I

113TH CONGRESS
1ST SESSION

H. R. 3206

To promote the sexual and reproductive health of individuals and couples in developing countries, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 27, 2013

Ms. CLARKE (for herself, Ms. BASS, Ms. BROWN of Florida, Mr. CLAY, Mr. CONYERS, Mrs. DAVIS of California, Mr. ELLISON, Mr. ENYART, Mr. GRIJALVA, Ms. NORTON, Mr. HONDA, Mr. HUFFMAN, Ms. JACKSON LEE, Mr. JEFFRIES, Ms. LEE of California, Mrs. CAROLYN B. MALONEY of New York, Mr. MCGOVERN, Ms. MOORE, Mr. MORAN, Mr. QUIGLEY, Mr. RANGEL, Mr. RUSH, Ms. SCHAKOWSKY, Ms. SLAUGHTER, Ms. WASSERMAN SCHULTZ, Ms. WATERS, and Mr. BERA of California) introduced the following bill; which was referred to the Committee on Foreign Affairs

---

A BILL

To promote the sexual and reproductive health of individuals and couples in developing countries, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the "Global Sexual and Re-
5 productive Health Act of 2013".

SEC. 2. FINDINGS AND PURPOSES.

(a) FINDINGS.—Congress makes the following findings:

(1) The advancement of sexual and reproductive health is central to the global development agenda and necessary to meeting most of the eight United Nations Millennium Development Goals (MDGs), the current international development framework developed by 189 countries, including the United States. Target 5B, which is found under MDG 5 on improving maternal health and which requires achieving universal access to reproductive health, is an essential element in attaining MDGs related to eradicating poverty (MDG 1), achieving universal education (MDG 2), promoting gender equality (MDG 3), reducing child mortality (MDG 4), improving maternal health (MDG 5), combating HIV/AIDS (MDG 6), and ensuring environmental sustainability (MDG 7). Furthermore, advancement of sexual and reproductive health and rights will be critical in building on the achievements of the MDGs when they expire in 2015 and realizing the core goals of poverty reduction and sustainable development in the post-2015 development agenda.

(2) The resolution of the 2013 United Nations Commission on Population and Development

1 “recognize[es] that . . . sexual and reproductive
2 health and reproductive rights . . . as well as . . .
3 population and development, education and gender
4 equality, are integrally linked to global efforts to
5 eradicate poverty and achieve sustainable develop-
6 ment . . . .”.
7 (3) Throughout much of the world, the lack of
8 access of women, particularly poor women, to basic
9 reproductive health services and information contrib-
10 utes to death and suffering among women and their
11 families, undermines women’s struggle for self-deter-
12 mination, and vitiates the efforts of families to lift
13 themselves out of the poverty in which over a billion
14 of the world’s people live. By allowing individuals
15 and couples to choose the number and timing of
16 their children, reproductive health care gives families
17 and individuals greater control over their economic
18 resources.
19 (4) Aspects of sexual and reproductive health,
20 including maternal mortality and morbidity, repro-
21 ductive cancers, and sexually transmitted infections
22 (STIs), including HIV, account for nearly 20 per-
23 cent of the global burden of ill-health for women and
24 some 14 percent for men, according to the World
25 Health Organization (WHO).

1 (5) According to the Joint United Nations Pro-
2 gramme on HIV/AIDS (UNAIDS), HIV/AIDS is
3 the leading cause of death among women of child-
4 bearing age.
5 (6) School-based education and family planning
6 play an interrelated role in lifting the status of
7 women. Delaying sexual debut, along with contracep-
8 tive use among young women already sexually active,
9 lowers the likelihood that young women will leave
10 their schooling due to pregnancy, and education in-
11 creases the chances that young women will delay the
12 age at which they marry and give birth.
13 (7) Sexual and reproductive health programs
14 can empower women to make informed decisions and
15 better control their lives, and by engaging men and
16 boys in taking responsibility for the sexual and re-
17 productive health of their partners, can contribute to
18 greater gender equality.
19 (8) Access to sexual and reproductive health
20 services, including family planning, has a direct and
21 important impact on infant and child mortality. By
22 allowing women to choose the timing, number, and
23 spacing of their pregnancies, high-risk births are
24 averted, and the children that are born have a great-
25 er chance of surviving to adulthood. Over 3,000,000

1 newborns die in the first 4 weeks of life, which ac-
2 counts for nearly 40 percent of all deaths of children
3 under the age of 5. By providing women family plan-
4 ning services to space their births 3 years apart,
5 rates for under-5 mortality would drop by 25 per-
6 cent, averting 1,800,000 children's deaths each year.

7 (9) Increasing access to sexual and reproductive
8 health could significantly decrease pregnancy-related
9 mortality and morbidity by reducing the number of
10 pregnancies that place women at increased risk of
11 experiencing such complications.

12 (10) An estimated 222,000,000 women in devel-
13 oping countries have an unmet need for effective,
14 modern contraceptives and would like to postpone
15 childbearing, space births, or want no more children
16 but are not using a modern method of contraception.
17 Providing modern contraceptives to fill this unmet
18 need would avert an estimated additional 54,000,000
19 unintended pregnancies each year, including
20 21,000,000 unplanned births and 26,000,000 abor-
21 tions, 16,000,000 of which would be unsafe. In turn,
22 this would prevent 79,000 maternal deaths and
23 1,100,000 infant deaths.

24 (11) Complications due to pregnancy and child-
25 birth are a leading cause of death among adolescent

1 females ages 15 to 19 in low- and middle-income
2 countries. Each year, an estimated 287,000 women
3 worldwide die from complications related to preg-
4 nancy, childbirth, or unsafe abortion.

5 (12) Unsafe abortion accounts for 13 percent of
6 maternal deaths worldwide. More than half of abor-
7 tions (56 percent) in the developing world are un-
8 safe. Of the 22,000,000 unsafe abortions that take
9 place each year, nearly all occur in the developing
10 world. Around 47,000 women die and millions more
11 suffer serious injuries from the complications of
12 unsafely performed abortions. Abortion rates are
13 similar in countries whether abortion is illegal or
14 legal, with evidence suggesting abortion rates may in
15 fact be higher in countries where it is illegal. Re-
16 gardless, death and injury from unsafe abortion is
17 greatly reduced where abortion is legal for a broad
18 range of indications and where safe abortion is ac-
19 cessible.

20 (13) Meeting the need for family planning serv-
21 ices and pregnancy-related care, by doubling the cur-
22 rent global investment for both, would prevent mil-
23 lions of needless cases of maternal and newborn
24 deaths and disabilities.

1 (14) Worldwide, women of childbearing age ac-
2 count for more than half of people living with HIV/
3 AIDS. Integrating reproductive health services, in-
4 cluding family planning, with HIV prevention pro-
5 grams, such as those for voluntary counseling and
6 testing and prevention of mother-to-child trans-
7 mission, is essential to effectively combating HIV/
8 AIDS and other STIs.
9 (15) The world is witnessing the largest genera-
10 tion of young people in history—almost half of the
11 world's population, approximately 3,000,000,000
12 people, are under the age of 25. Unmet need for sex-
13 ual and reproductive health services is highest
14 among this age cohort. Fewer than 5 percent of the
15 poorest sexually active youth use modern contracep-
16 tion.
17 (16) The WHO has identified unsafe sex as the
18 second most important risk factor for disability and
19 death among young people in the world's poorest
20 communities. Forty percent of all new adult HIV in-
21 fections occur among young people ages 15–24.
22 (17) Sixty percent of unsafe abortions in Afri-
23 ca, 42 percent in Latin America and the Caribbean,
24 and 30 percent in Asia are undergone by women
25 under the age of 25.

1 (18) The WHO has identified a 4-pronged ap-
2 proach to preventing HIV infection in infants, which
3 includes prevention of unintended pregnancy among
4 HIV-infected women as a key strategy to prevent
5 mother-to-child transmission of HIV.
6 (19) According to the World Health Organiza-
7 tion, enabling HIV-positive women who want to
8 avoid a pregnancy access to contraceptive services
9 can prevent as many as 160,000 additional HIV-
10 positive births each year in high HIV prevalence
11 countries.
12 (20) Demographic factors exacerbate problems
13 related to environmental sustainability. The past
14 century of population growth has put increasing
15 pressure on natural resources as the scale of human
16 needs and activities expands. At the same time, ac-
17 tual family size in most developing countries remains
18 greater than the desired family size. Access to family
19 planning services helps couples to determine their
20 own family size, hence mitigating the depletion of
21 natural resources like clean water, air, and land.
22 (21) Practices like early and forced marriage,
23 female genital mutilation/cutting, and early sexual
24 debut adversely impact the sexual and reproductive
25 health of young people in many developing countries,

1 and strong barriers exist to providing the informa-
2 tion, services, and other forms of support that young
3 people need to lead healthy sexual and reproductive
4 lives.
5 (22) Comprehensive sexuality education seeks
6 to help young people develop the interpersonal skills
7 necessary for the formation of caring, supportive,
8 and noncoercive relationships and the ability to exer-
9 cise responsibility regarding sexual relationships by
10 addressing such issues as abstinence and the use of
11 condoms, contraceptives, and other protective sexual
12 health measures.
13 (23) The United Nations has estimated that the
14 minimum financial requirements for sexual and re-
15 productive health, including family planning and ma-
16 ternal health, are roughly $32,700,000,000 in 2013
17 and increase to approximately $33,000,000,000 in
18 2015. The minimum financial requirement for HIV/
19 AIDS is estimated at $34,700,000,000 in 2013, and
20 increases to $36,200,000,000 in 2015. As agreed in
21 the International Conference on Population and De-
22 velopment's Programme of Action, which the United
23 States committed to, developed-country donors are
24 responsible for one-third of the total cost needed per
25 year. Developing countries are responsible for the re-

maining two-thirds, on average, with low income countries requiring a larger share of external funding.

(24) The United States has had a history of supporting and recognizing the fundamental health and human rights of all people through the signing or ratifying of various international agreements. Those agreements include the Universal Declaration of Human Rights (1948), the International Covenant on Civil and Political Rights (1966), the International Covenant on Economic, Social, and Cultural Rights (1966), the Convention on the Elimination of All Forms of Discrimination Against Women (1979), the Convention on the Rights of the Child (1989), the International Conference on Population and Development Programme of Action (1994), the United Nations Millennium Development Goals (2000), and the Convention on the Rights of Persons with Disabilities (2009).

(25) The United States has been the largest donor to international family planning and reproductive health efforts over the last 40 years and has been an unparalleled source of leadership and innovation in the field. Nonetheless, it has not met its fair share of financial assistance to global sexual and

reproductive health programs. Now is the time to shore up the United States political and financial commitment in order to satisfy the large unmet need for these services, thereby helping to improve women's and young people's sexual and reproductive health worldwide.

(b) PURPOSES.—The purposes of this Act are to—

(1) authorize assistance to improve the sexual and reproductive health of individuals and couples in developing countries; and

(2) implement comprehensive sexual and reproductive health programs offering a continuum of care that are responsive to the sexual and reproductive health needs of young people and adults.

SEC. 3. STATEMENT OF POLICY.

The following shall be the policy of the United States Government:

(1) All individuals and couples shall have the basic reproductive right to decide freely and responsibly the number, spacing, and timing of their children and shall have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health.

(2) All individuals and couples also shall have the right to make decisions concerning reproduction

1 free of discrimination, coercion, and violence, as ex-
2 pressed in human rights documents.

3 (3) The promotion of the responsible exercise of
4 these reproductive rights for all people shall be the
5 fundamental basis for sexual and reproductive health
6 programs supported by United States Government
7 assistance.

8 (4) The principle of free and informed consent
9 must underlie all sexual and reproductive health pro-
10 grams and services. This principle applies to individ-
11 uals whether they choose to continue or terminate
12 their pregnancies—thus, forced pregnancies as well
13 as forced abortions or sterilizations are prohibited.
14 Decisions relating to contraceptive use should be
15 made on an informed and voluntary basis after ade-
16 quate information, counseling, and services are pro-
17 vided on a range of methods.

18 (5) Incentives and disincentives should not be
19 used in family planning programs in order to meet
20 numerical population targets or quotas for fertility
21 goals. Instead, governments should use other indica-
22 tors, such as unmet needs, to define family planning
23 goals.

24 (6) In sexual and reproductive health programs
25 funded by the United States Government, special at-

tention should be paid to serving the needs of young people.

SEC. 4. ASSISTANCE TO SUPPORT THE ACHIEVEMENT OF UNIVERSAL ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH.

(a) ASSISTANCE AUTHORIZED.—The President is authorized to provide assistance in order to support the achievement of universal access to sexual and reproductive health in developing countries and to ensure individuals and couples in developing countries can freely and responsibly determine the number, timing, and spacing of their children and have the means to do so.

(b) ACTIVITIES SUPPORTED.—Assistance provided under subsection (a) may be used to—

(1) expand access to and use of voluntary family planning information and services, to enable individuals and couples to avoid unintended pregnancies and other risks to sexual and reproductive health, including those associated with pregnancy, reproductive tract infections, and sexually transmitted infections (STIs), including HIV;

(2) improve public knowledge of contraceptives, including where methods may be obtained, and risk-reduction strategies, and to promote the benefits of family planning and other sexual and reproductive

1 health care to individuals, families, and commu-
2 nities, including through the use of education and
3 awareness programs, mass media, and community
4 mobilization and outreach;
5 (3) increase the responsiveness of sexual and
6 reproductive health programs to the needs of the in-
7 tended beneficiaries during the entirety of their sex-
8 ual and reproductive lives, including young people
9 and older adults;
10 (4) reduce the incidence of unsafe abortion, in-
11 cluding research on the health consequences of un-
12 safe abortion, and provide for the equipment and
13 training necessary for medical treatment of the con-
14 sequences of unsafe abortions;
15 (5) notwithstanding any other provision of law,
16 provide safe abortion, to the extent permitted by the
17 laws of the recipient country;
18 (6) promote the integration of family planning
19 services in HIV and other STI prevention, treat-
20 ment, care, and support;
21 (7) integrate family planning services with ma-
22 ternal and newborn health care, especially in
23 antenatal, post-partum, and post-abortion care set-
24 tings;

1 (8) ensure the consistent availability and af-
2 fordability of high-quality sexual and reproductive
3 health supplies and services, including male and fe-
4 male condoms, for the prevention of HIV and other
5 STIs;
6 (9) encourage the abandonment of female gen-
7 ital mutilation, early marriage, early childbearing,
8 and other harmful traditional practices that have
9 negative reproductive health consequences;
10 (10) prevent and repair obstetric fistula;
11 (11) promote the constructive engagement of
12 men and boys, the empowerment of women and
13 girls, and more equitable gender norms in order to
14 improve health outcomes and support the adoption
15 of healthy reproductive behaviors;
16 (12) prevent and mitigate gender-based vio-
17 lence;
18 (13) provide comprehensive sexuality education
19 for young people;
20 (14) prevent, diagnose, and treat, where appro-
21 priate, infertility and cancers of the reproductive
22 system and refer as appropriate;
23 (15) develop improved methods of safe and ef-
24 fective contraception and related disease control

1 through investments in biomedical research, with
2 particular emphasis on methods which—
3 (A) are likely to be safer, easier to use,
4 more efficient to make available in developing
5 country settings, and less expensive than cur-
6 rent methods;
7 (B) are controlled by women, including
8 barrier methods and microbicides;
9 (C) are likely to prevent the spread of
10 STIs; and
11 (D) encourage and enable men to take
12 greater responsibility for their own fertility and
13 the protection of their partner;
14 (16) support an enabling environment for
15 women to access sexual and reproductive health care
16 services by working with communities to identify and
17 lower or remove barriers to access, including finan-
18 cial, gender, sociocultural, and transportation bar-
19 riers;
20 (17) train health care professionals on edu-
21 cating individuals, including young people, about
22 their sexual and reproductive health care options, in-
23 cluding family planning options; and
24 (18) foster conditions to create favorable policy
25 environments, improve quality, strengthen systems,

and contribute to the sustainability of family planning and other reproductive health programs.

SEC. 5. ASSISTANCE TO REDUCE THE INCIDENCE OF UNSAFE ABORTION AND ITS CONSEQUENCES.

(a) ASSISTANCE AUTHORIZED.—The President is authorized to provide assistance to reduce the incidence of unsafe abortion in developing countries and provide care for women experiencing injury or illness from complications of unsafe abortion in developing countries.

(b) ACTIVITIES SUPPORTED.—Assistance provided under subsection (a) shall be used to—

(1) ensure access to family planning services to prevent unintended pregnancies;

(2) ensure that women who experience an unintended pregnancy have access to reliable information and compassionate counseling on all of their options, including access to antenatal care and safe abortion when permitted by the laws of the recipient country;

(3) where local laws permit abortion, support safe abortion services, including referrals, and support the training of abortion providers and the necessary equipment and commodities for surgical and medical abortion; and

(4) support emergency treatment for complications of induced or spontaneous abortion, including

1 provision of services and training and equipping of
2 providers.
3 (c) ELIGIBILITY FOR ASSISTANCE.—Notwithstanding
4 any other provision of law, regulation, or policy, in deter-
5 mining eligibility for assistance authorized under this sec-
6 tion, sections 104, 104A, 104B, and 104C of the Foreign
7 Assistance Act of 1961 (22 U.S.C. 2151b, 2151b–2,
8 2151b–3, and 2151b–4), foreign nongovernmental organi-
9 zations—
10 (1) shall not be ineligible for such assistance
11 solely on the basis of health or medical services, in-
12 cluding counseling and referral services, provided by
13 such organizations with non-United States Govern-
14 ment funds if such services are permitted in the
15 country in which they are being provided and would
16 not violate United States Federal law if provided in
17 the United States; and
18 (2) shall not be subject to requirements relating
19 to the use of non-United States Government funds
20 for advocacy and lobbying activities other than those
21 that apply to United States nongovernmental organi-
22 zations receiving assistance under part I of the For-
23 eign Assistance Act of 1961.

1 **SEC. 6. ASSISTANCE TO PROVIDE SEXUAL AND REPRODUC-**
2 **TIVE HEALTH SERVICES DURING EMER-**
3 **GENCY SITUATIONS.**

4 (a) ASSISTANCE AUTHORIZED.—The President is au-
5 thorized to provide assistance, including through inter-
6 national organizations, national governments, and inter-
7 national and local nongovernmental organizations, to en-
8 sure that sexual and reproductive health services are pro-
9 vided in developing countries at every phase of a humani-
10 tarian emergency, including early recovery.

11 (b) PRIORITY.—In providing assistance authorized
12 under subsection (a), the President shall give priority to—

13 (1) those reproductive health services that are
14 essential in emergencies, whether they are conflict or
15 natural disaster settings, to save lives and help sur-
16 vivors fulfill their potential even under the most dif-
17 ficult circumstances; and

18 (2) building local capacity and improving na-
19 tional systems whenever possible during displace-
20 ment and early recovery.

21 (c) ACTIVITIES SUPPORTED.—Assistance provided
22 under subsection (a) shall be used to—

23 (1) direct the Secretary of State and the Ad-
24 ministrator of the United States Agency for Inter-
25 national Development to implement the Minimum
26 Initial Services Package (MISP), a set of life-saving

1 priority activities that must be put in place in the
2 earliest days of an emergency and that is set out in
3 the Sphere Project's Humanitarian Charter and
4 Minimum Standards in Disaster Response;

5 (2) among other activities, establish critical re-
6 productive health coordination mechanisms, prevent
7 sexual violence and assist survivors by providing es-
8 sential medical care including psychosocial services,
9 prevent transmission of HIV and other sexually
10 transmitted infections (STIs), ensure access to
11 emergency obstetric and newborn care, to contracep-
12 tive methods, and to treatment of STIs, continue
13 antiretroviral treatment, and lay the groundwork for
14 comprehensive reproductive health care; and

15 (3) as soon as conditions permit, ensure that
16 comprehensive reproductive health care programs,
17 including comprehensive family planning, are put in
18 place for the duration of displacement and are main-
19 tained as the relief phase ends and communities
20 transition to early recovery.

21 (d) COORDINATION.—Assistance authorized under
22 subsection (a) shall be coordinated in terms of policy,
23 practice, and funding across and within relevant United
24 States Government departments and agencies involved in
25 emergency situations.

1 **SEC. 7. ASSISTANCE TO PROMOTE SEXUAL AND REPRODUC-**
2 **TIVE HEALTH CARE FOR YOUNG PEOPLE.**

3 (a) ASSISTANCE AUTHORIZED.—The President is au-
4 thorized to provide assistance to ensure access to sexual
5 and reproductive health care for young people in devel-
6 oping countries.

7 (b) PRIORITY.—In providing assistance authorized
8 under subsection (a), the President shall prioritize a plan
9 to increase comprehensive knowledge about sexuality
10 among young people and improve sexual and reproductive
11 health outcomes among young people, while improving co-
12 ordination and implementation of host country and United
13 States Government activities focused on adolescent and
14 youth sexual and reproductive health.

15 (c) ACTIVITIES SUPPORTED.—Assistance provided
16 under subsection (a) shall be used, among other things,
17 to—

18 (1) provide universal and affordable access to—

19 (A) evidence-based comprehensive sexuality
20 education and reproductive health education, in
21 consultation with local communities, in and out-
22 side schools to ensure young people can delay
23 sexual debut and make informed decisions
24 about their sexual and reproductive health; and

(B) youth-friendly comprehensive sexual and reproductive health care, including activities described in section 4(b), as appropriate;

(2) coordinate the achievement of the goals of sexual and reproductive health programming for young people in United States Government-funded programs;

(3) educate implementers on best practices in adolescent and youth programming and delivery and for effective dissemination of policy guidelines regarding adolescent and youth programming; and

(4) incorporate the recommendations of young people in program design and service delivery oriented for young people.

SEC. 8. STRATEGY TO INTEGRATE AND LINK SEXUAL AND REPRODUCTIVE HEALTH SERVICES.

(a) STRATEGY REQUIRED.—

(1) IN GENERAL.—The President shall develop and implement a strategy to improve and create linkages among the various components of sexual and reproductive health with each other and with other global health care services, delivery, and policies in order to meet the goal described in paragraph (2).

1 (2) GOAL DESCRIBED.—The goal of better link-
2 ages and integration referred to in paragraph (1) is
3 to ensure that individual men and women are pro-
4 vided with a continuum of sexual and reproductive
5 health services that meet their needs. Integration
6 does not require that all of these services should be
7 provided by the same clinician or even in the same
8 setting; rather, there should be a mechanism in
9 place, so that every person has access to the sexual
10 and reproductive health services he or she needs, ei-
11 ther directly or by referral.
12 (b) ELEMENTS.—The strategy required by subsection
13 (a) shall include the following:
14 (1) In general, at the program level, supporting
15 health systems to link the various components of
16 sexual and reproductive health services both in terms
17 of health system management, such as integrating
18 commodity and supply systems, training, super-
19 vision, data collection and analysis, and service pro-
20 vision, to ensure that people have access to a full
21 range of services in their community.
22 (2) In general, such services should include pre-
23 vention of ill-health, provision of information and
24 counseling, screening, diagnosis and curative care

and referral for a full range of sexual and reproductive health and other health and social services.

(3) With respect to linkages and program integration of sexual and reproductive health services, such services shall include activities described in section 4(b).

(4) With respect to linkages of sexual and reproductive health services with other global health services, such services shall include—

(A) counseling about and referrals to other related health services such as addressing newborn, infant, and child health (including educating families about proper antenatal and delivery care, breastfeeding, hygiene, and interventions for neonatal infections and life-threatening childhood illnesses), malaria, tuberculosis, neglected tropical diseases, and proper nutrition for all ages; and

(B) referrals to nearby quality services that cannot be provided by the primary provider and other social services.

SEC. 9. COORDINATION; RESEARCH, MONITORING, AND EVALUATION.

(a) COORDINATION.—Assistance authorized under this Act shall promote coordination between and among

donors, the private sector, nongovernmental and civil society organizations, and governments in order to support comprehensive and responsive sexual and reproductive health programs in developing countries.

(b) RESEARCH, MONITORING, AND EVALUATION.—

(1) IN GENERAL.—Assistance authorized under this Act shall be used for the conduct of formative research and to monitor and evaluate the effectiveness and efficiency of programs.

(2) REQUIREMENTS.—In carrying out paragraph (1), the President shall ensure that there is—

(A) support for formative research on the determinants of accessing sexual and reproductive health products and services, and adopting healthy behaviors related to sexuality and reproduction, to inform program design;

(B) support for the ongoing, regular, and systematic collection of information to serve as the basis for monitoring change in population-based outcomes;

(C) support for evaluations of programmatic effectiveness by measuring the extent to which change in population-based outcomes can be attributed to program interventions or environmental factors;

1 (D) support for operations research that
2 uses appropriate scientific methods to compare
3 different interventions with the objective of in-
4 creasing the efficiency, effectiveness, and qual-
5 ity of programs;

6 (E) support for field research on the char-
7 acteristics of programs most likely to result in
8 sustained use of effective family planning in
9 meeting each individual's lifetime reproductive
10 goals, with particular emphasis on the perspec-
11 tives of family planning users, including support
12 for relevant social and behavioral research fo-
13 cusing on such factors as the use, nonuse, and
14 unsafe or ineffective use of various contracep-
15 tive and related-disease control methods; and

16 (F) support for the development of new
17 evaluation techniques and performance criteria
18 for sexual and reproductive health programs,
19 emphasizing the user's perspective and repro-
20 ductive goals.

21 **SEC. 10. DEFINITIONS.**

22 In this Act:

23 (1) ADOLESCENT.—The term ''adolescent''
24 means an individual who has attained the age of 10
25 years but not 20 years.

1 (2) COMPREHENSIVE SEXUALITY EDUCATION.—
2 The term "comprehensive sexuality education"
3 means helping young people develop the inter-
4 personal skills necessary for the formation of caring,
5 supportive, and non-coercive relationships and the
6 ability to exercise responsibility regarding sexual re-
7 lationships by addressing such issues as sexual di-
8 versity, abstinence, and the use of condoms, contra-
9 ceptives, and other protective sexual health meas-
10 ures.
11 (3) INTEGRATION.—The term "integration"
12 means joining together different kinds of services or
13 operational programs, either directly or by referral,
14 to ensure more comprehensive services, promote a
15 continuum of care, and to maximize health out-
16 comes.
17 (4) LINKAGES.—The term "linkages" means—
18 (A) the bi-directional synergies in policy,
19 programs, services, and advocacy related to sex-
20 ual and reproductive health, including HIV/
21 AIDS; and
22 (B) refers to a broader human rights based
23 approach, of which service integration is a sub-
24 set.

1 (5) REPRODUCTIVE HEALTH.—The term ''re-
2 productive health''—
3 (A) means a state of complete physical,
4 mental, and social well-being and not merely
5 the absence of disease or infirmity, in all mat-
6 ters relating to the reproductive system and to
7 its functions and processes; and
8 (B) implies that an individual is able to
9 have a satisfying and safe sex life and that such
10 individual has the capability to reproduce and
11 the freedom to decide if, when, and how often
12 to do so, including the right of men and women
13 to be informed and to have access to safe, effec-
14 tive, affordable, and acceptable methods of fam-
15 ily planning of their choice, as well as other
16 methods of their choice for regulation of fer-
17 tility which are not against the law, and the
18 right of access to appropriate health care serv-
19 ices that will enable women to go safely through
20 pregnancy and childbirth and provide couples
21 with the best chance of having a healthy infant.
22 (6) REPRODUCTIVE RIGHTS.—The term ''repro-
23 ductive rights''—
24 (A) means those rights that embrace cer-
25 tain human rights that are already recognized

1 in national laws, international human rights
2 documents, and other consensus documents;
3 (B) includes the recognition of the basic
4 right of all couples and individuals to decide
5 freely and responsibly the number, spacing, and
6 timing of their children and to have the infor-
7 mation and means to do so, and the right to at-
8 tain the highest standard of sexual and repro-
9 ductive health; and
10 (C) further includes the right of all couples
11 and individuals to make decisions concerning
12 reproduction free of discrimination, coercion,
13 and violence, as expressed in human rights doc-
14 uments.
15 (7) SEXUAL HEALTH.—The term ‘‘sexual
16 health’’—
17 (A) means a state of physical, emotional,
18 mental, and social well-being in relation to sex-
19 uality and not merely the absence of disease,
20 dysfunction, or infirmity;
21 (B) includes a positive and respectful ap-
22 proach to sexuality and sexual relationships, as
23 well as the possibility of having pleasurable and
24 safe sexual experiences, free of coercion, dis-
25 crimination, and violence; and

1 (C) further includes the sexual rights of all
2 persons to be respected, protected, and fulfilled.
3 (8) UNMET NEED.—The term ''unmet need''
4 refers to nonuse of a modern contraceptive method
5 by an individual who is married or unmarried and
6 sexually active, is able to become pregnant, and
7 wants to stop childbearing or to wait at least 2 years
8 before having a child.
9 (9) YOUNG PEOPLE.—The term ''young people''
10 means those individuals who have attained the age
11 of 10 years but not 25 years.
12 (10) YOUTH.—The term ''youth'' means an in-
13 dividual who has attained the age of 15 years but
14 not 25 years.

○