

FACTSheet

What is U.S. International Population Assistance?

Since 1965, Congress has appropriated money in the foreign assistance bill for population assistance to developing countries to advance the U.S. foreign policy goals of promoting sustainable development and health in these countries. This money supports family planning and related reproductive health services through programs administered by the U.S. Agency for International Development (USAID). Such programs directly benefit tens of millions of couples each year, improving both maternal and child health and contributing to slower population growth.



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Defining “Population Assistance”

■ The term “population assistance” in this fact sheet refers only to U.S. funds for family planning and reproductive health that are administered through USAID. This definition is narrower than that used by the international community following the International Conference on Population and Development (ICPD) in 1994. The broader ICPD definition of “population assistance” encompasses funds made available for HIV/AIDS activities and research in addition to family planning, maternal health care, and general reproductive health. In 2002 – the most recent year for which internationally comparable data are available – U.S. population assistance, broadly defined, totaled US\$963 million.

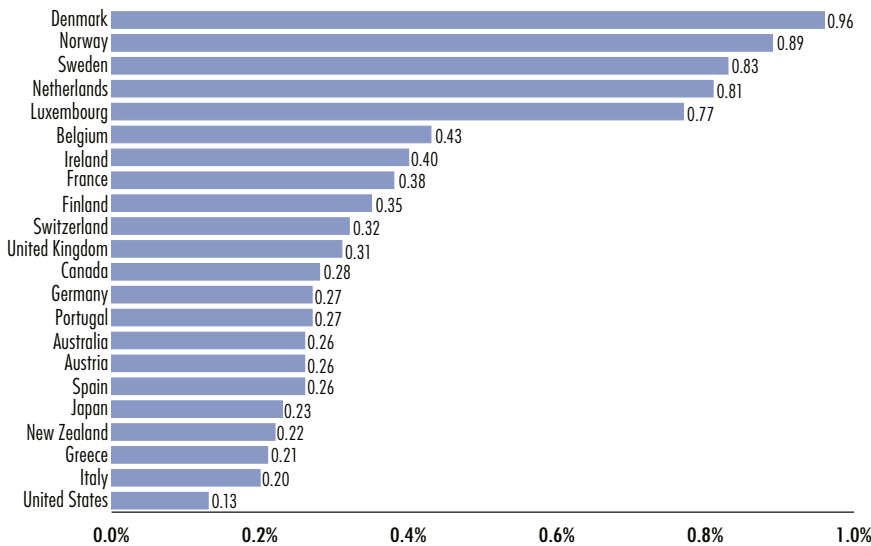
How Much is Contributed?

■ For fiscal year 2005, the U.S. Congress has approved \$437.3 million in population assistance for programs administered through USAID. While this reflects a slight increase over the previous year (\$429.5 million was approved in 2004), U.S. financial support for population assistance remains a tiny fraction – less than one-fiftieth of 1 percent (0.02%) – of the total federal budget, and only about 10 percent of the USAID budget.

How U.S. Contributions Compare

- Though a leader in supporting international family planning and population assistance for nearly 40 years, the U.S. now falters. Despite being the largest bilateral funding source for population assistance programs, the United States still is not contributing its “fair share” of the funds needed. Since the mid-1990s, the domestic politics surrounding abortion have made U.S. contributions, on which many individuals and government programs depend, increasingly unreliable and subject to cuts, delays, and restrictions.
- Compared with other industrialized countries, the United States ranks 11th in the proportion of gross national income (GNI) it devotes to population assistance (broadly defined), trailing Norway, Denmark, the Netherlands, Sweden and the United Kingdom, among others. However, the United States ranks dead last among donor nations in overall development assistance relative to national wealth, devoting approximately 0.13 percent of its wealth to such efforts. In contrast, Denmark contributes almost 1 percent (0.96%) of its GNI to development.
- U.S. support falls short of international commitments. At the ICPD, 179 nations reached agreement on the level of financial commitment needed to achieve universal access to basic reproductive healthcare by 2015. To meet

Official Development Assistance as Percentage of GNI, 2002



In 2002, the United States ranked dead last among industrialized countries.

Source: Organization for Economic Cooperation and Development. 2002. DAC Statistical Chart.

these commitments and fulfill its fair share of the funding burden, the United States would need to roughly triple its 2002 funding for population assistance, broadly defined.

For every additional \$100 million spent directly on family planning services, about 5 million more women will be able to use modern methods of contraception.

How is This Money Used?

- **U.S. population assistance currently supports population and reproductive health programs in more than 50 different countries throughout the developing world**, including Bangladesh, Bolivia, El Salvador, Ghana, India, Kenya, and Uganda. As a result, use of family planning methods has increased dramatically in these countries, from less than 10 percent in 1965 to nearly 60 percent today. The use of family planning has contributed to large improvements in child survival and maternal health by helping women space their pregnancies and prevent unintended pregnancies.
- **USAID is responsible for implementing these programs**, either through its centrally funded program or through bilateral support. Bilateral funding flows between a USAID country mission and a developing country government agency or non-governmental organization (NGO). The centrally funded program is administered by the USAID Office of Population through U.S.-based cooperating agencies, such as Pathfinder International, Engender-

Health, CARE, Save the Children and Family Health International. These and other U.S.-based organizations partner with local NGOs to do the work overseas.

- **U.S. population assistance supports projects committed to advancing voluntary, client-centered services.** Currently, this includes training health workers, supplying contraceptives, improving financial and program management, public education and marketing campaigns, and research and development of new safe and effective methods of contraception. On the ground, U.S. funding: supports the development and dissemination of educational materials on reproductive health-related topics; pays for contraceptive supplies and condoms for HIV/AIDS prevention; pays for the collection and analysis of demographic data; supports both behavioral and biomedical research, including the development, testing and dissemination of new and effective methods of family planning methods; and aids governments' efforts to implement health policies that support wider access to voluntary family planning.

What Are the Benefits?

- **For every additional \$100 million spent directly on family planning services, about 5 million more women will be able to use modern methods of contraception;** 1.3 million unintended pregnancies will be prevented; 3,600 fewer women will die in pregnancy and childbirth; and more than half a million induced abortions will be prevented.
- **Research has shown that smaller family size has a positive impact on economic growth.** Access to reproductive health care hastens the "demographic transition," or the shift from short lives and large families to long lives and small families. The resulting lower birth rates, and thus slower population growth, are largely the consequence of women and men realizing their own childbearing intentions, but have benefited entire societies. In the case of the "Asian Tigers," smaller average family size and a higher ratio of workers to dependent children allowed governments and families to invest more in each child and save more, thereby increasing the pool of capital available for productive investments, and thus stimulating economic growth.



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