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"GLOBAL GAG RULE" RESTRICTIONS ON INTERNATIONAL FAMILY PLANNING FUNDING

X The World Health Organization estimates that close to 600,000 women die each year of causes related to pregnancy or childbirth - more than one woman every minute of the day. Ninety-nine percent of these women live in developing countries.

X Enabling couples to plan the number and spacing of their children helps women to bear their children during the healthiest times for both mother and child. Women in the developing world want to space their childbearing, but often do not have access to family planning. Limited access to family planning results in high rates of unintended and high-risk pregnancy, unsafe abortions, and maternal deaths.

X The U.S. Agency for International Development's (USAID) population assistance program supports voluntary family planning services in more than 60 countries throughout the developing world. Voluntary family planning can prevent maternal and child deaths, unintended pregnancies, unsafe abortions, and HIV/AIDS and other sexually transmitted diseases.

X Federal law since 1973 specifically has prohibited U.S. funds from use for performing or "promoting" abortions in voluntary international family planning programs.

X In 1984, the Reagan administration issued the so-called "Mexico City" policy, which denied U.S. funding to foreign nongovernmental organizations "which perform or actively promote abortion as a method of family planning in other nations." The policy was carried over to the Bush Administration.

X In 1993 President Clinton signed an executive order repealing the "Mexico City" restrictions.

X For the past five years, anti-family planning lawmakers have attempted to reimpose variations of the "Mexico City," or "global gag rule" policy on

organizations which receive U.S. funds for international family planning.

During the 105th and 106th Congresses, anti-choice lawmakers attempted to link the global gag rule issue to the U.S. payment of arrears to the United Nations, threatening to stall any bill that included the arrearages unless it also included the "global gag rule" language.

X These attempts proved unsuccessful until November, 1999, when President Clinton was forced to choose between repaying the U.S. debt to the United Nations and reinstating these restrictions on international family planning programs.

X The "global gag rule" signed into law within the one-year FY 00 Consolidated Appropriations funding bill would prohibit foreign nongovernmental organizations receiving U.S. family planning assistance from *using their own private funds* to provide legal abortion or to engage in advocacy activities, including making public statements about abortion law or policy. The President has the ability to waive these restrictions and did so on November 30, 1999, but the waiver triggers a $12.5 million reduction in funding for the program, currently underfunded at $385 million. That $12.5 million will be transferred to the USAID Child Survival account and prohibited for use on family planning programs.

X The provision signed into law includes a component that goes beyond the original "global gag rule" restriction. Notwithstanding the waiver, those organizations that *do* use their own private funds for performance of abortion or to alter laws pertaining to abortion will be identified and segregated, and the total amount they collectively receive from USAID for family planning funding cannot exceed $15 million.

X Access to international family planning services is one of the most effective means of reducing the need for abortion. Anti-choice Members of Congress fail to realize that restricting funds to organizations that provide a wide range of safe and effective family planning services can only lead to more, not fewer, abortions. Cutting funding for family planning diminishes access to the single most effective means of reducing abortion.

X The "global gag rule" represents an unprecedented intrusion in the decisions that non-governmental organizations make about use of their private, non-U.S. funds. This is a gag rule that would force organizations to be silent on legitimate public policy debate and prevent them from engaging in the democratic process in order to receive U.S. funds - which would be unconstitutional in the US. This is the first time that U.S. law acts to limit free speech and the spread of democratic ideals overseas instead of fostering them.

It also makes those organizations who are identified as spending their funds for these legal activities vulnerable to harassment and attacks by extremist abortion opponents.

LAST YEAR'S FY 00 CONGRESSIONAL ACTION

X June 17, 1999 the Senate Appropriations Committee passed S 1234, the FY 00 Foreign Operations spending bill. The bill included $425 million in funding for the US Agency for International Development (USAID) population assistance program, an increase of $40 million over FY99 funding. The Senate version of the bill did not include the restrictive global gag rule language. Instead, pro-family planning language was included stating that nongovernmental organizations may not be subjected to restrictions beyond those of the country in which they operate.

X June 30, 1999 the Senate passed S 1234, the FY 00 Foreign Operations Appropriations bill by a vote of 97-2, with $425 million for population assistance and pro-family planning language stating that nongovernmental organizations may not be subjected to restrictions beyond those of the country in which they operate.

X July 14, 1999 the House Foreign Operations Appropriations Subcommittee passed HR 2606, the FY 00 Foreign Operations spending bill. Included in the bill is $385 million in funding for the USAID population assistance funding, the same level as FY 99.

X July 20, 1999 the House Appropriations Committee passed HR 2606, the FY 00 Foreign Operations spending bill. No "global gag rule" restriction on international family planning was included.

X August 3, 1999 the House passed, by a vote of 385-35, HR 2606, the FY 00 Foreign Operations Appropriations Act. Included in the bill is $385 million in funding for the USAID population assistance funding, the same level as FY 99. On July 29, 1999 the House approved, by a vote of 228-200, a "global gag rule" amendment by Rep. Chris Smith to prohibit U.S. funding to international family planning organizations that with their own, non-U.S. funds perform abortions or engage in abortion-related advocacy. The House also approved, 221-208, the Greenwood/Lowey amendment requiring international family planning organizations to certify that they are not in violation of the laws of their own country regarding abortion services or advocacy.

Additionally, an amendment by Representative Joseph Pitts to prohibit any money designated for child survival from being used for family planning failed by a vote of 187-237. An amendment offered by Representative Ron Paul to

completely eliminate funding for international family planning programs failed, 145-272.

X October 5, 1999 the House approved the FY 00 Foreign Operations Appropriations conference report, 214-211. The conference report includes $385 million for USAID population assistance funding. Both the Smith "global gag rule" amendment and the Greenwood/Lowey amendment were eliminated from the conference report. The Senate pro-family planning language stating that nongovernmental organizations may not be subjected to restrictions beyond those of the country in which they operate was also eliminated.

X October 6, 1999 the Senate approved the FY 00 Foreign Operations Appropriations conference report, 51-49.

X October 18, 1999 President Clinton vetoed the FY 00 Foreign Operations Appropriations conference report due to insufficient funding levels.

X November 5, 1999 the House approved, 316-100, a revised FY 00 Foreign Operations bill. The bill includes $385 million in international family planning funding.

X November 18, 1999 House passed a Consolidated Appropriations bill, HR 3194. As a result of negotiations with the President, the global □gag□ rule restriction passed by the House was included in the FY 00 Commerce, Justice, State Appropriations section of the bill. The President has the option of waiving the restriction; however, execution of the waiver triggers a $12.5 million cut in the international family planning program. Additionally, those organizations that are involved in abortion services or lobbying *with their own funds* would be segregated and the total amount they collectively receive from USAID for family planning funding cannot exceed $15 million.

X November 29, 1999 President Clinton signed a Consolidated Appropriations bill, PL 106-113.

X November 30, 1999 President Clinton exercised the waiver on the "global gag rule" on international family planning programs, triggering a $12.5 million cut in funding for the USAID population assistance program. President Clinton and Secretary of State Madeleine Albright have both publicly stated that they will fight to ensure that this one-year global □gag□ rule restriction expires as scheduled in September 2000.

THIS YEAR'S FY 01 CONGRESSIONAL ACTION

X May 9, 2000 the Senate Appropriations Committee passed the FY 01 Foreign Operations spending bill. The bill included $425 million in funding for the US Agency for International Development (USAID) population assistance program, an increase of $40 million over the FY 00 funding level, and $116 million below the level requested in the President's budget (the current-year appropriation of $385 million suffered a $12.5 million cut as a result of the global "gag" rule (see above).) The Committee bill does not contain the global "gag" rule, but instead contains language inserted by Committee ranking Senator Leahy which states explicitly that U.S. funds may not be used overseas to implement restrictions which would be illegal if imposed domestically.

X June 20, 2000 the House Appropriations Subcommittee on Foreign Operations passed the FY 01 spending bill. The bill included $385 million in funding for the US Agency for International Development (USAID) population assistance program, the same level as last year and $156 million below the level requested in the President's budget (the current-year appropriation of $385 million suffered a $12.5 million cut as a result of the global "gag" rule (see above).)

The Subcommittee bill continues current-law restrictions on international family-planning programs, including the onerous global "gag" rule, which prohibits U.S. funding to international family planning organizations that with their own, non-U.S. funds perform abortions or engage in abortion-related advocacy. During the markup, Rep. Lowey offered an amendment to strike the global "gag" rule and replace it with language explicitly stating that U.S. funds granted internationally may not be subject to restrictions that could not legally be imposed on U.S. organizations. The Lowey amendment failed 7-8.

X June 27, 2000 the House Appropriations Committee passed the FY 01 spending bill. The bill included $385 million in funding for the US Agency for International Development (USAID) population assistance program, the same level as last year and $156 million below the level requested in the President's budget (the current-year appropriation of $385 million suffered a $12.5 million cut as a result of the global "gag" rule (see above).)

The Committee bill continues current-law restrictions on international family-planning programs, including the onerous global "gag" rule, which prohibits U.S. funding to international family planning organizations that with their own, non-U.S. funds perform abortions or engage in abortion-related advocacy. During the markup, Rep. Lowey offered an amendment add language to the bill explicitly stating that U.S. funds granted internationally may not be subject to restrictions that could not legally be imposed on U.S. organizations. The Lowey amendment failed 26-34.

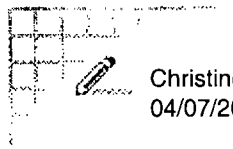
X July 13, 2000 House passed bill, which included $385 million in funding for the US Agency for International Development (USAID) population assistance program, the same level as last year and $156 million below the level requested

in the President's budget (the current-year appropriation of $385 million suffered a $12.5 million cut as a result of the global "gag" rule (see above).)

The bill continues current-law restrictions on international family-planning programs, including the onerous global "gag" rule, which prohibits U.S. funding to international family planning organizations that with their own, non-U.S. funds perform abortions or engage in abortion-related advocacy. During floor consideration, Reps. Greenwood and Lowey offered an amendment to strike the global "gag" rule. The Greenwood-Lowey amendment failed 206-221.

X July 18, 2000 Senate passed bill, which includes $425 million in funding for the US Agency for International Development (USAID) population assistance program, an increase of $40 million over the FY 00 funding level, and $116 million below the level requested in the President's budget (the current-year appropriation of $385 million suffered a $12.5 million cut as a result of the global "gag" rule (see above).)

The bill does not contain the global "gag" rule, but instead contains the Appropriations Committee's language which states explicitly that U.S. funds may not be used overseas to implement restrictions which would be illegal if imposed domestically.



Christine L. Anderson
04/07/2000 12:14:21 PM

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Subject: Fact Sheet: President Clinton Urges Congress to Support International Family Planning and Reproductive Health

PRESIDENT CLINTON URGES CONGRESS TO SUPPORT INTERNATIONAL FAMILY PLANNING AND REPRODUCTIVE HEALTH

April 7, 2000

Today, in a White House ceremony marking World Health Day, President Clinton will recognize the critical role that family planning plays in saving the lives and protecting the health of women around the world. He will call for action to address the fact that every day, at least 1,600 women around the world die from the complications of pregnancy and childbirth. The President will urge Congress to fully fund his FY 2001 budget initiatives to address this and other health care challenges facing women and families, including: an additional $169 million in family planning assistance to the United States Agency for International Development (USAID), thereby restoring funding to 1995 levels ($541.6 million); $25 million to the UN Population Fund (UNFPA); and $100 million through USAID, the Department of Health and Human Services and other agencies to prevent the spread of HIV and AIDS, primarily in Africa.

MILLIONS OF WOMEN WORLDWIDE ARE WITHOUT ACCESS TO SAFE AND EFFECTIVE FAMILY PLANNING AND REPRODUCTIVE HEALTH SERVICES.

Use of family planning can have profound effects on women's health and dramatically reduce infant and child deaths. Related reproductive health services promote safe motherhood and prevent sexually transmitted diseases. America has been the leader in providing family planning and reproductive health care for women and their families in developing countries, investing over $3.5 billion through USAID and UNFPA since 1993, as well as close to $1 billion in HIV/AIDS prevention. But, much more needs to be done.

• **One in four maternal deaths could be prevented through family planning.** Every day, at least 1,600 women die from preventable complications of pregnancy and childbirth -- almost 600,000 women per year. Complications of pregnancy and childbirth are the leading cause of death and disability among women aged 15 to 49 in developing countries. Only 53 percent of the deliveries in developing countries take place with a skilled birth attendant. Of all the health statistics monitored by the World Health Organization, maternal mortality shows the greatest disparity between developed and developing countries.

• **Sixteen thousand people are infected with HIV every day.** In most countries, 40 percent of new HIV infections are among women, and this rate is rising. Half of the newly infected people are

under 25 years of age. Thirty-four million people now live with AIDS -- 95 percent of whom are in the developing world. Family planning programs play a key role in reducing transmission of HIV/AIDS.

• **More than 1 million people are infected with a preventable sexually transmitted infection (STI) every day.** There are 333 million cases of sexually transmitted diseases annually. The four most common sexually transmitted diseases are easy to cure with antibiotics. Family planning programs play a key role in reducing transmission of sexually transmitted infections and diseases.

PRESIDENT CLINTON URGES CONGRESS TO SUPPORT HIS PROPOSALS TO SAVE WOMEN'S LIVES AND PROTECT WOMEN'S HEALTH. President Clinton's budget this year contains several important proposals to improve women's health. Today, the President urged Congress to support and pass his family planning and reproductive health initiatives, including:

• **Investment of $541 million in family planning efforts overseas, a 45 percent increase over FY 2000 levels which restores funding to FY 1995 levels.** An estimated 34,000 children under age five die every day in developing countries, and almost 600,000 women die each year of preventable causes related to pregnancy and childbirth. By avoiding unintended pregnancies and helping women bear their children during the healthiest times for the mother, family planning helps prevent maternal and child deaths. The President will highlight that his FY 2001 budget proposes $541 million, an increase of 45 percent over FY 2000 funding levels, to fund the provision of family planning services and related reproductive health services overseas and urge that it be passed without restrictions on the ability of organizations to participate in the democratic process in their own countries.

• **Investment of an additional $100 million in HIV and AIDS prevention and treatment efforts in Africa and developing countries in other regions.** The President's budget will invest a total of $342 million in HIV prevention and AIDS treatment around the world, more than doubling the FY 1999 level. Funds will be targeted to the countries where the disease is most widespread and where our efforts will have the greatest impact. Activities include: increasing primary prevention efforts; providing care and treatment for individuals infected with HIV; caring for children orphaned by AIDS; strengthening the public health infrastructure; and expanding HIV prevention programs in the workplace.

• **Investment of $25 million in the United Nations Population Fund (UNFPA).** The United States has been a supporter of UNFPA, the largest multilateral provider of population assistance, for over 30 years. Its work complements our bilateral efforts. The President's budget proposal includes $25 million to support the UNFPA's work providing much needed voluntary family planning services, maternal and child health care, and STD prevention -- including HIV/AIDS -- in 160 countries.

A CRITICAL TIME TO SAVE WOMEN'S LIVES, PROTECT WOMEN'S HEALTH AND PROVIDE WOMEN WITH THE OPPORTUNITY TO CONTRIBUTE TO THE DEVELOPMENT OF THEIR NATIONS.

The President will note that this is a critical time to invest in international family planning programs. Today, there are one billion people between the ages of 15 and 24 -- the largest generation ever -- entering their reproductive years, and a record number of people living with or vulnerable to HIV/AIDS.

The President will recognize the critical role that family planning plays in saving the lives and protecting the health of women around the world. America's strong support for international family planning programs will allow millions of women to plan their families, provide for their children's future, and contribute to the development of their nations.

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UNITED STATES AND THE RUSSIAN FEDERATION LEAD THE DEVELOPED WORLD IN TEENAGE PREGNANCY RATES

U.S. Rate Remains Very High Despite Drop in 1990s

Adolescent Childbearing and Pregnancy Declined
Across the Industrialized World in the Last 25 Years

The United States continues to have one of the highest rates of adolescent childbearing and pregnancy rates in the developed world, despite a substantial 17% decline in its teenage pregnancy rate in the 1990s, according to a new cross-country study by The Alan Guttmacher Institute (AGI). Currently, U.S. rates are akin to those in the Russian Federation and several eastern European countries, including Bulgaria, and at least four times the rates in France, Germany and Japan.

The study, **"Adolescent Pregnancy and Childbearing: Levels and Trends in Developed Countries,"** by AGI researchers Susheela Singh and Jacqueline E. Darroch, reveals a widespread trend toward lower adolescent birthrates and pregnancy rates over the last 25 years *across the industrialized world.* Further, childbearing has declined over this period among women of all ages. The findings suggest that the possible reasons are "broad societal changes, as well as crosscutting socioeconomic, political and cultural characteristics of individual countries," including

- greater importance ascribed to educational achievement and employment;
- increased motivation among youth to delay sexual intercourse, pregnancy and childbearing to gain more education, job skills and economic stability before starting a family;
- increased provision of sexuality education over the past decades, leading to greater knowledge of contraception, more effective contraceptive use and improved ability to negotiate contraceptive practice; and
- greater social support for services for both pregnancy and disease prevention among adolescents.

Indeed, a recent analysis by AGI, *Why Is Teenage Pregnancy Declining? The Roles of Abstinence, Sexual Activity and Contraceptive Use,* determined that at least in the United States (which, unlike other developed countries, has a strong abstinence movement), one-quarter of the drop in teenage

--more--

pregnancy in the early and mid 1990s is attributable to delayed onset of sexual activity, but three-quarters is due to improved contraceptive use among sexually experienced teenagers.

Authors Singh and Darroch, commenting on the large differentials between western European countries and U.S. rates, "the pragmatic European approach to teenage sexual activity, expressed in the form of widespread provision of confidential and accessible contraceptive services to adolescents, is viewed as a central factor in explaining the more rapid declines in teenage childbearing in northern and western European countries, in contrast to slower decreases in the United States."

The new analysis is published in the January/February 2000 issue of the Institute's peer-reviewed professional journal *Family Planning Perspectives*. Part of a multiyear study supported by a grant from The Ford Foundation, it examines the levels of adolescent childbearing, abortion and pregnancy in developed countries in the mid-1990s, as well as trends over recent decades. Australia, Canada, Japan, New Zealand, the United States and all countries in Europe are included in the analysis (*see attached tables for country-specific information*). Data presented include

- teenage birthrates for 46 developed countries over the period 1970–1995;
- trend data on abortion and pregnancy rates for 25 of the 46 countries over the period of 1980–1995; and
- abortion and pregnancy rates for the most recent year available for 33 of the 46 countries.

Given that pregnancy consequences for younger teenagers are often of great social concern, the study also compares birthrates, abortion rates and pregnancy rates for adolescents aged 15–17 and 18–19. Data for the analysis were from various sources, including national vital statistics reports, official statistics, published national and international sources, and government statistical offices.

AGI President Sara Seims, commenting further on the study findings notes: "Every country in the world is concerned about the sexual and reproductive lives of its young people. It is how each one expresses and acts upon about this concern that makes the difference. In the United States, poverty and inequity clearly are behind much of our high rates of pregnancy, birth and abortion. But lack of sensitive, confidential, low-cost contraceptive services and the denial of accurate and frank information about sex and contraception, which extend from conflicted societal attitudes and a lack of openness about sex, are equally to blame. Our young people deserve better. We have a great deal to learn from the experience of our western European counterparts. "

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Table 2. Rates of adolescent birth, abortion and pregnancy per year (per 1,000 women aged 15–19) and abortion ratio (per 100 pregnancies), by developed country, for the most recent year available

Country	Birthrate	Abortion rate	Pregnancy rate	Abortion ratio
Albania	15.4	u	u	u
Armenia	56.2	u	u	u
Australia	19.8	23.8	43.7	54.1
Austria	15.6	u	u	u
Belarus	39.0	34.3	73.3	47.5
Belgium	9.1	5.0	14.1	35.6
Bosnia and Herzegovina	38.0	u	u	u
Bulgaria	49.6	33.7	83.3	40.4
Canada	24.2	21.2	45.4	47.1
Croatia	19.9	u	u	u
Czech Republic	20.1	12.3	32.4	38.1
Denmark	8.3	14.4	22.7	62.6
England and Wales	28.4	18.6	46.9	40.2
Estonia	33.4	32.8	66.2	49.7
Finland	9.8	10.7	20.5	52.9
France	10.0	10.2*	20.2*	51.2*
Georgia	53.0	13.4*	66.4*	20.2*
Germany	12.5	3.6	16.1	23.0
Greece	13.0	u	u	u
Hungary	29.5	29.6	59.1	50.3
Iceland	22.1	21.2	43.3	51.1
Ireland	15.0	4.2*	19.2*	21.9*
Israel	18.0	9.8†	27.9†	35.3†
Italy	6.9	5.1*	12.0*	42.9*
Japan	3.9	6.3*,†	10.1*,†	61.9*,†
Latvia	25.5	29.0	54.5	47.6
Lithuania	36.7	u	u	u
Macedonia	44.1	u	u	u
Moldova	53.2	11.6*	64.8*	18.1*
Netherlands	8.2‡	4.0‡	12.2‡	33.8‡
New Zealand	34.0	20.0	54.0	37.2
Northern Ireland§	23.7‡	4.8*,‡	28.4*,‡	17.0*,‡
Norway	13.5	18.7	32.3	59.2
Poland	21.1	u	u	u
Portugal	20.9	u	u	u
Romania**	42.0	32.0*	74.0*	42.9*
Russian Federation††	45.6	56.1*	101.7*	56.1*
Scotland‡‡	27.1	14.5	41.6	37.2
Slovak Republic	32.3	11.1	43.3	25.5
Slovenia	9.3	10.6	19.9	49.2
Spain	7.8	4.5*	12.3*	36.7*
Sweden	7.7	17.2	24.9	69.6
Switzerland	5.7	u	u	u
Ukraine	54.3	u	u	u
United States	54.4	29.2	83.6	34.9
Yugoslavia (Federal Rep.)	32.1	u	u	u

*Abortion data are less than 80% complete. †Abortions are for women younger than 20, not just 15–19. ‡Birth data are for women younger than 20, not just 15–19; abortions are those for residents only. §Abortion rates reflect abortions obtained by Northern Ireland residents in England and Wales. **Data are from the 1993 National Fertility Survey. ††Abortion data are from Soskomstat. The totals are higher than those from the Ministry of Health. ‡‡Abortion rate includes abortions obtained by Scotland residents in England and Wales. *Notes:* The abortion ratio is the proportion of pregnancies (excluding miscarriages) that are resolved as abortions. The most recent year is 1995, with the following exceptions. 1996—Austria, Bulgaria, Croatia, the Czech Republic, Estonia, Finland, Hungary, Iceland, Latvia, Lithuania, Moldova, Norway, Poland, Portugal, Slovenia, Sweden, Switzerland and the United States; 1994—Australia and Georgia; 1992—the Netherlands; and 1990—Albania and Bosnia and Herzegovina. All data reflect "age in completed years." The following adjustments were made when age was defined as "age attained during year": abortion data—Finland, France, Germany, Iceland and Norway; birth data—France and Germany. u=unavailable.

Table 3. Adolescent birthrates, by year, and percentage change in birthrates, by period, 1970 to mid-1990s, according to country

Country	Rate						% change		
	1970	1975	1980	1985	1990	1995*	1970–1985	1985–1995	1970–1995
Albania	39.0	u	21.9	16.4	15.4	u	–58	u	u
Armenia	41.2	39.6	45.0	57.0	70.0	56.2	38	–1	36
Australia	50.9	40.9	28.1	22.7†	22.0	19.8‡	–55	–13	–61
Austria	58.2	47.1	34.5	24.4	21.2	15.6	–58	–36	–73
Belarus	19.6	25.5	31.4	32.8	43.8	39.0	67	19	99
Belgium	31.0	27.8	20.3	12.6	11.3	9.1	–59	–28	–71
Bosnia & Herzegovina	43.6	45.4	36.8	38.1	38.0	u	–13	u	u
Bulgaria	71.5	75.4	81.2	77.4	69.9	49.6	8	–36	–31
Canada	42.8	35.3	27.2	23.2	25.6	24.2	–46	4	–43
Croatia	46.9	51.5	45.4	38.4	27.4	19.9	–18	–48	–58
Czech Republic	49.0	61.2	53.1	53.3	44.7	20.1	9	–62	–59
Czechoslovakia	45.6	55.6	51.3	52.8	44.8	27.5	16	–48	–40
Denmark	32.4	26.8	16.8	9.1	9.1	8.3	–72	–9	–74
England and Wales	49.7	36.5	29.6	29.5	33.2	28.4	–41	–4	–43
Estonia	32.6	36.0	44.6	43.9	53.6	33.4	35	–24	2
Federal Republic of Germany	43.3	26.2	19.5	12.1	16.8	13.2	–72	9	–70
Finland	32.2	27.5	18.9	13.8	12.4	9.8	–57	–29	–70
France	37.4	33.1	25.4	16.9	13.3	10.0	–55	–41	–73
Georgia	35.8	36.3	45.0	49.1	60.2	53.0‡	37	8	48
German Dem. Republic	72.1§	61.5	53.7	43.8	33.2§	u	–39§	u	u
Greece	36.9	46.5	53.1	36.4	21.6	13.0	–1	–64	–65
Hungary	50.0	72.1	68.0	51.5	39.5	29.5	3	–43	–41
Iceland	73.7	64.1	57.7	33.7	30.6	22.1	–54	–34	–70
Ireland	16.3	22.8	23.0	16.6	16.8	15.0	2	–10	–8
Israel	49.6	43.8	35.3	26.1	24.7	18.0	–47	–31	–64
Italy	27.0	32.5	20.9	12.7	9.0	6.9	–53	–46	–74
Japan	4.4	4.1	3.6	4.0	3.6	3.9	–9	–4	–12
Latvia	27.7	28.8	39.9	42.6	50.0	25.5	54	–40	–8
Lithuania	23.6	22.2	28.0	22.1	41.6	36.7	–6	66	56
Macedonia	41.4	50.0	49.3	47.5	43.1	44.1	15	–7	7
Moldova	u	u	34.7	42.6	58.7	53.2	u	25	u
Netherlands	22.6	12.6	9.2	6.8	8.3	5.8	–70	–15	–74
New Zealand	64.3	53.7	30.6	30.6	35.0	34.0	–52	11	–47
Northern Ireland	u	34.9	30.5**	28.7	u	23.7	u	–17	u
Norway	44.6	40.3	25.2	17.8	17.1	13.5	–60	–24	–70
Poland	30.0	31.4	32.9	35.1	31.5	21.1	17	–40	–30
Portugal	29.8	37.0	41.0	33.0	24.1	20.9	11	–37	–30
Romania	65.7	69.2	72.3	57.3	51.5	42.0	–13	–27	–36
Russian Federation	29.7	34.5	43.6	46.9	55.6	45.6	58	–3	54
Scotland	47.3	40.0	32.6	30.9	31.8	27.1	–35	–12	–43
Slovak Republic	39.2	46.3	48.2	51.8	45.5	32.3	32	–38	–18
Slovenia	42.3	59.6	56.3	41.3	24.6	9.3	–2	–77	–78
Spain	14.3	21.9	25.8	18.5	11.9	7.8	29	–58	–45
Sweden	33.9	28.8	15.8	11.0	14.1	7.7	–68	–30	–77
Switzerland	22.2	15.3	10.2	6.7	7.1	5.7	–70	–15	–74
Ukraine	35.1	40.3	49.4	51.7	57.4	54.3	47	5	55
United States	68.3	55.6	53.0	51.0	59.9	54.4	–25	7	–20
USSR	32.5	u	u	43.9††	u	u	35	u	u
Yugoslavia (former)	51.4	54.2	47.6	43.8‡‡	35.2	u	–15	u	u
Yugoslavia (Federal Republic)	60.8	60.6	52.7	48.4	41.0	32.1	–20	–34	–47

*Data are for 1996, not 1995, in Austria, Bulgaria, Croatia, the Czech Republic, Estonia, Finland, Hungary, Iceland, Latvia, Lithuania, Moldova, Norway, Poland, Portugal, Slovenia, Sweden, Switzerland and the United States. †The 1985 birthrate is the average of 1984 and 1986. ‡The birthrate for 1995 is actually for 1994. §The 1970 birthrate is actually for 1972; the 1990 birthrate is actually for 1989; and the percentage changes also reflect these years. **The birthrate for 1980 is actually for 1978. ††The birthrate for 1985 is actually for 1986. ‡‡The birthrate for 1985 is actually for 1987. *Notes:* All data presented reflect "age in completed years." Where age was defined as "age attained during year," birth data were adjusted for the Federal Republic of Germany and France. u=unavailable.

Table 4. Adolescent abortion rate and pregnancy rate, by year, according to country

Country	Abortion rate				Pregnancy rate			
	1980	1985	1990	1995	1980	1985	1990	1995
Australia	u	17.8	22.6	23.8	u	40.5	44.6	43.6
Bulgaria	u	u	43.5	33.7	u	u	113.4	83.3
Canada	16.9	14.9	20.3	21.2	44.1	38.1	45.9	45.4
Czechoslovakia	10.8	15.4	21.3	11.8	62.1	68.2	66.1	39.3
Czech Republic	u	u	24.6	12.3	u	u	69.3	32.4
Slovak Republic	u	u	14.9	11.1	u	u	60.4	43.4
Denmark	20.9	16.3	16.9	14.4	37.7	25.4	26.0	22.7
England and Wales	18.1	19.8	22.8	18.6	47.7	49.3	56.1	47.0
Federal Republic of Germany	5.2*	1.9*	1.8*	u	20.4*	10.5*	14.2*	u
Finland	21.2	18.4	15.2	10.7	40.1	32.2	27.6	20.5
France	11.8*	10.1*	9.9*	10.2*	37.2*	27.0*	23.2*	20.2*
German Democratic Rep.	12.1*	11.8*	7.1*	u	65.8*	55.6*	40.3*	u
Hungary	26.5	27.0	30.2	29.6	94.5	78.5	69.7	59.1
Iceland	23.9	16.3	16.7	21.2	81.6	50.0	47.3	43.3
Ireland	u	u	4.0*	4.2*	u	u	20.8*	19.2*
Israel	u	u	11.0	9.8	u	u	35.6	27.9
Italy	u	u	4.9*	5.1*	u	u	13.9*	12.0*
Japan	u	u	6.6*	6.3*	u	u	10.2*	10.1
Netherlands	5.3	4.3	3.6	4.0	14.5	11.1	11.9	12.2
New Zealand	10.8	11.7	15.6	20.0	41.4	42.3	50.5	54.0
Norway	22.6	21.6	19.8†	18.7†	47.8	39.4	36.9†	32.2†
Scotland	12.1	14.2	15.3	14.5	44.7	45.1	47.2	41.6
Slovenia	u	u	13.9	10.6	u	u	38.5	19.9
Spain	u	u	3.1*	4.5*	u	u	15.0*	12.3*
Sweden	22.2	18.0	23.9	17.2	38.0	29.0	38.0	24.9
United States	44.4	45.7	40.6	29.2	97.4	96.7	100.5	83.6

*Abortion data are less than 80% complete. †Rate reflects adjusted age data for birth and abortion. Original data set defined age as "age attained during year." *Notes:* The most recent year is 1995 with the following exceptions: 1996—Bulgaria, the Czech Republic, Finland, Hungary, Iceland, Norway, Slovenia, Sweden and the United States; 1994—Australia; and 1992—the Netherlands. All data presented reflect "age in completed years." The following adjustments were made when age was defined as "age attained during year": abortion data—the Federal Republic of Germany, Finland, France, the German Democratic Republic, Iceland and Norway; birth data used to calculate pregnancy rate—the Federal Republic of Germany and France. u=unavailable.

YOUNG ADULTS BEAR THE BRUNT OF SEXUALLY TRANSMITTED DISEASES IN DEVELOPED COUNTRIES

Rates of Gonorrhea and Chlamydia Among Teenagers Extremely High in the United States and the Russian Federation, Compared with Other Developed Countries

In all but a few developed countries, teenagers and young adults aged 20–24, particularly young women, are disproportionately affected by sexually transmitted diseases (STDs). They account for more than one-fifth (and often more than one-third) of reported cases of syphilis, gonorrhea and chlamydia, according to a companion study to the cross-country analysis of teenage pregnancy rates also appearing in the journal. **"Sexually Transmitted Diseases Among Adolescents in Developed Countries,"** by AGI researchers Christine Panchaud, Susheela Singh, Dina Feivelson and Jacqueline E. Darroch, reports that the incidence of the three STDs has generally decreased over the last decade, but rates remain quite high among adolescents in some countries.

For the analysis, supported by a grant from The Henry J. Kaiser Family Foundation, data on the current incidence and recent trends of STDs among teenagers and young adults were obtained for 16 developed countries from official statistics, published national sources or scientific articles, and unpublished government statistics.

The incidence of syphilis among teenagers is quite low in most developed countries (rates of less than seven cases per 100,000 teenagers). In fact, syphilis rates among teenagers declined in most countries between 1985 and 1990. However, syphilis rose dramatically in the Russian Federation in the 1990s and remains at a very high level there (211 per 100,000), as well as in Romania (58 per 100,000). Reasons for the STD epidemic in the Russian Federation include disruption and deterioration of health care service provision and increased sexual activity among adolescents.

The reported incidence of gonorrhea among teenagers is also quite low (15 or less per 100,000) and declining in the majority of developed countries. However, it is substantial in some countries—Canada, England and Wales, and Romania (ranging from 59 to 77 per 100,000)—and exceptionally high in the Russian Federation and the United States (nearly 600 per 100,000).

Reported incidence of chlamydia is extremely high among adolescents (between 563 and 1,132 cases per 100,000), and is highest in Denmark (1,081) and the United States (1,132). It is much higher among young women than among young men, largely because young women have more regular contact

with medical providers and are more likely to be screened. While the rate of chlamydia declined overall in the 1990s in seven of the 10 countries with trend information, it appears to be increasing in some countries, including the United States. These increases, as well as the high incidence in some countries, are at least partly a reflection of more active screening programs.

The authors note that differences in sexual behavior alone cannot explain why there is such variation among countries in the incidence of the three STDs, because there is little variation in sexual activity levels among teenagers in the countries examined. The analysts suggest that the comparatively high rate of STDs among U.S. youth may reflect both that some teenagers have difficulty in accessing good-quality medical care for diagnosis and treatment, and that the United States has less-widespread and less-intensive prevention policies than most European countries.

According to the researchers, their findings suggest some broad priorities in efforts to reduce risky behavior and the incidence of STDs among young adults: raising awareness among the general population, policymakers and health care providers about the problem of STDs among youth; increasing prevention efforts, especially for the socially and economically disadvantaged; and implementing well-designed education programs and behavioral interventions, particularly before teenagers initiate sexual relationships. They also note several other policy approaches that have been shown to affect STD incidence:

- implementing active screening, partner notification and partner referral practices;
- providing comprehensive services including health education and direct STD services that are integrated into other types of health care (such as family planning); and
- adapting STD facilities to the specific needs of youth.

In sum, the authors suggest, "Declines in STDs in some countries, in particular the Nordic countries, offer hope that it is possible to reduce the burden of STDs through a combination of information and education programs, partner notification and active screening strategies, better access to STD health care, and programs promoting behavioral change."

###

Table 2. Annual reported rates for sexually transmitted infections among adolescents, by gender, and in the total population; ratios of infection rates among adolescents to rates among selected groups; and percentage of all infections that occur among adolescents and young adults; all by type of infection and by country

Infection and country	Rate (per 100,000)				Ratio of rates			Of all reported infections, % that occur in age-group		
	Among 15–19-year-olds			In total population	Females 15–19 to males 15–19	All 15–19-year-olds to total population	All 15–19-year-olds to all 20–24-year-olds	15–19	20–24	15–24
	Total	Female	Male							
Syphilis										
Canada (1996)	0.6	0.9	0.3	0.3	3.00	2.00	0.75	15	20	35
Denmark (1995)*	0.6	1.3	0.0	0.4	†	1.55	0.47	11	26	37
England & Wales (1996)	0.2	0.2	0.2	0.2	1.00	1.00	0.59	5	11	16
Federal Republic of Germany (1995)‡	1.2	1.1	1.2	1.2	0.96	0.99	0.30	5	20	25
Finland (1996)	1.8	2.5	1.2	4.2	2.08	0.43	0.44	3	6	9
German Democratic Republic(1995)	2.2	2.6	1.8	2.3	1.43	0.98	0.22	6	25	31
Netherlands (1995)‡	1.0	1.1	0.9	1.3	1.31	0.75	0.34	4	16	20
Norway (1995)	0.0	0.0	0.0	0.1	†	0.00	0.00	0	33	33
Romania (1994)§,**	57.5	u	u	25.9	u	2.22	0.64	17	48	65
Russian Federation (1994)**	211.4	313.4	112.3	85.7	2.79	2.47	0.64	18	51	69
Slovak Republic (1996)	u	u	u	2.8	u	u	u	u	u	30
Sweden (1995)	0.6	1.2	0.0	0.8	†	0.76	0.49	4	10	14
Switzerland (1996)‡	0.5	0.5	0.5	2.5	1.04	0.20	0.27	1	5	6
United States (1996)	6.4	8.6	4.3	4.3	2.00	1.49	0.59	10	17	27
Gonorrhea										
Belgium (1996)‡	0.6	1.0	0.3	1.0	3.09	0.64	0.23	4	18	22
Canada (1996)	59.4	86.4	33.3	16.8	2.59	3.54	0.85	24	27	50
Denmark (1996)	5.0	5.0	5.0	3.4	1.00	1.48	0.31	9	23	32
England & Wales (1996)	76.9	95.7	59.1	22.4	1.62	3.43	0.83	20	30	51
Federal Republic of Germany (1995)‡	8.6	9.3	7.9	5.0	1.18	1.72	0.44	9	24	33
Finland (1996)	3.7	3.8	3.6	4.3	1.04	0.85	0.30	5	17	23
France (1996)††	7.7	8.4	7.0	8.4	1.20	0.92	0.44	10	24	34
German Democratic Republic (1995)‡‡	15.0	16.1	14.1	8.0	1.14	1.88	0.43	u	u	u
Netherlands (1995)‡	7.7	7.5	7.8	9.2	0.96	0.84	0.30	5	20	25
Norway (1995)	6.7	9.1	4.4	4.0	2.07	1.68	0.51	10	24	34
Romania (1994)§,**	65.8	u	u	23.1	u	2.85	0.77	22	52	74
Russian Federation (1994)*	596.5	589.1	603.7	204.6	0.98	2.92	0.72	21	54	75
Slovak Republic (1996)	u	u	u	4.2	u	u	u	u	u	67
Sweden (1995)	1.8	2.0	1.5	2.8	1.31	0.63	0.23	4	18	22
Switzerland (1996)‡	1.8	2.1	1.5	3.7	1.40	0.48	0.36	3	8	11
United States (1996)‡	571.8	758.2	394.8	125.1	1.92	4.57	1.09	31	29	60
Chlamydia										
Belgium (1996)‡	12.2	23.7	1.3	7.8	18.8	1.6	0.5	10	21	30
Canada (1996)	563.3	998.6	148.5	114.8	6.7	4.9	0.9	33	37	69
Denmark (1996)	1,081.1	1,875.0	287.0	255.0	6.5	4.2	0.7	25	43	68
England & Wales (1996)‡	232.8	389.0	85.1	75.9	4.6	3.1	0.8	23	34	57
Finland (1996)	650.8	1,122.1	198.7	184.2	5.6	3.5	0.6	22	38	61
France (1996)‡,††	55.1	110.9	1.6	60.2	69.7	0.9	0.4	10	28	38
Norway (1995)	u	u	u	215.4	u	u	u	u	u	u
Russian Federation (1996)	u	u	u	106.1	u	u	u	u	u	u
Sweden (1995)	569.6	921.0	235.2	156.0	3.9	3.7	0.5	21	45	66
Switzerland (1996)‡	37.7	72.2	3.9	39.1	18.6	1.0	0.4	5	17	22
United States (1996)‡	1,131.6	2,067.0	245.8	192.6	8.4	5.9	1.3	31	24	55

*Adolescent rates are calculated using the number of infection cases at ages 19 or younger per 100,000 population aged 15–19. †This ratio could not be calculated because the male rate for this year was zero. ‡Country has medium or low reporting rates (i.e., fewer than 70% of diagnosed cases are estimated to be reported). §Adolescent rates are calculated using the number of infection cases at ages 10–19 per 100,000 population aged 15–19. **Data shown as for ages 20–24 are actually for ages 20–29; data shown as for ages 15–24 are actually for ages 15–29. ††General population rates are calculated using the number of infection cases per 100,000 population at ages 15–59. ‡‡Adolescent rates are calculated using the number of infection cases per 100,000 15–17-year-olds; young adult rates are calculated using the number of cases per 100,000 18–24-year-olds. *Note:* u=data unavailable.

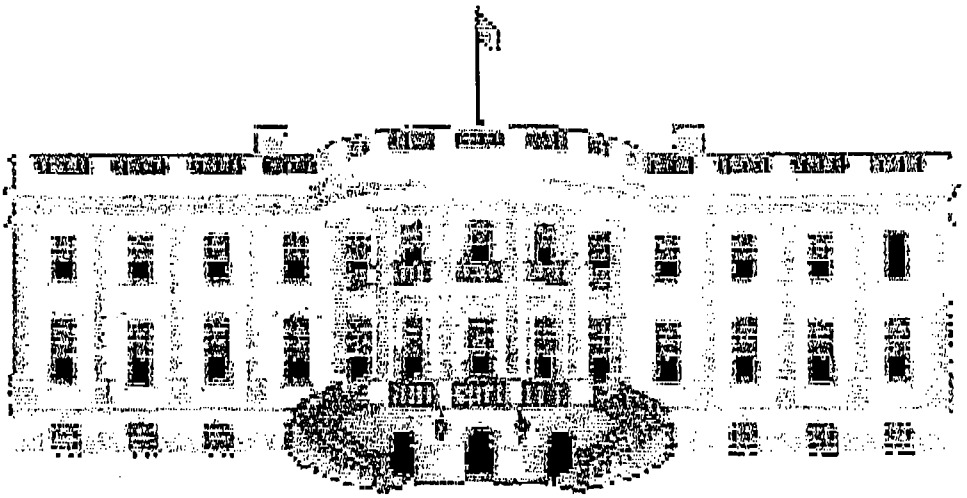
NCJW Applauds Plans to Raise Funding Levels for International Family Planning

NCJW was deeply disappointed with the final budget deal in which the restrictive and damaging "Mexico City" language and funding cuts in international family planning were accepted by the Administration in return for payment of UN dues (see the accompanying press release, *NCJW Deplores Anti-Family Planning "Blackmail" on UN Issue*). "Mexico City" language would cut off US family planning assistance to any groups that provide, with their owns funds, legal abortion services or public information about abortions.

However, we were greatly encouraged by recent statements from the Administration, such as the following statement made by Secretary of State Madeleine Albright during a Nov. 24 briefing: "[International family planning] programs prevent abortions and save lives. The United States is proud to lead in supporting them and I am pleased to announce today that in next year's budget, President Clinton will request an appropriation of $541.6 million, a return to the 1995 levels in our contributions to them. I give notice now that I will fight hard for that request and to see that the restrictions in this year's appropriations bill expire as scheduled next September."

In addition, NCJW was pleased with the increasing support for international family planning as Representatives learned of the life and health saving achievements of these programs, as well as the resulting restoration of the US contribution to the United Nations Population Fund (UNFPA) which was eliminated last year. **NCJW supports the restoration of funding to $541.6 million next year and opposes the addition of restrictions such as the "Mexico City" language on any piece of legislation. Contact your Representative, Senators and the White House to let them know of your support.**

THE WHITE HOUSE



OFFICE OF WOMEN'S INITIATIVES AND OUTREACH

From:

- ✓ **Lauren Supina, Director**
- ____ **Sondra Seba, Agency Representative**
- ____ **LaJaycee Brown, Agency Representative**
- ____ **Angela Blake, Special Assistant to the Director**
- ____ **Other:** _____

Phone: 202-456-7300
Fax: 202-456-7311

To: Heather Howard

Fax: 6-2878

Date: 4/5/00

Comments:

Ungag Family Planning

ON FRIDAY the White House will host an event on family planning. It will feature the president, the secretary of state and flashy celebrity guests to highlight the administration's commitment to the issue. But the consistency of this commitment has yet to be proven. Today a bipartisan group in Congress is introducing a bill to strengthen America's international family planning programs. Yet the administration has chosen not to send a top-level representative to the bill's launch, and has at times seemed coy about supporting it.

The bill seeks to fix a problem that, for understandable reasons, the administration had a hand in causing. Last year, in order to get Congress to release money to repay America's debts to the United Nations, the administration accepted Republican restrictions on family planning groups abroad. This was the right trade-off. But the restrictions are onerous, and it's time to start undoing them.

The restrictions lay down that any family planning group that accepts federal aid may not practice or advocate abortion, even if it uses non-federal money to do so. The advocacy ban is particularly noxious: A group that hosted a conference on family planning might run afoul of the law if one of the speakers broached the subject of abortion. This is a free-speech curb that Americans would never accept at home. The United States cannot urge developing countries to espouse democracy and openness while simultaneously seeking to restrict the speech of groups that work there.

President Clinton has called for international family planning without restrictions, and may well do so again on Friday. He has also proposed that aid for family planning be increased from its current level of $370 million to $540 million next year. But the battle to get these policies through Congress is going to be stiff. In order to win, the president is going to have to provide consistent leadership. Leaving like-minded members of Congress to march forward alone just isn't good enough.

WASHINGTON OFFICE

Henry W. Foster, Jr., M.D.

200 Independence Avenue, SW, Room 717-H
Washington, DC 20201-0004
Phone: (202) 260-0217
Fax: (202) 205-5385

To: Heather Howard

Fax: (202) 456-2878 Pages: 2

From: Pascal Inyams

Re: Date: 3/27/00

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply

Comments:

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

Memorandum

Date: March 27, 2000

To: Heather Howard
White House Staff Member

From: Henry W. Foster, MD
Senior Advisor to President Clinton on Teen Pregnancy Reduction and Youth Issues

Subject: Sharon Allison as a possible invitee for the white house conference on International Family Planning

Please advise if consideration can be given to including Sharon Allison as an invitee to the above referenced impending conference. Sharon is a member of the U.S. Committee for the United Nations Population Fund (UNFPA), an organization that I chair. Her experiences in international family planning are both extensive and impressive; the following are some of her international family planning activities: 1. Current President of International Planned Parenthood Federation/Western Hemisphere Region. 2. Immediate past chair of the board of Planned Parenthood Federation of America. 3. Alan Guttmacher Institute Board of Directors. 4. Pathfinder International Board of Directors. 5. Governing Council of International Planned Parenthood Federation. 6. U.S. Committee for the United Nations Populations Fund (UNFPA). 7. PPFA Delegate to Cairo and Cairo +5. 8. PPFA Delegate to Beijing.

It may be of interest to know that Charlie Wilson, retired U.S. Congressman, is her brother.

Thank you very much for this consideration and I look forward to you response. Should your office wish to communicate with her directly she can be contacted by telephone at (254) 772 8138

White House International Family Planning Event +

April 6

11:00 a.m. – 12:00 p.m. **Foreign Press Center Briefing**
U/S Loy or A/S Taft, USAID rep., Foreign NGO rep.

2:00 --3:30 p.m. **Congressional Forum – "Why Family Planning Matters"**
Sponsored by the Congressional Women's Caucus
To feature foreign parliamentarians and NGOs
2220 Rayburn
Open participation + press

4:30 – 6:00 p.m. **Congressional Reception**
B369 Rayburn
Open participation

7:30 – 9:00 p.m. **Cosmos Club Dinner**
Sponsored by the UN Foundation and Packard Foundation
Approximately 80-100 "influentials" (Members of Congress, Administration, domestic and foreign NGOs, media, celebs)
- Focused discussions at each table ("Davos-style")

April 7

11:30 a.m. – 1:30 p.m. **Blair House Lunch**
Hosted by Chief of Protocol French, U/S Loy, USAID Administrator Anderson (and possibly members of Congress)
Approximately 75 guests (all invited to White House event)
Brief program with remarks by 4-5, including foreign NGO rep.

2:00 – 3:00 p.m. **White House (East Room) Event**
POTUS, SecState, Rep. Maloney, NGO (Dr. Enyantu Infenne has been recommended by international family planning coalition), +1?
180 guests + press

3:00 – 4:00 p.m. **White House Reception**
For guests of East Room event

Dr. Henry ~~Foster~~
wants to be invited
to April 7th mtg –
he is Clinton's Senior Advisor
on Teen Pregnancy &
Chairman of US Population
Fund for UN (?)
(615) 876-3781

White House International Family Planning Event +

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180 guests + press

3:00 – 4:00 p.m. **White House Reception**
For guests of East Room event

3/17 April 7 meeting

Friday 2-3

Celebs: George Soros, Blythe Danner, Alexandra Paul
Mimi Rogers

AL, Nikki - met w/ Maloney + others

goal - have clear leg
raise visibility - so people understand what's at stake

don't include domestic family planning

1 hour: agenda

President
Sect of State
~~ded~~ a provider
legislative component - Rep. Maloney + her choice - a Repub.
maybe add somebody from approps as we get close
if there's legisl.
Maloney wants Sue Kelly - her co-chair (?)
maybe a Senator - Snowe?
[members are invited but won't speak]
Maloney thinks its her event
Brief mix + mingle w/ VIP's before
Reception - Packard Foundation will pay

AID is doing a 10 page report on IFP
+ double sided highlight
- talk about ♀'s lives - ~~HH~~'s - talk about reducing abortions
since this is an abortion debate

Packard wants to webcast

(2) april 7

Surrounding events:
~~Lunch at Blair House~~ - get handout

get name of State - Pop Bureau person

~~Cong Forum - W's Caucus - Maloney~~

is HRC involved? - Melanne will find out
maybe a video?

new Candidates - Turkish

background - don't talk about UNFPA