

U.S. Population Policy Since the Cairo Conference

by Craig Lasher

THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT (ICPD), HELD IN CAIRO IN SEPTEMBER 1994, forged a broad new consensus on the international community's approach to population issues. Over three years after the conference, it is timely to explore the U.S. response to the conference and to the challenges posed by the new consensus.

The government has made real changes in its population policy and the programs it employs to implement those policies. At the policy level, the Clinton administration has elevated the attention generally paid to global issues while raising the priority attached in particular to population stabilization efforts, a welcome departure from the policies of the two previous administrations. On the ground in developing countries, operational agencies both inside and outside government have succeeded in formulating creative new initiatives that build on past experience yet reflect some of the new thinking about the design of family planning and reproductive health programs that took place in the lead up to the ICPD. But the pace of change has been dramatically slowed by funding cuts and restrictions imposed by Congress since 1994.

THE LEGACY OF CAIRO

The "Cairo consensus," as articulated in the conference's *Programme of Action*, incorporates a richer and more holistic view of population and development issues than the documents adopted at earlier international population conferences in Bucharest in 1974 and Mexico City in 1984.¹ The international community has for the last several decades recognized the importance of family planning programs to addressing global population problems. But the ICPD brought about a major shift by placing the discussion of family planning within an overarching ethical and policy framework of broader reproductive health and rights.² The conference reaffirmed that family planning programs should respond to the needs of individuals, and concluded that governments should not impose demographic targets on service delivery programs. In a departure from earlier conferences, the ICPD document breaks new ground in its frank discussion of such controversial issues as the need for sexuality education and contraceptive services for adolescents, the need to prevent unsafe abortion and female genital mutilation, and the importance of high quality reproductive health care.

In a variation on the theme of the Bucharest conference that "development is the best contraceptive," the Cairo consensus also sees social investments in health and education as important not just in their own right but also as key to creating a favorable climate for voluntary fertility decline and eventual global population stabilization. Quantitative goals were established for the expansion of girls' education and opportunities, the reduction of infant and child mortality, and universal access to family planning and reproductive health services by 2015. The need to improve the status of women through changes in the traditional roles played by men and women was also a cross-cutting theme in the ICPD document.

Many of the debates that seized the conference participants and dominated media coverage mirrored U.S. domestic politics surrounding reproductive rights and international population assistance. The heated debates set the stage for subsequent developments in U.S. legislative and executive branch policies. For example, early in its deliberations, the conference threatened to completely unravel over one paragraph in a lengthy document which dealt with abortion. Other issues proved contentious with conservative Catholic and Muslim countries and nongovernmental groups. They included efforts to define terms such as reproductive rights, fertility regu-

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lation, safe motherhood, and sexual and reproductive health, and to design the programs and policies associated with them.

In the end, the widespread focus on the serious public health problems of maternal health and unsafe abortion was a largely positive development, bringing these issues to the attention of a wider public. But the extended debate on abortion distracted attention from the broad goals of the conference and resulted in the relative neglect of other vital issues. In particular, conference discussions failed to adequately address the relationship between population, the environment, and sustainable development. In other cases, agreement on important factors such as HIV/AIDS and the role of men in family planning received scant public attention.

The absence of major North-South conflicts also distinguished Cairo from its predecessors. The effects of this classic division may have been dampened because the preparatory process leading up to the conference clearly recognized that both excessive consumption in the wealthier industrialized countries and rapid population growth in the poorer developing countries contribute to global population problems. As a result, the conference ended with 180 nations adopting, by consensus, a comprehensive strategy to address population and development issues over the next twenty years. For the first time in the history of UN population conferences, not a single official delegation rejected the entire document. All actors were able to claim victory. The more liberal U.S. and Western European country delegations, as well as women's and family planning groups, were pleased by the overall progressive tenor of the document. The Holy See and conservative nations and groups meanwhile claimed to have prevented what they perceived to be a conspiracy to undermine the traditional family and to make access to safe abortion a worldwide right.

A crucial feature of the ICPD document, with direct relevance to U.S. population policy, was the call for a dramatic increase in spending on population programs and the social sector. An agreement was reached in Cairo that roughly \$17 billion will be needed in the year 2000 and \$22 billion in 2015 for both family planning and broader reproductive health programs. In the early 1990s, worldwide spending on population is believed to have totaled \$4 to \$5 billion from all sources, including both donor assistance and spending by developing country governments and consumers. The *Programme of Action* calls for total expenditures to more than triple the funding level at the time of the conference and for the United States and other donor countries to increase their share of the expenditures from one-quarter to one-third of the total. Although the United States made no new explicit commitments on financing at the conference, the U.S. government had increased its population assistance funding by about

25 percent in the two years prior to ICPD. While several donor countries announced plans to increase population assistance, most other donor countries and developing countries made no new pledges at Cairo, undermining the prospects for implementing the new vision of population programs.

U.S. POPULATION ASSISTANCE AND ITS POLITICAL CONTEXT

The U.S. government initiated an international population assistance program in 1965. Despite recent funding cutbacks, the United States remains the single largest contributor of population and family planning funds among industrialized countries and the recognized world leader in the population field in terms of knowledge, expertise, and experience. U.S. population assistance has traditionally focused on expanding and improving family planning services. But the United States is now being looked to for the design and implementation of the broader agenda of new reproductive health care and women's empowerment initiatives agreed to at the ICPD.

The U.S. Agency for International Development (USAID), which implements the U.S. foreign aid program, has supported contraceptive services provided by both governments and nongovernmental organizations (NGOs), supplied contraceptive commodities, trained health workers and managers, and introduced creative new approaches to educating people about family planning and in reaching them with services. The international population and family planning program is widely acknowledged as one of the most successful U.S. foreign aid programs.³

Virtually every major innovation in the population and family planning field can be directly or indirectly linked to U.S. support. For example, USAID has pioneered a variety of successful approaches to extending family planning through the private sector such as social marketing, and the sale and distribution of contraceptives through existing commercial outlets at subsidized prices. Modern technology has also been effectively applied to the population field in the areas of mass communication and demographic data collection and analysis. In addition, USAID has supported biomedical research, which has been instrumental in the development of a number of new contraceptives, including several now in use by American couples.

USAID has built a strong public-private partnership with U.S.-based cooperating agencies—NGOs, universities, businesses—which have been indispensable to USAID. These partners can provide high quality technical advice and support to overseas field programs. USAID's dedicated staff of career experts on population and related areas and its substantial in-country presence are unique among donor agencies and have also contributed to the effective implementation of projects, as well as the success of country programs.

Tens of millions of couples use family planning services as a direct result of U.S. population assistance. Millions more have adopted family planning due to USAID support for a broad range of technical assistance, training, information, communication, policy, and research activities in developing countries. In the twenty-eight largest recipient countries of USAID funds, the average number of children per family has dropped from 6.1 in the 1960s to 4.2 today, a decline of nearly one-third.⁴

The United States provides its population assistance through three channels: bilateral, centrally-funded, and multilateral. About half of the funds have been provided directly to the governments of developing countries for bilateral projects managed by USAID field missions. The other half of the funds support a wide range of population activities through worldwide or regional projects implemented by NGOs and centrally-funded through the USAID Office of Population.⁵ USAID currently supports population activities in about sixty nations. In addition, the United States has also been a major contributor to the United

where it was announced. The U.S. policy reversal denied U.S. assistance to a foreign NGO if it had any involvement in legal abortion, even if paid for with non-U.S. funds. In addition, the Reagan and Bush administrations interpreted a Kemp-Kasten anti-coercion amendment enacted by Congress very broadly, resulting in the defunding of UNFPA in 1986 because of its projects in China.

In 1993, President Clinton overturned the Mexico City Policy as one of his first official acts. The Mexico position had been implemented by executive branch regulations and reversal did not require legislative action. The U.S. contribution to UNFPA was restored later that year. The Kemp-Kasten amendment was interpreted more narrowly and Congress approved language in the appropriations bill disassociating the United States from any coercive practices and ensuring that no U.S. funds given to UNFPA would be used in China. It is with this programmatic and political background that the U.S. government is attempting to implement the ICPD *Programme of Action*.

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Nations Population Fund (UNFPA), the largest multilateral organization involved in population and the lead United Nations agency on Cairo implementation.

During the 1960s and 1970s, the U.S. population program enjoyed a significant level of bipartisan support in Congress and in the executive branch.⁶ A strong consensus existed that rapid population growth was one of the world's most serious problems, undermining the prospects for economic and social progress in developing countries and posing a long-term threat to U.S. national interests in the areas of trade, security, environment, and international migration. Domestic political considerations related to the contentious issue of abortion led the Reagan and Bush administrations to directly challenge this consensus. Nevertheless, Congress allocated comparable levels of program funding until recently, even in the absence of executive branch commitment in previous administrations. Substantial funds have been earmarked for population assistance every year since 1967.

In the 1980s, domestic political debates on abortion spilled over into international population assistance policy. The use of foreign aid funds for abortion has been prohibited in statute since the passage of the Helms amendment in 1973, and support for biomedical research on abortion was banned in 1981. But the Reagan administration imposed additional restrictions in 1984 with the initiation of the Mexico City Policy, named for the international population conference

U.S. EFFORTS TO IMPLEMENT THE CAIRO AGENDA

The U.S. response to the challenge of implementing the Cairo conference agenda has three dimensions: 1) policy changes reflected in official statements; 2) incorporation of conference recommendations into U.S. foreign aid programs; and, 3) commitment of financial resources to achieve the Cairo goals.

New Policy Directions

The United States took a lead role in the process leading up to the ICPD and at the conference itself. Moreover, private U.S. women's organizations were key actors in promoting the new thinking on international population issues. They successfully argued for recognizing the crucial roles women's empowerment and education play in reducing fertility. So it is no surprise that recent official statements of U.S. policy reflect the consensus reached by the Cairo conference. But they also incorporate other long-standing demographic rationales for U.S. population assistance.

The *U.S. Department of State Strategic Plan*, issued in September 1997, illustrates both the continuity and the changes in U.S. population policy since Cairo. According to the plan, stabilizing population growth is considered one of three global issues judged important to U.S. national interests, along with securing a sustainable global environment, protecting human health and reducing the spread of infectious diseases. The plan

declares:

Stabilizing population growth is vital to U.S. interests. Economic and social progress in other countries can be undermined by rapid population growth, which overburdens the quality and availability of public services, limits employment opportunities, and contributes to environmental degradation. Not only will early stabilization of the world's population promote environmentally sustainable economic development in other countries, but it will also benefit the U.S. by improving trade opportunities and mitigating future global crises. There is now broad international consensus on the need for a comprehensive approach to population stabilization which, along with family planning services, incorporates reproductive rights and other components of reproductive health, women's socio-economic and educational status, and the special needs of adolescents.⁷

Specific strategies are then articulated as necessary for achieving the U.S. government's goal of stabilizing world population. These policy prescriptions reflect recommendations made in Cairo and include:

- promoting the rights of couples and individuals to determine freely and responsibly the number and spacing of their children;
- providing leadership on international population issues and encouraging international cooperation;
- supporting programs to achieve universal access to family planning, maternal health, and other reproductive health services by the year 2015;
- improving the environment in which population programs operate, including efforts to enhance women's status and educate girls and expand opportunities for young people; and
- involving civil society in population and development activities.⁸

Achieving U.S. population policy goals, the plan observes, requires maintaining existing broad international support for population stabilization, lifting congressional restrictions on U.S. population assistance funding, increasing worldwide commitments to basic education and economic opportunities for women and girls, and expanding investments in population-related activities by other donors (bilateral, multilateral, and private).

The coexistence of multiple rationales for U.S. government involvement in international population

policy is nothing new. Such rationales have existed since the inception of the U.S. population assistance program in the mid-1960s. Statements by senior Clinton administration officials have reflected these multiple rationales before and after Cairo. For example, high-level officials have advanced the more demographic and national interest-related argument on the relationship of population growth to future conflicts over natural resources popularized by Robert Kaplan in his *Atlantic Monthly* article, "The Coming Anarchy." These officials include President Clinton himself, former Under Secretary of State for Global Affairs Timothy Wirth, and USAID Administrator J. Brian Atwood.⁹ The renewed interest in using these arguments publicly has resurrected some of the economic and national security rationales for U.S. population aid that had been largely abandoned during the Reagan and Bush administrations.

Meanwhile, Secretary of State Madeleine Albright's statements promoting equal rights for women as an integral part of U.S. foreign policy appear more obviously influenced by the ICPD and the 1995 Fourth World Conference on Women in Beijing. Her public statements have also been strongly supportive of U.S. assistance for international family planning and reproductive health programs. But Secretary Albright clearly recognizes the importance of population programs not just to maternal and child health and women's status, but also their importance for a broad range of international concerns and U.S. interests. According to Albright:

Clearly, family planning saves lives, enhances the well-being of women and their children, and prevents recourse to abortion. International family planning also serves important U.S. foreign policy interests: elevating the status of women, reducing the flow of refugees, protecting the global environment, and promoting sustainable development which leads to greater economic growth and trade opportunities for our businesses.¹⁰

Changes in Programs

At the beginning of the Clinton administration and prior to the Cairo conference, USAID formulated a new strategy to stabilize world population and to protect human health. Announced in March 1994, this strategy gives special emphasis to the reproductive health needs of women and adolescents, while building on the agency's strengths in the field of family planning.¹¹ This new and expanded focus complements the principal objectives of the USAID population program: 1) to promote the rights of couples and individuals to decide freely and responsibly the number and spacing of their children; 2) to improve individual health (particularly the reproductive health of women and ado-

lescents and the health of infants and children); 3) to reduce population growth rates to levels consistent with sustainable development; and, 4) to make programs responsive and accountable to the people they aim to serve.

The new population strategy was adopted as USAID reconsidered its mission in the post-Cold War era. USAID has termed population and health programs as one of the pillars of sustainable development, along with protecting the environment, building democracy, encouraging broad-based economic growth, and providing humanitarian assistance. At the same time, the agency, under the Clinton administration, has placed more emphasis on sustainability, participatory development, partnerships with nongovernmental organizations, and the greater integration of development programs across sectors.

The period since the Cairo conference has been a particularly difficult one for USAID's population program. The agency has faced uncertainty over a possible merger with the Department of State, budget and staffing reductions, mission closings, and management changes. In the population sector specifically, the agency has had to cope with budget cuts, metering, the allocation of funds on a monthly basis, and a congressional effort to dismantle completely the population programs.¹²

Even as USAID has faced these problems, it has taken steps to reshape its population assistance program to support the broad reproductive health approach advocated at ICPD. USAID has made particular progress in the area of strengthening links between family planning and other reproductive health activities.¹³ The agency has wisely and responsibly chosen to focus selectively on those activities that are believed to be the most cost-effective in improving the quality of health care, in increasing access to services, and in achieving maximum impact on public health.

Before and immediately after the Cairo conference, USAID launched a new adolescent reproductive health project, supported a consortium of organizations working on post-abortion care, and designed new strategies to increase attention to preventing sexually transmitted diseases within family planning programs. In addition to work in those areas, USAID has increased attention to and support for other reproductive health activities including: improving maternal health and safety, expanding nutrition programs for women, promoting breastfeeding, preventing harmful traditional practices such as female genital mutilation, encouraging male involvement in the promotion of reproductive and sexual health, increasing the role of women in the design and management of programs, and addressing the reproductive health needs of refugees. In the area of women's empowerment, USAID adopted a Gender Action Plan in 1996 which created several new initiatives designed to expand girls' and women's edu-

cation, women's legal and political rights, and women's access to credit.

The creation of the Population, Health, and Nutrition (PHN) Center within USAID's Bureau for Global Programs, Field Support and Research is another especially noteworthy development. The PHN Center, established in 1994, brings together the Office of Population, the Office of Health and Nutrition, and the Office of Field and Program Support under unified management, a move that has contributed to improved collaboration and cooperation between family planning and other health programs.

A reflection of that increased coordination are several joint, centrally-funded projects that have been initiated, such as the new PVO Networks project which integrates reproductive health and child survival activities, the FRONTIERS project in the area of operations research, the new MEASURE project dealing with evaluation and survey research, and the FOCUS project dealing with the reproductive and sexual health needs of young adults.¹⁴ Reflecting the new integration of health and population objectives, all USAID staff working in population and health are now called PHN Officers. There are no longer any Population Officers.

The U.S. population assistance program, however, faces a number of vulnerabilities which could negatively affect its ability to promote expanded family planning services and better reproductive health in line with the goals of the ICPD. Notwithstanding recent congressional attacks directed at population funding, both program funds and operating expense funds necessary to manage projects had been dwindling agency-wide. Over the past decade, USAID has experienced a substantial decline in the number of technical staff. Meanwhile, management burdens on staff are increasing, and PHN officers manage roughly double the volume of funds compared to 10 years ago. As part of its efforts to streamline operations, USAID is also moving ahead with its plans to close 21 overseas missions and to phase out population assistance in a number of countries of strategic importance to the United States. Mission closings have already occurred in a number of African nations and in important countries such as Pakistan. In addition, USAID plans to phase out assistance to Brazil and Mexico by the year 2000 and to Indonesia, Morocco, and Turkey soon thereafter, both as a cost-saving measure and in recognition of these countries' considerable success in meeting their demographic and development objectives.

Financial Commitments

Commitment of a whole new magnitude of financial resources remains the key to achieving the ICPD's ambitious objectives. Both developed and developing countries need to significantly increase funding for family planning and reproductive health, and for the so-

cial sector generally. As Dr. Nafis Sadik, UNFPA Executive Director and Secretary-General of the conference, stated, "Without resources. . . the Programme of Action will remain a paper promise."¹⁵

Grant aid for population programs from donor countries may have increased by as much as 25 percent in 1995, the latest year for which data is available.¹⁶ Bilateral population assistance for 1995 is estimated at \$1.6 billion, up from \$1.2 billion in 1994. Total population assistance in 1995, including World Bank lending and other multilateral sources, reached \$2 billion. However, a significant amount of the apparent increase in 1995 may reflect changes in the definition of population assistance rather than a real expansion in donor commitments. Starting in 1995, UNFPA has broadened its traditional definition of population assistance to incorporate the broader reproductive health initiatives for which cost estimates were developed in the ICPD action plan.

Several donor countries have significantly boosted funding for population programs in the lead up to or since the Cairo conference, most notably Germany, the United Kingdom, the Netherlands and Denmark. Nevertheless, overall donor assistance for population remains far below the trajectory required to achieve ICPD funding goals. Total donor assistance stands at about a third of the \$5.7 billion donor target for year 2000 adopted in Cairo. Allocations to population programs in a number of other countries, most significantly the United States, are moving in the wrong direction. Population assistance has suffered under downward pressure on foreign aid budgets in many industrialized countries. In other countries, a lack of priority for population programs remains a constraint on increasing contributions. The prospects for major increases in donor population assistance, therefore, do not appear promising.

U.S. population assistance, which in recent years has accounted for roughly half of all donor assistance, has declined by about a third over the last three fiscal years. Funding cuts and restrictions imposed by family planning opponents in Congress account for this decline. The recent cuts mean that the United States is even farther behind in meeting its appropriate share of the ICPD spending target for the year 2000, based on the size of the U.S. economy relative to other donor nations. Since the U.S. financial contribution has traditionally represented such a large share of total resources, the funding cut does not bode well for fulfilling the Cairo spending goals.

THE 1994 CONGRESSIONAL ELECTION AND THE U.S. RESPONSE TO CAIRO

The U.S. response to the new challenges posed by Cairo has been profoundly affected by a drastic shift in the political climate in Congress surrounding reproduc-

tive rights issues and in particular international population assistance programs. The euphoria among U.S. population organizations, resulting from the favorable changes in international population assistance policy introduced during the early Clinton years, as well as in Cairo, was short-lived and abruptly interrupted by the November 1994 congressional elections.

In the November election, the Republican party won a majority of seats in the House of Representatives, for the first time in forty years, leaving the Republicans in control of both the House and Senate chambers. The new conservative leadership in the House moved quickly to implement its vision of downsizing the federal government. While its legislative blueprint, the *Contract with America*, focused principally on domestic concerns, its emphasis on tax and spending cuts resulted in large reductions in foreign aid, including population assistance. Foreign aid was viewed as an easy target because of the widespread perception that international spending has no domestic political constituency.

As a result of the election, international population assistance opponents outnumbered supporters in the House, a stunning reversal of the situation prior to the Cairo conference. Although population assistance supporters continue to retain a majority in the Senate, they do so only by a slim margin. More importantly, the shift to Republican control left some of the principal critics of population assistance, such as Representative Chris Smith (R-NJ) and Senator Jesse Helms (R-NC), as chairmen of key committees and subcommittees with jurisdiction over population assistance.

This revolutionary change in Congress has meant a profound historical shift for U.S. population assistance policy. During the 104th and 105th Congresses, anti-choice opponents of family planning elected since the Cairo conference have sought repeatedly to reimpose the Mexico City Policy and to cut-off U.S. funding of UNFPA legislatively. These efforts have had devastating results for U.S. population assistance. The Clinton administration and pro-assistance members on both sides of the aisle have successfully beat back House Republican attempts to place additional abortion-related restrictions on USAID programs. But that success has come at a high price in terms of funding for international population assistance.

Since achieving a majority in the 1994 election, conservative members of the House have insisted that additional abortion-related restrictions be imposed on international family planning funding despite firm opposition from the Senate and the Clinton White House. Their goal has been the enactment into law of the so-called "global gag rule amendment," aggressively championed by its principal sponsor Rep. Chris Smith (R-NJ). The amendment would bar both multilateral and foreign nongovernmental organizations from receiving U.S. family planning funds if, with other

non-U.S. funds, they provide legal abortion services or engage in any activity or effort to alter the laws or governmental policies of any foreign country concerning the circumstances under which abortion is permitted, regulated, or prohibited.¹⁷

While the global gag rule amendment has not become law, severe restrictions have been placed on the release of population assistance funds in the three fiscal years since Cairo (FY96, FY97, and FY98). These restrictions are the price paid for blocking the efforts of family planning opponents to enact new population policy restrictions. For example, the FY96 foreign aid appropriations bill allocated just \$356 million for international population assistance. This level represented a 35 percent funding reduction from the all-time high for population assistance of \$547 million the previous year and was disproportionate to cuts in other foreign aid programs. But the drastic funding cut was also coupled for the first time with restrictions on the release of the funds. As a result, the population program has had severe disruptions that continue in some form to this day. The release of the appropriated funds was delayed for nine months, and the funds were then available only on a month-to-month basis at a rate of 6.7 percent of the total, ensuring that just a small fraction of the funds was actually spent in the remaining three months of that fiscal year.

The following year, population assistance funds for FY97 were delayed five months as a result of a complicated legislative deal negotiated to break another deadlock over international family planning issues. Once again, family planning disputes threatened to shut-down the federal government. Under the deal, the release of funds for international family planning was blocked for nine months again unless a presidential finding determined that the delay was having a negative impact on the program. Congress then would have to approve this conclusion. If the presidential determination was approved by Congress, \$385 million in bilateral population assistance would begin flowing on March 1, 1997, although still available only in small monthly increments.

As required by the legislation, President Clinton formally transmitted a finding to Congress which stated that it was his determination that a delay will cause serious, irreversible, and avoidable harm to the population program. He dramatized in stark terms what was at stake if family planning funds were not released quickly: the lives and well-being of many thousands of women and children and America's credibility as the leader in family planning programs around the world.¹⁸ The finding also noted that the delayed release of funds and metering (the allocation of funds on a monthly basis) was an administrative nightmare, which had cost the American taxpayers over \$1 million to implement. Population assistance supporters celebrated when the House approved the presidential

finding on a vote of 220 to 209, and the Senate did likewise by a margin of 53 to 45.

In 1997, family planning supporters were again successful in resisting the imposition of new population policy restrictions. As in the last three years, ideological battles over population assistance made the foreign aid appropriation one of the last bills to be resolved before Congress adjourned for the year. Congressional and White House negotiators traded conditions on the timing of the release of population funding for a rejection of new policy restrictions. The 1997 deal followed a similar formula, except that the crippling, months-long delays in the availability of funds imposed in previous years were eliminated completely, allowing \$385 million in FY98 to begin flowing immediately. Funds continue, however, to be metered.

But House family planning opponents raised the stakes even further, successfully tying their demands for enactment of the global gag rule to larger foreign policy concerns. After an effort to link the issue to votes for fast track trade legislation failed, the House leadership blocked the repayment of U.S. debts to the United Nations, funding for a new International Monetary Fund line of credit, and reorganization of U.S. foreign affairs agencies until family planning opponents get satisfaction on population policy. In light of the United Nations' pivotal role in monitoring Iraq's weapons development program and continuing turbulence in Asian financial markets, debates over population policy will undoubtedly resume in 1998 and are likely to bring continuing political difficulties for U.S. population assistance.

CONCLUSION

In an interconnected world, Americans stand to benefit from efforts to slow population growth with its negative impacts on the global economy and environment. The prospects for peace and economic development in the twenty-first century will depend in part on slowing population growth and on meeting human needs. But without continued commitment, there is no assurance that current trends toward slower population growth will continue.

It is clear that U.S. leadership and funding remain vital to global population stabilization efforts and the implementation of the Cairo agenda. As the industrialized nation with the largest population and economy, the United States remains the biggest donor in the field. The United States must not falter now in its efforts to expand worldwide access to family planning and related reproductive health services as called for in the *ICPD Programme of Action*.

The policy implications of this evaluation for the work of the U.S. government in its efforts to implement the Cairo agenda are three-fold:

- The executive branch from the President on down must continue to work to rebuild the case for U.S. involvement in global population stabilization efforts. By combining the health, rights, and women's empowerment agenda of Cairo with the more traditional economic, environmental, and national security rationale for a U.S. government role, policymakers may be able to marshal the support of the Congress and the American public in renewing the commitment to international population assistance as an essential part of this country's foreign aid program.

- Program managers, both inside and outside the U.S. government, must build on ongoing initiatives to improve the availability and quality of family planning services while at the same time increasing investments in the other reproductive health and development interventions highlighted at ICPD. The incremental approach adopted by USAID, relying on a careful assessment of reproductive health and development needs and the capacity of developing country governments to address those needs in a cost-effective manner, has proven to be the right way to operationalize the new vision of population programs adopted at the Cairo conference. But more clearly needs to be done in the future.

- The Administration and Congress must work together to find additional financial resources for international population assistance in order for the United States to get on the upward trajectory necessary for us to meet our appropriate share of the Cairo funding goals. The creation of clearly articulated policies and innovative programs is meaningless unless adequate financial support is available for those policies and programs to be properly carried out and implemented. And that support has been severely lacking since 1994.

For the last thirty years, the United States has paved the way for other governments to become involved in global population stabilization efforts. U.S. leadership, however, has been undermined since Cairo by the actions of opponents of population assistance who have demanded funding cuts and restrictions on family planning. Congress must restore funds in order for the United States to get back on the path of carrying its fair share of Cairo funding commitments and to meet the responsibility that comes with its wealth and role as a world leader.

ENDNOTES

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