

Meeting the Development and Health Needs of 215 Million Women: U.S. International Family Planning Goals



Increasing funding for international family planning and reproductive health is a proven and cost-effective way to meet a broad range of U.S. international development goals. Investment in family planning and reproductive health (FP/RH) remains in the best interest of America's development, diplomatic, and national security objectives.

“Investing in the health of women, adolescents, and girls is not only the right thing to do; it is also the smart thing to do... we understand there is a direct line between a woman's reproductive health and her ability to lead a productive, fulfilling life. And therefore, we believe investing in the potential of women and girls is the smartest investment we can make. It is connected to every problem on anyone's mind around the world today.”¹ — Hillary Clinton, Secretary of State

U.S. international family planning assistance is one of the great success stories in the history of U.S. development assistance. In 2007, 56.5 million women in the developing world were using modern contraception as a direct result of U.S. support.² Many millions more have benefited indirectly from service improvements resulting from the guidance and technical expertise of the U.S. Agency for International Development's (USAID). Family planning and reproductive health is critical in:

- Improving Maternal and Infant Health
- Reducing Unintended Pregnancies and Abortion
- Preventing HIV/AIDS
- Enhancing and Prolonging Education
- Reducing Hunger
- Combating Climate Change
- Slowing Environmental Degradation and Resource Depletion
- Catalyzing Economic Development
- Reducing Conflict and Fostering Security

Growing Demand

Unfortunately a large and growing need for family planning remains in many developing nations. While the world population continues to grow by 79 million people annually, 215 million women in developing countries seek to postpone childbearing, space births, or stop having children, but are not using a modern method of contraception.³ One-third or more of married women in Ethiopia, Haiti, Yemen and Uganda have this “unmet need.”⁴ The demand for family planning services will grow by an estimated 40 percent by 2050 as a record number of young people reach reproductive age.⁵

Several nations that previously worked with USAID, such as Mexico, have successfully developed their domestic programs and no longer require or receive



U.S. FP/RH assistance. At the beginning of Mexico's national family planning program in the 1970s, less than a quarter of women used effective, modern contraceptives, average fertility rates were about seven children per woman, and the average life expectancy was 62 years of age.^{6,7} Today, two-thirds of Mexican women voluntarily use widely available contraceptives, causing maternal mortality rates to drop dramatically and birth rates to fall by as much as two-thirds.^{8,9} If Mexico's birth rates had remained at early 1970s levels, its population would be about 50 million greater than it is today, placing a greater burden on public services, infrastructure, and the environment.¹⁰



Falling Commitment

While the demand for modern contraceptives has consistently increased, U.S. support for international FP/RH has historically been underfunded. The FY 2010 funding level of \$648.5 million represents nearly a 25 percent cut (when adjusted for inflation) from what the U.S. spent on these programs in 1995.¹¹ Moreover, since 1995 the number of women in the developing world of reproductive age has increased by more than 344 million, thus increasing the need and demand for family planning.¹²

A New Aim to Reduce the Need for Family Planning

The United States can lead international efforts to meet the unmet need for family planning by appropriating \$1 billion annually. The \$1 billion figure is the U.S. fair share of developed country contributions necessary to address unmet need in the developing world. This level of funding would also fulfill our historic commitments to the U.N. Millennium Development Goals, and is a very modest amount relative to other U.S. foreign assistance spending.

By contributing \$1 billion to the fulfillment of the unmet need for FP/RH services, the U.S. government would help prevent:¹³

- 53 million unintended pregnancies each year;
- 150,000 pregnancy-related deaths;
- 600,000 children from losing their mothers; and
- 25 million induced abortions.

Every \$100 million invested in family planning would result in:¹⁴

- 3.6 million more family planning users;
- 2.1 million unintended pregnancies avoided;
- 825,000 abortions prevented;

- 970,000 fewer births;
- 70,000 fewer infant deaths;
- and
- 4,000 maternal deaths averted.

Achieving universal access to reproductive health services is a target under U.N. Millennium Development Goal N° 5, which aims to improve maternal health and reduce maternal mortality.¹⁵ International family planning assistance is essential to advance a broad spectrum of United States development efforts.

Supporting Investments in Family Planning: Cost-Effective and Multiple Benefits

Improving Maternal and Infant Health. Universal access to contraceptives could prevent one third of maternal deaths, significantly reduce infant deaths, and have a tremendous impact saving lives within the developing world, where pregnancy is often the leading killer of women of childbearing age.¹⁶ Simultaneously scaling up access to family planning, maternal and newborn health could prevent seventy percent of maternal deaths, and save money on the costs of maternal and newborn health through preventing unintended pregnancies.¹⁷ Every year an estimated 536,000 women die in pregnancy or childbirth, and more than 50 million suffer serious, potentially debilitating complications.^{18,19,20} USAID has found that countries with the highest contraceptive prevalence have the lowest maternal mortality rates.^{21,22}

Reducing Unintended Pregnancies and Abortion. The most effective way to reduce unplanned pregnancies is through long-term, voluntary family planning programs that provide men and women a choice of safe and effective contraceptive methods for timing and spacing births. As demonstrated in Bangladesh, Bulgaria, Chile, Estonia, Hungary, Latvia, Romania, and Russia, increases in contraception within these countries correlates with noteworthy declines in abortion rates.^{23,24}

Preventing HIV/AIDS. The integration of family planning and HIV/AIDS services is a vital and cost-effective way to prevent HIV infection including through mother-to-child transmission. At the same cost, family planning services can avert nearly 30 percent more HIV-positive births than use of nevirapine by HIV-positive pregnant women.²⁵ However, nearly all 15 PEPFAR focus countries are demonstrating a persistent need for FP/RH assistance, while also experiencing a steady decline in—FP/RH assistance.²⁶ Furthermore, a recent study found that, although PEPFAR has been associated with a reduction in HIV-related deaths, trends of increasing adult prevalence rates continue unabated.²⁷



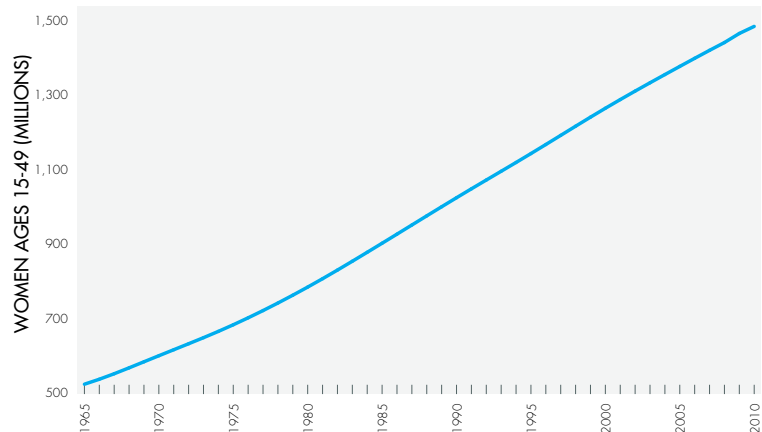
However, preventing unintended pregnancies, which is an international pillar of preventing mother to child transmission (PMTCT) programming, continues to receive insufficient attention in AIDS programs.²⁸

Enhancing and Prolonging Education. U.S. investments in family planning help young women stay in school and avoid teen pregnancy.²⁹ In addition, family planning also helps lower the costs of achieving universal access to education by slowing the growth rate of the school-age population.³⁰ Such conditions are important in Pakistan, where the doubling of the school-age population between 1975 and 2000 has increased competition to receive education in public schools while private religious schools such as madrassas continue to gain in popularity.³¹

Reducing Hunger. According to the Food and Agriculture Organization (FAO), “the economic and environmental costs of augmenting per capita food production may well prove too great for countries whose populations grow faster than their economies, resulting in greater poverty and fewer resources to fight it.”³² In sub-Saharan Africa the total number of malnourished people—about one-third of the world’s hungry—has skyrocketed from 88 million in 1970 to over 200 million today.³³ Moreover, the Ethiopian government has recognized that declining agricultural productivity is affected by rapid population growth and that, if efforts to slow population growth are not achieved, there is not “even the remotest hope of attaining the goal of food self sufficiency any time during the first few decades” of the twenty-first century.³⁴

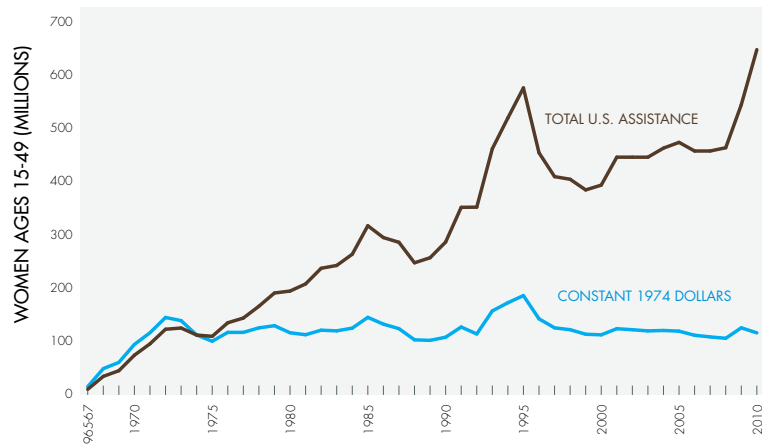
Combating Climate Change. Family planning and reproductive health should be part of larger strategies to adapt to and mitigate the negative effects of climate change. Accumulation of greenhouse gas emissions in the atmosphere from developing countries, which represents 80 percent of the world’s population, is growing and will become more significant in the future as economic development and rapid population growth continue.³⁵ Slower population growth will reduce the scale of vulnerability to the effects of climate change, and make reductions in global greenhouse gas emissions easier to achieve. Increasing access to family planning is a desired strategy to help people adapt to the inevitable effects of climate change.³⁶ Thirty seven of 41 National Adaptation Programmes of Action cite population pressure as exacerbating the effects of climate change, yet no funded projects under the NAPAs include family planning.³⁷

WOMEN OF REPRODUCTIVE AGE IN THE DEVELOPING WORLD, 1965-2010



Source: United Nations Population Division, *World Population Prospects: The 2008 Revision*. Less developed regions are defined as “all regions of Africa, Asia (excluding Japan), Latin America and the Caribbean plus Melanesia, Micronesia and Polynesia.”

U.S. FUNDING FOR INTERNATIONAL FAMILY PLANNING AND REPRODUCTIVE HEALTH, 1965-2010



Source: Population Action International (PAI). 2008. “U.S. Population Assistance, 1965-present (in millions of dollars).” Washington, DC: PAI. http://www.populationaction.org/Issues/U.S._Policies_and_Funding/Trends_in_U.S._Population_Assistance.shtml.

Slowing Environmental Degradation and Resource Depletion. Population growth is putting unprecedented and increasing pressure on vital natural resources, including arable land, fresh water, fisheries, and forests, as well as threatening valuable plant and animal species with extinction.³⁸ Such negative trends can impinge directly on the future well-being of all of humanity. Water is basic to food production, so its scarcity decreases food security.³⁹ Water shortage is expected to grow especially acute in the Middle East and in much of Africa, compounding other social problems. Rapid population growth in biodiversity “hotspots” may also be threatening future medical, scientific, and technological advances dependent on species in these regions.⁴⁰

*“It’s rather odd to talk about climate change and what we must do to stop and prevent the ill effects without talking about population and family planning... And yet, we talk about these things in very separate and often unconnected ways.”*⁴¹ — Hillary Clinton, Secretary of State



Catalyzing Economic Development. By spacing births, families and governments can invest more in each child and stabilize population growth, thus helping to provide for the needs of their citizens and ensure access to education, health care, job opportunities, and housing. Over time these investments raise household and government savings. USAID has found that one dollar invested in family planning in Zambia saves four dollars in other development areas.^{42,43}



Reducing Conflict and Fostering Security. Countries that lack the means to provide for basic needs of their people are at increasing risk of instability and conflict, especially where limited access to FP/RH contributes to high fertility rates and creates a disproportionately high percentage of young people competing for a diminishing amount of resources. Today approximately 60 countries have large populations of young people, including Afghanistan, Haiti, Iraq, Yemen, and nearly all of sub-Saharan Africa.⁴⁴

*“Most of [world population] growth is almost certain to occur in countries least able to sustain it, and that will create a situation that will likely fuel instability and extremism—not just in those areas, but beyond them as well.”*⁴⁵ — Former CIA Director Michael Hayden

Diverse and Wide Support for International Family Planning Improves the Lives of Families.

There is broad-based support for increasing U.S. annual international FP/RH assistance to \$1 billion, from Congress, the Obama administration, and diverse civil society coalitions. As Senators, Barack Obama and Hillary Clinton signed a July 2008 letter supporting legislative efforts to increase U.S. funding to \$1 billion annually. The President’s Global Health Initiative calls for increased funding for family planning.⁴⁶

Polling data shows that 75% of Americans believe focusing on reproductive health and family planning is absolutely essential or very important for U.S. government efforts overseas.⁴⁷ American support for family planning has been widespread and bipartisan for decades, including 69% of independents and Republicans.⁴⁸

Civil society groups, including members of the International Family Planning Coalition, leading environmental organizations in the Green Group, and the Global AIDS Roundtable, also advocate for \$1 billion to be allocated to international FP/RH programs. The time has come for the United States to return to its historic leadership role in FP/RH assistance and build on past achievements by increasing funding to \$1 billion dollars annually. Family planning programs are successful and cost-effective ways to improve maternal and child health, reduce unintended pregnancies and abortion, lower HIV infection rates, raise standards of living and reduce poverty, enhance girls’ education and empower women, decrease hunger and famine, slow the depletion of natural resources, and foster more peaceful, stable societies.

This factsheet provides a summary update of PAI’s 2008 “International Population & Family Planning Programs: An Agenda for the Obama Administration.”

Endnotes

- 1 Sec. Clinton: <http://www.state.gov/secretary/rm/2010/01/135001.htm>. Remarks on the 15th Anniversary of the International Conference on Population and Development; Washington D.C.; Jan 8, 2010.
- 2 United States Agency for International Development (USAID). 2008. "Fast Facts: Family Planning." Washington, DC: USAID. http://www.usaid.gov/our_work/global_health/pop/news/issue_briefs/fp_fastfacts.pdf. Accessed 1 July 2009.
- 3 Guttmacher Institute/United Nations Population Fund. 2009. *Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health*. Washington, DC: Guttmacher Institute.
- 4 United Nations Population Division. 2008. *World Contraceptive Use 2007*. New York, NY: United Nations.
- 5 Speidel, JJ, S Sinding, D Gillespie, E Maguire and M Neuse. 2009. *Making the Case for U.S. International Family Planning Assistance*. Baltimore, MD: The Bill and Melinda Gates Institute for Population and Reproductive Health.
- 6 National Population Council. 2006. *The Demographic Situation of Mexico, 2006*. Mexico City, Mexico: National Population Council.
- 7 United Nations Population Division. 2007. *World Population Prospects: The 2006 Revision*. New York, NY: United Nations.
- 8 United Nations Population Division. 2008. *World Contraceptive Use 2007*. New York, NY: United Nations.
- 9 United Nations Population Division. 2007. *World Population Prospects: The 2006 Revision*. New York, NY: United Nations.
- 10 United Nations Population Division. 2007. *World Population Prospects: The 2006 Revision*. New York, NY: United Nations.
- 11 Population Action International (PAI). 2008. "U.S. Population Assistance, 1965-present (in millions of dollars)". Washington, DC: PAI. http://www.populationaction.org/Issues/U.S._Policies_and_Funding/Trends_in_U.S._Population_Assistance.shtml. Accessed 26 February 2010.
- 12 United Nations Population Division. 2008. *World Population Prospects: The 2008 Revision*. New York, NY: United Nations.
- 13 Guttmacher Institute/United Nations Population Fund. 2009. *Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health*. Washington, DC: Guttmacher Institute.
- 14 Daulaire, N. 2007. *Testimony to the Senate Committee on Appropriations, Subcommittee on State, Foreign Operations and Related Programs*. Washington, DC.
- 15 United Nations Millennium Development Goals. ND. "Goal 5: Improve Maternal Health." United Nations. <http://www.un.org/millenniumgoals/maternal.shtml>. Accessed 17 July 2009.
- 16 Guttmacher Institute/United Nations Population Fund. 2009. *Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health*. Washington, DC: Guttmacher Institute.
- 17 Guttmacher Institute/United Nations Population Fund. 2009. *Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health*. Washington, DC: Guttmacher Institute.
- 18 World Health Organization (WHO). 2007. *Maternal Mortality in 2005: Estimates Developed by WHO, UNICEF, UNFPA*. Geneva, Switzerland: WHO.
- 19 Department for International Development (DFID). 2004. *Reducing Maternal Deaths: Evidence and Action*. London, United Kingdom: DFID.
- 20 World Health Organization (WHO). 2009. *World Health Statistics*. Geneva, Switzerland: WHO.
- 21 United Nations Population Division. 2008. *World Contraceptive Use 2007*. New York, NY: United Nations.
- 22 World Health Organization (WHO). 2007. *Maternal Mortality in 2005: Estimates Developed by WHO, UNICEF, UNFPA*. Geneva, Switzerland: WHO.
- 23 Deschner, A., and S.A. Cohen. (2003). *Contraceptive Use is Key to Reducing Abortion Worldwide*. The Guttmacher Report on Public Policy, 6(4): 7-10.
- 24 Guttmacher Institute. 1999. "Recent Trends in Abortion Rates Worldwide." *International Family Planning Perspectives*. Washington, DC: Guttmacher Institute.
- 25 Reynolds, H W, B Janowitz, R Homan and L Johnson. 2006. "The Value of Contraception to Prevent Perinatal HIV Transmission." *Sexually Transmitted Diseases* 33(6): 350-356.
- 26 Population Action International, 2008. *U.S. HIV/AIDS and Family Planning/Reproductive Health Assistance: A Growing Disparity Within PEPFAR Focus Countries*. Washington, DC: PAI. http://www.populationaction.org/Issues/U.S._Policies_and_Funding/FPRH/Summary.shtml. Accessed 12 January 2009.
- 27 Bendavid, E, and J Bhattacharya. 2009. "The President's Emergency Plan for AIDS Relief in Africa: An Evaluation of Outcomes." *Annals of Internal Medicine* 150: 688-695.
- 28 Population Action International, 2008. *U.S. HIV/AIDS and Family Planning/Reproductive Health Assistance: A Growing Disparity Within PEPFAR Focus Countries*. Washington, DC: PAI. http://www.populationaction.org/Issues/U.S._Policies_and_Funding/FPRH/Summary.shtml. Accessed 12 January 2009.
- 29 United Nations Millennium Project. 2004. *Millennium Development Goals Needs Assessment: Country Case Studies of Bangladesh, Cambodia, Ghana, Tanzania and Uganda*. New York, NY: United Nations.
- 30 Moreland, S, S Talbird. 2006. *Achieving the Millennium Development Goals: The Contribution of Fulfilling the Unmet Need for Family Planning*. Washington, D.C.: Futures Group, POLICY Project.
- 31 United Nations Population Division. 2005. *World Population Prospects: The 2004 Revision*. New York, NY: United Nations.
- 32 Food and Agriculture Organization of the United Nations (FAO). 2005. "Population Aspects in the Reduction of Hunger." Rome, Italy: FAO. http://www.org/esa/population/publications/PopAspectsMDG/04_FAO.pdf. Accessed 13 July 2009.
- 33 Rosegrant, M W, S A Cline, W Li, T B Sulser, and R A Valmonte-Santos. 2005. *Looking Ahead: Long-Term Prospects for Africa's Agricultural Development and Food Security*. Washington, DC: International Food Policy Research Institute.
- 34 The Transitional Government of Ethiopia, Office of the Prime Minister. 1993. "National Population Policy of Ethiopia." Addis Ababa, Ethiopia: The Transitional Government of Ethiopia, Office of the Prime Minister. <http://www.un.org/popin/regional/africa/ethiopia/policy/index.htm>. Accessed 14 July 2009.

- 35 Raupach, M.R. et al. 2007. Global and regional drivers of accelerating CO2 emissions. *PNAS* 104(24): 10288-10293.
- 36 Kidanu, A, K Rovin and KHardee. 2009. *Linking Population, Fertility and Family Planning to Resilience and Adaptation to Climate Change: Views from Ethiopia. Final Study Report*. Addis Ababa: Miz-Hasab and Washington DC: Population Action International.
- 37 Mutunga, Clive and Karen Hardee. 2009. "Population and Reproductive Health in National Adaptation Programmes of Action (NAPAs) for Climate Change." In Guzman, JM, G Martine, G McGranahan, D Schensul and C Tacoli. *Population Dynamics and Climate Change*. New York: UNFPA and London: International Institute for Environment and Development.
- 38 Population Action International (PAI). 2005. *People in the Balance: Population and Natural Resources at the Turn of the Millennium, A 2005 Update*. Washington, DC: PAI.
- 39 Brown, L. 2008. *Plan B 3.0: Mobilizing to Save Civilization*. Washington, DC: Earth Policy Institute.
- 40 Population Action International (PAI). 2005. *People in the Balance: Population and Natural Resources at the Turn of the Millennium, A 2005 Update*. Washington, DC: PAI.
- 41 Clinton, H. 2009. <http://www.state.gov/secretary/rm/2009a/july/126206.htm>, New Delhi, India.
- 42 Speidel, J J, S Sinding, D Gillespie, E Maguire and M Neuse. 2009. *Making the Case for U.S. International Family Planning Assistance*. Baltimore, MD: The Bill and Melinda Gates Institute for Population and Reproductive Health.
- 43 United States Agency for International Development (USAID). 2007. *Achieving the MDGs: The Contribution of Family Planning, Zambia*. Washington, DC: USAID. http://www.usaid.gov/our_work/global_health/pop/techareas/repositioning/mdg_pdf/zambia.pdf. Accessed 16 June 2009.
- 44 Population Action International (PAI). 2007. "Summary: The Shape of Things to Come: Why Age Structure Matters to a Safer, More Equitable World." Washington, DC: PAI. http://populationaction.org/Publications/Reports/The_Shape_of_Things_to_Come/Summary.shtml. Accessed 23 June 2009.
- 45 Hayden: <https://www.cia.gov/news-information/speeches-testimony/speeches-testimony-archive-2008/landon-lecture-series.html>
- 46 The White House. 2009. "Statement by the President on Global Health Initiative." Washington, DC: The White House. http://www.whitehouse.gov/the_press_office/StatementbythePresidentonGlobalHealthInitiative/. Accessed 16 June 2009.
- 47 Hart/ViaNovo, March-May 2009. "Support for International Family Planning and Reproductive Health Programs."
- 48 Hart/ViaNovo, March-May 2009, "Support for International Family Planning and Reproductive Health Programs."