

US SRH Policy Going Forward: Catching Up and Moving Ahead

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What a difference a year makes! Last year, just before the US elections, we talked about how things would not be so devastating if US Republican-party candidate John McCain was elected, because of the likelihood that the US Congress would have a majority of Democrats to rein him in. We also talked about how it still would not be easy to get all that we want – and certainly not as soon as we want – under an Obama administration, because, as the saying goes, ‘only your friends can disappoint you’. I probably lied a little about the first statement, but the second one still applies.

What has been achieved

We have left behind the era of ‘saving souls’ (i.e. through, for example, abstinence-only policies based on religious or moral doctrine) and are getting serious again about saving lives. In other words: we have left the evidence-free zone. For example:

- The Global Gag Rule has gone (and we are working on making this permanent);
- The boycott of UNFPA is gone.
- Abstinence-only sex education – at home and abroad – is gone in the first case and is on its way out in the second.

In terms of financial support, the US is on a good trajectory to sharply increase its contribution to USAID’s international family planning/reproductive health programme (although domestically the results are far less robust).

- In 2008, the US funded the overseas programme at \$464 million (none to UNFPA).
- In 2009, once Obama came in, we pushed that up to \$545 million, including \$50 million for UNFPA.
- For the fiscal year that begins 1 October, Congress is on track to raise the level again substantially – maybe by as much as another \$100 million. If that happens, in two short years the US will have managed a 40% increase in financial support for family planning/reproductive health, which would be impressive, especially in this economic climate.

Since 2008, US NGOs have been making the case and waging a campaign for the US to increase spending on family planning/reproductive health to \$1 billion, which would approximate the share that the US pledged in Cairo.

What is going on now

President Obama announced a new US **Global Health Initiative** (GHI) in May. The purpose is to give greater prominence to global health as a policy priority of this administration – a key component of the national security ‘smart power’ strategy. It is also to provide a framework for a more integrated approach and to emphasize proven, cost-effective approaches, and it is to position US programmes and policies towards achieving the Millennium Development Goals (MDGs). Its four key goals are to:

- *prevent* millions of new HIV infections (note new emphasis);
- reduce mortality of mothers and children under five;
- avert millions of unintended pregnancies; and
- eliminate neglected tropical diseases.

At the time of this writing, the initiative is still very much a work in progress. There have been many internal governmental meetings over the summer to flesh out the various pieces, including plotting out budget projections.

In 2009, funding for the PEPFAR/tuberculosis/malaria, maternal and child health, family planning/reproductive health and neglected tropical diseases altogether amounted to about \$8 billion. Under the GHI, the President has proposed that over the next five to six years it will commit a total of \$63 billion to global health. Congress will get its say too, and then the 'devil will be in the details' about how to allocate those funds among the key programmes.

The State Department is taking the lead in managing the negotiations among governmental agencies on all policy and budgetary pieces, and now it is reaching out to NGOs for input. Its goal is to wrap up this first key planning phase in the next few weeks.

In addition to the GHI, the US is in the midst of two other reviews – one conducted by the State Department and one by the White House National Security Council – to assess the US approach to development assistance in general. Neither of those processes is very transparent yet, but both reviews are supposed to be completed by the end of this calendar year.

On the horizon

Eventually, there will be new PEPFAR guidance reflecting the views of the Obama administration. (The recent one mostly was a continuation of the status quo.) We remain hopeful that the US will shift policy gears in a number of ways. For example,:

- Support for comprehensive sex education: a policy that will no longer require that young people be sexually active already before they are entitled to accurate information about and access to condoms, for example.
- Linkages between family planning/reproductive health and PEPFAR programmes: referral and counselling for family planning within AIDS programmes are essential, and the linkages to family planning programmes “must be real”. Where no family planning programmes exist to be referred to, PEPFAR should be able to provide family planning services.
- Faith-based groups are still in the mix, but there must at least a co-equal obligation to the patient/client. The aim will be to accommodate the religious views of providers where possible, but it is unconscionable to deny information to a discordant couple about condoms, for example, as this would represent an abandonment of care.

Global SRHR bill

As NGOs, we of course see our role as staying one step ahead of our leaders. Therefore we have decided that, while keeping up the pressure to dramatically increase the US financial commitment, it is time to push the policy agenda forward. We have drafted a bill designed to be an educational tool for grassroots groups to inform members of Congress (and the administration) and to give more of them something to do (co-sponsor, speak about the issues etc.) to make the connections between SRHR (not using those words necessarily) and all the MDGs. Operative provisions include:

- assistance for programmes (family planning services and information, contraceptive supplies, prevention of sexually transmitted infection (STI)/reproductive tract infection (RTI), post-abortion care, harmful traditional practices);

- assistance to prevent unsafe abortion and reduce its consequences;
- assistance to provide SRH in emergency situations;
- assistance to promote SRH to young people; and
- a strategy to link the various components of SRH with each other (maternal health and family planning, HIV and family planning etc.) and with other global health programmes as appropriate.

Now is the time reopen the discussion about critical political issues. Hillary Rodham-Clinton opened the door – particularly on the fact that safe abortion is integral to reproductive health care; we cannot pass on the chance to walk through.

President Obama is unapologetically pro-choice, but also in search of common ground. To that end, he has made clear he does not want to *do* anything about abortion; he wants to use it to do other things, like promote evidence-based sex education and more family planning and maternal health programmes. It remains to be seen over the coming months what this initiative will look like. We are impatient, because we have had so many years in the wilderness and because we know how short the window of opportunity may be open. With elections a little over a year from now, the Democratic majorities are likely to shrink. Indeed, the White House knows this too, which is why they are rightfully pushing so hard on health insurance reform right now. It is the anti-abortion groups and their cohorts who are not only fighting against allowing insurance coverage of abortion services under health care reform (almost all private insurance covers abortion now), but who are also charging that Obama's plan would mean 'death panels' and 'pulling the plug' on grandma. These are the same people who brought us arguments such as 'abortion is bad for the US economy because it eliminates future taxpayers' or 'contraception leads to more abortions because contraceptive availability leads to promiscuity.' Incredibly, they have made headway in shaking public support for health care reform. They have not gone away. We cannot be complacent.