CENTER FOR GLOBAL DEVELOPMENT

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USAID's Family Planning and Reproductive Health Program: A Look Back and Ahead

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Background

In November 2022, a two-day reunion was organized by seven former directors of USAID's Office of Population and Reproductive Health (PRH).[1] Participants reflected on USAID's achievements and challenges in the field of family planning and reproductive health (FP/RH) and discussed the program's current and future direction. This document represents a summary of the discussions and reflects the broad set of issues, ideas, and themes that emerged from the reunion.[2] It is not a consensus document and is not intended to represent the views of any individual or organization. It was prepared by Julia Kaufman and Morgan Pincombe at the Center for Global Development.

Past Achievements and Obstacles

A contraceptive revolution

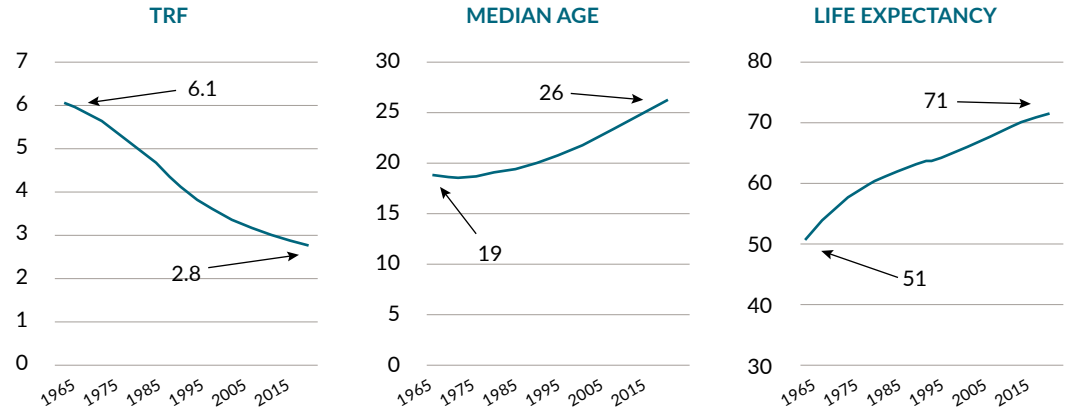
The event began with a presentation by Duff Gillespie covering over fifty years of family planning and reproductive health progress. In 1965, there were fewer than 20 million modern method users across the 84 current and past USAID partner countries in Africa, the Middle East, South and East Asia, and Latin America and the Caribbean. Today, these countries have approximately 435 million modern method users, representing over half of all users worldwide. Through partnerships with governments, private sector leaders, and international organizations, USAID has helped facilitate this revolution. As USAID's FP/RH assistance has evolved over time, the Agency has remained the leading international bilateral government donor in terms of funding levels and the number of countries assisted. The presentation also highlighted significant contributions and progress in generating and disseminating new technologies and best practices. Many advances in this field over the past 50+ years can be linked to USAID's investments and partnerships.

1 Duff Gillespie, Liz Maguire, Margaret Neuse, Scott Radloff (who did most of the heavy lifting), Steve Sinding (who had the original idea for the reunion), and Joe Speidel. Ellen Starbird, who retired at the end of 2022, was director at the time of the reunion.

2 The reunion was organized and paid for entirely by its participants.

This "contraceptive revolution" in access and use has contributed to dramatic declines in total fertility rates and increases in median age and life expectancy.

Figure 1. Demographic trends for LDCs from 1965 to 2020, excluding China



Source: World Population Prospects, UN Population Division, 2020.

It has also enabled profound improvements in the lives of families, especially women and girls, as well as economies, the environment, and national and global security, as indicated in Table 1.

Table 1. Summary of improvements due to increased contraceptive access and use

AREA	BENEFITS
Women and girls	• Empowers women to choose whether and when to have children • Protects women's health by reducing unintended and high-risk pregnancies • Reduces abortion which is often unavailable and/or unsafe • Improves women's opportunities for education, employment, and participation in society
Families	• Improves child survival • Reduces HIV transmission, especially mother-to-child • Enables investments in children, including advancing further in school
Economies	• Reduces poverty through smaller family size • Enables a demographic dividend through age structure changes
Environment	• Reduces pressures on natural resources: land, water, forests, wildlife, climate
Security	• Increases prospects for government stability that accompany shifts in age structure

The presentation also discussed ways in which USAID's contributions to progress were both enabled and hampered, shown in Table 2.

Table 2. Enabling and hindering factors to USAID contributions to family planning and reproductive health

ENABLING FACTORS	HINDERING FACTORS
• Enjoyed strong bipartisan political support at the outset when broad outlines of program were developed • Received continuing Congressional support from key committees, including earmarks • Provided comprehensive support across a range of essential program elements • Included a strong research program that developed new and improved technologies and established best practices • Established a network of implementing partners • Able to work across public and private sectors • Developed strong centralized expertise at PRH • Developed strong technical staffing at mission level, including foreign service national (FSN) cadre	• Limitations due to Helms restrictions (described below)[a] • Disruptions, inefficiencies, and chilling effects from the Mexico City Policy[b] • Geopolitically generated disruptions to programs, e.g., in Pakistan, Nigeria, Tanzania • Closing of over 20 field missions in 1996, mainly in West Africa • Funding levels have not kept pace with growing populations and FP/RH needs • Premature graduation or transition from donor support in some countries

a. Moss, Kellie, and Jennifer Kates. "The Helms Amendment and Abortion Laws in Countries Receiving U.S. Global Health Assistance." *Kaiser Family Foundation*. January 18, 2022. https://www.kff.org/global-health-policy/issue-brief/the-helms-amendment-and-abortion-laws-in-countries-receiving-u-s-global-health-assistance/.
b. Kaiser Family Foundation. "The Mexico City Policy: An Explainer." January 28, 2021. https://www.kff.org/global-health-policy/fact-sheet/mexico-city-policy-explainer/.

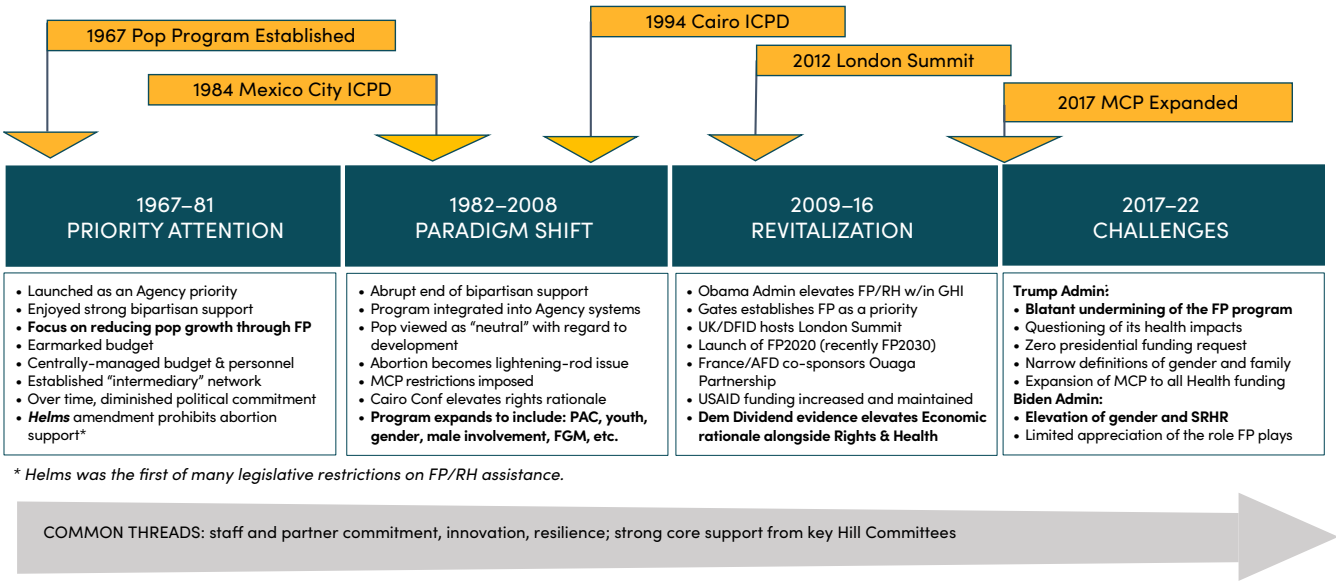
Evolving program priorities and rationale amid shifts in support

The presentation also summarized the ways in which the FP/RH program has evolved and adapted over time (Figure 2), including shifting from its initial rationale and focus on reducing population growth through family planning between 1967 and 1984, to expanding to include broader sexual and reproductive health and rights (SRHR) in the following decades. Notably, the program was launched as an Agency priority and initially enjoyed strong bipartisan support, which then began to erode between 1981-2008 as abortion emerged as a lightening-rod domestic political issue.

From 2009 to 2016, the Obama Administration elevated family planning and reproductive health as a priority issue within a 6-year Global Health Initiative. This resulted in the first substantial increase in funding in more than ten years. It also coincided with and perhaps contributed to increased commitment and attention to family planning among international donors. The Bill & Melinda Gates Foundation established family planning as a priority for its health investments. France became a prominent donor for the first time as it partnered with USAID, the Gates Foundation, and the Hewlett Foundation in launching the Ouagadougou Partnership, an effort to expand access to family planning

in West Africa. The UK, in partnership with the Gates Foundation, USAID, and UNFPA, hosted the 2012 London Summit on Family Planning, where both donors and developing countries made financial commitments for family planning, leading to the launch of a new partnership: FP2020.

Figure 2. Highlights of program's shifting priorities and rationale over time



Upon taking office in 2017, the Trump Administration intentionally sought to undermine the family planning program, questioning the program's health impacts and sending much reduced funding requests to Congress. Congressional support was sufficient to maintain level funding throughout this period.

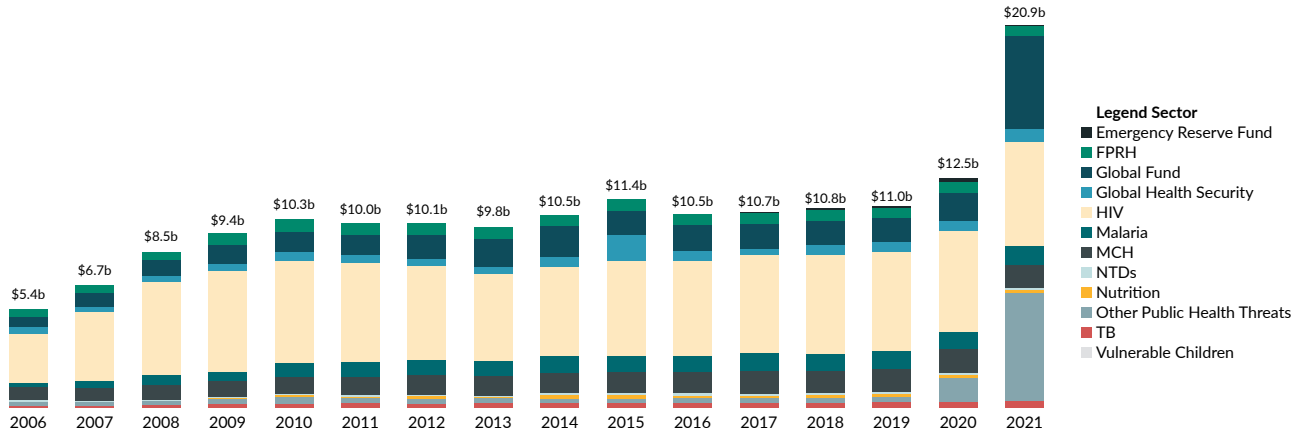
While the Biden Administration reprioritized both gender and the SRHR agenda, funding for the program has not grown, remaining at levels established during the Obama Administration. Indeed, the role of family planning in advancing women's health, opportunities, and empowerment seems to have been overlooked at times. US funding for family planning and reproductive health has remained mostly flat in recent years—at around $600 million per year, including the US contribution to UNFPA.[3] Such stagnation is not unique to family planning; US global health funding overall has remained relatively flat over the last decade, with occasional spikes in emergency supplemental funding for new infectious disease outbreaks.[4] But the family planning program has been more vulnerable to cuts, largely because family planning has become a point of political contention in

3 Kemp-Kasten has been used to withhold funding from UNFPA in 19 of the past 37 fiscal years, as determined by presidents along party lines. Under current law, any US funding withheld from UNFPA is to be made available to other family planning, maternal health, and reproductive health activities. See: Kaiser Family Foundation. "UNFPA Funding & Kemp-Kasten: An Explainer." September 30, 2022. https://www.kff.org/global-health-policy/fact-sheet/unfpa-funding-kemp-kasten-an-explainer/.

4 Kaiser Family Foundation. "Breaking Down the U.S. Global Health Budget by Program Area." September 15, 2022. https://www.kff.org/global-health-policy/fact-sheet/breaking-down-the-u-s-global-health-budget-by-program-area/.

controversies surrounding abortion (though longstanding restrictions prevent any use of US funding overseas for abortion as a method of family planning).

Figure 3. US global health funding by sector, 2006 to 2021



Source: U.S. Global Health Budget Tracker, Kaiser Family Foundation.

Global abortion access

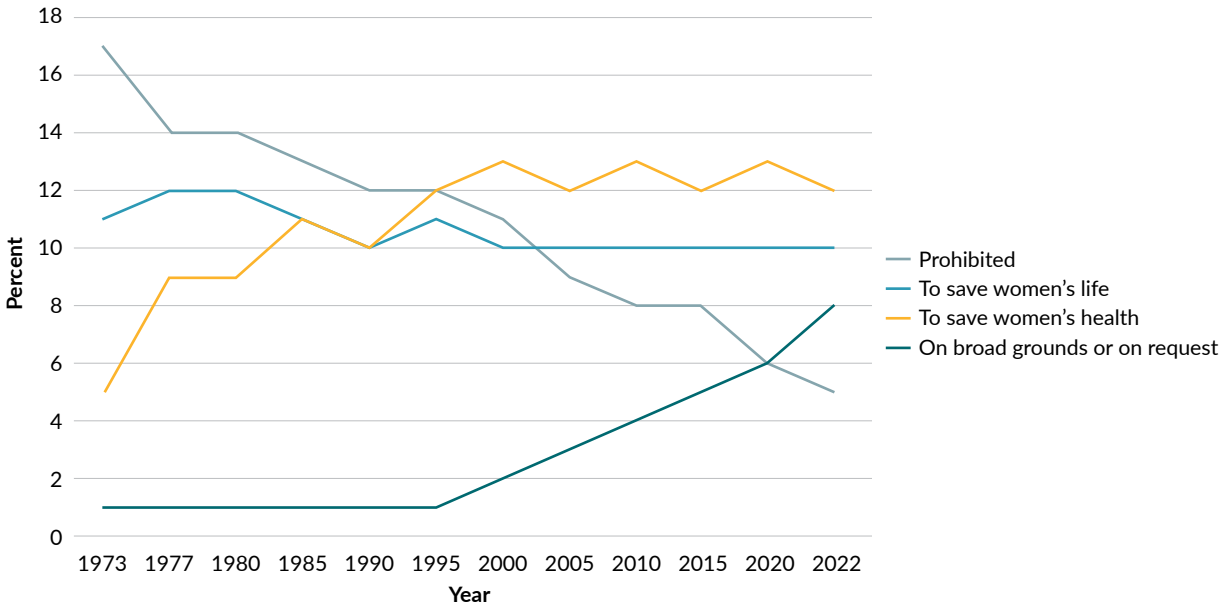
Many debates and legislative requirements around US funding for family planning and reproductive health center on abortion. The Helms Amendment, first instituted in 1973, prohibits the use of US foreign assistance for abortion "as a method of family planning." While legally permitted in some parts of the United States and many other countries, exceptions to this ban on abortion funding (such as instances of rape, incest, and endangerment of a woman's life) have never been permitted, despite sustained urging from advocacy groups in the US. In 1984, the Reagan Administration unveiled the Mexico City Policy that, when in effect, required foreign non-governmental organizations (NGOs) receiving US family planning assistance to certify that they would not "perform or actively promote abortion as a method of family planning" using funds from any source. Administrations that followed have rescinded and reinstated the policy along party lines. The Trump Administration not only reinstated the policy but expanded it to apply to all health assistance and renamed it the Protecting Life in Global Health Assistance Policy. One of the first acts of the Biden Administration was to rescind the latest version of restrictions.

While the US Supreme Court's 2022 decision in *Dobbs v. Jackson* eliminated the right to abortion as national policy, other countries, including a number in the Global South, have adopted policies increasing access to abortion. The global trend is overwhelmingly toward the liberalization of abortion laws.[5] Over the past 25 years, 18 countries have overturned complete bans on abortion, and

5 Center for Reproductive Rights. "Accelerating Progress: Liberalization of Abortion Laws Since ICPD." December 2020. https://reproductiverights.org/wp-content/uploads/2020/12/World-Abortion-Map-AcceleratingProgress.pdf.

15 countries have reformed their laws to allow abortion on request. Between 1973 and 2022, complete legal prohibition of abortion decreased from 17 percent to five percent among countries that receive USAID FP/RH funds (Figure 4).

Figure 4. Legal status of abortion: Proportion of countries receiving USAID FP/RH funds



Source: Kumar, Anu. "Abortions are Legal in Ethiopia. But Half of These Clinics Won't Provide Them." *New York Times*, Oct. 18, 2022.

Achievements and challenges in specific areas

Discussions continued with participants reflecting on key accomplishments and innovations as well as challenges, limitations, and disappointments across twelve topic areas, summarized in Table 3.

Table 3. Selected accomplishments and challenges of USAID's FP/RH program across specific topics

	ACCOMPLISHMENTS	CHALLENGES
Contraceptive and reproductive health technology research	• Supported the development of contraceptive methods now widely used around the world (e.g., implants, IUDs, injectables, rings) • Hormonal IUD added to contraceptive catalogue • WHO/UNFPA prequalification of a postpartum IUD • Generated epidemiological evidence to dispel rumors hampering contraceptive rollout and uptake	• Sustaining funding for biomedical research

	ACCOMPLISHMENTS	CHALLENGES
Operations research	• Generated empirical evidence (including seminal findings from Matlab, Bangladesh[a]) to demonstrate that even at very low levels of development, increased availability of contraceptives increases use, and uptake of contraception leads to better health and economic outcomes and reduced mortality rates • Identified and implemented best practices based on evidence	• Championing evidence-based best practices amidst USAID leadership transitions, where scientific evidence was at times questioned or ignored
Service delivery approaches (urban, rural)	• Expanded the use of different service delivery models • Supported access to contraception directly • Mentored boys and young men for norms change	• Engaging men to be supportive partners and advocates for FP
Information, education, communication, including social and behavior change	• Developed digital health entertainment education for young adolescents and other 'edutainment' series, e.g., in Mexico, Tanzania, and India • Launched digital applications to expand access to FP/RH information and services, including CyberRwanda[b] • Awarded Agency for All, a program focused on understanding and increasing personal agency • Supported FP Insight,[c] a Pinterest site for FP/RH	• Facilitating long-term social and behavior change given the short duration of many projects
Training	• Demonstrated the expanded role of community health workers in delivering FP/RH services • Innovated alternative approaches to training, including low-dose, high-frequency mentorship and technology-based training • Forged private sector partnerships, such as the Strategic Training Executive Program, which facilitated private sector mentorship for public sector trainees in supply chain management	• Overcoming health system-wide challenges, including measurement, sustainability, and stakeholder buy-in
Population/SRHR policy	• Leveraged data to strengthen decision-making and policy action, including the RAPID Model • Provided regular support to leadership in partner countries, including civil society, to expand stable and sustainable access to FP/RH services	• Securing adequate political and financial commitment from governments in partner countries

	ACCOMPLISHMENTS	CHALLENGES
	• Underscored the importance of individual dignity and human rights in FP/RH at the International Conference on Population and Development[d] in Cairo in 1994 • Awarded PROPEL for policy, advocacy, finance, and governance for FP/RH • Placed more attention on diversity, equity, inclusion, accessibility	
Data collection, analysis, and use	• Improved collection and analysis of census and survey data, including establishing the Demographic and Health Surveys program • Enhanced domestic capacity to manage survey and census collection in partner countries • Supported the Global FP Visibility and Analytics Network (FPVAN),[e] a network of procurers, manufacturers, and countries focused on product flow to improve data visibility and use for commodities	• Integrating data collection and analysis across related sectors and issue areas, such as the environment
Health systems	• Drove adoption of integrated "health systems" approach to FP/RH • Implemented co-financing structure, with governments in partner countries contributing to commodity costs • Helped support costed implementation plans in all FP2020 countries • Purchased and distributed contraceptives in USAID partner countries around the world • Supported the Reproductive Health Supplies Coalition[f] to help provide FP/RH supplies • Strengthened procurement, supply chain, and distribution systems	• Aligning funding streams and results reporting with health systems approach
Reaching neglected populations (e.g., adolescents, men, indigenous groups)	• Developed flagship programs focused on youth and generated new evidence on effectiveness to incentivize donor investment in this area • Contributed broader lessons on behavior change communication • Mainstreamed attention to gender in FP/RH projects and programs	• Ensuring comprehensive programs for neglected populations within the confines of necessary earmarks • Reaching refugees and displaced persons

	ACCOMPLISHMENTS	CHALLENGES
Partnerships (local groups, community leaders, international partners)	• Helped establish the Ouagadougou Partnership to expand FP/RH in Francophone West Africa[g] • Reshaped the market for commodities, including a 2012 partnership to reduce the price of implants[h]	• Advancing partnerships in areas such as human rights, given barriers imposed by political contention and earmarks
Linkages and integration with other health services (e.g., HIV, maternal and child health) and other programs	• Established foundation that other programs have built on to leverage evidence-based best practices to improve service quality and sustainability • Co-funded the ECHO trial, establishing that use of hormonal contraception (IUD, injectables, implants) does not increase women's risk of HIV acquisition • Supported cross-cutting projects, such as MOMENTUM/Integrated Health Resilience, a jointly designed MNCH/PRH service delivery award focused on fragile settings[i] • Awarded BUILD, the first PRH award to a local prime, focused on strengthening the cross-sectoral benefits of family planning across population, health, environmental, gender, and development issues[j] • Spearheaded the inter-agency gender working group, which laid the foundation for USAID's present-day gender program	• Achieving integration given the siloed nature of USAID funding and management
Regional experience in Africa	• Supported inclusion and expansion of FP/RH in country action plans, leading to increased uptake of services • Partnered with religious and community leaders to share information, combat misinformation, and expand access to FP/RH services	• Providing adequate support to NGOs in African countries due to resource shortages
Cross-cutting challenges		• Keeping FP/RH relevant on the global development agenda, especially amid COVID recovery, new emerging crises, and the baggage of "population language"

	ACCOMPLISHMENTS	CHALLENGES
		• Sustaining funding and adjusting to changes in the broader FP/RH donor landscape, including reduced funding from the UK and shifts in leadership from the World Bank • Maintaining political support for FP/RH from US administrations and navigating spillover of domestic US abortion/ SRHR politics • Navigating decentralized decision-making, including on spending • Elevating the health and economic impact of FP/RH

a. Koenig, Michael A, James F Phillips, Ruth S Simmons, and Mehrab Ali Khan. "Trends in Family Size Preferences and Contraceptive Use in Matlab, Bangladesh." *Studies in Family Planning* 18, no.3 (1987): 117-127. https://www.jstor.org/stable/1966807.
b. YLabs. "CyberRwanda." https://www.ylabsglobal.org/work/all/cyberrwanda.
c. FP insight. https://www.fpinsight.org/.
d. United Nations Population Fund. "International Conference on Population and Development." https://www.unfpa.org/icpd.
e. Reproductive Health Supplies Coalition. "Global FP VAN." https://www.rhsupplies.org/microsites/gfpvan/.
f. Reproductive Health Supplies Coalition. https://www.rhsupplies.org/.
g. Ouagadougou Partnership. https://partenariatouaga.org/en/.
h. USAID. "New Partnership Expands Access to Contraception for 27 Million Women and Girls in Low-Income Countries." September 26, 2012. https://2012-2017.usaid.gov/news-information/press-releases/new-partnership-expands-access-contraception-27-million-women-and.
i. USAID. "MOMENTUM: A Global Partnership for Health and Resilience." https://usaidmomentum.org/.
j. USAID. "USAID Announces New Award to Strengthen Cross-Sectoral Benefits of Family Planning." April 2021. https://www.usaid.gov/global-health/health-areas/family-planning/news-and-updates/usaid-announces-new-award-strengthen.

Note: This table reflects examples highlighted during the event discussions. The examples are not intended to constitute exhaustive or ranked lists within each area or across the program.

Recent Developments

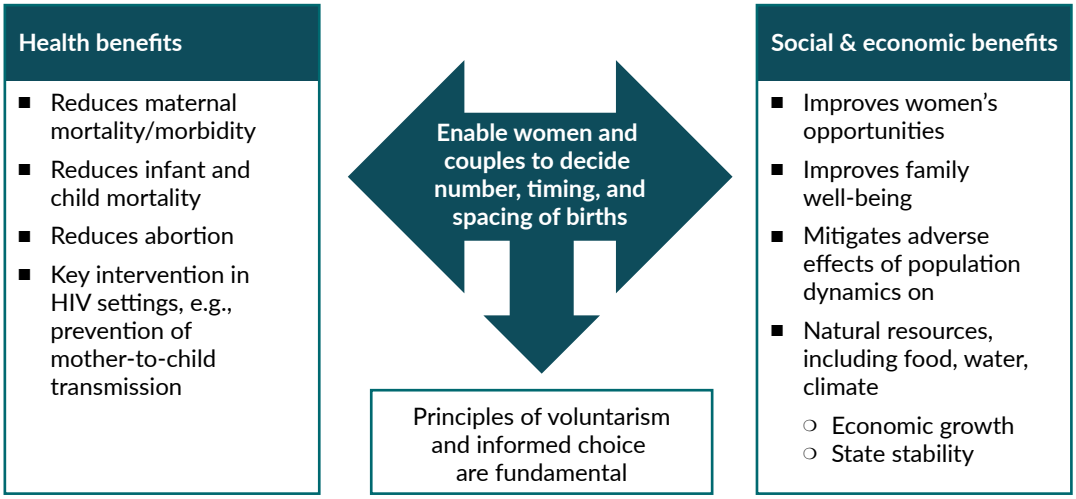
Administration support and elevation of health, social, economic, and environmental benefits

Moving from past to present, Ellen Starbird, the most recent Director of the Office of Population and Reproductive Health, shared an overview of the program's current agenda. President Biden's 2021 Memorandum on Protecting Women's Health at Home and Abroad stated, "It is the policy of my Administration to support women's and girls' sexual and reproductive health and rights in the United

States, as well as globally."[6] And at the 2022 UN General Assembly, President Biden highlighted the importance of reproductive rights to "building stronger economies and more resilient societies."[7] Translating stated commitments into action, the Administration has: 1) rescinded the expanded Mexico City Policy; 2) restored funding to UNFPA; 3) requested $597 million for USAID's family planning and reproductive health program and $56 million for UNFPA for FY23; 4) reaffirmed the continuity of USAID's family planning programming after the overturning of Roe v. Wade; 5) placed increased attention on gender through the National Strategy on Gender Equity and Equality;[8] and 6) shared plans to allocate $2.6 billion to advance gender equity and equality through foreign assistance from USAID and the State Department in the FY23 request.

From its inception, the program has adhered to the fundamental principles of voluntarism and informed choice, while also connecting advancement of family planning and reproductive health to broader health and development goals. As discussed in the previous section, enabling women and couples to decide the number, timing, and spacing of births plays a critical role in reducing maternal mortality and morbidity, infant and child mortality, unsafe abortion, and HIV transmission. By placing increased priority on gender and climate issues, the Biden-Harris Administration has opened room to again emphasize that family planning also brings myriad social and economic benefits in the form of women's opportunities, family wellbeing, and mitigation of adverse effects of population dynamics on natural resources, economic growth, and state stability.

Figure 5. The critical role of family planning and reproductive health in health and development



6 The White House. "Memorandum on Protecting Women's Health at Home and Abroad." January 28, 2021. https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/28/memorandum-on-protecting-womens-health-at-home-and-abroad/.

7 The White House. "Remarks by President Biden Before the 77th Session of the United Nations General Assembly." September 21, 2022. https://www.whitehouse.gov/briefing-room/speeches-remarks/2022/09/21/remarks-by-president-biden-before-the-77th-session-of-the-united-nations-general-assembly/.

8 The White House. "National Strategy on Gender Equity and Equality." October 2021. https://www.whitehouse.gov/wp-content/uploads/2021/10/National-Strategy-on-Gender-Equity-and-Equality.pdf.

Key bilateral, multilateral, and philanthropic partnerships

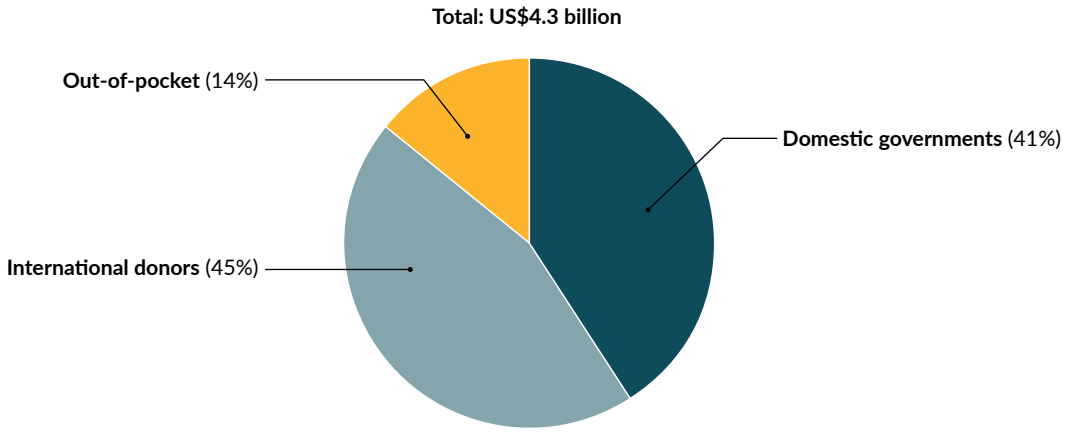
The program continues to engage in key international partnerships. USAID's FP/RH program partners with the UK, which remains one of the largest European donors to family planning, despite recent budget cuts. Other significant donors include the Netherlands, Sweden, Canada, Germany, Australia, France, Denmark, and Norway, and philanthropies, including the Bill & Melinda Gates Foundation (now a larger funder than the UK), and the Packard, Hewlett, and Buffett Foundations.

USAID also recently announced a new first-time investment in the FP2030 partnership,[9] which now includes an expanded set of 83 countries, including all USAID priority countries. This award reflects USAID's view that FP2030 can be an important force for country leadership and donor alignment, especially through its new regional hubs that can help move the locus of control closer to country decision-makers.

USAID funding for family planning in absolute and relative terms

Government, donor, and consumers' out-of-pocket spending in the world's poorest 69 countries totaled $4.3 billion in 2020. Donors provided 45 percent of family planning expenditures, while country governments comprised 41 percent and consumer purchases comprised the other 14 percent (Figure 6). As countries grow wealthier and donors reduce support, upper middle-income country governments can at times be slow to fill this resource gap, leading to an increase in consumer spending in some contexts.[10]

Figure 6. Total family planning expenditures in the world's poorest 69 countries, 2019



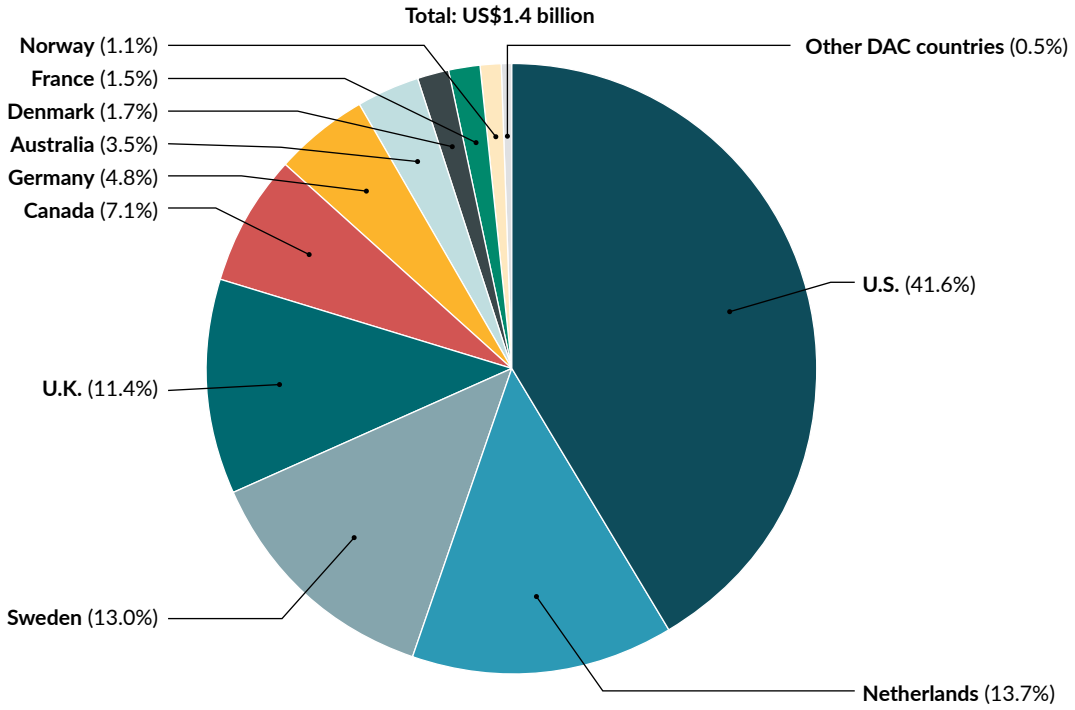
Source: FP2020 Measurement Report 2021, Analysis by Track20 and the Expert Advisory Group on International Family Planning Expenditures.

9 USAID. "USAID Announces $15 Million, Five-Year Award for Global Family Planning Partnership." November 16, 2022. https://www.usaid.gov/news-information/press-releases/nov-16-2022-usaid-announces-15-million-five-year-award-global-family-planning.

10 Reproductive Health Supplies Coalition. "Commodity Gap Analysis 2019." 2019. https://www.rhsupplies.org/cga/.

Of the 1.4 billion in bilateral disbursements for family planning in 2021, USAID is the largest contributor (42 percent of total), followed by the Netherlands (14 percent), Sweden (13 percent), the UK (11 percent), and Canada (7 percent), among other DAC countries (Figure 7). From 2020 to 2021, funding from Sweden, Germany, Australia, Denmark, and Norway increased while funding from the UK decreased significantly and funding from the Netherlands declined slightly.[11]

Figure 7. Donor government funding as share of total bilateral disbursements for family planning, 2021

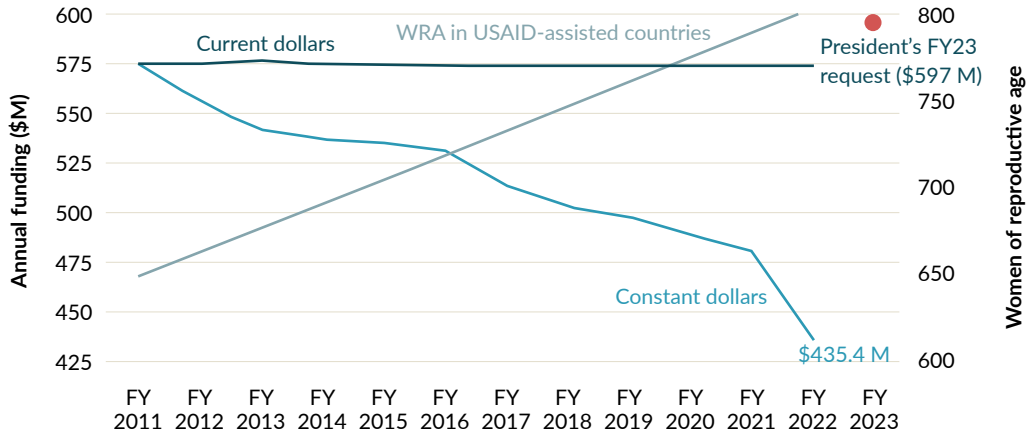


Source: Kaiser Family Foundation, Nov. 2022.

Funding made available to USAID for family planning and reproductive health has remained stagnant for the last 12 fiscal years at $575 million annually, losing value against inflation and falling behind population growth (Figure 8). Adjusting for inflation, the purchasing power of the appropriated FP/RH funds has decreased by $139.6 million in constant FY 2011 dollars. Over the same period, the number of women of reproductive age in USAID-assisted countries has increased by 24 percent. The combination of these two trends means that purchasing power per woman has declined from 88¢ to 54¢. Thus, an FY22 funding level of $942.4 million would have been needed to maintain the purchasing power/woman of the 2011 $575 million.

11 Wexler, Adam, Jennifer Kates, and Eric Lief. "Donor Government Funding for Family Planning in 2021." *Kaiser Family Foundation*. November 14, 2022. https://www.kff.org/report-section/donor-government-funding-for-family-planning-in-2021-report/.

Figure 8. Decrease in FP/RH purchasing power over time



Note: Inflation-adjusted appropriated levels derived using the Bureau for Labor Statistics inflation calculator and FY date of enactment compared to October 2010 CPI.

Countries and activities of focus

USAID's family planning and reproductive health resources are focused in 31 countries,[12] including 24 priority countries[13] and seven additional Ouagadougou Partnership countries.[14] Over time, funds have shifted significantly into priority countries based on a strategic budgeting model (Figure 9).

Figure 9. Shift in funds to priority countries

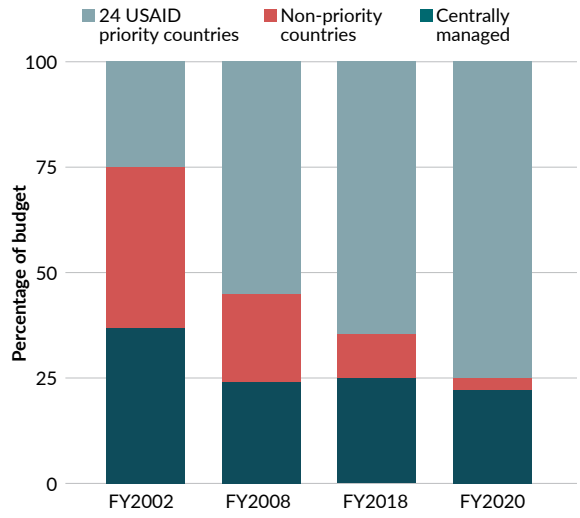


Table 4. Top 10 USAID FP/RH recipient countries, FY22

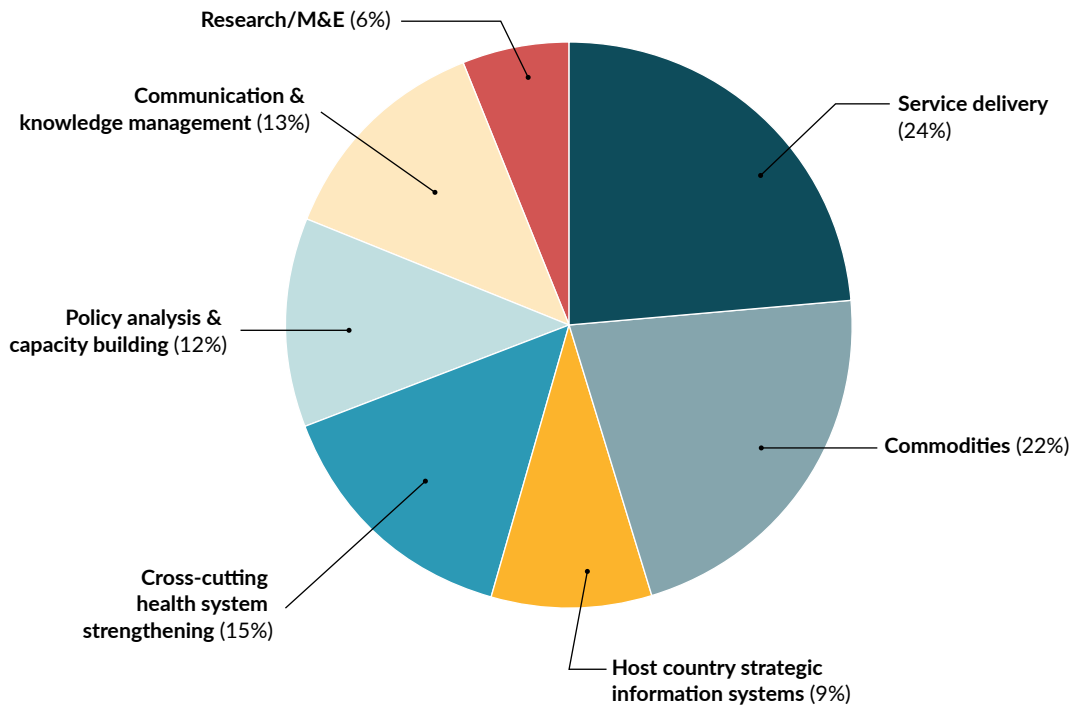
TOP 10 RECIPIENT COUNTRIES	$M FP/RH
Ethiopia	31.0
Uganda	27.0
Nigeria	25.0
Tanzania	25.0
Kenya	20.5
Bangladesh	20.0
DRC	20.0
Mozambique	20.0
Nepal	17.3
Madagascar	16.0

12 USAID. "USAID FP/RH Priority, Assisted and Graduated Countries." https://www.usaid.gov/global-health/health-areas/family-planning/countries.
13 DRC, Malawi, Zambia, Mozambique, Ethiopia, Nigeria, Afghanistan, Nepal, Haiti, Pakistan, Bangladesh, Philippines, India, Rwanda, Ghana, Senegal, Kenya, Tanzania, Liberia, South Sudan, Madagascar, Uganda, Mali, Yemen.
14 Benin, Guinea, Niger, Burkina Faso, Mali, Senegal, Cote d'Ivoire, Mauritania, Togo. Note: Senegal and Mali appear in both groups.

The family planning and reproductive health portfolio is uniquely comprehensive and covers all essential elements of successful family planning programs, including: biomedical and social science/operations research; contraceptive procurement and supply chain strengthening; policy advocacy and financing for family planning; data collection; M&E and knowledge management; social and behavior change and demand creation; training and staff/leadership development; service delivery through public and private channels; and compliance monitoring.

The related reproductive health portfolio also encompasses post-abortion care, integrated family planning and HIV care; integrated family planning and maternal and child health care (e.g., fistula prevention and post-partum family planning provision), gender norms (e.g., gender-based violence, early marriage, masculinities), reproductive empowerment, and reproductive health for youth. The latter three are linked to the health and well-being goals within the Biden-Harris Administration's National Strategy on Gender Equity and Equality. Spending is designed to support all critical portfolio elements, organized into seven categories (Figure 10). Currently, strong collaboration across family planning, reproductive health, and maternal and child health and nutrition is an important opportunity, as is USAID's present focus on primary health care.

Figure 10. Planned FY20 spending by portfolio element (~532.9M, excludes ESF)



Across all its uses, USAID funding for family planning adheres to several legislative and policy requirements. These include: (1) voluntarism and informed choice, meaning no use of targets or quotas, incentives, or denial of benefits, as well as a focus on availability of a broad range of methods and protections regarding voluntary sterilization; (2) the Helms Amendment, discussed above, which prohibits the use of foreign assistance funds to pay for abortion "as a method of family planning" or to motivate or coerce anyone to practice abortion; and (3) the Mexico City Policy, discussed above, which when in effect requires foreign NGOs to agree, as a condition of receiving US global health assistance, that they will not perform or actively promote abortion as a method of family planning.

The Future

Looking to the future, a panel reflected on the priorities and reforms that USAID and its family planning program could focus on moving forward. This section summarizes a handful of key themes that emerged from the panel and audience discussion.

Localization and family planning and reproductive health programs

Panelists and reunion attendees were quick to recognize that the future of development leadership is in the Global South. One of Administrator Samantha Power's key priorities for USAID is to localize development by providing more resources directly to local partners and integrating local voices and expertise in project design. At present, less than 10 percent of US foreign assistance goes to local organizations, companies, or governments in partner countries. USAID aims to build on—and learn from—its previous localization efforts to achieve two new targets, announced in November 2021: first, direct an average of 25 percent of USAID's spending around the world to local organizations, and second, ensure 50 percent of USAID awards are designed, implemented, monitored, and evaluated with input from local communities.[15]

In light of these goals, speakers highlighted that many family planning organizations in the Global South are ready for direct funding and offer expertise that rivals or exceeds that of USAID and its US-based partners. Also working in favor of localization of family planning programming is prior experience with direct funding to local NGOs, including as part of family planning aid transitions in Latin America, where projects directly sought to build NGO capacity and then fund them directly. Attendees also commended the current administration's approach to enabling customization of localization targets and efforts to reflect each country's needs and contexts. There was also recognition that localization requires donors to adapt their policies and procedures to facilitate local ownership of development enterprises.

Relatedly, participants stressed the need to better delineate efforts aimed at supporting local NGOs and those aimed at governments. Indeed, within the 25 percent local funding target, 50 percent is

15 USAID. "Administrator Samantha Power on a New Vision for Global Development." November 4, 2021. https://www.usaid.gov/news-information/speeches/nov-4-2021-administrator-samantha-power-new-vision-global-development.

intended to go toward government-to-government assistance (supported by a new toolkit). At the same time, the complexities and still-developing capacities of the family planning program's 31 priority countries were noted as a challenge to localizing family planning assistance.

The discussion surfaced other obstacles and complications for localization, including internal processes (discussed more below) and programming risks. Many concerns centered around trust, both between USAID and partner countries and between Congress and USAID. As one example, a historic initiative that sought to provide budgetary support to countries, contingent on specific policy reforms, was hindered by Congress because of concerns about fungibility. Indeed, even when earmarked for a specific purpose, aid to national treasuries tends to be highly fungible, giving governments substantial discretion over its precise use.

Some flagged that relinquishing control over the use of funds could introduce risks for family planning and reproductive health programs, especially access to services for LGBTQ+ individuals and other vulnerable groups. The high likelihood of the reinstatement of some version of the Mexico City Policy by a future Republican administration also puts the continuity of FP/RH programming by local implementers in jeopardy. Some attendees wondered whether country governments in USAID's 31 priority countries were fully ready to work with highly vulnerable groups, provide the full range of family planning services, or contract local NGOs to do this work. NGOs themselves need flexible, long-term institutional funding outside of projectized support, which is difficult for USAID to provide, underscoring the importance of a network of funders for local organizations to grow and sustain over time.

Speakers and attendees also discussed the evidence base on the relationship between localization and program impact and effectiveness. While empirical evidence remains limited, initial research suggests that localization can improve the effectiveness of development programs through four primary mechanisms: more context awareness and local knowledge, better resource alignment, increased accountability, and increased flexibility and responsiveness.[16]

Moving from program silos to streamlined integration and internal processes

Panelists discussed the importance of better integrating USAID programs to advance complementary objectives, optimize resource use, and improve the agency's overall efficiency. Integration has been a longstanding goal at USAID, with progress stalled in part by siloed budgets and separate reporting systems. The Administration may see current opportunities for integrated approaches to cross-cutting issues like gender and climate, which are both highly relevant to family planning and reproductive health programs. And amid a growing number of prolonged humanitarian emergencies, there is interest in further integrating programs across humanitarian

16 Domash, Alex. "Evidence-Based Localization: Can Existing Evidence Help Guide USAID's Localization Agenda?" *Center for Global Development*. August 24, 2022. https://www.cgdev.org/blog/evidence-based-localization-can-existing-evidence-help-guide-usaids-localization-agenda.

and development contexts. Panelists discussed integrating monitoring and evaluation (M&E) structures as a key lever for program integration, utilizing metrics to understand the impact of complementary programs and initiatives on each other and shared outcomes of interest. Panelists also explored how USAID could update and streamline metrics in ways that balance integrated, long-term goals with the importance of annual accountability for overall greater metrics utility.

Success with both localization and integration will require progress on two other inter-linked fronts: "sludge" and staffing. Panelists recognized that bureaucratic hurdles can undermine USAID's impact and called attention to the current administration's focus on taking stock of and eliminating this "sludge," where appropriate and possible. In its efforts to pare down unnecessary bureaucracy, USAID is looking to peer government agencies exploring relevant burden reduction targets, process changes, and leadership incentives. One specific aim of improving internal processes is to make localization more feasible, including offering new kinds of awards and rolling out new auditing and M&E processes.

On staffing, attendees raised concerns that current deficits—and legal limitations—in mission staffing will likely be an impediment to establishing the institutional arrangements needed for localization at the envisioned scale. Panelists highlighted that USAID will need to hire more contract officers to support oversight and risk assessment as new partnerships with local organizations are implemented, helping ensure effective programming and accountability while avoiding overburdening local organizations. USAID is also thinking through how to change staff incentive structures and performance metrics to help facilitate localization.

Sustaining funding for family planning and reproductive health amid fiscal pressures

Fiscal pressures from the current financial crisis, ongoing climate and pandemic risks, war in Ukraine, and other global challenges will continue to squeeze already-tight budgets for development and global health, including family planning and reproductive health. Recent aid cuts in the UK and Sweden signal the breadth of these threats.[17] Panelists recognized that in the face of competing global priorities, family planning no longer attracts the attention of policymakers that it once did. As discussed, global health and family planning aid budgets have remained mostly flat in recent years, even as health needs have grown.

Expanding equitable access to quality-assured family planning and reproductive health services will require strategic prioritization and partnerships on cross-cutting issues to maximize impact and sustain and expand available resources. Panelists discussed ways to align family planning and reproductive objectives with current priorities to help boost attention and support. Namely, panelists emphasized the gender equity agenda under the current Administration. USAID and the

17 Baker, Peter, Ian Mitchell, and Lydia Regan. "How Many Lives Will the UK's Aid Budget Reduction Really Cost?" *Center for Global Development*. October 24, 2022. https://www.cgdev.org/blog/how-many-lives-will-uks-aid-budget-reduction-really-cost.

family planning program have an opportunity to incorporate reproductive health objectives and programming into gender-focused initiatives and reinforce the importance of family planning to women's economic empowerment, linking and integrating across silos. For instance, USAID is developing a gender equity strategy—the first of its kind from USAID—that will feature a chapter on family planning. And while the $2.6 billion the administration has allocated to gender equity and equality is not new money, but rather a doubling of gender-focused attributions within existing earmarks, it does provide new opportunities to elevate the importance of family planning and reproductive health to women's social and economic wellbeing and development progress overall.

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