

112TH CONGRESS  
1ST SESSION

# H. R. 1319

To promote the sexual and reproductive health of individuals and couples  
in developing countries, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

APRIL 1, 2011

Ms. CLARKE of New York (for herself, Mr. GRIJALVA, Ms. CHU, Mr. PAYNE, Ms. WILSON of Florida, Mrs. DAVIS of California, Mr. MORAN, Mr. MARKEY, Mr. RANGEL, Mr. ENGEL, Mrs. MALONEY, Mr. COHEN, Ms. SPEIER, Ms. SCHAKOWSKY, Mr. GUTIERREZ, Mr. HOLT, Ms. DEGETTE, Ms. HIRONO, Ms. BROWN of Florida, Mr. STARK, Mr. HONDA, Mr. TOWNS, Ms. MOORE, Ms. BALDWIN, Mr. CONYERS, Ms. MATSUI, Ms. WOOLSEY, Mr. RUSH, Ms. RICHARDSON, Mr. FILNER, Mr. CLAY, Mr. MCGOVERN, Mr. JOHNSON of Georgia, Mrs. CAPPS, Mr. QUIGLEY, Mr. BLUMENAUER, Ms. WASSERMAN SCHULTZ, Mr. MCDERMOTT, and Ms. LORETTA SANCHEZ of California) introduced the following bill; which was referred to the Committee on Foreign Affairs

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## A BILL

To promote the sexual and reproductive health of individuals  
and couples in developing countries, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Global Sexual and Re-  
5 productive Health Act of 2011”.

1 **SEC. 2. FINDINGS AND PURPOSES.**

2 (a) FINDINGS.—Congress makes the following find-  
3 ings:

4 (1) The advancement of sexual and reproduc-  
5 tive health is necessary to meeting most of the eight  
6 United Nations Millennium Development Goals  
7 (MDGs), the current international development  
8 framework developed by 189 countries in 2000, in-  
9 cluding the United States. Target 5B, which is  
10 found under MDG 5 on improving maternal health  
11 and which requires achieving universal access to re-  
12 productive health by the year 2015, is an essential  
13 element in attaining MDGs related to eradicating  
14 poverty (MDG 1), achieving universal education  
15 (MDG 2), promoting gender equality (MDG 3), re-  
16 ducing child mortality (MDG 4), improving maternal  
17 health (MDG 5), combating HIV/AIDS (MDG 6),  
18 and ensuring environmental sustainability (MDG 7).

19 (2) The report of the United Nations Secretary-  
20 General to the 2009 Commission on Population and  
21 Development “. . . reaffirms that population, repro-  
22 ductive health and gender issues are central to devel-  
23 opment and to the achievement of the Millennium  
24 Development Goals.”.

25 (3) Throughout much of the world, the lack of  
26 access of women, particularly poor women, to basic

1 reproductive health services and information contrib-  
2 utes to death and suffering among women and their  
3 families, undermines women’s struggle for self-deter-  
4 mination, and vitiates the efforts of families to lift  
5 themselves out of the poverty in which over a billion  
6 of the world’s people live. By allowing individuals  
7 and couples to choose the number and timing of  
8 their children, reproductive health care gives families  
9 and individuals greater control over their economic  
10 resources.

11 (4) Aspects of sexual and reproductive health,  
12 including maternal mortality and morbidity, repro-  
13 ductive cancers, and sexually transmitted infections  
14 (STIs), including HIV, account for nearly 20 per-  
15 cent of the global burden of ill-health for women and  
16 some 14 percent for men, according to the World  
17 Health Organization (WHO).

18 (5) According to the Joint United Nations Pro-  
19 gramme on HIV/AIDS (UNAIDS), HIV/AIDS is  
20 the leading cause of death among women of child-  
21 bearing age.

22 (6) School-based education and family planning  
23 play an interrelated role in lifting the status of  
24 women. Delaying sexual debut, along with contracep-  
25 tive use among young women already sexually active,

1 lowers the likelihood that young women will leave  
2 their schooling due to pregnancy, and education in-  
3 creases the chances that young women will delay the  
4 age at which they marry and give birth.

5 (7) Sexual and reproductive health programs  
6 can empower women to make informed decisions and  
7 better control their lives, and by engaging men and  
8 boys in taking responsibility for the sexual and re-  
9 productive health of their partners, can contribute to  
10 greater gender equality.

11 (8) Access to sexual and reproductive health  
12 services, including family planning, has a direct and  
13 important impact on infant and child mortality. By  
14 allowing women to choose the timing, number, and  
15 spacing of their pregnancies, high-risk births are  
16 averted, and the children that are born have a great-  
17 er chance of surviving to adulthood. Three million  
18 newborns die in the first 4 weeks of life, which ac-  
19 counts for 38 percent of all deaths of children under  
20 the age of 5. By providing women family planning  
21 services to space their births 3 years apart, rates for  
22 infant and under-5 mortality would drop by 24 per-  
23 cent and 35 percent, respectively.

24 (9) Increasing access to sexual and reproductive  
25 health could significantly decrease pregnancy-related

1 mortality and morbidity by reducing the number of  
2 pregnancies that place women at increased risk of  
3 experiencing such complications.

4 (10) An estimated 215,000,000 women in devel-  
5 oping countries have an unmet need for effective,  
6 modern contraceptives and would like to postpone  
7 childbearing, space births, or want no more children  
8 but are not using a modern method of contraception.  
9 Providing modern contraceptives to fill this unmet  
10 need would avert an estimated 53,000,000 unin-  
11 tended pregnancies each year. Simultaneously meet-  
12 ing the need for both family planning and maternal  
13 and newborn health services would save the lives of  
14 251,000 women and 1,700,000 newborns, and pre-  
15 vent 14,500,000 unsafe abortions.

16 (11) Complications due to pregnancy and child-  
17 birth are the leading cause of death among women  
18 ages 15 to 19. Each year, an estimated 356,000  
19 women worldwide die from complications related to  
20 pregnancy, childbirth, or unsafe abortion.

21 (12) Unsafe abortion accounts for 13 percent of  
22 maternal deaths worldwide. More than half of abor-  
23 tions (55 percent) in the developing world are un-  
24 safe. Of the 20,000,000 unsafe abortions that take  
25 place each year, nearly all occur in the developing

1 world. Around 46,000 women die and millions more  
2 suffer serious injuries from the complications of  
3 unsafely performed abortions. Abortion rates are  
4 similar in countries whether abortion is illegal or  
5 legal. However, death and injury from unsafe abor-  
6 tion is greatly reduced where abortion is legal for a  
7 broad range of indications and where safe abortion  
8 is accessible.

9 (13) Meeting the need for family planning serv-  
10 ices and pregnancy-related care, by doubling the cur-  
11 rent global investment for both, would reduce mater-  
12 nal mortality by more than two-thirds and deaths to  
13 newborns by more than half. These goals can be  
14 achieved for \$1,500,000,000 less than the cost of  
15 achieving maternal and newborn health alone. Every  
16 dollar invested in family planning saves \$1.40 in ma-  
17 ternal and newborn health care services.

18 (14) Worldwide, women of childbearing age ac-  
19 count for more than half of people living with HIV/  
20 AIDS. Integrating reproductive health services, in-  
21 cluding family planning, with HIV prevention pro-  
22 grams, such as those for voluntary counseling and  
23 testing and prevention of mother-to-child trans-  
24 mission, is essential to effectively combating HIV/  
25 AIDS and other STIs.

1           (15) The world is witnessing the largest genera-  
2           tion of young people in history—almost half of the  
3           world’s population, approximately 3,000,000,000  
4           people, are under the age of 25. Unmet need for sex-  
5           ual and reproductive health services is highest  
6           among this age cohort. Fewer than 5 percent of the  
7           poorest sexually active youth use modern contracep-  
8           tion.

9           (16) The WHO has identified unsafe sex as the  
10          second most important risk factor for disability and  
11          death among young people in the world’s poorest  
12          communities. Forty-one percent of all new HIV in-  
13          fections occur among young people.

14          (17) Sixty percent of unsafe abortions in Afri-  
15          ca, 42 percent in Latin America and the Caribbean,  
16          and 30 percent in Asia are performed on women  
17          under the age of 25.

18          (18) The WHO has identified a 4-pronged ap-  
19          proach to preventing HIV infection in infants, which  
20          includes prevention of unintended pregnancy among  
21          HIV-infected women as a key strategy to prevent  
22          mother-to-child transmission of HIV.

23          (19) According to the United States Agency for  
24          International Development, enabling HIV-positive  
25          women who want to avoid a pregnancy with contra-

1       ceptive services can prevent an additional 55,000  
2       child deaths and avert more than 150,000 unin-  
3       tended pregnancies in high HIV prevalence coun-  
4       tries.

5           (20) Demographic factors exacerbate problems  
6       related to environmental sustainability. The past  
7       century of population growth has put increasing  
8       pressure on natural resources as the scale of human  
9       needs and activities expands. At the same time, ac-  
10      tual family size in most developing countries remains  
11      greater than the desired family size. Access to family  
12      planning services helps couples to determine their  
13      own family size, hence mitigating the depletion of  
14      natural resources like clean water, air, and land.

15          (21) Practices like early marriage, female gen-  
16      ital mutilation, and early sexual debut adversely im-  
17      pact the sexual and reproductive health of young  
18      people in many developing countries, and strong bar-  
19      riers exist to providing the information, services, and  
20      other forms of support that young people need to  
21      lead healthy sexual and reproductive lives.

22          (22) Comprehensive sexuality education seeks  
23      to help young people develop the interpersonal skills  
24      necessary for the formation of caring, supportive,  
25      and noncoercive relationships and the ability to exer-



1       cise responsibility regarding sexual relationships by  
2       addressing such issues as abstinence and the use of  
3       condoms, contraceptives, and other protective sexual  
4       health measures.

5               (23) The United Nations has estimated that the  
6       minimum financial requirements for sexual and re-  
7       productive health, including family planning and ma-  
8       ternal health, are roughly \$23,500,000,000 in 2009  
9       and increase to approximately \$33,000,000,000 in  
10       2015. The minimum financial requirement for HIV/  
11       AIDS is estimated at \$24,000,000,000 in 2009, and  
12       increases to \$36,200,000,000 in 2015. As agreed in  
13       the International Conference on Population and De-  
14       velopment's Programme of Action, which the United  
15       States committed to, developed-country donors are  
16       responsible for one-third of the total cost needed per  
17       year. Developing countries are responsible for the re-  
18       maining two-thirds, on average, with low income  
19       countries requiring a larger share of external fund-  
20       ing.

21               (24) The United States has had a history of  
22       supporting and recognizing the fundamental health  
23       and human rights of all people through the signing  
24       or ratifying of various international agreements.  
25       Those agreements include the Universal Declaration

1 of Human Rights (1948), the International Cov-  
2 enant on Civil and Political Rights (1966), the  
3 International Covenant on Economic, Social, and  
4 Cultural Rights (1966), the Convention on the  
5 Elimination of All Forms of Discrimination Against  
6 Women (1979), the Convention on the Rights of the  
7 Child (1989), the International Conference on Popu-  
8 lation and Development Programme of Action  
9 (1994), and the United Nations Millennium Devel-  
10 opment Goals (2000).

11 (25) The United States has been the largest  
12 donor to international family planning and reproduc-  
13 tive health efforts over the last 40 years and has  
14 been an unparalleled source of leadership and inno-  
15 vation in the field. Nonetheless, it has not met its  
16 fair share of financial assistance to global sexual and  
17 reproductive health programs. Now is the time to  
18 shore up the United States political and financial  
19 commitment in order to satisfy the large unmet need  
20 for these services, thereby helping to improve wom-  
21 en's sexual and reproductive health worldwide.

22 (b) PURPOSES.—The purposes of this Act are to—

23 (1) authorize assistance to improve the sexual  
24 and reproductive health of individuals and couples in  
25 developing countries; and

1           (2) implement comprehensive sexual and repro-  
2           ductive health programs offering a continuum of  
3           care that are responsive to the sexual and reproduc-  
4           tive health needs of young people and adults.

5 **SEC. 3. STATEMENT OF POLICY.**

6           The following shall be the policy of the United States  
7 Government:

8           (1) All individuals and couples shall have the  
9           basic reproductive right to decide freely and respon-  
10          sibly the number, spacing, and timing of their chil-  
11          dren and shall have the information and means to  
12          do so, and the right to attain the highest standard  
13          of sexual and reproductive health.

14          (2) All individuals and couples also shall have  
15          the right to make decisions concerning reproduction  
16          free of discrimination, coercion, and violence, as ex-  
17          pressed in human rights documents.

18          (3) The promotion of the responsible exercise of  
19          these reproductive rights for all people shall be the  
20          fundamental basis for sexual and reproductive health  
21          programs supported by United States Government  
22          assistance.

23          (4) The principle of free and informed consent  
24          must underlie all sexual and reproductive health pro-  
25          grams and services. This principle applies to individ-

1 uals whether they choose to continue or terminate  
2 their pregnancies—thus, forced pregnancies as well  
3 as forced abortions or sterilizations are prohibited.  
4 Decisions relating to contraceptive use should be  
5 made on an informed and voluntary basis after ade-  
6 quate information, counseling, and services are pro-  
7 vided on a range of methods.

8 (5) Incentives and disincentives should not be  
9 used in family planning programs in order to meet  
10 numerical population targets or quotas for fertility  
11 goals. Instead, governments should use other indica-  
12 tors, such as unmet needs, to define family planning  
13 goals.

14 (6) In sexual and reproductive health programs  
15 funded by the United States Government, special at-  
16 tention should be paid to serving the needs of young  
17 people.

18 **SEC. 4. ASSISTANCE TO SUPPORT THE ACHIEVEMENT OF**  
19 **UNIVERSAL ACCESS TO SEXUAL AND REPRO-**  
20 **DUCTIVE HEALTH.**

21 (a) ASSISTANCE AUTHORIZED.—The President is au-  
22 thorized to provide assistance in order to support the  
23 achievement of universal access to sexual and reproductive  
24 health in developing countries and to ensure individuals  
25 and couples in developing countries can freely and respon-

1 sibly determine the number, timing, and spacing of their  
2 children and have the means to do so.

3 (b) ACTIVITIES SUPPORTED.—Assistance provided  
4 under subsection (a) may be used to—

5 (1) expand access to and use of voluntary fam-  
6 ily planning information and services, to enable indi-  
7 viduals and couples to avoid unintended pregnancies  
8 and other risks to sexual and reproductive health,  
9 including those associated with pregnancy, reproduc-  
10 tive tract infections, and sexually transmitted infec-  
11 tions (STIs), including HIV;

12 (2) improve public knowledge of contraceptives,  
13 including where methods may be obtained, and risk-  
14 reduction strategies, and to promote the benefits of  
15 family planning and other sexual and reproductive  
16 health care to individuals, families, and commu-  
17 nities, including through the use of education and  
18 awareness programs, mass media, and community  
19 mobilization and outreach;

20 (3) increase the responsiveness of sexual and  
21 reproductive health programs to the needs of the in-  
22 tended beneficiaries during the entirety of their sex-  
23 ual and reproductive lives, including young people  
24 and older adults;

1           (4) reduce the incidence of unsafe abortion, in-  
2           cluding research on the health consequences of un-  
3           safe abortion, and provide for the equipment and  
4           training necessary for medical treatment of the con-  
5           sequences of unsafe abortions;

6           (5) notwithstanding any other provision of law,  
7           provide safe abortion, to the extent permitted by the  
8           laws of the recipient country;

9           (6) promote the integration of family planning  
10          services in HIV and other STI prevention, treat-  
11          ment, care, and support;

12          (7) integrate family planning services with ma-  
13          ternal and newborn health care, especially in  
14          antenatal, post-partum, and post-abortion care set-  
15          tings;

16          (8) ensure the consistent availability and af-  
17          fordability of high-quality sexual and reproductive  
18          health supplies and services, including male and fe-  
19          male condoms, for the prevention of HIV and other  
20          STIs;

21          (9) encourage the abandonment of female gen-  
22          ital mutilation, early marriage, early childbearing,  
23          and other harmful traditional practices that have  
24          negative reproductive health consequences;

25          (10) prevent and repair obstetric fistula;

1           (11) promote the constructive engagement of  
2 men and boys, the empowerment of women and  
3 girls, and more equitable gender norms in order to  
4 improve health outcomes and support the adoption  
5 of healthy reproductive behaviors;

6           (12) prevent and mitigate gender-based vio-  
7 lence;

8           (13) provide comprehensive sexuality education  
9 for young people;

10          (14) prevent, diagnose, and treat, where appro-  
11 priate, infertility and cancers of the reproductive  
12 system and refer as appropriate;

13          (15) develop improved methods of safe and ef-  
14 fective contraception and related disease control  
15 through investments in biomedical research, with  
16 particular emphasis on methods which—

17               (A) are likely to be safer, easier to use,  
18 more efficient to make available in developing  
19 country settings, and less expensive than cur-  
20 rent methods;

21               (B) are controlled by women, including  
22 barrier methods and microbicides;

23               (C) are likely to prevent the spread of  
24 STIs; and

1 (D) encourage and enable men to take  
2 greater responsibility for their own fertility and  
3 the protection of their partner;

4 (16) support an enabling environment for  
5 women to access sexual and reproductive health care  
6 services by working with communities to identify and  
7 lower or remove barriers to access, including finan-  
8 cial, gender, socio-cultural, and transportation bar-  
9 riers;

10 (17) train health care professionals on edu-  
11 cating individuals, including young people, about  
12 their sexual and reproductive health care options, in-  
13 cluding family planning options; and

14 (18) foster conditions to create favorable policy  
15 environments, improve quality, strengthen systems,  
16 and contribute to the sustainability of family plan-  
17 ning and other reproductive health programs.

18 **SEC. 5. ASSISTANCE TO REDUCE THE INCIDENCE OF UN-**

19 **SAFE ABORTION AND ITS CONSEQUENCES.**

20 (a) ASSISTANCE AUTHORIZED.—The President is au-  
21 thorized to provide assistance to reduce the incidence of  
22 unsafe abortion in developing countries and provide care  
23 for women experiencing injury or illness from complica-  
24 tions of unsafe abortion in developing countries.



1 (b) ACTIVITIES SUPPORTED.—Assistance provided  
2 under subsection (a) shall be used to—

3 (1) ensure access to family planning services to  
4 prevent unintended pregnancies;

5 (2) ensure that women who experience an unin-  
6 tended pregnancy have access to reliable information  
7 and compassionate counseling on all of their options,  
8 including access to antenatal care and safe abortion  
9 when permitted by the laws of the recipient country;

10 (3) where local laws permit abortion, support  
11 safe abortion services, including referrals, and sup-  
12 port the training of abortion providers and the nec-  
13 essary equipment and commodities for surgical and  
14 medical abortion; and

15 (4) support emergency treatment for complica-  
16 tions of induced or spontaneous abortion, including  
17 provision of services and training and equipping of  
18 providers.

19 (c) ELIGIBILITY FOR ASSISTANCE.—Notwithstanding  
20 any other provision of law, regulation, or policy, in deter-  
21 mining eligibility for assistance authorized under this sec-  
22 tion, sections 104, 104A, 104B, and 104C of the Foreign  
23 Assistance Act of 1961 (22 U.S.C. 2151b, 2151b–2,  
24 2151b–3, and 2151b–4), foreign nongovernmental organi-  
25 zations—

1           (1) shall not be ineligible for such assistance  
2 solely on the basis of health or medical services, in-  
3 cluding counseling and referral services, provided by  
4 such organizations with non-United States Govern-  
5 ment funds if such services are permitted in the  
6 country in which they are being provided and would  
7 not violate United States Federal law if provided in  
8 the United States; and

9           (2) shall not be subject to requirements relating  
10 to the use of non-United States Government funds  
11 for advocacy and lobbying activities other than those  
12 that apply to United States nongovernmental organi-  
13 zations receiving assistance under part I of the For-  
14 eign Assistance Act of 1961.

15 **SEC. 6. ASSISTANCE TO PROVIDE SEXUAL AND REPRODUC-**  
16 **TIVE HEALTH SERVICES DURING EMER-**  
17 **GENCY SITUATIONS.**

18           (a) ASSISTANCE AUTHORIZED.—The President is au-  
19 thorized to provide assistance, including through inter-  
20 national organizations, national governments, and inter-  
21 national and local nongovernmental organizations, to en-  
22 sure that sexual and reproductive health services are pro-  
23 vided in developing countries at every phase of a humani-  
24 tarian emergency, including early recovery.

1 (b) PRIORITY.—In providing assistance authorized  
2 under subsection (a), the President shall give priority to—

3 (1) those reproductive health services that are  
4 essential in emergencies, whether they are conflict or  
5 natural disaster settings, to save lives and help sur-  
6 vivors fulfill their potential even under the most dif-  
7 ficult circumstances; and

8 (2) building local capacity and improving na-  
9 tional systems whenever possible during displace-  
10 ment and early recovery.

11 (c) ACTIVITIES SUPPORTED.—Assistance provided  
12 under subsection (a) shall be used to—

13 (1) direct the Secretary of State and the Ad-  
14 ministrator of the United States Agency for Inter-  
15 national Development to implement the Minimum  
16 Initial Services Package (MISP), a set of life-saving  
17 priority activities that must be put in place in the  
18 earliest days of an emergency and that is set out in  
19 the Sphere Project’s Humanitarian Charter and  
20 Minimum Standards in Disaster Response;

21 (2) among other activities, establish critical re-  
22 productive health coordination mechanisms, prevent  
23 sexual violence and assist survivors by providing es-  
24 sential medical care including psychosocial services,  
25 prevent transmission of HIV and other sexually

1 transmitted infections (STIs), ensure access to  
2 emergency obstetric and newborn care, to contracep-  
3 tive methods, and to treatment of STIs, continue  
4 antiretroviral treatment, and lay the groundwork for  
5 comprehensive reproductive health care; and

6 (3) as soon as conditions permit, ensure that  
7 comprehensive reproductive health care programs,  
8 including comprehensive family planning, are put in  
9 place for the duration of displacement and are main-  
10 tained as the relief phase ends and communities  
11 transition to early recovery.

12 (d) COORDINATION.—Assistance authorized under  
13 subsection (a) shall be coordinated in terms of policy,  
14 practice, and funding across and within relevant United  
15 States Government departments and agencies involved in  
16 emergency situations.

17 **SEC. 7. ASSISTANCE TO PROMOTE SEXUAL AND REPRODUC-**  
18 **TIVE HEALTH CARE FOR YOUNG PEOPLE.**

19 (a) ASSISTANCE AUTHORIZED.—The President is au-  
20 thorized to provide assistance to ensure access to sexual  
21 and reproductive health care for young people in devel-  
22 oping countries.

23 (b) PRIORITY.—In providing assistance authorized  
24 under subsection (a), the President shall prioritize a plan  
25 to increase comprehensive knowledge about sexuality

1 among young people and improve sexual and reproductive  
2 health outcomes among young people, while improving co-  
3 ordination and implementation of host country and United  
4 States Government activities focused on adolescent and  
5 youth sexual and reproductive health.

6 (c) ACTIVITIES SUPPORTED.—Assistance provided  
7 under subsection (a) shall be used, among other things,  
8 to—

9 (1) provide universal and affordable access to—

10 (A) evidence-based comprehensive sexuality  
11 education and reproductive health education, in  
12 consultation with local communities, in and out-  
13 side schools to ensure young people can delay  
14 sexual debut and make informed decisions  
15 about their sexual and reproductive health; and

16 (B) youth-friendly comprehensive sexual  
17 and reproductive health care, including activi-  
18 ties described in section 4(b), as appropriate;

19 (2) coordinate the achievement of the goals of  
20 sexual and reproductive health programming for  
21 young people in United States Government-funded  
22 programs;

23 (3) educate implementers on best practices in  
24 adolescent and youth programming and delivery and

1 for effective dissemination of policy guidelines re-  
2 garding adolescent and youth programming; and

3 (4) incorporate the recommendations of young  
4 people in program design and service delivery ori-  
5 ented for young people.

6 **SEC. 8. STRATEGY TO INTEGRATE AND LINK SEXUAL AND**  
7 **REPRODUCTIVE HEALTH SERVICES.**

8 (a) STRATEGY REQUIRED.—

9 (1) IN GENERAL.—The President shall develop  
10 and implement a strategy to improve and create  
11 linkages among the various components of sexual  
12 and reproductive health with each other and with  
13 other global health care services, delivery, and poli-  
14 cies in order to meet the goal described in paragraph  
15 (2).

16 (2) GOAL DESCRIBED.—The goal of better link-  
17 ages and integration referred to in paragraph (1) is  
18 to ensure that individual men and women are pro-  
19 vided with a continuum of sexual and reproductive  
20 health services that meet their needs. Integration  
21 does not require that all of these services should be  
22 provided by the same clinician or even in the same  
23 setting; rather, there should be a mechanism in  
24 place, so that every person has access to the sexual

1 and reproductive health services he or she needs, ei-  
2 ther directly or by referral.

3 (b) ELEMENTS.—The strategy required by subsection  
4 (a) shall include the following:

5 (1) In general, at the program level, supporting  
6 health systems to link the various components of  
7 sexual and reproductive health services both in terms  
8 of health system management, such as integrating  
9 commodity and supply systems, training, super-  
10 vision, data collection and analysis, and service pro-  
11 vision, to ensure that people have access to a full  
12 range of services in their community.

13 (2) In general, such services should include pre-  
14 vention of ill-health, provision of information and  
15 counseling, screening, diagnosis and curative care  
16 and referral for a full range of sexual and reproduc-  
17 tive health and other health and social services.

18 (3) With respect to linkages and program inte-  
19 gration of sexual and reproductive health services,  
20 such services shall include activities described in sec-  
21 tion 4(b).

22 (4) With respect to linkages of sexual and re-  
23 productive health services with other global health  
24 services, such services shall include—

1 (A) counseling about and referrals to other  
2 related health services such as addressing new-  
3 born, infant, and child health (including edu-  
4 cating families about proper antenatal and de-  
5 livery care, breastfeeding, hygiene, and inter-  
6 ventions for neonatal infections and life-threat-  
7 ening childhood illnesses), malaria, tuberculosis,  
8 neglected tropical diseases, and proper nutrition  
9 for all ages; and

10 (B) referrals to nearby, quality services  
11 that cannot be provided by the primary provider  
12 and other social services.

13 **SEC. 9. COORDINATION; RESEARCH, MONITORING, AND**  
14 **EVALUATION.**

15 (a) COORDINATION.—Assistance authorized under  
16 this Act shall promote coordination between and among  
17 donors, the private sector, nongovernmental and civil soci-  
18 ety organizations, and governments in order to support  
19 comprehensive and responsive sexual and reproductive  
20 health programs in developing countries.

21 (b) RESEARCH, MONITORING, AND EVALUATION.—

22 (1) IN GENERAL.—Assistance authorized under  
23 this Act shall be used for the conduct of formative  
24 research and to monitor and evaluate the effective-  
25 ness and efficiency of programs.



1           (2) REQUIREMENTS.—In carrying out para-  
2 graph (1), the President shall ensure that there is—

3           (A) support for formative research on the  
4 determinants of accessing sexual and reproduc-  
5 tive health products and services, and adopting  
6 healthy behaviors related to sexuality and re-  
7 production, to inform program design;

8           (B) support for the ongoing, regular, and  
9 systematic collection of information to serve as  
10 the basis for monitoring change in population-  
11 based outcomes;

12           (C) support for evaluations of pro-  
13 grammatic effectiveness by measuring the ex-  
14 tent to which change in population-based out-  
15 comes can be attributed to program interven-  
16 tions or environmental factors;

17           (D) support for operations research that  
18 uses appropriate scientific methods to compare  
19 different interventions with the objective of in-  
20 creasing the efficiency, effectiveness, and qual-  
21 ity of programs;

22           (E) support for field research on the char-  
23 acteristics of programs most likely to result in  
24 sustained use of effective family planning in  
25 meeting each individual’s lifetime reproductive

1 goals, with particular emphasis on the perspec-  
2 tives of family planning users, including support  
3 for relevant social and behavioral research fo-  
4 cusing on such factors as the use, nonuse, and  
5 unsafe or ineffective use of various contracep-  
6 tive and related-disease control methods; and  
7 (F) support for the development of new  
8 evaluation techniques and performance criteria  
9 for sexual and reproductive health programs,  
10 emphasizing the user’s perspective and repro-  
11 ductive goals.

12 **SEC. 10. DEFINITIONS.**

13 In this Act:

14 (1) **ADOLESCENT.**—The term “adolescent”  
15 means an individual who has attained the age of 10  
16 years but not 20 years.

17 (2) **COMPREHENSIVE SEXUALITY EDUCATION.**—  
18 The term “comprehensive sexuality education”  
19 means helping young people develop the inter-  
20 personal skills necessary for the formation of caring,  
21 supportive, and non-coercive relationships and the  
22 ability to exercise responsibility regarding sexual re-  
23 lationships by addressing such issues as sexual di-  
24 versity, abstinence, and the use of condoms, contra-

1       ceptives, and other protective sexual health meas-  
2       ures.

3           (3) INTEGRATION.—The term “integration”  
4       means joining together different kinds of services or  
5       operational programs, either directly or by referral,  
6       to ensure more comprehensive services, promote a  
7       continuum of care, and to maximize health out-  
8       comes.

9           (4) LINKAGES.—The term “linkages” means—

10           (A) the bi-directional synergies in policy,  
11           programs, services, and advocacy related to sex-  
12           ual and reproductive health, including HIV/  
13           AIDS; and

14           (B) refers to a broader human rights based  
15           approach, of which service integration is a sub-  
16           set.

17           (5) REPRODUCTIVE HEALTH.—The term “re-  
18       productive health”—

19           (A) means a state of complete physical,  
20           mental, and social well-being and not merely  
21           the absence of disease or infirmity, in all mat-  
22           ters relating to the reproductive system and to  
23           its functions and processes; and

24           (B) implies that an individual is able to  
25       have a satisfying and safe sex life and that such

1 individual has the capability to reproduce and  
2 the freedom to decide if, when, and how often  
3 to do so, including the right of men and women  
4 to be informed and to have access to safe, effec-  
5 tive, affordable, and acceptable methods of fam-  
6 ily planning of their choice, as well as other  
7 methods of their choice for regulation of fer-  
8 tility which are not against the law, and the  
9 right of access to appropriate health-care serv-  
10 ices that will enable women to go safely through  
11 pregnancy and childbirth and provide couples  
12 with the best chance of having a healthy infant.

13 (6) REPRODUCTIVE RIGHTS.—The term “repro-  
14 ductive rights”—

15 (A) means those rights that embrace cer-  
16 tain human rights that are already recognized  
17 in national laws, international human rights  
18 documents, and other consensus documents;

19 (B) includes the recognition of the basic  
20 right of all couples and individuals to decide  
21 freely and responsibly the number, spacing, and  
22 timing of their children and to have the infor-  
23 mation and means to do so, and the right to at-  
24 tain the highest standard of sexual and repro-  
25 ductive health; and

1 (C) further includes the right of all couples  
2 and individuals to make decisions concerning  
3 reproduction free of discrimination, coercion,  
4 and violence, as expressed in human rights doc-  
5 uments.

6 (7) SEXUAL HEALTH.—The term “sexual  
7 health”—

8 (A) means a state of physical, emotional,  
9 mental, and social well-being in relation to sex-  
10 uality and not merely the absence of disease,  
11 dysfunction, or infirmity;

12 (B) includes a positive and respectful ap-  
13 proach to sexuality and sexual relationships, as  
14 well as the possibility of having pleasurable and  
15 safe sexual experiences, free of coercion, dis-  
16 crimination, and violence; and

17 (C) further includes the sexual rights of all  
18 persons to be respected, protected, and fulfilled.

19 (8) UNMET NEED.—The term “unmet need”  
20 refers to nonuse of a modern contraceptive method  
21 by an individual who is married or unmarried and  
22 sexually active, is able to become pregnant, and  
23 wants to stop childbearing or to wait at least 2 years  
24 before having a child.

1           (9) YOUNG PEOPLE.—The term “young people”  
2           means those individuals who have attained the age  
3           of 10 years but not 25 years.

4           (10) YOUTH.—The term “youth” means an in-  
5           dividual who has attained the age of 15 years but  
6           not 25 years.

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