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Tempered Great Expectations—President Requests Modest Increase in International Family Planning Budget

The president's budget request for fiscal year (FY) 2025 sent to Capitol Hill on March 11 singles out international family planning and reproductive health (FP/RH) programs as one of the only funding increases proposed among all global health sectors contained in the State Department and foreign operations appropriations section of the budget.

The FY 2025 budget request includes \$578 million for bilateral FP/RH programs and an additional \$44.5 million for a U.S. contribution to the United Nations Population Fund (UNFPA). These add up to a total bilateral and multilateral funding request of \$622.5 million — a \$15 million (2.5%) increase over the funding level appropriated by Congress for FY 2023 in December 2023, the last fiscal year's budget enacted into law. As you know, the appropriations process for the current fiscal year (FY 2024) has yet to be finalized almost six months into the fiscal year due to House Republican disarray and [lack of direction](#), so the FY 2023 enacted level serves as the basis for comparison in the budget request.

For the second year in a row, international FP/RH programs are highlighted in the main volume of the [federal budget](#), which targets the funding increase to “[U.S. Agency for International Development] directed high-impact and lifesaving voluntary family planning and reproductive health programs and America's voluntary contribution to the [UNFPA].” The shout-out to UNFPA in this year's main volume is new.

To address ongoing and escalating threats to contraceptive access and reproductive health care in the United States in the wake of the Dobbs decision overturning the constitutional right to abortion, the main volume also highlights a 36% increase above the 2023 enacted level proposed for the Title X domestic family planning program—impressive but still far short of the whopping 79% increase for Title X recommended in last year's request.

The Office of Management and Budget (OMB) sought to lower expectations about the prospect of a higher budget request being proposed when it telegraphed last fall that budget levels would comply with the tight cap for non-defense discretionary spending contained in the Fiscal Responsibility Act, which raised the debt ceiling and set top-line spending allocations. At that point, it became clear that the expectations of international FP/RH funding advocates were bound to be frustrated by the modest increase likely to be coming after witnessing escalating request levels over the first three Biden budgets of \$32, \$46 and \$70 million, respectively.

The detailed [budget appendix](#) accompanying the proposal from the Biden-Harris administration rejected calls from advocates for robust changes in foreign policy that could advance sexual and reproductive health and rights (SRHR). This includes again declining to recommend eliminating the Helms amendment, which restricts U.S. foreign assistance funds from being used to provide abortion services overseas. Nevertheless, the request includes two important technical fixes, reiterated from the prior three years, to improve the effectiveness of U.S. foreign assistance funds and ensure that FP/RH programs receive the same treatment as other global health sectors.

A detailed description of the elements of the funding request and policy recommendations in the president's budget request follows below.

Funding Request

In the president’s FY 2025 budget proposal, bilateral FP/RH assistance is requested in both the Global Health Programs (GHP) account and the Economic Support Fund (ESF). Within the GHP account, FP/RH funding is earmarked explicitly at \$549 million in budget documents. The GHP request represents a \$25.05 million—or roughly 5%—increase above the current GHP allocation within the FY 2023 enacted level. The allocation of an additional \$29 million in bilateral economic assistance from ESF for FP/RH activities designated to support FP/RH programs in a very small number of strategically important countries was revealed on a conference call with OMB staff on the afternoon of the budget’s release. As a result, the total bilateral FP/RH request is \$578 million, a \$3 million increase above the FY 2023 appropriated level.

While the ESF request of \$29 million represents a \$22 million cut from the FY 2023 enacted level, this reduction in the ESF allocation is not necessarily a bad occurrence as it is being offset by the larger proposed increase for the GHP account described above. Advocates have long argued that investments in FP/RH projects through the GHP account administered by the U.S. Agency for International Development (USAID) Office of Population and Reproductive Health and country missions are likely to be a more effective channel than ESF allocations to the governments of U.S. friends and allies, as one may question whether such plus ups of national health budgets are dictated more by political considerations than by programmatic need.

The budget request proposes \$44.5 million for a U.S. core contribution to UNFPA within the International Organization and Programs (IO&P) account managed by the State Department, as revealed in State [congressional budget justification](#) (CBJ). If enacted, the amount requested for UNFPA would represent a \$12 million — or a 37% — increase above the current FY 2023 level. Sizable increases have now been proposed in all four of President Biden’s budget requests, making good on his pledge to boost funding to UNFPA after four years of U.S. contributions being withheld during the Trump–Pence administration.

The total bilateral and multilateral request for international FP/RH programs for FY 2025 equals \$622.5 million, a \$15 million—or 2.5%—increase about the FY 2023 enacted level. While seemingly modest in size, the increase for global FP/RH is being proposed in a moment when many other global health, development and foreign aid sectors received a flat request or even a reduced request below current levels as the Biden–Harris administration seeks to adhere to the tight spending cap on non–defense discretionary programs mandated under the Fiscal Responsibility Act.

Since the appropriations process for the current fiscal year (FY 2024) has yet to be finalized, the FY 2023 enacted level serves as the basis for comparison in the president’s budget request and this analysis.

(in millions of dollars)	FY 2023 Enacted (P.L. 117-328)	FY 2024 Enacted	FY 2025 President’s Budget Request	Difference FY 2025 Request vs. FY 2023 Enacted
Global Health Programs (GHP) account	(523.95)	TBD	549.0	+ 25.05
Economic Support Fund (ESF)	(51.05)	TBD	29.0	- 22.05
TOTAL, bilateral FP/RH	575.0	TBD	578.0	+ 3.0
U.S. contribution to UNFPA (IO&P)	32.5	TBD	44.5	+ 12.0
TOTAL, bilateral & multilateral FP/RH	607.5	TBD	622.5	+ 15.00

As detailed in the State Department and USAID [CBI](#), FP/RH is again included in the “preventing maternal and child deaths” thematic area (p. 119), one of the three objectives of the GHP account, along with “controlling the HIV/AIDS epidemic” and “combatting infectious disease threats.” The text of the rationale for FP/RH programs is virtually identical to that contained in last year’s CBI, which represented a marked departure from the rationale for investments during the prior administration that was, as one might suspect, more deferential to governments’ religious and cultural sensitivities and less concerned about the rights of citizens to essential health care.

The president’s budget request includes a total of \$9.8 billion for State Department and USAID global health programs, a \$733 million cut below the FY 2023 enacted level. As reported by the Kaiser Family Foundation, the entire decline in the request is the result of a decreased U.S. contribution to the Global Fund to Combat AIDS, Tuberculosis (TB) and Malaria. SRHR advocates should perhaps consider themselves fortunate as the budget requests for every other [global health sector](#) funded under the bilateral GHP account, except maternal and child health, are flat and stuck at the FY 2023 enacted level, including the requests for bilateral HIV, TB, nutrition, vulnerable children, neglected tropical diseases and global health security activities. Peer advocates for other global health sectors are deeply troubled and disappointed that not many—if any—of the hundreds of millions of dollars held back from the Global Fund contribution were apparently reallocated to other bilateral global health programs at a time of ongoing global health crises and challenges.

Nevertheless, the modest proposed increase for FP/RH falls [far short of the marker](#) laid down by SRHR advocates, which recommend an expenditure of \$1.736 billion as the U.S. fair share of the total financial investment necessary to address the current unmet need for modern contraception of 218 million women in low- and middle-income countries (LMICs) who want to avoid pregnancy but are not using a modern contraceptive method, while continuing to meet the needs of 705 million existing contraceptive users.

However, according to a recently updated analysis from the [Guttmacher Institute](#), even at the current level of U.S. investments in FP/RH programs, the \$607.5 million in funds appropriated by Congress in FY 2023 (of which \$32.5 million was a contribution to UNFPA) delivered measurable results and made the following possible:

- 24.2 million women and couples received contraceptive services and supplies;
- 8.1 million unintended pregnancies, including 3.2 million unplanned births, were averted;
- 2.6 million unsafe abortions were averted; and
- 14,000 maternal deaths were prevented.

With an additional investment of \$1.13 billion in U.S. international FP/RH assistance — which would bring the total funding to \$1.74 billion — the following would result:

- 84.8 million women and couples would receive contraceptive services and supplies;
- 28.4 million fewer unintended pregnancies, including 11.3 million fewer unplanned births, would occur;
- 9.2 million fewer unsafe abortions would take place; and
- 49,000 fewer maternal deaths would occur.

Not only do strategic investments in sexual and reproductive health save lives but they also make [economic sense](#)—for every additional \$1 spent on contraceptive care, \$3.70 is saved on maternal and newborn care because of declines in the number of unintended pregnancies.

Policy Recommendations

Accompanying the main volume of the president’s budget request each year is a massive [appendix](#) that outlines in exacting detail the executive branch’s recommendations for additions, deletions and revisions to the text of the current appropriations legislation. Interestingly, in the absence of an enacted FY 2024 spending package, the administration has chosen to essentially rewrite the statutory language governing State Department operations and foreign assistance program in the manner that they would if left to their own devices, excluding some old boilerplate and adding some new provisions.

DELETING THE HYDE AMENDMENT BUT RETAINING THE HELMS AMENDMENT

For the fourth year, the Biden budget request does not contain the infamous Hyde amendment — a provision in the annual Labor, Health and Human Services, Education appropriations bill that has barred states from using federal Medicaid funds to provide abortion, except in cases of life endangerment, rape or incest, since 1976.

Important progress in the campaign to remove the Hyde amendment from annual appropriations legislation was made during the 117th Congress, as neither the House nor Senate versions of the bill in FY 2022 and FY 2023 contained the provision. Unfortunately, the removal of the Hyde amendment was sacrificed in the final omnibus bills as part of the [bad deals](#) with Senate Republicans that led to all policy “riders” on domestic and international reproductive health and rights being dropped.

Like the prior three years, global SRHR advocates were disappointed that the Biden budget appendix did not move to strike the Helms amendment included in the appropriations bill that restricts the use of foreign assistance to provide “abortion as a method of family planning.” However, it is important to note that in the budget appendices submitted by Democratic presidents over the last 30 years, only President Clinton proposed deleting Helms, and even then, only recommended partial deletions on three occasions, the last time 25 years ago in FY 1999. Since then, neither Presidents Obama nor Biden have proposed that the Helms amendment be removed from appropriations legislation in their budget requests.

The Helms amendment is also part of the permanent authorizing statute for overseas aid programs — the Foreign Assistance Act of 1961 — and not just an appropriations “rider” like Hyde. Deletion of the reiterations of Helms included in foreign aid appropriations bills since FY 1980 would not end its enforcement, absent it being struck from the Foreign Assistance Act.

That fact did not prevent House Democratic appropriations champions from removing the two repetitions of Helms from their version of the FY 2022 and FY 2023 spending bills, which, like the Hyde amendment, were reinstated in the final omnibus bills. A bill to accomplish the objective of amending the permanent law, the [Abortion is Health Care Everywhere Act](#), was reintroduced in the 118th Congress in both the House, led by lead sponsor Jan Schakowsky (D-IL) with 158 cosponsors, and in the Senate, led by Senator Cory Booker (D-NJ) joined by 24 cosponsors.

INSERTING TECHNICAL LANGUAGE “FIXES”

Like the last three years, the Biden budget request for FY 2025 proposes to reword two boilerplate provisions in the annual State Department and foreign operations appropriations bill to expand their application to funding for bilateral FP/RH programs and contraceptive commodities.

Unfortunately, neither the House nor Senate versions of the FY 2024 bill included these two technical fixes, the latter because of the no new policy “riders” agreement between Senate Appropriations Chair Patty Murray (D-WA) and Vice Chair Susan Collins (R-ME). As a result, no changes will be made in either in the final FY 2024 spending legislation that will emerge in the next few days.

Advocates will be working to break the linkage that has regrettably developed during endgame spending negotiations with abortion-related provisions and finally succeed in persuading congressional appropriators to make these two small — but significant — technical language fixes for FY 2025.

Allow FP/RH programs to continue in countries where U.S. foreign aid has been cut off

Coup d'états in four countries since 2021—in Mali, Guinea, Burkina Faso and Niger—and the resulting cutoff of U.S. foreign assistance to these countries' governments are just the latest illustrations of the fact that only one global health sector funded by the GHP account — FP/RH — is not exempt from a variety of prohibitions on assistance that can and have been enforced against governments that launch coups, engage in nuclear proliferation, default on loans from the U.S. government, expropriate U.S. assets and commit other serious misdeeds. The flurry of recent “coups,” whether officially declared that by the State Department or not, provide a timely example of why a technical language change to include FP/RH programs under a broad global health exemption from country aid prohibitions remains critically important. In order for the U.S. government to be consistent in its efforts to use the leverage of a foreign aid cut-off on a country to encourage changes in national policy or behavior—but in not at the same time punishing citizens for the actions of their government—it would be entirely appropriate that the exemption currently granted only to child survival, HIV/AIDS and other disease programs be extended to the full spectrum of life-saving global health activities. (According to USAID staff, maternal health has always been considered a part of child survival for purposes of this exemption.)

What should be a noncontroversial technical change to enable FP/RH to be covered under the exemption from country aid restrictions involves simply changing a few words so that the provision in the annual appropriations bill reads “global health programs” rather than “child survival activities or disease programs.” (It was recently learned that water and sanitation programs also lack “notwithstanding” authority and would benefit from broadening the statutory language to encompass all facets of global health.)

Although included in both the House and Senate versions of the FY 2023 bill and requested by the president in the FY 2023 budget appendix, the change failed to survive the decision to not deviate from the legislative status quo in the negotiations over the final omnibus spending bill.

Allow for contraceptive procurement using the HIV/AIDS Working Capital Fund

Appropriations legislation only allows “child survival, malaria and tuberculosis and emerging infectious disease” programs to use the HIV/AIDS Working Capital Fund to procure and distribute pharmaceutical commodities for use in U.S. government-funded health programs “to the same extent as HIV/AIDS pharmaceuticals and other products.” However, the HIV/AIDS Working Capital Fund cannot be utilized to procure or distribute contraceptives and other reproductive health supplies. A simple wording change — adding “other global health” — to the existing statute had been requested in the appendix to the president’s FY 2023 budget request and inserted in both the House and Senate versions of the bill. This would broaden the fund’s eligibility to allow USAID to procure contraceptive commodities using this mechanism if it chooses and eliminate another instance in which FP/RH programs are subjected to discriminatory treatment in appropriations legislation without legitimate programmatic justification. Unfortunately, the FY 2023 omnibus reverted to existing law.

CONDITIONS APPLIED TO THE UNFPA CONTRIBUTION

The Biden budget appendix does not include the entire section of the bill containing all of the long-standing boilerplate restrictions on the U.S. voluntary contribution to UNFPA including: the requirement that UNFPA maintain U.S. funds in a segregated account, none of which may be spent in China; no funding for abortion; dollar-for-dollar reduction in the U.S. contribution by the amount of funds UNFPA furnishes to China; and the reprogramming of any funds withheld from UNFPA due to the “operation of any provision of law” to bilateral family planning, maternal and reproductive health programs.

However, the Biden budget appendix does contain the 1985 Kemp-Kasten amendment, unjustifiably interpreted during Republican administrations to cut off U.S. financial contributions to UNFPA, but it does not propose any modifications to the language.

In not including the entire UNFPA section of the bill, the Biden budget appendix removed the existing statutory earmark of \$32.5 million for UNFPA from the IO&P account. As a result, the FY 2025 contribution level of \$44.5 million only appears in the State Department-USAID CBJ, accompanied by a forceful justification for the increase being proposed by the administration. The CBJ states that UNFPA “advances the U.S. government’s strategic foreign policy goals to empower women, build democracy and encourage broad-based economic growth through advancing global health and human rights and expanding access to voluntary family planning, reducing global maternal and child mortality and preventing gender-based violence.”

What’s Next

It’s a well-worn cliché inside the Beltway that the budget requests of presidents of both parties are declared “dead on arrival” when the document reaches Congress. With an extremist faction still calling the shots in the House Republican caucus, President Biden’s latest budget submission is arriving in full rigor mortis.

Of more immediate concern to SRHR advocates is whether international FP/RH funding will remain at the same level as it has been at for the last 13 years or face a cut—whether as part of an across-the-board reduction or specifically targeted for discriminatory treatment—at the conclusion of the FY 2024 appropriations process in the next few days.

Prior to a midnight Friday deadline, Congress needs to pass a “minibus” spending package encompassing six appropriations bills, including for State Department and foreign operations, to avoid a partial government shutdown when the current continuing resolution expires.

After a delay caused by intense wrangling over border security funding and policy, a final spending deal has been reached between the White House and Congress. But the agreement needs to be turned into legislative text, now expected to be released tomorrow. Only then will the final FY 2024 funding level for bilateral and multilateral FP/RH programs be revealed and the fate of House Republican anti-SRHR policy riders known. Stay tuned.