

WOMEN'S ECONOMIC EMPOWERMENT *AND* WOMEN'S HEALTH SERVICES

*An Opportunity for U.S. Leadership*¹

By Janet Fleischman

KEY DATA

- Globally, only 50 percent of working-age women are in the labor force, compared to 77 percent of men.⁴
- 75 percent of global unpaid work, including caring for children, the elderly, and the sick, is done by women.⁵
- 18 countries require women to have their husband's permission to work outside the home.
- 59 countries provide no legal protection against sexual harassment in the workplace.
- 104 countries restrict the kinds of jobs women can hold.
- In 39 countries, daughters and sons do not have equal inheritance rights.⁶
- 75 countries restrict women's property rights.⁷
- 214 million women in developing regions want to avoid pregnancy but are not using a modern contraceptive method.⁸
- 303,000 women a year die in childbirth or as a result of complications arising from pregnancy. 99 percent of all maternal deaths occur in developing countries. Complications from pregnancy and unsafe abortions are the leading causes of death among girls 15-19.⁹

"No country in the last 50 years has emerged from poverty without expanding access to contraceptives."

—MELINDA GATES²

"With family planning, we are able to empower women, we are able to decrease maternal mortality, we are able to focus on adolescents—our future. I think that we will do a lot for our countries, our continent, and the world."

—DR. AWA MARIE COLL SECK³

OPPORTUNITY FOR U.S. POLICY AND LEADERSHIP

Support for women's economic empowerment and entrepreneurship around the world is gaining considerable momentum, manifested in recent U.S. and World Bank initiatives. This is an issue of global importance that garners extensive bipartisan support, rooted in data about the benefits for alleviating poverty and advancing economic growth. Yet economic empowerment does not exist in isolation in women's lives; it is interconnected with and dependent upon access to women's health services, notably maternal health and family planning, as a fundamental enabling factor. Simply put, women cannot meaningfully participate in the labor force if they are not healthy and able to decide the timing and spacing of their pregnancies. Concerted, bipartisan leadership is necessary to ensure that U.S. support for economic empowerment¹⁰ is intentionally aligned with U.S. investments in women's global health.

In the current polarized political environment, this is a unique area to advance a bipartisan, cross-sectoral approach, building on U.S. leadership in women's global health to advance the economic potential of women and girls. This policy briefing calls on members of Congress, on a bipartisan basis, to communicate directly with the secretary of state and the administrator of the U.S. Agency for International Development (USAID) to encourage continued U.S. leadership in both women's global health and economic empowerment to spur economic growth and promote healthy development. To demonstrate the improved dual outcomes that could result from such programmatic linkages, Congress should direct USAID to create a pilot program in 2-3 countries and to invest in data and evaluation to inform scale up. Additional recommendations include ensuring a

CSIS TASK FORCE ON WOMEN'S AND FAMILY HEALTH

A Bold Vision for U.S. Leadership to Unlock the Potential of Adolescent Girls and Young Women

Between October 2015 and March 2017, CSIS convened a high-level, bipartisan Task Force on Women's and Family Health in the belief that there is a timely opportunity—and pressing need—for U.S. leadership in this critical area. In its final report, the Task Force calls for a bold vision for a major U.S. initiative by the Trump administration to unlock the potential of adolescent girls and young women in select low-income countries. It is a call for a new and innovative U.S. approach to foreign assistance: one that creatively integrates key health interventions—improving maternal and newborn health, increasing access to voluntary family planning, reducing anemia, and expanding access to the human papillomavirus (HPV) vaccine to prevent cervical cancer—with

particular focus on adolescent girls and engaging the private sector. As context for these recommendations, this paper examines the current momentum on women's economic empowerment and lays out the growing evidence. It is based on numerous key informant interviews and bipartisan discussions, through the CSIS Women's Health Policy Forum,¹¹ that explored the critical connections between women's economic empowerment—defined to include education, labor force participation, and agency—and their access to family planning and maternal health services as well as HIV services targeted to women and girls.

This approach to expanding global economic growth and building human capital by improving women's economic empowerment and access to quality women's health services makes programmatic sense and maximizes aid effectiveness. In many countries, women lag far behind men in market opportunities, employment choices, and wages due to restrictive gender norms, which often includes lack of decision-making authority about fertility and contraception. Adolescent girls' ability to access higher education and employment is often

education, economic empowerment, and other development efforts. It promises to embrace new technologies, draw in the private sector, deliver concrete and enduring returns on investment, firmly establish adolescent girls and young women as a pillar of long-term economic growth and opportunity, and bring vital benefits to Americans.

Such an approach will yield a clear and robust return on investment. When women and girls in low-income countries are healthy, educated, and employed, they become skilled, productive leaders, capable of seizing opportunities and promoting economic growth. Over the full span of their lives, they create stronger families, more secure communities, and expanded markets. In turn, we as a nation benefit from a safer, more prosperous world that reinforces our security and prosperity while enhancing the United States' reputation and influence.

For more information about the CSIS Task Force on Women's and Family Health, please visit:

<http://vision2017.csis.org>

undermined by pressure for them to marry early and begin having children,¹² putting them and their children at risk of adverse health consequences.¹³ Creating bidirectional links between these areas also complements USAID's strategy on encouraging countries' "journey to self-reliance," a new orientation for USAID to support partner countries to solve their own development challenges.¹⁴ Building on current U.S. investments as well as country commitments in health and development strengthens countries' capacity to address these complex and inter-related challenges. A cross-sectoral approach fosters an enabling environment for economic empowerment; it recognizes that an underlying precondition for women to be able to complete their education, choose a productive occupation, enter the labor market, and access entrepreneurship training or financing is their ability to stay healthy and to avoid or space their pregnancies.¹⁵ Other key enabling factors include the policy, regulatory, and legal environment as well as the prevention and response to gender-based violence.

However, the interplay between economic empowerment and access to women's health services has been discounted or avoided in most U.S. policy

discussions about inclusive economic growth. While this is partly due to the more narrow focus on financial services and economic assets, it also stems from the political polarization in the United States around abortion, which is often erroneously conflated with family planning.¹⁶ In fact, promoting coordination and alignment between economic empowerment and U.S.-supported women's health and family planning programs is wholly consistent with current U.S. law.¹⁷ For decades, the United States has played a leading role in expanding access to family planning around the world, yet the abortion arguments in the U.S. have often overshadowed the policy discussion. This polarization has been evident in the debates over what is known as the Mexico City Policy, which the Trump administration reinstated and expanded, now called "Protecting Life in Global Health Assistance."¹⁸

U.S. GOVERNMENT INITIATIVES ON WOMEN'S ECONOMIC EMPOWERMENT

In the past year, the U.S. government has developed a number of initiatives that focus on women's economic empowerment globally. The Trump administration's efforts have been particularly associated with Advisor to the President Ivanka Trump, who elevated the issue and the value of investing in women. At the G20 meeting in July 2017, the United States contributed \$50 million to the new World Bank facility called the Women Entrepreneurs Finance Initiative (WeFi). This was a new partnership between governments and multilateral development banks to address the barriers that women entrepreneurs in developing countries face in gaining access to the finance, markets, and networks necessary for businesses. The first round of funding, \$120 million, was announced in April 2018.¹⁹

At the United Nations General Assembly in September 2018, Ivanka Trump also announced that the administration would launch a new strategy in 2019 on women's economic empowerment. Although the details have not been announced yet, it is expected that the initiative will include some 10 U.S. government agencies and focus on three main areas—workforce development, access to finance, and regulatory reform—as well as the enabling environment related to land tenure and childcare issues. However, the foundational issues of women's health do not appear to be included.

In March 2018, the U.S. government's Overseas Private Investment Corporation (OPIC) launched its OPIC 2x Women's Initiative, designed to mobilize \$1 billion in capital to invest in women in developing countries. The goal is to engage in gender-lens investing, including directly investing \$350 million to promote women's access to the financing, jobs, and services they need to increase their economic opportunities. OPIC 2x is based on the premise that women are key drivers of advancing economic prosperity and global stability.²⁰ In October 2018, the Congress passed the Better Utilization of Investments Leading to Development Act (BUILD Act), which will consolidate OPIC and the USAID Development Credit Authority into a new \$60 billion U.S. agency, the U.S. International Development Finance Corporation (IDFC), to support private investment.²¹ The IDFC's goal is to facilitate private sector investment in low- and middle-income countries and is expected to include some support for women entrepreneurs and economic empowerment.

For its part, the U.S. Congress has taken up legislation on economic empowerment for women. Both the House and the Senate have introduced versions of the same bipartisan legislation, entitled the Women's Entrepreneurship and Economic Empowerment Act of 2018, which seek to address gender-related barriers to economic growth and support women-led enterprises. In particular, the bills require that all USAID strategies and projects be shaped by a gender analysis and expand USAID's microenterprise assistance authorities to support small- and medium-sized, women-owned businesses. The bills also emphasize the importance of women's economic empowerment for inclusive economic growth as well as for broader health and development outcomes, including childhood survival, food security, educational attainment, and financial resilience. The bills do not explicitly address alignment with women's health programs but acknowledge the links between women's economic empowerment and other women's human rights across the lifecycle, including living free of violence and exploitation; achieving the highest possible standard of health; access to education, property rights, and labor rights; and policies to address the disproportionate care burden.

In addition to these recent initiatives focused on economic empowerment for women, the U.S.

government's global HIV program has recognized that economic empowerment for women and girls is an important dimension of HIV prevention since women's and girls' economic dependency often increases their risk of HIV infection. The President's Emergency Plan for AIDS Relief (PEPFAR), launched by President George W. Bush in 2003, has long recognized the need for specific gender strategies to improve HIV prevention, care, and treatment programs. This was taken to a new level in late 2014 when PEPFAR created the DREAMS (Determined,

Resilient, Empowered, AIDS-free, Mentored, and Safe) partnership to prevent HIV incidence in adolescent girls and young women in 10 (now 15) high-burden countries. The DREAMS approach focuses on "layering" a core package of interventions to address the needs of these women and girls, including economic and social empowerment to promote healthy behavioral changes, to decrease the risk of violence, and to create lasting change in the lives of these adolescent girls and young women.²²

U.S. GOVERNMENT INVESTMENTS IN WOMEN'S GLOBAL HEALTH

Spotlight on Maternal Health, International Family Planning, DREAMS

The United States has supported international family planning and maternal health for more than 50 years. While maternal mortality around the world has been reduced by nearly 50 percent, most of these deaths (99 percent) continue to occur in developing countries and are due to preventable causes. Satisfying unmet need for contraception alone could avert an estimated 30 percent of maternal deaths. In addition to decreasing maternal mortality and morbidity rates, family planning investments are proven to improve newborn and child survival and prevent millions of unintended pregnancies and abortions. To address these issues, USAID focuses on 25 priority countries in sub-Saharan Africa and South Asia for maternal child health and family planning assistance.²³

Total U.S. funding for maternal and child health and nutrition was \$1.4 billion in fiscal year (FY) 2018. This includes the U.S. contributions to Gavi, the Vaccine Alliance, and UNICEF as well as support for polio activities. Total U.S. funding for family planning and reproductive health was \$608 million for FY 2018, in line with recent years. For FY 2018, the Trump administration proposed eliminating funding for international family planning, but following reinstatement by Congress, the administration's budget request was \$302 million for FY 2019.²⁴ U.S.

support for international family planning is based on the principles of voluntarism and informed choice and is guided by legislative and policy restrictions regarding abortion.²⁵ U.S. bilateral and multilateral funding for international family planning has fluctuated since 1995 due largely to domestic political debates around abortion and whether or not to support the United Nations Population Fund (UNFPA).²⁶ UNFPA is the lead United Nations agency focused on reproductive health care around the world, including in conflict and humanitarian crisis situations.

DREAMS is a public-private partnership, launched on World AIDS Day, December 1, 2014, designed to reduce the incidence of HIV in adolescent girls and young women (10-24) in 15 countries in sub-Saharan Africa.²⁷ Led by PEPFAR, the other partners include the Bill & Melinda Gates Foundation, Girl Effect, Gilead Sciences, Johnson & Johnson, and ViiV Healthcare. Started as a \$385 million effort,²⁸ DREAMS activities have now been incorporated into the 15 countries' annual PEPFAR operational plans. The program operates through a core package of evidence-based interventions that go beyond health to address the social and economic drivers that increase girls' risk of infection, including sexual violence, poverty, gender inequality, and lack of education. In addition, an \$85 million Innovation Challenge Fund was established to spur innovation in areas outside the DREAMS core package and to bring in new partners, with \$80 million in funding from PEPFAR and additional resources provided by Janssen Pharmaceutical, NV (one of the Janssen Pharmaceutical Companies of Johnson & Johnson), and ViiV Healthcare.

“There can be no sustainable development without women’s empowerment, and there can be no women’s empowerment without access to comprehensive maternal and reproductive health services. Family planning is part of them.”

—KRISTALINA GEORGIEVA, CEO OF THE WORLD BANK²⁹

GROWING EVIDENCE BASE

The importance of investing in women’s economic empowerment for global economic growth is gaining prominence, backed by data about the gender gaps in labor force participation. A 2015 McKinsey Global Institute study found that if women played an equal role in labor markets to that of men, as much as \$28 trillion, or 26 percent, could be added to global annual GDP by 2025.³⁰ Yet women in low- and middle-income countries continue to face significant disadvantages and inequalities in accessing economic opportunities, including labor markets, land, and capital.³¹

A growing body of evidence from around the world shows the benefits of economically empowering women and girls while also ensuring access to women’s health services and contraceptives, indicating that these interventions are complementary and lead to healthier, more educated, and more prosperous communities. A well-known example involves East Asia: between 1960 and 1990, the world’s fastest growing economies were South Korea, Singapore, Hong Kong, Taiwan, and Japan, with Indonesia and Thailand close behind. In these countries, women reduced their average number of children from six or more to two or fewer, which relieved both dependency burdens and reliance on foreign capital.³² In one generation, the “East Asian Miracle” involved rapid advances in the standards of living and development, which were due in part to the increased investments in voluntary family planning programs.³³

Broad consensus is emerging about the importance of investing in human capital—in health and education—to create sustainable economic growth and poverty reduction, as was experienced in many countries in East Asia in the twentieth century. The focus on human capital has been recently elevated by two new studies: the Bill & Melinda Gates Foundation’s Goalkeepers report from September 2018,³⁴ and the

World Bank’s Human Capital Index, published in October 2018.³⁵ Both emphasize that investing in health and education has proven to be the best path to expand productivity and prosperity to reduce poverty; the World Bank further states that investing in women’s health and empowerment, including family planning, is a way to build human capital.³⁶

The importance of women’s health for labor force participation has been examined in a number of studies. According to the World Bank, improving health outcomes for women can increase labor productivity by as much as 25 percent in some countries.³⁷ Moreover, the International Center for Research on Women (ICRW) noted that women’s equal participation in the economy is associated with multiple benefits, including lower child mortality and malnutrition rates.³⁸

The Population and Poverty Research Network analyzed the causal effect of improved women’s health on increased economic empowerment, which led to important findings: improvements in reproductive health lead to improvements in women’s economic empowerment; expanding contraceptive use improves women’s agency, education, and labor force participation; higher age at first birth increases the likelihood of school completion and participation in the formal labor market; and increasing birth intervals/spacing of pregnancies increases labor market participation.³⁹

Family planning has been shown to be a key determinant for women’s economic empowerment more broadly, including increased agency, access to decent work that provides economic security and the ability to aspire to and invest in better futures for themselves and their families. According to the Center for Global Development (CGD), the mere availability of contraception can actually lead to women’s economic empowerment and drive economic growth; it allows girls to plan for and aspire to better futures by investing in education, helps women to enter the workforce and excel as professionals, and can transform economies by opening economic opportunities for women.⁴⁰ CGD cites evidence from the United States where the advent of the birth control pill helped reduce the gender wage gap by allowing women to time births and invest in their careers and accounted for approximately one-third of female wage growth in the 1990s.⁴¹ In similar ways, family planning services

assist women and girls around the world to determine the timing and spacing of their pregnancies that impact their life trajectories, which in turn shape their educational and economic opportunities. Examples from Colombia demonstrate the link between increased access to family planning and women's participation in the formal labor force.⁴²

“When women do better, countries do better, communities do better, and families do better.”

MARK GREEN, USAID ADMINISTRATOR

POLICY OPTIONS FOR THE U.S. GOVERNMENT AND CONGRESS

The importance of economic empowerment for women to achieve inclusive economic growth has gained bipartisan support in the United States, but success will require strengthening alignment with women's health programs, including maternal health, family planning, and HIV services. Although U.S. health and development programs are organized in silos and funded separately, program impact and effectiveness could be maximized by coordinating current U.S. investments in USAID priority countries to build the enabling environment and better address the needs of women and girls. In this way, realigned, holistic support for women's economic empowerment could be catalytic to meet broader U.S. health and development goals. While U.S. policymakers have to navigate cultural and political sensitivities around women's health and family planning, especially related to abortion, this is a unique opportunity to take advantage of the surge of interest in women's economic empowerment and the role of human capital to move this agenda forward on a bipartisan basis.

To accomplish this, the U.S. government should explore the implementation of cross-sectoral programs that strategically link the populations that are using women's health services with economic empowerment opportunities in order to demonstrate the dual impact. Such a coordinated approach would complement USAID's Journey to Self-Reliance framework since women's health and empowerment tie directly to the long-term economic stability necessary for countries to move toward self-reliance.⁴³ Congress has important tools to advance this

timely approach to promote both healthy populations and economic opportunities.

1. Recognize and encourage U.S. leadership in global health and economic empowerment

Members of Congress, on a bipartisan basis, should communicate directly (in writing, informal meetings, and/or hearings) with the secretary of state, USAID administrator, and key congressional committees to recognize and encourage U.S. leadership in both women's global health and economic empowerment as a way to spur economic growth and promote healthy development in low- and middle-income countries. This would serve as an important opportunity to convey continued congressional commitment for the foundational investments in women's health, including maternal health and family planning, through the bilateral accounts that are key to women's empowerment success.

2. Create a pilot program in 2-3 countries

Congress should direct USAID to create and coordinate a pilot program within its economic empowerment program using its existing authorities in 2-3 countries. This would be designed to extend the reach and impact of women's economic empowerment programs by programmatically aligning them with U.S.-supported women's health programs, including maternal health, family planning, and HIV services (notably DREAMS). The goal would be to demonstrate the improved dual outcomes in both sectors as a result of such programmatic alignment and to incorporate the evaluation and learnings to inform future scale up. The funding should be supplementary to current investments in women's health.

- Identify countries with significant U.S. investments in women's health, notably among the USAID priority countries for maternal health and family planning, and align them with economic empowerment initiatives. Determine locations based on country contexts, where economic empowerment and women's health programs can be in the same geographic and sub-national location to coordinate and target similar populations and develop programmatic linkages.

- Incentivize U.S. missions to promote country-level projects that link women's and girls' economic empowerment, including microfinance and innovative use of technology for financial inclusion, with information and services on maternal health and voluntary family planning.
- Build on current U.S. bilateral investments in women's and girls' health and empowerment, including through the DREAMS partnership. These existing platforms are well placed to demonstrate how women's health and economic empowerment can be mutually reinforcing to achieve health and development goals.
- Engage local partners, including women's organizations and other civil society groups, to ensure that women and girls are reached with the necessary information so they can access and benefit from both sets of services.

3. Invest in data and evaluation

To track both empowerment and health indicators, invest in data and evaluation on the impact and barriers to this cross-sectoral approach in the pilot program and other programs implementing such strategic linkages. This means monitoring and evaluating the impact of the availability of women's health services to women's ability to participate in and benefit from financial inclusion, skills building, and microfinance programs, as well as the health outcomes associated with increasing women's economic empowerment. These data should be used to inform program adjustment and scale up.

- Require USAID and the new International Development Finance Corporation to report to Congress about how women's economic empowerment programs link with and benefit from the enabling environment provided by U.S. bilateral investments in specific women's health programs. This includes access to a full range of contraceptive methods and to pre-natal and post-natal maternal health services.
- Ensure that gender analysis for the design of economic empowerment programs includes an examination of access to women's health programs, addressing maternal health and unmet need for contraception.

4. Focus on the barriers faced by adolescent girls

Ensure a particular focus on addressing the health and development barriers to economic empowerment for adolescent girls, building on prior U.S. government strategies to empower adolescent girls and on PEPFAR's DREAMS partnership.

- To better align U.S. investments in adolescent girls, programs should coordinate activities on building education, skills, and financial literacy with access to women's health services to expedite the pipeline to empowerment outcomes. These include expanding secondary education for girls, eliminating child marriage, and preventing and responding to gender-based violence while ensuring their access to maternal health, family planning, and HIV services.

5. Learn from the private sector

Engage the private sector to bring its specific capacities and resources to women's economic empowerment and to benefit from their experience in building a healthy workforce.

- Mobilize diverse resources to address the gaps in financing for women's health in the context of workforce development, including from the private sector and public-private partnerships.
- Document promising practices from private sector efforts to expand employment opportunities for women as well as to expand female workers' access to voluntary family planning services such as Twinings tea in Kenya, which has recognized the importance of healthy and empowered communities for its supply chain.
- Ensure that the private investment supported by the new International Development Finance Corporation supports women entrepreneurs and women's economic empowerment.

ENDNOTES

- 1 This briefing paper was written by Janet Fleischman, senior associate at the CSIS Global Health Policy Center, with assistance from Cathryn Streifel, associate director of the CSIS Global Health Policy Center. This is the first in a series of papers to be published under the CSIS Women's Health Policy Forum, which is made possible through the generous support of the William and Flora Hewlett Foundation.
- 2 Bill and Melinda Gates, "Dear Warren: Our 2017 Annual Letter," February 14, 2017, https://www.gatesnotes.com/2017-Annual-Letter?WT.mc_id=02_14_2017_02_AL2017GFO_GF-GFO_&WT.tsrc=GFGFO.
- 3 Dr. Awa Marie Coll Seck, "Keynote Address" (presented at CSIS event, "Partnerships to Advance Family Planning in Senegal: Lessons for U.S. Policy," Washington, D.C., April 27, 2015), <https://www.csis.org/blogs/smart-global-health/vid-eo-and-event-shine-spotlight-family-planning-senegal>.
- 4 S. Bourgault, L. Thompson, R. Clement, and T. Casale, *Reproductive Health: The Overlooked Yet Essential Ingredient to Women's Economic Empowerment* (Washington, DC: International Center for Research on Women, 2018), https://www.icrw.org/wp-content/uploads/2018/08/ICRW_UAPQ3_PolicyBrief_v6_WebReady.pdf.
- 5 McKinsey Global Institute, *The Power of Parity: How Advancing Women's Equality Can Add \$12 Trillion to Global Growth* (McKinsey Global Institute, September 2015), https://www.mckinsey.com/~media/McKinsey/Featured%20Insights/Employment%20and%20Growth/How%20advancing%20womens%20equality%20can%20add%2012%20trillion%20to%20global%20growth/MGI%20Power%20of%20parity_Full%20report_September%202015.ashx.
- 6 "Women's Workplace Equality Index," Council on Foreign Relations, https://www.cfr.org/interactive/legal-barriers/?utm_campaign=barriers-postcards&utm_content=100818&utm_medium=social_earned&utm_source=partner_toolkit&utm_term=fellows.
- 7 "Sustainable Development Goals, Goal 5: Achieve Gender Equality and Empower All Women and Girls," United Nations, <https://www.un.org/sustainabledevelopment/gender-equality/>.
- 8 Bourgault et al., *Reproductive Health*.
- 9 "Maternal Mortality," World Health Organization, February 16, 2018, <http://www.who.int/news-room/fact-sheets/detail/maternal-mortality>.
- 10 The informal economy is a greater source of employment for women than for men in low- and lower-income countries. In Africa, 89.7 percent of employed women are in informal employment compared to 82.7 percent of men. The informal economy comprises many low-income jobs and activities without labor rights, social protections, and entitlements. Women in the informal economy are more often found in the most vulnerable situations, for instance as domestic workers. Efforts to empower women economically focus on expanding their participation in the formal labor force.
- 11 The goal of the CSIS Women's Health Policy Forum is to generate consensus around concrete U.S. policy options and continued bipartisan support for women's health and international family planning as key pillars of U.S. global health and development policy. Through targeted engagement with a diverse group of U.S. policymakers, faith-based organizations, and private sector representatives, the forum seeks to build strategic thinking and policy dialogue about the importance of protecting U.S. investments in women's health and international family planning. Ultimately, the policy forum aims to develop concrete strategies to address gaps and promote evidence-based, innovative approaches, and to ensure continued bipartisan support for U.S. investments in women's global health, including maternal health and family planning.
- 12 USAID High Impact Practices in Family Planning, *Economic empowerment: a pathway for women and girls to gain control over their sexual and reproductive health. Evidence Summary* (Washington, DC: USAID, 2017), <https://www.fphighimpact-practices.org/briefs/economic-empowerment/>.
- 13 Adolescent pregnancy is associated with a range of negative health consequences, including anemia, HIV and other sexually transmitted infections, post-partum hemorrhage, obstetric fistula, and mental health issues. See "Adolescent Pregnancy," World Health Organization, http://www.who.int/maternal_child_adolescent/topics/mater-nal/adolescent_pregnancy/en/.
- 14 See "The Journey to Self-Reliance," USAID, <https://www.usaid.gov/selfreliance>.
- 15 Fundamental health services that enable women's economic participation include access to a full range of modern contraceptives, quality pre- and post-natal care, and skilled facility deliveries, which result in lower maternal mortality, higher age at first birth (reducing teen pregnancies), and longer intervals between births.

- 16 Abortion as a method of family planning is prohibited by U.S. law governing foreign assistance, which was further expanded when the Trump administration enlarged the Mexico City Policy, known as the Protecting Life in Global Health Assistance Act. All U.S. international family planning assistance is premised on the principle of voluntarism and informed choice, see “USAID’s Family Planning Guiding Principles and U.S. Legislative and Policy Requirements,” USAID, <https://www.usaid.gov/what-we-do/global-health/family-planning/usaid-family-planning-guiding-principles-and-us-0>.
- 17 The Helms amendment (1973) prohibits the use of U.S. foreign assistance to pay for abortion as a method of family planning or to motivate or coerce any person to seek an abortion. The Kemp-Kasten amendment (1995) prohibits funding to any organization that supports or participates in coercive abortion or involuntary sterilization. The Tiahrt amendment (1998) prohibits the use of targets, quotas, or financial incentives in family planning projects. See “The U.S. Government and International Family Planning & Reproductive Health: Statutory Requirements and Policies,” Kaiser Family Foundation, <http://kff.org/global-health-policy/fact-sheet/the-u-s-government-and-international-family-planning-reproductive-health-statutory-requirements-and-policies/>.
- 18 The Mexico City Policy prohibits U.S. family planning funds from going to any foreign nongovernmental organization that uses its own funds to provide any service related to abortion, including counseling, referral, or advocacy. The policy was first imposed by President Reagan in 1984, rescinded by President Clinton in 1993, reinstated by President Bush in 2001, and rescinded by President Obama in 2009. In January 2017, President Trump both reinstated and expanded the Mexico City Policy to cover the vast majority of bilateral global health assistance, including HIV under the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), maternal child health, nutrition, and other programs. Renamed Protecting Life in Global Health Assistance, the expanded policy covered \$7.4 billion in fiscal year (FY) 2018, including the approximately \$600 million in family planning. See “The Mexico City Policy: An explainer,” Kaiser Family Foundation, May 2018, <https://www.kff.org/global-health-policy/fact-sheet/mexico-city-policy-explainer/>.
- 19 It includes funding for initiatives led by the Islamic Development Bank in Yemen, Mali, and Nigeria; the Asian Development Bank in Sri Lanka; and the World Bank in poor and fragile environments. Funding for these three programs is expected to mobilize over \$1.6 billion in additional funds from the private sector, donors, governments, and other development partners.
- 20 “OPIC 2X,” Overseas Private Investment Corporation, <https://2x.opic.gov>.
- 21 “USAID Administrator Mark Green on the Creation of the International Development Finance Corporation (IDFC),” USAID, October 3, 2018, <https://www.usaid.gov/news-information/press-releases/oct-3-2018-administrator-green-statement-creation-usidfc>.
- 22 “DREAMS Core Package of Interventions Summary,” The United States President’s Emergency Plan of AIDS Relief, <https://www.pepfar.gov/documents/organization/269309.pdf>.
- 23 The priority countries are Afghanistan, Bangladesh, the Democratic Republic of the Congo, Ethiopia, Ghana, Haiti, India, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Myanmar, Nepal, Nigeria, Pakistan, Rwanda, Senegal, South Sudan, Tanzania, Uganda, Yemen, and Zambia. The family planning priority countries include the Philippines and the maternal health countries include Indonesia.
- 24 “U.S. Global Health Funding: Family Planning/Reproductive Health (FP/RH), FY 2006-2019 Request,” Kaiser Family Foundation, July 10, 2018, <https://www.kff.org/global-health-policy/slide/u-s-global-health-funding-global-family-planning-reproductive-health-fprh/>.
- 25 See “USAID’s Family Planning Guiding Principles and U.S. Legislative and Policy Requirements,” USAID, <https://www.usaid.gov/what-we-do/global-health/family-planning/usaid-family-planning-guiding-principles-and-us-0>.
- 26 In March 2017, the Trump administration withdrew its funding for UNFPA, totaling \$32.5 million for maternal child health and family planning, based on the 1985 Kemp-Kasten amendment, which prohibits U.S. funds for “any organization or program which, as determined by the president of the United States, supports or participates in the management of a program of coercive abortion or involuntary sterilization.” The administration cited UNFPA’s work in China as a violation of Kemp-Kasten, although UNFPA refutes this charge and there is no evidence to date that UNFPA directly supports such activities in China or elsewhere. See “UNFPA Funding and Kemp-Kasten: An explainer,” Kaiser Family Foundation, April 2017, <https://www.unfpa.org/sites/default/files/>

- news-pdf/Kaiser-Fact-Sheet-UNFPA-Funding-Kemp-Kasten-An-Explainer-April2017.pdf. In 2018, \$12 million of the funding was redirected to cervical cancer.
- 27 The DREAMS countries are Kenya, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe, and DREAMS-like activities were added in five additional countries: Botswana, Cote D'Ivoire, Haiti, Namibia, and Rwanda.
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