SECTION 03

Expanding Access to Voluntary Family Planning

EXPANDING ACCESS TO VOLUNTARY FAMILY PLANNING

The proposed goal is to increase access to voluntary family planning with the aim of meeting 50 percent of the current unmet need[42] for modern methods of family planning among 15–24 year olds who desire to avoid, space, or delay pregnancy.

The 10–14 age group has to be reached with information and education to build their awareness and access to services. These family planning services must be respectful, free from coercion or discrimination, and include quality, confidential access to a full range of family planning methods, including modern and traditional contraceptive methods.[43]

Reaching this goal is estimated to result in 1.3 million unintended pregnancies averted, 400,000 unsafe abortions averted, 3,600 maternal deaths averted, and 5.4 million users reached. This would amount to an estimated direct and indirect healthcare cost savings of $249 million.[44]

The total costs for reaching this goal would be an additional $144 million per year, based on current unmet need for family planning among 15- to 24-year-olds in the 13 target countries. This includes the cost of providing improved access to contraceptives and counseling for adolescent girls and young women with unmet need, and information and education programs for 10- to 14-year-olds.[45] Accomplishing this goal will be facilitated by taking advantage of opportunities for linkages and integration with other U.S. health and development programs.

U.S. funding for international family planning does not include abortion because it is prohibited by U.S. law governing foreign assistance, including the 1973 Helms amendment. The successful implementation of the Task Force's recommendations does not depend upon any changes to these long-standing laws.[46]

According to the WHO, family planning is defined as the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of births. Reproductive health encompasses a woman's overall physical, mental, and social well-being, along with minimizing disease and infirmity. It speaks to her needs across her entire lifespan.[47]

RATIONALE

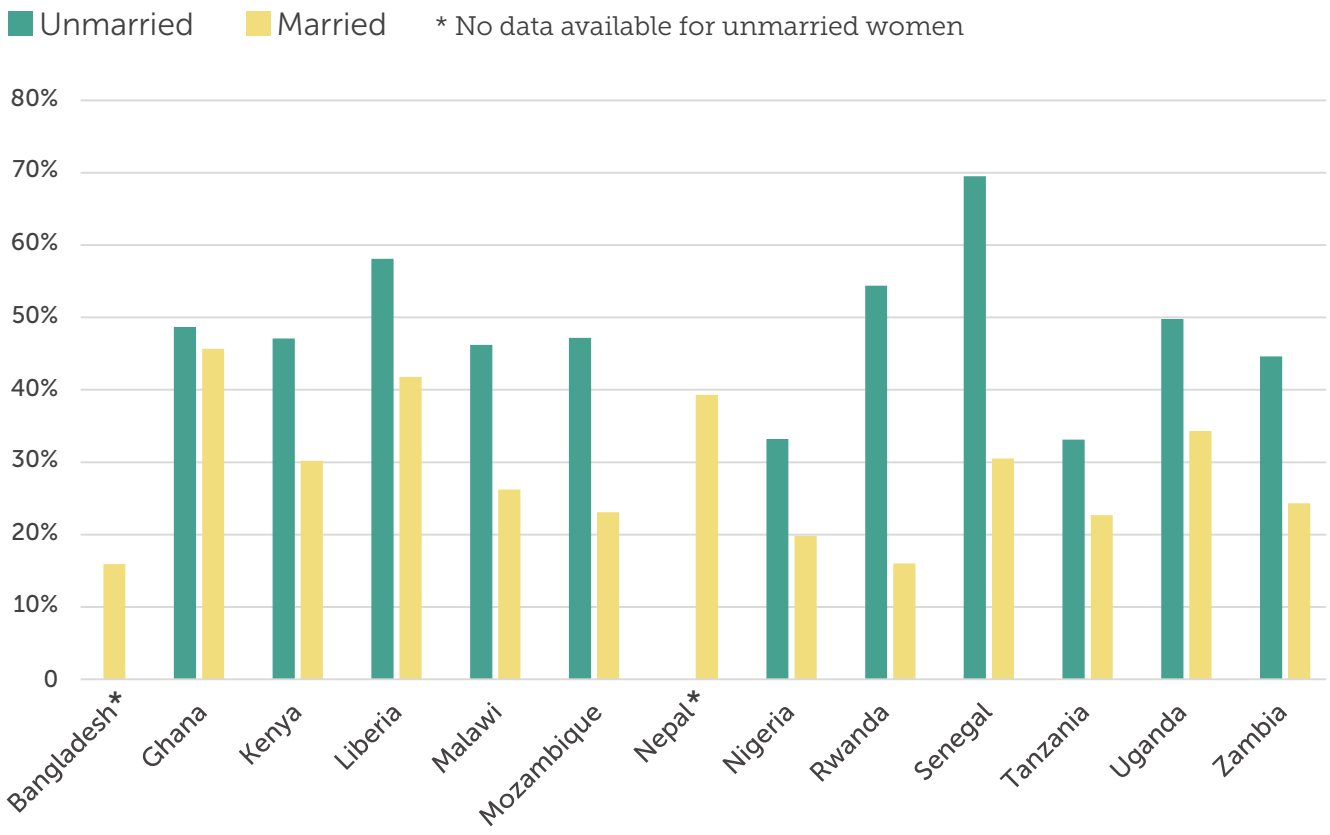
Family planning and reproductive health programs are high-impact, cost-effective interventions that improve maternal, newborn, and child health outcomes; promote healthy timing and spacing of pregnancies and avert millions of unintended pregnancies and abortions; help prevent sexually transmitted infections, including HIV/AIDS; and reduce the risk of obstetric fistula.

This is an urgent moment for intensified high-level U.S. diplomatic leadership and financial commitment to expand access to voluntary family planning and reproductive health programs—with a focus on adolescent girls and young women. An estimated 225 million women and girls, both married and unmarried, have an unmet need for family planning; among them, an estimated 23 million adolescent girls in developing countries want to avoid or space pregnancies but do not have access to contraception.[48]

For an adolescent girl in particular, pregnancy and childbirth can be hazardous for herself as well as

UNMET NEED FOR FAMILY PLANNING

Percentage of Adolescent Girls and Young Women Ages 15–24



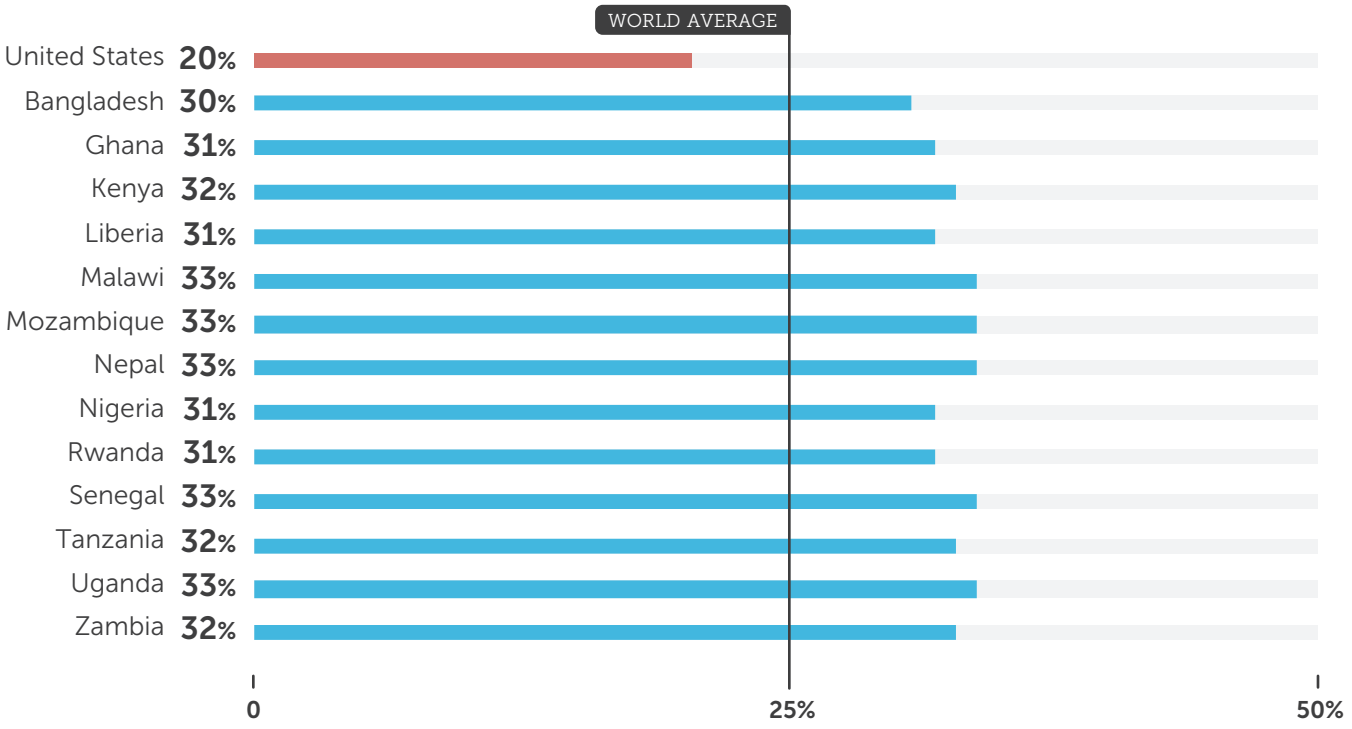
Source: Kerry MacQuarrie, "Unmet Need for Family Planning among Young Women: Levels and Trends," DHS Comparative Reports No. 34 (Rockville, MD: ICF International, 2014).

for her newborn, and require high-quality, integrated programs that address her needs.[49] Data show that early childbearing increases the risk of death and illness for the mother and her child during pregnancy and childbirth.[50] Adolescent girls (15- to 19-year-olds) in developing countries were expected to have 21 million pregnancies in 2016, with nearly half being unplanned, resulting in 12 million births.[51] Weak access to family planning information and services and socio-cultural barriers contribute to the fact that complications due to pregnancy and childbirth are a leading cause of death for teenage girls in developing countries,[52] despite the fact that such deaths are largely preventable and rare in the United States.[53]

Meanwhile, the population of adolescent girls and young women is growing at an unprecedented rate, accounting for four out of every 10 women of reproductive age (15–49) in some of the world's poorest countries,[54] demonstrating that the global need for effective services is rising significantly. The outbreak of Zika virus has highlighted the need to strengthen the ability of women to time and space their pregnancies due to the risk of microcephaly and other congenital defects in children born to women infected with the virus during pregnancy. Similarly, the world's refugee and migrant crisis shines a spotlight on a growing population of vulnerable adolescent girls and young women with important family planning and reproductive health needs.

THE YOUTH BULGE

Percent of Total Population Ages 10–24



Source: Somini Sengupta, "The World Has a Problem: Too Many Young People," *New York Times*, March 5, 2016, https://www.nytimes.com/2016/03/06/sunday-review/the-world-has-a-problem-too-many-young-people.html.

Family planning investments are proven to significantly decrease maternal mortality and morbidity rates, improve newborn and child survival, and prevent millions of unintended pregnancies and abortions. According to *The Lancet*, by reducing unintended pregnancies and closely spaced and ill-timed births, family planning could reduce adolescent pregnancy, prevent one-third of maternal deaths,[55] reduce infant deaths by 10 percent, and eliminate one of every five deaths in children under the age of five.[56] Family planning services also help HIV-infected women who decide to have children to do so as safely as possible.

PEPFAR has recognized the importance of access to family planning counseling and services as a component of HIV services, especially for prevention of mother-to-child transmission of HIV (PMTCT). In sub-Saharan Africa, adolescent girls and young women account for 75 percent of all new HIV infections among adolescents.[57] PEPFAR's investments have helped strengthen linkages between HIV services and maternal and child health care and voluntary family planning services, when those activities are shown to meet an HIV prevention, treatment, or care purpose. However, PEPFAR funds cannot be used to purchase contraceptive commodities other than male and female condoms.[58]

Beyond the immediate health benefits of improved access to contraceptives and counseling for family planning, these services can strengthen adolescent girls' and young women's social and economic opportunities. Accordingly, interventions that improve access to family planning information and services should be part of a multisectoral approach that includes advancing education for girls, enhancing economic development and gender equality, eliminating child

marriage, and preventing and responding to gender-based violence. *The Lancet* series on adolescent health and well-being aptly summarized the long-term impact of avoiding adolescent pregnancy: "Sexual health risks that result in teenage pregnancy have profound effects on the health and wellbeing of young women across the life course. Pregnancy (and early marriage) typically denotes the end of formal education, restricts opportunities for employment, heightens poverty, and can limit growth in undernourished girls."[59]

In too many cases, adolescent girls and young women want to avoid, delay, or space pregnancy but simply lack the knowledge or resources to access contraception. This unmet need is often highest among the poorest and most marginalized adolescent girls and young women, including those in rural areas or urban slums, those living with HIV, refugees and those displaced from conflict areas, and child brides. Adolescent girls who get pregnant are usually compelled to drop out of school, greatly diminishing their prospects for further education and economic empowerment.

CALL FOR INTENSIFIED U.S. LEADERSHIP

A signature U.S. initiative focused on family planning for adolescent girls and young would leverage existing political and financial momentum around the world. The Sustainable Development Goals call for 75 percent of demand for family planning to be satisfied with modern contraceptive methods by 2030. And FP2020, launched at the London Summit in 2012 by the UK government and the Bill & Melinda Gates Foundation, with USAID and UNFPA as core conveners, aims to provide access to family planning to 120 million more women and girls in the world's poorest countries by 2020.

In addition, the UN's Global Strategy for Women's, Children's and Adolescents' Health calls for meeting all women's needs for modern methods of contraception and reducing adolescent birthrates in low-income countries. However, none of the aforementioned global efforts have a specific goal for improving access to modern methods of family planning among adolescent girls and

SEN. JEANNE SHAHEEN (D-NH)

"As our report points out, an estimated 23 million adolescent girls in developing countries want access to modern methods of contraception but do not have it. Not only do the unintended pregnancies that result often end in abortion, approximately half of those abortions are unsafe. And, those adolescent girls who do carry to term face far greater health risks in pregnancy and childbirth compared to adult women. Expanding access to voluntary family planning in the 13 target countries will both save lives and empower adolescent girls to make reproductive health decisions with their own best interests in mind."

AFAF IBRAHIM MELEIS

"Girls and young women are the future treasure of any country. They are at the center of creating healthy families and communities and more productive societies. It is not only a moral obligation to invest in them, but it is also imperative and of vital value for the developed and developing world. Our country must lead the way!"

young women. A U.S.-led initiative would fill a key gap for reaching broader global goals on family planning, maternal and child health, and HIV because those goals will be harder to reach unless young women's needs are directly addressed.

The United States is already well-positioned to lead in the promotion of access to contraception and healthy timing and spacing of pregnancies for adolescent girls. As the global leader in family planning and reproductive health through its technical and financial assistance, U.S. funding—$608 million for FY 2016 and $620 million was requested by the president for FY 2017[60]—focuses principally on 31 countries in sub-Saharan Africa and South Asia. Family planning is an element of USAID's strategy to end preventable child and maternal deaths by 2035, and PEPFAR has increasingly recognized the important linkages between HIV/AIDS and family planning and reproductive health, including to prevent and treat cervical cancer. The U.S. Strategy to Empower Adolescent Girls promotes an approach to reach girls in and out of school to increase awareness of and access to family planning methods.[61] While focused on HIV outcomes, PEPFAR's DREAMS partnership recognizes the importance of improving access to family planning information and services for vulnerable adolescent girls and young women as part of its core activities.[62]

KEY CONSIDERATIONS

Providing adolescent girls and young women with voluntary family planning and reproductive health services represents a challenge on a number of fronts.

Most critically, programs must involve adolescent girls and young women themselves to understand what girls actually need, how married adolescents negotiate family planning, and how to reach married and unmarried 15- to 24-year-olds. Reaching this population requires expanded resources and partnerships to strengthen contraceptive supply chains, expand available contraceptive methods, and enhance access to quality, confidential services. It is also important to develop supportive policies and improved systems for data and research and promote innovation. At the facility level, training and supervision for healthcare providers can help to address bias, create facilities that are more welcoming to teenage girls and young women, and ensure that family planning services are voluntary, based on informed choice of a contraceptive method.

There are longstanding and well-known differences in Congress and elsewhere over U.S. funding approaches for international NGOs working in family planning, captured in debates over what is commonly referred to as the Mexico City policy.[63] That notwithstanding, there has

DEBORA SPAR

"Now, more than ever, the world needs to focus on the health and well-being of young women and girls. By giving them the resources to thrive, we make their communities—and our planet—safer, saner, and more prosperous."

been progress in recent years in forging bipartisan common ground and continued, significant U.S. funding of international family planning programs. Moving ahead, it remains critically important to carefully preserve that baseline consensus through continuous good-faith dialogue and a sustained focus on pragmatic, programmatic innovations.

There are significant data gaps for adolescent girls and young women. Little data are available on private-sector use and measuring quality services for this population. The SDG goal of satisfying 75 percent of demand for family planning by 2030 focuses on all women of reproductive age and women who are married or in union. But this underscores the need for age-disaggregated data on unmet need among unmarried adolescent girls and young women, many of whom are subjected to sexual and gender-based violence, coercion, and child marriage. The lack of data on 10- to 14-year-old girls is especially difficult, and suggests the need to develop other ways to gather information. This highlights the importance of reorienting programs, communities, and health systems to address the needs of adolescent girls and young women who are excluded from care, and provide respectful, quality family planning counseling and services.

Some of the areas for greater research include how to reach married adolescents with family planning information and services; create awareness and demand for family planning using social media and innovative approaches; use education platforms and incorporate sexuality education in schools; and target behavior change activities to adolescent girls, men, and boys. Increasing access to contraceptives will also require better understanding of private-sector health services, social marketing, mobile outreach, and task-shifting to community health workers.

Innovation in new contraceptive methods to meet the needs of this population is also critical, such as multipurpose contraceptives that would prevent pregnancy and STI transmission and female-controlled methods, such as the vaginal ring[64] and Sayana Press.[65] Securing price guarantees will be an important component, given the issue of affordability for adolescent girls and young women.

METHODS

This goal was derived from extensive interviews with a range of experts in global health, family planning, and adolescent health,[66] as well as a review of the literature. The estimated costs were developed with the assistance of Avenir Health, based on an analysis of available data.

Costing is based on an analysis of the modern contraceptive prevalence rate and the estimated unmet need for family planning among adolescent girls and young women in each target country for four subgroups: age 15–19 married, age 15–19 unmarried, age 20–24 married, and age 20–24 unmarried.

Modern contraceptive users would be measured through modern contraceptive prevalence rates and reduction in pregnancies in 15- to 24-year-olds through the Demographic and Health Surveys (DHS)[67] and Multiple Indicator Cluster Surveys (MICS). To measure awareness and access for 10- to 14-year-olds, the indicators would include delayed age of first birth, delayed age of marriage, and reduction in adolescent birthrate. Quality services would include training and supervision to address healthcare worker bias and competence in adolescent health and to ensure that facilities are welcoming. Other indicators to monitor quality of services for this population include affordability and availability of services, confidentiality, and respectful and equitable care.

Meeting 50 percent of the current unmet[68] need will vary by country, but generally translates into an increase in modern contraceptive prevalence by 12.5 percentage points. Given that family planning programs in several low-income countries have been able to achieve a 2-percentage-point increase annually in modern contraceptive prevalence use, a concerted effort with quality programing to increase access, compounded over four years (2017–2021), could reasonably achieve a 12.5-percentage-point increase in use. As such, this is a specific, realistic goal the U.S. government can achieve.

Improving the quality of information and services offered to contraceptive clients would likely increase effectiveness of use. This could be achieved by providing a broad choice of contraceptive methods, continuous supplies, counseling and education regarding side effects and health concerns, and training health care providers to help young women switch methods upon request. Meeting the needs of married and unmarried young women requires innovative efforts, including improving information and services targeting these groups, offering a full selection of methods that respond to their sometimes sporadic contraceptive needs, changing providers' attitudes toward this group, and implementing broader education campaigns.