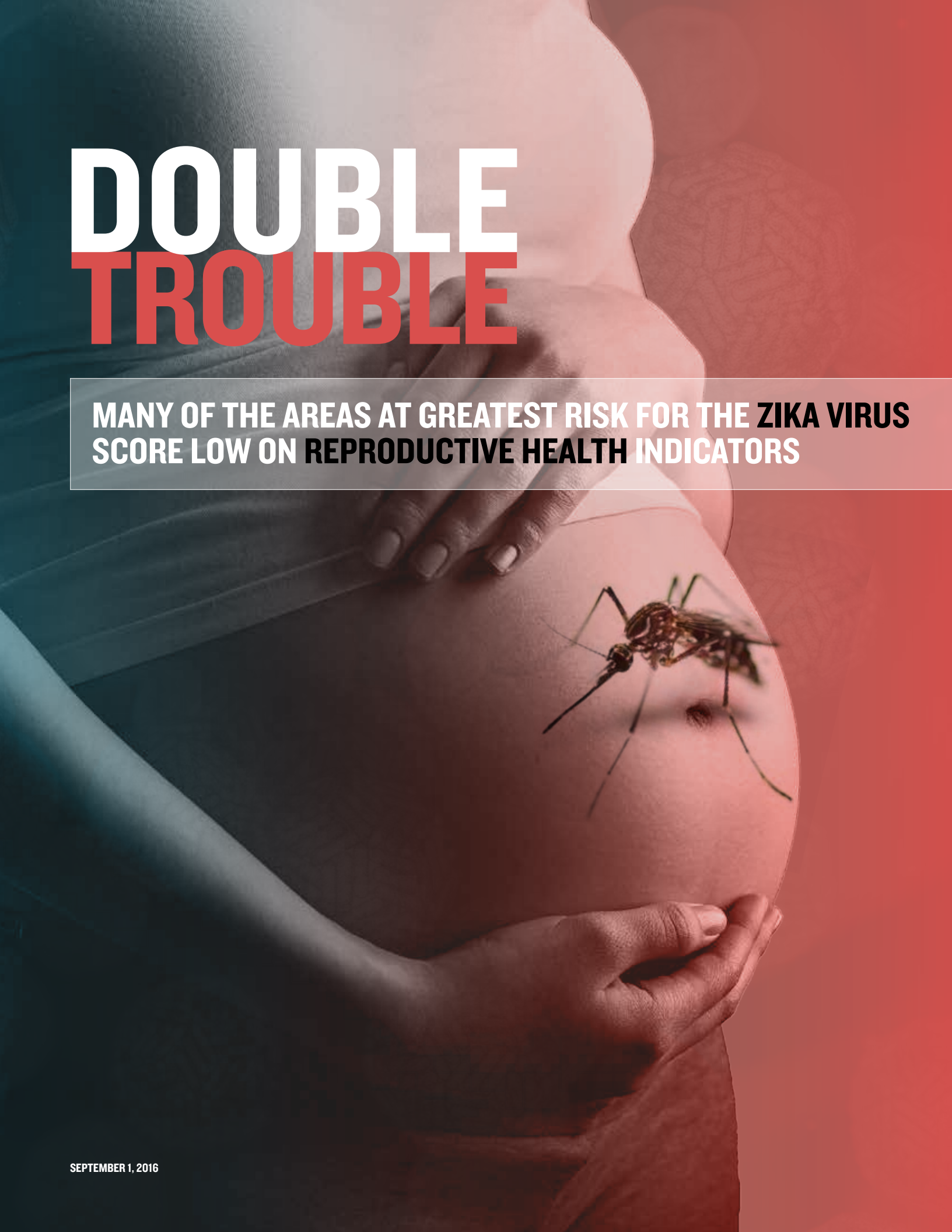
DOUBLE TROUBLE

MANY OF THE AREAS AT GREATEST RISK FOR THE ZIKA VIRUS SCORE LOW ON REPRODUCTIVE HEALTH INDICATORS



SEPTEMBER 1, 2016

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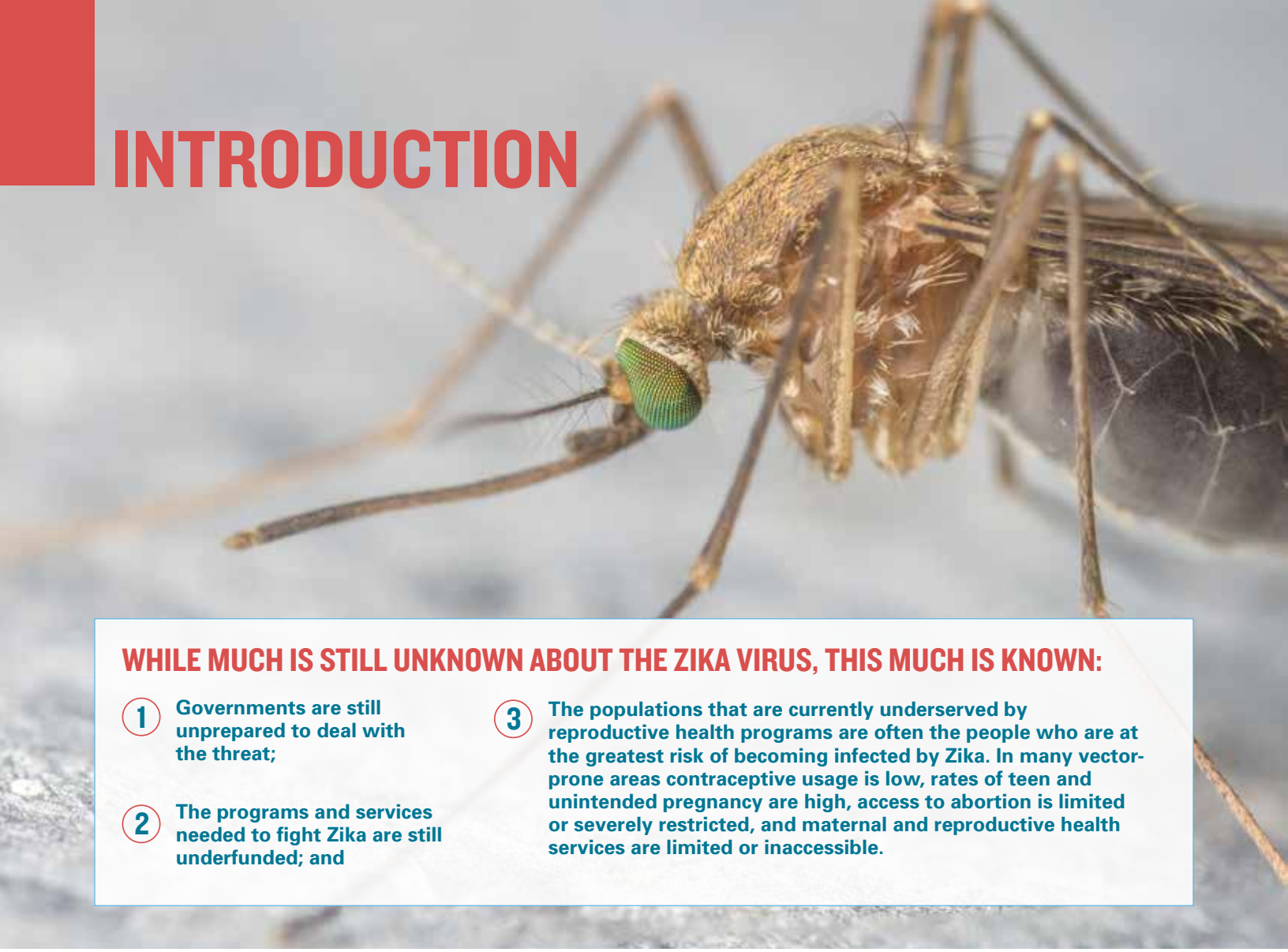
INTRODUCTION



WHILE MUCH IS STILL UNKNOWN ABOUT THE ZIKA VIRUS, THIS MUCH IS KNOWN:

1. **Governments are still unprepared to deal with the threat;**
2. **The programs and services needed to fight Zika are still underfunded; and**
3. **The populations that are currently underserved by reproductive health programs are often the people who are at the greatest risk of becoming infected by Zika. In many vector-prone areas contraceptive usage is low, rates of teen and unintended pregnancy are high, access to abortion is limited or severely restricted, and maternal and reproductive health services are limited or inaccessible.**

Unless more funding is provided—and soon—for prevention of Zika, research and development of a vaccine, and the expansion of reproductive and other health services in affected areas, the worst fears regarding Zika may yet be realized. If so, the poor, both rural and urban, and other vulnerable populations, including minorities and indigenous populations, will be disproportionately affected. And while the populations facing the greatest risks are found in Latin America and the Caribbean (including Puerto Rico), many Zika-threatened states in the continental U.S. rank low on reproductive health and rights and may also lack the resources needed to fight a major outbreak of Zika.

On February 1, 2016, the World Health Organization (WHO), upon the advice of 18 advisors and experts, declared a Public Health Emergency of International Concern, warning that the Zika virus was mutating into a form—or forms—that could pose significant public health risks to pregnant women and babies. In April the Centers for Disease Control and Prevention (CDC) confirmed that the Zika virus can cause microcephaly and other birth defects in babies born to mothers infected by the virus.

Today, more than seven months after WHO's initial warning, the Zika virus continues to evolve and spread, posing a significant reproductive health threat to millions of women and their partners. Cases involving sexual transmission have been confirmed and the first vector-borne outbreak of Zika has occurred in the continental U.S. Meanwhile, researchers in the US and UK have issued a report estimating that as many as 1.65 million childbearing women in Central and South America could become infected by the first wave of the Zika virus. Scientists are still uncertain as to what percentage of those women would have a baby with severe birth defects, but public health experts are warning that in Puerto Rico alone as many as 270 babies born in the next year could have microcephaly.

Pregnant women should continue to avoid travel to areas where Zika is actively spreading. If a pregnant woman travels to or lives in an area with active Zika virus transmission, she should talk with her healthcare provider and strictly follow steps to prevent mosquito bites and to prevent sexual transmission of Zika virus. We also continue to encourage women and their partners in areas with active Zika transmission to engage in pregnancy planning and counseling with their healthcare providers so that they know the risks and the ways to mitigate them.

— Warning issued by the Centers for Disease Control and Prevention in April of 2016

PART ONE

WHAT NEEDS TO BE DONE

While Zika is an evolving threat and much is still unknown about the virus, the scale of its potential impact requires a robust response from the U.S. and other governments, including the international donor community. And while action is needed on a broad front, special attention must be given to the reproductive health needs of potentially affected populations. At a minimum, the following are important:

VECTOR CONTROL

As Zika is primarily spread to people through the bite of infected *Aedes* mosquitoes [*Aedes aegypti (Ae. aegypti)* and *Aedes albopictus (Ae. Albopictus*], funds are urgently needed for mosquito surveillance and control. Without additional funding, governments will not be able to spray in all affected areas. Governments also need funds to clean up illegal dump sites or roadside trash that may collect standing water, like illegally disposed tires.

PUBLIC EDUCATION

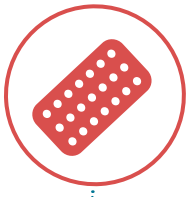
As in any public health emergency, vulnerable populations need to be informed of the risks and how to mitigate them. People need to know that the mosquitoes that spread Zika generally bite during the daytime, how best to avoid mosquito bites, including the proper use of mosquito repellants and nets, and the importance of removing standing water. People also need to know how to plan for travel and how best to prevent the sexual or mother-to-child transmission of the Zika virus. Women in affected areas who may--or want to--become pregnant need to know where to get tested for Zika. And teenagers need to be informed—through comprehensive sex education programs and other means—on how to prevent pregnancies and sexual transmission of the Zika virus.

TESTING AND MONITORING

Testing must be available to everyone who needs it, including men and women who are trying to have a child. Couples need to be able to make informed decisions. Improved diagnostic techniques are needed for purposes of detection and monitoring. Diagnostic test capacity is currently inadequate in many areas threatened by Zika, including some parts of the U.S.

RESEARCH AND DEVELOPMENT

There is no prospect of a cure for Zika, but scientists are working on development of a vaccine. Trials are beginning and early signs are promising. Funds, however, are urgently needed to complete research and testing. Funding for basic research is also needed, as there are many unanswered questions with respect to Zika, its spread, and the attendant risks.



ACCESS TO CONTRACEPTION

Every woman who wishes to avoid a pregnancy or a sexually transmitted Zika infection should have access to an effective contraceptive method of her choice, including a long-acting reversible contraceptive for pregnancy prevention and male or female condoms to protect against sexual transmission of the Zika virus. Sexually active adolescents, in particular, need reliable, judgement free, confidential information and access to contraceptive methods.

BARRIER METHODS

Beyond needing access to barrier methods (male and female condoms) as a method of contraception, women who are already pregnant need access to barrier methods to prevent sexual transmission of the Zika virus. People need education about the risks of sexual transmission of the Zika virus and how using condoms during pregnancy is a healthy pregnancy intervention.

ACCESS TO ABORTION SERVICES

A woman who is carrying a Zika-infected fetus needs access to testing, counseling, and, if she so chooses, a safe and legal abortion. In many Zika-threatened areas in the U.S. many women now have limited access to abortion services. In many parts of Latin America abortions are either banned or severely restricted, and in some countries women having an abortion face stiff criminal penalties, including lengthy incarceration.

MATERNAL AND POST-NATAL HEALTH CARE

Many women in Zika-affected areas will become pregnant, intentionally or unintentionally, and should have access to a range of neo- and post-natal health care services, including testing for Zika. Babies born with microcephaly or other birth defects will require special care and developmental assistance. Parents raising developmentally disabled children need adequate educational, health, financial and social resources and support.

PART TWO

UNPREPARED AND UNDERFUNDED: WHAT'S BEING DONE...AND WHAT'S NOT BEING DONE

While several months have elapsed since Zika was first linked to severe birth defects in newborns and Guillain-Barré syndrome (GBS) in adults, only a small fraction of the public funds needed to combat Zika have been appropriated or committed. Governments at all levels need to do more to contain the threat. The following is a brief overview of what has been done to date:

THE OBAMA ADMINISTRATION'S FUNDING REQUEST

In February of 2016 the Obama administration asked Congress for **$1.9 BILLION** in emergency funding to fight the Zika virus. The request breaks down as follows:

DEPARTMENT OF HEALTH AND HUMAN SERVICES—$1.48 BILLION INCLUDING:

$828 MILLION to CDC to support Zika virus readiness and response in vulnerable States and territories; enhance mosquito control programs; and expand CDC's Pregnancy Risk Assessment Monitoring System;

$250 MILLION to the Centers for Medicare and Medicaid Services to temporarily increase Puerto Rico's Medicaid Federal Medical Assistance Percentage to support health services for pregnant women at risk of Zika infection;

$200 MILLION for vaccine research and development; and

$210 MILLION for an Urgent and Emerging Threat Fund.

USAID—$335 MILLION TO:

- Implement vector management activities in at-risk countries;
- Train healthcare workers in affected countries;
- Stimulate private sector research and development of vaccines; and
- Support pregnant women's health.

US DEPARTMENT OF STATE—$41 MILLION FOR:

- Support of U.S. citizens in affected countries;
- Medical support for State Department employees in affected countries;
- Communications, and other operations activities; and
- Support for the UN's World Health Organization (WHO) and its regional office, the Pan-American Health Organization (PAHO).

CONGRESS

The Administration's request is still pending, but Congress has sought to slash the proposed funding level. On May 18th the House of Representatives passed a supplemental appropriation bill that would have provided only $622 million to fight Zika. The next day, the Senate passed an appropriations measure containing $1.1 billion in Zika-related funding, including a cut of approximately 40 percent in the president's request for HHS and CDC.

In June, a House-Senate conference agreement was reached that provided $1.1 billion in Zika funding, but also included $750 million in off-setting cuts, including $107 million in unused Ebola funds, $100 million in cuts to administrative funding for the Department of Health and Human Services and $534 million from unspent Affordable Care Act money for health-care exchanges in U.S. territories. The conference agreement also barred Planned Parenthood from receiving any of the funding in the bill and loosened EPA restrictions on pesticides. The House approved the House-Senate conference agreement on June 23rd, but the measure stalled in the Senate on June 28th, after Senate Democrats objected to the lower level of spending on Zika, the Planned Parenthood restriction, and the relaxation of pesticide regulations.

In separate action this year, the House Appropriations Committee, as part of its FY2017 appropriations, has proposed to eliminate all funding for the United Nations Population Fund (UNFPA) and Title X, which provides family planning and reproductive health services to low-income households in the U.S.

ADMINISTRATION ACTION

Because of the Congressional inaction on its emergency budget request and the escalating concerns with respect to the spread of Zika, the Obama Administration has been forced to reprogram existing resources to the extent permitted by law. On August 11th, HHS Secretary Sylvia M. Burwell notified Congress that's HHS was transferring $34 million within the National Institutes of Health for Zika virus vaccine research and shifting another $47 million to a biomedical-preparedness agency within HHS for studies and research related to Zika. The funds are urgently needed to start the second phase of a vaccine study.

Since activating its Emergency Operations Center (EOC) on January 22, 2016 and upgrading the EOC to Level 1 (highest) status on February 8, 2016, the CDC has provided critical funding and technical advice to areas and states potentially affected by Zika. The CDC, as of August 1, had awarded a total of $25 million to states, cities, and territories for Zika preparedness and response. The funds, which can be used by recipients through June 2017, were distributed based on risk of local transmission and the size of the population. In addition to Zika-specific funding, CDC plans to award $567.5 million to bolster 62 public health departments across the country.

In the continental U.S., the CDC is using data from the Pregnancy Risk Assessment Monitoring System (PRAMS) to target areas that have outstanding barriers to contraceptives. The CDC aims to expand training of clinical providers on contraceptive service delivery, encourage state Medicaid programs to implement the LARC payment strategies, and strengthen the capacity of providers to deliver contraceptive services in areas where local transmission has occurred or is expected.

THE STATES

Because Congress has not acted on the President's funding request, the Administration has been forced, to the extent feasible, to reallocate funds from other health care priorities, including Ebola preparedness and response. Of the $589 million that was reallocated in April 2016, $44 million came from state emergency preparedness grants that were due to be released in July 2016, and because those funds have not been replenished by Congress, states today are scrambling to replace those funds, which are needed, among other things, to prepare for an outbreak of Zika. While states, in theory, could appropriate additional funds for Zika prevention and testing, many state legislatures have adjourned for the year. And while state and local agencies, including health departments and offices of emergency preparedness, could re-allocate funds from other emergency needs, flexibility is limited. As a consequence, many states are still ill-prepared for a major outbreak of Zika, including Louisiana, where state and local officials are struggling to deal with catastrophic flooding that has displaced tens of thousands of people.

U.S. TERRITORIES

In the affected territories of Puerto Rico, the Virgin Islands, and American Samoa, the CDC has partnered with local health ministries and various donors to supply Zika Prevention Kits (ZPK), which include educational materials about the virus and its avoidance, insect repellent, standing water treatment tabs, and condoms. Trojan, a leading condom manufacturer, has donated more than 150,000 condoms to aid the CDC in supplying ZPKs. As of August 1, more than 10,000 ZPKs have been delivered to pregnant women in Puerto Rico, U.S. Virgin Islands and American Samoa.

The Puerto Rico Department of Health has been collaborating closely with the CDC in helping Puerto Rican women gain access to contraceptives and counseling services. Donors, including Merck, and Allergan, have contributed, in aggregate, a total 60,000 IUDs and 80,000 packs of birth control pills, but an additional $20 million is needed to train and employ medical providers in the insertion of IUDs and the use of other contraceptive methods. Demand for condoms is so high and the price of condoms is rising so fast that the government has sought to freeze the price of condoms.

PAN-AMERICAN HEALTH ORGANIZATION (PAHO)

The UN's World Health Organization (WHO), operating through its regional office, the Pan-American Health Organization (PAHO), is leading the fight against Zika. As of August 26, 2016, PAHO has operated 58 technical missions to 27 countries, deployed nearly 100 experts to affected countries, and organized multiple workshops and technical meetings with the goals of surveillance, research, and coordination. PAHO has mobilized members of the Global Outbreak Alert and Response Network to assist national ministries of health and inform local public health authorities of the latest developments. PAHO issues periodic recommendations on how to avoid the transmission of Zika, including the use of contraceptives, but in many areas of Latin America, contraceptive use (along with abortion) is still actively opposed by religious leaders.

PAHO has two main strategies for fighting Zika, but contributions to date have fallen far short of what is required for their full implementation. The first is its strategy for enhancing the response capacity of countries in the region. Of the $17.3 million required for full implementation, only $5.6 million had been raised as of August 10, 2016, including transfers from WHO's contingency fund. The second is PAHO's Strategic Response and Joint Operations Plan for July 2016 through December 2017. The strategy has four main objectives: virus detection, prevention, care and support, and research. It also prioritizes expanding health systems' capacities in affected areas, focusing on sexual and reproductive health, risk communication with women, and the medical complications for pregnant women and families. Of the $122.1 million required for full implementation of these efforts, only $18.1 million was available as of August 3, 2016, including $3.8 million transferred from WHO's contingency fund.

UNITED NATIONS POPULATION FUND (UNFPA)

In coordination with PAHO, UNFPA hopes to work with governments in Latin America to improve sexual and reproductive health information, resources and services in Zika-affected areas. UNFPA seeks to guarantee contraceptive security by procuring, transporting, and distributing contraceptives valued at $5 million. UNFPA plans to make an additional $2 million available to governments desiring to make third party arrangements for acquisition of reproductive health supplies. UNFPA is also planning to work with community stakeholders to inform women, via various media channels, about the risks of transmission and infection. Finally, UNFPA plans to organize a network of professionals, trained in family planning and modern methods of contraception, to educate communities about the critical role that contraception can play in preventing the spread of Zika. To fulfill these objectives, UNFPA needs to raise $10 million in supplemental funding, but as of August 10, 2016, only Japan had contributed $250,000. Further limiting its capacity to respond to the Zika threat, UNFPA is expected to lose as much as $140 million in funding in FY2017, and the U.S. House of Representatives is proposing to eliminate all funding for UNFPA next year. The U.S. Senate, however, remains supportive of UNFPA and is opposed to the proposed cutback.

LATIN AMERICAN GOVERNMENTS

Latin American governments in the affected areas have implemented or intensified existing vector control and surveillance activities, often concurrently with other mosquito-borne virus programs. Brazil, which stepped up its mosquito eradication efforts in advance of the Rio Olympics, intends to distribute insect repellent to an estimated 400,000 pregnant women through its Bolsa Familia program. The Dominican Republic has initiated a national operation to eliminate mosquito breeding grounds through fumigation, and Argentinian health authorities have merged their Zika and dengue case finding programs.

With guidance from PAHO, Latin American governments are educating the public about the risks of Zika virus and how to prevent its spread. The Belezean Ministry of Education and Belize Red Cross have pledged to work with the Public Health Department to disseminate messages of prevention in local municipalities across the country, while Mexico and Guyana

have launched similar public awareness campaigns in high risk areas.

While Latin American governments have bolstered their mosquito surveillance and eradication efforts and taken steps to educate the public about the risks posed by Zika, far too little has been done to expand reproductive health services in affected areas. Haiti's Ministry of Health has increased access to condoms and other forms of contraception in its response to Zika, but other governments in Latin America have been less responsive. Several governments have urged women not to get pregnant, but as a practical matter many women in Latin America may not have that choice. Over half of pregnancies are unplanned, teenage pregnancy rates are high, and unmarried teens often face barriers to accessing contraception, rates of intimate partner physical and/or sexual violence are among the highest in the world, and access to family planning services in some areas is very limited, particularly in more remote areas. In addition, cultural and information barriers, particularly among indigenous populations, may deter couples from using any form of contraception, including condoms.

In many Zika-affected areas in Latin America pregnant women or couples who wish to have a child may not be able to get tested for the Zika virus. They may also lack adequate access to post-natal services, including parental counseling. Parents will need support raising Zika-infected babies including being trained in how to improve the cognitive and physical development, particularly those born with microcephaly.

The vast majority of abortions in Latin America are unsafe, leading to heightened risk of maternal mortality and morbidity. While some governments in Latin America and the Caribbean—most notably Brazil, Columbia, Ecuador, El Salvador, and Jamaica—have urged women to delay getting pregnant because of the threat posed by Zika, these same governments have not loosened abortion restrictions. Indeed, one government—El Salvador—has debated the possibility of increasing criminal penalties for women who have an illegal abortion and those who provide them.

PART THREE

UNDERSERVED: THE STATUS OF REPRODUCTIVE HEALTH AND RIGHTS IN AREAS THREATENED BY ZIKA

Women in Zika-affected areas require access to family planning and reproductive health services in order to avoid unintended pregnancies and sexual transmission of the virus, but the level and quality of access to those services varies widely across the U.S. and Latin America. In the United States, the recent closure of family clinics in Texas and in other states potentially affected by the Zika virus inhibits access to contraception, as well as legal abortion services. Also, state funding cuts and state refusals to expand Medicaid coverage under the Affordable Care Act have reduced the affordability of contraception for low-income households.

In Latin America and the Caribbean contraceptive use in some countries is lower than the global average, particularly in the poorest and most remote areas, and longstanding abortion restrictions deny women access to a safe and legal abortion. Condoms, if properly used, can help to prevent the sexual transmission of Zika, but the rapidly escalating demand for condoms in Puerto Rico and in other Zika-affected areas could lead to severe price inflation and possible shortages. In virtually all of the Zika-threatened areas far too little attention has been given to the accessibility and quality of reproductive and maternal health services.

REPRODUCTIVE HEALTH AND RIGHTS IN THE U.S.

Contraceptive use in the U.S. is higher than the global average. According to the Population Reference Bureau, 68 percent of married women of reproductive age (15-49) in the U.S. use a modern method of contraception (including the pill, an IUD, injection, condom or sterilization), compared to 56% globally, but in the U.S., as in other countries, contraceptive use and access vary according to income levels and geography. Also, despite the relatively high rate of contraceptive prevalence (i.e. use) in the U.S., almost half of all pregnancies in the U.S. are unintended.

While contraceptive use in the U.S. is higher than the global average, the rate of unintended pregnancy (45 percent) is significantly higher than the global average (40 percent). Rates of unintended pregnancy are highest among minority women, women without a high school degree, and among younger women. Geographically, rates of unintended pregnancy tend to be higher in the states most likely to be impacted by Zika. Earlier this year, the Guttmacher Institute published an eye-opening report on the rates of unintended pregnancy in states likely to be impacted by Zika. Several of the states likely to be affected by Zika—*including Texas, Louisiana, Mississippi, Georgia, and Florida*—have exceptionally high rates of unintended pregnancy.

While the teen pregnancy and abortion rates have declined in the U.S. to the lowest level in almost four decades, the U.S. still has one of the highest rates of teen pregnancy in the industrialized world. Three Gulf States—Texas, Louisiana, and Mississippi—have among the highest rates of teen pregnancy rates in the country. Minors in many states lack access to contraceptive services and comprehensive sex education. The Guttmacher Institute reports that only 26 states and the District of Columbia

allow all minors (12 and older) to consent to all contraceptive services, and the only Gulf State to do so is Alabama. High school students in many states do not receive comprehensive sex education in the schools. In some states, schools are required to teach "abstinence only" sex education programs that have been proven to be ineffective in reducing teen pregnancy or sexually transmitted infections (STIs). Four of the Gulf States—Florida, Louisiana, Mississippi, and Texas—do not require any kind of sex education in the schools.

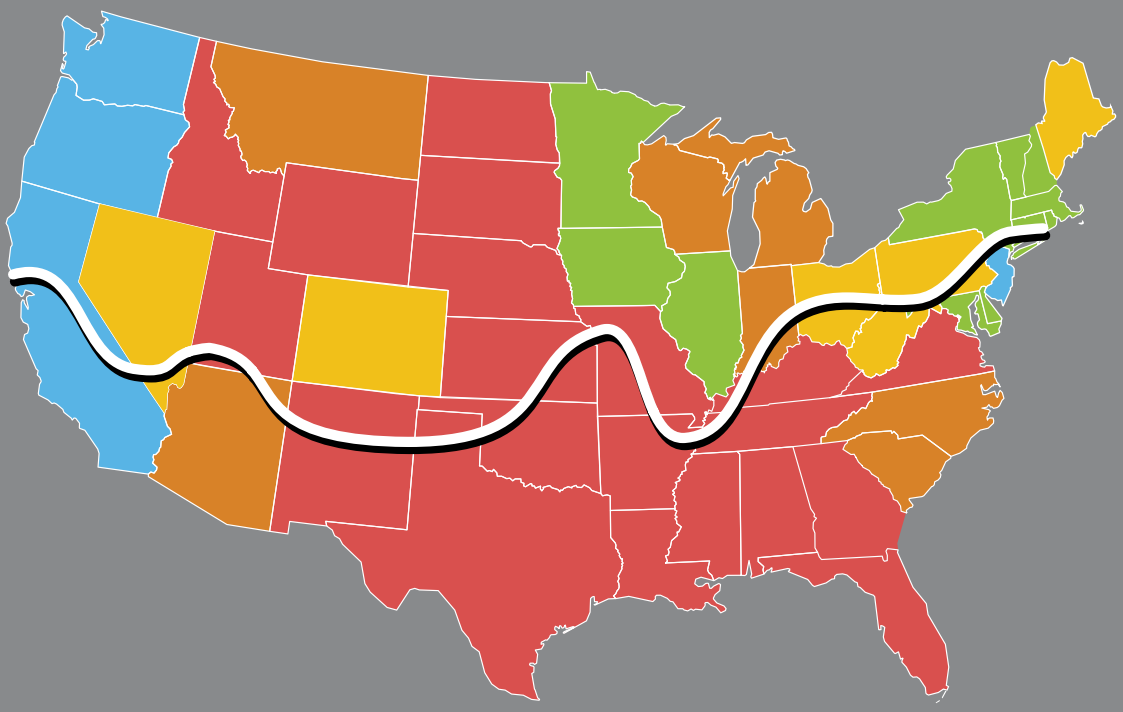
Low-income women in the U.S. often rely on government-supported family planning clinics to access contraceptive services and information, but as a result of cutbacks in government funding and efforts in some states to deny Planned Parenthood any government reimbursement for contraceptive and other preventive health care services that they provide to women, family planning clinics in many states—and, in particular, Texas—have been forced to close their doors.

Because of varying laws and levels of public support, access to reproductive health services in the U.S. varies widely from state-to-state. In January of every year, the Population Institute publishes a *50-State Report Card on Reproductive Health and Rights*. Using nine criteria, the Institute's report card ranks each of the 50 states and the District of Columbia. Thirty percent of the grade is based on measures of effectiveness, including the teenage pregnancy rate and the rate of unintended pregnancies. Twenty percent of the grade is based upon prevention, including mandated comprehensive sex education in the schools and access to emergency contraception. A quarter of the grade is based upon affordability, including Medicaid eligibility rules. The final 25 percent of the grade is based upon access to abortion services, including abortion laws and the percent of women living in a county without an abortion provider.

Based upon their scores, each state received a "core" grade (A, B, C, D or F), but some states received an additional 'plus' or a 'minus' for factors not reflected in the core grade, such as pending changes of legislation. In the 2015 report card, which was published in January of this year, seven states received a poor grade (D), while 19 states received a failing grade (F).

As seen in the following map, many of the states receiving those poor or failing grades are in areas that could be affected by a mosquito-borne outbreak of the Zika virus:

STATES THREATENED BY ZIKA ALSO RANK LOW ON REPRODUCTIVE RIGHTS



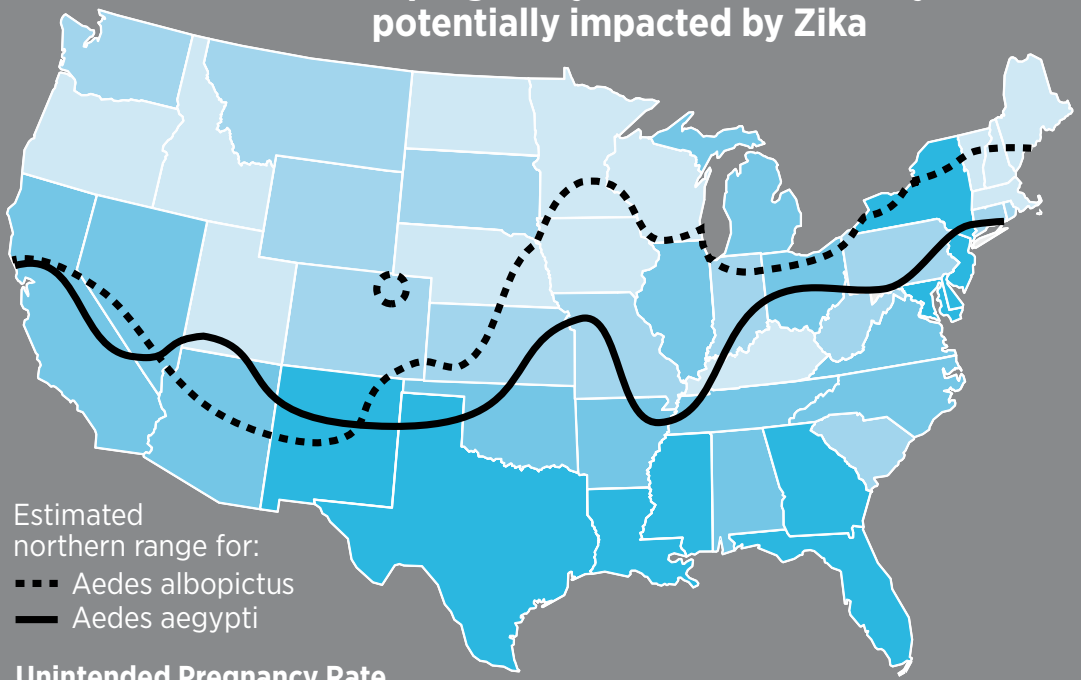
DOUBLE TROUBLE: MANY OF THE AREAS AT GREATEST RISK FOR THE ZIKA VIRUS SCORE LOW ON REPRODUCTIVE HEALTH INDICATORS

STATES REFUSING TO EXPAND MEDICAID UNDER THE AFFORDABLE CARE ACT

NOT EXPANDING MEDICAID ESTIMATED NORTHERN RANGE FOR AEDES AEGYPTI

GUTTMACHER INSTITUTE

Unintended pregnancy is common in many states potentially impacted by Zika



Unintended Pregnancy Rate
Per 1,000 women aged 15–44, 2010 32–41 42–47 48–54 56–62

guttmacher.org **©2016**

TEXAS

All of the Gulf States are potentially threatened by Zika, but from a reproductive health perspective, the Lone Star State is particularly vulnerable. Among the 50 states and the District of Columbia, Texas has the fifth highest rate of teenage pregnancy, the highest rate of repeat teenage pregnancy, and one of the highest rates of unintended pregnancy. In recent years Texas has suffered severe setbacks in the areas of reproductive health and rights. In 2011, the Texas legislature cut off all funding to Planned Parenthood clinics in the state and cut total state support for family planning clinics by two-thirds. The cuts were particularly harmful to low-income women who depended upon state-supported family planning clinics for access to contraceptive services. Within two years several dozen clinics were forced to close their doors.

The number of Texas women being served by the women's health program was cut by more than half. A report prepared for the state legislature indicated that the resulting increase of unplanned births would boost Medicaid spending by more than a quarter of a billion dollars. Since then, the state legislature has restored much of the funding for family planning clinics, but it continues to block any funding for Planned Parenthood and dozens of family planning clinics in the state remain closed.

In 2013 the Texas legislature approved arbitrary restrictions on state abortion providers that forced many abortion providers to shut their doors. In June of 2016 the U.S. Supreme Court struck down the Texas abortion access restrictions as unconstitutional, but it may take years before clinic access is fully restored. This past January, when the Population Institute released its latest *50-State Report Card on Reproductive Health and Rights*, Texas was given a failing grade.

FLORIDA

In the continental U.S., Florida is on the frontlines of the fight against Zika. In January, the CDC confirmed travel-related cases in Miami-Dade and Hillsborough Counties. In late July, Florida and the CDC reported the first-confirmed local transmissions of the Zika virus in Wynwood, a neighborhood just north of downtown Miami. In mid-August Florida reported a confirmed instance of local transmission in nearby Miami Beach, and subsequently the state reported a third outbreak in St. Petersburg, which is on the Gulf Coast. As of September 1, there was no widespread transmission of Zika in Florida, but the potential still exists for a bigger outbreak before the mosquito season abates later this year.

In January this year, when the Population Institute released its latest 50-State Report Card on Reproductive Health and Rights, Florida was one of 26 states receiving a poor or failing grade. In awarding Florida an 'F', the

% OF MARRIED WOMEN (15-49) USING MODERN METHODS OF CONTRACEPTION

CENTRAL AMERICA	65
Belize	52
Costa Rica	75
El Salvador	68
Guatemala	49
Honduras	64
Mexico	66
Nicaragua	76
Panama	60

SOUTH AMERICA	69
Argentina	53
Bolivia	35
Brazil	77
Chile	n/a
Colombia	73
Ecuador	60
French Guiana	n/a
Guyana	33
Paraguay	70
Peru	52
Suriname	47
Uruguay	75
Venezuela	62

CARIBBEAN	58
Antigua and Barbuda	n/a
Bahamas	n/a
Barbados	55
Cuba	72
Curacao	n/a
Dominica	n/a
Dominican Republic	68
Grenada	n/a
Guadeloupe	n/a
Haiti	3I
Jamaica	68
Puerto Rico	72
St. Kitts-Nevis	n/a
Saint Lucia	52
St. Vincent and the Grenadines	n/a
Trinidad and Tobago	38

Institute cited several factors, including Florida's high teenage pregnancy rate, its failure to require comprehensive sex education in the schools, and its decision not to expand the Medicaid program under the Affordable Care Act. In recent years, Florida has also enacted a number of abortion restrictions, including the kind of clinic access requirements that were overturned by the U.S. Supreme Court this summer. The Florida legislature has also sought to bar Planned Parenthood from receiving state funds for preventive health care services. August 19, 2016, a federal judge permanently barred the cuts from going into effect, but the state still has the option to appeal. If the injunction is lifted, however, it could have an adverse impact on efforts to prevent unplanned pregnancies in Zika-affected areas of the state.

CONTRACEPTIVE USE IN LATIN AMERICA AND THE CARIBBEAN

Data are sometimes incomplete, but the modern contraceptive prevalence rate (CPR) is one of the best measures of access to reproductive health services in Latin America and the Caribbean. CPR measures the percentage of married or in-union women aged 15 to 49 who are currently using modern methods of contraception. According to the Population Reference Bureau, the modern CPR is 67 percent in Latin America and the Caribbean, compared to the global average of 56 percent.

Contraceptive use, however, varies widely from country to country and according to wealth status. In the areas most threatened by the Zika virus, several countries have a CPR lower than the global average, including Haiti (31 percent), Trinidad and Tobago (38 percent), Guyana (33 percent) Guatemala (49 percent), Suriname (47 percent) and Belize (52 percent).

But even in countries with a relatively high CPR, contraceptive prevalence may be much lower in the lowest wealth quintile. In Columbia, where the CPR is 73 percent, the CPR for the lowest wealth quintile is only 50 percent. Geography also plays a role. Remote rural areas in Latin America, including some that are at high risk for Zika, may have much lower rates of contraceptive prevalence and security compared to other communities.

For purposes of preventing an unplanned pregnancy it is important that women in the Zika-affected areas of Latin America and the Caribbean have access to a reliable method of modern contraception, including—if they choose—a long-acting reversible contraception (LARC), such as an IUD or a long-acting injectable. Globally, an estimated 13 percent of married women of reproductive age in 2013 were using a LARC, but in Central America the percentage was 10. In the Caribbean, the percentage was 9, and in South America, it was only 5.

LARCs, however, do nothing to prevent the sexual transmission of the virus from Zika-infected men to women either before or during pregnancy. For that purpose, couples need access to a "barrier" method of contraception (i.e. a male or female condom) to help ensure a healthy pregnancy free of sexually transmitted Zika. Use of condoms, however, varies widely from country to country in Latin America and the Caribbean. According to USAID, only 2.3 percent

of married women use condoms in Guatemala, compared to 12.9 percent in Guyana, and an equally large disparity in condom use exists among sexually active unmarried women in those two countries: 4.4 percent in Guatemala versus 23.0 in Guyana. In areas, such as Puerto Rico, where condom use prior to the Zika threat was relatively low, the price of condoms is soaring in response to the sudden increase in demand, and local public health authorities are scrambling to increase supplies.

Because of the relative success of family planning programs in Latin America and the Caribbean compared to other parts of the world, USAID in recent years has suspended its family planning assistance to many countries in the region. In a number of the "graduated" countries, however, UNFPA has stepped in fill the remaining unmet need for contraception and ensure a reliable supply of contraception to poorly served areas and populations. UNFPA's role in maintaining contraceptive security in the region, however, is threatened by potential cutbacks in contributions from the U.S. and other donor countries.

Abortion laws and restrictions in Latin America and the Caribbean vary from country-to-country, but abortion in many countries is either prohibited or severely restricted.

VENEZUELA

Millions of people in Venezuela live in areas of high environmental suitability for Zika transmission, but because the government and the economy are in severe crisis, the public authorities have been reluctant to share data and slow to respond to the threat posed by Zika. In February of 2015 the government acknowledged that there were nearly 5,000 suspected Zika cases, but doctors and medical watchdog groups warned that the actual number of suspected cases could be 400,000 or higher. Public health groups reported widespread shortages of supplies, including medication, insect repellent, mosquito nets, hospital beds, and contraception. In addition, the Venezuelan Health Ministry has been slow to distribute information about Zika and its reproductive health implications.

Even prior to the fall in oil prices and the ensuing economic and political collapse, many women in Venezuela lacked adequate access to reproductive health services. Now, deteriorating economic conditions are making the situation worse. Venezuela today has 85% fewer condoms and other contraceptives than it did in 2015, and the price of condoms has soared. The scarcity of contraceptives has led to a sharp increase in the number of pregnancies. Unable to access other methods of birth control, many women are resorting to sterilization, and family planning clinics are reporting long waiting lists. Abortions, with very few exceptions, are illegal in Venezuela.

WHERE ABORTION IS RESTRICTED DUE TO FETAL IMPAIRMENT IN LATIN AMERICA AND THE CARIBBEAN

- A WOMAN CANNOT LEGALLY HAVE AN ABORTION IN CASES OF FETAL IMPAIRMENT.
- A WOMAN CAN HAVE AN ABORTION IN CASES OF FETAL IMPAIRMENT.

Source: Pew Research Center

PUERTO RICO

While Congress has passed, and the president has signed, a program to restructure Puerto Rico's $70 billion debt, the financial crisis is far from over and its financially strapped government is struggling to deal with another emerging crisis: Zika. Current projections indicate that one-quarter of Puerto Rico's population will be infected with Zika by the end of the year. As of early August, the CDC had confirmed over ten thousand cases of Zika—including more than one thousand women—but because two percent of its blood supply is Zika-infected, experts believe that the actual number of infections is much, much higher. A study conducted by researchers at the Puerto Rican Health Department and the U.S. Centers for Disease Control and Prevention, projects that between 5,900 and 10,300 pregnant women in Puerto Rico will become infected with Zika during this initial outbreak, and, as a result, 100 to 270 cases of microcephaly will occur between mid-2016 and mid-2017. The study was published in the August 19 edition of *JAMA Pediatrics*.

The outbreak could not come at a worse time. In response to the debt crisis, the government has slashed healthcare spending, including funds for an already under-funded reproductive health program. Nearly two-thirds of pregnancies in Puerto Rico are unintended. Half of the population is below the poverty-line, but Medicaid reimbursement rates in Puerto Rico are lower than in the continental U.S. Many homes in Puerto Rico do not have screens or air conditioners, so the risk of mosquito bites is heightened, and poor sanitation in some areas has contributed to the widespread proliferation of other mosquito-borne diseases, such as dengue and chikagunya.

Kristyn Brandi, MD, a fellow at the American Congress of Obstetricians and Gynecologists and a family planning fellow at Boston Medical Center, recently returned from Puerto Rico and reported that, "Some clinics had some forms of contraception, but the majority barely had oral contraceptive pills in their office to offer patients. Most did not have the newer forms of long-acting reversible contraception (LARC) like the intrauterine devices (IUDs) or an implant. Many providers do not offer abortion services and do not have a place to refer patients that desire counseling on their options. Community health centers, the poorest of clinics there, are doing their best to give people information while barely being able to stock free condoms."

GUATEMALA

Guatemala has one of the lowest rates of contraceptive use in the Western Hemisphere; its CPR is just 49 percent, compared to 65 percent for Central America as a whole. While Zika is a potential threat to many in Guatemala, its indigenous population is at greatest risk, because of its poverty and relative lack of access to reproductive health care. More than 40 percent of Guatemala's population is indigenous and tremendous disparities exist between Guatemala's indigenous and non-indigenous groups. Of those who live below the poverty line in Guatemala, 75% are indigenous people, and access to primary health for this group is limited, as many indigenous people live in remote rural areas and ethnic and class discrimination is prevalent. These inequalities are also reflected in Guatemala's reproductive and maternal health indicators. Contraceptive use is much lower among indigenous groups, even among women who want to avoid a pregnancy. In 2015, before Zika became a potential threat, the level of unmet need for contraception (i.e. the percentage of women of reproductive age who wanted to avoid a pregnancy, but who were not using a modern method of contraception) was much higher among indigenous women (39 percent) than among non-indigenous women (22 percent).

Local mosquito transmission of Zika has been reported in Guatemala, and officials recently confirmed that a baby with microcephaly linked to the Zika virus has been born in Guatemala.

CONCLUSION

The Zika virus is an evolving threat, but that is no excuse for inaction. We know to a high degree of certainty what needs to be done to contain its spread and mitigate its impact. The Obama Administration has made its request. CDC and PAHO have laid out their plans. The strategies are in place, and the public is supportive. What's lacking is the full funding.

The failure of Congress to act on the president's Zika request is deeply troubling. It is a dereliction of its duty to protect the nation's health. Equally troubling is the continuing attempts by the U.S. House of Representatives to eliminate funding for Title X, UNFPA, and comprehensive sex education in schools. Every woman, wherever she lives, deserves access to a full range of contraceptive services and information, and adolescents, wherever they live, additionally need comprehensive sex education. That was true before the Zika virus was linked to microcephaly and birth defects, and it is even truer today with the spread of Zika.

The president is doing his part. Congress must now do its part. The United States is not the only country threatened by the Zika virus. Other countries –including Brazil—may have a greater stake in its containment, but no other country is better positioned to lead. And lead we must, because delay could be costly in both human and economic terms. Time is of the essence. The local transmission of Zika has been confirmed in Florida and other states are likely to follow.

The United States, Latin America and the Caribbean are better prepared to deal with an outbreak of Zika than many parts of the world, but the past few months have served to highlight significant gaps and deficiencies in the provision of reproductive health services in the U.S. and other countries in the Western Hemisphere. In addition to emergency funding needed to combat Zika, more money, *not less*, is needed to ensure that women have adequate access to family planning and reproductive health services. While the United Nations has embraced the goal of universal access to reproductive health care, many women in the world today—*including some in the United States*—still lack adequate access to family planning services and information.

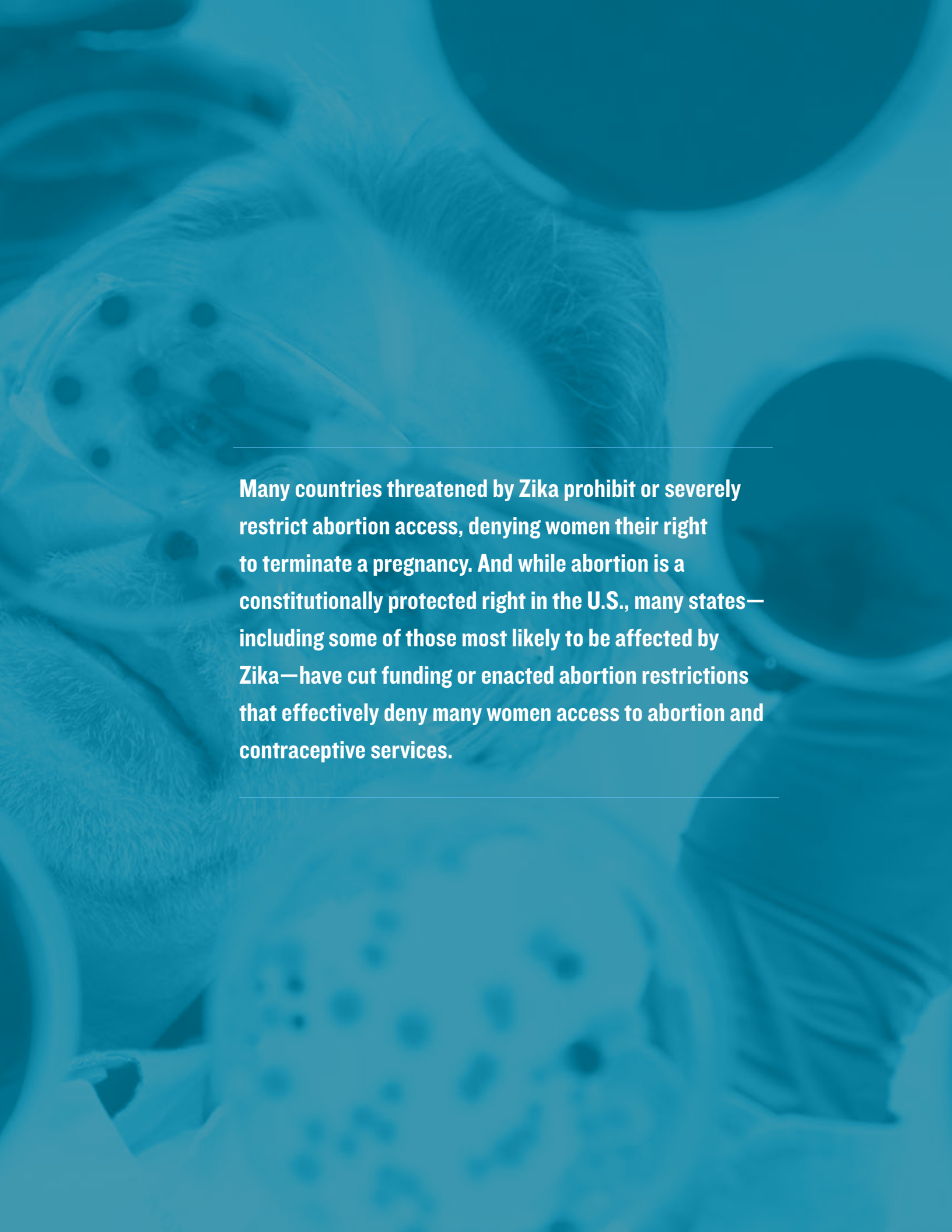
In responding to the Zika threat, governments at all levels should adopt a rights-based approach that respects the right of women to make their own decisions regarding their reproductive health and child-bearing.

Many countries threatened by Zika prohibit or severely restrict abortion access, denying women their right to terminate a pregnancy. And while abortion is a constitutionally protected right in the U.S., many states—*including some of those most likely to be affected by Zika*—have cut funding or enacted abortion restrictions that effectively deny many women access to abortion *and* contraceptive services. A recent public opinion poll conducted by STAT and the Harvard School of Public Health found, however, that 59 percent of Americans would support giving a woman access to a legal abortion after 24 weeks, if she has been infected with the Zika virus and her doctor believes that there is a good chance that the baby would be born with microcephaly. Political leaders in both parties should take heed.

The U.S. Supreme Court earlier this summer overturned the abortion access restrictions passed by Texas. That was an important victory for reproductive health and rights, but the struggle is far from over. The political attacks on Planned Parenthood are of special and continuing concern, as they have forced family planning clinics in many communities to close.

For the moment, the spread of the Zika virus is largely limited to the Western Hemisphere, but given the prevalence of the *Aedes* mosquitoes in other areas of the world, including parts of sub-Saharan Africa, the Middle East and South Asia, Zika has the potential to be a global problem, particularly in developing countries that have limited access to reproductive health services and limited success in combatting malaria, dengue fever, and other mosquito-borne diseases. It is not too late to prevent a significantly wider outbreak of Zika, but time is running out.

Zika is now a confirmed threat, and if we are to avoid the worst effects of Zika, we must act now to provide emergency funding and improved access to family planning and reproductive health services in the U.S., Latin America, and the Caribbean.



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