

104TH CONGRESS
1ST SESSION

S. 1029

To amend the Foreign Assistance Act of 1961 to establish and strengthen policies and programs for the early stabilization of world population through the global expansion of reproductive choice, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JULY 13 (legislative day, JULY 10), 1995

Mr. SIMPSON (for himself and Mr. BINGAMAN) introduced the following bill; which was read twice and referred to the Committee on Foreign Relations

A BILL

To amend the Foreign Assistance Act of 1961 to establish and strengthen policies and programs for the early stabilization of world population through the global expansion of reproductive choice, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “International Popu-
5 lation Stabilization and Reproductive Health Act”.

1 **SEC. 2. AUTHORITIES RELATING TO UNITED STATES POPU-**
2 **LATION ASSISTANCE.**

3 Part I of the Foreign Assistance Act of 1961 is
4 amended—

5 (1) in section 104(b), by striking “on such
6 terms and conditions as he may determine” and in-
7 serting “in accordance with the provisions of chapter
8 12”; and

9 (2) by adding at the end the following new
10 chapter:

11 **“CHAPTER 12—UNITED STATES**
12 **POPULATION ASSISTANCE**

13 “SEC. 499. DEFINITION.—For purposes of this chap-
14 ter, the term ‘United States population assistance’ means
15 assistance provided under section 104(b) of this Act.

16 “SEC. 499A. CONGRESSIONAL FINDINGS.—The Con-
17 gress makes the following findings:

18 “(1) Throughout much of the developing world,
19 the inability of women and couples to exercise choice
20 over childbearing undermines the role of women in
21 economic development, contributes to death and suf-
22 fering among women and their children, puts pres-
23 sure on the environment and the natural resources
24 on which many poor families depend for their sur-
25 vival, and in other ways vitiates the efforts of fami-
26 lies to lift themselves out of the poverty in which

1 more than one billion of the world's 5.7 billion peo-
2 ple live.

3 “(2) Through 2015, the world's population will
4 continue to grow, with annual population increments
5 predicted to be above 86 million. This will lead to a
6 tripling of the world's population before stabilization
7 can occur.

8 “(3) As the population within individual coun-
9 tries grows, cities grow rapidly, movement in and be-
10 tween countries increases, and regional distributions
11 of population become unbalanced.

12 “(4) After more than a quarter century of expe-
13 rience and research, a global consensus is emerging
14 on the need for increased international cooperation
15 in regard to population in the context of sustainable
16 development.

17 “(5) To act effectively on this consensus, the
18 ability to exercise reproductive choice should be ex-
19 panded through broader dissemination of fertility
20 regulation services that involve women, couples, and
21 the community and which meet individual, family,
22 and community needs and values.

23 “(6) Although a number of barriers to family
24 planning remain, in many countries a large and
25 growing unmet desire exists for fertility regulation

1 among women and men who are too poor to pay the
2 full cost of services or for whom services are other-
3 wise inaccessible. Worldwide, estimates are that
4 more than 350 million couples want to space or pre-
5 vent another pregnancy, but lack access to family
6 planning methods.

7 “(7) Millions of women, most of them mothers,
8 are killed or injured each year as a result of unsafe
9 abortions. The availability of safe and effective fer-
10 tility regulation methods and services and increased
11 access to quality reproductive health care can help
12 prevent many of these tragedies.

13 “(8) In addition to the personal toll on families,
14 the impact of human population growth and wide-
15 spread poverty is evident in mounting signs of stress
16 on the world’s environment, particularly in tropical
17 deforestation, erosion of arable land and watersheds,
18 extinction of plant and animal species, global climate
19 change, waste management, and air and water pollu-
20 tion.

21 “(9) Traditionally, United States population as-
22 sistance has not focused on achieving specific goals
23 with respect to international population stabilization
24 or the expansion of reproductive choice.

1 “SEC. 499B. DECLARATION OF POLICY. (a) IN GEN-
2 ERAL.—Congress declares that to reduce population
3 growth and stabilize world population at the lowest level
4 feasible and thereby improve the health and well-being of
5 the world’s families, to ensure the role of women in the
6 development process, and to protect the global environ-
7 ment, an important objective of the foreign policy of the
8 United States shall be to assist the international commu-
9 nity to achieve universal availability of quality fertility reg-
10 ulation services through a wide choice of safe and effective
11 means of family planning, including programs of public
12 education and other health and development efforts in
13 support of smaller families.

14 “(b) FINANCIAL TARGETS.—The Congress endorses
15 a target for global expenditures in developing countries of
16 at least \$17,000,000,000 by the year 2000 for population
17 programs described in section 499C, and establishes a goal
18 for United States population assistance by the year 2000
19 of \$1,850,000,000 in constant 1993 dollars.

20 “SEC. 499C. AUTHORIZED ACTIVITIES.—United
21 States population assistance is authorized to provide—

22 “(1) support for the expansion of quality, af-
23 fordable, voluntary family planning services, which
24 emphasize informed choice among a variety of safe
25 and effective fertility regulation methods and closely

1 related reproductive health care services, including
2 the prevention and control of HIV–AIDS, sexually
3 transmitted diseases, and reproductive tract infec-
4 tions;

5 “(2) support for adequate and regular supplies
6 of quality contraceptives, quality family planning
7 counseling, information, education, communication,
8 and services emphasizing the use of the mass media
9 to improve public knowledge of fertility regulation
10 and related disease prevention methods and where
11 they may be obtained and to promote the benefits of
12 family planning and reproductive health to individ-
13 uals, families, and communities;

14 “(3) support to United States and foreign re-
15 search institutions and other appropriate entities for
16 biomedical research to develop and evaluate im-
17 proved methods of safe fertility regulation and relat-
18 ed disease control, with particular emphasis on
19 methods which—

20 “(A) are likely to be safer, easier to use,
21 easier to make available in developing country
22 settings, and less expensive than current meth-
23 ods;

24 “(B) are controlled by women, including
25 barrier methods and vaginal microbicides;

1 “(C) are likely to prevent the spread of
2 sexually transmitted diseases; and

3 “(D) encourage and allow men to take
4 greater responsibility for their own fertility;

5 “(4) support for field research on the character-
6 istics of programs most likely to result in sustained
7 use of effective family planning in meeting each indi-
8 vidual’s lifetime reproductive goals, with particular
9 emphasis on the perspectives of family planning
10 users, including support for relevant social and be-
11 havioral research focusing on such factors as the
12 use, nonuse, and unsafe or ineffective use of various
13 fertility regulation and related-disease control meth-
14 ods;

15 “(5) support for the development of new evalua-
16 tion techniques and performance criteria for family
17 planning programs, emphasizing the family planning
18 user’s perspective and reproductive goals;

19 “(6) support for research and research dissemi-
20 nation related to population policy development, in-
21 cluding demographic and health surveys to assess
22 population trends, measure unmet needs, and evalu-
23 ate program impact, and support for policy-relevant
24 research on the relationships between population
25 trends, poverty, and environmental management, in-

1 cluding implications for sustainable agriculture,
2 agroforestry, biodiversity, water resources, energy
3 use, and local and global climate change;

4 “(7) support for prevention of unsafe abortions
5 and management of complications of unsafe abor-
6 tions, including research and public information dis-
7 semination on the health and welfare consequences;

8 “(8) support for special programs to reach ado-
9 lescents and young adults before they begin child-
10 bearing, including health education programs which
11 stress responsible parenthood and the health risks of
12 unprotected sexual intercourse, as well as service
13 programs designed to meet the information and con-
14 traception needs of adolescents;

15 “(9) support for a broad array of governmental
16 and nongovernmental communication strategies de-
17 signed—

18 “(A) to create public awareness worldwide;

19 “(B) to generate a consensus on the need
20 to address reproductive health issues and the
21 problems associated with rapid population
22 growth;

23 “(C) to emphasize the need to educate men
24 as well as women and mobilize their support for
25 reproductive rights and responsibilities; and

1 “(D) to remove all major remaining bar-
2 riers to family planning use, including unneces-
3 sary legal, medical, clinical, and regulatory bar-
4 riers to information and methods, and to make
5 family planning an established community
6 norm; and

7 “(10) support for programs and strategies that
8 actively discourage harmful practices such as female
9 genital mutilation.

10 “SEC. 499D. TERMS AND CONDITIONS.—United
11 States population assistance is authorized to be provided
12 subject to the following conditions:

13 “(1) Such assistance may only support, directly
14 or through referral, those activities which provide a
15 broad range of fertility regulation methods permitted
16 by individual country policy and a broad choice of
17 public and private family planning services, includ-
18 ing networks for community-based and subsidized
19 commercial distribution of high quality contracep-
20 tives.

21 “(2) No program supported by United States
22 population assistance may deny an individual family
23 planning services because of such individual’s inabil-
24 ity to pay all or part of the cost of such services.

1 “(3) In each recipient country, programs sup-
2 ported by United States population assistance shall,
3 to the extent possible, support a coordinated ap-
4 proach, consistent with respect for the rights of
5 women as decisionmakers in matters of reproduction
6 and sexuality, for the provision of public and private
7 reproductive health services.

8 “(4) Family planning services and related re-
9 productive health care services supported by United
10 States population assistance shall ensure—

11 (A) privacy and confidentiality; maintain
12 the highest medical standards possible under
13 local conditions; and

14 (B) regular oversight of the quality of
15 medical care and other services offered, includ-
16 ing followup care.

17 “(5) United States population assistance pro-
18 grams shall furnish only those contraceptive drugs
19 and devices which have received approval for mar-
20 keting in the United States by the Food and Drug
21 Administration or which have been tested and deter-
22 mined to be safe and effective under research proto-
23 cols comparable to those required by the Food and
24 Drug Administration or have been determined to be
25 safe by an appropriate international organization or

1 the relevant health authority in the country to which
2 they are provided.

3 “(6) Family planning services supported by
4 United States population assistance shall be de-
5 signed to take into account the needs of the family
6 planning user, including the constraints on women’s
7 time, by involving members of the community, in-
8 cluding both men and women, in the design, man-
9 agement, and ongoing evaluation of the services
10 through appropriate training and recruitment ef-
11 forts. The design of services shall stress easy acces-
12 sibility, by locating services as close as possible to
13 potential users, by keeping hours of service conven-
14 ient, and by improving communications between
15 users and providers through community outreach
16 and involvement. Related service shall be included,
17 either on site or through referral.

18 “(7) United States population assistance to ad-
19 olescent fertility programs shall be provided in the
20 context of prevailing norms and customs in the re-
21 cipient country.

22 “(8)(A) Programs supported by United States
23 population assistance shall—

1 “(i) support the prevention of the spread
2 of sexually transmitted diseases (STDs) and
3 HIV–AIDS infection;

4 “(ii) raise awareness regarding STDs and
5 HIV–AIDS prevention and consequences;

6 “(iii) provide quality counselling to individ-
7 uals with STDs and HIV–AIDS infection in a
8 manner which respects individual rights and
9 confidentiality; and

10 “(iv) ensure the protection of both patients
11 and health personnel from infection in clinics.

12 “(B) Responsible sexual behavior, including vol-
13 untary abstinence, for the prevention of STDs and
14 HIV infection should be promoted and included in
15 education and information programs.

16 “(9) None of the funds made available by the
17 United States Government to foreign governments,
18 international organizations, or nongovernmental or-
19 ganizations may be used to coerce any person to un-
20 dergo contraceptive sterilization or involuntary abor-
21 tion or to accept any other method of fertility regu-
22 lation.

23 “SEC. 499E. ELIGIBILITY FOR POPULATION ASSIST-
24 ANCE. (a) ELIGIBLE COUNTRIES.—Notwithstanding any
25 other provision of law, United States population assistance

1 shall be available, directly or through intermediary organi-
2 zations, to any country which the President determines
3 has met one or more of the following criteria:

4 “(1) The country accounts for a significant pro-
5 portion of the world’s annual population increment.

6 “(2) The country has significant unmet needs
7 for fertility regulation and requires foreign assist-
8 ance to implement, expand, or sustain quality family
9 planning services for all its people.

10 “(3) The country demonstrates a strong policy
11 commitment to population stabilization through the
12 expansion of reproductive choice.

13 “(b) ELIGIBILITY OF NONGOVERNMENTAL AND MUL-
14 TILATERAL ORGANIZATIONS.—In determining eligibility
15 for United States population assistance, the President
16 shall not subject nongovernmental and multilateral organi-
17 zations to requirements which are more restrictive than
18 requirements applicable to foreign governments for such
19 assistance.

20 “SEC. 499F. PARTICIPATION IN MULTILATERAL OR-
21 GANIZATIONS. (a) FINDING.—The Congress recognizes
22 that the recent attention, in government policies toward
23 population stabilization owes much to the efforts of the
24 United Nations and its specialized agencies and organiza-
25 tions, particularly the United Nations Population Fund.

1 “(b) AVAILABILITY OF FUNDS.—United States popu-
2 lation assistance shall be available for contributions to the
3 United Nations Population Fund in such amounts as the
4 President determines would be commensurate with United
5 States contributions to other multilateral organizations
6 and with the contributions of other donor countries.

7 “(c) PROHIBITIONS.—(1) The prohibitions contained
8 in section 104(f) of this Act shall apply to the funds made
9 available for the United Nations Population Fund.

10 “(2) No United States population assistance may be
11 available to the United Nations Population Fund unless
12 such assistance is held in a separate account and not com-
13 mingled with any other funds.

14 “(3) No funds may be available for the United Na-
15 tions Population Fund unless the Fund agrees to prohibit
16 the use of those funds to carry out any program, project,
17 or activity that involves the use of coerced abortion or in-
18 voluntary sterilization.

19 “(d) ALLOCATION OF FUNDS.—Of the funds made
20 available for United States population assistance, the
21 President shall make available for the Special Programme
22 of Research, Development and Research Training in
23 Human Reproduction for each of the fiscal years 1995 and
24 1996 an amount commensurate with the contributions of
25 the other donor countries for the purpose of furthering

1 international cooperation in the development and evalua-
2 tion of fertility regulation technology.

3 “SEC. 499G. SUPPORT FOR NONGOVERNMENTAL OR-
4 GANIZATIONS. (a) FINDING.—Congress finds that in many
5 developing countries, nongovernmental entities, including
6 private and voluntary organizations and private sector en-
7 tities, are the most appropriate and effective providers of
8 United States assistance to population and family plan-
9 ning activities.

10 “(b) PROCEDURES.—The President shall establish
11 simplified procedures for the development and approval of
12 programs to be carried out by nongovernmental organiza-
13 tions that have demonstrated—

14 “(1) a capacity to undertake effective popu-
15 lation and family planning activities which encourage
16 significant involvement by private health practition-
17 ers, employer-based health services, unions, and co-
18 operative health organizations; and

19 “(2) a commitment to quality reproductive
20 health care for women.

21 “(c) PRIORITY FOR NONGOVERNMENTAL ORGANIZA-
22 TIONS.—The largest share of United States population as-
23 sistance made available for any fiscal year shall be made
24 available through United States and foreign nongovern-
25 mental organizations.

1 “SEC. 499H. REPORTS TO CONGRESS.—The Presi-
2 dent shall prepare and submit to the Congress, as part
3 of the annual presentation materials on foreign assistance,
4 a report on world progress toward population stabilization
5 and universal reproductive choice. The report shall in-
6 clude—

7 “(1) estimates of expenditures on the popu-
8 lation activities described in section 499C by na-
9 tional governments, donor agencies, and private sec-
10 tor entities;

11 “(2) an assessment by country, of the availabil-
12 ity and use of all methods of fertility regulation and
13 abortion, whether lawful or unlawful in that country;

14 “(3) an analysis by country and region of the
15 impact of population trends on a set of key social,
16 economic, political, and environment indicators,
17 which shall be identified by the President in the first
18 report submitted pursuant to this section and ana-
19 lyzed in that report and each subsequent report; and

20 “(4) a detailed statement of prior year and pro-
21 posed direct and indirect allocations of population
22 assistance, by country, which describes how each
23 country allocation meets the criteria set forth in this
24 section.”.

1 **SEC. 3. AUTHORIZATIONS OF APPROPRIATIONS.**

2 Section 104(g)(1) of the Foreign Assistance Act of
3 1961 (22 U.S.C. 2151b(g)(1) is amended by amending
4 subparagraph (A) to read as follows:

5 “(A) \$635,000,000 for fiscal year 1996 and
6 \$695,000,000 for fiscal year 1997 to carry out sub-
7 section (b) of this section; and”.

8 **SEC. 4. OVERSIGHT OF MULTILATERAL DEVELOPMENT**
9 **BANKS.**

10 (a) FINDINGS.—The Congress finds that—

11 (1) multilateral development banks have an im-
12 portant role to play in global population efforts;

13 (2) although the increased commitment by mul-
14 tilateral development banks to population-related ac-
15 tivities is encouraging, together the banks provided
16 less than \$200,000,000 in 1994 in assistance for
17 core population programs, and their overall lending
18 for population, health, and nutrition decreased by
19 more than one-half between 1993 and 1994; and

20 (3) the banks themselves have recognized a
21 need to improve oversight of programs, strengthen
22 the technical skills of their personnel, and improve
23 their capacity to work with borrowers, other donors,
24 and nongovernmental organizations in formulating
25 creative population projects to meet diverse borrower
26 needs.

1 (b) SENSE OF CONGRESS.—It is the sense of the
2 Congress that the multilateral development banks should
3 increase their annual support for the population activities
4 described in section 499C of the Foreign Assistance Act
5 of 1961, as added by this Act, to not less than a total
6 of \$1,000,000,000 by December 31, 2000.

7 (c) REPORT REQUIRED.—Not later than July 31 of
8 each year, the Secretary of the Treasury shall prepare and
9 transmit to Congress a report which includes, with respect
10 to the preceding calendar year—

11 (1) information on the resources made available
12 by each multilateral development bank for the popu-
13 lation activities described in section 499C of the
14 Foreign Assistance Act of 1961, as added by this
15 Act;

16 (2) if such resources total less than
17 \$1,000,000,000, any specific actions taken by the
18 United States executive directors to the banks to en-
19 courage increases in such resources and in policy-
20 level discussions with donor and developing country
21 governments; and

22 (3) an analysis of the progress made by the
23 banks towards—

1 (A) meeting the objectives of the popu-
2 lation activities which are supported by the
3 banks;

4 (B) increasing their in-country manage-
5 ment staff;

6 (C) improving the technical skills of their
7 personnel; and

8 (D) assuring their responsiveness to bor-
9 rower needs.

10 (d) DEFINITION.—As used in this section, the term
11 “multilateral development banks” means the International
12 Bank for Reconstruction and Development, the Inter-
13 national Development Association, the African Develop-
14 ment Bank, the Asian Development Bank, the Inter-
15 American Development Bank, and the European Bank for
16 Reconstruction and Development.

17 **SEC. 5. ECONOMIC AND SOCIAL DEVELOPMENT INITIA-**
18 **TIVES TO STABILIZE WORLD POPULATION.**

19 (a) CONGRESSIONAL FINDINGS.—The Congress
20 makes the following findings:

21 (1) Women represent 50 percent of the world’s
22 human resource potential. Therefore, improving the
23 health, social, and economic status of women and in-
24 creasing their productivity are essential for economic
25 progress in all countries. Improving the status of

1 women also enhances their decisionmaking capacity
2 at all levels in all spheres of life, including in the
3 area of reproductive health.

4 (2) Throughout the world, women who partici-
5 pate in the social, economic, and political affairs of
6 their communities are more likely to exercise their
7 choice about childbearing than women who do not
8 participate in such activities.

9 (3) Effective economic development strategies
10 address issues such as infant and child survival
11 rates, educational opportunities for girls and women,
12 and gender equality in development.

13 (4) Comprehensive population stabilization ef-
14 forts which include both family planning services
15 and economic development activities achieve lower
16 birth rates and stimulate more development than
17 those which pursue these objectives independently.

18 (5) The most powerful, long-term influence on
19 birthrates is education, especially educational attain-
20 ment among women. Education is one of the most
21 important means of empowering women with the
22 knowledge, skills and self confidence necessary to
23 participate in their communities.

24 (6) In most societies, men traditionally have ex-
25 ercised preponderant power in nearly all spheres of

1 life. Therefore, improving communication between
2 men and women on reproductive health issues and
3 increasing their understanding of joint responsibil-
4 ities are essential to ensuring that men and women
5 are equal partners in public and private life.

6 (7) In addition to enabling women to partici-
7 pate in the development of their societies, edu-
8 cational attainment has a strong influence on all
9 other aspects of family welfare, including child sur-
10 vival. However, of the world's 130 million children
11 who are not enrolled in primary school, 70 percent
12 are girls.

13 (8) In a number of countries, lower rates of
14 school enrollment among girls, the practice of pre-
15 natal sex selection, and higher rates of mortality
16 among very young girls suggest that "son pref-
17 erence" is curtailing the access of girl children to
18 food, health care, and education.

19 (9) Each year, more than 13 million children
20 under the age of 5 die, most from preventable
21 causes. Wider availability of vaccines, simple treat-
22 ments for diarrheal disease and respiratory infec-
23 tions, and improved nutrition could prevent many of
24 these deaths.

1 (10) Each year, 500,000 or more women world-
2 wide die from complications related to pregnancy,
3 childbirth, illegal abortion, or inadequate or inacces-
4 sible reproductive health care services, and millions
5 more annually suffer long-term illness or permanent
6 physical impairment from such causes.

7 (11) In many countries, high levels of mortality
8 and morbidity among women of childbearing age are
9 directly related to inadequate or inaccessible repro-
10 ductive health care services.

11 (12) Malnutrition and anemia are widespread
12 among poor women in their childbearing years, yet
13 the worldwide campaign to encourage breastfeeding
14 has devoted little attention to the nutritional needs
15 of nursing mothers.

16 (13) By mid-1993, the cumulative number of
17 AIDS cases since the pandemic began was estimated
18 at 2.5 million, and an estimated 14 million people
19 had been infected with HIV. By year 2000, esti-
20 mates are that 40 million people will be HIV in-
21 fected.

22 (14) As of mid-1993, four-fifths of all persons
23 ever infected with HIV lived in developing countries.
24 Women are the fastest growing group of new cases.

1 (b) DECLARATION OF POLICY.—Congress declares
2 that, to further the United States foreign policy objective
3 of assisting the international community in achieving uni-
4 versal availability of quality fertility regulation services
5 and stabilizing world population, additional objectives of
6 the foreign policy of the United States shall be—

7 (1) to help achieve universal access to basic
8 education for women and men, with particular prior-
9 ity being given to primary and technical education
10 and job training;

11 (2) to increase understanding of the con-
12 sequences of population growth through effective
13 education strategies that begin in primary school
14 and continue through all levels of formal and
15 nonformal education and which take into account
16 the rights and responsibilities of parents and the
17 needs of children and adolescents;

18 (3) to reduce the gap between male and female
19 levels of literacy and between male and female levels
20 of primary and secondary school enrollment;

21 (4) to help ensure that women worldwide have
22 the opportunity to become equal partners with men
23 in the development of their societies;

24 (5) to help eliminate all forms of discrimination
25 against girl children and the root causes of son pref-

1 erence, which result in harmful and unethical prac-
2 tice such as female infanticide and prenatal sex
3 selection;

4 (6) to increase public awareness of the value of
5 girl children through public education that promotes
6 equal treatment of girls and boys in health, nutri-
7 tion, education, socioeconomic and political activity,
8 and equitable inheritance rights;

9 (7) to promote gender equality in all spheres of
10 life, including family and community life, and to en-
11 courage and enable men to take responsibility for
12 their sexual and reproductive behavior and their so-
13 cial and family roles;

14 (8) to help ensure that women and men have
15 the information and means needed to achieve good
16 reproductive health and to exercise their reproduc-
17 tive rights through responsible sexual behavior and
18 equity in gender relations;

19 (9) to reduce global maternal and infant mor-
20 tality rates; and

21 (10) to improve worldwide maternal and child
22 health status and quality of life.

23 (c) AUTHORIZED ACTIVITIES.—United States devel-
24 opment assistance shall be available, on a priority basis,
25 for—

1 (1) countries which either have adopted and im-
2 plemented, or have agreed to adopt and implement,
3 strategies to help ensure—

4 (A) before 2015, the achievement of the
5 goal of universal primary education for girls
6 and boys in all countries and access to second-
7 ary and higher levels of education, including vo-
8 cational education and technical training, for
9 girls and women;

10 (B) by 2005, the reduction of adult illit-
11 eracy by at least one-half the country's 1990
12 level;

13 (C) by 2005, the elimination of the gap be-
14 tween male and female levels of literacy and be-
15 tween male and female levels of primary and
16 secondary school enrollment; and

17 (D) the establishment of programs de-
18 signed to meet adolescent health needs, which
19 include services and information on responsible
20 sexual behavior, family planning practice, repro-
21 ductive health and sexually transmitted dis-
22 eases, and HIV–AIDS prevention;

23 (2) governmental and nongovernmental pro-
24 grams which, with respect to a targeted country, are
25 intended—

1 (A) by 2005, to increase life expectancy at
2 birth to greater than 70 years of age and by
3 2015, to 75 years of age;

4 (B) by 2005, to reduce by one-third the
5 country's mortality rates for infants and chil-
6 dren under 5 years of age, or to 50 per 1,000
7 live births for infants and 70 per 1,000 for chil-
8 dren under 5 years of age, whichever is less;
9 and by 2015, to reduce the country's infant
10 mortality rate below 35 per 1,000 births and
11 the under-5 mortality rate below 45 per 1,000;

12 (C) by 2005, to reduce maternal mortality
13 by one-half of the 1990 level and by a further
14 one-half by 2015;

15 (D) by 2005, to reduce significantly mal-
16 nutrition among the country's children under 5
17 years of age;

18 (E) to maintain immunizations against
19 childhood diseases for significant segments of
20 the country's children; and

21 (F) to reduce the number of childhood
22 deaths in the country which result from diar-
23 rheal disease and acute respiratory infections;

24 (3) governmental and nongovernmental pro-
25 grams which are intended to increase women's pro-

1 ductivity and ensure equal participation and equi-
2 table representation at all levels of the political proc-
3 ess and public life in each community and society
4 through—

5 (A) improved access to appropriate labor-
6 saving technology, vocational training, and ex-
7 tension services and access to credit and child
8 care;

9 (B) equal participation of women and men
10 in all areas of family and household responsibil-
11 ities, including family planning, financial sup-
12 port, child rearing, children’s education, and
13 maternal and child health and nutrition;

14 (C) fulfillment of the potential of women
15 through education, skill development and em-
16 ployment, with the elimination of poverty, illit-
17 eracy and poor health among women being of
18 paramount importance; and

19 (D) recognition and promotion of the equal
20 value of children of both sexes;

21 (4) governmental and nongovernmental pro-
22 grams which are intended to increase the access of
23 girls and women to comprehensive reproductive
24 health care services pursuant to subsection (d); and

1 (5) governmental and nongovernmental pro-
2 grams which are intended to eliminate all forms of
3 exploitation, abuse, harassment, and violence against
4 women, adolescents, and children.

5 (d) SAFE MOTHERHOOD INITIATIVE.—(1)(A) The
6 President is authorized to establish a grant program, to
7 be known as the Safe Motherhood Initiative, to help im-
8 prove the access of girls and women worldwide to com-
9 prehensive reproductive health care services.

10 (B) Such program shall be carried out in accordance
11 with this section and shall be subject to the same terms,
12 conditions, prohibitions, and restrictions as are applicable
13 to assistance made available under sections 499D, 499E,
14 and 499F of the Foreign Assistance Act of 1961, as added
15 by this Act.

16 (2) Comprehensive reproductive health care programs
17 which are eligible for assistance under this section in-
18 clude—

19 (A) fertility regulation services;

20 (B) prenatal care and screening for high risk
21 pregnancies and improved access to safe delivery
22 services for women with high risk pregnancies;

23 (C) supplemental food programs for pregnant
24 and nursing women;

1 (D) child survival and other programs that pro-
2 mote birth spacing through breastfeeding;

3 (E) expanded and coordinated programs that
4 support responsible sexual behavior, including vol-
5 untary abstinence, and which prevent, detect, and
6 manage sexually transmitted diseases, including
7 HIV-AIDS, reproductive tract infections, and other
8 chronic reproductive health problems;

9 (F) programs intended to eliminate traditional
10 practices injurious to women's health, including fe-
11 male genital mutilation;

12 (G) improvements in the practice of midwifery,
13 including outreach to traditional birth attendants;
14 and

15 (H) expanded and coordinated programs to pre-
16 vent, detect, and treat cancers of the reproductive
17 system.

18 (e) REPORTS TO CONGRESS.—(1) Not later than De-
19 cember 31, 1995, the President shall prepare and submit
20 to Congress a report which includes—

21 (A) estimates of the total financial resources
22 needed to achieve, by the year 2005, the specific ob-
23 jectives set forth in subsection (c) with respect to
24 education, rates of illiteracy, malnutrition, immuni-
25 zation, maternal and child mortality and morbidity,

1 and improvements in the economic productivity of
2 women;

3 (B) an analysis of such estimates which sepa-
4 rately lists the total financial resources needed from
5 the United States, other donor nations, and non-
6 governmental organizations;

7 (C) an analysis, by country, which—

8 (i) identifies the legal, social, economic,
9 and cultural barriers to women’s self-determina-
10 tion and to improvements in the economic pro-
11 ductivity of women in traditional and modern
12 labor sectors; and

13 (ii) describes initiatives needed to develop
14 appropriate technologies for use by women,
15 credit programs for low-income women, ex-
16 panded child care, vocational training, and ex-
17 tension services for women; and

18 (D) a comprehensive description of—

19 (i) new and expanded initiatives to ensure
20 safe motherhood worldwide;

21 (ii) findings on the major causes of mortal-
22 ity and morbidity among women of childbearing
23 age in various regions of the world;

24 (iii) actions needed to reduce, by the year
25 2005, world maternal mortality by one-half of

1 the worldwide 1990 level and a further one-half
2 by 2015; and

3 (iv) the financial resources needed to meet
4 this goal from the United States, other donor
5 nations, and nongovernmental organizations.

6 (2) In each annual country human rights report, the
7 Secretary of State shall include—

8 (A) information on any patterns within the
9 country of discrimination against women in inheri-
10 tance laws, property rights, family law, access to
11 credit and technology, hiring practices, formal edu-
12 cation, and vocational training; and

13 (B) an assessment which makes reference to all
14 significant forms of violence against women, includ-
15 ing rape, domestic violence, and female genital muti-
16 lation, the extent of involuntary marriage and child-
17 bearing, and the prevalence of marriage among
18 women under 18 years of age.

19 (f) AUTHORIZATION OF APPROPRIATIONS.—(1) Of
20 the aggregate amounts available for United States devel-
21 opment and economic assistance programs for education
22 activities, \$165,000,000 for fiscal year 1996 and
23 \$200,000,000 for fiscal year 1997 shall be available only
24 for programs in support of increasing primary and second-

1 ary school enrollment and equalizing levels of male and
2 female enrollment.

3 (2) There are authorized to be appropriated
4 \$330,000,000 for fiscal year 1996 and \$380,000,000 for
5 fiscal year 1997 to the Child Survival Fund under section
6 104(c)(2) of the Foreign Assistance Act of 1961, which
7 amounts shall be available for child survival activities only,
8 including the Children's Vaccine Initiative, the worldwide
9 immunization effort, and oral rehydration programs.

10 (3) There are authorized to be appropriated
11 \$100,000,000 for the Safe Motherhood Initiative for each
12 of fiscal years 1995 and 1996.

13 (g) DEFINITIONS.—For purposes of this section—

14 (1) the term “annual country human rights re-
15 port” refers to the report required to be submitted
16 pursuant to section 502B(b) of the Foreign Assist-
17 ance Act of 1961 (22 U.S.C. 2304(b)); and

18 (2) the term “United States development and
19 economic assistance” means assistance made avail-
20 able under chapter 1 of part I and chapter 4 of part
21 II of the Foreign Assistance Act of 1961.

22 **SEC. 6. AIDS PREVENTION AND CONTROL FUND.**

23 (a) IN GENERAL.—Section 104(c) of the Foreign As-
24 sistance Act of 1961 (22 U.S.C. 2151b(c)) is amended by
25 adding at the end the following new paragraph:

1 “(4)(A)(i) The President is authorized to provide as-
2 sistance, under such terms and conditions as he may de-
3 termine, with respect to activities relating to research on,
4 and the treatment and control of, acquired immune defi-
5 ciency syndrome (AIDS) in developing countries.

6 “(ii) Assistance provided under clause (i) shall in-
7 clude—

8 “(I) funds made available directly to the World
9 Health Organization for its use in financing the
10 Global Program on AIDS (including activities imple-
11 mented by the Pan American Health Organization);
12 and

13 “(II) funds made available to the United Na-
14 tions Children’s Fund (UNICEF) for AIDS-related
15 activities.

16 “(B) Appropriations pursuant to subparagraph (A)
17 may be referred to as the ‘AIDS Prevention and Control
18 Fund’.”.

19 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
20 104(g)(1) of the Foreign Assistance Act of 1961 (22
21 U.S.C. 2151b(g)) is amended—

22 (1) by striking “and” at the end of subpara-
23 graph (A);

24 (2) in subparagraph (B), by striking “sub-
25 section (c) of this section.” and inserting “sub-

1 section (c) of this section (other than paragraph (4)
2 thereof); and”;

3 (3) by adding at the end thereof the following
4 new subparagraph:

5 “(C) \$125,000,000 for fiscal year 1996
6 and \$145,000,000 for fiscal year 1997 to carry
7 out subsection (c)(4) of this section.”.

8 (c) EFFECTIVE DATE.—The amendments made by
9 this section shall take effect October 1, 1995.

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