

Planned Parenthood
Federation of America, Inc.

December 11, 2008

Office of the President Elect
1600 Pennsylvania Ave, NW
Washington, DC 20500

Dear President Elect Barack Obama:

Planned Parenthood Federation of America (PPFA) is writing to you as the nation's leading reproductive healthcare provider and advocate and as the U.S. member of the International Planned Parenthood Federation (IPPF). In partnership with 152 members of IPPF, working in 165 countries, and committed to improving women's health, we are writing to express both our congratulations and our international family planning policy priorities for consideration by you and your Administration.

IPPF is a global network of Member Associations working in 180 countries to provide essential reproductive healthcare services and promote sexual and reproductive rights. Each year, well over 50 million individuals visit family planning clinics within this network to access needed services such as contraception, sexually transmitted infection prevention, testing and treatment, including HIV/AIDS care, cancer screenings, and maternal and child health services.

Collectively, we have been working to improve women's access to reproductive health services, information and contraceptives even under harmful and restrictive U.S. policies which prevented us from receiving USAID funds. We urge you to take the actions outlined below to reverse dangerous, destructive U.S. policies and to provide for the restoration of U.S. status as a leader in the effort to reduce maternal mortality and improve women's reproductive health worldwide.



Among our top asks of your administration are:

- Rescind the Global Gag Rule and restore funding to IPPF;
- Restore Funding to the United Nations Population Fund (UNFPA);
- Increase funding to \$1 billion for international family planning and \$900 million for maternal health programs; and
- Strengthen global HIV/AIDS prevention.

Rescind the Global Gag Rule and Restore Funding to IPPF

On his second day in office, President Bush followed Presidents Reagan and George H.W. Bush and issued an executive order, known as the “global gag rule,” that forces foreign organizations to stop using their own funds for legal abortion-related information, referral or other services, or to advocate for safe abortion laws and policies if they wish to be eligible for desperately-needed U.S. family planning aid. It has stifled the public debate in developing countries where clandestine abortion takes an enormous toll on women’s health and lives. It has also led to dramatic cutbacks in services, closures of clinics, and serious shortfalls in contraceptive supplies. Much of this is a consequence of defunding the International Planned Parenthood Federation (IPPF), as demonstrated in IPPF’s submission to the House Committee on Foreign Affairs in October 2007. We appreciate your vote in the Senate to repeal the gag ruleⁱ and your commitment to reverse this failed policy. We hope that you will address this as one of your first orders of business, as President Clinton did on his first day in office in 1993.ⁱⁱ **Please immediately repeal this dangerous policy, restore funding to IPPF and its Member Associations and remove this politically-motivated obstacle to health care for women around the world.**

Restore Funding to the United Nations Population Fund (UNFPA)

The United States has failed to support the UNFPA’s critical work to promote voluntary family planning and maternal health in 150 countries. More than 170 countries contributed to UNFPA in 2007, including such



nations as Haiti, Afghanistan, and all the countries of sub-Saharan Africa.ⁱⁱⁱ This contributes to reproductive health services, including family planning and contraceptives, pre-and postnatal care, and prevention of HIV/AIDS and other STIs, and addresses social inequities that stand in the way of good health. Over the last seven years, the Bush Administration has distorted the application of the Kemp-Kasten law to justify its political decision to withhold all appropriated U.S. funding for UNFPA. We appreciate your commitment to reversing this policy^{iv} and urge you to follow the lead of President Clinton by addressing this issue immediately upon taking office.^v Based on the evidence, doing so will allow the United States to rejoin the community of nations in supporting the critical work of this important agency. **Please instruct the State Department to conduct an unbiased review of the law's requirements in relation to UNFPA's work, taking into account the numerous investigations of UNFPA's activities, to make a fair determination about UNFPA's eligibility for a U.S. contribution for FY 2009.**

Provide \$1 Billion for International Family Planning Programs

In the last decade, U.S. funding for international family planning programs has declined by almost 40 percent.^{vi} Today, more than 200 million women in the developing world wish to delay, space, or complete childbearing, but do not have access to modern contraceptives.^{vii} Family planning is one of the three pillars to reduce maternal mortality (by between 15 to 30 percent). Lack of access to family planning services contributes to a host of devastating consequences, including resource insecurity, social instability, poor health and maternal and child death. In order to meet these challenges, the President should increase investment in international family planning, including programs to help ensure that those displaced by conflict and natural disasters have full access to life-saving reproductive health care. In addition, in countries with high HIV prevalence, where most new HIV infections occur in women, it is particularly important to integrate reproductive health services and programs addressing HIV/AIDS including services for people living with HIV and AIDS.



Current funding is \$461 million for USAID's overseas family planning program; the Bush Administration, for the seventh consecutive year, blocked any U.S. contribution to UNFPA and IPPF. **We urge you to include \$1 billion for international family planning programs in your first budget submitted to Congress.**

Provide \$900 Million for International Maternal Child Health (MCH) Programs

Up to 15 percent of pregnant women around the world will experience potentially fatal complications during childbirth, and one in nine women will die from complications of pregnancy or childbirth.^{viii} Survival rates depend on the distance and time women must travel to receive skilled medical care. The leading killers are known – hemorrhage, pre-eclampsia or high blood pressure, unsafe abortion, sepsis or infections, obstructed labor – yet not enough has been done to address them. An investment in international MCH programs would help ensure skilled care by nurses, midwives, or doctors during pregnancy and childbirth, including emergency services, provide post-natal care for mothers and newborn babies, and the resources to care for the millions of women and children who experience – and too often die from – pregnancy-related complications. The requested amount would put us on track toward scaling up proven interventions to meet our proportional share of the global need to save the lives of six million children in the 42 countries responsible for 90 percent of child deaths.^{ix} Current funding for international MCH programs is \$450 million. **Please include \$900 million in your first budget request submitted to Congress.**

Strengthen Global HIV/AIDS Prevention Programs

President Bush's Emergency Plan for AIDS Relief (PEPFAR) is providing unprecedented funding for the expansion of programs addressing HIV and AIDS worldwide, specifically for expanded access to anti-retroviral therapy. In an epidemic in which there are five new infections for every two people put on treatment, efforts to prevent HIV also need to be increased to slow this pandemic.^x Implementing these recommendations will have a greater impact on saving the greatest



number of lives while using scarce U.S. taxpayer funds most wisely. PEPFAR was reauthorized in 2008 with policy shortfalls that need to be addressed. Until those are remedied through legislation, the Administration should take the following actions:

- **Promote Country-Level Decision-Making About Prevention Investments.** Despite the recommendations of the Government Accountability Office,^{xi} the Institutes of Medicine,^{xii} and other experts that countries need greater flexibility in determining how to prevent the most HIV infections, PEPFAR calls for 50 percent of funds for prevention of sexual transmission to go toward abstinence, delay of sexual debut, monogamy, fidelity, and partner reduction. **Decisions about how to invest in prevention programs should be the primary responsibility of the people in-country who are engaged in the day-to-day realities of the epidemic. Moreover, when calculating these expenditures, your Administration should “count” all funds for these activities – whether in stand-alone programs or part of a more comprehensive set of interventions.**
- **Mitigate the Harm of the Anti-Prostitution Pledge in PEPFAR.** The global AIDS law, as a condition of eligibility for funding, requires recipient organizations to have a policy opposing prostitution. This policy has impeded PEPFAR’s ability to work with some of the organizations most trusted by the women who are among the most vulnerable to HIV. Moreover, in August 2008, a federal court found the requirement unconstitutional as applied to U.S.-based organizations. **The U.S. Agency for International Development and HHS should revise their guidelines as applied to domestic and foreign non-governmental organizations to comply with the court ruling as well as to allow for the most effective foreign groups to partner with the United States in the fight against AIDS.**



- **Support Integrating HIV and Other Reproductive Health Services.** As with all health programs, being able to provide the broadest range of primary health services in any setting is the most cost-effective approach to improving health outcomes. Worldwide, almost half of the people living with HIV or AIDS are women, and in sub-Saharan Africa – where heterosexual transmission is highest – 61 percent of those living with HIV or AIDS are women.^{xiii} It is therefore critically important that services are coordinated and integrated to serve women at risk of HIV and unintended pregnancy. In order to meet the reproductive health needs of HIV-positive women, ready access to information, counseling, and services should be available to enable them to choose to have children without transmitting the virus or to prevent a pregnancy. Also, integration is paramount for the prevention and treatment of other STIs for women and men seeking HIV/AIDS services. Within reproductive health programs, clients should have access to HIV testing and counseling, as well as information and services to prevent other STIs. **To that end, your Administration should issue new guidance encouraging linkages between family planning and PEPFAR programs.**

Clarify USAID Policy on Abortion Information and Services

The Helms amendment, which prohibits foreign assistance for the “performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions,” does permit funding for abortion in cases of endangering life, rape, and incest according to a 1994 policy interpretation by USAID. This policy, however, has never been implemented. In addition, a long-standing provision contained in the annual foreign aid appropriations bill specifies that “the term ‘motivate’ shall not be construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options.” This has never been fully implemented either. **New guidance interpreting the Helms amendment should be issued to clarify these existing exceptions and to reconsider further how USAID could be more proactive, within the confines of the law, to prevent unsafe**



abortion and treat women suffering from incomplete or septic abortion.

Urge Ratification of the United Nations Convention on the Elimination of Discrimination Against Women (CEDAW)

The most comprehensive international agreement on basic human rights for women is CEDAW. The agreement is an important tool to reduce violence and discrimination against women and girls, ensure women and girls receive equitable access to education and health care, and secure access to the legal system for women and girls if their human rights have been violated. Though 185 countries have ratified the agreement, and though President Carter signed the treaty, the United States has failed to ratify the document.^{xiv} At the start of each new congressional session, the Administration sends a letter to the Senate Foreign Relations Committee containing a priority list of treaties that it would like to move forward for ratification. Thank you for indicating that you would support U.S. ratification of CEDAW.^{xv} **We urge your Administration to include CEDAW on the priority list.**

Thank you for your consideration of our priorities. We look forward to working together with you and to partner, once again, with USAID to improve the lives of women across the globe.

Sincerely,

The International Planned Parenthood Federation

Western Hemisphere Region:

Planned Parenthood Federation of America

Anguilla Family Planning Association (AFPA)

Antigua Planned Parenthood Association (APPA)

Foundation for the Promotion of Responsible Parenthood (FPRP)

Barbados Family Planning Association's (BFPA)

Belize Family Life Association (BFLA)



Centro de Investigación, Educación, y Servicios (CIES) Bolivia
Centro Ecuatoriano para la Promoción y Acción de la Mujer (CEPAM)
Sociedad Civil Bem-Estar Familiar no Brasil (BEMFAM)
Canadian Federation for Sexual Health (CFSH)
Caribbean Family Planning Association
Asociación Chilena de Protección de la Familia (APROFA)
Asociación Pro-Bienestar de la Familia Colombiana (PROFAMILIA)
Asociación Demográfica Costarricense (ADC)
Dominica Planned Parenthood Association (DPPA)
Asociación Dominicana Pro-Bienestar de la Familia (PROFAMILIA)
Asociación Demográfica Salvadoreña (ADS)
Grenada Planned Parenthood Association (GPPA)
Association Guadeloupéenne pour le Planning Familial (AGPF)
Asociación Pro-Bienestar de la Familia de Guatemala (APROFAM)
Grenada Planned Parenthood Association (GPPA)
Guyana Responsible Parenthood
Association pour la Promotion de la Famille Haïtienne (PROFAMIL)
Asociación Hondureña de Planificación de Familia (ASHONPLAFA)
Jamaica Family Planning Association (JFPA)
Association Martiniquaise pour l'Information et l'Orientation Familiales
(AMIOF)
Fundación Mexicana para la Planeación Familiar (MEXFAM)
Nevis Family Planning Association (NFPA)
Asociación Pro-Bienestar de la Familia Nicaragüense (Profamilia)
Asociación Panameña para el Planeamiento de la Familia (APLAFA)
Centro Paraguayo de Estudios de Población (CEPEP)
Instituto Peruano de Paternidad Responsable (INPPARES)
Asociación Puertorriqueña Pro Bienestar de la Familia (PROFAMILIA)
Saint Lucia Planned Parenthood Association (SLPPA)
St. Vincent Planned Parenthood Association (SVPPA)
Stichting Lobi Suriname
Family Planning Association of Trinidad and Tobago (FPATT)
Asociación Uruguay de Planificación Familiar (UPF)
Asociación Civil de Planificación Familiar (PLAFAM)

**Africa Region:**

Associação Angolana para o Bem Estar da Família (ANGOBefa)
Association Béninoise pour la Promotion de la Famille (ABPF)
Botswana Family Welfare Association (BOFWA)
Association Burkinabé pour le Bien-Etre Familial (ABBEF)
Association Burundaise pour le Bien-Etre Familial (ABUBEF)
Cameroon National Association for Family Welfare (CAMNAFAW)
Associação Caboverdiana para a Proteção da Família (VERDEFAM)
Association Centrafricaine pour le Bien-Etre Familial (ACABEF)
Association Tchadienne pour le Bien-Etre Familial (ASTBEF)
Association Comorienne pour le Bien-Etre de la Famille (ASCOBEF)
Association Congolaise pour le Bien-Etre Familial (ACBEF)
Association pour le Bien-Etre Familial/Naissances Désirables
(ABEF/ND)
Family Reproductive Health Association of Eritrea (FRHAE)
Family Guidance Association of Ethiopia (FGAE)
Mouvement Gabonais pour le Bien-Etre Familial (MGBEF)
Planned Parenthood Association of Ghana (PPAG)
Associação da Guiné-Bissau Para a Educação e Promoção de Saúde
Familiar (AGUIBEF)
Association Guinéenne pour le Bien-Etre Familial (AGBEF)
Association Ivoirienne pour le Bien-Etre Familial (AIBEF)
Family Health Options Kenya (FHOK)
Lesotho Planned Parenthood Association (LPPA)
Family Planning Association of Liberia (FPAL)
Fianakaviana Sambatra (FISA)
Family Planning Association of Malawi (FPAM)
Association Malienne pour la Protection et la Promotion de la Famille
(AMPPF)
Mauritius Family Planning & Welfare Association (MFPWA)
Associação Moçambicana para Desenvolvimento da Família
(AMODEFA)
Namibia Planned Parenthood Association (NAPPA)
Association Nigérienne pour le Bien-Etre Familial (ANBEF)
Planned Parenthood Federation of Nigeria (PPFN)



Association Rwandaise pour le Bien-Etre Familial (ARBEF)
Association Sénégalaise pour le Bien-Être Familial (ASBEF)
Planned Parenthood Association of Sierra Leone (PPASL)
Planned Parenthood Association of South Africa (PPASA)
Family Life Association of Swaziland (FLAS)
Uzazi na Malezi Bora Tanzania (UMATI)
Gambia Family Planning Association (GFPA)
Association Togolaise pour le Bien-Etre Familial (ATBEF)
Reproductive Health Uganda (RHU)
Planned Parenthood Association of Zambia (PPAZ)

Arab World Region

Association Algérienne pour la Planification Familiale (AAPF)
Bahrain Reproductive Health and Family Planning Association (BFPA)
Association Djiboutienne pour l'Equilibre et la Promotion de la Famille (ADEPF)
Egyptian Family Planning Association (EFPA)
Iraqi Reproductive Health & Family Planning Association (IRHFPA)
Jordan Association for Family Planning and Protection (JAFPP)
Association Mauritanienne pour la Promotion de la Famille (AMPF)
Association Marocaine de Planification Familiale (AMPF)
Palestinian Family Planning and Protection Association (PFPPA)
Sudan Family Planning Association (SFPA)
Syrian Family Planning Association (SFPA)
Association Tunisienne de la Santé de la Reproduction (ATSR)
Yemen Family Care Association (YFCA)

East and Southeast Asia Region:

Sexual Health & Family Planning Australia (SH & FPA)
Reproductive Health Association of Cambodia (RHAC)
China Family Planning Association (CFPA)
Cook Islands Family Welfare Association (CIFWA)
Reproductive & Family Health Association of Fiji (RFHAF)
Family Planning Association of Hong Kong (FPAHK)
The Indonesian Planned Parenthood Association (IPPA)



Japan Family Planning Association, Inc. (JFPA)
Korean Family Planning & Maternal Child Health Association of DPRK
(KFP&MCHA)
Planned Population Federation of Korea (PPFK)
Federation of Family Planning Associations of Malaysia (FFPAM)
Mongolian Family Welfare Association (MFWA)
New Zealand Family Planning Association (NZFPA)
Family Planning Organization of the Philippines (FPOP)
Samoa Family Health Association (SFHA)
Singapore Planned Parenthood Association (SPPA)
Solomon Islands Planned Parenthood Association (SIPPA)
Planned Parenthood Association of Thailand (PPAT)
Tonga Family Health Association (TFHA)
Vanuatu Family Health Association (VFHA)
Vietnam Family Planning Association (VINAFPA)

European Network

Shoqata Shqiptare per Popullsine dhe Zhvillimin/ Albanian Center for
Population and Development (ACPD)
FOR FAMILY AND HEALTH Pan-Armenian Association (PAFHA)
Österreichische Gesellschaft für Familienplanung (ÖGF)
Fédération Laïque de Centres de Planning Familial (Belgium)
Sensoa (Belgium)
Association for Sexual and Reproductive Health XY (Association XY)
Bulgarian Family Planning and Sexual Health Association (BFPA)
Family Planning Association of Cyprus (FPAC)
Spolecnost pro plánování rodiny a sexuální výchovu (SPRSV)
Sex & Samfund - The Danish Family Planning Association
Eesti Seksuaaltervise Liit / Estonian Sexual Health Association (ESTL)
Väestöliitto
Mouvement Français pour le Planning Familial (MFPF)
Association HERA XXI (HERA XXI)
PRO FAMILIA Bundesverband (PROFAMILIA)
Family Planning Association of Greece (FPAG)
Magyar Család- és Nővédelmi Tudományos Társaság



Fræðslusamtök um kynlíf og barneignir (FKB)
Irish Family Planning Association (IFPA)
Israel Family Planning Association (IFPA)
Unione Italiana dei Centri di Educazione Matrimoniale e
Prematrimoniale (UICEMP)
Kazakhstan Association on Sexual and Reproductive Health (KMPA)
Reproductive Health Alliance of Kyrgyzstan (RHAK)
Latvijas Īmenes plānošanas un seksuālās veselības asociācija “Papardes
zieds” (LAFPSH)
Seimos Planavimo ir Seksualines Sveikatos Asociacija (FPSHA)
Mouvement Luxembourgeois pour le Planning Familial et l'Education
Sexuelle (MLPFES)
Societatea de Planificare a Familiei din Moldova (SPFM)
Rutgers Nisso Group (RS)
Norsk forening for seksuell og reproduktiv helse og rettigheter (NSRR)
Towarzystwo Rozwoju Rodziny (TRR)
Associação Para o Planeamento da Família (APF)
Societatea de Educatie Contraceptiva si Sexuala (SECS)
Russian Family Planning Association (RFPA)
Slovak Family Planning Association (SPR)
Federación de Planificación Familiar de España (FPFE)
Riksförbundet för Sexuell Upplysning (RFSU)
Fondation Suisse pour la Santé Sexuelle et Reproductive (PLANeS)
Tajik Family Planning Alliance (TFPA)
Health Education and Research Association (HERA)
Türkiye Aile Planlamasi Dernegi (TAPD)
United Kingdom Family Planning Association (FPA)
Uzbek Association on Reproductive Health (UARH)

South Asia Region

Afghan Family Guidance Association (AFGA)
Family Planning Association of Bangladesh (FPAB) (FPAB)
Family Planning Association of India (FPA India)
Society for Health Education (SHE)
Family Planning Association of Nepal (FPAN)



Rahnuma-Family Planning Association of Pakistan (Rahnuma-FPAP) Family Planning Association of Sri Lanka (FPASL)

ⁱ 4/05/05, Boxer Amendment to S.600, passed 52-46, roll call 83

ⁱⁱ Clinton, William J. Memorandum for the Acting Administrator of the Agency for International Development, Subject: AID Family Planning Grants/Mexico City Policy. January 22, 1993.

ⁱⁱⁱ United Nations Population Fund, UNFPA Annual Report 2007 (New York, NY: UNFPA, 2007).

^{iv} RH Reality Check, "Sen. Barack Obama's RH Issues Questionnaire."
<http://www.rhrealitycheck.org/blog/2007/12/21/sen-barack-obamas-reproductive-health-questionnaire>
(accessed October 23, 2008).

^v Congressional Research Service Report for Congress RL32703. The UN Population Fund: Background and the US Funding Debate. September 20, 2007, p. 11.

^{vi} Craig Lasher, The Future of U.S. Government Funding for Family Planning & Reproductive Health Programs in the Evolving U.S. Aid Architecture, Research Commentary 3, no.1 (Washington, DC: Population Action International, March 2008).

^{vii} Singh et al., Adding It Up, 2008. Supra note 33.

^{viii} UNFPA, Cairo Consensus at Ten, 2004. Supra note 34.

^{ix} Global Health Council, "Where do child deaths occur?"
http://www.globalhealth.org/child_health/child_mortality/where_occur/ (accessed September 25, 2008).

^x United Nations General Assembly, Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: Midway to the Millennium Development Goals (New York, NY: United Nations, April 2008).

^{xi} United States Government Accountability Office, Global Health Spending Requirement Presents Challenges for Allocating Prevention Funding under the President's Emergency Plan for AIDS Relief (Washington, DC: GAO, April 2006).

^{xii} Committee for the Evaluation of the President's Emergency Plan for AIDS Relief (PEPFAR) Implementation, Institute of Medicine, PEPFAR Implementation: Progress and Promise (Washington, DC: The National Academies Press, March 2007), 113.

^{xiii} United Nations, Declaration of Commitment on HIV/AIDS, 2008. Supra note 41.

^{xiv} Office of the High Commissioner for Human Rights, Convention on the Elimination of Discrimination Against Women: Status of Ratification (New York, NY: United Nations, last updated February 15, 2008).

^{xv} National Organization for Women Political Action Committee. "Senator Obama on the Issues"
<http://www.nowpacs.org/2008/obama/issues.html> (accessed October 23, 2008).