



International Population & Family Planning Programs:

AN AGENDA FOR THE OBAMA ADMINISTRATION



November 2008



CONTENTS

EXECUTIVE SUMMARY 3

INTRODUCTION 5

GLOBAL DEMOGRAPHIC OVERVIEW 8

FAMILY PLANNING’S IMPACT AND BENEFITS10

 Improving Maternal and Infant Health10

 Reducing Unintended Pregnancies and Abortion.....10

 Preventing HIV/AIDS11

 Enhancing and Prolonging Education12

 Reducing Hunger.....13

 Climate Change13

 Preserving Vital Natural Resources.....14

 Catalyzing Economic Development14

 Reducing Instability and Conflict.....15

THE IMPORTANCE OF U.S. GLOBAL LEADERSHIP15

RECENT DEVELOPMENTS ON FP/RH PROGRAMS 16

POLICY RECOMMENDATIONS FOR AN OBAMA ADMINISTRATION..... 17

 Increase total U.S. FP/RH funding for FY 2010 to \$1 billion.....17

 Rescind the Global Gag Rule19

 Provide a U.S. contribution of \$65 million to the United Nations Population Fund.....20

 Increase funding for maternal and child health programs, HIV/AIDS prevention programs
 and women’s empowerment programs21

COMPOSITION OF THE INCOMING 111TH CONGRESS 21

REFERENCES22

FOR FURTHER INFORMATION PLEASE CONTACT:

Tod Preston
 Vice President, U.S. Government Relations
 Phone: 202.557.3441
 Email: tpreston@popact.org

Craig Lasher
 Senior Policy Analyst, U.S. Government Relations
 Phone: 202.557.3442
 Email: clasher@popact.org



EXECUTIVE SUMMARY OF INTERNATIONAL POPULATION & FAMILY PLANNING PROGRAMS: AN AGENDA FOR THE OBAMA ADMINISTRATION

The time has come for the United States to reestablish its leadership and build upon past successes on international family planning and population issues. By doing so, the U.S. will foster more peaceful, stable societies and improve maternal and child health, reduce unintended pregnancies and abortion, lower HIV infection rates, reduce poverty, enhance girls' education, decrease hunger, and slow the depletion of natural resources.

One of the global challenges that will confront the Obama Administration is the growing threat to security posed by climate change, resource scarcity, and burgeoning youth populations in parts of the developing world least equipped to meet their needs. The significance of population dynamics such as "youth bulges" on security and stability in the developing world is increasingly highlighted as a prime issue of concern by the U.S. defense and intelligence communities. International family planning and reproductive health (FP/RH) programs should be essential components of U.S. efforts to address these global challenges.

GLOBAL DEMOGRAPHIC OVERVIEW

Population growth over the last half century is unparalleled in the history of our planet. Today, our population stands at 6.7 billion and continues to grow by 80 million people per year. The best demographic projections estimate that world population will increase to 9.2 billion by 2050, assuming declines in fertility and increasing contraceptive usage. If these trends do not materialize, world population could climb to 12 billion by 2050. The overwhelming majority of population growth is occurring in the developing world, much of it in urban slums and other areas that typically lack adequate housing, sanitation, and access to clean water. In many poor countries already struggling to support their current populations, rapid population growth makes it more difficult to meet people's needs for health care, education, housing, and employment. It also contributes to the increasing degradation of land, water, fisheries, and other vital natural resources.

THE IMPORTANCE OF U.S. GLOBAL LEADERSHIP

Through the programs of the U.S. Agency for International Development (USAID) and U.S. contributions to the United Nations Population Fund (UNFPA), the United States has been one of the strongest supporters of international population programs. In 2007, an estimated 56.5 million women of reproductive age in the developing world were using modern contraception as a direct result of USAID programs. Despite these achievements, family planning remains out of reach for hundreds of millions of women and men in the developing world. More than 200 million women in the most impoverished parts of the world want to delay or end childbearing but do not have access to modern contraceptives. One-third or more of married women in countries such as Ethiopia, Haiti, Pakistan, and Uganda have this "unmet need" for effective family planning.

The lack of access to modern family planning is a key driver of the more than 80 million annual unintended pregnancies worldwide and the resulting yearly net increase in global population of 80 million people. Providing modern contraceptives to fill this unmet need would avert an estimated 52 million unintended pregnancies each year, thereby preventing 142,000 pregnancy-related deaths; 505,000 children from losing their mothers, and 22 million induced abortions. And it would significantly enhance efforts to achieve our development and humanitarian objectives in the poorest, least developed regions of the world.



Policy Recommendations for the Obama Administration

1. Increase total U.S. FP/RH funding to \$1 billion in FY 2010

In July 2008, Sen. Obama signed a letter with several of his Senate colleagues supporting legislative efforts that aimed to address the unmet need for family planning services and contraception among women in the developing world by increasing U.S. funding to \$1 billion annually. By boosting funding for international family planning from the current FY 2008 level of \$464 million to \$1 billion, bilateral and multilateral FP/RH assistance would return the U.S. to its historic leadership role in the international community and move us closer to paying our fair share of donor commitments necessary to fill the unmet needs for family planning and slow population growth.

The added cost of providing contraceptive services to the millions of women who need them—in addition to current expenditures on FP/RH—would total \$3.9 billion (in constant 2003 dollars) annually. If the U.S. were to provide its appropriate share of the total financial resources necessary to meet the unmet need for contraception, this sum would total \$1 billion.

2. Rescind the Global Gag Rule (Mexico City Policy)

The Global Gag Rule has led to the loss of all U.S. FP/RH assistance—funding, technical assistance, and donations of the contraceptive and condoms—to some of the most respected and effective community-based family planning providers overseas,. This has resulted in dramatic cutbacks in access to services, closures of clinics, and serious shortfalls in contraceptive supplies.

The Global Gag Rule also is a direct assault on the right of foreign organizations to engage in free and open debate on an important public health issue *with their own money in their own country*. Using the leverage of U.S. assistance to silence discussion on *any* legitimate issue for public debate is undemocratic and fundamentally inconsistent with American values. The President should immediately repeal this dangerous policy, restore funding, and remove this politically-motivated obstacle to health care for women around the world.

3. Provide \$65 million to the United Nations Population Fund

UNFPA is the principal United Nations organization in the FP/RH field and a major source of grant assistance to programs in poor countries. UNFPA provides FP/RH assistance to more than 150 countries, more than any other donor agency and is a valued source of funds and technical advice. Restoring U.S. funding for UNFPA programs is crucial to improving the health and lives of women and their families and to addressing demographic trends and promoting sustainable development.

4. Increase funding for programs to reduce maternal and child mortality, prevent the spread of sexually-transmitted diseases (including HIV/AIDS), and improve the social, legal, and economic status of women.

Efforts to reduce death rates for women and children work synergistically with efforts to reduce fertility rates. The integration of family planning programs with other reproductive health care for women and with child survival efforts should be encouraged. An expanded program to address the needs for greater activities in the prevention and treatment of sexually-transmitted diseases, including HIV/AIDS, is critical. Funds should also be devoted to the elimination of adult illiteracy (mostly female) and close the gender gap in education, by assisting innovative programs to reach adult illiterate women and to get and keep girls in school.



Introduction

“[A]ll the programs the United States supports on food security, employment, empowerment of women, achieving universal primary education, and economic growth may well falter if serious attention is not given once again to population [in Africa].... Family planning funding has thus stagnated when much more needs to be done.”

—Council on Foreign Relations, *More than Humanitarianism: A Strategic U.S. Approach Toward Africa*, Independent Task Force Report No. 56, January 2006.

Across the political divide, a growing recognition exists that the threats to the well-being and security of our world—from climate change and terrorism to poverty and hunger—require a far bolder and more coordinated emphasis on the third pillar of U.S. foreign policy: **development**. While traditionally underfunded relative to the defense pillar (and to a lesser extent, diplomacy), international development assistance is not only integral to our own foreign policy and security goals but to our humanitarian values and principles as well. And perhaps more than at any time in recent history, the priorities the new Administration adopts in development will have far-reaching impacts on the future sustainability and stability of life on our planet. What the world community does or fails to do within the next ten years—and especially the role played by the U.S. Government—could largely determine the fate of our planet for the remainder of the 21st century and beyond.

One of the overarching global challenges that will confront the new Administration are the growing threats to security—national security, human security, and collective security—posed by climate change, resource scarcity, and burgeoning youth populations in parts of the developing world least equipped to meet their needs. Tackling these issues must be a top priority of U.S. foreign assistance under an Obama administration, and international family planning and reproductive health (FP/RH) programs should be essential components of such efforts.

As referenced in the quote above by a blue-ribbon task force of the Council on Foreign Relations, efforts in Africa and elsewhere to meet the United States’ core humanitarian and development objectives and the international community’s Millennium Development Goals—poverty reduction, alleviating hunger, improving health and education, and preserving natural resources—will partially depend on slowing global population growth and restoring U.S. political, financial, and technical leadership for international family planning programs. Indeed, as stated in the report accompanying the Senate’s FY 2009 State-Foreign Operations Appropriations bill:

["The stresses on woefully inadequate social services in many developing countries caused by high rates of population growth . . . contribute to competition for limited resources, environmental degradation, malnutrition, poverty and conflict. Assisting countries in reducing rates of population growth to sustainable levels should be a priority of USAID.”¹]

To that end, this paper outlines the rationale and specific policy initiatives required by the new Administration in the area of family planning and reproductive health.

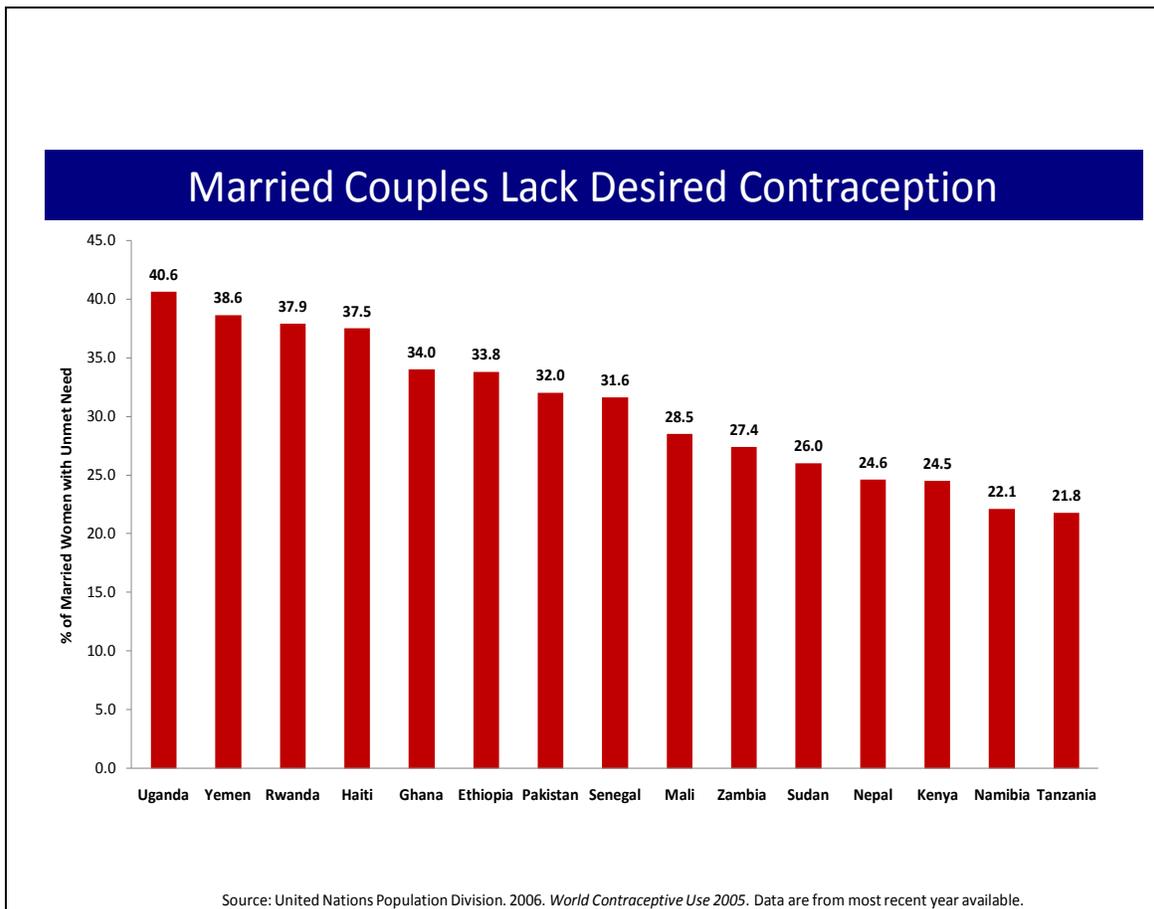
* * *



Since 1965, the United States has been one of the strongest supporters of international family planning assistance through the programs of the U.S. Agency for International Development (USAID) and its contributions to the U.N. Population Fund (UNFPA). USAID's family planning program is one of the great success stories in U.S. development assistance. Since the launch of the program in 1965, families are better able to feed, clothe, educate, and provide health care for their children. Countless women and children are alive today as a result of USAID assistance. And population growth rates in many countries have declined to far more sustainable and desirable levels.

U.S. investments in international family planning have proven time and time again to be one of the most 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. To paraphrase former Secretary of State Madeleine Albright, *family planning builds stronger families, stronger communities, and stronger countries.*²

However, despite the achievements of recent decades— including an increase in use of contraceptives among married women in the developing world from 10 percent to 60 percent since 1960—significant needs remain³. Family planning remains out of reach for hundreds of millions of women and men in the developing world. In fact, more than 200 million women in the most impoverished parts of the world want to delay or end childbearing but do not have access to modern contraceptives.⁴ One-third or more of married women in countries such as Ethiopia, Haiti, Pakistan, and Uganda have this “unmet need” for effective family planning.⁵



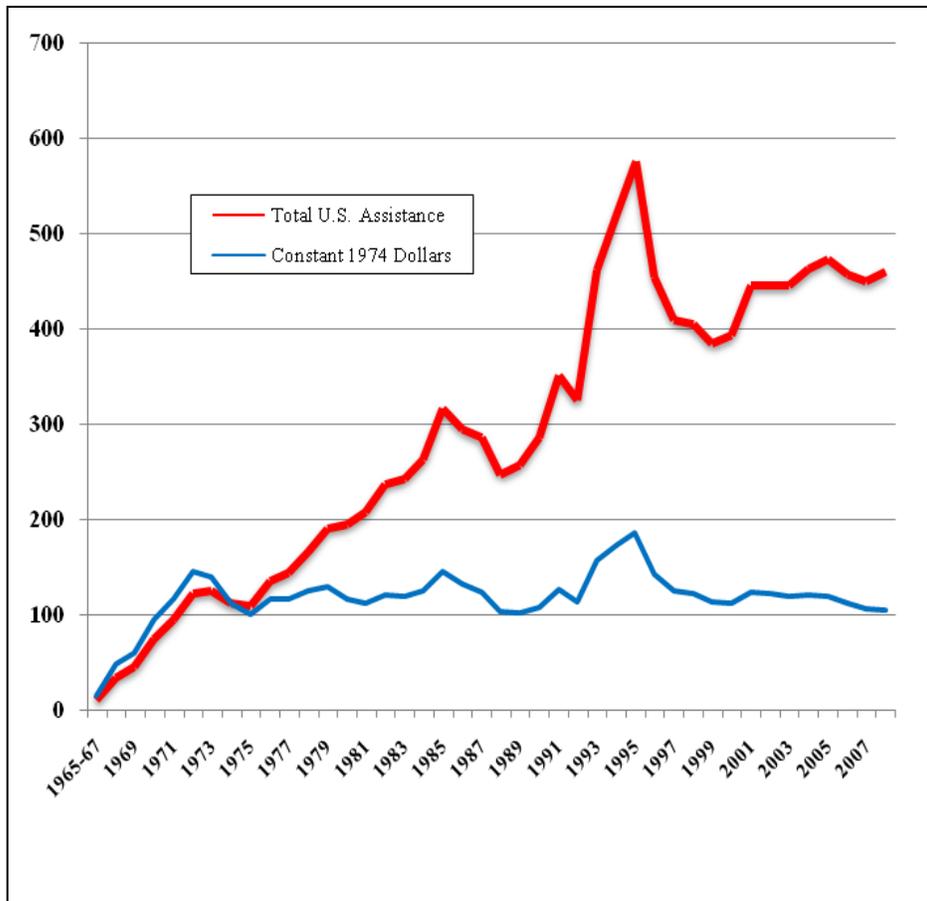


The lack of access to modern family planning is a key driver of the 80 million annual unintended pregnancies worldwide and the resulting yearly net increase in global population of 80 million people.^{6,7} Providing modern contraceptives to fill this unmet need would avert an estimated 52 million unintended pregnancies each year, thereby preventing 142,000 pregnancy-related deaths; 505,000 children from losing their mothers, and 22 million induced abortions.⁸ And it would significantly enhance efforts to achieve our development and humanitarian objectives in the poorest, least developed regions of the world.

For many years, the United States set an example for other governments and led the world in FP/RH assistance through a strong partnership between our foreign assistance program and U.S. voluntary agencies, universities, foundations, and the private sector. However, in recent years U.S. leadership has been undermined by funding cuts and harmful restrictions on family planning assistance.

U.S. funding for FP/RH has declined significantly when accounting for inflation and the growing demand from women and men. Current U.S. funding of about \$460 million represents a cut of \$300 million, or 40 percent, when adjusted for inflation from the high-water mark achieved in FY 1995. At the same time, the number of women of reproductive age in the developing world alone has increased by 300 million women. Had the Bush administration gotten its way and Congress not intervened in the past two years, U.S. funding for these programs would have been reduced by an additional 25 percent.

U.S. FP/RH Funding (in millions of dollars)





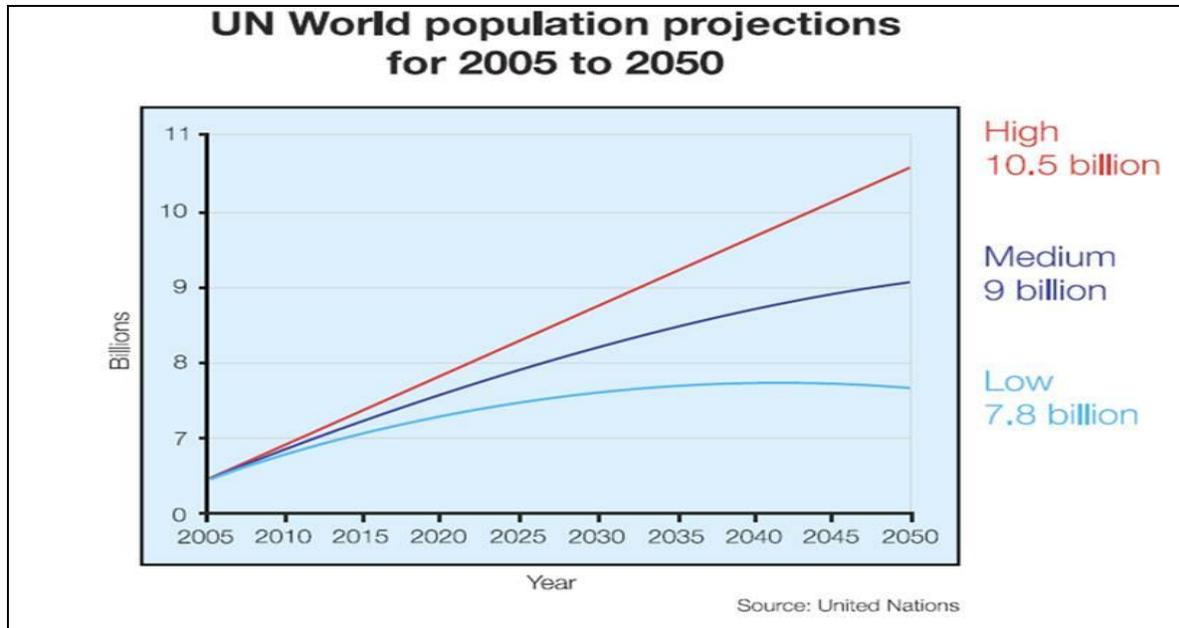
Making matters even worse, the Bush administration's reinstatement of the Mexico City Policy (**Global Gag Rule**) in 2001 has cut off U.S. assistance to some of the best equipped and most experienced family planning providers overseas that reach women and men in areas where other providers are not present. The Bush administration has also withheld all U.S. funding from UNFPA, totaling over \$200 million, since 2002.

Moreover, it is imperative that the United States once again assume political and financial leadership in international FP/RH assistance. With half of the world's population under the age of 30, and half of sub-Saharan Africa under age 20, the need and demand for family planning will continue to grow rapidly for the foreseeable future. How these needs are addressed will have a direct impact on the future health and sustainability of our world.

GLOBAL DEMOGRAPHIC OVERVIEW

While the phrase "population crisis" in the 1960s and 1970s once roused fears of uncontrollable growth in human numbers, today some analysts argue that if there is a population crisis it is because women are having too few children—a so-called "birth dearth." This claim ignores the reality that many women in the poorest, least developed parts of the world are having more children more often than they want due to limited access to modern contraceptives. The era of population growth is far from over, and high fertility rates are still prevalent in many developing countries.

Population growth over the last half century is unparalleled in the history of our planet. Human population took hundreds of thousands of years to grow to 2.5 billion in 1950. Today, it stands at 6.7 billion and continues to grow by 80 million people per year. The best demographic projections estimate that world population will increase to 9.2 billion by 2050,⁹ assuming declines in fertility and increasing contraceptive usage. If these trends do not materialize, world population is projected to climb to 12 billion by 2050.¹⁰ The overwhelming majority of population growth is occurring in the developing world, much of it in urban slums and other areas that typically lack adequate housing, sanitation, and access to clean water.¹¹ In many poor countries already struggling to support their current populations, rapid population growth makes it more difficult to meet people's needs for health care, education, housing, and employment. It also contributes to the increasing degradation of land, water, fisheries, and other vital natural resources.



In Africa, countries such as the Democratic Republic of the Congo, Ethiopia, Kenya, Liberia, Niger, Nigeria, Sierra Leone, and Uganda are all projected to grow by at least 200 percent or greater by the year 2050. The two largest countries in sub-Saharan Africa, Nigeria and Ethiopia, have each already more than quadrupled in population just since 1950. And rapid population growth is not limited to sub-Saharan Africa. For example, Pakistan's population has quadrupled from 46 million in 1960 to 167 million today and is expected to add another 51 million people in the next 15 years alone.¹² Around the early 2040s, Pakistan will likely surpass Brazil and Indonesia to become the fourth most populous country in the world, following behind only China, India and the United States. Pakistan's population is projected to reach nearly 300 million by 2050.¹³

Closer to home, countries such as Guatemala and Haiti are experiencing significant population growth, straining efforts to reduce poverty and improve living standards. With one of the world's worst daily caloric deficits per inhabitant, the Haitian population suffers from widespread and chronic malnutrition. About 42 percent of children under age five are severely or moderately stunted in growth.¹⁴ Haiti's population of 9 million is projected to increase by 3 to 4 million people by 2025, in part due to lack of access to modern contraceptives and the resulting high fertility rates.¹⁵ Similarly, Guatemala's population of 13 million is projected to increase by 7 to 9 million people by 2025. Guatemala has one of the highest poverty rates in the western hemisphere, with 54 percent of the population living below US \$1 per day, and 78 percent living below \$2 per day.¹⁶

A FAMILY PLANNING SUCCESS STORY: U.S. ASSISTANCE TO MEXICO

Thanks in part to pioneering U.S. family planning and technical assistance, first begun in the late 1960s, countries such as Indonesia, South Korea, Thailand and Tunisia have achieved major improvements in the health and economic development of women, families and their nation as a whole. Another success story, much closer to home, is Mexico.

During the 1970s while Mexico was initiating its national family planning program—with significant assistance from the United States and UNFPA—less than a quarter of women used contraceptives, average fertility rates were about seven children per woman, infant mortality rates were 69 per 1,000 live births, and average life expectancy was 62 years of age.^{17,18} By contrast, today two-thirds of Mexican women use



contraceptives, average fertility rates are 2.2 children per woman, infant mortality rates are 20.5 per 1,000 live births, and average life expectancy is 75 years of age.^{19,20} In other words, as contraceptive use has skyrocketed and women have been able to achieve their desired (smaller) family size, birth rates and infant mortality rates have fallen by as much as two-thirds. Not surprisingly, maternal mortality rates have dropped dramatically, too. The resulting decrease in fertility rates in Mexico has resulted in a population of 107 million today. If Mexico's birth rates had remained where they were in the early 1970s, its population today would be about 50 million greater.²¹ That staggering 50 percent increase would likely have had major and negative ramifications in a country where widespread poverty still compels millions of its citizens to risk their lives in a search of a better life in the United States.

The challenge today is to replicate the successes that have been achieved in places like Mexico in those parts of the developing world that are still beset by high infant and maternal death rates, lack of knowledge of and access to family planning, and the resulting high birth and population growth rates: namely, sub-Saharan Africa and parts of the Middle East and south Asia.

FAMILY PLANNING'S IMPACT AND BENEFITS

Improving Maternal and Infant Health

Maternal and child deaths in developing countries are unacceptably high. Every year, an estimated 536,000 women die in pregnancy or childbirth (including nearly 67,000 from the complications of unsafe abortion), and more than fifty million suffer serious complications.^{22,23} In some places, pregnancy is the leading killer of women of childbearing age. Lifetime risk of maternal death is 1 in 8 in Afghanistan; 1 in 7 in Niger; 1 in 25 in Uganda and 1 in 27 in Ethiopia. In the United States, the lifetime risk of maternal death is 1 in 4,800.²⁴ Nearly all of these deaths and injuries are preventable. In fact, universal access to contraceptives could prevent nearly half of all maternal deaths and significantly reduce infant deaths.²⁵

The link between expanded access to family planning and increased maternal and child survival is well-established. Women and their babies are healthier when mothers are able to plan and space the amount of time between births. When women deliver babies too soon after a previous birth, those babies are often born underweight or premature, increasing their chances of dying in infancy. In fact, children born less than two years after a previous birth are 2.5 times more likely to die than children born three to five years apart.²⁶ Children born to mothers under age 18 have a 60 percent greater chance of dying in the first year of life than a child born to a mother over age 19, as well as a greater chance of dying before age 5, and girls under 15 are five times as likely to die during child birth as those in their 20s.²⁷

Unintended and unwanted pregnancies are a major cause of maternal mortality. Access to reproductive health services, including contraception as well as care in pregnancy and childbirth, reduces a woman's exposure to fatal obstetric complications—which account for approximately 80 percent of maternal deaths globally—and enables a woman to plan the timing and spacing of her children.²⁸ A review of 17 West African countries found that those with the highest contraceptive prevalence have the lowest maternal mortality rates, and vice versa.^{29,30}

Reducing Unintended Pregnancies and Abortion

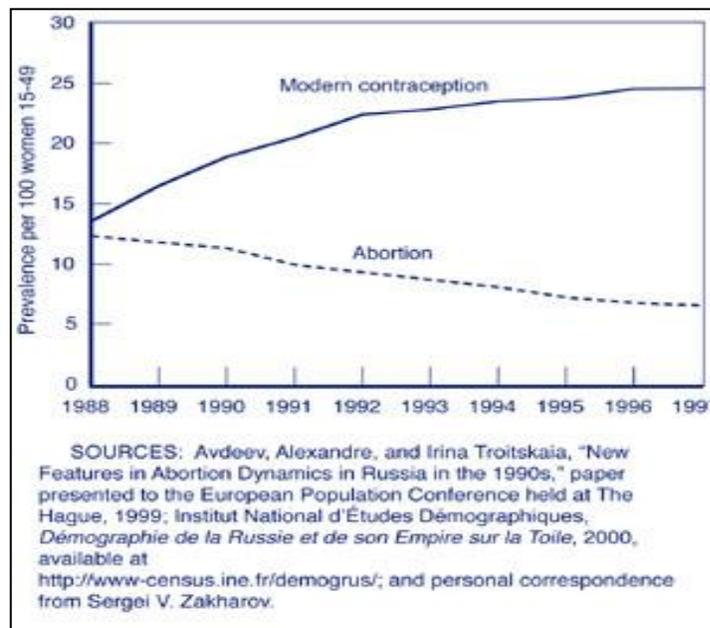
Access to family planning and contraception is essential in reducing unintended pregnancies and reducing rates of abortion. Every year nearly 80 million unintended pregnancies occur worldwide. More than half of these pregnancies end in abortion, often in countries where abortion is illegal and unsafe and access to contraception is limited.³¹ The most effective way to reduce unplanned pregnancies is through the



provision of long-term voluntary family planning programs that provide men and women a choice of safe and effective contraceptive methods for planning the timing and spacing of childbirth.

When long-term, effective family planning methods are available and accessible to the majority of a population, abortion rates decline—sometimes drastically.³² Experiences in countries such as Bangladesh, Bulgaria, Chile, Estonia, Hungary, Latvia, Romania, and Russia have all shown that increased use of contraception is accompanied by significant declines in abortion rates. For example, in the former Soviet Union abortion was legal and widely available while contraception was difficult to obtain. As a result, most women relied on abortion as a means of controlling their fertility. However, between 1988 and 2001 the abortion rate declined by 61 percent as modern contraceptive use increased in Russia by 74 percent.³³

Russia: Case Study in Contraceptive Use Reducing Abortion



Preventing HIV/AIDS

Family planning services are paramount to preventing HIV infection among women of childbearing age and helping HIV-positive mothers avoid unintended pregnancies. Each year, 420,000 children around the world are infected with HIV—over 90 percent through mother-to-child-transmission, totaling 2.5 million children living with HIV or AIDS today.^{34,35} Access to reproductive health services, including contraception, is crucial in reducing these numbers by preventing HIV infection in women and unintended pregnancies among HIV-positive women who do not wish to become pregnant.

Current levels of contraceptive use in sub-Saharan Africa, as low as they are, are already preventing an estimated 22 percent of HIV-positive births. A 2003 study found that adding family planning to prevention of mother-to-child-transmission (PMTCT) services in 14 high-prevalence countries prevented more than 150,000 unintended pregnancies. Averted child infections and deaths nearly doubled and quadrupled, respectively.³⁶ Not only does contraceptive use avert more HIV-positive unintended pregnancies, but it does so at a lower cost than the use of an antiretroviral drug alone. For the same cost, family planning services can avert nearly 30 percent more HIV-positive births than antiretroviral drugs.³⁷



Enhancing and Prolonging Education

Pregnancy can often become a major obstacle to school attendance and advancement for teenage girls. U.S. investments in family planning help young women stay in school and avoid early childbearing. Despite free education programs and support for girls' enrollment, only 46 percent of girls in Africa complete primary school, and in more rural parts of the continent that rate drops below 15 percent. In its 2004 report to the UNDP, Ghana cites "minimizing the incidence of teenage pregnancies" among its top five challenges to achieving equal access for boys' and girls' education.³⁸

In addition to reducing teen pregnancy, family planning also helps lower the number of schools that need to be built and the number of new teachers trained and hired by slowing the growth rate of the school-age population. Because of its rapid population growth, sub-Saharan Africa's primary school-age population is projected to grow by 22 percent over the next ten years alone, requiring a substantial increase in educational resources merely to maintain existing primary school enrollment rates.³⁹ While steady gains have been made in sub-Saharan Africa in student enrollment, 33 million children—nearly 30 percent—still remain out of the classroom.⁴⁰ According to the ONE Campaign's recently released DATA report, "demographic pressure [in sub-Saharan Africa] will remain a challenge for the next decade as the numbers of primary school-age children grow at a sustained rate."⁴¹

THE IMPORTANCE OF FAMILY PLANNING: THE CASE OF PAKISTAN

Like many developing countries, Pakistan has a youthful population: 38 percent of the population is under age 15, nearly double the percentage of the United States. Nearly one-third of Pakistan's population lives below the poverty line, and the country's future development prospects remain hampered, in part, by poor education. The literacy rate among all adults in Pakistan was estimated at 50 percent in 2006.¹

The rapid pace of Pakistan's population growth places significant burdens on efforts to raise literacy rates and improve education. In fact, although Pakistan's literacy *rate* has nearly tripled since 1970, the *number* of illiterate adults has nearly doubled as rapid population growth has outpaced improvements in education. Thus, even though the literacy rate in Pakistan increased from 18 to 50 percent between 1970 and 2006, the actual number of illiterate people skyrocketed from 28 million in 1970 to 51 million.¹

Between 1975 and 2000, Pakistan's school-age population doubled.¹ During this time, as placement in public schools became increasingly competitive, many low-income parents turned to religious schools (*madrasas*) as the only affordable alternatives for educating their sons. While estimates of the number of madrasas vary, a Brookings Institution analysis suggests that there may be as many as 45,000 of these schools in Pakistan, with anywhere from ten to several thousand male students in each.¹ Boys and young men who enter madrasas receive no scholastic or technical training; some of Pakistan's madrasas are believed to have ties with radical religious organizations.

A key driver of Pakistan's rapid population growth is unmet need for family planning. The country's average fertility rate of nearly four children per woman equates to a population doubling time of less than 40 years. Pakistan's population of 167 million is projected to increase by 51 million in the next 15 years. Thirty-two percent of married couples of reproductive age in Pakistan wish to have no more children or postpone childbearing for at least two years but are not using either a traditional or a modern method of contraception.

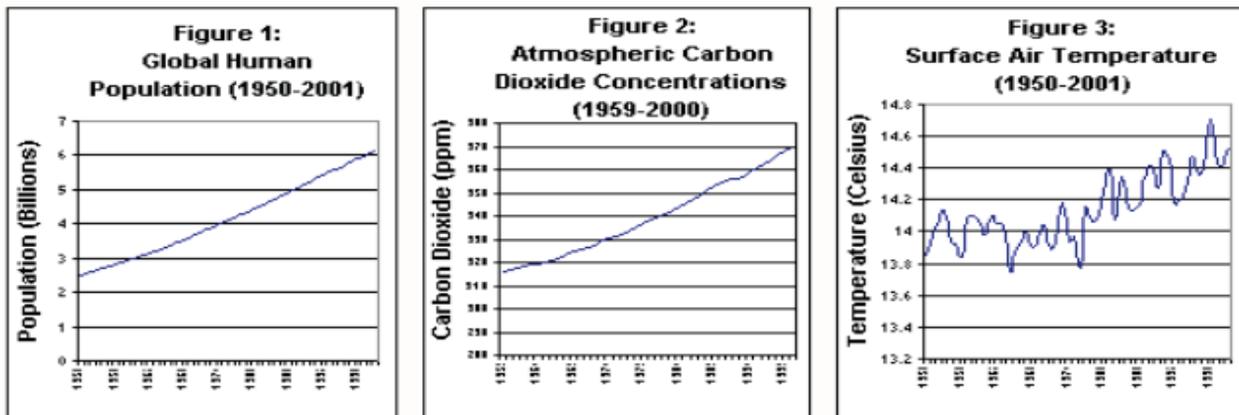


Reducing Hunger

More than 850 million people worldwide are classified as undernourished and many of these suffer from chronic hunger. If food prices continue to soar, this number is projected to approach 1 billion within the next two years.⁴² Moreover, more frequent drought and other impacts of climate change could triple the number of undernourished people in Africa by 2080.⁴³

According to the U.N. Food and Agriculture Organization (FAO), “The goal of achieving food security will be made more difficult if population growth rates cannot be reduced.” The impact of rapid population growth in exacerbating food insecurity is particularly evident in sub-Saharan Africa where 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.⁴⁴ In countries such as Ethiopia that are already heavily dependent on U.S. food aid to feed its people, population growth will continue to worsen an already serious situation. Ethiopia’s population is projected to increase by 20 million in the next 10 years and double by 2045. Each Ethiopian woman gives birth to an average of six children, and 36 percent of married couples that desire to space or limit childbearing do not have access to modern contraceptives.

Climate Change



Source: Fred Meyerson in cooperation with Population Resource Center. 2002. Executive Summary: Population Dynamics and Global Climate Change. (www.prcdc.org)

The buildup of greenhouse gases in the atmosphere has been driven largely by growing consumption of fossil fuels in the industrialized world. Developing countries, representing 80% of the world’s population, have been responsible for only 23% of the accumulation of greenhouse gas emissions in the atmosphere.⁴⁵ However, developing countries’ share of global emissions is growing and will become more significant in the future as they continue on a path of economic development and rapid population growth.

Deforestation in the developing world also is a major driving force of climate change, accounting for 20 percent of total greenhouse gas emissions. Due to the sheer volume of world population growth, reductions in greenhouse gas emissions resulting from shifts in energy use and sequestration will be partially offset by the increase in human activity resulting from a growing global population.

The Intergovernmental Panel on Climate Change (IPCC) recognizes the role that future population growth can play in the growth of global greenhouse gas emissions. In the varying assumptions about population growth, economic growth, and technological change that are included in the IPCC’s “emissions scenarios,” the scenario that results in the smallest temperature increase by 2100 assumes the



lowest global population growth projection (8.7 billion by 2050, a number lower than the UN's medium population projection).⁴⁶ Therefore, in addition to alternative energy development, energy efficiency, and carbon capture and storage, programs such as voluntary family planning that can slow the rate of population growth should be part of a long-term strategy to reduce greenhouse gas emissions.

Preserving Vital Natural Resources

Although high levels of consumption in the world's wealthy countries account for many of the most serious global environmental problems, world population growth nonetheless increases the stress on renewable natural resources—such as clean air, arable land, fresh water, fisheries, and forests—and on valuable plant and animal species threatened with extinction. Such negative trends can impinge directly on the future well-being of all of humanity.

- **Water:** Water scarcity is already a chronic concern that is growing more acute and widespread in many Middle Eastern and African countries. In most of the countries where water scarcity is severe and worsening, high rates of population growth exacerbate the declining per capita availability of renewable fresh water. In 2005, 750 million people lived in countries experiencing either water-scarce or water-stressed conditions. By the year 2025, that number will likely skyrocket to at least 2.6 billion people living in these conditions.⁴⁷ Water shortages will grow especially acute in the Middle East and in much of Africa.
- **Cropland:** Dozens of countries have already reached alarmingly low levels of available cropland. In 2005, 448 million people lived in countries where cultivated land is critically scarce—including Bangladesh, Egypt and Jordan—and this number is projected to increase to between 559 and 702 million people by 2025.⁴⁸
- **Forests:** Based on the UN medium population projection and current deforestation trends, the number of people living in forest-scarce countries could rise dramatically from 2.2 billion people in 46 countries to 3.18 billion in 54 countries by 2025, severely taxing the availability of forest resources for food, fuel, and shelter needs.⁴⁹ Deforestation also plays a major role in climate change, accounting for 20 percent of total global greenhouse gas emissions.⁵⁰
- **Biodiversity:** More than 1.3 billion people live in areas that conservationists consider the most rich in plant and animal species and the most threatened by human activities. Future medical, scientific, and technological advances may be dependent on these endangered species. Population growth in these biodiversity “hotspots” is faster than the world average.⁵¹

Catalyzing Economic Development

Stabilizing population growth helps poorer countries develop economically and provide for the needs of their citizens. Widely spaced births and smaller family size allows families and governments to invest more in each child—helping to ensure access to education and health care. Over time, this raises household and government savings, improves productivity, and stimulates economic growth.

In 1950, East Asia's health, literacy, fertility and economic statistics were similar to present day sub-Saharan Africa.⁵² However, shifts to smaller family size and slower rates of population growth brought on by the establishment of family planning programs in all seven countries by 1965 played a key role in the creation of an educated work force, the accumulation of household and government savings, the rise in wages, a lower ratio of dependents to working-age adults, and the significant growth in investments in



manufacturing technology. Between 1960 and 1995, per capita income grew in these countries to levels significantly higher than those achieved in other developing countries, in some cases to levels rivaling those in the developed world. Economists credit declining fertility, from the mid-1960s to the early 1990s, as a major contributor to sustained economic growth among the Asian Tigers—Malaysia, Indonesia, Singapore, South Korea, Thailand, Taiwan, and the former Hong Kong Territory.⁵³

Reducing Instability and Conflict

Countries that lack the means to provide the most basic needs of their people—food, water, housing education, employment—are at significant risk of instability and conflict. Population growth also complicates the challenges of governance, especially in weak and fragile states, by contributing to urbanization, a disproportionately high percentage of young people (“youth bulge”) and labor force expansion which outstrips job creation, especially for urban youth. In countries where opportunities for education and employment are few, the demands created by population growth can exacerbate the underlying conditions that provoke conflict or instability.

The impact of population dynamics on security and stability in the developing world, particularly with respect to “youth bulges,” is increasingly highlighted as a prime issue of concern by the U.S. defense and intelligence communities. In recent months the list of U.S. officials who have raised the alarm about this issue include Defense Secretary Robert Gates, CIA Director Michael Hayden, and Director of National Intelligence Michael McConnell.⁵⁴ According to Secretary Gates, “*over the next 20 years certain pressures – population, resource, energy, climate, economic, and environmental – could combine with rapid cultural, social, and technological change to produce new sources of deprivation, rage, and instability.*”⁵⁵ Similarly, Director Hayden has cautioned that “*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.*”⁵⁶

Today approximately 60 countries have large youth bulges and very young population age structures, including Afghanistan, Haiti, Iraq, and nearly all of sub-Saharan Africa. One of the key drivers of these youth bulges is high fertility rates due to limited access to (and knowledge of) family planning and modern contraceptives. Countries with these demographic profiles have historically faced significant hurdles in terms of development and stability.⁵⁷ For example, 78 percent of all outbreaks of conflict worldwide between 1970 and 2006 occurred in “very young” countries where 60 percent or more of the population was under age 30. In addition, nearly 90% of countries with very young populations had autocratic or weakly democratic governments during this same period.⁵⁸

THE IMPORTANCE OF U.S. GOVERNMENT LEADERSHIP

Through the programs of the U.S. Agency for International Development (USAID) and U.S. contributions to the United Nations Population Fund (UNFPA), the United States has been one of the strongest supporters of international population programs. In 1965, the United States became one of the first countries to provide family planning assistance to poor countries.

The United States leads the world in expertise on international family planning. A strong partnership between the U.S. government foreign assistance program and private groups has helped develop a wealth of knowledge relating to the effective management of family planning programs. U.S. cooperating agencies, universities, foundations, and private companies share valued advice and know-how with colleagues throughout the world on how to deliver high quality services. In addition, U.S. leadership has encouraged other nations—both rich and poor—to strengthen their support for family planning programs.



U.S.-funded programs have had a practical focus on expanding and improving family planning services. U.S. foreign assistance has supported contraceptive services provided by both governments and the private sector; supplied a large portion of contraceptive commodities; funded important biomedical research; helped train health workers and managers; and introduced creative new approaches to educating people about family planning and reaching them with care and services.

In 2007, an estimated 56.5 million women of reproductive age in the developing world were using modern contraception as a direct result of USAID programs. Many millions more have benefited indirectly from improvements in services resulting from American advice and innovations. Several nations that have received extensive U.S. FP/RH assistance, including Brazil, Colombia, Indonesia, Jamaica, Korea, Mexico and Thailand have succeeded to the point that they no longer require and receive U.S. FP/RH assistance. Some of these countries have even become donors themselves of FP/RH activities in other nations.

RECENT DEVELOPMENTS ON FP/RH PROGRAMS

In July 2008, congressional appropriators in the House and Senate approved their respective versions of the FY 2009 State-Foreign Operations Appropriations with significant gains and important victories for FP/RH programs. Most noteworthy are the historic funding increases proposed in the House bill for both bilateral and multilateral programs and policy changes in both bills allowing a U.S. contribution to UNFPA. The House subcommittee-approved bill recommends a total of \$600 million for bilateral and multilateral funding for the FP/RH programs of the U.S. government. (The \$600 million in the House bill marks a 28 percent increase above the current FY 2008 level and an 83 percent increase above the President's budget request of only \$327 million.) Of the total \$600 million, \$540 million is to be administered by the USAID, and \$60 million is to be allotted for a U.S. contribution to UNFPA. [For the UNFPA contribution, \$25 million is to be provided out of the International Organizations & Programs (IO&P) account along with the voluntary contributions to other UN agencies and \$35 million from the Child Survival and Health Programs Fund].

The Senate Appropriations Committee-approved bill allocates \$475 million for the bilateral FP/RH programs of USAID and an additional \$45 million for a U.S. contribution to UNFPA (drawn from the IO&P account) for a total bilateral and multilateral funding level of \$520 million. While not as large as the historic increases approved by its House committee counterparts, the higher levels signal the Senate's support for finding additional resources for these critical health services as the appropriations process unfolds.

Both the House and Senate bills include similar amendments that would allow U.S. funds to be provided to UNFPA—notwithstanding a negative Kemp-Kasten determination—directing this assistance only to targeted projects, such as safe childbirth and emergency obstetric care, contraceptives to prevent unintended pregnancy and the spread of sexually transmitted diseases, prevention and treatment of obstetric fistula, combating harmful traditional practices, and the provision of maternal health services in disaster areas, in any of the more than 150 countries—other than China—where UNFPA works. Both also contain some elements of standard appropriations bill restrictions on UNFPA's use of U.S. funds, such as a dollar-for-dollar reduction in the contribution for any amount UNFPA spends in China.

The Senate bill also includes an amendment that would repeal the Mexico City Policy (Global Gag Rule), which renders ineligible for U.S. family planning assistance any foreign nongovernmental organization



that provides abortion services, counsels or refers for abortion, or lobbies for abortion law reform with non-U.S. government funds. The House version of the bill is silent on the topic.

Because a final appropriations bill was not enacted into law, the State-foreign operations bill is part of the continuing resolution (P.L. 110-329), signed by President Bush on last day of the fiscal year, to keep much of the federal government functioning at FY 2008 funding levels through March 6, 2009.

POLICY RECOMMENDATIONS FOR THE OBAMA ADMINISTRATION

The United States must reestablish its leadership on international family planning and population issues. As detailed in this paper, doing so will 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. Accordingly, the Obama administration should take the following policy actions to achieve these important objectives:

1) Increase total U.S. FP/RH funding for FY 2010 to \$1 billion.

In July 2008, Senator Obama supported legislative efforts that aimed to address the unmet need for family planning services and contraception among women in the developing world by increasing U.S. funding to \$1 billion annually. By boosting funding for international family planning in the revised FY 2010 budget request from the current FY 2008 level of \$464 million to \$1 billion, bilateral and multilateral FP/RH assistance would return the United States to its historic leadership role in the international community and move us closer to paying our fair share of donor commitments necessary to fill the unmet needs for family planning and slow population growth. In addition, an Obama administration should actively work with congressional appropriators for approval of the level of \$600 million contained in the House subcommittee-approved version of the foreign operations bill during the final negotiations on the FY 2009 appropriations legislation.

International FP/RH programs were profoundly affected by the drastic shift in the political climate in Congress resulting from the November 1994 elections when Republicans gained control of both houses of Congress for the first time in 40 years. Total U.S. financial assistance for FP/RH programs, both bilateral and multilateral, peaked in FY 1995 when Congress appropriated \$577 million, including \$542 million through USAID and a \$35 million contribution to UNFPA. However, bilateral funding suffered a congressionally-imposed 35 percent cut the following year when Republicans gained control of both houses of Congress for the first time in 40 years. Bilateral FP/RH funding remained low in the late 1990s and was subject to punitive funding conditions before recovering modestly and then stagnating at less than \$450 million from 2001 until this year.

When adjusted for inflation, U.S. bilateral funding for FP/RH programs in FY 2007 is 41 percent less than in FY 1995 despite the increase of 300 million women of reproductive age during that time. In fact, as shown in Figure 1 (p.7), due to inflation, the level of assistance has remained basically flat since the inception of U.S. funding of international FP/RH programs in 1965 if measured in constant 1974 dollars—the fiscal year that a separate population account was first added to the Foreign Assistance Act. This flat funding has occurred despite a major increase in the need and demand for FP/RH care and services.



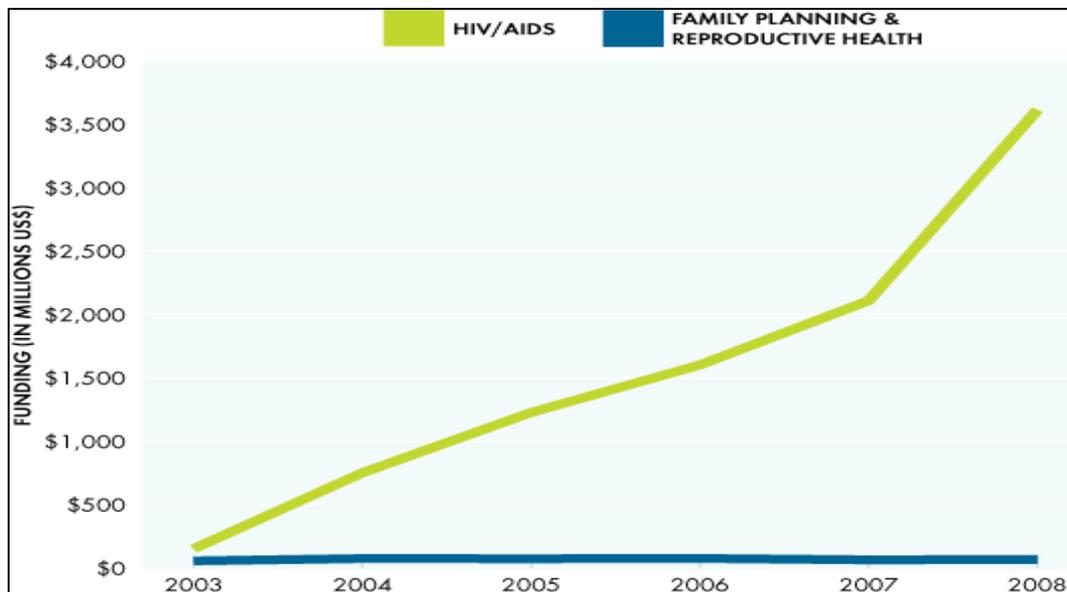
The contrast between the inflation-adjusted stagnant funding levels and the growing number of women of reproductive age in need of voluntary family planning services indicates that a quantum leap is needed in the amount of financial resources allocated to FP/RH programs by the United States in order its meet its commitments made at the 1994 International Conference on Population and Development (ICPD).

According to a 2003 study by UNFPA and the Guttmacher Institute, 201 million women in developing countries have an unmet need for effective, modern contraceptives because they seek to postpone childbearing, space births, or want no more children but are not using a modern method of contraception. The added cost of providing these contraceptive services—in addition to current expenditures on FP/RH—would total \$3.9 billion (in constant 2003 dollars) annually. If the United States were to pledge to provide its appropriate share of the total financial resources necessary to meet the unmet need for contraception of these estimated 201 million women, this sum would total about \$1 billion.

To put this large amount in context, \$3.2 billion would be the U.S. fair share of global expenditures necessary to achieve universal access to reproductive health care by the year 2015, as agreed to by the international community at the 1994 ICPD in Cairo. Universal access to reproductive health care by 2015 is also a new target recently approved by the UN General Assembly for measuring progress toward meeting Millennium Development Goal 5 on maternal health. Despite the distortions of FP funding created by the infusion of donor financing to address the HIV/AIDS pandemic, the U.S. share of \$3.2 billion can be calculated based on a reappraisal of the Cairo funding targets prepared for the UN Millennium Project (in response to better costing data for health interventions).

Nearly all of the 15 focus countries under the President’s Emergency Plan for AIDS Relief (PEPFAR), despite enormous allocations to HIV/AIDS programs, are demonstrating a persistent need for – but a steady decline in – FP/RH assistance. In his FY 2008 budget request to Congress, President Bush requested a decrease in FP/RH assistance in 10 of the 15 focus countries and a minimal increase in only one focus country, Rwanda. Four focus countries receive no FP/RH assistance at all. All 11 focus countries receiving FP/RH assistance have high fertility rates, and many also have high unmet need for contraception.

U.S. FP/RH and HIV Funding for Focus Countries: Allocated 2003-2006, Requested 2007-2008





FP/RH VERSUS HIV/AIDS FUNDING — THE CASE OF ETHIOPIA

Ethiopia saw a 24 percent drop in FP/RH funding between the FY 2006 enacted level and the FY 2008 administration request. Yet, the average Ethiopian woman will give birth 5.4 times in her lifetime, and 33.4 percent of married women have an unmet need for contraception, desiring to limit or space childbearing, but not using contraception. The 2008 request for FP/RH funding in Ethiopia is \$15 million. In contrast, the 2008 request for HIV/AIDS is \$409 million to address Ethiopia's epidemic, estimated at only 1.4 percent prevalence. While the number of women living with HIV is high in Ethiopia, the number of women with unmet need is significantly higher, although these groups are not mutually exclusive. Evidence shows that unmet need for contraception is common among women living with HIV/AIDS. Far more FP/RH funding is needed to help women meet their reproductive intentions in order to promote the well-being and rights of Ethiopian women, regardless of HIV status.

2) Rescind the Global Gag Rule

On January 22, 2001, President Bush announced in a presidential memorandum the reinstatement of the restrictions on overseas health care organizations in effect from 1984 to 1993 under President Reagan and his father. The restrictions are commonly known as the “Mexico City Policy” (MCP) for the site of an international population conference where it was announced or as the “Global Gag Rule” (GGR) by its opponents. [The policy was rescinded by President Clinton and not in effect from 1993 to 2001 until reinstated by President George W. Bush on his second day in office.]

In 2007, both the House and Senate passed legislation to repeal or modify the GGR for the first time since it has been in force. Unfortunately, a strong veto threat from President Bush resulted in GGR reversal language being dropped from the final FY 2008 omnibus spending bill.

The MCP/GGR restrictions prohibit U.S. family planning assistance from being provided to foreign nongovernmental organizations (NGOs) that use non-U.S. funding to perform abortion in cases other than a threat to the life of the woman, rape or incest; to provide counseling and referral for abortion; or to lobby to make abortion legal or more available in their own country. It is important to note that the direct use of U.S. foreign assistance funds for abortion as a method of family planning has been banned since 1973 and for biomedical research on abortion and lobbying on abortion since 1981 (a summary of abortion-related restrictions is available on request).

Enforcement of the MCP/GGR has led to the loss of all U.S. FP/RH assistance—funding, technical assistance, and donations of the contraceptive and condoms—to local, community-based family planning providers, particularly the member associations of the International Planned Parenthood Federation and affiliates of Marie Stopes International. This has resulted in dramatic cutbacks in access to services, closures of clinics, and serious shortfalls in contraceptive supplies.

Using the impact of the GGR on the provision of U.S.-donated contraceptive commodities as an example, since the GGR was reinstated in 2001, shipments of contraceptives from the U.S. government have been stopped to 16 developing countries in Africa, Asia, and the Middle East.⁵⁹ Even in countries that still receive contraceptives and condoms from the United States, leading indigenous family planning providers—often those with the most extensive distribution networks—stopped receiving U.S.-donated supplies. This has further exacerbated supply shortages, particularly in populous rural areas where need is greatest. These programs—often the ones with the largest outreach to young people and those hardest to reach in rural areas, and often the only NGO family planning program in a region— have suffered severely from the cutoff of contraceptive shipments.



In addition to the adverse public health impact of the GGR to programs on the ground, there are a number of important principles at stake. The GGR is a direct assault on the right of foreign organizations to engage in free and open debate on an important public health issue *with their own money in their own country*. Using the leverage of U.S. assistance to silence discussion on *any* legitimate issue for public debate is undemocratic and fundamentally inconsistent with American values. These restrictions would be judged unconstitutional if applied to U.S. organizations receiving foreign assistance funds. The President should immediately repeal this dangerous policy, restore funding, and remove this politically-motivated obstacle to health care for women around the world.

3) Provide a U.S. contribution of \$65 million to the United Nations Population Fund

UNFPA is the principal United Nations organization in the FP/RH field and a major source of grant assistance to programs in poor countries. UNFPA provides FP/RH assistance to more than 150 countries, more than any other donor agency and is a valued source of funds and technical advice. Restoring U.S. funding for UNFPA programs is crucial to improving the health and lives of women and their families and to addressing demographic trends and promoting sustainable development.

The United States helped establish the Fund in 1969 and until 1985 was the largest donor providing nearly one-third of total annual funding. In recent years, however, the United States has been an unreliable source of financial support. A contribution of \$65 million, derived entirely from the State Department's International Organizations and Programs (IO&P) account, will restore U.S. leadership in this key multilateral organization at a level comparable to those of UNFPA's other leading bilateral donors.

For the last seven years, President Bush has withheld the U.S. contribution UNFPA by employing an overly broad interpretation of the Kemp-Kasten amendment, which prohibits funding to any organization that "supports or participates in the management of a program of coercive abortion or involuntary sterilization," and pointed to the presence of UNFPA country program in China, where human rights abuses have occurred during the implementation of the government's "one-child" policy, as grounds for denying funding.

The President should instruct the State Department to review the legal interpretation employed by the Bush administration in defunding UNFPA and of the law's requirements in relation to UNFPA's activities in China, taking into account the numerous investigations clearing UNFPA's programs of involvement in coercive practices. Based on the evidence from this review, the United States should be able to resume its financial support for the critical work of this important agency and a U.S. contribution for FY 2009 released to UNFPA.

In addition, in announcing the determination to withhold the FY 2008 contribution from UNFPA in June, a veiled threat to expand the application of the Kemp-Kasten amendment to other organizations working in China was issued. UNFPA, as well as other organizations working in China, have sought to play a positive role in helping to reform the Chinese government's program and to end the occurrence of human rights abuses by promoting the replacement of compulsory birth control with good counseling and informed consent, a greater range of contraceptive method choice, and higher quality services.

To date this threat has played out only in USAID's October decision to withhold U.S.-donated contraceptives and condoms in at least six African countries from Marie Stopes International (MSI), which works in China with UNFPA. This policy change represents a dramatic expansion of the



application of the Kemp-Kasten restriction and a redefinition of how the law has been implemented in the past to cover only funds provided to an organization—not to contraceptive commodities that may be indirectly provided to an organization based on the independent decisions of ministries of health of sovereign governments, made in consultation with their other donor partners.

Particularly since no MSI-specific determination was apparently made prior to the decision to pressure developing country governments to deny MSI U.S.-donated contraceptive commodities, presumably the policy expansion should be able to be reversed by administrative action. The policy change should be quickly rescinded so that the contraceptive needs of women and couples until recently addressed by MSI can be met by MSI's outreach programs in rural and underserved areas in these African nations.

4) In addition to the funds made available for population and family planning efforts, increase funding for programs to reduce maternal and child mortality (safe motherhood and child survival), to prevent the spread of sexually-transmitted diseases (including HIV/AIDS), and to improve the social, legal, and economic status of women.

Efforts to reduce death rates for women and children work synergistically with efforts to reduce fertility rates. The integration of family planning programs with other reproductive health care for women and with child survival efforts should be encouraged. An expanded program to address the needs for greater activities in the prevention and treatment of sexually-transmitted diseases, including HIV/AIDS, is critical. Funds should also be devoted to the elimination of adult illiteracy (mostly female) and close the gender gap in education, by assisting innovative programs to reach adult illiterate women and to get and keep girls in school.

In order to give couples real choices about childbearing, a broad program of assistance designed to increase women's economic opportunities and productivity should also be developed. Priority should be given to women's vocational training, microcredit projects for women, legal reforms and assistance to ensure women's property rights and to challenge discrimination, and appropriate technology to relieve women's burdens both inside and outside the home.

Greater involvement and financial support in these types of activities by the United States and other donor nations represent "win-win" strategies. Not only do they produce positive outcomes in terms of the health and well-being of their beneficiaries but they reinforce the desires for smaller families at the individual level and contribute to population stabilization at the national and global level.

COMPOSITION OF THE INCOMING 111TH CONGRESS

An analysis of the results of the recent congressional elections suggests that both houses of Congress now enjoy clear majorities in support of international family planning programs, including efforts to reverse destructive Bush administration policies, such as rescinding the Global Gag Rule and restoring a U.S. contribution to UNFPA. Sufficient political support may now even exist for proactive legislative initiatives to block the reimposition of such restrictive policies by future presidents, hostile to overseas family planning programs.

A projected headcount for the House indicates that the number of solid supporters has increased by about a dozen, and the total is approaching a majority, even without accounting for any of the more than 35 swing votes that might be persuaded to support the pro-family planning position. An estimated 230



House members can be considered FP/RH supporters. The number of solid opponents in the House is less than 190—its lowest level since the 103rd Congress, elected in 1992.

Likewise, in the Senate, the results reveal a pickup of six seats among family planning supporters. That margin could grow further depending on the outcome of the still-contested races in Minnesota, where an unsupportive incumbent is facing a pro-family planning challenger. Based on Senators' established position on the issues—if not party affiliation—international family planning programs are on the verge of having a cloture-proof majority of Democrats and Republicans. 59 Senators are solidly supportive with only 38 opposed and three in the swing vote category, assuming that the unsupportive incumbent in Minnesota prevails.

The head counts above are for the tougher policy issues like the gag rule and a UNFPA contribution as opposed to levels of support for funding. Significant majorities in both chambers support funding, which clearly reflects public sentiment. Opinion surveys have consistently demonstrated that Americans believe that contraception should be available to those who want to plan their families and support foreign assistance to expand access to family planning services overseas.

Prepared by Population Action International, November 2008

Population Action International (PAI) is a private, non-profit and non-partisan organization based in Washington, D.C. that works to ensure that every person has the right and access to family planning and reproductive health so that humanity and the natural environment can exist in balance and fewer people live in poverty. Established in 1965, PAI accepts no government funds.

¹ United States Congress. Senate. Committee on Appropriations. *Department of State, Foreign Operations, and Related Programs Appropriations Bill Fiscal Year 2009*. 110th Congress, 2008. S. Report 110-425. Washington: GPO, 2008.

² Madeline Albright. (2006, June). *Opening Session*. Global Action Network for Children's Conference, Dead Sea, Jordan.

³ World Bank. (2006). *2006 World Development Indicators*. Washington, DC: World Bank.

⁴ The Alan Guttmacher Institute/ UNFPA. (2003). *Adding it Up: The Benefits of Investing in Sexual and Reproductive Health Care*. Washington, DC: The Alan Guttmacher Institute.



-
- ⁵ United Nations Population Division. (2008). *World Contraceptive Use 2007*. New York, NY: United Nations.
- ⁶ Alan Guttmacher Institute (AGI). 1999. *Sharing Responsibility: Women, Society and Abortion Worldwide*. New York: AGI.
- ⁷ United Nations Population Division. (2007). *World Population Prospects: The 2006 Revision*. New York, NY: United Nations.
- ⁸ The Alan Guttmacher Institute/ UNFPA. (2003). *Adding it Up: The Benefits of Investing in Sexual and Reproductive Health Care*. Washington, DC: The Alan Guttmacher Institute.
- ⁹ United Nations Population Division. (2007). *World Population Prospects: The 2006 Revision*. New York, NY: United Nations.
- ¹⁰ UNFPA. (2004). *State of the World's Population 2004: The Cairo Consensus at Ten: Population, Reproductive Health and the Global Effort to End Poverty*.
- ¹¹ UNFPA. (2007). *State of the World's Population 2007: Unleashing the Potential of Urban Growth*. New York, NY: United Nations Population Fund.
- ¹² United Nations Population Division. (2007). *World Population Prospects: The 2006 Revision*. New York, NY: United Nations.
- ¹³ U.N. Population Division's 2006 Population Database: <http://esa.un.org/unpp/>
- ¹⁴ World Food Programme. (2008). Where We Work - Haiti. Available at: http://www.wfp.org/country_brief/indexcountry.asp?country=332#Facts%20&%20Figures.
- ¹⁵ Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, *World Population Prospects: The 2006 Revision and World Urbanization Prospects: The 2005 Revision*, <http://esa.un.org/unpp>.
- ¹⁶ United Nations Development Programme. (2007). 2007/2008 Human Development Report: Haiti. Available at: http://hdrstats.undp.org/countries/data_sheets/cty_ds_HTI.html.
- ¹⁷ National Population Council. (2006). *The Demographic Situation of Mexico, 2006*. Mexico City, Mexico: National Population Council.
- ¹⁸ United Nations Population Division. (2007). *World Population Prospects: The 2006 Revision*. New York, NY: United Nations.
- ¹⁹ United Nations Population Division. (2008). *World Contraceptive Use 2007*. New York, NY: United Nations.
- ²⁰ United Nations Population Division. (2007). *World Population Prospects: The 2006 Revision*. New York, NY: United Nations.
- ²¹ United Nations Population Division. (2007). *World Population Prospects: The 2006 Revision*. New York, NY: United Nations.
- ²² World Health Organization. (2007). *Maternal Mortality in 2005: Estimates Developed by WHO, UNICEF, UNFPA*. Geneva, Switzerland: World Health Organization.



-
- ²³ Department for International Development. (2004). *Reducing Maternal Deaths: Evidence and Action*. London, UK: Department for International Development.
- ²⁴ World Health Organization. (2007). *Maternal Mortality in 2005: Estimates Developed by WHO, UNICEF, UNFPA*. Geneva, Switzerland: World Health Organization.
- ²⁵ The Alan Guttmacher Institute/ UNFPA. (2003). *Adding it Up: The Benefits of Investing in Sexual and Reproductive Health Care*. Washington, DC: The Alan Guttmacher Institute.
- ²⁶ Setty-Venugopal, V., and U.D. Upadhyay. (2002). *Birth Spacing: Three to five saves lives. Population Reports, Series L, No. 13*. Baltimore, MD: Johns Hopkins University.
- ²⁷ United Nations Children's Fund. (2007). *State of the World's Children 2007: Women and Children: The Double Dividend of Gender Equality*. New York, NY: United Nations Children's Fund.
- ²⁸ Department for International Development. (2004). *Reducing Maternal Deaths: Evidence and Action*. London, UK: Department for International Development.
- ²⁹ United Nations Population Division. (2008). *World Contraceptive Use 2007*. New York, NY: United Nations.
- ³⁰ World Health Organization. (2007). *Maternal Mortality in 2005: Estimates Developed by WHO, UNICEF, UNFPA*. Geneva, Switzerland: World Health Organization.
- ³¹ Guttmacher Institute. (1999). *Sharing Responsibility: Women, Society and Abortion Worldwide*. Washington, DC: Guttmacher Institute.
- ³² Marston & Cleland, *supra* note. 3.
- ³³ 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.
- ³⁴ UNICEF. (2008). Statistics by Area/HIV: Prevent mother-to-child transmission of HIV. Available at: http://www.childinfo.org/hiv_aids_mother_to_child.html.
- ³⁵ UNAIDS. (2007). *2007 AIDS Epidemic Update*. Geneva, Switzerland: UNAIDS.
- ³⁶ Stover, J., et al. (2003). *Adding Family Planning to PMTCT Sites Increases the Benefits of PMTCT*. USAID Issues in Brief, Bureau for Global Health.
- ³⁷ Reynolds, H., et al. (2006). The Value of Contraception to Prevent Perinatal HIV Transmission. *Sexually Transmitted Diseases*, 33(6): 350-356.
- ³⁸ Millennium Project. (2004). *Millennium Development Goals Needs Assessment: Country Case Studies of Bangladesh, Cambodia, Ghana, Tanzania and Uganda*. New York, NY: United Nations.
- ³⁹ Lowman, J. (2008). The DATA Report. Washington, DC. Retrieved October 21, 2008, from <http://www.one.org/report/en/water.html>
- ⁴⁰ UNDP. 2006. Human Development Report 2006, p.67.
- ⁴¹ Lozman, J. (2008). The DATA Report. Washington, DC. Retrieved October 21, 2008, from <http://www.one.org/report/en/water.html>



-
- ⁴² Parmalee, Jennifer(Speaker). (2008). VOA Online Discussion: A Silent Tsunami. Washington, DC: World Food Programme. <http://www.voanews.com/english/07-May-2008-Silent-Tsunami-World-Food-Crisis.cfm>
- ⁴³ Parrlberg, Robert. (2008, April 28). It's not the price that causes hunger. International Herald Tribune. Retrieved October 23, from <http://www.iht.com/articles/2008/04/22/opinion/edpaarlberg.php>
- ⁴⁴ International Food Policy Research Institute, "Looking Ahead: Long-Term Prospects for Africa's Agricultural Development and Food Security," August 2005.
- ⁴⁵ Raupach, M.R. et al. 2007. "Global and regional drivers of accelerating CO2 emissions." PNAS 104(24): 10288-10293
- ⁴⁶ Intergovernmental Panel on Climate Change, 2000. *Summary for Policymakers: Emissions Scenarios*. IPCC, Geneva: <http://www.ipcc.ch/pub/sres-e.pdf>
- ⁴⁷ "People in the Balance: 2004 Update"; Population Action International, 2005.
- ⁴⁸ Ibid.
- ⁴⁹ Ibid.
- ⁵⁰ Gullison, R.E., et al. (2007). Tropical Forests and Climate. *Science*, 316: 985-986.
- ⁵¹ Population Action International. (2005). *People in the Balance: Population and Natural Resources at the Turn of the Millenium, 2005 Update*. Washington, DC: Population Action International.
- ⁵² United Nations Population Division. (2007). *World Population Prospects: The 2006 Revision*. New York, NY: United Nations.
- ⁵³ Williamson, J. (2001). "Demographic Change: Economic Growth and Inequality." In Birdsall, N., A. Kelley, and S. Sinding, eds. *Population Matters: Demographic Change, Economic Growth and Poverty in the Developing World*. Oxford, UK: Oxford University Press.
- ⁵⁴ Remarks at the U.S.Geospatial Intelligence Foundation GEOINT 2008 Symposium, October 30, 2008.
- ⁵⁵ Speech at U.S. Global Leadership Campaign Tribute Dinner, July 15, 2008.
- ⁵⁶ Remarks at Kansas State University, Landon Lecture Series, April 30, 2008.
- ⁵⁷ http://www.populationaction.org/Publications/Reports/The_Shape_of_Things_to_Come/Summary.shtml
- ⁵⁸ http://www.populationaction.org/Publications/Reports/The_Shape_of_Things_to_Come/Summary.shtml
- ⁵⁹ Access Denied: Executive Summary. 2005. Population Action International. 14 November 2008 < <http://www.globalgagrule.org/execsum2.htm>>.