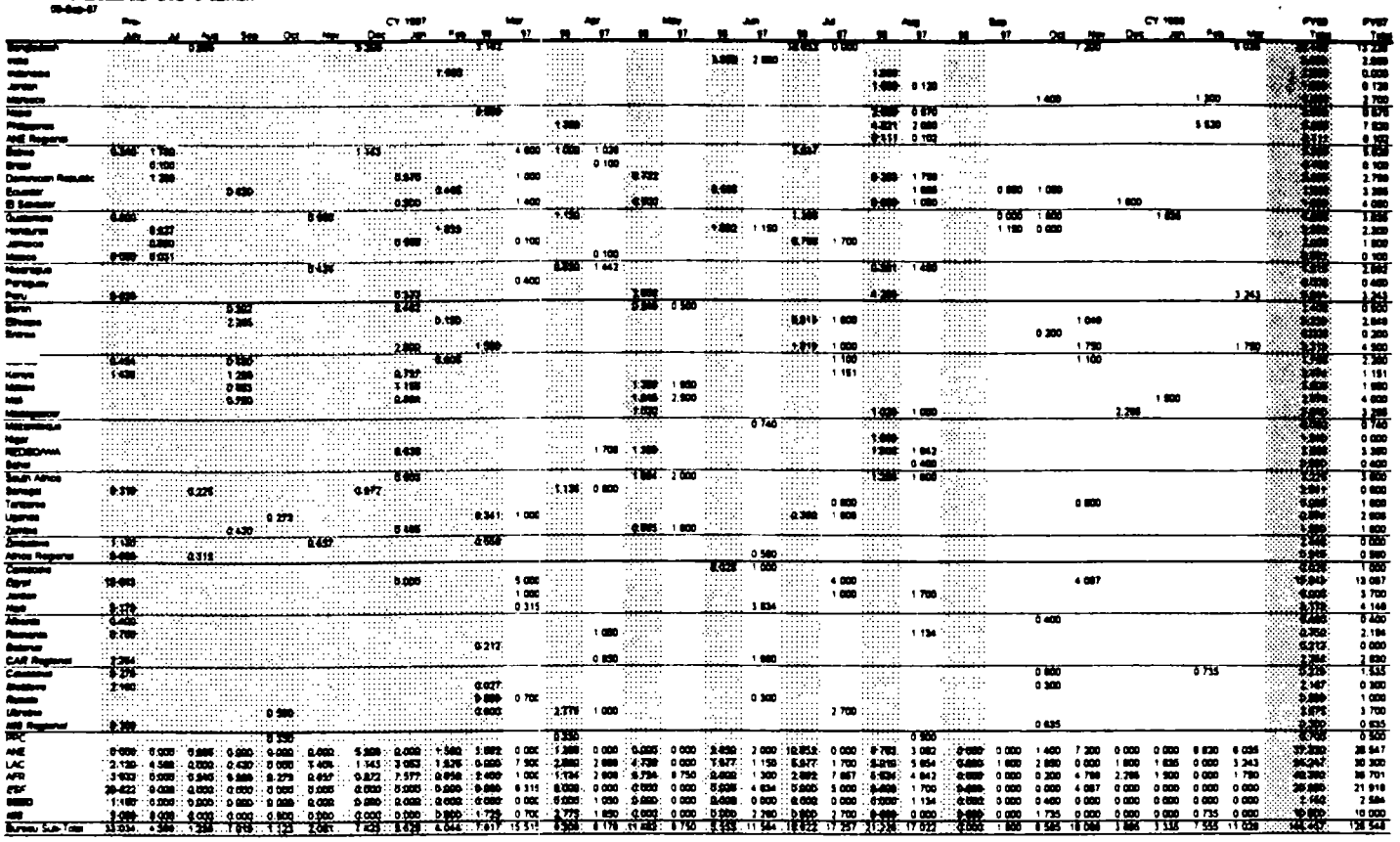
-- In **Russia**, the start of a program designed to serve **16,000 women** was delayed from March until September 1997. A media campaign to support family planning has just started. If there is metering in FY 1998, there is a great risk of not being able to provide contraceptives to these women. Several thousand of these women will be likely to turn to abortion as their only recourse to prevent unwanted births.

-- In **Mozambique,** CARE and Pathfinder, which support family planning services to districts with a combined population of **over 700,000**, would have to lay off staff and possibly shut down programs. The result could be thousands of additional abortions.

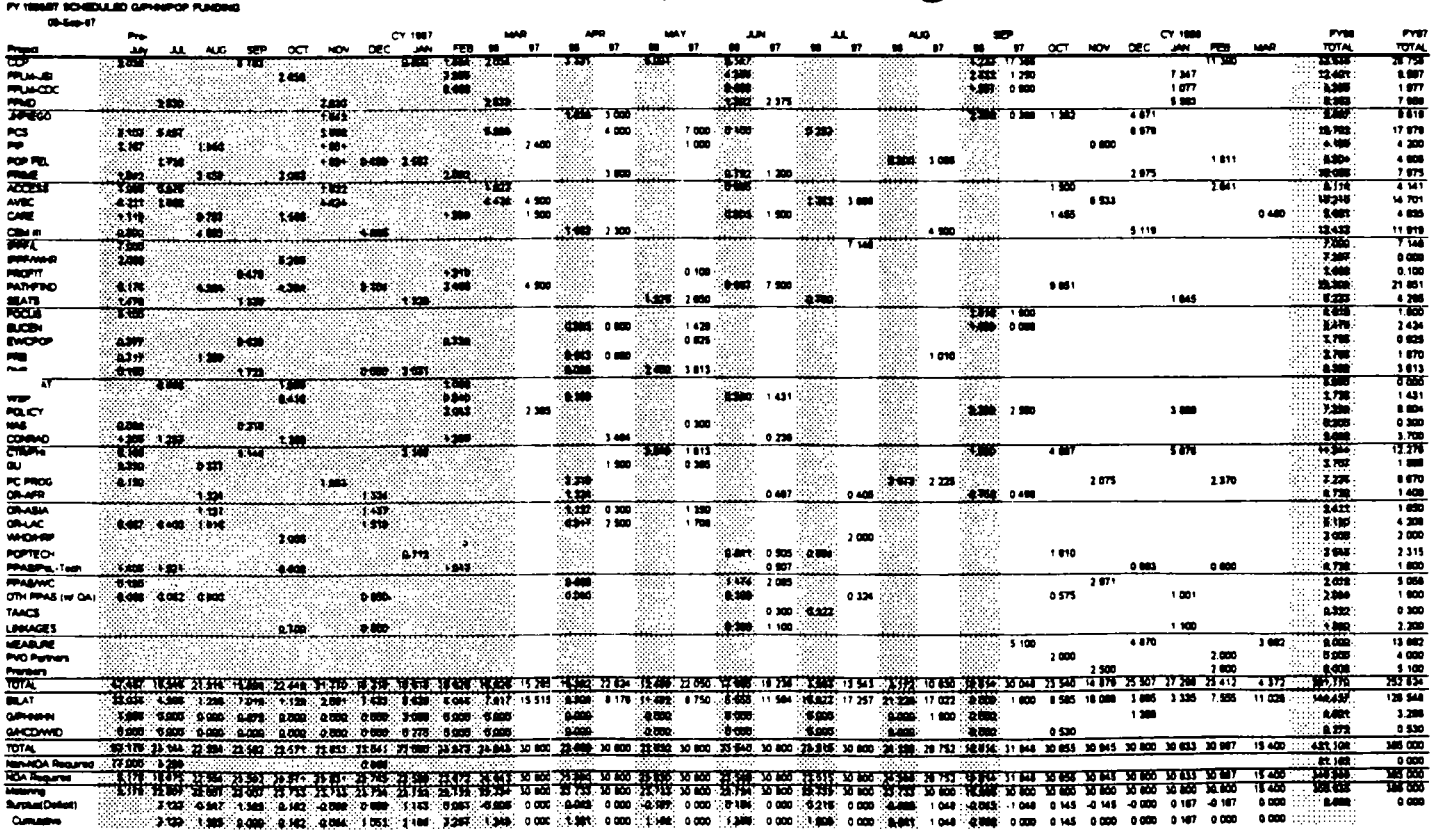
-- USAID's largest worldwide programs to support service delivery (**Pathfinder, AVSC, JHPIEGO,** etc.), would be forced to cut back field programs serving millions of women with voluntary family planning, thereby averting thousands of unintended pregnancies and abortions.

9/15/97

Metering...



On Top of Metering



"(5) MAXIMUM AMOUNT FOR POPULATION PLANNING.—~~The~~ amount made ~~available~~ for population planning activities ~~or other~~ population assistance in ~~any~~ fiscal year shall not exceed ~~$~~ 385,000,000. The restriction in this ~~paragraph~~ shall apply to all funds for programs and activities (except breastfeeding programs) designed to control fertility or to reduce or delay childbirths or pregnancies, irrespective of the heading in an appropriations Act under which such funds are made available.

this would be INSERTED AFTER the FIRST SENTENCE IN subsection (a) OF the TEXT you have.

Subsection

LEADERSHIP FAMILY PLANNING COMPROMISE

- The "Mexico City" policy provisions, as passed the House, are included in the conference report.

- The President has the authority to waive the provisions of the Mexico City policy as they apply to organizations that use their own funds for abortion; however, the waiver does not apply to the lobbying provisions, or to the provisions affecting UNFPA.

- There is no cap on funding for international family planning.

- If the President waives the application of the Mexico City abortion provisions, population funding for fiscal year 1998 is capped at $356 million, the 1996 level. However, there is no delay in obligations or monthly apportionments; funds are available for obligation immediately.

- The Foreign Operations conference report will also include $3.5 billion for the New Arrangements to Borrow (NAB), and the State Department authorization conference report, which includes United Nations reforms.

~~SENSE OF THE CONGRESS REGARDING COSTS OF THE PARTNERSHIP FOR PEACE PROGRAM AND NATO EXPANSION~~

~~SEC. 580. It is the sense of the Congress that all member nations of the North Atlantic Treaty Organization (NATO) should contribute their proportionate share to pay for the costs of the Partnership for Peace program and for any future costs attributable to the expansion of NATO.~~

FOREIGN ORGANIZATIONS THAT PERFORM OR PROMOTE ABORTION OVERSEAS; FORCED ABORTION IN THE PEOPLE'S REPUBLIC OF CHINA

SEC. 581. (a) Section 104 of the Foreign Assistance Act of 1961 is amended by adding at the end the following new subsection:

"(h) RESTRICTION ON ASSISTANCE TO FOREIGN ORGANIZATIONS THAT PERFORM OR ACTIVELY PROMOTE ABORTIONS.—

"(1) PERFORMANCE OF ABORTIONS.—

"(A) Notwithstanding section 614 of this Act or any other provision of law, no funds appropriated for population planning activities or other population assistance may be made available for any foreign private, nongovernmental, or multilateral organization until the organization certifies that it will not, during the period

for which the funds are made available, perform abortions in any foreign country, except where the life of the mother would be endangered if the pregnancy were carried to term or in cases of forcible rape or incest.

"(B) Subparagraph (A) may not be construed to apply to the treatment of injuries or illnesses caused by legal or illegal abortions or to assistance provided directly to the government of a country.

"(2) LOBBYING ACTIVITIES.—(A) Notwithstanding section 614 of this Act or any other provision of law, no funds appropriated for population planning activities or other population assistance may be made available for any foreign private, nongovernmental, or multilateral organization until the organization certifies that it will not, during the period for which the funds are made available, violate the laws of any foreign country concerning the circumstances under which abortion is permitted, regulated, or prohibited, or engage in any activity or effort to alter the laws or governmental policies of any foreign country concerning the circumstances under which abortion is permitted, regulated, or prohibited.

"(B) Subparagraph (A) shall not apply to activities in opposition to coercive abortion or involuntary sterilization.

"(3) APPLICATION TO FOREIGN ORGANIZATIONS.—The prohibitions of this subsection apply to funds made available to a foreign organization either directly or as a subcontractor or subgrantee, and the certifications required by paragraphs (1) and (2) apply to activities in which the organization engages either directly or through a subcontractor or subgrantee.".

(b) Section 301 of the Foreign Assistance Act of 1961 is amended by adding at the end the following new subsection:

"(i) LIMITATION RELATING TO FORCED ABORTIONS IN THE PEOPLE'S REPUBLIC OF CHINA.—Notwithstanding section 614 of this Act or any other provision of law, no funds may be made available for the United Nations Population Fund (UNFPA) (in any fiscal year) unless the President certifies that—

"(1) UNFPA has terminated all activities in the People's Republic of China, and the United States has received assurances that UNFPA will conduct no such activities during the fiscal year for which the funds are to be made available; or

"(2) during the 12 months preceding such certification there have been no abortions as the result of coercion associated with the family planning policies of the national government or other governmental entities within the People's Republic of China.

As used in this section, the term 'coercion' includes physical duress or abuse, destruction or confiscation of property, loss of means of livelihood, or severe psychological pressure.".

This Act may be cited as the "Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1998".

Passed the House of Representatives September 4, 1997.

Attest:

Clerk.