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U.S. Global Family Planning and Reproductive Health Programs: Funding Trends and Issues for Congress

The United States is the largest global donor of international family planning and reproductive health (FP/RH) assistance, supporting programs in 40 countries. In recent years, Congress has appropriated approximately \$575 million annually in funds for bilateral FP/RH assistance. Key issues for the 117th Congress include debate over the merits of U.S. support for these activities, funding levels, statutory limitations of FP/RH assistance, and emerging global challenges that may affect access to FP/RH services.

Background

Some U.S. international family planning activities originated prior to 1965. Following enactment of the Foreign Assistance Act of 1961 (FAA), Congress authorized research on family planning issues, among other topics. Beginning in 1965, the U.S. Agency for International Development (USAID) started contraceptive distribution programs. These programs evolved over time to also address reproductive health issues, including female genital mutilation/cutting (FGM/C) and obstetric fistula prevention and care. U.S. global FP/RH programs are authorized in Section 104 of the FAA, as amended (22 U.S.C. 2151b).

USAID administers the majority of FP/RH funding, which Congress appropriates primarily through the Global Health Programs (GHP) account in annual State, Foreign Operations, and Related Programs (SFOPS) appropriations. FP/RH funding has been subject to several restrictions enacted by Congress since the 1970s, most notably the “Helms Amendment,” which prohibits the use of U.S. funds to perform abortions or to coerce individuals to practice abortions. (For more information, see CRS Report R41360, *Abortion and Family Planning-Related Provisions in U.S. Foreign Assistance Law and Policy*, by Luis A Blanchfield.)

Bilateral FP/RH Assistance

The GHP account funds more than 90% of bilateral FP/RH assistance. Some funding is also provided through other accounts, including the Economic Support Fund (ESF), which funds select countries considered to be politically and strategically important. For example, Pakistan and Jordan have received ESF funds for FP/RH activities in recent years.

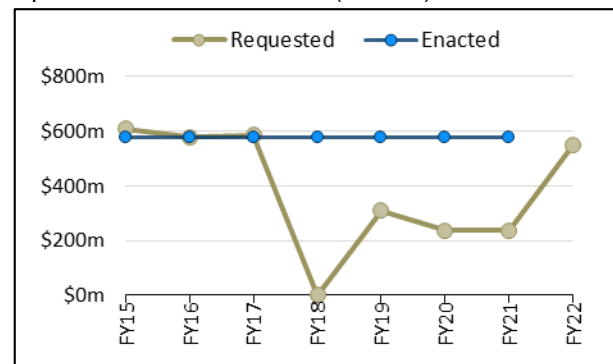
USAID’s FP/RH programs are administered through the Office of Population and Reproductive Health (PRH) within the Global Health Bureau. PRH is responsible for setting technical and programmatic direction. USAID distributes FP/RH commodities (such as contraceptives) and related services (such as fistula prevention and efforts to end FGM/C) primarily through contracts and grant

agreements with nongovernmental organizations. The agency’s technical and administrative staff oversee and monitor the work of implementing partners. (For more information on USAID FP/RH programs, see CRS Report R46215, *U.S. Bilateral International Family Planning and Reproductive Health Programs: Background and Selected Issues*, by Sara M. Tharakan.)

The President’s budget request for FY2022 includes \$550 million for bilateral FP/RH programs. This amount is 132% higher than the Administration’s FY2021 request, and 4.4% lower than FY2021-enacted amounts (see **Figure 1**).

Figure 1. FP/RH Bilateral Aid Funding, FY2015-FY2022

Requested vs. Enacted Amounts (millions)



Source: State Department Congressional Budget Justifications, 2016-2021, and annual SFOPS appropriations.

Notes: Funding amounts include those requested and enacted in the GHP and ESF accounts only.

The House-passed SFOPS bill (H.R. 4373) for FY2022 includes \$760 million for bilateral FP/RH programs. On September 30, 2021, the President signed into law the Extending Government Funding and Delivering Emergency Assistance Act (P.L. 117-43), which included short-term FY2022 appropriations through December 3, 2021, for the continuation of federal projects and activities conducted in FY2021.

Multilateral FP/RH Assistance

The United States has historically provided multilateral FP/RH assistance through contributions to the U.N. Population Fund (UNFPA), the primary U.N. entity addressing population issues. Since FY1985, the United States has periodically withheld UNFPA funding under the “Kemp-Kasten Amendment” in annual SFOPS bills. The Kemp-Kasten Amendment prohibits funding to any organization or program that, as determined by the President, supports or participates in the management of a program of coercive abortion or involuntary sterilization.

Such a determination has been made regarding UNFPA due to concerns that its country program in China supports coercive abortion. Presidents Reagan, George H.W. Bush, George W. Bush, and Trump found UNFPA ineligible for funding under the Kemp-Kasten Amendment; Presidents Clinton, Obama, and Biden supported UNFPA funding. In FY2021, Congress appropriated \$32.5 million to UNFPA.

Mexico City Policy (MCP)

The MCP requires foreign nongovernmental organizations (NGOs) receiving USAID family planning assistance to certify that they will not perform or actively promote abortion as a method of family planning, even if such activities are conducted with non-U.S. funds. Since first applied by the Reagan Administration in 1984, the policy has been rescinded repeatedly (by Presidents Clinton, Obama, and Biden) and reinstated (by Presidents George W. Bush and Trump) through presidential memoranda. In January 2017, President Trump expanded the policy to include all U.S. global health assistance and renamed it the Protecting Life in Global Health Assistance (PLGHA), representing a departure from previous Administrations. In January 2021, President Biden rescinded MCP (including the PLGHA policy), stating that it “undermines [U.S.] efforts to advance gender equality while limiting the United States’ ability to work with local partners around the world and inhibiting their efforts to confront serious health challenges.”

Issues for Congress

The 117th Congress may consider the following issues.

FP/RH Funding Levels

Over the past several decades, Members of Congress have debated changes to current FP/RH program funding levels. Proponents of increased funding say that consistently flat funding is equivalent to FP/RH spending cuts, and thus undermines U.S. global development goals on maternal and child health. Advocates note that while the U.S. government is currently the largest donor in absolute terms, it would need to invest \$1.5 billion to meet its proportional share of the burden for foreign assistance for FP/RH funding, and that other donor countries cannot fill the gap. Conversely, some opponents question the extent of international demand for FP/RH services and suggest that these resources could be better used for other development activities. Further, opponents argue that international FP services are controversial in some countries due to religious beliefs and societal values related to the use of contraceptives and other reproductive health care services.

Mexico City Policy Debates

Since the MCP was first established, some Members have introduced legislation to statutorily mandate or repeal the policy, including President Trump’s expansion of the policy (PLGHA). Advocates for the policy argue that it closes necessary loopholes not covered by other legislative restrictions. Those against MCP assert that, when instated, the policy has a “chilling effect” on some programs (through “over implementation” of the policy and self-censorship by service providers) and reduces the availability of some FP/RH programming (due to the diversion of resources away from the provision of FP/RH

services and into administrative overhead associated with ensuring compliance). Some Members have also sought to address potential indirect effects of the MCP on certain groups, such as its perceived disproportionate impact on Lesbian Gay Bisexual Transgender Queer and Intersex (LGBTQI) populations, who often receive health care through reproductive health clinics (see GLOBE ACT, H.R. 3800 and S. 1996, introduced in the 117th Congress).

Current and Emerging Policy Issues

Some Members may explore the following current and emerging policy issues when considering U.S. FP/RH funding.

Climate Change and Access to FP/RH Services.

According to recent studies, climate change has increased some women’s interest in using FP/RH services. For example, some women in African countries, where subsistence farming is the main source of income, note that large family size places more demand on the land for food, and say they wish to have smaller families to decrease the burdens on their land. Some advocates have called for climate change mitigation development funds to be used for programs increasing access to FP/RH services. Others assert that the ties between climate change and these family planning indicators are not confirmed, and that those funds should focus on other development priorities.

COVID-19 and FP/RH Funding. Some Members may consider secondary public health effects of the Coronavirus Disease 2019 (COVID-19) pandemic, including on women’s access to FP/RH services in countries receiving U.S. global health assistance. The pandemic caused health systems to scale back sexual and reproductive health services to triage COVID-19 patients and avoid further burdening health systems’ capacities. The United Nations estimates that in 2020, 12 million women lost access to reproductive health services, leading to 1.4 million unintended pregnancies, as well as 2 million cases of female genital mutilation that could otherwise have been averted over the next decade.

Access to FP/RH Services in Humanitarian and Conflict Settings. Many women who are displaced or living in conflict zones disproportionately lack access to FP/RH services. Researchers note that without access to ongoing care, affected women and girls may suffer from high rates of sexually transmitted diseases, unintended pregnancy, premature labor, and maternal mortality. Advocates note that prioritizing these services in U.S. and international humanitarian responses and further integrating such services into routine health care could improve health outcomes. Congress may consider further oversight of coordination between those bureaus at USAID and the State Department with programs focused on FP/RH services in humanitarian and conflict settings. For more information, see CRS In Focus IF10568, *Overview of the Global Humanitarian and Displacement Crisis*, by Rhoda Margesson.

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