

104TH CONGRESS
1ST SESSION

H. R. 2052

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 HOUSE OF REPRESENTATIVES

JULY 18, 1995

Mr. BEILENSON (for himself and Mrs. MORELLA) introduced the following bill; which was referred to the Committee on International 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 5.6 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 are competent in meeting
22 individual, family, 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. The absence
25 of clear goals in those areas has led to a lack of cri-

1 teria for allocating funds and evaluating program
2 success.

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

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

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

24 “(1) support for the expansion of quality, af-
25 fordable, voluntary family planning services, which

1 emphasize informed choice among a variety of safe
2 and effective fertility regulation methods and closely
3 related reproductive health care services, including
4 the prevention and control of HIV–AIDS, sexually
5 transmitted diseases, and reproductive tract infec-
6 tions;

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

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

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

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

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

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

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

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

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

1 research on the relationships between population
2 trends, poverty, and environmental management, in-
3 cluding implications for sustainable agriculture,
4 agroforestry, biodiversity, water resources, energy
5 use, and local and global climate change;

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

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

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

20 “(A) to create public awareness worldwide;

21 “(B) to generate a consensus on the need
22 to address reproductive health issues and the
23 problems associated with continued world popu-
24 lation growth;

1 “(C) to emphasize the need to educate men
2 as well as women and mobilize their support for
3 reproductive rights and responsibilities; and

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

10 “(10) support for programs and strategies that
11 actively discourage harmful practices such as female
12 genital mutilation; and

13 “(11) support for prenatal, safe delivery pro-
14 grams and postnatal care programs that include
15 breastfeeding as a child survival strategy and means
16 for enhancing birth spacing.

17 “SEC. 499D. TERMS AND CONDITIONS.—United
18 States population assistance is authorized to be provided
19 subject to the following conditions:

20 “(1) Such assistance may only support, directly
21 or through referral, those activities which provide a
22 broad range of fertility regulation methods permitted
23 by individual country policy and a broad choice of
24 public and private family planning services, includ-
25 ing networks for community-based and subsidized

1 commercial distribution of high quality contracep-
2 tives.

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

7 “(3) In each recipient country, programs sup-
8 ported by United States population assistance shall,
9 to the extent possible, support an integrated ap-
10 proach, consistent with respect for the rights of
11 women as decisionmakers in matters of reproduction
12 and sexuality, for the provision of public and private
13 reproductive health services.

14 “(4) Family planning services and related re-
15 productive health care services supported by United
16 States population assistance shall ensure—

17 (A) privacy and confidentiality and main-
18 tain the highest medical standards possible
19 under local conditions; and

20 (B) regular oversight of the quality of
21 medical care and other services offered, includ-
22 ing followup care such as care for the side ef-
23 fects of contraceptive use.

24 “(5) United States population assistance pro-
25 grams shall furnish only those contraceptive drugs

1 and devices which have received approval for mar-
2 keting in the United States by the Food and Drug
3 Administration or which have been tested and deter-
4 mined to be safe and effective under research proto-
5 cols comparable to those required by the Food and
6 Drug Administration or have been determined to be
7 safe by an appropriate international organization or
8 the relevant health authority in the country to which
9 they are provided.

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

1 “(7) United States population assistance to ad-
2 olescent fertility programs shall be provided in the
3 context of prevailing norms and customs in the re-
4 cipient country.

5 “(8)(A) Programs supported by United States
6 population assistance shall—

7 “(i) support the prevention of the spread
8 of HIV–AIDS infection;

9 “(ii) raise awareness regarding HIV–AIDS
10 prevention and consequences; and

11 “(iii) provide quality counselling, medical
12 care and support services to HIV–AIDS in-
13 fected individuals in a manner which respects
14 individual rights and confidentiality.

15 “(B) Responsible sexual behavior, including vol-
16 untary abstinence, for the prevention of HIV infec-
17 tion should be promoted and included in education
18 and information programs.

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

1 “SEC. 499E. ELIGIBILITY FOR POPULATION ASSIST-
2 ANCE. (a) ELIGIBLE COUNTRIES.—Notwithstanding any
3 other provision of law, United States population assistance
4 shall be available, directly or through intermediary organi-
5 zations, to any country which the President determines
6 has met one or more of the following criteria:

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

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

13 “(3) The country demonstrates a strong policy
14 commitment to population stabilization through the
15 expansion of reproductive choice.

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

23 “SEC. 499F. PARTICIPATION IN MULTILATERAL OR-
24 GANIZATIONS. (a) FINDING.—The Congress recognizes
25 that the recent attention, in government policies toward

1 population stabilization owes much to the efforts of the
2 United Nations and its specialized agencies and organiza-
3 tions, particularly the United Nations Population Fund.

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

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

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

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

22 “(d) ALLOCATION OF FUNDS.—Of the funds made
23 available for United States population assistance, the
24 President shall make available for the Special Programme
25 of Research, Development and Research Training in

1 Human Reproduction for each of the fiscal years 1996 and
2 1997 an amount commensurate with the contributions of
3 the other donor countries for the purpose of furthering
4 international cooperation in the development and evalua-
5 tion of fertility regulation technology.

6 “SEC. 499G. SUPPORT FOR NONGOVERNMENTAL OR-
7 GANIZATIONS. (a) FINDING.—Congress finds that in many
8 developing countries, nongovernmental entities, including
9 private and voluntary organizations and private sector en-
10 tities, such as the International Planned Parenthood Fed-
11 eration and the Planned Parenthood Federation of Amer-
12 ica, are the most appropriate and effective providers of
13 United States assistance to population and family plan-
14 ning activities.

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

19 “(1) a capacity to undertake effective popu-
20 lation and family planning activities which encourage
21 significant involvement by private health practition-
22 ers, employer-based health services, unions, and co-
23 operative health organizations; and

24 “(2) a commitment to quality reproductive
25 health care for women.

1 “(c) PRIORITY FOR NONGOVERNMENTAL ORGANIZA-
2 TIONS.—The largest share of United States population as-
3 sistance made available for any fiscal year shall be made
4 available through United States and foreign nongovern-
5 mental organizations.

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

12 “(1) estimates of expenditures on the popu-
13 lation activities described in section 499C by na-
14 tional governments, donor agencies, and private sec-
15 tor entities;

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

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

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

6 **SEC. 3. AUTHORIZATIONS OF APPROPRIATIONS.**

7 Section 104(g)(1) of the Foreign Assistance Act of
8 1961 (22 U.S.C. 2151b(g)(1) is amended by amending
9 subparagraph (A) to read as follows:

10 “(A) \$635,000,000 for fiscal year 1996 and
11 \$695,000,000 for fiscal year 1997 to carry out sub-
12 section (b) of this section; and”.

13 **SEC. 4. OVERSIGHT OF MULTILATERAL DEVELOPMENT**
14 **BANKS.**

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

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

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

1 (3) the banks themselves have recognized a
2 need to improve oversight of programs, strengthen
3 the technical skills of their personnel, and improve
4 their capacity to work with borrowers, other donors,
5 and nongovernmental organizations in formulating
6 creative population projects to meet diverse borrower
7 needs.

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

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

18 (1) information on the resources made available
19 by each multilateral development bank for the popu-
20 lation activities described in section 499C of the
21 Foreign Assistance Act of 1961, as added by this
22 Act;

23 (2) if such resources total less than
24 \$1,000,000,000, any specific actions taken by the
25 United States executive directors to the banks to en-

1 courage increases in such resources and in policy-
2 level discussions with donor and developing country
3 governments; and

4 (3) an analysis of the progress made by the
5 banks towards—

6 (A) meeting the objectives of the popu-
7 lation activities which are supported by the
8 banks;

9 (B) increasing their in-country manage-
10 ment staff;

11 (C) improving the technical skills of their
12 personnel; and

13 (D) assuring their responsiveness to bor-
14 rower needs.

15 (d) DEFINITION.—As used in this section, the term
16 “multilateral development banks” means the International
17 Bank for Reconstruction and Development, the Inter-
18 national Development Association, the African Develop-
19 ment Bank, the Asian Development Bank, the Inter-
20 American Development Bank, and the European Bank for
21 Reconstruction and Development.

22 **SEC. 5. REPORT ON WORLD CONFERENCE ON WOMEN.**

23 (a) REPORT.—Not later than August 1, 1995, the
24 Secretary shall submit to the Congress a public report on
25 preparations for United States participation in the 1995

1 World Conference on Women, including information on
2 public hearings and conferences to be held in relation to
3 the Conference. The report, which should be made avail-
4 able for consideration at the 1995 World Conference on
5 Women, shall specify, among other things—

6 (1) modifications in policy and financial com-
7 mitments required by United States and foreign gov-
8 ernments to achieve universal reproductive choice
9 and early population stabilization;

10 (2) information on the burden of poverty on
11 women, including international statistics on women
12 in poverty and female-headed households;

13 (3) current data on gender inequality in access
14 to education and health care services;

15 (4) information on violence against women, in-
16 cluding current data on causes and incidence, new
17 methods for addressing violence against women, and
18 proposals for preventing and eradicating violence
19 against women;

20 (5) information on women's access to and par-
21 ticipation in the development of economic structures
22 and policies and in local and national economies in
23 general, including current data on occupational seg-
24 regation, wage inequality, and access to credit and
25 technology; and

1 (6) current comparative data on men and
2 women in political positions, legislative bodies, and
3 decisionmaking positions at all levels, and informa-
4 tion on the structural and attitudinal barriers
5 women face in these areas.

6 **SEC. 6. ECONOMIC AND SOCIAL DEVELOPMENT INITIA-**
7 **TIVES TO STABILIZE WORLD POPULATION.**

8 (a) CONGRESSIONAL FINDINGS.—The Congress
9 makes the following findings:

10 (1) Women represent 50 percent of the world's
11 human resource potential. Therefore, improving the
12 health, social, and economic status of women and in-
13 creasing their productivity are essential for economic
14 progress in all countries. Improving the status of
15 women also enhances their decisionmaking capacity
16 at all levels in all spheres of life, including in the
17 area of reproductive health.

18 (2) Throughout the world, women who partici-
19 pate in the social, economic, and political affairs of
20 their communities are more likely to exercise their
21 choice about childbearing than women who do not
22 participate in such activities.

23 (3) Effective economic development strategies
24 address issues such as infant and child survival

1 rates, educational opportunities for girls and women,
2 and gender equality in development.

3 (4) Comprehensive population stabilization ef-
4 forts which include both family planning services
5 and economic development activities achieve lower
6 birth rates and stimulate more development than
7 those which pursue these objectives independently.

8 (5) The most powerful, long-term influence on
9 birthrates is education, especially educational attain-
10 ment among women. Education is one of the most
11 important means of empowering women with the
12 knowledge, skills and self confidence necessary to
13 participate in their communities.

14 (6) In most societies, men traditionally have ex-
15 ercised preponderant power in nearly all spheres of
16 life. Therefore, improving communication between
17 men and women on reproductive health issues and
18 increasing their understanding of joint responsibil-
19 ities are essential to ensuring that men and women
20 are equal partners in public and private life.

21 (7) In addition to enabling women to partici-
22 pate in the development of their societies, edu-
23 cational attainment has a strong influence on all
24 other aspects of family welfare, including child sur-
25 vival. However, of the world's 130 million children

1 who are not enrolled in primary school, 70 percent
2 are girls.

3 (8) In a number of countries, lower rates of
4 school enrollment among girls, the practice of pre-
5 natal sex selection, and higher rates of mortality
6 among very young girls suggest that “son pref-
7 erence” is curtailing the access of girl children to
8 food, health care, and education.

9 (9) Each year, nearly 15 million children under
10 the age of 5 die, most from preventable causes.
11 Wider availability of vaccines, simple treatments for
12 diarrheal disease and respiratory infections, and im-
13 proved nutrition could prevent many of these deaths.

14 (10) Each year, 500,000 or more women world-
15 wide die from complications related to pregnancy,
16 childbirth, illegal abortion, or inadequate or inacces-
17 sible reproductive health care services. Another 10
18 million women annually suffer long-term illness or
19 permanent physical impairment from such causes.

20 (11) Malnutrition and anemia are widespread
21 among poor women in their childbearing years, yet
22 the worldwide campaign to encourage breastfeeding
23 has devoted little attention to the nutritional needs
24 of nursing mothers.

1 (12) By mid-1993, the cumulative number of
2 AIDS cases since the pandemic began was estimated
3 at 2.5 million, and an estimated 14 million people
4 had been infected with HIV. By year 2000, esti-
5 mates are that 40 million people will be HIV in-
6 fected.

7 (13) As of mid-1993, four-fifths of all persons
8 ever infected with HIV lived in developing countries.
9 Women are the fastest growing group of new cases.

10 (b) DECLARATION OF POLICY.—Congress declares
11 that, to further the United States foreign policy objective
12 of assisting the international community in achieving uni-
13 versal availability of quality fertility regulation services
14 and stabilizing world population, additional objectives of
15 the foreign policy of the United States shall be—

16 (1) to help achieve universal access to basic
17 education for women and men, with particular prior-
18 ity being given to primary and technical education
19 and job training;

20 (2) to increase understanding of the con-
21 sequences of population growth through effective
22 education strategies that begin in primary school
23 and continue through all levels of formal and
24 nonformal education and which take into account

1 the rights and responsibilities of parents and the
2 needs of children and adolescents;

3 (3) to reduce the gap between male and female
4 levels of literacy and between male and female levels
5 of primary and secondary school enrollment;

6 (4) to help ensure that women worldwide have
7 the opportunity to become equal partners with men
8 in the development of their societies;

9 (5) to help eliminate all forms of discrimination
10 against girl children and the root causes of son pref-
11 erence, which result in harmful and unethical prac-
12 tice such as female infanticide and prenatal sex se-
13 lection;

14 (6) to increase public awareness of the value of
15 girl children through public education that promotes
16 equal treatment of girls and boys in health, nutri-
17 tion, education, socioeconomic and political activity,
18 and equitable inheritance rights;

19 (7) to promote gender equality in all spheres of
20 life, including family and community life, and to en-
21 courage and enable men to take responsibility for
22 their sexual and reproductive behavior and their so-
23 cial and family roles;

24 (8) to help ensure that women and men have
25 the information and means needed to achieve good

1 reproductive health and to exercise their reproduc-
2 tive rights through responsible sexual behavior and
3 equity in gender relations;

4 (9) to reduce global maternal and infant mor-
5 tality rates; and

6 (10) to improve worldwide maternal and child
7 health status and quality of life.

8 (c) AUTHORIZED ACTIVITIES.—United States devel-
9 opment assistance shall be available, on a priority basis,
10 for—

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

14 (A) before 2015, the achievement of the
15 goal of universal primary education for girls
16 and boys in all countries and access to second-
17 ary and higher levels of education, including vo-
18 cational education and technical training, for
19 girls and women;

20 (B) by 2005, the reduction of adult illit-
21 eracy by at least one-half the country's 1990
22 level;

23 (C) by 2005, the elimination of the gap be-
24 tween male and female levels of literacy and be-

1 tween male and female levels of primary and
2 secondary school enrollment; and

3 (D) the establishment of programs de-
4 signed to meet adolescent health needs, which
5 include services and information on responsible
6 sexual behavior, family planning practice, repro-
7 ductive health and sexually transmitted dis-
8 eases, and HIV–AIDS prevention;

9 (2) governmental and nongovernmental pro-
10 grams which, with respect to a targeted country, are
11 intended—

12 (A) by 2005, to increase life expectancy at
13 birth to greater than 70 years of age and by
14 2015, to 75 years of age;

15 (B) by 2005, to reduce by one-third the
16 country’s mortality rates for infants and chil-
17 dren under 5 years of age, or to 50 per 1,000
18 live births for infants and 70 per 1,000 for chil-
19 dren under 5 years of age, whichever is less;
20 and by 2015, to reduce the country’s infant
21 mortality rate below 35 per 1,000 births and
22 the under-5 mortality rate below 45 per 1,000;

23 (C) by 2005, to reduce maternal mortality
24 by one-half of the 1990 level and by a further
25 one-half by 2015;

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

4 (E) to maintain immunizations against
5 childhood diseases for significant segments of
6 the country's children; and

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

10 (3) governmental and nongovernmental pro-
11 grams which are intended to increase women's pro-
12 ductivity and ensure equal participation and equi-
13 table representation at all levels of the political proc-
14 ess and public life in each community and society
15 through—

16 (A) improved access to appropriate labor-
17 saving technology, vocational training, and ex-
18 tension services and access to credit and child
19 care;

20 (B) equal participation of women and men
21 in all areas of family and household responsibil-
22 ities, including family planning, financial sup-
23 port, child rearing, children's education, and
24 maternal and child health and nutrition;

1 (C) fulfillment of the potential of women
2 through education, skill development and em-
3 ployment, with the elimination of poverty, illit-
4 eracy and poor health among women being of
5 paramount importance; and

6 (D) recognition and promotion of the equal
7 value of children of both sexes;

8 (4) governmental and nongovernmental pro-
9 grams which are intended to increase the access of
10 girls and women to comprehensive reproductive
11 health care services pursuant to subsection (d); and

12 (5) governmental and nongovernmental pro-
13 grams which are intended to eliminate all forms of
14 exploitation, abuse, harassment, and violence against
15 women, adolescents, and children.

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

21 (B) Such program shall be carried out in accordance
22 with this section and shall be subject to the same terms,
23 conditions, prohibitions, and restrictions as are applicable
24 to assistance made available under sections 499D, 499E,

1 and 499F of the Foreign Assistance Act of 1961, as added
2 by this Act.

3 (2) Comprehensive reproductive health care programs
4 which are eligible for assistance under this section in-
5 clude—

6 (A) fertility regulation services;

7 (B) prenatal care and screening for high risk
8 pregnancies and improved access to safe delivery
9 services for women with high risk pregnancies;

10 (C) supplemental food programs for pregnant
11 and nursing women;

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

14 (E) expanded and coordinated programs that
15 support responsible sexual behavior, including vol-
16 untary abstinence, and which prevent, detect, and
17 treat sexually transmitted diseases, including HIV-
18 AIDS, reproductive tract infections, and other
19 chronic reproductive health problems;

20 (F) programs intended to eliminate traditional
21 practices injurious to women's health, including fe-
22 male genital mutilation;

23 (G) improvements in the practice of midwifery,
24 including outreach to traditional birth attendants;
25 and

1 (H) expanded and coordinated programs to pre-
2 vent, detect, and treat cancers of the reproductive
3 system.

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

7 (A) estimates of the total financial resources
8 needed to achieve, by the year 2005, the specific ob-
9 jectives set forth in subsection (c) with respect to
10 education, rates of illiteracy, malnutrition, immuni-
11 zation, maternal and child mortality and morbidity,
12 and improvements in the economic productivity of
13 women;

14 (B) an analysis of such estimates which sepa-
15 rately lists the total financial resources needed from
16 the United States, other donor nations, and non-
17 governmental organizations;

18 (C) an analysis, by country, which—

19 (i) identifies the legal, social, economic,
20 and cultural barriers to women’s self-determina-
21 tion and to improvements in the economic pro-
22 ductivity of women in traditional and modern
23 labor sectors; and

24 (ii) describes initiatives needed to develop
25 appropriate technologies for use by women,

1 credit programs for low-income women, ex-
2 panded child care, vocational training, and ex-
3 tension services for women; and

4 (D) a comprehensive description of—

5 (i) new and expanded initiatives to ensure
6 safe motherhood worldwide;

7 (ii) findings on the major causes of mortal-
8 ity and morbidity among women of childbearing
9 age in various regions of the world;

10 (iii) actions needed to reduce, by the year
11 2005, world maternal mortality by one-half of
12 the worldwide 1990 level and a further one-half
13 by 2015; and

14 (iv) the financial resources needed to meet
15 this goal from the United States, other donor
16 nations, and nongovernmental organizations.

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

19 (A) information on any patterns within the
20 country of discrimination against women in inherit-
21 ance laws, property rights, family law, access to
22 credit and technology, hiring practices, formal edu-
23 cation, and vocational training; and

24 (B) an assessment which makes reference to all
25 significant forms of violence against women, includ-

1 ing rape, domestic violence, and female genital muti-
2 lation, the extent of involuntary marriage and child-
3 bearing, and the prevalence of marriage among
4 women under 18 years of age.

5 (f) AUTHORIZATION OF APPROPRIATIONS.—(1) Of
6 the aggregate amounts available for United States devel-
7 opment and economic assistance programs for education
8 activities, \$165,000,000 for fiscal year 1996 and
9 \$200,000,000 for fiscal year 1997 shall be available only
10 for programs in support of increasing primary and second-
11 ary school enrollment and equalizing levels of male and
12 female enrollment.

13 (2) There are authorized to be appropriated
14 \$330,000,000 for fiscal year 1996 and \$380,000,000 for
15 fiscal year 1997 to the Child Survival Fund under section
16 104(c)(2) of the Foreign Assistance Act of 1961, which
17 amounts shall be available for child survival activities only,
18 including the Children's Vaccine Initiative, the worldwide
19 immunization effort, and oral rehydration programs.

20 (3) There are authorized to be appropriated
21 \$100,000,000 for the Safe Motherhood Initiative for each
22 of fiscal years 1995 and 1996.

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

24 (1) the term “annual country human rights re-
25 port” refers to the report required to be submitted

1 pursuant to section 502B(b) of the Foreign Assist-
2 ance Act of 1961 (22 U.S.C. 2304(b)); and

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

7 **SEC. 7. AIDS PREVENTION AND CONTROL FUND.**

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

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

16 “(ii) Assistance provided under clause (i) shall in-
17 clude—

18 “(I) funds made available directly to the World
19 Health Organization for its use in financing the
20 Global Program on AIDS (including activities imple-
21 mented by the Pan American Health Organization);
22 and

23 “(II) funds made available to the United Na-
24 tions Children’s Fund (UNICEF) for AIDS-related
25 activities.

1 “(B) Appropriations pursuant to subparagraph (A)
2 may be referred to as the ‘AIDS Prevention and Control
3 Fund’.”.

4 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
5 104(g)(1) of the Foreign Assistance Act of 1961 (22
6 U.S.C. 2151b(g)) is amended—

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

9 (2) in subparagraph (B), by striking “sub-
10 section (c) of this section.” and inserting “sub-
11 section (c) of this section (other than paragraph (4)
12 thereof); and”;

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

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

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

20 **SEC. 8. SUPPORT FOR UNITED NATIONS FORWARD LOOK-**
21 **ING STRATEGIES FOR THE ADVANCEMENT OF**
22 **WOMEN.**

23 (a) IN GENERAL.—The President shall direct the
24 United States representatives to the United Nations Com-
25 mission on the Status of Women to take all actions nec-

1 essary to ensure the rapid implementation of the United
2 Nations Forward Looking Strategies for the Advancement
3 of Women, as adopted in 1985 at the United Nations Con-
4 ference ending the Decade for Women.

5 (b) REVIEW AND ANNUAL REPORTS.—Not later than
6 December 31, 1995, the Secretary of State shall submit
7 the 5-year review of the status of United States women,
8 as called for at the conference, and shall submit such an-
9 nual reports as are requested by the United Nations Com-
10 mission on the Status of Women.

11 **SEC. 9. SUPPORT FOR THE CONVENTION ON THE ELIMI-**
12 **NATION OF ALL FORMS OF DISCRIMINATION**
13 **AGAINST WOMEN.**

14 The President shall promptly complete the review of
15 the United Nations Convention on the Elimination of All
16 Forms of Discrimination Against Women, which was
17 signed by the United States on July 17, 1980, and submit
18 to the Senate any reservations, understandings, or dec-
19 larations that the President considers necessary in order
20 that the Senate may give its advice and consent to ratifica-
21 tion, or report to the Congress why he is unable or unwill-
22 ing to do so.

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