



FEMINIST MAJORITY FOUNDATION

CHOICES CAMPUS LEADERSHIP PROGRAM

WORLD'S LARGEST PRO-CHOICE STUDENT NETWORK

GLOBAL REPRODUCTIVE HEALTH & RIGHTS CAMPAIGN

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ONE WOMAN DIES EVERY TWO MINUTES FROM PREGNANCY AND CHILDBIRTH...

Maternal mortality is the second leading cause of death for women of reproductive age, yet at least 225 million women around the world who wish to either delay or prevent pregnancy are not using modern contraceptives. Women and girls around the world face numerous barriers to accessing basic contraception, family planning services, and basic maternal healthcare, resulting in hundreds of thousands of women dying needlessly each year.

WHAT IT MEANS FOR WOMEN AND GIRLS WORLDWIDE

- Every day, approximately 830 women die needlessly from complications in pregnancy and childbirth. In 2015, an estimated 303,000 women died - and millions more suffered from injury, infection or disease - during pregnancy and childbirth.
- Almost all maternal deaths – 99% – occur in the developing world. More than half occur in Sub-Saharan Africa and almost one third in South Asia.
- Of the 303,000 maternal deaths each year, up to 44,000 result from unsafe, often illegal, abortion. Almost all of these deaths occur in the developing world, with the highest number of deaths in Africa.
- 16 million girls worldwide between 15 and 19 years old, and about 2 million girls under 15, give birth every year. Most of these girls have limited access to healthcare services.
- Around 3 million unsafe abortions are performed on girls 15 to 19 years old every year. These young girls are also more at risk for maternal death and obstetric fistula because of physical immaturity, making complications from pregnancy and childbirth a leading cause of death for these girls globally.

MATERNAL DEATH AND INJURY IS PREVENTABLE

The 225 million women with an unmet need for modern contraceptives account for 81% of unintended pregnancies in developing regions. Improved access to quality healthcare services, including modern contraceptives, could prevent millions of unintended pregnancies, saving tens of thousands of women's lives.

Women who become pregnant also need quality maternal health services. Most maternal deaths result from complications that can be prevented or managed – such as severe bleeding, infections, high blood pressure, and obstructed or prolonged labor. Yet many women, especially in the developing world, do not receive necessary care during pregnancy, and only 51% of women in low-income countries have access to skilled care during childbirth.

Lack of access to safe abortion also contributes to maternal death and devastating health complications. Almost all unsafe abortions (98%) occur in the developing world. Estimates from 2012 show that at least 6.9 million women in these areas suffered from complications from unsafe abortion, and tens of thousands needlessly died.

TRUMP REINSTATES AND EXPANDS GLOBAL GAG RULE

Despite the deaths of tens of thousands of women from unsafe abortion each year, President Donald Trump, in one of his first acts as President, issued a Presidential Memorandum on January 23, 2017 reinstating and expanding a US policy that prohibits foreign health organizations receiving US global health funding from providing, counseling, advocating for, or even referencing abortion—even with non-US funds. The policy, known as the “Global Gag Rule,” has been imposed by every Republican president since Reagan to appease their anti-abortion base. But, Trump's Global Gag Rule goes even further than the restrictions of the past, which targeted only family planning programs. This newest iteration of the



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rule threatens up to \$9.5 billion in global health assistance provided through USAID, the Department of State and the Department of Health and Human Services, and targets a wider range of health programs—including, for example, initiatives to address HIV/AIDS, Zika, maternal and newborn health, and malaria—in more than 60 low and middle income countries.

There is no evidence that preventing healthcare workers from discussing abortion with patients lowers abortion rates. Instead, evidence from the past-implementation of the Global Gag Rule shows that its restrictions can increase the number of unsafe, and potentially deadly, abortions in developing countries by defunding, and therefore shuttering, family planning programs that provide critically-needed access to contraception. USAID has already started implementation of Trump's Global Gag Rule in its funding of family planning programs. Global health advocates fear that cuts to HIV/AIDS treatment and other global health programs because of the Global Gag Rule will mean even more deaths.

THE SOLUTION FOR WOMEN AND GIRLS IS EMPOWERMENT

Women and girls must be equipped with the services, knowledge, and ability to make healthy decisions about their own lives.

- **Access to Safe Abortion:** The Trump Administration must rescind its deadly Global Gag Rule and allow healthcare workers to use their non-US funds to provide information and counseling on abortion, and to provide abortion services where they are legal. The Global Gag Rule interferes with the ability of some of the most vulnerable people in the world to make their own healthcare decisions and threatens the availability of critically-needed health programs, especially in Sub-Saharan Africa.
- **Access to Contraceptives:** If we met the need for modern contraceptives in developing countries, unintended pregnancies would drop by 70%, unsafe

abortion rates would decline by 74%, and some 70,000 maternal deaths would be averted, including 17,800 deaths from unsafe abortion.

- **Access to Reproductive Health Services:** Of the 125 million women and girls who give birth each year, about 54 million are not able to make the minimum recommendation of four antenatal visits, and about 43 million do not give birth in a health facility. Many more do not receive adequate postnatal care, resulting in potentially fatal, yet preventable, health complications. If we met the need for maternal care and the need for modern contraception, maternal deaths would decline roughly 67%, from 290,000 deaths per year to 96,000.
- **Access to Education:** Education raises the status of girls and women in their families and communities and gives them agency in making decisions about their lives. Girls who are able to access education are less likely to be victims of child marriage, are better able to avoid pregnancy, and are less likely to live in poverty. 95% of births to adolescents occur in developing countries, and 9 in 10 of those occur within marriage or a union. Preventing child marriage and ensuring girls' education is key to advancing women's health and gender equality.

PROMISES MADE TO WOMEN AND GIRLS

At the 1994 International Conference on Population & Development (ICPD), 179 countries agreed to provide universal access to education and reproductive health services by 2015. One year later, governments committed to the Beijing Declaration and Platform for Action at the Fourth World Conference on Women in Beijing in 1995. The Platform for Action represents promises made to improve the lives of women worldwide, including through access to safe, effective family planning information and services. In 2000, the international community established the United Nations Millennium Development Goals, a set of 8 development goals to achieve by 2015. One goal was to reduce the maternal mortality rate by 75% and achieve



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universal access to reproductive health and family planning. Though this goal was not achieved, maternal mortality has declined by 44% since 1990.

In September 2015, world leaders committed to a new sustainable development agenda – for every country, including the US – with 17 goals (SDGs). One target of these goals is to reduce the global maternal mortality ratio from 216 maternal deaths per 100,000 live births to less than 70 deaths per 100,000 live births. The SDGs also contain a specific gender equality goal which seeks to ensure universal access to sexual and reproductive health and rights, a central component of reducing maternal death.

UNIVERSAL ACCESS TO FAMILY PLANNING

The estimated cost of meeting one hundred percent of the need for family planning in the developing world is \$9.4 billion. This estimate includes contraceptive supplies, health worker salaries, and program and systems costs – and it is around \$5 billion more than what is currently spent. Advocates calculate that the US fair share of this cost is at minimum \$1.2 billion. The Feminist Majority Foundation has taken the position that this recommendation is too low.

US INVESTMENTS IN INTERNATIONAL FAMILY PLANNING

The US is a leading donor to international family planning and reproductive health programs. Congress votes annually to appropriate this funding. Although funding for international

family planning has increased since Fiscal Year (FY) 2008 – the last fiscal year of the GW Bush Administration – it has never reached the level necessary to achieve universal access.

Funding between FY 2008 -2015 peaked in FY 2010 when Congress appropriated \$648.4 million – \$55.4 million more than President Obama requested that year. The political climate then changed, and faced with a hostile House, Congress slashed funding for FY 2011 to \$615 million – despite the President’s request for \$716 million. In FY 2012, President Obama once again requested additional funding – \$769 million – but after House opposition, Congress appropriated only \$610 million. Funding levels remained stagnant until FY 2016, when funding was cut, once again, to \$607.5 million.

Included in the \$607.5 million international family planning funding is \$32.5 million for the United Nations Population Fund (UNFPA), a decrease from a high of \$55 million in FY 2010, and a \$2.5 million decrease from FY 2015. The UNFPA is the leading UN agency working for reproductive health. According to UNFPA, the number and rate of women dying from complications during pregnancy and childbirth has been cut in half since it began work in 1969. Importantly, however, during the last 7 years of the GW Bush Administration, funding for UNFPA was totally withheld. Funding was restored in FY 2009 under the Obama Administration, but House opposition continued, and later, the House voted to prohibit all funding to UNFPA for FY 2011. The House and Senate later

US FAMILY PLANNING ASSISTANCE, FY 2008 - 2016

Family planning/reproductive health budget; millions of current \$

| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|---------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Bilateral Aid | 457.2 | 522.4 | 593.4 | 575.0 | 575.0 | 575.0 | 575.0 | 575.0 | 575.0 |
| UNFPA | 0.0 | 50.0 | 55.0 | 40.0 | 35.0 | 35.0 | 35.0 | 35.0 | 32.5 |
| Total | 457.2 | 572.4 | 648.4 | 615.0 | 610.0 | 610.0 | 610.0 | 610.0 | 607.5 |



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compromised on \$40 million, which has now been decreased to \$32.5 million.

The full year FY 2017 appropriations have not yet been set. President Trump, however, in his FY 2018 budget outline, has proposed an overall cut of 31% to the State Department and USAID. If enacted, these cuts would represent the lowest level of funding for the State Department and USAID in 16 years. President Trump has not specifically indicated how much money he will request for global family planning and reproductive health programs.

HOPES YET TO BE REALIZED

- Providing universal access for family planning and reproductive healthcare will not only reduce maternal mortality, it will help to reduce infant mortality, increase gender equity, strengthen national economies, and promote environmental sustainability.
- Investing in family planning saves on other healthcare costs. Every additional dollar invested in meeting the need for contraception, brings \$1.47 in savings on pregnancy related-care, including HIV care for women and newborns. Family planning also reduces other development costs in education, healthcare, water, and sanitation.
- Increasing access to family planning will lower the incidence of unsafe abortion, but it will not eliminate the need for safe abortion services. Currently, some 20 million unsafe abortions are performed each year, resulting in tens of thousands of deaths and leaving many women and girls permanently injured. Providing safe abortion services is integral to women's healthcare worldwide. Natural and wartime disasters leave women and girls especially vulnerable to sexual violence, making access to safe abortion services especially crucial in these situations.

TAKING ACTION

WHAT THE US MUST DO

- The US must increase funding for international family planning and reproductive health. Meeting the need for modern contraception alone would result in 52 million fewer unintended pregnancies and 21 million fewer unplanned births, while saving tens of thousands of women's lives. Meeting the need for family planning services and increased maternal care saves hundreds of thousands of women's lives.
- President Trump should rescind the reinstated and expanded Global Gag Rule. If he refuses to act to save thousands of lives, Congress must reverse the Global Gag Rule legislatively. Congresswoman Nita Lowey and Senator Jeanne Shaheen have recently introduced Global Health, Empowerment, and Rights Act (HER Act), which would permanently repeal the Global Gag Rule so it can never be re-imposed again. In addition, Congress must end all abortion restrictions attached to US foreign assistance funds, including the Helms Amendment which restricts, and ultimately entirely prevents, foreign aid programs from using US funds to provide safe abortion services.

WHAT YOU CAN DO

- Call on your Senators and Representatives to support the HER Act to permanently repeal the Global Gag Rule.
- Call on your Senators and Representatives to support increased US funding of global family planning and reproductive health programs.
- Host a film screening (e.g., Difret, Not Yet Rain, Walk to the Beautiful) to educate others on the need to empower women and girls and respect sexual and reproductive health and rights globally.
- Organize a speakOUT or a die-in representing the needless deaths of women and girls.