

109TH CONGRESS  
1ST SESSION

# H. R. 4188

To amend the Foreign Assistance Act of 1961 to improve voluntary family planning programs in developing countries, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 1, 2005

Ms. MCCOLLUM of Minnesota (for herself, Mr. RAMSTAD, Mr. OBERSTAR, and Mr. SHAYS) introduced the following bill; which was referred to the Committee on International Relations

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## A BILL

To amend the Foreign Assistance Act of 1961 to improve voluntary family planning programs in developing countries, 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 “Focus on Family  
5 Health Worldwide Act of 2005”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) Since 1965, the people and Government of  
9 the United States have supported international vol-

1       untary family planning programs, increasing the use  
2       of modern contraceptives in the developing world  
3       from fewer than 10 percent of couples in 1965 to  
4       more than 40 percent of couples today.

5           (2) United States funding for international  
6       family planning is today providing services to 20  
7       million couples in the world's poorest countries, con-  
8       tributing to family well-being by improving maternal  
9       health, reducing maternal and infant deaths, pre-  
10      venting abortions, and improving the lives of millions  
11      of families.

12          (3) The United States spends on average three  
13      cents per American per week for international family  
14      planning programs.

15          (4) In the developing world, the use of modern  
16      contraceptives reduces unintended pregnancies and  
17      the probability that a woman will have an abortion  
18      by 85 percent.

19          (5) President George W. Bush has stated that  
20      one of the best ways to prevent abortion is by pro-  
21      viding quality voluntary family planning programs.

22          (6) In developing countries at least 120 million  
23      married couples who would like to postpone their  
24      next pregnancy, or have no more children, do not

1 have access to or are not using modern contracep-  
2 tion.

3 (7) In sub-Saharan Africa, 46 percent of  
4 women who desire to delay or end childbearing re-  
5 main without access to voluntary family planning  
6 and at risk of unintended pregnancy.

7 (8) Each year more than 525,000 women die  
8 from causes related to pregnancy and childbirth with  
9 99 percent of these deaths occurring in developing  
10 countries. An additional eight million women each  
11 year suffer serious health complications from preg-  
12 nancy and childbirth.

13 (9) A lack of birth spacing resulting in birth in-  
14 tervals of 9 to 14 months increases the risk of ma-  
15 ternal death by 250 percent.

16 (10) Birth spacing of at least 36 months is as-  
17 sociated with the lowest mortality risk for infants  
18 and children under five years of age.

19 (11) Approximately 10.8 million children under  
20 the age of five die each year, more than 30,000  
21 every day, frequently from low birth-weight or from  
22 causes related to complications in the mother's preg-  
23 nancy.

24 (12) Providing access to modern contraception  
25 in less developed countries could prevent 1.4 million

1 infant deaths and 142,000 maternal deaths annu-  
2 ally.

3 (13) Linking family planning programs with  
4 HIV/AIDS prevention, care, and treatment pro-  
5 grams helps to meet the multiple health needs of  
6 couples while effectively using scarce financial and  
7 human resources.

8 (14) For HIV-positive women, family planning  
9 is the most efficacious and cost-effective intervention  
10 to prevent unintended pregnancies, decrease the risk  
11 of maternal death, and avoid the transmission of  
12 HIV from mother-to-child, premature birth, low  
13 birth weight, or infant death.

14 (15) Rapid population growth over-stresses vital  
15 resources, such as water, agricultural land, forests,  
16 and wildlife, contributing to extreme poverty, infec-  
17 tious disease, limited access to education, environ-  
18 mental destruction, food insecurity, and resultant  
19 malnutrition.

20 (16) Malnutrition in children is a contributing  
21 factor to more than one-half of all child mortality,  
22 and malnutrition in mothers account for a substan-  
23 tial proportion of neonatal mortality.

24 (17) United States-funded family planning pro-  
25 grams have been successfully linked with the con-

1        servation of natural resources to ease growing popu-  
2        lation pressures, improve food security, and keep  
3        families healthy and communities economically via-  
4        ble.

5           (18) Between 2005 and 2050, if family plan-  
6        ning needs remain unmet, the population is expected  
7        to grow by more than 300 percent in the developing  
8        countries of Afghanistan, Burkina Faso, Burundi,  
9        Chad, the Democratic Republic of the Congo, the  
10       Republic of the Congo, Guinea-Bissau, Liberia, Mali,  
11       Niger, the Democratic Republic of Timor-Leste, and  
12       Uganda.

13 **SEC. 3. SENSE OF CONGRESS.**

14        It is the sense of Congress that it should be a United  
15        States policy objective to—

16           (1) partner with developing countries to expand  
17        access to voluntary family planning programs and  
18        the supply of modern contraceptives in order to—

19                   (A) meet growing demand to allow couples  
20                   to achieve their desired family size;

21                   (B) reduce maternal and child mortality;

22                   (C) reduce unintended pregnancies and re-  
23                   sulting abortions;

24                   (D) reduce the incidence of HIV trans-  
25                   mission from mother-to-child and extend the

1 lives of HIV-positive women thus reducing the  
2 number of orphaned children;

3 (E) conserve vital natural resources, in-  
4 cluding water, agricultural land, and forested  
5 lands;

6 (F) improve food security; and

7 (G) enhance opportunities for lasting social  
8 and economic development; and

9 (2) strengthen public health initiatives world-  
10 wide by provide training, research, and services for  
11 a wide variety of modern contraceptives and family  
12 planning methods that are designed and imple-  
13 mented based on—

14 (A) community participation;

15 (B) the needs and values of beneficiaries;

16 and

17 (C) adherence to the principles of vol-  
18 untary participation and informed consent.

19 **SEC. 4. ASSISTANCE TO IMPROVE VOLUNTARY FAMILY**  
20 **PLANNING PROGRAMS IN DEVELOPING**  
21 **COUNTRIES.**

22 (a) AMENDMENTS.—Section 104(b) of the Foreign  
23 Assistance Act of 1961 (22 U.S.C. 2151b(b)) is amend-  
24 ed—

1           (1) in the first sentence, by striking “In order  
2 to” and inserting the following:

3           “(1) IN GENERAL.—In order to”; and

4           (2) by adding at the end the following new  
5 paragraph:

6           “(2) ASSISTANCE TO IMPROVE VOLUNTARY  
7 FAMILY PLANNING PROGRAMS.—

8           “(A) IN GENERAL.—The President, acting  
9 through the Administrator of the United States  
10 Agency for International Development, is au-  
11 thorized to provide assistance, on such terms  
12 and conditions as the President may determine,  
13 to improve voluntary family planning programs  
14 in developing countries.

15           “(B) ACTIVITIES SUPPORTED.—Assistance  
16 provided under subparagraph (A) shall, to the  
17 maximum extent practicable, be used to—

18           “(i) improve public knowledge of vol-  
19 untary family planning programs, includ-  
20 ing the availability of modern contracep-  
21 tives and the health, economic, and natural  
22 resource benefits of voluntary family plan-  
23 ning for individuals, families, and commu-  
24 nities;

1           “(ii) support a wide range of public  
2           and private voluntary family planning pro-  
3           grams, including networks for community-  
4           based and subsidized commercial distribu-  
5           tion of modern contraceptives;

6           “(iii) expand formal and informal  
7           training for health care providers, health  
8           educators, including peer educators and  
9           outreach workers, managers, traditional  
10          birth attendants, counselors, and commu-  
11          nity-based distribution agents;

12          “(iv) provide improved coordination  
13          between voluntary family planning pro-  
14          grams and programs that receive United  
15          States Government assistance for the pre-  
16          vention of HIV/AIDS and other sexually  
17          transmitted infections, the prevention of  
18          mother-to-child HIV transmission, and the  
19          testing, treatment, and care of persons in-  
20          fected with HIV/AIDS and affected by  
21          HIV/AIDS to strengthen activities under  
22          such programs and enhance the cost-effec-  
23          tiveness of such programs; and

24          “(v) strengthen supply chain logistics  
25          for the procurement and reliable distribu-

1           tion of safe and effective modern contra-  
2           ceptives, including coordination with the  
3           supply chain for HIV/AIDS prevention,  
4           care, and treatment, to allow for maximum  
5           efficiency and cost-savings.

6           “(C) PRIORITY.—In providing assistance  
7           under this paragraph, priority shall be given to  
8           developing countries with acute family planning  
9           and maternal health needs based on criteria  
10          such as—

11                 “(i) the level of unmet need for vol-  
12                 untary family planning and modern contra-  
13                 ceptives;

14                 “(ii) fertility rates;

15                 “(iii) high-risk birth rates;

16                 “(iv) the number of births unattended  
17                 by skilled attendants;

18                 “(v) maternal mortality rates;

19                 “(vi) rates of mortality for infants  
20                 and children under the age of five;

21                 “(vii) abortion rates;

22                 “(viii) the level of HIV/AIDS in  
23                 women of reproductive age; and

24                 “(ix) additional criteria or country  
25                 conditions, such as conflict, humanitarian

1 crisis, large populations of refugees or in-  
2 ternally displaced persons, or areas in  
3 which population growth threatens food se-  
4 curity, vital natural resources, biodiversity,  
5 or endangered species.

6 “(D) DEFINITIONS.—In this paragraph:

7 “(i) AIDS.—The term ‘AIDS’ has the  
8 meaning given the term in section  
9 104A(g)(1) of this Act.

10 “(ii) HIV.—The term ‘HIV’ has the  
11 meaning given the term in section  
12 104A(g)(2) of this Act.

13 “(iii) HIV/AIDS.—The term ‘HIV/  
14 AIDS’ has the meaning given the term in  
15 section 104A(g)(3) of this Act.”.

16 (b) EFFECTIVE DATE.—The authority to provide as-  
17 sistance under section 104(b)(2) of the Foreign Assistance  
18 Act of 1961, as added by subsection (a), applies with re-  
19 spect to fiscal year 2007 and subsequent fiscal years.

20 **SEC. 5. REPORT.**

21 (a) REPORT.—Not later than one year after the date  
22 of the enactment of this Act, and biennially thereafter, the  
23 President, acting through the Administrator of the United  
24 States Agency for International Development, shall trans-  
25 mit to the Committee on International Relations of the

1 House of Representatives and the Committee on Foreign  
2 Relations of the Senate a report on the implementation  
3 of section 104(b)(2) of the Foreign Assistance Act of 1961  
4 (as added by section 4(a)).

5 (b) CONTENTS.—The report shall include—

6 (1) a description of efforts to implement the  
7 policies set forth in section 104(b)(2) of the Foreign  
8 Assistance Act of 1961;

9 (2) a description of the programs established  
10 pursuant to such section; and

11 (3) a detailed assessment of the impact of pro-  
12 grams established pursuant to such section, includ-  
13 ing—

14 (A) an estimate of annual expenditures on  
15 modern contraceptive commodities and activities  
16 in support of voluntary family planning pro-  
17 grams on a country-by-country basis, to be  
18 based on information supplied by national gov-  
19 ernments, donor agencies, and private sector  
20 entities, to the maximum extent practicable;

21 (B) an assessment by country of the cur-  
22 rent unmet need for, availability, and use of  
23 modern contraception;

24 (C) an assessment of prior year and pro-  
25 posed allocations of modern contraceptives in

1 voluntary family planning assistance by coun-  
2 try, which describes how each country's alloca-  
3 tion meets the country's needs; and

4 (D) a description of the quality of funded  
5 voluntary family planning programs, as meas-  
6 ured by survey data or best available estimates,  
7 including—

8 (i) types of modern contraceptive  
9 methods offered to significant subgroups  
10 (defined by age, gender, income, and  
11 health profile, among others) on a reliable  
12 basis;

13 (ii) information provided to bene-  
14 ficiaries to enable decision making regard-  
15 ing benefits, risks, and efficacy of modern  
16 contraceptives;

17 (iii) mechanisms to encourage sustain-  
18 ability of voluntary family planning pro-  
19 grams; and

20 (iv) voluntary family planning pro-  
21 grams that are effective in responding to  
22 individual health needs of beneficiaries.

1 **SEC. 6. AUTHORIZATION OF APPROPRIATIONS.**

2       There are authorized to be appropriated to the Presi-  
3 dent to carry out section 104(b)(2) of the Foreign Assist-  
4 ance Act of 1961, as added by section 4(a) of this Act—

- 5           (1) \$600,000,000 for fiscal year 2007;  
6           (2) \$700,000,000 for fiscal year 2008;  
7           (3) \$800,000,000 for fiscal year 2009;  
8           (4) \$900,000,000 for fiscal year 2010; and  
9           (5) \$1,000,000,000 for fiscal year 2011.

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