The 2005 United States budget: wasteful expenditures, foregone opportunities

With record deficits, it may seem counter-intuitive to suggest that it makes sense now, more than ever, to establish full funding for family planning in the United States and internationally. There is good evidence, however, that family planning programs are not just cost-effective, but cost-saving: these programs save money in both the short- and long-term and thus remain a key priority, even in times of budget deficit. Programs to improve health, well being, and social and economic development around the globe are also important investments for long-term security and international stability. In tight financial times, however, expenditures that do not have good evidence of effectiveness—such as abstinence-only programs—are unwise and can even be harmful, particularly if they draw funding away from proven, effective measures.

Unfortunately, the $2.4 trillion budget proposed for the U.S. for the next fiscal year goes almost exactly against this evidence, leaving family planning funding to stagnate while doubling money for abstinence-only programs. Many other domestic programs, from food stamps to maternal and child health block grants to educational equity programs for women and girls, also face budget cutbacks. Given the current fiscal situation, it is not surprising that the proposed U.S. budget contains some painful cuts. But what is worrisome is that misguided thrift and ideological commitments will mean the loss of valuable opportunities to generate real cost-savings that are accompanied by improvements in health and well being.

Consider the example of family planning. Every dollar invested in family planning saves $4 or more in public costs—including at least $3 in Medicaid expenditures, with savings starting in the very first year [1,2]. A recent study of family planning care provided through Medicaid waivers found that every state studied saved money, even while increasing access to care [3]. Yet, despite the great dividends—economic and otherwise—generated by family planning, the 2005 budget request for Title X, the U.S. family planning program for low-income men and women, is the same as the total for last year. At the proposed funding level of $278 million, the program’s funding is not keeping up with inflation, and currently provides care for only about half of the low-income women and men who need family planning services [4]. This inadequate funding represents a lost opportunity to generate cost-savings by providing preventive care that improves health and well being.

In the developing world, family planning care is just as valuable, if not more so. Basic reproductive and sexual health care improves health and promotes social and economic development. Yet, the proposed budget decreases funding to the United Nations Population Fund (UNFPA) from $34 million to $25 million, and provides no increase in funds for the United States Agency for International Development’s (USAID) family planning programs. Political restrictions have further hampered the disbursement of funds in the past few years. The developed world, as a whole, is lagging far behind the commitments it made 10 years ago at the International Conference on Population and Development in Cairo, to improve the lives of men and women around the globe by investing in family planning programs [5].

While family planning and reproductive health programs are being subjected to “fiscal abstinence,” “abstinence-only” programs are receiving unprecedented levels of funding. Abstinence-only-until-marriage programs teach that sex within marriage is the only acceptable context for sexual activity, without giving accurate information about contraceptives and safe sex. Very few abstinence-only-until-marriage programs have been rigorously evaluated and, thus, there is no compelling evidence to date that they actually change sexual behavior [6,7]. In the new U.S. budget, the funding level proposed for abstinence-only-until-marriage programs is doubled from last year, from $140 million in 2004 to more than $270 million in 2005 [8]. Money for “marriage promotion” is also increasing, as part of the President’s proposed $1.5 billion marriage initiative. Internationally, one-third of all HIV prevention funds in the President’s Emergency Plan for AIDS Relief must fund abstinence programs.

Preparing a $2.4 trillion budget is not a trivial task, and policymakers must review many worthy programs and priorities, deciding where to make the greatest investments. To obtain the most from our national investments, budget allocations, particularly in the health and scientific sectors, should be guided by evidence of each program’s effectiveness. Investment in cost-saving programs with great proven returns should not be exchanged for expenditure cuts that
actually lose money. In lean economic times, more than ever, we need to make sure that every dollar counts.

Felicia H. Stewart, MD  
*UCSF Center for Reproductive Health Research & Policy  
San Francisco, CA, USA*

Wayne C. Shields  
*ARHP President and CEO  
Washington, DC, USA*

Ann C. Hwang, MD  
*UCSF Center for Reproductive Health Research & Policy  
San Francisco, CA, USA*

References


