

TITLE III

Family Planning & Reproductive Health

Minimum Requirement F.Y. 2022

\$750 million

F.Y. 2021 Enacted

\$523.95 million

Fully investing in sexual and reproductive health in developing countries would **reduce maternal deaths by 62%**.

DESCRIPTION

Funding for Family Planning and Reproductive Health (FP/RH) improves maternal and child health, reduces unintended pregnancies, prevents unsafe abortions, lowers rates of HIV and other sexually transmitted infections (STIs), and promotes gender equality and the rights of women and girls.

WHAT DOES IT BUY?

Funds support programming that provides voluntary modern contraception services and supplies and prevents practices that harm women and girls, including female genital cutting and gender-based violence.

WHY IS IT IMPORTANT?

- In F.Y. 2020, the U.S. invested a total of **\$607.5 million** in international FP/RH. With this funding:
 - » Contraceptive services and supplies were distributed to 27.4 million women and couples.
 - » 12.2 million unintended pregnancies were averted.
 - » 20,000 maternal deaths were prevented.
- International FP/RH programs are cost-effective—every **\$1.00 invested** in contraception saves \$3.00 in pregnancy-related care.
- Spacing pregnancies by at least three years with family planning could prevent an **estimated 26%** of under-5 child deaths.
- An estimated **218 million women** in developing regions who want to avoid pregnancy for at least two years have an unmet need for modern contraceptives.
- About **295,000 women** died from pregnancy and childbirth in 2017, including from unsafe abortions. The “vast majority of these deaths—94%—occurred in low-resource settings, and most could have been prevented.”

- Addressing the demand for FP/RH services promotes women’s rights and empowerment by enabling women and girls to pursue educational and economic opportunities and enhancing programs that prevent and address child, early, and forced marriage, as well as gender-based violence.

WHY SHOULD AMERICANS CARE?

- Investments in bilateral FP/RH programs are essential to achieving U.S. global health goals, advancing gender equality, supporting more sustainable development, and raising standards of living.
- Funding for FP/RH reduces maternal mortality and promotes healthier, more prosperous societies.

COVID-19 IMPACTS

- During the COVID-19 pandemic, access to FP/RH services has been limited by risk mitigation efforts such as restrictions on movement or the types of health care services allowed to operate.
- Estimates show that a 10% reduction in the availability of reproductive health services is likely to result in an additional **49 million women** having an unmet need for modern contraception and 15 million additional unintended pregnancies.

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WHAT MORE COULD BE DONE?

- The U.S.'s share to address the unmet need for contraception in developing countries is **\$1.66 billion**. Burden sharing was agreed on by U.N. member states in 1994.
 - » Burden sharing is calculated based on targets that specified that one-third of the necessary financial resources should be provided by donor countries and two-thirds by developing nations.
 - » The U.S. percentage share is based on the U.S. percentage of the total gross national income of donor countries. Other donor governments and developing nations are responsible for \$10.44 billion.
- With each additional \$10 million, **451,000 more women** and couples would receive contraceptive services and supplies and as a result, 200,000 fewer unintended pregnancies would occur. This would lead to:
 - » 74,000 fewer unplanned births.
 - » 67,000 fewer abortions provided in unsafe conditions.
 - » 320 fewer maternal deaths.

FUNDING HISTORY

