

**USAID's Track Record in Family Planning**

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By Ruth Levine

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**ABSTRACT**

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More than 40 years ago, Congress authorized the US Agency for International Development to start working on family planning and population issues. Over the ensuing decades, while contraceptive use in the developing world increased from 10 to 60 percent of married couples and average fertility declined from about six to three children per woman, USAID was the source of the majority of the money, information and ideas in the field of family planning—all provided with a distinctive US accent. USAID's involvement in family planning also became the lightning rod for a cycle of intensifying political debates—both domestic and international—that have profoundly affected the agency's work.

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## **USAID's Track Record in Family Planning**

Ruth Levine

More than 40 years ago, Congress authorized the US Agency for International Development to start working on family planning and population issues. Over the ensuing decades, while contraceptive use in the developing world increased from 10 to 60 percent of married couples and average fertility declined from about six to three children per woman, USAID was the source of the majority of the money, information and ideas in the field of family planning—all provided with a distinctive US accent. USAID's involvement in family planning also became the lightning rod for a cycle of intensifying political debates—both domestic and international—that have profoundly affected the agency's work.

### **Money**

Although arguably spending far below both its capacity and what is needed, USAID is the largest bilateral donor to family planning programs in developing countries, and has been so since the mid-1960s. USAID spending on family planning has ranged in recent years from about \$350 million to its all-time high of \$542 in FY95. More recently, as spending has dropped and then leveled off, concerns have been voiced about whether attention to international AIDS program is leading to an erosion of the family planning budget.

Support is provided in the form of grants, generally implemented through US-based contractors and cooperating agencies (typically NGOs) who undertake service delivery, research, social marketing, communications and policy strengthening programs in developing countries. About 12 percent of the money is used to buy contraceptive supplies, with USAID dollars accounting for a large share of total external support for these products.

Much of the USAID approach, initially crafted by the agency's first Director of Population, Rei Ravenholt, has been about making contraceptives more widely available to couples who wish to limit family size – rather than, for example, changing attitudes about the desired number of children. While this approach has been criticized, it has also been demonstrably effective. Steve Sinding, who succeeded Ravenholt and later went on to head International Planned Parenthood Federation, noted that the Ravenholt-crafted USAID program's "greatest assets -- clarity of purpose, simplicity of design, and consistency ... also produced the greatest impact of all international efforts to address the population explosion." About 20 million women now depend on services funded by USAID.

### **Information**

Beyond making family planning services more widely available, USAID has made a major contribution to the field through its support for a series of multi-country

household surveys. Through these multi-round, multi-country Demographic and Health surveys analysts and policymakers have obtained crucial information on family planning, fertility, maternal and child health conditions, and health service use and, in recent years, knowledge and practices related to HIV/AIDS.

It is hard to overstate the benefits of this data collection. Through these Demographic and Health Surveys (and the earlier survey series), analysts have more than 30 years' worth of internationally comparable information on reproductive behavior and outcomes in most developing countries—a treasure trove of knowledge that has been the source of much of our understanding of the social determinants of fertility, the contraceptive use patterns of both men and women, and the access to and use of a range of public and private health services. Moreover, the surveys have provided both the baseline and the monitoring indicators for many of the Millennium Development Goals. In the words of one of the surveys' early champions, Duff Gillespie, a former Director of the Office of Population, "I never realized how useful it was going to be and had no way of anticipating 30 years ago that so many people, so many organizations, so many governments including our own would base decisions on the DHS and its predecessor."

## **Ideas**

Of all health services, family planning is perhaps the one that lends itself to the broadest array of types of delivery: public sector provision in hospitals, clinics and health posts; social marketing, where private sector providers earn a margin by selling subsidized products; and house-to-house outreach through NGOs. Many of the innovations in family planning service delivery over the past several decades—as well as the basic and applied research on contraceptive methods—have been incubated within USAID.

The concept of social marketing, for example, was developed in the early 1970s and promulgated in many countries through the work of USAID contractors, including Population Services International, the Futures Group and others. Through social marketing, family planning programs have been able to leverage small private payments for products into financially sustainable programs, and have given private providers and pharmacists a motivation to provide needed services.

In general, the introduction of service delivery innovations through USAID's family planning program has followed a more systematic and evidence-based approach than is typical in the development business. In Bangladesh, for example, USAID (and other donors) introduced, evaluated and then adapted a range of strategies to increase contraceptive use among poor families, ultimately contributing to one of the world's most impressive success stories (see, for example, the remarkable story of Bangladesh's family planning program:

[http://www.cgdev.org/section/initiatives/active/millionssaved/studies/case\\_12/](http://www.cgdev.org/section/initiatives/active/millionssaved/studies/case_12/)).

USAID has also taken a lead in promoting policies in developing countries that are more favorable to family planning. In some countries, USAID has worked to make it

legal for health workers other than physicians to provide basic family planning services. In others, efforts have been focused on encouraging employers to finance family planning for workers. And across about 50 countries, USAID has sought to raise awareness among policymakers of the positive health, social and economic impacts of investments in family planning and reproductive health.

### **Political Battlelines**

The US international family planning story is incomplete without an account of the political factors that have made USAID's work a focal point for controversy. Far more than, say, child survival programs or even global HIV/AIDS support, the family planning program has suffered from being a political football.

Domestic politics have had the most powerful effect—and, in fact, the family planning program vividly depicts one of the odd relationships between US foreign assistance and domestic constituencies. The US national debates about public dollars being used for abortion-related activities were reflected in the Mexico City Policy (often referred to by critics as the “global gag rule”), which President Reagan imposed in 1984. Cutting funding to the United Nations Fund for Population Activities and USAID's population activities, President Reagan prohibited US dollars from being spent on the work of any organization that provided abortion services, or counseled women about abortion, regardless of the source of funding used. Incurring the ire of many in the public health profession and the women's movement, controversy about that policy soon became essentially the single-most visible aspect of USAID's family planning work. Politics were at work again in 1993, when, on his first day of office, President Clinton revoked the policy; and again, in 2001, when on his first day in office President George W. Bush reinstated it.

Geo-politics also have influenced USAID's programs. Because of the sensitive nature of decisions related to contraception, and the legacy of the early US focus on family planning to achieve demographic aims (reducing the rate of population growth in high-fertility countries), the US support for family planning programs has rarely been seen as benign—as, for example, support for childhood immunization programs may be. In several countries, questions have arisen—albeit often by the US Congress itself—about whether USAID funds were supporting coercive practices.

The high political visibility of family planning and reproductive health more broadly has not had a salutary effect on USAID's program. In addition to the constant threat (and occasional reality) of significant funding cuts, USAID's family planning program faces intense scrutiny by Congress and others, affecting the program's morale and effectiveness. Congressional micromanagement—rigid earmarks, prescriptions and proscriptions – limit USAID's ability to respond to the real needs in the field.

## **Conclusion**

USAID has played a dominant role among donors as the source of money, information and ideas about family planning in the developing world, and has many accomplishments to its credit. While there is no way to attribute a particular share of the demographic changes and health improvements in the developing world to the work of a single agency or program, there's little doubt that USAID's efforts have hastened movement toward smaller family sizes and better health among women and babies in many of the poorest countries of the world. But the record is far from unblemished, and the benefits of USAID's efforts to improve access to family planning have been diminished by the distractions of politics and dogma.

Ruth Levine, PhD, is director of programs and senior fellow at the Center for Global Development (<http://www.cgdev.org>), a Washington-based think tank focused on reducing global poverty and inequality. Levine, a health economist, is the co-author of *The Health of Women in Latin America and the Caribbean* (World Bank, 2002) and *Millions Saved: Proven Successes in Global Health* (Center for Global Development, 2004), as well as the chapter on family planning in the recently published *Disease Control Priorities in Developing Countries 2<sup>nd</sup> edition*.