

110TH CONGRESS  
1ST SESSION

# H. R. 2367

To amend the Foreign Assistance Act of 1961 to authorize assistance to provide contraceptives in developing countries in order to prevent unintended pregnancies, abortions, and the transmission of sexually transmitted infections, including HIV/AIDS.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 17, 2007

Mr. CARNAHAN (for himself, Ms. LEE, Mr. RYAN of Ohio, Mr. CROWLEY, Mr. MOORE of Kansas, Ms. MCCOLLUM of Minnesota, Mr. SHAYS, Mr. OBERSTAR, Mr. MICHAUD, and Mr. MCGOVERN) introduced the following bill; which was referred to the Committee on Foreign Affairs

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## A BILL

To amend the Foreign Assistance Act of 1961 to authorize assistance to provide contraceptives in developing countries in order to prevent unintended pregnancies, abortions, and the transmission of sexually transmitted infections, including HIV/AIDS.

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 “Ensuring Access to  
5 Contraceptives Act of 2007”.

1 **SEC. 2. FINDINGS AND PURPOSE.**

2 (a) FINDINGS.—Congress makes the following find-  
3 ings:

4 (1) A deepening crisis in developing countries  
5 with respect to the availability of contraceptives  
6 needed for family planning, safe motherhood serv-  
7 ices, HIV/AIDS prevention, and other vital repro-  
8 ductive health care threatens the health and lives of  
9 millions of people.

10 (2) In the next ten to fifteen years, the largest-  
11 ever generation of young people will enter their re-  
12 productive years. For example, the number of  
13 women of reproductive age is projected to double in  
14 Nigeria in the next 25 years. This demographic  
15 shift, combined with increased demand for modern  
16 methods of family planning, will increase worldwide  
17 the number of people who desire to use contracep-  
18 tion by 40 percent.

19 (3) The gap between the need for contracep-  
20 tives and funding for such contraceptives is pro-  
21 jected to reach hundreds of millions of United States  
22 dollars annually by 2015.

23 (4) According to estimates based on national  
24 surveys, more than 200 million women in developing  
25 countries wish to delay or end childbearing but do  
26 not have access to modern contraceptives.

1           (5) An estimated 40 percent of married couples  
2           in Haiti, 36 percent of married couples in Ethiopia,  
3           and 32 percent of married couples in Pakistan do  
4           not have access to contraceptives. In each of these  
5           countries, average birth rates among women are two  
6           to three times average birth rates in the United  
7           States.

8           (6) Access to family planning and contracep-  
9           tives is essential in reducing unintended pregnancies  
10          and, as a result, reducing rates of abortion.

11          (7) The provision of modern contraceptives to  
12          the more than 200 million women in developing  
13          countries who desire such contraceptives would avert  
14          approximately 52 million pregnancies each year, and  
15          as a result, would prevent an estimated 23 million  
16          unplanned births, 22 million induced abortions, 7  
17          million spontaneous abortions, 1.4 million infant  
18          deaths, 142,000 pregnancy-related deaths, and  
19          505,000 children from losing their mothers.

20          (8) In January 2001, the White House re-  
21          affirmed President George W. Bush's commitment  
22          to United States family planning assistance efforts,  
23          stating that "[the President] knows that one of the  
24          best ways to prevent abortion is by providing quality  
25          voluntary family planning services".

1           (9) Experiences in a number of countries in re-  
2       cent years indicate that when long-term, effective  
3       family planning methods are available, abortion  
4       rates decline, sometimes drastically. For example,  
5       between 1988 and 2001, the use of modern contra-  
6       ceptives increased in Russia by 74 percent, while the  
7       abortion rate declined by 61 percent. Similar experi-  
8       ences in Bangladesh, Bulgaria, Chile, Estonia, Hun-  
9       gary, Latvia, and Romania have shown that in-  
10      creased use of contraceptives is accompanied by a  
11      decline in abortion rates.

12           (10) In addition to reducing unintended preg-  
13      nancies and abortions, condoms are a vital compo-  
14      nent in limiting the spread of HIV/AIDS. Con-  
15      sequently, the HIV/AIDS pandemic is contributing  
16      to an increased demand for reproductive health sup-  
17      plies.

18           (11) The vast majority of HIV infections are  
19      sexually transmitted and condoms are currently the  
20      only contraceptive that can protect against this form  
21      of HIV transmission. Condoms remain an important  
22      intervention in multisectoral approaches to HIV/  
23      AIDS prevention, along with programs that promote  
24      abstinence and monogamy.

1           (12) In sub-Saharan Africa, where HIV preva-  
2           lence rates can reach 40 percent of the adult popu-  
3           lation and women constitute 60 percent of people liv-  
4           ing with HIV/AIDS, donors provide an average of  
5           only 5.5 condoms per adult male annually.

6           (13) Not only does contraceptive use prevent  
7           unintended pregnancies among HIV-positive women,  
8           it does so at a lower cost than the use of the  
9           nevirapine alone. In fact, adding family planning  
10          services to Prevention of Mother to Child Trans-  
11          mission (PMTCT) programs can achieve the same  
12          effect as increasing drug coverage but at a lower  
13          cost. For the same cost, family planning services can  
14          avert nearly 30 percent more HIV-positive births  
15          than antiretroviral drugs.

16          (14) In addition to reducing rates of abortion  
17          and HIV/AIDS, access to contraceptives and other  
18          reproductive health care services saves the lives of  
19          mothers and children by helping women avoid high  
20          risk pregnancies. An increase in the use of contra-  
21          ceptives, which allow women to space the births of  
22          their children over safe intervals, have been proven  
23          to reduce maternal and child mortality.

24          (15) Complications resulting from pregnancy  
25          and childbirth are the leading causes of death and

1       disability for women in developing countries, result-  
2       ing in more than 500,000 deaths each year. Almost  
3       one-third of maternal deaths and illnesses related to  
4       pregnancy could be avoided if women in developing  
5       countries had access to modern, safe, and effective  
6       contraceptives and other reproductive health care  
7       services.

8               (16) Access to contraceptives and other repro-  
9       ductive health care services are also needed to help  
10      ease growing population pressures on cropland,  
11      freshwater, and other finite natural resources. In  
12      many biologically rich areas, there is little or no ac-  
13      cess to the health services that allow women and  
14      couples to space or limit births. Consequently, the  
15      population in these ecologically sensitive areas is  
16      growing nearly 40 percent faster than that of the  
17      world as a whole.

18              (17) The shortfall in reproductive health care  
19      services is chronic and growing. The cost of contra-  
20      ceptives needed for family planning and condoms for  
21      HIV/AIDS prevention in developing countries is pro-  
22      jected to increase from \$1.3 billion in 2005 to \$1.8  
23      billion in 2015. In spite of this upward trend, donor  
24      support for contraceptives in 2005, \$213 million,  
25      was only 16 percent of overall funding needs.

1           (18) The consequences of the shortfall in repro-  
2       ductive health care services are devastating. For  
3       every shortfall of \$1 million in funding for contra-  
4       ceptives, an estimated 360,000 additional unin-  
5       tended pregnancies, 150,000 additional induced  
6       abortions, 800 additional maternal deaths, and  
7       11,000 additional infant deaths occur.

8           (19) Although the United States should be com-  
9       mended for its leadership role with respect to the  
10      availability of reproductive health services in devel-  
11      oping countries, United States support for such  
12      services, including funding, has not kept pace with  
13      the increase in demand for contraceptives, which has  
14      resulted from the large number of youth entering re-  
15      productive age and the HIV/AIDS pandemic. Since  
16      1995, United States bilateral assistance for inter-  
17      national family planning programs has decreased by  
18      41 percent (adjusted for inflation) despite an in-  
19      crease of more than 275 million women of reproduc-  
20      tive age worldwide.

21          (20) In addition to the shortfall in funding by  
22      the United States for reproductive health care serv-  
23      ices, United States policy restrictions have reduced  
24      donations of contraceptives for developing countries.

1           (21) Widely shared goals of reducing the need  
2           for abortion and reducing the spread of HIV/AIDS  
3           are unlikely to be achieved when United States-do-  
4           nated contraceptives are subject to policy restric-  
5           tions, such as the Mexico City Policy, that limit ac-  
6           cess to such contraceptives.

7           (22) The Mexico City Policy, which was rein-  
8           stated in 2001, limits access to contraceptives by  
9           prohibiting United States family planning assistance  
10          to foreign nongovernmental organizations that use  
11          funding from any source to provide abortion serv-  
12          ices, counseling, or referral or to lobby to make  
13          abortion legal or more available in their own coun-  
14          try.

15          (23) The Mexico City Policy has exacerbated  
16          the existing shortage of contraceptives by ending  
17          shipments of United States-donated contraceptives  
18          to 20 developing countries in Africa, Asia, and the  
19          Middle East.

20          (24) As an example, the Mexico City Policy has  
21          forced eight family planning clinics serving thou-  
22          sands of poor women in Kenya to close. Con-  
23          sequently, women's access to contraceptives,  
24          gynecologic and obstetric care, screening, and treat-  
25          ment for sexually transmitted infections, and vol-



1        untary counseling and testing for HIV/AIDS in  
2        Kenya has been severely disrupted.

3        (b) PURPOSE.—The purpose of this Act is to author-  
4        ize assistance to provide contraceptives in developing coun-  
5        tries in order to prevent unintended pregnancies, abor-  
6        tions, and the transmission of sexually transmitted infec-  
7        tions, including HIV/AIDS.

8        **SEC. 3. ASSISTANCE TO PROVIDE CONTRACEPTIVES IN DE-**  
9        **VELOPING COUNTRIES.**

10       Section 104 of Foreign Assistance Act of 1961 (22  
11       U.S.C. 2151b) is amended—

12                (1) by redesignating subsection (g) as sub-  
13        section (h); and

14                (2) by inserting after subsection (f) the fol-  
15        lowing new subsection:

16        “(g) ASSISTANCE TO PROVIDE CONTRACEPTIVES IN  
17        DEVELOPING COUNTRIES.—

18                “(1) ASSISTANCE.—The President, acting  
19        through the Administrator of the United States  
20        Agency for International Development, shall furnish  
21        assistance to provide contraceptives in developing  
22        countries in order to prevent unintended preg-  
23        nancies, abortions, and the transmission of sexually  
24        transmitted infections, including HIV/AIDS.

1           “(2) ELIGIBILITY OF NONGOVERNMENTAL OR-  
2           GANIZATIONS.—Notwithstanding any other provision  
3           of law, regulation, or policy, in determining eligi-  
4           bility for assistance to provide contraceptives in de-  
5           veloping countries under this subsection, a non-  
6           governmental organization shall not be subject to re-  
7           quirements relating to the use of non-United States  
8           Government funds that are more restrictive than re-  
9           quirements relating to the use of non-United States  
10          Government funds that apply to foreign governments  
11          with respect to eligibility for assistance under this  
12          subsection.

13          “(3) AUTHORIZATION OF APPROPRIATIONS.—

14                 “(A) IN GENERAL.—There are authorized  
15                 to be appropriated to the President to carry out  
16                 this subsection \$150,000,000 for each of the  
17                 fiscal years 2008 and 2009.

18                 “(B)         ADDITIONAL         AUTHORITIES.—  
19                 Amounts appropriated pursuant to the author-  
20                 ization of appropriations under subparagraph  
21                 (A)—

22                         “(i) may be referred to as the ‘Repro-  
23                         ductive Health Supplies Fund’;

24                         “(ii) are authorized to remain avail-  
25                         able until expended; and

1                   “(iii) are in addition to amounts oth-  
2                   erwise available for such purposes.”.

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