

October 18, 2018

Mick Mulvaney  
Director, Office of Management and Budget  
1650 Pennsylvania Avenue, NW  
Washington, DC 20503

Dear Director Mulvaney:

The undersigned 52 organizations, committed to advancing the sexual and reproductive health and rights of people around the world, write to urge the President to request that the FY 2020 budget include \$1.66 billion for international family planning and reproductive health (FP/RH) programs, including \$111 million for UNFPA, and reverse harmful policies that undermine these investments. Additional funds to support family planning and reproductive health programs ought to not come at the expense of other global health, development assistance, or humanitarian assistance programs.

*We request \$1.66 billion for Bilateral and Multilateral Family Planning and Reproductive Health Programs provided from the Global Health Programs account, the Economic Support Fund and from the International Organizations and Programs account, including \$111 million for UNFPA.*

The U.S. investment in FP/RH programs is critical to promoting the health and well-being of women and girls, young people, and families around the world and has the additional benefit of being cost-effective. For instance, every additional dollar spent on contraceptive services would save \$2.22 in pregnancy-related care.<sup>1</sup>

In FY2018, the U.S. invested \$607.5 million in international FP/RH. This investment had a real impact on the lives of women and girls, with estimates indicating that these funds likely made the following possible:

- 25 million women and couples receive contraceptive services;
- 7.5 million unintended pregnancies averted;
- 3.2 million induced abortions averted (the majority of which provided in unsafe conditions); and
- 14,600 maternal deaths averted.<sup>2</sup>

Conversely, for every cut of \$10 million in U.S. international family planning and reproductive health assistance:

- 416,000 fewer women and couples would receive contraceptive services and supplies;
- 124,000 more unintended pregnancies, including 54,000 more unplanned births, would occur;
- 53,000 more abortions would take place (of which the majority are provided under unsafe conditions); and
- 240 fewer maternal deaths not averted.<sup>3</sup>

Based upon these estimates, the negative impact of the President's FY 2019 Budget proposed funding of a 50% cut to just \$302 million would have resulted in:

- 12,708,800 fewer women and couples receiving contraceptive services and supplies;
- 3,788,200 more unintended pregnancies, including 1,649,700 more unplanned births;
- 1,619,150 more abortions (of which the majority are provided under unsafe conditions); and
- 7,332 fewer maternal deaths not averted.<sup>4</sup>

In 2017, an estimated 308,000 women in developing countries died from pregnancy-related causes, and unsafe abortion continues to be a major cause of these unacceptably high maternal mortality rates.<sup>5</sup> An integrated approach to addressing the demand for access to reproductive health services, including through the provision of the full range of effective contraceptive methods and accurate information about sexual and reproductive health and rights, will improve maternal and child health, reduce unintended pregnancies, lower HIV infection rates, promote gender equality and women's and girls' rights and empowerment, enhance women's and girls' education, raise standards of living, and support more sustainable development.

Investments in FP/RH are integral to the future progress of United States' global health programs, in particular achieving the goals of important initiatives to improve maternal, newborn and child health and combat HIV/AIDS. For example, scaling up voluntary family planning between 2013 and 2020 in the U.S. government's 24 priority countries would avert 7 million newborn and child deaths and 450,000 maternal deaths by preventing unintended and high-risk pregnancies.<sup>6</sup> In countries with high HIV prevalence, where most new HIV infections are occurring in women and adolescent girls, it is particularly important that reproductive health services be integrated with programs addressing HIV/AIDS, as well as maternal and child health.

The United States cannot fully and successfully prevent and mitigate the negative impacts of child, early, and forced marriage; early pregnancy; and gender-based violence and advance gender equality; girls' education; and women's economic empowerment without ensuring women and girls can access the family planning information and services that they want and need. Investing in FP/RH ensures progress on a wide range of development goals shared by the United States and the international community.

The recommended \$1.66 billion funding level positions the United States as a leader in the global effort to fulfill the unmet need for modern methods of contraception for 214 million women of reproductive age who want to delay or avoid pregnancy in developing countries—a game changing accomplishment to unleash the full power of women and girls.<sup>7</sup> The U.S. would pay its fair share in this burden-sharing agreement that is calculated based on the targets included in the 1994 International Conference on Population and Development's *Programme of Action*, which specified that one-third of the financial resources necessary to provide reproductive health care should be furnished by donor countries and two-thirds by the developing nations themselves. By applying the U.S. percentage share of total gross national income (GNI) of the developed world to its assigned one-third contribution to the total funding required to address the unmet need for contraception, the U.S. share of the cost, based on relative wealth, equals \$1.66 billion. Other donor governments and developing nations would be responsible for \$10.44 billion.<sup>8</sup>

*In addition to requesting a \$111 million U.S. contribution to UNFPA as part of the fair-share international family planning and reproductive health request of \$1.66 billion above, we urge a thorough review and reversal of the administration's unfounded March 8, 2018 Kemp-Kasten determination to prohibit funding to UNFPA.*

The United States must resume financial support to UNFPA by reversing the March 8, 2018 Kemp-Kasten determination. UNFPA is the only multilateral institution with an explicit mandate to address the reproductive health needs of communities worldwide. UNFPA complements the United States' bilateral international family planning program, expanding the reach of our assistance by working in 155 countries, including many in which USAID does not currently operate global health programs, including FP/RH.<sup>9</sup>

As the world faces unprecedented ongoing health and humanitarian crises, UNFPA plays an indispensable and critical role in the provision of reproductive and maternal health services in humanitarian settings. The UNFPA estimates that U.S. funds in 2016 helped to provide contraceptive services to approximately 3 million couples, averting 947,000 unintended pregnancies and 295,000 unsafe abortions. These funds enabled UNFPA to reach 9 million people in humanitarian settings and refugee camps with sexual and reproductive health services, including gender-based violence prevention services.<sup>10</sup>

*We strongly urge the President to reverse the harmful Global Gag Rule policy that already has and will continue to have negative impacts on the health and lives of people and communities in low-income regions of the globe, especially women and girls.*

Reinstatement and expansion of the policy should be reversed on multiple grounds: the policy impedes access to health care by cutting off funding for often the most experienced health care providers; interferes with the doctor-patient relationship by restricting accurate provision of information by providers; and restricts the freedom of speech of local citizens. There is no evidence that this policy has reduced the incidence of abortion globally, but it does impede access to contraceptives and threatens integrated, comprehensive health programs and strategies—and as a result, undermines the cost-effectiveness and efficacy of our global health investments.<sup>11</sup>

In addition to the priority requests on FP/RH funding and policy outlined above, the signatories recommend support on the following sexual and reproductive health and rights-related topics: maternal, newborn, and child health programs; the DREAMS partnership to reduce HIV/AIDS in adolescent girls and young women; microbicide research and development, female genital cutting and mutilation, child marriage, sexual violence in conflict, and prevention of discrimination and abuse of LGBTQI individuals abroad.

Bilateral and multilateral family planning and reproductive health programs are among the most effective interventions in the history of public health, and we encourage the administration to support investment in these vital programs, and remove the policy barriers that impede their effectiveness and risk the health of women, girls, and communities across the world.

Thank you for the consideration of our urgent requests.

Sincerely,

Advocates for Youth

American College of Obstetricians and Gynecologists

American Jewish World Service

American Medical Student Association (AMSA)

American Society for Reproductive Medicine

Amnesty International USA

AVAC

Better World Campaign

CARE USA

Catholics for Choice

Center for Biological Diversity  
Center for Health and Gender Equity (CHANGE)  
Center for Reproductive Rights  
EngenderHealth  
Friends of UNFPA  
Global Health Council  
Global Justice Center  
Global Woman P.E.A.C.E. Foundation  
Guttmacher Institute  
In Our Own Voice: National Black Women's Reproductive Justice Agenda  
International Action Network for Gender Equity & Law (IANGEL)  
International Center for Research on Women (ICRW)  
International Women's Health Coalition  
IntraHealth International  
Ipas  
John Snow, Inc. (JSI)  
Medical Students for Choice  
NARAL Pro-Choice America  
NASTAD  
National Abortion Federation  
National Center for Lesbian Rights  
National Council of Jewish Women  
National Institute for Reproductive Health  
National Latina Institute for Reproductive Health  
National Organization for Women  
National Women's Health Network  
PAI  
Partners In Health  
Pathfinder International  
Physicians for Reproductive Health  
Planned Parenthood Federation of America  
Population Connection Action Fund  
Population Council  
Population Institute  
READ Global (Rural Education and Development)  
Shadhika Project, Inc.  
The Hunger Project

The United Methodist Church - General Board of Church and Society  
UPIC Health, LLC  
URGE: Unite for Reproductive & Gender Equity  
Woodhull Freedom Foundation  
Zonta International

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- <sup>1</sup> Guttmacher. (2017) "Adding It Up: Investing in Contraception and Maternal and Newborn Health, 2017." <http://gu.tt/AddingItUp2017>.
- <sup>2</sup> PAI. (2018). "Just The Math: Methodology For Calculating The U.S. Share Of The Cost of Addressing the Unmet Need for Contraception in Developing Countries." <https://bit.ly/2Am7AAG>.
- <sup>3</sup> Guttmacher. (2018) "Just the Numbers: The Impact of U.S. International Family Planning Assistance, 2018." <http://gu.tt/JustTheNumbers>.
- <sup>4</sup> Guttmacher. (2017) "Adding It Up: Investing in Contraception and Maternal and Newborn Health, 2017."
- <sup>5</sup> Guttmacher. (2018) "Just the Numbers: The Impact of U.S. International Family Planning Assistance, 2018."
- <sup>6</sup> PAI. (2018). "Cents and Sensibility: U.S. International Family Planning Assistance from 1965 to the Present." <https://pai.org/centsandsensibility/>.
- <sup>7</sup> Guttmacher. (2017) "Adding It Up: Investing in Contraception and Maternal and Newborn Health, 2017."
- <sup>8</sup> USAID. (2014) "Acting on the Call: Ending Preventable Child and Maternal Death." [www.usaid.gov/sites/default/files/documents/1864/USAID\\_ActingOnTheCall\\_2014.pdf](http://www.usaid.gov/sites/default/files/documents/1864/USAID_ActingOnTheCall_2014.pdf).
- <sup>9</sup> UNFPA. (2018) "UNFPA Annual Report 2017." [www.unfpa.org/annual-report](http://www.unfpa.org/annual-report).
- <sup>10</sup> Guttmacher. (2018) "Abortion Worldwide 2017: Uneven Progress and Unequal Access." [www.guttmacher.org/report/abortion-worldwide-2017](http://www.guttmacher.org/report/abortion-worldwide-2017).
- <sup>11</sup> PAI. (2018) "So Far, So Bad: The Wide-Ranging Impacts of the Global Gag Rule Happening Now." <https://pai.org/wp-content/uploads/2018/07/So-Far-So-Bad-the-wide-ranging-Impacts-of-the-GGR-revised-7-17-18.pdf>.