



CRISIS IN CARE

YEAR TWO IMPACT OF
TRUMP'S GLOBAL GAG RULE



INTERNATIONAL
WOMEN'S HEALTH
COALITION

The International Women's Health Coalition

advances the sexual and reproductive health and rights of women and young people, particularly adolescent girls, in Africa, Asia, Eastern Europe, Latin America, and the Middle East. IWHC furthers this agenda by supporting and strengthening leaders and organizations working at the community, national, regional, and global levels, and by advocating for international and US policies, programs, and funding.

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Acknowledgements:

This project is a collaborative undertaking. IWHC is especially grateful to the staff of our grantee partners, including Jedidah (Jade) Maina, Diana Moreka, and Mercy Akinyi of TICA; Mahesh Puri, Kusum Wagle, and Yasaswi Dhungel of CREHPA; Olabukanola (Buky) Williams and Fadekemi (Kemi) Akinfaderin-Agarau of EVA; and Catriona Macleod of CSSR, who guided and implemented the project. We deeply appreciate the work done by the research consultants Tabitha Gitau, Anthony Nkwocha, Dumisa Sofika, and Ulandi du Plessis to conduct interviews and interpret the data. We are also thankful for the insights and candor of our key informants, who generously gave their time to be interviewed. This report could not have been completed without the contributions of many individuals at IWHC, particularly Nina Besser Doorley, Shannon Kowalski, Françoise Girard, Liza Kane-Hartnett, Marissa Crawford, Katherine Olivera, Erin Williams, Michelle Chasteen, Yael Gottlieb, and Naomi Gaspard.



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Executive Summary

On January 23, 2017, US President Donald Trump issued a presidential memorandum reinstating and expanding the Mexico City Policy, also known as the “Global Gag Rule.”¹ President Trump’s implementation plan for the expanded policy, called “Protecting Life in Global Health Assistance,” was announced in May 2017.² The policy states that any foreign nongovernmental organization (NGO) that takes US global health funds must certify that it does not engage in certain abortion-related activities, including providing abortion services, information, counseling and referrals, and advocating to expand access to safe abortion services.³ The Global Gag Rule applies not only to what groups do with US global health funding, but also to what they do with their own, non-US government funds. It forces health care providers to choose between providing a comprehensive spectrum of reproductive health care and receiving critical US funding. President Trump’s Global Gag Rule expands a bad policy enacted by all previous Republican presidents since Ronald Reagan; it now implicates almost \$9 billion in US foreign assistance, affecting many organizations that had not previously had to comply with it.

The International Women’s Health Coalition (IWHC) is committed to documenting the impacts of the “Protecting Life in Global Health Assistance” (“the policy” or “the Global Gag Rule”) restrictions on civil society, the political climate, and the health of women, girls, and other marginalized populations. It will do so alongside grantee partners in Kenya, Nepal, Nigeria, and South Africa as long as the policy is in place. To date, IWHC and partners have conducted interviews with civil society organizations, health service providers, anti-abortion groups, and government agencies across the four documentation project countries (“documentation countries”).

In the first project phase, IWHC and partners conducted 59 interviews and documented widespread confusion about the policy and fears about how devastating it would be for the most vulnerable populations in society. A year ago, the policy was already threatening health systems and limiting access to critical health services. Now, these impacts are coming into sharp relief. In this second phase of the project, interviews with 118 key informants revealed the following impacts:

The policy is harmful to the health and well-being of women, young people, and marginalized communities, such as LGBTQI, rural, poor, and religious minority communities. The policy is exacerbating existing barriers to accessing health care, making a broad range of services less accessible, including comprehensive abortion care, contraceptive services, HIV/AIDS testing and treatment, screening for cervical cancer, breast cancer, prostate cancer, and support for survivors of gender-based violence.

The policy is creating funding gaps, causing the fragmentation of health services, and halting critical health programs, including those strengthening the delivery of government services. NGOs play critical roles in ensuring the health of communities not only through direct service provision, but also by providing technical and financial assistance to governments, building capacity among health workers, and strengthening health systems. Gaps left by the policy can be difficult and time-intensive, if not impossible, to fill.

The policy is burdening organizations, shrinking civil society spaces, silencing voices, and creating distrust. The burden of implementing and monitoring the requirements of the policy bears heavily on organizations that have to cut programs, restructure, retrench staff, and closely monitor compliance.

The policy is fracturing important partnerships and coalitions and limiting civil society's ability to work effectively and hold their governments accountable.

Confusion and misunderstanding about the policy is still common among key stakeholders. Stakeholders, including leaders of organizations receiving US global health funding, reported confusion about the policy. They often interpreted the policy as being broader than it is and did not know that it allowed for the provision of postabortion care or referrals for services in cases of rape and incest.

The policy is emboldening regressive actors and threatening progress made in advancing human rights. The policy is creating new opportunities for groups that oppose sexual and reproductive rights and women's rights to expand their influence. It also provides individuals with regressive views an excuse to block progress on these matters within their professional capacities. Foreign governments have remained largely silent about the consequences of the policy on the health of their own people.

Based on the findings, IWHC makes the following recommendations to the US legislative branch:

- Permanently end the Global Gag Rule through passage of the Global HER Act
- Hold oversight hearings to examine the impacts of the Global Gag Rule, and the ways that this policy has been implemented
- Use every available opportunity to demand answers from the Trump administration about how the policy is affecting US global health priorities

To the US executive branch:

- Develop and share clear guidelines for implementation of the policy with all recipients of US global health funding, including sub-award recipients and local organizations
- As long as the policy is in effect, any US government review process must be a consultative, transparent, comprehensive, and action-oriented analysis of the policy and its impacts

Other recommendations:

- All international NGOs, both prime recipients of US global health assistance and others, should document the impact of the policy on their organization's work, including the misapplication, over-application, and chilling effects of the policy
- All stakeholders should continue to resist this harmful policy and work towards ending it. US-based NGOs should continue to build support among members of Congress and the general public to repeal the policy

For a full list of recommendations, see page 42.

Abortion Law

NIGERIA

Abortion is permitted only in a medical emergency or to save the life of the woman.

NEPAL

Abortion is legal without restrictions in the first 12 weeks of pregnancy, up to 28 weeks in cases of rape or incest, or at any time if the pregnancy endangers a woman's physical or mental health or life, or in cases of fetal anomaly.

SOUTH AFRICA

Abortion is legal without restrictions in the first 12 weeks of pregnancy, up to 20 weeks for socio-economic hardship, rape, incest, fetal abnormality, and to protect the health of the woman, and after 20 weeks in cases of severe fetal malformation and risk to the life of the woman or fetus.

KENYA

Abortion is permitted to protect the woman's life and health or in case of emergency.

I. Background

As one of his first acts in office, US President Donald Trump signed a presidential memorandum reinstating and expanding the Mexico City Policy, also known as the “Global Gag Rule.”⁴ President Trump’s implementation plan for the expanded policy, called “Protecting Life in Global Health Assistance” (PLGHA), was announced in May 2017. The policy prohibits foreign (non-US) nongovernmental organizations (NGOs) from using their private, non-US government funds to provide comprehensive abortion services, information, counseling, or referrals, or to advocate to expand access to safe abortion services as a condition for receiving US global health assistance.⁵ The Global Gag Rule is an additional barrier on top of the already restrictive Helms Amendment, which prohibits the use of US foreign assistance dollars to pay for the performance of abortion as a method of family planning and has been in place since 1973.⁶ (Please see Appendix 1 for a more in-depth description of the PLGHA policy.)

Research on the effects of a previous version of the policy found that, despite its purported intent of discouraging abortion, the Global Gag Rule had not achieved this goal in the majority of countries receiving US reproductive health and family planning funding. Instead, it actually led to increases in abortions in sub-Saharan African and Latin American countries.⁷ As previously implemented, the policy also restricted access to contraceptive services—leading to increases in unplanned pregnancy and maternal mortality—and hampered HIV prevention efforts.⁸ In addition, it caused a chilling effect on civil society, as organizations constrained themselves and stopped providing even permitted services out of fear and misunderstanding.⁹

While every Republican president since Ronald Reagan has enacted some version of this policy, Trump’s Global Gag Rule represents a huge expansion. Previous versions applied to reproductive health and family planning funding, representing about \$600 million a year in US foreign assistance. Expanding the policy to all recipients of US global health funding implicates more than \$9 billion, including funding for HIV/AIDS, malaria, tuberculosis, nutrition, maternal health, health systems, and a range of other health programs designed to benefit millions of people.¹⁰

In late March 2019, US Secretary of State Mike Pompeo announced new enforcement criteria for the standard provision that guides implementation of the policy. The standard provision states that an organization receiving US funding cannot “provide financial support to any other foreign organization that conducts such activities,” referring to the abortion work prohibited by the policy. This has always been understood to mean that foreign NGOs that comply with the policy are prohibited from granting funding from other donors to other foreign NGOs specifically to conduct abortion-related work. The new criteria go much further: They interpret the clause above to mean that compliant foreign NGOs cannot provide any funding, from any donor, to another foreign NGO for any purpose—even for activities outside of global health—if that other NGO works on abortion.

[A] previous version of the policy...actually led to increases in abortions in sub-Saharan African and Latin American countries... restricted access to contraceptive services—leading to increases in unplanned pregnancy and maternal mortality—and hampered HIV prevention efforts.

In response to the Global Gag Rule, several international donors have attempted to fill the funding gaps caused by the policy. For example, the SheDecides Initiative, launched by the Dutch Minister for Trade and International Development and her counterparts from Belgium, Denmark, and Sweden, has raised approximately EUR 450 million (\$501 million) to finance organizations that have been affected by the policy and other US funding cuts.¹¹ Unfortunately, these efforts appear unlikely to compensate for the funding gaps caused by the Global Gag Rule.

The United States is by far the world's largest global health donor, contributing approximately half of all official development assistance for health provided by Organization for Economic Cooperation and Development (OECD) donor countries.¹² The vast majority of this money goes to the President's Emergency Plan for AIDS Relief (PEPFAR), the umbrella program for all HIV/AIDS activities, which represents about two thirds of US funding for global health. While the president's fiscal year 2018 budget request sought to reduce global health funding by approximately \$2.5 billion (27 percent) and slash funding for reproductive health and family planning, Congress rejected these cuts, appropriating approximately \$600 million for reproductive health and family planning as part of a \$8.7 billion global health budget.

The Global Gag Rule applies worldwide, regardless of the legality of abortion in recipient countries. The policy imposes the Trump administration's ideological position on abortion on to other countries and undermines their ability to put the health and human rights of their citizens first.

The expansion of the Global Gag Rule is just one facet of the Trump administration's attacks on global sexual and reproductive health and rights. For two years now, the administration has blocked funding for the United Nations Population Fund (UNFPA), the largest purchaser and distributor of contraceptives worldwide.

The Trump administration has also worked to reverse international human rights standards that recognize that sexual and reproductive rights are human rights. The administration eliminated mentions of reproductive rights from the State Department's annual Country Reports on Human Rights Practices, thus removing any discussion of an important locus of human rights violations. In March 2019, Secretary Pompeo announced that the administration was using an obscure legislative provision known as the Siljander Amendment—which bars the use of US funding for lobbying for or against abortion globally—to cut \$210,000 in funding from the Organization of American States (OAS). This unprecedented use of this provision takes aim at two independent human rights bodies connected to OAS, the Inter-American Commission on Human Rights (IACHR) and the Inter-American Commission on Women (CIM), both of which have issued statements on abortion as part of their work to uphold human rights and women's rights in the region.

II. Project Description

IWHC is working with Trust for Indigenous Culture and Health (TICAH) in Kenya, Center for Research on Environment Health and Population Activities (CREHPA) in Nepal, Education as a Vaccine (EVA) in Nigeria, and the Critical Studies in Sexualities and Reproduction (CSSR) research unit at Rhodes University in South Africa to document the effects of Trump's Global Gag Rule.

The first report from this documentation project was published in May 2018 and included findings from 59 in-depth interviews with civil society organizations (CSOs), health service providers, anti-abortion groups and government agencies in Kenya, Nigeria, and South Africa. In this second phase, the project has expanded to Nepal and encompasses a broader range of interviewees, including a greater number of organizations that receive funding from the US government, organizations that have forgone US government funding as a result of the Global Gag Rule, and government representatives.

This report presents findings from 118 additional in-depth interviews with civil society organizations, health service providers, anti-abortion groups, and government agencies across Kenya, Nepal, Nigeria, and South Africa. Further details about the characteristics of interviewees and the methods used can be found in Appendix 2.

May 2019 marks two years since US agencies began implementing the policy. However, because the policy only applies to new contracts, some organizations have only encountered a Global Gag Rule provision in their funding agreements in the past several months. Even in this second year of documentation, it is still too early to assess the full impacts of the policy. Nevertheless, IWHC is starting to record more examples of how the policy is making health care less accessible, weakening civil society, and causing confusion and inefficiencies. IWHC and its partners are committed to continuing to document the impacts of the policy as long as it is in place.

III. Country Contexts

KENYA



In 2010, Kenya adopted a new constitution that affirms that “every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care.”¹³ Article 26(4) states that abortion may be granted to a pregnant woman or girl when a trained health professional determines that emergency treatment is needed, her life or health is in danger, or it would be permitted by any other written law. The constitution further authorized abortion services to be provided by any trained health professional.

Nevertheless, the country’s penal code still criminalizes “unlawful” abortion, both for providers and people seeking abortion services, with punishments of imprisonment for up to fourteen years for those who are found guilty.¹⁴ These contradictions have created confusion about the legal status of abortion in Kenya, and efforts to clarify the situation have been stymied. For example, in 2013 the Ministry of Health withdrew the newly drafted 2012 Standards and Guidelines on Reducing Maternal Mortality and Morbidity from Unsafe Abortion, which remain in limbo today.¹⁵ Many providers are afraid to provide comprehensive abortion care due to stigma and fear of arrest or other criminal consequences, which further restricts access and drives women to unsafe alternatives. In 2016, policy reform led to medical abortion drugs misoprostol and mifepristone becoming classified as essential drugs for OB/GYN care.

Kenya has one of the highest maternal mortality rates globally, 510 deaths per 100,000 live births.¹⁶ Unsafe abortion is a major driver of this high mortality rate—25 percent of all maternal deaths in Kenya are due to unsafe abortion.¹⁷ Each day, seven women die due to unsafe abortion in Kenya.¹⁸ In comparison, in the US, fewer than one woman per 100,000 dies from complications of a legal abortion, while the maternal mortality ratio is 18 deaths per 100,000 live births.¹⁹ In 2012 alone, nearly 120,000 Kenyan women and girls received care for complications resulting from unsafe abortions.²⁰ Stigma, legal challenges, fear of repercussions, cost, and limited facility capacity result in women delaying care and prevent them from seeking timely, potentially life-saving postabortion care services.²¹

In 2018, the US obligated \$303.81 million in global health assistance to Kenya overall, with \$19.94 million going to family planning and reproductive health, \$20.39 million to maternal and child health, and \$197.95 million to HIV/AIDS programming.

NEPAL



Abortion was legalized in Nepal in 2002, with an amendment to their National Country Code (Muluki Ain) which guaranteed and improved reproductive rights for women. This law permits abortion without restrictions for the first 12 weeks of gestation.²² In 2009, the Supreme Court case *Lakshmi Dhikta v. Nepal* reiterated the 2002 amendment and protected abortion as a human right. More recently in 2018, Nepal's House of Representatives passed the Safe Motherhood and Reproductive Health Rights Act (RH Act), which reinforced reproductive rights as human rights, and defined these rights as including: maternal and newborn health, family planning, safe abortion, and adolescent health.²³ The law also increased gestational age limits on abortion in cases of rape or incest until 28 weeks and at any time in cases where the pregnancy poses risks to the physical or mental health or life of the woman, or in case of fetal abnormality. Despite the progress made with these substantial policy reforms, abortion access remains difficult and highly stigmatized.

Abortion legalization contributed to a sharp decline in Nepal's maternal mortality rate, from 539 per 100,000 live births in 1996 to 259 in 2016.²⁴ Nevertheless, unsafe abortions (defined by the World Health Organization as a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking minimal medical standards or both) remain a concern. An estimated 323,000 abortions were performed in Nepal in 2014, 58 percent of which were induced by the pregnant woman herself or performed by an unsafe or unapproved provider.²⁵ The same year, an estimated 80,000 women were treated in health facilities for complications relating to abortion and miscarriage, 68 percent of which had complications resulting from a clandestine abortion.

In 2018, the US obligated \$38.51 million in global health assistance to Nepal overall, with \$7.51 million going to family planning and reproductive health, \$15.53 million to maternal and child health, and \$3.76 million to HIV/AIDS programming.

NIGERIA



Nigeria has one of the more restrictive abortion policies globally. Abortion is regulated by both the penal code and criminal code, which provide that the procurer and supplier of surgical and medical abortions can face up to 14 years of imprisonment. The only exceptions are in a medical emergency or to save the life of the woman.²⁶ The 1981 Termination of Pregnancy Bill and the 2015 Violence against Persons Prohibition (VAPP) Bill were two recent attempts to reform abortion law and increase access to services. The Termination of Pregnancy Bill, sponsored by the Nigerian Society for Gynecology and Obstetrics, would have legalized abortion when two registered doctors agreed that it could save the life of a pregnant woman, or that the child would be born with a severe disability.²⁷ Similarly, the VAPP Bill would have ensured the right to comprehensive reproductive services, including medical abortion. These two reforms were challenged and ultimately struck down under pressure from conservative, anti-abortion organizations and religious leaders.²⁸

The annual incidence of abortions in Nigeria was reported in 2017 to be 41.1 per 1,000 women aged 15-49 years old, which translates to approximately 1.8 million abortions. However, there is evidence to suggest that this estimate should be as high as 2.7 million abortions annually. The World Health Organization reports that Nigeria has a maternal mortality rate of 814 per 100,000 live births.²⁹ Unsafe abortions are responsible for an estimated 11 percent of these deaths.³⁰

In 2018, the US obligated \$239.82 million in global health assistance to Nigeria overall, with \$7.30 million going to family planning and reproductive health, \$27.41 million to maternal and child health, and \$98.36 million to HIV/AIDS programming.

SOUTH AFRICA



The 1996 Choice on Termination of Pregnancy (CTOP) Act legalized abortion in South Africa upon request for up to 12 weeks of gestation. Between 12 and 20 weeks, the law allows for abortion in case of risk to the woman's physical or mental health, severe fetal abnormality, rape, incest, or for social or economic reasons. After 20 weeks, the law allows abortion if the pregnancy endangers the woman's life, would result in a severe malformation of the fetus, or would pose a risk of injury to the fetus.³¹ While the CTOP Act is one of the most liberal abortion laws globally, stigma, regional and economic disparities, and refusals to provide services on the grounds of religious or moral objections still lead to unsafe abortions.

South Africa's maternal mortality rate is 138 per 100,000 live births, with unsafe abortion considered a significant contributing factor.³² Between 2016 and 2017 approximately 74.2 percent of abortions were considered safe (performed in the private and public sectors by trained professionals), while 25.8 percent were considered unsafe.³³ Significant barriers to accessing legal abortion services remain, including under-resourced health systems (especially outside of urban centers), lack of awareness, stigma, and the refusal of care by providers using a claim of "conscience." A 2010 study found that fewer than 50 percent of designated public health facilities actually provided abortion services.³⁴ Private services tend to be extremely expensive and are therefore not an option for poor women. Even accurate information about public providers and services is largely unavailable. As a result, women often turn to untrained providers, whose services are widely advertised and easily accessible.

In 2018, the US obligated \$342.86 million in global health assistance to South Africa overall, with no funding going to family planning and reproductive health, \$2,340 to maternal and child health, and \$325.10 million to HIV/AIDS programming.



IV. Findings

Health Impacts

EXACERBATING EXISTING BARRIERS TO HEALTH CARE ACCESS

The Global Gag Rule is making health services less accessible, especially for already marginalized and underserved populations. Comprehensive abortion care, postabortion care, and contraceptive services are the most obviously affected. However, other sexual and reproductive health and related services, such as HIV/AIDS testing and treatment, antenatal care, screening for cervical cancer, breast cancer, prostate cancer, and support for survivors of gender-based violence are also impacted. The policy is also causing fragmentation in health services and debilitating NGOs that provide technical and financial assistance to health systems.

ACCESS TO SAFE ABORTION SERVICES

Denying information about safe abortion to people who need it can be deadly. In Kenya, an organization working with sex workers and young women of reproductive age made the difficult decision to sign the Global Gag Rule in order to stay open and continue providing HIV services to its more than 10,000 clients. Since signing the policy, it has had to stop providing information about and referrals for abortion, leading to serious consequences for the women they serve. The director of the organization explained:

Abortion is a very huge need for our people and so we have been trying to pass to partners who are able to provide that service, but [after] we signed... we cannot advocate for sexual reproductive health services... As a result, we have lost two girls. One who tried to put knitting needles and the other one I don't know what in order to self-procure an abortion. Because they know that we don't [provide information or referrals for abortion], we have lost two girls as a result of that. – Director, sex-worker serving organization, Kenya

Several other organizations in all four countries also reported that they were obligated to stop providing referrals and information about abortion to their clients despite concerns that it would drive them to use unsafe methods or to seek “back alley” abortions from “quacks.”

Because the Global Gag Rule operates in all countries receiving US global health assistance, regardless of the legal status of abortion, the policy endangers people who need abortions even in countries with more liberal abortion laws. Both South Africa and Nepal have legislation that affirms the right to abortion without restrictions up to 12 weeks of gestation, and in more limited cases afterwards. Nevertheless, abortion remains highly stigmatized and difficult to access in both countries, especially outside of urban centers. The Global Gag Rule creates another barrier to access.

In Nepal, many participants, especially those representing women's rights organizations, emphasized that the Global Gag Rule was threatening to reverse improvements in maternal mortality and morbidity resulting from the legalization of abortion in 2002. The country director of an international NGO shared:

I think Nepal's constitution is very clear about the rights to free access to family planning. The comprehensive packages and essential health care is very clear... there is a legal provision for abortion in this country... I think [the policy] will make an impact on how quickly Nepal could get ahead to meet its [health] agendas. – Country Director, sexual and reproductive health and rights civil society organization, Nepal

Despite the clear recognition of the right to abortion by the government of Nepal, the Global Gag Rule is limiting organizations' ability to provide communities with information about their rights. A managing director working for a Global Gag Rule-compliant organization in Nepal focused on improving the health of women and adolescents explained how the policy is relayed to front-line staff:

We tell them to not even talk about abortion in the community level or any other places they work. There may be some women who want [an] abortion due to unwanted pregnancy... Since we provide counseling, people sometimes try to talk about abortion with us. In such cases, we tell our staff to tell them that they don't know anything about it... The impact here is, our staff might know about the places [to access] abortion or some information related to abortion, [but] when we tell them not to talk about it, they will not be able to talk openly about such issues. – Managing Director, civil society organization, Nepal

These examples from Nepal and Kenya confirm existing research: Efforts to restrict access to abortion do not decrease incidence of abortion. Instead, they often force women to resort to unsafe abortion methods. The president of a professional organization in Nepal argued:

We legalized abortion and thousands of women are getting safe abortion services. Limiting the rights that women have been receiving doesn't make any sense. Such rules are against women's welfare and prevents women from being empowered and making [their own] decisions. – President, professional organization, Nepal

In South Africa, lack of knowledge about the legal status of abortion and how to access safe abortion services through the public health system are major barriers to access. In the words of a lawyer focused on issues relating to sexual and reproductive rights, the policy “just makes a service that was already inaccessible even more inaccessible.”

The concerns expressed by respondents in South Africa focused on reduced access to information about, and referrals for, safe abortion services, including for those services offered by the state. Despite its more progressive legislation, knowledge about the legality of abortion and where to access safe abortion services remain low in South Africa.³⁵ NGOs often serve the critical role of providing education to clients about their rights within the law and making referrals to safe providers, including to the public sector where abortion services are provided for free. An abortion provider within the public health system explained how the Global Gag Rule impacts her work and threatens women's health because it interferes with the ability of civil society organizations to provide referrals:

It affects us directly because our CTOP act is that we can offer an abortion on demand... [when] women can come to us for an abortion, they don't have to do an illegal abortion. So [the policy] really affects us directly... the counselling services [being affected is] also a problem because we are directly linked to that... we're going to suffer and a lot of women are going to suffer because now there are all these restrictions [when] a woman can just come and in and ask to be assisted to have an abortion and we would offer it to her. – Abortion Provider, Ministry of Health, South Africa

Even in Nigeria, where abortion is highly restricted, the policy is creating a more dangerous environment by limiting access to information about the relative safety of different methods and pushing safe abortion services further underground. The country director of a national NGO in Nigeria said:

You're creating a situation where higher rates of abortion would happen because women would always procure abortion. Nothing has said that this would not happen, that means we are going to have a higher case of maternal deaths, and in all aspects to me, it is counterproductive. – Country Director, national NGO, Nigeria

ACCESS TO CONTRACEPTIVE SERVICES

The Global Gag Rule is restricting access to contraceptive services and making it more difficult for people to prevent unwanted pregnancies. As seen under previous versions of the policy, this is likely to lead to increases in induced abortion and in maternal mortality.

In Nigeria, a large international NGO that had been building the capacity of health providers to deliver counseling and services relating to long-acting reversible contraceptives lost millions of dollars to support their ongoing programming as a result of the Global Gag Rule. The executive director of the organization shared:

In the project we ended, we saw close to 500 women taking up a long-acting method of contraceptive. We got close to 2,000 government health care providers to be able to provide competent, voluntary, balanced counseling and delivery of long-active methods, implants and IUDs. There was an urgency by the local mission to make sure that the project was sustained, but because of the Gag Rule, [we] could not sustain that. – Executive Director, international NGO, Nigeria

An organization in Kenya that was unable to apply for further funding from the US government because of the policy also shared how thousands of young people would be left without family planning services as a result:

Because we couldn't get any further US funding at that time, we closed quite a sizeable proportion of our programs, say about a quarter, and about 15-20 people stopped working with our programs... about 40,000 of adolescent girls and young women then stopped receiving information on family planning. – Business Analyst, international NGO, Kenya

A former community health worker, who lives in a community where a clinic closed because of funding cuts after the Global Gag Rule, explained how she can no longer bring contraceptive services to the marginalized women she used to serve:

“You’re creating a situation where higher rates of abortion would happen because women would always procure abortion. Nothing has said that this would not happen, that means we are going to have a higher case of maternal deaths, and in all aspects to me, it is counterproductive.”

The people [in the community where the clinic closed] are mainly the Muslim community. There are women who use family planning but do not want it to be known. They also cannot leave home without the husband's permission... It has been difficult for women in our area as they want to use family planning, but they can't access them... We used to visit them at home and deliver the contraceptives there. – Former Community Health Worker, Kenya

Similarly, an advisor at an international NGO focused on sexual and reproductive health and rights in Nepal stated:

This Global Gag Rule is totally against the spirit of our constitution. Our constitution envisioned to provide free delivery and family planning services for all women, but this policy has directly impacted on our work in providing family planning and other reproductive health services. – Senior Advisor, sexual and reproductive health and rights service delivery organization, Nepal

The Director of a national NGO that receives US global health funding grappled with the contradictions posed by the cuts the policy causes to family planning programs, even as it claims to decrease abortion:

I really do not understand and am lost on what the Gag Rule hopes to achieve because the whole reason why family planning should be supported is to avoid abortion, so when you deprive people of the biggest family planning organization funding for family planning, you are in effect creating a situation where people have to get pregnant and then go ahead and procure abortion... It's counter-intuitive because you're creating a situation that leads to that level of abortion, so there's likely going to be an increase of unwanted pregnancies. – Country Director, national NGO, Nigeria

Because it results in restricted access to contraceptive services, one respondent described the policy as “pro-birth” rather than “pro-life.” She explained:

There will be more unwanted pregnancies because the service providers that provide other reproductive health services such as information from menstruation to how your reproductive system works, to reproductive health to screening for a range of diseases and conditions, providing contraceptive services, providing antenatal and maternal health services, providing support to survivors of violence. All of these organisations are already losing funding... I think the GGR is represented as a pro-life policy measure but it's just pro-birth and it doesn't take account of the consequences of the lives of girls and women. – Advocacy Manager, HIV/AIDs civil society organization, South Africa

ACCESS TO GENDER-BASED VIOLENCE SERVICES

While the Global Gag Rule permits abortion (including services, as well as counseling and referrals for care) in cases of rape and incest, an over-application of the policy by some USG implementing partners in Nigeria is making services for survivors of gender-based violence more difficult to access. A program manager from a local NGO recounted how organizations abiding by the policy “do not want to have anything to do with abortion-related services or emergency contraception for rape victims.” The same interviewee described a training conducted by USAID representatives in which the trainer was confused about whether providing information and referrals for abortion in the cases of rape and incest was prohibited by the policy:

There was a meeting recently for a project focused on sexual and gender-based violence. The SARCs [sexual assault referral centers] received training from a family planning coordinator for USAID. Even the trainers were uncomfortable about the “nitty gritty” of the policy, including the exemptions for rape and incest. They had the participants take the module before attending the training and the participants were fact-checking the trainer. Most of the cases they are going to see in the SARCs are the result of rape and incest. Some providers privately shared that there is no way they cannot provide safe abortion services to women who have survived rape and incest. – Program Manager, sexual and reproductive health and rights civil society organization, Nigeria

Even in the absence of misapplication, the policy itself is responsible for limiting services. In South Africa, an advocacy manager at an HIV-focused organization noted that organizations that specialize in providing integrated services for survivors of gender-based violence are losing funding and closing as a result of the Global Gag Rule:

One-stop centers for survivors of violence provide everything from post rape counselling, assistance to reporting to the police if the survivor wants medical, psychological care and referral care, places of safety, etc. These services are in jeopardy [as a result of the Global Gag Rule...] The consequences of women of losing survivor, rape crisis, and trauma services is just devastating. – Advocacy Manager, HIV civil society organization, South Africa



Fragmentation of Services

In the best of cases, people access health care and information through integrated health care systems. The US and other global health donors have invested significantly in programs that provide multiple services for patients in a single location because of the proven efficacy of this model. A policy that targets one specific health service can disrupt the whole system. In the words of a manager from a regional sexual and reproductive health and rights organization based in South Africa:

[The Global Gag Rule] covers all aspects of sexual and reproductive health because if you are not allowed to talk about something that is integral to sexual and reproductive health rights, it affects everything... Service providers and NGOs don't generally just provide abortion services. Even NGOs that are there to provide abortion services primarily don't just do that. They also provide [family planning] counselling... Anything that interferes with the provision of safe abortion services is interfering with a whole spectrum of sexual and reproductive health services... That whole range of services is put at risk. – Manager, sexual and reproductive health and rights organization, South Africa

Prior to the implementation of the expanded Global Gag Rule, service-providing NGOs were better able to work with other organizations that provided complementary services so that clients could find a comprehensive array of services under one roof (or be provided with a referral to a partner organization). The Global Gag Rule is fracturing these relationships, leading to fragmentation of services, inefficient health systems, and decreased health service utilization. The executive director of an organization that receives US government funding to support a network of comprehensive health care providers explained:

We have a network of providers that were offering services and some of the clinics have opted out. They are comfortable offering HIV-related or family planning [services], but they will not talk about abortion services. Mind you, all of these are interrelated because if you are on a family planning method, it can fail, and you [would] go to the same provider to discuss the options that you have. But now [after the Global Gag Rule], the same providers, some of them are not comfortable talking about [abortion]. It really affects the network that we have created for information and services. – Executive Director, sexual and reproductive health and rights organization, Kenya

President Trump's Global Gag Rule particularly threatens recent US government investments through PEPFAR to integrate HIV/AIDS and sexual and reproductive health care services, in order to fix the inefficiencies that resulted from the establishment of siloed HIV services in the early 2000s and to improve access to comprehensive care, particularly for marginalized groups. The policy is undermining evidence-based practice and making it difficult for organizations to truly respond to the needs of their communities. One Kenyan organization that has continued receiving PEPFAR funding, explained how the policy is fragmenting health services and making them less sustainable:

I see us going backward in sexual reproductive health, more unwanted pregnancies... We were really able to link STI [services] and reproductive health... Now, I'm seeing an HIV program standing on its own, which may not be very sustainable, and the main reproductive health services on their own, and they may not be accessible to everybody else. – Director, sex-worker serving organization, Kenya

Another organization that previously received PEPFAR funding, but declined to sign the Global Gag Rule, added:

The link between SRHR and HIV has been discussed to no end. [Previously,] the Gag Rule never applied to PEPFAR. Now since it is expanded, it does apply to PEPFAR and PEPFAR is one of the hugest funders for HIV services in this country... It is a huge thing because it limits the holistic approach that we would want to have as a country. Now we are going to be working with women and girls and we are going to ignore a huge part of what makes them susceptible to HIV infection, like limited information around their bodies, their health, their rights, and their right to access safe abortion.

– Program Officer, sexual and reproductive health and rights legal organization, Kenya

Particularly in South Africa and Kenya, interviewees working in the areas of health service delivery and sexual and reproductive health and rights emphasized that it is nearly impossible to disentangle abortion care from other health care services, especially in rural and remote areas where there may only be one lone clinic offering a wide array of health care services. In South Africa, the executive director of an organization working to improve access to sexual and reproductive health services in rural areas reported that several women's clinics in remote areas had closed down, limiting women's access to a wide range of services. She explained:

When the US pulls out and [organizations close] down services, it is not just the abortion services. It is the information to women, it is HIV services, it is pregnancy services, teenage pregnancy and related stuff. And it [promotes] unsafe abortions. All those things are impacted on the Global Gag Rule. So, what has happened is that women's lives have become much more vulnerable, they don't have access in the way that they did—and it is always the most poor marginalized who suffer the most.

– Executive Director, women-focused civil society organization, South Africa

POSTABORTION CARE

Postabortion care (PAC) is allowed by the policy regardless of whether it is needed as a result of a legal or illegal abortion. Postabortion care is also permitted by national law in all four countries involved in this documentation project. Nevertheless, many interviewees, especially those working in sexual and reproductive health, explained that the policy makes this life-saving health care service less accessible because, especially in restrictive settings like Kenya and Nigeria, postabortion care service providers are often the same organizations or individuals who provide comprehensive abortion care. Sexual and reproductive health organizations working within the scope of the law in Kenya and Nigeria are often trained to provide care for post-partum hemorrhage and complications related to miscarriage and induced abortion.

Even when postabortion care providers do not provide abortion services themselves, they often provide referrals for women who have unwanted pregnancies as a harm-reduction measure, since they have seen first-hand that unsafe abortions can lead to death and disability. When these organizations lose funding because they are unwilling to sign the Global Gag Rule, fewer health professionals trained to provide or refer for postabortion care services remain.

Even in the restrictive context of Nigeria, where the Global Gag Rule does not conflict with the national laws, there are providers who refuse to sign on to the policy because they believe that doing so will lead to higher rates of unsafe abortion among the people they serve. The country director of a national NGO in Nigeria shared that some providers stopped working with his organization rather than sign the policy:

The organization continues doing work on PAC. The private providers that we continue to work with have been trained and are compliant with the policy. There were many providers, though, that stopped working with us rather than to sign the policy.

– Country Director, national NGO, Nigeria

Maternal Mortality Ratio: Deaths per 100,000 Births



Nigeria

814



Kenya

510



Nepal

259



South Africa

138

Impacts on Marginalized Groups

Already marginalized communities, such as LGBTQI, remote, and religious minority communities, as well as young people, sex workers, and people who cannot afford to pay for health services out-of-pocket, are disproportionately affected by the Global Gag Rule.

An organization in Kenya that primarily serves sex workers, LGBTQI people, and other young women, providing them with HIV services, including pre-exposure prophylaxis (PrEP), made the difficult decision to sign the Global Gag Rule because they feared their clients would be left without desperately needed HIV/AIDS services if they lost their funding. This organization used to work with an abortion service provider that would educate their clients and provide subsidized, legal abortion services. Now, despite the fact that many of their clients need and often seek out comprehensive abortion care and information, they can no longer partner with or even provide referrals to the abortion provider because of the Global Gag Rule. The director of the organization explained the dramatic consequences for poor, young women:

[Our clients] worry more about getting pregnant than they worry about getting HIV, I don't know why, but it's true, because most of our girls living in the slums are concerned about the immediate. They are like HIV, I can live with it for ten years, but my child has to feed today. Could I give birth? I don't know what to do, I'm pregnant I don't have even Ksh. 1000 and I don't know where I can get Ksh. 1000. So reproductive health and access to abortion and the right to give birth or not is more important... – Director, sex-worker serving organization, Kenya

Focus groups with former community health workers from two communities where Family Health Options Kenya (FHOK, the Kenyan affiliate of International Planned Parenthood Federation) closed their clinics also highlighted the impacts on marginalized populations. The community health workers explained how the closing of clinics in their community affected LGBT, poor, young, and religious minority (Muslim) communities the most. Because these groups of people face increased stigma and social barriers to accessing health care, they often rely on outreach activities to bring health care services and commodities (such as contraceptives) directly to them, as well as information about and referrals for a wide array of health needs, including antenatal care, maternal and child health, cervical cancer, and testing and treatment for HIV/AIDS. FHOK's outreach services, which had previously served about 76,000 women annually, have been discontinued as a result of the Global Gag Rule. One community health worker explained how her former clients are still reaching out to her for help:

These clients are stranded. They have been coming to see me or calling me asking me 'where can we get these services from?'... they used to conduct outreaches frequently for antenatal care, child welfare clinics, family planning... Sometimes when we went on outreach they would offer them free... also voluntary counseling and testing [for HIV/AIDS] was very helpful because people who fear going to the hospital... would find it easier to go to the services during the outreach nearby and receive services. – Former Community Health Worker, Kenya

This experience was not unique to this particular health worker's community. Advocates and health service-providers across the documentation countries explained that in providing care to marginalized communities, it takes time to develop trust and build relationships. Marginalized communities particularly feel the loss of trusted medical providers since it is often harder for them to find a medical setting in which they feel safe and comfortable.

The project director of an international NGO that is continuing to receive USAID funding and has signed

the Global Gag Rule also explained how he sees the policy exacerbating health inequalities:

I see the Global Gag Rule increasing disparity to access and utilization of services. That will be a situation whereby we are providing services, but we are not providing equitable services. The whole issue about social inclusion and whether there is health equity... I see that being a long-term effect. We will eventually have situations whereby we have health care that does not necessarily address all the complex health needs of the community that they work with and therefore that is likely to increase health disparity in terms of access to health. Those who are not able to access services in mainstream facilities are likely to go to the back street to receive the same services, and we know the challenges of backstreet quality issues, issues around quality service delivery, even access to information that is likely to pose greater health risks. – Project Director, sexual and reproductive health and rights international NGO receiving US government funding, Kenya

In Nepal, interviewees from service-providing organizations, as well as others including parliamentarians, were also concerned about the disproportionate impact the policy would have on poor and rural communities.

This will increase the financial burden for women, increase health problems and legal problems. When the fund reduces, government programs will be slow and the real impact will be seen in the underprivileged groups. – Parliamentarian, Nepal

The impact of the GGR policy is less likely to be seen in the city area which has comparatively better living standard. People are educated here and also can afford going to private clinics for abortion. The main impact will be in the rural areas where people are living under the poverty line. They do not have education and also cannot afford the services. – Head, sexual and reproductive health and rights service delivery civil society organization, Province 3, Nepal

Young people are another group that is feeling the impacts of the Global Gag Rule most acutely. Even when sexual and reproductive health services are offered by government facilities, stigma and cost are often major barriers that prevent young people from accessing these services. Many organizations that focus on sexual and reproductive health have expertise in delivering youth-friendly services that specifically focus on young people's needs, including supporting peer educators and providing subsidized services. These are also the organizations that are most likely to lose funding as a result of the Global Gag Rule.

The director of one such organization explained how Global Gag Rule-related budget cuts have led to their reduced ability to support providers they had trained in youth-friendly service provision and to provide free services for young people:

When there was the budget cut, it got to a point where our young people would not access free SRH services. They had to part with a few coins and initially we would give the services. [For] young people, it is difficult for them to go to government institutions because of the stigma and all that. So we had youth-friendly services, we trained our providers on youth-friendly service provision, and now it has become difficult [to continue] because [we can no longer] provide [contraceptive] commodities. Now our youths have difficulty accessing the services because they have to pay and they cannot afford it as most of them are jobless. – Secretariat, sexual and reproductive health and rights network previously receiving US government funding, Kenya

A senior technical advisor working for an international NGO that is a prime recipient of US government funding concurred, adding:

Young people in this country form over 60 percent of the population and they are the ones that have the worst health outcomes for the simple reason that much of our health care in this country is out-of-our-pocket and many young people... cannot afford those services. What I think we have seen is we have a surge in unplanned pregnancy, we have stopped at 18 percent [of young women ages 15-19 having begun childbearing] since the last [Kenya Demographic and Health Survey]³⁶ and I think my experience having worked in many counties supporting programs is that these numbers are worsening... The Gag Rule denies young girls and even the partners the right to self-determination and the right to access essential services that are life-saving. It denies the health care providers the opportunity to save lives and probably to exercise what they are supposed to do within the law and the policies that exist in this country... By the time we are doing a real evaluation and collecting data and even having to retrieve the national statistics, there could be a rise in unsafe abortion and abortion mortality, especially among poorer younger girls who can't afford to go to Nairobi Hospital or to other hospital that offer this services at a fee. – Senior Technical Advisor, faith-based Organization, Kenya

Of particular concern in South Africa was how the comprehensive sexuality education (CSE) policy currently under development is being affected by the Global Gag Rule. An expert on sexual and reproductive health who works closely with the Departments of Health and the Department of Social Development described how discussion at government meetings where the CSE policy was being discussed was severely curtailed by the perceived limitations imposed by the Global Gag Rule:

I have been in meetings saying, 'Well, we can't include [certain topics] because this [process] is US-funded.' So we can't have a section on consent and sexual pleasure because of US donors... there's nothing on abortion, [and] there's nothing on queer health. – Expert, sexual and reproductive health and rights, South Africa

Despite the fact that the Global Gag Rule does not apply to government agencies directly, a chief director of a government agency corroborated this account that the policy is impacting their work:

A large part of government work had to change as a consequence of the Gag Rule... comprehensive sexuality education by the Department of Basic Education is primarily funded with PEPFAR funding. So now they cannot write anything [about abortion], never mind the part of training teachers and funding NGOs to go to schools. They cannot even write in the curricula about access to abortion services because then the funding will be withdrawn, and if the funding is withdrawn, then the work doesn't get done at all because [the department] never budged for it. – Chief Director, government agency, South Africa

In South Africa, where abortion is legal, sexuality education cannot be comprehensive nor rights-based if it does not include a discussion of abortion.

Decreased Quality of Care

Especially in Nepal, Nigeria, and Kenya, the civil society organizations that are losing funding play particularly critical roles in ensuring the health of entire communities. In these countries, they are also organizations that provide technical assistance as well as financial support to governments, build capacity among health workers, and strengthen health systems.

In Nepal, the two organizations that were implementing the Support to International Family Planning Organizations (SIFPO-2) project refused to accept the conditions of the Global Gag Rule and have closed the project early. The SIFPO-2 project was a four-year USAID-funded project to support the government in increasing access and use of quality family planning services³⁷. The project focused on capacity building and systems strengthening in provision of family planning services in districts of Nepal with hard-to-reach areas, where people may walk up to three days in order to access health services. The director of one former USAID implementing partner, an organization focused on the delivery of sexual and reproductive health and rights services, explained:

We have stopped our outreach in 11 districts. From September 2018 there won't be any support in those districts. There won't be any coaching and mentoring activities to the government health service providers. There won't be any behavior-change activities and trainings from the end of August 2018. – Director, service providing organization, Nepal

Districts were selected after discussing with the stakeholders and government decided on the basis of different criteria like remoteness, poor infrastructure, marginalized and underserved population, underdeveloped and religious communities like Muslim communities. So, the whole idea was to make family planning service available to them. So we are going to lose that opportunity after the closure of the SIFPO project after September. – Director, service-providing organization, Nepal

While the government of Nepal is committed to ensuring the sexual and reproductive health and rights of its citizens, it does not have enough capacity and human resources to provide the services on its own, especially in hard-to reach areas, without partnering with qualified NGOs. One senior government official shared:

If we do not have enough resources, we ourselves will not be able to continue our program. We do not have many programs on SRHR, but were supported by other [nongovernmental] organizations... When the funding [to organizations refusing to sign the policy] stops, I feel that it will create difficulty not only to our partner organizations, but also to the government and the public. – Senior Government Official, Province 3, Nepal

Institutional Impacts

COSTS OF IMPLEMENTATION AND COMPLIANCE

For organizations that sign contracts with the policy, the Global Gag Rule can force an organizational restructuring, the re-training of staff, increased internal monitoring measures, and re-writing manuals and information materials.

What I have heard organizations have done, is that they have restructured in terms of separating the two. They are separating HIV/AIDS with abortion because they know abortion is the main problem... you know they go together, but for funding purposes, I think organizations have decided to separate.

– Program Manager, (Formerly US-funded) sexual and reproductive health and rights organization, Kenya

I can think of four that have had to restructure, and rethink, and remodel... so in this one particular organization it has deemed the midwives, it has deemed the counsellors, useless...

– Program Manager, sexual and reproductive health and rights organization, South Africa

...[some organizations] have stopped working on abortion topics and changed their manuals, their policies, and it's actually a huge undertaking they have to do so that they become relevant

– Director, LGBT-rights organization, South Africa

In addition to restructuring staff and programs, organizations must also bear the burden of ensuring that staff are trained on and understand the policy. For US government implementing partners, this also means ensuring that sub-recipients are complying. The burden of this compliance was not initially given consideration by some of the implementing partners and has resulted in significant costs in terms of human resources, time, and funding.

The country director of a prime US implementing partner described how much this burden has been weighing on him and his organization, with the implementation giving him “sleepless nights” and causing him to live “in morbid fear.” He also described how they have had to train “champions” within the organization to ensure compliance. He also has to submit new and additional compliance certifications to USAID.

It [the GGR] makes it so that even organizations who agree to work with USAID have to be careful. It makes it restrict who we are able to partner with and ends up restricting the services that we are able to provide... on top of that, the money that it takes to ensure our due diligence [in implementing this policy] and ensuring that we have the right partners [who will be compliant]. But what I'm really thinking about is the effect on poor women and girls who will be most affected by this policy.

– Country Director, sexual and reproductive health and rights organization receiving US government funding, Nigeria

The fear and anxiety resulting from the perceptions of increased surveillance by the US government and prime implementing partners were echoed in interviews with other organizations receiving US funding throughout Kenya and Nigeria.

Over-Application of the Policy Among Organizations that Continue to Receive US Government Funding

For organizations that continue receiving US funding, the fear of being found in non-compliance with the policy can result in using an overabundance of caution and the avoidance of any areas of work that may be considered risky, even when permitted by the policy. The executive director of an organization in Nigeria illustrated how this operates:

I have noticed that there is more strictness coming from funders. The number of follow-up phone calls have increased unlike anything in the past... I scrutinize to make sure I don't break any rules when trying to help an orphan girl. You have explained that cases of rape and incest are excluded, but how do you verify all these? We are no longer free in the field. – Executive Director, global health civil society organization, Nigeria

The director of a sex worker-led organization receiving PEPFAR funding as a sub-recipient also described how the fear and chilling effect are affecting even contraceptive and postabortion care:

Of course we cannot report any reproductive health support that we offer to our members and [the Prime partner] is also not keen even on family planning... I know [the Global Gag Rule] does not stretch that far, but I don't see them being keen on offering them family planning. I think organizations like ours which are for sex workers will suffer more because it is expected that [sex workers] are the people to carry out abortion... Yeah of course we can't talk about postabortion or even abortion services because we don't know what is allowable, we can't take the risk so we just keep away. – Director, sex-worker organization, Kenya

As described in the section on health impacts above, in addition to affecting contraception and postabortion care services, the over-application of the policy is also affecting services for gender-based violence survivors.

The chilling effect goes beyond the kinds of services that organizations are providing, but also extends to the relationships between service-providing and other civil society organizations. Several organizations receiving funding (as both prime and sub-grantees), explained their interpretation of the policy as such: “In my understanding, organizations are not allowed to be affiliated to [or work with others who are involved with] the termination of pregnancy.” This broad interpretation has led civil society organizations to cut ties with other organizations unnecessarily for fear of being in conflict with the Global Gag Rule.

Repercussions of Declining to Sign the Policy

Organizations that are unwilling to adhere to the conditions of the Global Gag Rule and decide to forgo US global health funding often suffer deep cuts to their operating budgets, leading to retrenchments and reductions in their programmatic activities. Across all four countries, organizations implementing a wide range of health services, including maternal, newborn and child health, HIV/AIDS, and support for orphans and vulnerable children, have had to close down or reduce their services after losing funding as a result of the policy.

Interviewers followed up with an organization that had been working on mobile health projects focused on prevention of mother to child transmission of HIV (PMTCT), in collaboration with the government of South Africa. The organization had started preliminary conversations with USAID about applying for the next round of funding, when the Global Gag Rule was reinstated. After it was confirmed that they would have to adhere to the policy, the organization decided not to apply for further funding and subsequently had to retrench three people from the organization. When asked to explain the reasoning behind this decision, the executive director shared:

[The policy] places a direct limit on the activities that public health organizations do, and to put it simply, I didn't get involved in public health to limit women's reproductive choices. I would feel ethically compromised to subordinate what I consider to be a very important health option for women, to deny women's access to that. – Executive Director, public health organization, South Africa

A Kenyan organization that had received funding as a sub-grantee for programs focused on improving maternal, newborn, and child health, HIV/AIDS, and support to orphans and vulnerable children, was forced to terminate these programs after refusing to sign the policy. The termination of the projects resulted in a loss of \$990,000 between the years 2018 and 2019, the closure of an office in Mombasa, and the retrenchment of 15 staff members. This then led to closure of services and education for 13,000 orphans and children living with HIV and severe reductions in family planning and gender-based violence services in their target communities.

Organizations providing comprehensive sexual and reproductive health services are impacted the most. These organizations are more likely to refuse to sign the policy because it conflicts with their organizational values. The result is deepened fissures between the HIV/AIDS and sexual and reproductive health communities, with funding redirected to less-progressive organizations that provide a less comprehensive spectrum of services. For example, in South Africa, the anti-LGBT, abstinence-only promoting group Focus on the Family received PEPFAR funding to implement HIV prevention programming for young people.³⁸

What has happened is the change in funding. We've had other groups that have now gotten funding from USAID who are anti-choice... They have got funding from the US government to do [comprehensive sexuality education] that is just abstinence... they want to cure homosexuals, it's just shocking. They've got money from the US government to do this work... – Chairperson, sexual and reproductive health and rights coalition, South Africa

Other concerns included that funding would increasingly go to large US-based management companies and contractors without ties to the communities they are hired to serve, ultimately deteriorating trust with local communities and implementing ineffective programming.

US groups have gone to consultancy firms and generic groups that have no principles other than business... there needs to be another layer of governance and forensic investigation happening, because what these groups do is they sign it and then they subcontract you to do the work. They take the cut and they also put three of their consultants, at nine thousand rand a day to do the work, and that money just goes back to the States... Before, you would've subcontracted this work to an NGO and they would have done it at an NGO rate of three to four thousand rand a day, and gotten a local implementation strategy, a local solution. – Chairperson, sexual and reproductive health and rights coalition, South Africa

The impacts of the policy are more likely to be devastating for local and indigenous organizations. Local organizations tend to be smaller, have fewer funding sources, and therefore, be more dependent on each source of funding. As a result, if they lose funding from a major donor like the US government, they are often forced to close completely. In Kenya, these smaller, local organizations voiced concerns that they were also less likely to get the attention from funders who are attempting to fill the funding gaps created by the Global Gag Rule (see section below on the moral dilemmas posed by these funding decisions).

As interviews in Kenya and Nepal demonstrated, finding new, qualified organizations to take over health services can be difficult, time intensive, and sometimes impossible. In each of the documentation countries, some of the organizations that had suffered major funding cuts as a result of the policy were the expert organization in the field of sexual and reproductive health issues. In Nepal, there were concerns about gaps in the availability of contraceptive commodities in some parts of the country as a result of the projects that were stopped early.

“[The policy] places a direct limit on the activities that public health organizations do, and to put it simply, I didn’t get involved in public health to limit women’s reproductive choices. I would feel ethically compromised to subordinate what I consider to be a very important health option for women, to deny women’s access to that.”

Moral Dilemma

Regardless of whether they ultimately decided to sign the policy, many organizations faced a moral dilemma when weighing their options. Organizations using a human rights or sexual and reproductive health and rights framework reported being especially conflicted during their decision making. Organizations working in South Africa and Nepal also experienced major internal contradictions, since adhering to the policy would mean denying people information about their countries' own laws.

As an organization, we are working within principles that ensure the human rights of everyone are respected... We work with lesbian women, it's not just gay men. We are working with women and if you are talking about human rights, then it's all human rights, there's no exception. – Assistant Executive Officer, LGBTQI organization, Kenya

The dilemma around whether to sign the policy was sometimes exacerbated by conflicting donor policies about abortion. The Swedish International Development Cooperation Agency (Sida) has argued that compliance with the Global Gag Rule could interfere with contractors' ability to carry out Swedish-funded sexual and reproductive health and rights services, forcing Sida to phase out their funding.³⁹ Several leaders of civil society organizations in South Africa and Kenya mentioned the difficult and confusing position of having to choose between continuing to receive US or Swedish funding, often for services that should be integrated rather than mutually exclusive. In the case of one HIV/AIDS focused organization that decided to sign the policy, the services they offered were still affected, as some of their partner organizations lost Swedish funding and the ability to continue operating:

We were put in a position where we were told 'If you continue to implement services that include providing information and abortion, you will not be eligible to US funds. On the other hand, if you sign and stop promoting safe abortion, we would have to reconsider the funding that [the Swedish government] give[s] you.' We are actually putting programs that are at war with each other. It's sad because on one hand the, in the SRHR programming, one of the deliverables is to advance the right to safe abortion in order to save lives. On the other hand, our deliverables under the US funding are around empowering young women and making sure that they have knowledge and access to services so they can prevent HIV, STIs and unwanted pregnancies. [And now,] organisations through which we do that are already starting to get their funding taken away. – Advocacy Manger, HIV-focused organization, South Africa

An organization working in Kenya that ultimately decided to decline to sign the policy and to forgo US funding described how the funding designed to fill the gaps left by the Global Gag Rule is often not sufficient:

The difficulty that we have noted is that while the Nordic country Sweden has been trying to bridge the gap [created by the policy] because they are quite passionate on SRHR, they don't have the huge chunk of funds the US has. So it is a very difficult decision on as to whether to lose 100 million from the US or you lose 10 million from [Sweden]. We have been seeing backlash from those funders on the Nordic side towards people who have US funding. So we are having the Global Gag Rule versus the reaction by other funders who don't subscribe to it refusing to meet people who might have been forced to sign into Global Gag Rule. – Program Officer, sexual and reproductive health and rights organization, Kenya

Across all four countries, participants who worked for organizations who were able to refuse signing the policy considered themselves privileged and understood that not all organizations can reject US funding on principle. They also expressed sympathy towards small organizations that lost all their funding and are currently having to close down or retrench workers.

I think that it comes from my place of privilege to say [I] wouldn't take it.... I would say no, because we can afford to say no, because the abortion work is just a component of the work. So if you have the luxury of saying no, and still continue with the abortion work and everything else, good for you. But, for some other organizations... it becomes a question of whether abortion is the core of their work, or just a part of their work. If it is the core of their work, they may have to say no thank you because if they take it they can't do their core work. But if it is just one of the many things that they do... then they [may] take the US government funding. – Director, HIV/AIDS organization, South Africa



Effects on Civil Society

FRAGMENTATION OF CIVIL SOCIETY, REDUCTIONS IN COALITION SPACE, AND THE SOWING OF MISTRUST

The Global Gag Rule is impairing civil society organizations' ability to do their work effectively and causing the loss of critical partnerships and coalitions. The effects on civil society are widespread and create an environment where organizations are less able to respond to the needs of their communities.

According to the chairperson of a sexual and reproductive health and rights organization in South Africa, the restrictions placed on organizations by the Global Gag Rule and the chilling effect that it creates on abortion has caused new divisions in civil society organizations and reinforced existing silos. She explained:

So these groups then stop working in the area, they stop networking, they changed focus, they edit themselves, they limit themselves so it's not an open approach that's evidence-informed, looking at what would be the best solution for South Africa. [Instead,] they will kind of just work out the quickest way between A and B to get funding to do whatever, and [be] very, very nervous not to engage.

– Chairperson, sexual and reproductive health and rights coalition, South Africa

For organizations that sign the policy and lose sub-grantee partners because those organizations opt not to sign, finding new, qualified partners can be challenging and time consuming. In Kenya and Nigeria, while some organizations initially responded that they had not been affected by the policy because the Global Gag Rule allows for abortion under the conditions allowed in their national laws, these same organizations later reported losing sub-grantees or other partnerships with organizations that did not agree to the conditions of the policy. In some cases, the lost partnerships were with organizations that had specialized experience reaching vulnerable and harder-to-reach populations, such as LGBT and rural communities. Additionally, changing partners in the middle of a project was noted as a particularly tough challenge in Nepal, where getting approval from the government authorities for such changes can be a strenuous and lengthy process.

The executive director of a sexual and reproductive health service delivery organization in Kenya explained how partnerships are especially important for organizations working on stigmatized issues, such as HIV/AIDS and contraceptive services:

Even if you are still receiving the funding there is a lot of gaps that are left because when it comes to a stigmatized [issues] it is all about strong networks that can actually improve access to this services.

– Executive Director, sexual and reproductive health and rights organization, Kenya

The policy is also reducing the space for organizations to work together, a necessity for an active and vibrant civil society. Organizations that continue to receive US funding and must abide by the conditions of the Global Gag Rule are declining participation in meetings where abortion could be discussed, even if it is only a small part of the conversation. Some described the effort involved in going through conference programs to see if the topic of abortion is being presented. Losing the ability to participate in many of the same spaces has weakened the relationships between organizations that had previously worked closely together. It also leads even organizations that are not US funding recipients to censor themselves and their meetings in order to reach organizations that adhere to the Global Gag Rule. A program manager

working for an organization that provides trainings and technical assistance on sexual and reproductive health and rights issues explained:

If you have some particular workshops that that you want to hold, let's say you have a comprehensive sexuality education training, participants who receive funding from USAID actually ask what the topics are going to be because they are affected if they come and attend the meeting and it's heard that it's about abortion. It affects their funding. So it's affecting our partners and it also affects our planning and our workshopping. – Program Manager, sexual and reproductive health and rights organization, South Africa

The policy also weakens civil society when organizations that lose US funding leave expertise gaps in technical working groups and lose access to spaces and networks that facilitate the coordination of civil society.

Stakeholders across the documentation countries were additionally concerned that the policy would deepen the fissures between the HIV/AIDS and sexual and reproductive health and rights communities. The funding available for programs focused on HIV prevention tends to greater than that for other sexual and reproductive health services. Therefore, the feeling was that organizations whose primary funding is for HIV would be more likely to continue with funding and simply cut abortion from all of their programming. Interviewees from civil society in South Africa described this as a “divide and conquer” strategy that wears away at civil society, and that has been exacerbated by the various phases of implementation of the policy over the last three decades. South African civil society members recounted how the strong civil society that helped pass the Choice on Termination of Pregnancy Act in 1996 was decimated by the Bush-era Global Gag Rule, and feared that Trump’s expanded version would have the same effect of dividing and weakening civil society.

Although organizations that made the decision to go forgo US funding rather than sign the policy generally realized that not all organizations are able to make the same choice, the policy’s forced choice is sowing mistrust in civil society relationships that had been built over time. Organizations that are now gagged by the policy are not able to show up in meeting spaces, to raise their voices on certain issues, and to participate in coalitions and networks that they were once a part of. An interviewee from a Kenyan organization asked, “for CSO [civil society organizations] which are affected, how do we work together? One thing I discovered with this GGR, is that there are people who signed the document saying they are together with you but they are not together with you.” For organizations that declined to sign the policy, increased competition for resources to make up for lost funding has also contributed to tensions and wariness.

Silencing of Voices

The Global Gag Rule is forcing organizations to self-censor and avoid the topic of abortion, even when it is a critical issue for the populations they serve. This silencing of progressive voices can limit civil society's ability to hold governments accountable to their citizens and creates a vacuum where opposition voices are heard more loudly. These consequences have been felt by civil society organizations throughout Kenya, Nepal, Nigeria, and South Africa.

You can see [the policy's] impact in small meetings. The topic of abortion is sidelined sometimes. If anyone working for American organizations joins the meeting, the issue of abortion gets sidelined... We have a team of organizations advocating and working on SRHR. Our backup and togetherness is essential for bringing attention to the issue. – Regional Manager, health NGO, Nepal

In South Africa, representatives of civil society organizations shared concerns that abortion would be sidelined in national gatherings on sexual and reproductive health and rights where representatives of US-funded organizations are present. Interviewees from civil society in Nigeria and Kenya also stated that “I think there are a lot of people that are in support of having interventions for abortion but a lot of them don't come out to speak.” When only opponents of abortion access are free to speak on the issue, respondents expressed the view that policy is likely to open space for regressive discourse on sexual and reproductive health and rights issues (not only abortion, but also issues relating to gender and sexuality) and shift the conversation from a focus on human rights and bodily integrity to one about religious values and morality.

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Emboldening of Regressive Actors

The Global Gag Rule emboldens groups that oppose sexual and reproductive rights and women's rights, creating new opportunities for them to expand their influence. It also provides individuals with regressive views an excuse to block progress on reproductive rights within their professional capacities.

In Kenya and South Africa, several interviewees mentioned examples of right-wing and anti-reproductive rights groups, such as Focus on the Family, that were now receiving US government funding. A chief director of a government agency in South Africa explained that he wanted more transparency about the kinds of organizations that were working on health-related projects in the country under the policy. He said “we heard that the USAID appointed an organization that does sexuality education in schools, teaches abstinence and Christian values and so on... to have a systematic outline of the impact of the [Global Gag] rule on services to South Africans would be useful for us to advise the political leadership of the country better.” One interview participant from Kenya mentioned that USAID staff were training more faith-based organizations on how to receive USAID funding.

The prevalence of opposition groups seems to be a growing concern in Kenya, where many in civil society raised concerns about the increased visibility of these actors, in part due to the Global Gag Rule.

From the Global Gag Rule, we saw there was increased activities from conservative religious groups globally waking and starting to ride on this policy. We have also seen conservative politicians in country riding on this policy to continue to reduce the space not only on safe abortion, but on sexual diversity, on contraceptive use and all these other issues. So the policy has given stealth to people opposed to progressive thinking on SRH. – Executive Director, adolescent health organization, Kenya

Civil society members in Nigeria also remarked on the inspiration that the Trump administration's regressive policies provide for opposition members in their country:

I see them being really emboldened. Many of them have even hailed the choice of Trump as the president for the US. And many of them have referenced the anti-safe abortion stance of Trump as an individual. I think that it's a stiff opposition that we've always had to encounter. This Gag Rule would also, beyond the government, also amplify their voice against our advocacy. – National Coordinator, sexual and reproductive health and rights network, Nigeria

Across Kenya and South Africa particularly, participants mentioned how opposition groups (including US-based groups) are emboldened and encroaching on advocacy spaces that were previously progressive, such as the United Nations Commission on the Status of Women. They attributed these trends in large part to the Trump administration's foreign policy agenda, including but not limited to the influence of the Global Gag Rule.

Interviewees in Kenya, Nigeria, and South Africa expressed concerns about the Global Gag Rule emboldening regressive actors who are decision-makers and gatekeepers within civil society, government, and service-providing organizations. For example, more than one interviewee from South Africa mentioned that on-going work within the Department of Health on sexual and reproductive health and rights and abortion had “evaporated” and blamed the Global Gag Rule. They also believed the policy is emboldening the South African minister of health, who has taken little action to expand access to safe and legal abortion or protect the rights of women to reproductive decision-making once pregnant. They cited the fact that, under his leadership, the government does not provide any official training on abortion

for health providers and has allowed health professionals within the public health system to refuse to provide care based on their religious or moral beliefs.

In Kenya, many civil society members, especially those working on sexual and reproductive health and rights, were concerned that the Global Gag Rule could contribute to further delays in the government's finalization of the Standards and Guidelines on Reducing Maternal Mortality and Morbidity from Unsafe Abortion, which were withdrawn in 2013.

We have our Standards and Guidelines stalling up there for a long time so now the Global Gag Rule came when we were just almost breaking through but everything has gone silent and nobody is willing to talk about it. I think it is like, it is just hitting the nail on the coffin... The Global Gag Rule is now adding those nails on the coffin. We thought that the Standards and Guidelines, maybe it was just in the ICU and we would resuscitate it and get out. But right now it is becoming even more difficult because with the Global Gag Rule the anti-choice movement in Kenya has grown higher. The anti-choice movement is growing, it is stronger and it is getting more support, every day you are hearing different people talking about the don'ts of SRH, CSE and all that. – Executive Director, sexual and reproductive health and rights service delivery organization, Kenya

This kind of policy positions also embolden opposition action at the national level. And you know the opposition is very well connected to the highest levels. You know, and I wouldn't be surprised that's the reason why we're unable to make headways still with the Standards and Guidelines... Yes, the state is exempted from this policy, but we know how our states are in Kenya, that's just a cut branch for a regressive person, this is their excuse. You know the US government, they give us a lot of money, 40 percent of our budget is funded by the US government,⁴⁰ so we are not making any headway on access to abortion services. – Advocate, reproductive health and rights, Kenya

I think a policy like [the Standards and Guidelines] can be put on hold because the government doesn't want to look like we are supporting [abortion]. You can't go and tell a government to sign the document not to receive funds, but for them they have to have policies that are also favorable to, so in one way or another [policy] is affected. – Manager, sexual and reproductive health and rights service delivery organization, Kenya

In Nigeria, many interviewees also felt that the US government's regressive position on sexual and reproductive health and rights exemplified by the Global Gag Rule would bolster conservative actors within their own government. This opinion was shared by a representative from the Federal Ministry of Health in Abuja who disagrees with the Global Gag Rule:

If the US comes up and says we don't want safe abortions, then our government's resolve [to block abortion access] will be strengthened, and strengthening that resolve means that our girls will suffer, our girls will be at the receiving end. – Director, Federal Ministry of Health, Abuja, Nigeria

In contrast, participants in Nepal were less concerned with opponents to abortion. This may be due to the strong resolve of the government of Nepal to ensure access to safe and legal abortion services, or to the relative weakness of the anti-abortion movement in that country—there is only one known anti-abortion organization in Nepal.

Awareness, Understanding, and Perceptions of the Global Gag Rule

SOME INCREASED UNDERSTANDING, BUT GREATER EDUCATION AND AWARENESS IS NEEDED

While stakeholders demonstrated increased levels of awareness and understanding than was documented in the first phase of this project, confusion, and misinterpretation of the policy was still prevalent.

Even leaders of organizations receiving US global health funding reported ongoing confusion about the policy, often interpreting it as broader than it is and lacking awareness of what is excluded from the policy. Across the four countries, several organizations receiving US global health funding interpreted the policy as allowing “absolutely no opportunity” for providing any information, service, or referral relating to abortion. Even when prompted, many organizations did not or could not explain that the policy does not apply to abortion in cases of rape, incest, and when the woman's life is in danger, and that it allows for postabortion care. An interviewee from a prime recipient of US global health funding in Kenya said, “Of course we can't talk about postabortion... because we don't know what is allowable, we can't take the risk so we just keep away.”

In Nigeria, there was so much confusion about the policy that even some organizations that had signed the policy could not remember whether it was in their contracts or not.

I did not know about the Gag Rule before I signed because they did not make a big deal or stress it to me. The guidelines for securing and implementing US project is so voluminous, and difficult to read. – Executive Director, NGO in Cross Rivers, Nigeria

Other interviewees from organizations that had signed the policy discussed the lack of guidance and clarification about how it should be implemented, sometimes even after asking the prime US implementing partner or in-country US agencies directly.

Frankly speaking, we did not get clarity when we spoke to USAID locally... but because we didn't want to be subject to an investigation in terms of violating the Global Gag Rule, we had to tread very carefully... we approached the US representatives at USAID in-country to seek clarity... [then] we tried to get clarity from the [Health Resources and Services Administration] in the US, but did not receive a hard and fast answer as regards to the implementation of the Gag Rule. – Independent Contractor, international NGO, South Africa

An interviewee working for a sub-recipient of US global funding who thought the policy prohibited referrals for abortion for survivors of rape shared:

I don't think it was, it wasn't very clear in terms of what to do and what not to do, and to them it was like, this is a rule that has come and if we want to continue getting the funding we have to abide by the rule – Coordinator, girls empowerment organization, Kenya

A program officer working for a youth-serving organization in Nigeria who was unaware of the exceptions made by the Global Gag Rule for rape and incest stated that the training received on the implementation of the policy was insufficient:

We live in fear because we do not have direct guidelines that are telling you that, on this subject, this is the approach to it. Once that is missing, you are likely to be interpreted by other individuals as one who is contravening the existing policy... I think there is need for proper teaching on the Global Gag Rule and telling guys up to what extent they can go. The US should be in the front of providing examples... Without examples, and remaining theoretical without proper guidance, it becomes impractical to employ – Program Officer, youth organization, Nigeria

A lawyer working on sexual and reproductive health issues within a public interest law center in South Africa explained how fear and misunderstanding of the policy creates a chilling effect around it:

I think the major issue is lack of understanding of the extent of the Global Gag Rule because it's creating fear. For example, I've had some conversation with a few people and [the policy] is like this huge dark cloud that people are afraid of but don't really know exactly how it works to the extent that [it becomes] wider than it really is. – Lawyer, public interest law center, South Africa

An overwhelming majority of the government representatives interviewed in Kenya, Nigeria, and Nepal had low levels of knowledge about the policy and reported that there has been little to no discussion of the policy within the government. The representatives from government agencies in South Africa that were interviewed displayed a better understanding of the policy and its implications for the civil society organizations with which they work.

I don't think the parliamentarians know about this. Even if they know, they haven't talked about this issue in the parliament. I think the organizations that know about this should invite concerned parliamentarians and make them aware about the policy and the impact it might leave in overall health sector. – Health Journalist, Nepal

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Perceptions of the Policy

The Global Gag Rule continues to spark anger and frustration at the US government and at national governments' dependence on donor funding to sustain important health programs. The policy is perceived as being "feudal," "backward," "against international norms on equity," and a "neocolonial policy." It was also seen as grounded in ideology rather than in evidence.

For the lack of a better word, it is not useful for the time. Because I believe that foreign policies are not just innovative but responsive to the needs and the issues of the time. We are living in the time where the need for improved and responsive programming is high unto the global challenge of gender-based violence and sexual violence and also increased vulnerability of adolescents and young women, and any program restriction that limits the provision of these services would be doing our response a disservice. – National Coordinator, HIV network, Nigeria

FAITH-BASED ORGANIZATIONS ALSO OPPOSE THE POLICY

Several faith-based organizations also argued that the policy is in conflict with its intended purpose of "protecting life." A representative from a faith-based organization serving children affected by AIDS explained:

I respect it and I think that its roots are coming from the Christian principles, but it should not apply to us here in South Africa, or anywhere else. Reason is that people should be free to make informed choices and make decisions they feel are right for their lives... If the GGR says we can't talk about abortion then it becomes a problem, because we are around spaces where we see a lot of illegal abortion numbers on the streets which are dangerous if you are not opening young people's mind to say 'should you choose to, this is the way and you are allowed in your country.' This is the safer route. Misinformation impacts the decisions made by young girls, which could be a danger to themselves or the community. – Manager, faith-based organization, South Africa

Even stakeholders who were anti-abortion and never provided referrals for abortion services felt the policy was harmful because it prevented institutions from sharing potentially life-saving information with clients. A program officer from a youth-serving, faith-based organization in Nigeria explained:

We don't provide referrals for particularly abortion, and I don't think even without the Global Gag Rule, we should still provide referrals... However, the reason I believe that such a rule should not exist... [is] when you are silent about it, people wouldn't want this type of discussion gets further and so they resort to doing back-door abortions as quickly as can happen and that is what ends up in hurting both the mother and the child definitely. It increases maternal mortality, it increases the gap of service provision and I think once we allow room for such a conversation, it becomes easy to even avert more cases. So if we are more genuine and honest, that is one of the areas we should be able to focus on... I don't really think that any institution worth its salt should tell people that abortion is one of the options that is best-placed for you. But in the event that it is staring at you and is likely to happen, people should be able to be given information that is accurate for them to make informed choices. – Senior Manager, faith-based youth organization, Nigeria

Solutions and Resistance

CALLS FOR ADVOCACY WITH NATIONAL AND DONOR GOVERNMENT TO INCREASE COMMITMENTS TO SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

In response to the Global Gag Rule, civil society organizations called for local and national governments to strengthen their commitment to ensuring the health of their citizens. They recommended that governments step up their investments in health systems to mitigate the damage caused by the Global Gag Rule while also pushing back on the US policy.

Some respondents saw the disruptive effect of the Global Gag Rule as creating a “policy moment,” or an opportunity to find sustainable alternatives to US assistance for funding national health systems and ensuring access to all health services, potentially freeing countries from donor dependence. Interviewees from Kenya, Nigeria, and South Africa often cited the Abuja Declaration and the target of allocating at least 15 percent of their annual budget to improve the health sector agreed by the African Union.⁴¹ One organization, fearful of the Global Gag Rule’s potential impact on the comprehensive health care clinics that had it had been supporting, has been working closely with county health officials to transition some of these clinics to direct funding from the government. Under the terms of the Global Gag Rule, US funding provided directly to foreign governments is not subject to these restrictions. However, this change comes with its own challenges: Namely, the organization expressed concerns that government-supported clinics in Kenya are less likely to provide comprehensive abortion care than those supported by non-governmental organizations.

Respondents from civil society in Nepal were confident about their government’s commitment to ensuring that people have access to reproductive health services, often mentioning the country’s Safe Motherhood and Reproductive Health Act. This commitment was also reinforced in interviews with government officials and parliamentarians. Nevertheless, the organizations that were most impacted by Global Gag Rule-related funding cuts emphasized that it is highly unlikely that the government alone would be able to fully fill in the gaps.

In addition to increasing investments in sexual and reproductive health and rights, interviewees also urged government officials to “not be pushed around by USAID” and to push back on harmful policies like the Global Gag Rule at an intergovernmental level. A representative from a faith-based organization serving children affected by AIDS explained:

Organizations [should] advocate within our borders against the GGR. Our government should protect us, they have strategic goals and relationships with the US government. They are in the best political way to talk about these things. For an ordinary NGO, not to play by the rules, they are going to take away funding. It’s more of a losing game if we try to fight the US government, we should try to fight our government to help people achieve what they want based on their contexts.” – Manager, faith-based organization, South Africa

“It increases maternal mortality, it increases the gap of service provision... people should be able to be given information that is accurate for them to make informed choices.”

MOBILIZATION OF CIVIL SOCIETY TO UNITE

Particularly in South Africa, and to a lesser degree in the other documentation countries, respondents from civil society were hopeful that the Global Gag Rule would have the unintended positive effect of mobilizing civil society to unite against it. They expressed the view that the crisis situation created by the policy, along with Trump's egregiously condescending attitude towards other countries, has created a surge in voices against the policy and against the US government's anti-woman policies.

I think [the policy] will actually strengthen a voice for women in South Africa and around the world... Because of the critical role of the South African government in supporting the HIV response, hand-in-hand with PEPFAR, it gives South Africa a larger voice in the global community... I think at that level, at that micro-global level, I think South Africa will be a leader and a voice for the rights of women, which includes rights to these services. – Regional Director, global health NGO, South Africa

V. Media Analysis

In the four documentation countries, there was limited media engagement on the policy. Fifty-six relevant articles published between January 2017 and June 2018 (18 months) were identified and reviewed in Kenya, six articles in Nigeria, six in Nepal, and 33 in South Africa. Most of the coverage in local media occurred early in January 2017, when the reinstatement of the policy was first announced. Articles tended to focus on the large international organizations that are losing funding as a result of the policy (i.e. Marie Stopes International and International Planned Parenthood Federation and its affiliates). These articles were largely critical of the policy and emphasized its historical impacts and predicted negative impacts on the health of women worldwide. A few articles merely provided information describing the policy but included quotes from experts who were concerned about its impacts. These findings are consistent with the low levels of awareness and understanding about the policy among stakeholders outside the field of sexual and reproductive health and rights.



VI. Policy Recommendations

US Government—Legislative Branch

Permanently end the Global Gag Rule through passage of the Global HER Act.

Congress must pass legislation not only to terminate the current incarnation of the Global Gag Rule, but also to permanently end the president's ability to reinstate this harmful policy in the future. The Global HER Act, introduced by Senator Jeanne Shaheen (D-NH) and Representative Nita Lowey (D-NY), explicitly states that organizations will not be deemed ineligible for US funding because they provide legal health or medical services—including abortion. It has already gained bipartisan support. Passage of such legislation, either as a stand-alone bill or as part of an appropriations package, would ensure that eligible foreign NGOs could continue to provide critical health services with US funds or continue to work on abortion-related work with their non-US funding.

Hold oversight hearings to examine the impacts of the Global Gag Rule, and the ways that this policy has been implemented.

Both the Oversight and Government Reform Committee and the Oversight and Investigations of the Subcommittee on the House Foreign Affairs Committee should examine the global impacts of this policy and investigate the pervasive misapplication of the Global Gag Rule. Congressional Committees should seek input from the organizations and people directly affected by the policy, particularly creating opportunities to hear from women and people representing marginalized communities.

Members of Congress should **use every available opportunity to demand answers from the Trump administration about how the policy is affecting US global health priorities.** As Congress prepares to fund US global health assistance for another year, members of the House of Representatives and Senate should push the executive branch for answers about how this policy is impacting those investments, including US HIV/AIDS programs.

US Government—Executive Branch

As long as the Global Gag Rule is in effect, **develop and share clear guidelines for implementation for all recipients of US global health funding, including sub-award recipients and local organizations.** Until the Global Gag Rule is repealed, the State Department, USAID, and other agencies must provide better, clearer, and more consistent guidance for organizations faced with signing the Global Gag Rule and should create a mechanism for addressing questions and confusion. Ensuring that people working at all levels of an organization,

including front-line staff, understand the content and limits of the policy is imperative and could be lifesaving. In particular, the State Department should clarify the areas of work that are explicitly excluded from the policy. They also should make clear that organizations that receive funding will not be punished for collaborating with organizations that do work on abortion or for attending meetings or conferences where access to safe abortion is on the agenda. Similarly, the State Department must ensure that all foreign service officers, as well as USAID mission staff, are fully trained in the policy's

limitations and are able to answer questions in-country from local organizations.

As long as the Global Gag Rule is in effect, **any US government review process must be a consultative, transparent, comprehensive, and action-oriented analysis of the policy and its impacts.** The initial review of the policy, undertaken at six months, was not a legitimate effort to understand its effects and implications. Not only was it extremely premature, not allowing sufficient time with the policy in place to truly evaluate it, it

made no effort to look at the policy's initial impacts on organizations and the people they serve; it was merely a bureaucratic checklist on the process of implementation. To be credible, any future review must create a process of evaluating the impact of the policy and understanding both its short- and long-term implications. The process should allow for both local and US civil society input with adequate response time, and all submissions should be made public. While the Trump administration promised a follow-up review before the end of 2018, at the time of publication that review had not yet occurred.

“Congress must pass legislation not only to terminate the current incarnation of the Global Gag Rule, but also to permanently end the president’s ability to reinstate this harmful policy in the future.”

Prime Recipients of US Global Health Funding

Ensure that staff and sub-recipients understand the Global Gag Rule, especially those areas of work that are excluded from the policy. Prime recipients of US global health funding, both foreign and US-based, have the responsibility to educate themselves and their sub-award recipients so that organizations can make well-informed decisions and mitigate harmful impacts. Prime recipients of US global health funding who must ask their sub-recipients to sign the policy should continue to provide all services and information allowed under the policy, and must clearly convey to their sub-recipients what activities are permissible under the Global Gag Rule. This includes, for example, understanding that they can refer a client for safe abortion if she states that she wants one, continuing to receive training and supplies for postabortion care, and other critical

services. Prime recipients have a responsibility to make every effort not to over-implement the policy, either in their own work or in that of their sub-recipients, out of fear or misinformation.

Demand better information from the US government about how to implement this policy. Because prime recipients have the direct relationship with the US government, they have a responsibility to take every opportunity to seek clarification around the policy and its implementation. Prime recipients should urge the US government to develop better resources that can be shared with sub-grantees about the limitations of the policy, including specific details on what is still permitted and information about how to seek clarification as questions arise.

All International NGOs, Both Prime Recipients of US Global Health Assistance and Others

Document the impact of the Global Gag Rule on their organization's work, including the misapplication, over-application, and chilling effects of the policy. International NGOs, both US-based and non-US-based, should document the impact of the Global Gag Rule on their ability to do their own work and make impact assessments publicly available whenever possible. Organizations should also submit comments to any

State Department reviews that are consultative, transparent, comprehensive, and action-oriented to ensure the US government understands the full effects of the policy.

Continue to resist this harmful policy and work towards ending it. US-based NGOs should continue to build support among members of Congress and the general public to repeal the policy.

Donor Governments, International and Regional Organizations, and Other Global Health Funders

Increase funding for comprehensive sexual and reproductive health services, including in particular safe abortion services, to help close funding gaps.

Make funding available to organizations in countries impacted by the Global Gag Rule, especially local and community-based organizations, in order to ensure alternative funding reaches those most in need. Involve local and community-based organizations in the design of funding channels and processes.

Avoid applying conditionalities on development funding for health, including counter-conditionalities intended to respond to the Global Gag Rule. Trusting local organizations to set their own strategies and respond to the needs of the communities they

serve is imperative; counter-conditionalities can undermine the well-being of organizations, and ultimately the communities they serve, by forcing them to make the extremely difficult choice of whether to forgo one funding stream or another.

Donors should document the impact of the Global Gag Rule on their partners' and their own work, make the documentation publicly available, and submit it to the US State Department as part of any review process. In particular, donors should document how the March 2019 Secretary Pompeo expansion of the policy affects their work, including their ability to find and maintain effective partnerships with local and community-based organizations.

Engage in diplomacy with the US government to reverse the policy.

UN Agencies

Publicly speak out against the Global Gag Rule and other conditionalities on development assistance that undermine the autonomy of countries and organizations and their ability to meet people's needs.

Include information about the impacts of the Global Gag Rule in reports and other materials that address gender equality, sexual and reproductive health and rights, HIV, and other health issues.

Governments in Countries that Receive US Global Health Assistance

Increase national funding for health to fill gaps in services and information caused by the Global Gag Rule.

Document the effects of the Policy on population health and health systems, paying particular attention to the effects on marginalized population. Governments should make the results of this documentation publicly

available whenever possible and should submit comments to any State Department reviews.

Actively advocate with the US government to end this harmful policy. Governments should push back on US foreign policies that negatively affect the health of their people, especially when those policies are in conflict with local laws.

Regional and Global Human Rights Bodies and Special Procedures

Consider issuing statements on the Global Gag Rule as a violation of the human rights of women and girls. National governments should include information on the effects of the Global Gag Rule in their countries as part of country reports.

Encourage national governments to increase their funding for comprehensive sexual and reproductive health services, including safe abortion, in order to meet their obligations under international and regional human rights treaties.

Document the effects of the Global Gag Rule and its impact on human rights through

special procedures. The Special Rapporteur on Extrajudicial, Summary or Arbitrary Executions has already recognized that the policy "imperils the work of health care providers, interferes with their freedom to practice to the level of recognized professional standards and erodes the integrity of health systems and services" and as such contributes to arbitrary deaths by impeding the provision of life-saving care.⁴² Other special rapporteurs and procedures, such as the Working Group on Discrimination against Women, the Special Rapporteur on Violence against Women, and others, should similarly examine its impact on the realization of human rights.



VII. Conclusion

This report documents the developing impacts of the Global Gag Rule in its first two years of implementation. While the four documentation countries have very different legal and social contexts, the findings are both similar and concerning: The Global Gag Rule is making health services less accessible, especially for already marginalized and underserved populations.

- The policy is harmful to the health and wellbeing of women, young people, and marginalized communities, such as LGBTQI, rural, poor, and religious minority communities.

- The policy is creating funding gaps, causing the fragmentation of health services, and halting critical health programs, including those aimed at strengthening the delivery of government services.

- The policy is shrinking civil society spaces, silencing voices, and creating distrust.

- Confusion and misunderstanding about the policy are still common among key stakeholders.

- The policy is emboldening regressive actors and threatening progress made in advancing human rights, especially reproductive rights.

The State Department has attempted to deny the documented impacts of the policy by civil society and researchers, preferring to be guided by ideology and “alternative facts.” Nevertheless, IWHC is committed to continuing to monitor and document the impacts of the policy as it rolls out and to highlighting the voices of those most affected by it. Through evidence and advocacy, IWHC commits to the global fight for the permanent repeal of this harmful policy.

Appendix 1. What is the Policy?

History of the Policy

On January 23, 2017, President Donald Trump issued a presidential memorandum reinstating the Mexico City Policy, also known as the Global Gag Rule. As imposed by President Trump, the policy requires all foreign NGOs to certify that they will not “perform or actively promote abortion as a method of family planning” as a condition for receiving US government global health assistance. This policy applies to what organizations do with their own non-US government funding, and it applies irrespective of national laws dictating the local legality of abortion services.

While every Republican president since Ronald Reagan has implemented a version of this policy (and every Democratic president has rescinded it), Trump’s version represents a massive expansion over any previous iteration. While previous Republican administrations have applied the policy to funding specifically designated for family planning and reproductive health services (or about \$600 million per year), Trump’s version applies to all global health spending (roughly \$9 billion annually). For the first time, under this administration, the policy applies to funding for programs including maternal and child health, nutrition, HIV, tuberculosis, malaria, and other areas of health funding.

After the January 2017 announcement, USAID began to implement the policy on March 2, 2017, rolling out a standard provision attaching the policy to family planning and reproductive health funding. Subsequently, on May 15th of the same year, the State Department announced a plan, called Protecting Life in Global Health Assistance (PLGHA) to apply the policy to all global health assistance.⁴³

The Trump administration initially committed to reviewing the roll-out of the policy at the six-month mark. That review was substantially delayed and finally released in February 2018.⁴⁴

What Activities are Prohibited?

The policy prohibits recipients of bilateral global health assistance from using non-US funds to “perform or actively promote abortion as a method of family planning.” Specifically, they cannot provide abortions in most instances; they cannot counsel patients on available abortion options, nor can they refer patients for abortion services. They cannot organize or lobby to liberalize abortion laws in their country and cannot conduct public information campaigns about abortion.

Under the policy, foreign NGOs are not prohibited from performing, counseling, or referring for abortion in cases of rape, incest, or where the life of the mother is at risk. It does not prohibit the provision of postabortion care. The policy also does not prevent a provider from responding to a question about where safe and legal abortion services can be obtained if a pregnant woman clearly states her intention to have a legal abortion. The Trump policy also contains an exception stating it does not apply to providers who have an “affirmative duty” under local law to provide counselling and referrals for abortions.

March 2019 Announcement

In late March 2019, Secretary of State Mike Pompeo announced new enforcement criteria surrounding a legal phrase in the standard provision implementing the policy. The standard provision states that an organization receiving US funding cannot “provide financial support to any other foreign organization that conducts such activities,” referring to the abortion work prohibited by the policy. While compliant foreign

NGOs have always been prohibited from providing funding from other donors to conduct abortion-related work, the new interpretation goes even further. Now, they cannot provide any funding, from any donor, to another foreign NGO for any purpose if that other NGO works on abortion – even funding for activities outside of global health.

This new interpretation is an unprecedented step to isolate, stigmatize, and even effectively blacklist foreign organizations that continue to work on abortion.

Appendix 2: Methodology

IWHC's Approach

IWHC is working with Trust for Indigenous Culture and Health (TICAH) in Kenya, Center for Research on Environment, Health and Population Activities (CREHPA) in Nepal, Education as a Vaccine (EVA) in Nigeria, and the Critical Studies in Sexualities and Reproduction (CSSR) research unit at Rhodes University in South Africa to document the effects of Trump's Global Gag Rule. IWHC's project relies on in-depth interviews with civil society organizations, health service providers, anti-abortion groups, academics, journalists, government agencies, and parliamentarians to document the policy's effects on civil society, the political climate, and the health and well-being of women, girls, and other marginalized populations.

This report is from the second phase of a multi-year documentation project. The first report was published in May 2018 and focused on the policy's impacts in Kenya, Nigeria, and South Africa. In the second phase, the project has expanded its geographic scope to include Nepal. Focus countries were determined based on the volume of US global health assistance, the presence of active social and political conversations about abortion, IWHC's relationship with local civil society organizations, and geographic diversity.

IWHC considers this documentation project to be one component of our trust-based relationships with our grantee partners. We take a feminist approach to our work, using inclusive and participatory methods throughout the project. IWHC has worked in partnership with our colleagues at TICAH, CREHPA, EVA, and CSSR to define our research questions, design our data collection tools, and analyze the data.

Guiding Questions and Methods

The following objectives guide the documentation project:

- To understand how US Government policies on sexual and reproductive health and rights, particularly the Global Gag Rule, are perceived, understood, and interpreted by key stakeholders (civil society organizations, abortion service providers, opposition groups, government officials, and policymakers).
 - To determine what effect US government policies on sexual and reproductive health and rights, particularly the Global Gag Rule, have on civil society organizations, including those working in sexual and reproductive health and rights, HIV/AIDS, global health, women's rights, and opposition groups.
-

- To document the effect of US government policies, particularly the Global Gag Rule, on the political discourse about sexual and reproductive health and rights.
-
- To understand how organizations that work to defend and expand access to sexual and reproductive health and rights are mitigating the effects of the Global Gag Rule.
-
- To look at the impact of the Global Gag Rule over time.
-

To achieve the above objectives, the documentation project used in-depth interviews with key informants and media tracking. IWHC developed the data collection tools (e.g. interview guides) and then partner organizations made adjustments for the country context.

In-Depth Interviews

Partners identified potential interview participants who represented civil society organizations, abortion service providers, anti-abortion groups, academics, and government based on an initial analysis of the sexual and reproductive health and rights landscape in their countries. Interviews included questions to assess the interviewee's knowledge and understanding of Trump's Global Gag Rule, their experience with the Global Gag Rule in the past and present, and their perspectives on the current and potential effects of the Global Gag Rule.

All interviewees were informed about the purpose of the interview and its voluntary nature. Information about the Global Gag Rule and sources of additional materials were shared with all participants after the interviews.

In order to continue to fill gaps in knowledge about the impacts of the policy, IWHC and partners collectively decided to focus on including a broader range of interviewees in the second project phase. Therefore, a greater number of organizations that receive funding from the US government, organizations that have forgone US funding as a result of the Global Gag Rule, and government representatives were purposively selected for interviews in the second-project phase. For interviewees who were interviewed in the previous-project phase, interviewers followed up on specific effects of the policy that the interviewee felt were imminent in the earlier interview.

Overall, 118 in-depth interviews with civil society organizations, health service providers, anti-abortion groups, and government agencies were conducted across Kenya, Nepal, Nigeria, and South Africa. Table 1 Below describes the breakdown of interviews conducted in each country by the area of work for each interviewee. While there is some overlap among these categories, interviewees were grouped into the category with which they most strongly identified.

TABLE 1. INTERVIEWEES BY COUNTRY AND TYPE

Country	Global Health or HIV/AIDS CSO	SRHR CSO	Faith-based	Government/Parliamentarian/Multilateral	Researcher/Academic/Journalist	Grand Total
Kenya	11	12	2	7	0	32
Nepal		22	1	11	5	39
Nigeria	7	10		6	1	24
South Africa	7	8	2	3	3	23
Grand Total	25	52	5	25	9	118

TABLE 2. INTERVIEWEES FROM CIVIL SOCIETY ORGANIZATIONS BY INGO OR LOCAL/INDIGENOUS

Country	International INGO	Local/Indigenous
Kenya	10	14
Nepal	7	16
Nigeria	2	15
South Africa	5	12
Total	24	58

Of the 82 interviews with civil society and faith-based organizations, 24 interviews were with affiliates of international NGOs and 58 were with local or indigenous organizations. Table 2 describes this breakdown by country.

Overall, 41 interviews were conducted with non-US nongovernmental organizations that are recipients of US global health assistance (this includes both primary and sub-recipients). Twenty interviews were with individuals who work for organizations that directly provide abortion-related services. Nine interviews were with individuals who represented anti-abortion organizations.

Media Tracking

Media tracking and analysis focused on how information about the Global Gag Rule was represented to the public in print and online newspaper media. In Nepal, only print media was included in the analysis. To access the relevant articles, key search terms such as “Global Gag Rule,” “Protecting Life in Global Health Assistance,” and “Mexico City Policy” were used. A discourse analysis was conducted on relevant articles to see how journalists were talking about the policy and representing it to the general public in the respective countries.

Analysis

Interviews were recorded and transcribed verbatim. Interviews that were conducted in other languages were then translated into English. Transcripts were then uploaded and analyzed in Dedoose, a cloud-based mixed-methods analysis software.

Data analysis was conducted in two phases. First, each partner organization conducted a thematic analysis of their own interview data. Before analyzing the data across the documentation countries, each grantee partner wrote a report that they shared with the researchers from IWHC and the other grantee partner organizations.

During an in-person, three-day, data co-interpretation meeting, IWHC and grantee partners came together to analyze the data across the documentation countries. The data co-interpretation session began with a presentation of each country's context and major findings. Then, participants grouped the major findings from each country thematically to determine common themes across the three countries. Once the common themes were identified, all participants used their raw data to extract illustrative quotes and to provide examples of how a theme was present in their own country context. IWHC and grantee partners also developed a coding frame for the qualitative data that was used for subsequent analysis in Dedoose. Findings were verified iteratively in the group to identify similarities, differences, and gaps in the data across the three countries.

Appendix 3. Partner Profiles

Trust for Indigenous Health and Culture (TICAH)—Kenya

Trust for Indigenous Culture and Health (TICAH) is a feminist organization whose main aim is to promote health, equitable relationships, healthy households, and community action. We seek to enhance the positive links between health and cultural knowledge, practices, beliefs, and artistic expression. Over the years, we have evolved from an organization focused on alternative therapies and empowerment for women living with HIV to one that focuses on sexual and reproductive health and rights more comprehensively. We know how widespread patriarchal beliefs, sexual violence, and unsafe abortions are in Kenya and understand firsthand the needs of young people, especially adolescent girls.

We believe that culture shapes health, that beauty is powerful, that expression is activism, and that stories have something to teach. Our work includes training and research in women's rights to comprehensive sexual and reproductive health, publication and documentation to stimulate attention to grassroots solutions, advocacy on sexual and reproductive health and creative projects to raise our communal voices to affect national policy and programs.

TICAH is a pioneer in brave, progressive work in the field of sexual and reproductive health in Kenya. Our work has seen us produce informative yet provocative sexuality facilitation guides and theatre pieces for all ages. We facilitate peer discussions reaching communities that include in-school and out-of-school girls and boys, HIV-positive women and men, female sex workers, LGBTQI people, and women with disabilities. We run a hotline that provides information on sexuality and reproductive health, including information on safe abortion and referrals to health care providers. TICAH is a member of the Africa Network on Medical Abortion (ANMA), the Reproductive Health and Rights Alliance (RHRA), FEMNET and the WGNRR Alliance Kenya.

Learn more about TICAH at www.ticahealth.org or find them on Twitter [@TICAH_KE](https://twitter.com/TICAH_KE).

Center for Research on Environmental Health and Population Activities (CREHPA) – Nepal

Center for Research on Environment Health and Population Activities (CREHPA) is a not-for-profit NGO based in Lalitpur, (Kathmandu valley), Nepal. CREHPA's mission is to “contribute towards improving environment, health including reproductive health and welfare of Nepalese citizens by responding to key policy and programmatic issues through education, training, research, alliances, partnerships, and policy advocacy initiatives”.

The organization has substantial research and programmatic experience in the topic of abortion. In 1996, CREHPA conducted the first national public opinion poll on abortion in Nepal and used the poll results to lobby for abortion law reform. CREHPA carried out subsequent groundbreaking hospital-based studies on abortion, as well as a study on women imprisoned for abortion. Women's right activists used the results of CREHPA's research extensively in the fight to decriminalize abortion in Nepal. Additionally, CREHPA was one of the first organizations globally that refused to sign the Mexico City Policy (Global Gag Rule) when it was reinstated by the George W. Bush Administration in 2000.

CREHPA is a member of the National Safe Abortion Advisory Committee, the Technical Committee for Implementation of Comprehensive Abortion Care (TCIC) formed by the Health Ministry, and a Core Committee Member for drafting the Safe Abortion Bill 2012 formed by the National Women's Commission. As a lead research organization in abortion matters and as a core member of TCIC, CREHPA's research findings are highly regarded by national policy makers and program planners. As a result, it exerts policy influence and musters government support on abortion related policy matters.

Learn more about CREHPA at crehpa.org.np or find them on Twitter at [@CREHPA_Nepal](https://twitter.com/CREHPA_Nepal)

Education as a Vaccine (EVA)—Nigeria

Education as a Vaccine (EVA) is a non-profit organization founded in 2000, registered in Nigeria with the Corporate Affairs Commission in 2001 and in the United States as a 501c3 organization to improve the health and development of children as well as adolescent and young people. EVA envisions a Nigeria where children and young people reach their full potentials and work to build and implement innovative and sustainable mechanisms for improved quality of life for vulnerable children and young people. In line with our vision, EVA works in partnership with children as well as adolescent and young people to advance their rights to health and protection from all forms of violence by strengthening capacities providing direct services and influencing policies for improved quality of life.

Using child- and youth-friendly approaches, the organization strengthens the capacities of children, young people, and other stakeholders to facilitate and sustain social change in the area of health, protection, and education through integrated programming.

EVA is an active member of several networks, such as the Civil Society Health Reform Coalition, Association of Positive Youth Living with HIV and AIDS in Nigeria, Association of Women Living with HIV in Nigeria and the National Youth Network on HIV and AIDS.

Learn more about EVA at www.evanigeria.org or find them on Twitter [@EVA_Nigeria](https://twitter.com/EVA_Nigeria).

Critical Studies in Sexualities and Reproduction (CSSR) Research Unit, Rhodes University – South Africa

The Critical Studies in Sexualities and Reproduction (CSSR) research program is a multi-disciplinary program funded by the National Research Foundation South African Research Chair Initiative (SARChI), Rhodes University, Eastern Cape Liquor Board, and the International Women's Health Coalition. It draws on the expertise of a number of researchers, both within Rhodes University and at universities/NGOs in South Africa and across the world.

The overarching goal of the CSSR research program is to conduct critical research that addresses the social and human dynamics underpinning our slow progress towards full sexual and reproductive citizenship for all. CSSR's research activities fall under the following broad interconnected areas: (1) sexualities; (2) reproduction; and (3) unsupportable pregnancies/abortion. Within each of these broad areas, a number of related themes of inquiry are conducted.

A strategic aim of the CSSR research program is to conduct comparative research where feasible and appropriate (the United Kingdom, Poland, India, Zimbabwe, the Philippines, Kenya, and Nigeria). This research highlights commonalities and differences in the human and social dynamics underpinning reproduction across these sites and allows for greater depth of analysis of the South African data.

Learn more about CSSR at www.ru.ac.za/criticalstudies or find them on Twitter [@CSSR15](https://twitter.com/CSSR15).

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