



US INTERNATIONAL FAMILY PLANNING AID

THE FOUNDING AND FELLING OF USAID

The United States foreign assistance program was established in 1961, and the population/family planning program followed in 1965. The United States Agency for International Development (USAID) administered bilateral aid for over 60 years and weathered 12 presidential administrations, half of them led by Republicans, before being dismantled by Donald Trump in early 2025, during his second term. The scraps that remain of what was the world's largest bilateral aid agency are now housed under the Department of State, and they do not include family planning projects.

Even before President Trump eliminated international family planning assistance, the US annual funding level had been stagnant at \$607.5 million for 14 years — 45% below the 1995 US funding level (in constant dollars). Meanwhile, during the past three decades, the number of women of reproductive age in low- and middle-income countries (LMICs) has grown by over 525 million.

MATERNAL AND CHILD HEALTH

Every year, millions of women suffer serious complications related to pregnancy and childbirth, and approximately 260,000 die as a result. Nearly all of these deaths occur in LMICs, and nearly all are preventable. Researchers at Guttmacher estimate that maternal deaths would drop by 62% if all women in LMICs who want to avoid pregnancy used modern contraceptives and all pregnant women and their newborns received care at the standards recommended by the World Health Organization (WHO).

Unintended pregnancy leads all too frequently to unsafe abortion, a significant source of maternal injury and death. Of the estimated 73 million abortions that occur each year, 45% are unsafe — unsanitary, self-induced, or performed by poorly trained providers. Nearly all of these unsafe abortions take place in developing regions. According to WHO, up to 13% of maternal deaths

are due to unsafe abortion, suggesting that as many as 33,800 of the 260,000 maternal deaths in 2023 were a result of unsafe abortions. Women who survive often experience long-term health problems, ranging from chronic pelvic pain to infertility.

Unmet need for family planning also increases the risks to newborns. Women who are unable to space or time pregnancies are much more likely to deliver babies with low birth weight and other risk factors. Robust commitment to family planning and reproductive health services would reduce newborn deaths by 69%.

UNMET NEED AND UNPLANNED BIRTHS

An estimated 218 million women in LMICs want to prevent pregnancy for at least two years but have an unmet need for modern contraception. There are approximately 111 million unintended pregnancies and 30 million unplanned births each year in developing regions, most of them among women who were not using contraceptives and a smaller proportion (23%) among women who were using a method that failed for any number of reasons, including user error. This signals the need for better family planning counseling and education in addition to scaled up services.

To provide and improve contraceptive services to all women in LMICs who want them would cost \$12.6 billion each year (the current expenditure is \$7.1 billion). Achieving this target requires that national governments, donor countries, and other funders significantly increase their investments in family planning.

The total amount needed from the United States is \$1.74 billion per year — over \$1 billion more than the US was investing before Trump's catastrophic aid cuts. This figure represents the US fair share of the total cost of satisfying unmet need in developing regions, which is a goal countries including the US agreed upon at the International Conference on Population and Development in Cairo in 1994.



THE UNITED STATES AND UNFPA

The United Nations Population Fund (UNFPA) is a critical partner in the effort to expand and improve family planning and other sexual and reproductive health services around the world. More than 180 countries contribute to UNFPA to help the agency work in some 150 low- and middle-income countries (LMICs). UNFPA is often the only health care provider in humanitarian settings such as conflict zones, refugee camps, and regions affected by natural disasters.

HISTORY OF US FUNDING FOR UNFPA

The United States was integral to the beginning of UNFPA operations in 1969, when Richard Nixon (a Republican) was president. Indeed, there was strong bipartisan support for UNFPA during the agency's first 15 years. But then, in 1984, Ronald Reagan declared via the Kemp-Kasten Amendment that his administration would no longer fund "any organization or program which, as determined by the President, supports or participates in the management of a program of coercive abortion or involuntary sterilization."

Every Democratic president since then has reinstated UNFPA funding, and every Republican one has withheld it, including Donald Trump during both of his terms. The explanation given for withholding funding is that because UNFPA has a small program in China, and China has committed human rights abuses in the name of population control, funding UNFPA would equate to the US participating in coercive population control. Never mind that several teams of investigators from the US government have concluded that UNFPA does not participate in coercive abortion or sterilization in China.

Such unreliable support from one of UNFPA's largest donor countries (in years when the US is not withholding funding) is detrimental to the long-term planning of the agency and sends a message to the rest of the world that the US is an outlier when it comes to supporting reproductive health and rights.

Even in years when the US *does* send a contribution to UNFPA, the level is far lower than it should be. According to commitments made at the International Conference on Population and Development in Cairo in 1994, the United States should be investing \$116 million a year in UNFPA. Before Trump's funding cuts, the US contribution was only \$32.5 million.

THE SUPPORT UNFPA FUNDING ACT

Congresswoman Chrissy Houlahan (a Democrat representing the state of Pennsylvania) reintroduced a bill in the House of Representatives in March 2025 called the Support UNFPA Funding Act, which would ensure that UNFPA receives a US contribution regardless of which presidential administration is in power at any given time. Rep. Houlahan said when she reintroduced the bill to her colleagues:

"The UNFPA's essential and lifesaving work has been hit hard by the chaos of the Trump administration's foreign aid freeze. Several of UNFPA's programs with US support have been subject to a confusing mix of funding suspensions, stop work orders, humanitarian waivers and agreement terminations. This whiplash has caused unnecessary death and suffering for pregnant mothers and their newborns."

Rep. Houlahan introduced the original bill in 2019, during Trump's first administration. She has reintroduced it to each new Congress, every two years since then. The bill has never received a floor vote, and a companion bill has never been introduced in the Senate.

SUPPORT UNFPA FUNDING ACT DETAILS

HOUSE OF REPRESENTATIVES

Bill Number: H.R.2439

Sponsor: Rep. Chrissy Houlahan (D-PA)