

The Honorable Eliot Engel, Chair
The U.S. House of Representatives Committee on Foreign Affairs

The Honorable Michael McCaul, Ranking Member
The U.S. House of Representatives Committee on Foreign Affairs

RE: Committee Hearing on the *Unique Challenges Women Face in Global Health*- February 5, 2020

On behalf of CHANGE (the Center for Health and Gender Equity) and our supporters, we submit this statement for the record.

CHANGE is a U.S.-based nongovernmental organization (NGO) that was founded in 1994 at the International Conference on Population and Development (ICPD) in Cairo, Egypt to build U.S. support for global sexual and reproductive health and rights (SRHR), and has served as a trusted resource to U.S. policymakers since. Our mission is to advance SRHR as a means to achieve gender equality and empowerment of women and girls and others who are discriminated against by shaping public discourse, elevating women's voices, and influencing U.S. and global policies. As an organization guided by the vision of a world that respects, protects, and honors SRHR for all, we have opposed harmful U.S. policies, such as the Global Gag Rule, and conducted research on the impacts of these policies across the Global South.

We thank the House Foreign Affairs Committee for holding today's hearing on the challenges faced by women in global health, the first hearing on this subject in over a decade. As documented by decades of research, one of the major challenges to the health and wellbeing of women and girls across the globe is the Mexico City Policy (MCP), also known as the Global Gag Rule (GGR). In the years since its introduction in 1984 by President Ronald Reagan, the GGR has been instituted and removed by presidential memoranda along party lines and, most recently, renamed Protecting Life in Global Health Assistance (PLGHA) and expanded by the Trump administration to apply to all global health assistance, impacting nearly fifteen times the amount of funding previously impacted.¹

PLGHA is a barrier to the provision of critical health services around the globe and undercuts the intent of U.S. global health investments. The U.S. government (USG) is the leading donor of global health assistance and these funds sustain vital programs that improve the health and lives of people, as well as health systems.² As a result, PLGHA restrictions have wide-ranging implications in recipient countries and in the international arena. The policy has been detrimental for public health worldwide,

¹ The Mexico City Policy, 82 Fed. Reg. 8495 (Jan. 23, 2017).

² KAISER FAMILY FOUNDATION, THE U.S. GOVERNMENT AND GLOBAL HEALTH 1 (January 2019), *available at* <http://files.kff.org/attachment/fact-sheet-The-US-Government-and-Global-Health>

particularly in the areas of family planning (FP), HIV and AIDS, maternal and child health, and gender-based violence (GBV).³ The policy has had severe negative impacts on the health and wellbeing of key populations such as LGBTQI+ individuals, sex workers, and adolescent girls and young women globally.⁴

A full literature review of the impacts of the MCP during the Bush administration was published in the journal *Global Health Research and Policy* in August 2019.⁵ It includes the data on loss of contraceptives, negative maternal and child health outcomes, and an increase in abortion.⁶

Expansions and Unmonitored Consequences

In addition to the expansive PLGHA introduced by then Secretary Tillerson in May 2017, on March 26, 2019, Secretary of State Pompeo gave a press conference in which he announced an additional expansion of the policy to extend to all the money sub-granted by non-U.S. NGOs, not just U.S.-funded projects.⁷

This announcement, and the subsequent guidance and Standard Provisions released in May 2019, reversed a clarification in the State Department's six month review regarding the meaning of "financial support" for foreign organizations that receive U.S. global health assistance.⁸ The Pompeo Expansion will have an enormous impact on funds from other donors, including other bilateral donors, private foundations, and multi-laterals who fund organizations who also receive U.S. global health assistance.⁹ The implications, on both health outcomes and donor efficiency and coordination, have not been addressed by the State Department.

³ CHANGE, *PRESCRIBING CHAOS IN GLOBAL HEALTH: THE GGR FROM 1984-2018* 5 (June 2018), available at http://www.genderhealth.org/files/uploads/change/publications/Prescribing_Chaos_in_Global_Health_full_report.pdf [hereinafter CHANGE, PRESCRIBING CHAOS].

⁴ GLOBAL FUND FOR WOMEN, *Infographic: How does the GGR affect women?*, available at <https://www.globalfundforwomen.org/infographic-global-gag-rule/>; see also CHANGE, PRESCRIBING CHAOS, *supra* note 3, at 41-48.

⁵ Constanca Mavodza, Rebecca Goldman, & Bergen Cooper, *The impacts of the global gag rule on global health: a scoping review*, 4 *Global Health Research & Pol.* 26 (2019). Available at <https://doi.org/10.1186/s41256-019-0113-3>

⁶ Eran Bendavid, Patrick Avila & Grant Miller, *United States aid policy and induced abortion in sub-Saharan Africa*, *Bulletin of the World Health Organization* 2011;89:873-880C. doi: 10.2471/BLT.11.091660, available at <https://www.who.int/bulletin/volumes/89/12/11-091660/en/>; see also Nina Brooks, Eran Bendavid & Grant Miller, *USA aid policy and induced abortion in sub-Saharan Africa: an analysis of the Mexico City Policy*, 7 *Lancet Global Health* e1046–53 (2019), available at [https://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X\(19\)30267-0.pdf](https://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(19)30267-0.pdf)

⁷ Mike Pompeo, Remarks to the Press, (March 26, 2019) available at <https://www.state.gov/remarks-to-the-press-7/>

⁸ United States Agency for International Development (USAID), Standard Provisions for Non-U.S. Nongovernmental Organizations: A Mandatory Reference for ADS Chapter 303 85 (2019), available at <https://www.usaid.gov/sites/default/files/documents/1868/303mab.pdf>. [hereinafter USAID, Standard Provisions].

⁹ amfAR, *The Expanded Mexico City Policy: Implications for the Global Fund* (Nov. 2019) available at https://www.amfar.org/uploadedFiles/_amfarorg/Articles/On_The_Hill/2019/issuebrief-globalfund.pdf

The extraordinary scope of the policy also creates new conflicts with the constitutions, laws, and medical guidelines of countries that receive global health assistance. This incompatibility between U.S. ideological policy and the national laws and protections governing vulnerable health systems and providers is driven, unmonitored, by the Administration, and forces implementers and health care providers into the midst of practical, legal, and ethical conflicts.

The Impact of the Trump Administration's PLGHA Policy

Three years into the implementation of Trump's PLGHA, there is already evidence of widespread harm caused by the expansion. Research conducted by multiple organizations suggests that Trump's PLGHA will increase unsafe abortion, maternal mortality, unintended pregnancies, and HIV infections, and will harm women and girls' empowerment efforts around the world.¹⁰ While many of the impacted areas are similar to those affected in past iterations of the MCP, the scope of the harm of Trump's PLGHA is likely to be broader because the policy applies to *all* global health assistance partners. A 2018 CHANGE report, "[Prescribing Chaos in Global Health: The GGR from 1984-2018](#)," anticipates that Trump's PLGHA will affect a broader range of health areas than ever before, such as nutrition, malaria, tuberculosis, and GBV, which are all subject to the policy.¹¹

1. Trump's PLGHA directly impacts HIV and AIDS

Trump's PLGHA now explicitly includes PEPFAR funding which supports HIV and AIDS programs in more than 50 countries.¹² CHANGE's report includes findings from HIV and

¹⁰ CHANGE, PRESCRIBING CHAOS, *supra* note 3; see PAI, ACCESS DENIED: SENEGAL PRELIMINARY IMPACTS OF TRUMP'S EXPANDED GGR (Nov. 2018), available at <https://pai.org/wp-content/uploads/2018/12/Access-Denied-Senegal.pdf>; see also PAI, ACCESS DENIED: NEPAL PRELIMINARY IMPACTS OF TRUMP'S EXPANDED GGR (Sept. 2018), available at <https://pai.org/wp-content/uploads/2018/09/Access-Denied-Nepal-Brochure-V6.pdf>; see also PAI, ACCESS DENIED: ETHIOPIA PRELIMINARY IMPACTS OF TRUMP'S EXPANDED GGR (July 2018), available at <https://pai.org/wp-content/uploads/2018/07/Access-Denied-Ethiopia-JULY-2018.pdf>; see also PAI, ACCESS DENIED: NIGERIA PRELIMINARY IMPACTS OF TRUMP'S EXPANDED GGR (Mar. 2018), available at <https://pai.org/wp-content/uploads/2018/03/Access-Denied-Nigeria-2.pdf>; see also PAI, ACCESS DENIED: UGANDA PRELIMINARY IMPACTS OF TRUMP'S EXPANDED GGR (Mar. 2018), available at <https://pai.org/wp-content/uploads/2018/03/Access-Denied-Uganda-March-2018.pdf>; see also PAI, *With the Stroke of the Pen- Trump's GGR Dramatically Expands Harmful Health Impacts* (Jan. 26, 2017), available at <https://pai.org/newsletters/stroke-pen-trumps-global-gag-rule-dramatically-expands-harmful-health-impacts/>; see also: International Women's Health Coalition (IWHC), *Crisis in Care: Year Two Impact of Trump's Global Gag Rule* 34-35 (2019), available at https://iwhc.org/wp-content/uploads/2019/06/IWHC_GGR_Report_2019-WEB_single_pg.pdf [hereinafter IWHC, *Crisis in Care*]; WaterAid & PAI, *How the Expanded Global Gag Rule Affects Water, Sanitation and Hygiene (WASH)* 4 (2019), available at <https://pai.org/wpcontent/uploads/2019/06/PAI-3285-PAI-and-Wateraid-FINAL.pdf>.

¹¹ CHANGE, PRESCRIBING CHAOS, *supra* note 3, at 53-54, 56.

¹² PEPFAR, WHERE WE WORK, available at <https://www.state.gov/where-we-work-pepfar/>

AIDS programs in Mozambique and Zimbabwe, and reveals that in both countries, Trump's PLGHA is hampering efforts to reduce HIV. In Zimbabwe, one PEPFAR DREAMS implementing organization, Roots, lost funding due to PLGHA, leaving young women without access to SRHR information and left out of economic and enrichment activities.¹³ In Mozambique, the Mozambican Association for Family Development (AMODEFA), the International Planned Parenthood Federation (IPPF) affiliate, also discontinued a DREAMS initiative as a result of PLGHA, laying off almost 90 percent of their community health workers in their clinic in the Xai-Xai district.¹⁴ AMODEFA has closed 10 of its 20 youth-friendly clinics around the country, terminated 30 percent of its staff, and lost over 500 community health workers that worked on HIV prevention for adolescent girls and young women in one rural clinic due to PLGHA.¹⁵

Trump's PLGHA increases the risk of the de-integration of FP and HIV services. Organizations report having to make a choice between continuing to provide comprehensive sexual and reproductive health (SRH) information and services or to accept U.S. global health assistance funding, which restricts their services and programs.¹⁶ The de-integration of FP and HIV services can lead to decreased access to FP services, especially for women living with HIV who are more likely to use modern contraception while accessing integrated services.¹⁷

¹³ CHANGE, PRESCRIBING CHAOS, *supra* note 3, at 44-45; see generally PEPFAR, DREAMS PARTNERSHIP, available at https://www.state.gov/wp-content/uploads/2020/01/DREAMS-Partnership-Fact-Sheet_WAD_2019.pdf (DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) is a public-private partnership between PEPFAR, the Bill & Melinda Gates Foundation, Girl Effect (formerly the Nike Foundation), Johnson & Johnson, Gilead Sciences, and ViiV Healthcare to reduce HIV infections by 40% among adolescent girls and young women (AGYW) in sub-Saharan Africa within two years of its launch in 2014. According to 2019 data, DREAMS reached over 1.5 million AGYW with a core package of comprehensive HIV prevention interventions to address the facts that make AGYW vulnerable to HIV acquisition.)

¹⁴ CHANGE, PRESCRIBING CHAOS, *supra* note 3, at 43.

¹⁵ CHANGE, PRESCRIBING CHAOS, *supra* note 3, at 70, 74; see also Global Gag Rule - one year on, International Planned Parenthood Federation (Jan. 23, 2018), available at <https://www.ippf.org/resource/global-gag-rule-one-year>.

¹⁶ Jennifer Sherwood et al., Mapping the impact of the expanded Mexico City Policy for HIV/ family planning service integration in PEPFAR supported countries: a risk index, 18 BMC Public Health 1, 5-10 (2018) [hereinafter Sherwood et al., Mapping the impact of the expanded Mexico City Policy for HIV/ family planning service integration]; IWHC, Reality Check: Year One Impact of Trump's Global Gag Rule 13-14 (2018), available at https://iwhc.org/wp-content/uploads/2018/05/GGRFormatted-Report_FINAL.pdf [hereinafter IWHC, Reality Check]; CHANGE, DATA SHEET: TRUMP'S GLOBAL GAG RULE (2020), available at http://www.genderhealth.org/files/uploads/change/publications/GGR_Data_Sheet_F.pdf [hereinafter CHANGE Trump's GGR Data Sheet].

¹⁷ Sherwood et al., Mapping the impact of the expanded Mexico City Policy for HIV/family planning service integration, *supra* note 16, at 9; see also CHANGE Trump's GGR Data Sheet, *supra* note 16, at 1.

Since the implementation of PLGHA, one-third of 286 prime PEPFAR implementing partners (IPs) surveyed by amfAR have reduced their HIV prevention and treatment services with widespread closures of HIV prevention and treatment outreach services for youth and clinical HIV treatment services for rural communities.¹⁸ Current PEPFAR IPs across 31 countries are unable to share comprehensive SRH information, including information about safe abortion services and pregnancy, contraception, and referrals, with beneficiaries.¹⁹

In 2018, one PEPFAR IP in Eswatini had to close all of the voluntary medical male circumcision (VMMC) services in its district as a result of Trump's PLGHA. The facility had provided 42 percent of the district's VMMC services in 2017. As a result, the availability of VMMC as an HIV prevention intervention decreased in that district.²⁰

In Kenya, an organization serving young women and sex workers had to sign onto Trump's PLGHA in order to stay open and keep providing HIV services to their clients. As a result of not being able to provide information and abortion referrals, two adolescent girls died due to complications from unsafe self-induced abortions.²¹

Family Health Options Kenya, the Kenyan affiliate of IPPF, has had to discontinue their outreach services that reached 76,000 women per year, leaving patients without their antenatal care, FP, and HIV and AIDS counseling and testing.²²

The Family Planning Association of Malawi (FPAM) operates a national network of SRH clinics for female sex workers and people who have experienced GBV.²³ FPAM could not comply with PLGHA and is therefore no longer implementing Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES), a flagship USAID HIV program. FPAM's work through LINKAGES had trained sex workers to be peer educators in an effort to reduce HIV among key populations, and it had to lay off staff and deny approximately 8,000 services to clients as a result of the expanded PLGHA. Because the project saw a reduction in HIV prevalence among LINKAGES supported female sex workers, cutting this program could cause an opposite ripple effect on HIV prevalence.²⁴

¹⁸ amfAR, The Effect of the Expanded Mexico City Policy on HIV/AIDS Programming, *supra* note 9, at 3-5; see also CHANGE Trump's GGR Data Sheet, *supra* note 16.

¹⁹ *Id.*; see also Sherwood et al., Mapping the impact of the expanded Mexico City Policy for HIV/ family planning service integration, *supra* note 16, at 5-7; see also CHANGE Trump's GGR Data Sheet, *supra* note 16.

²⁰ CHANGE, Policies That Don't Work in U.S. Global Health Assistance, YouTube (Jan. 30, 2019), <https://www.youtube.com/watch?v=cMWrqlwJPeo>; see also CHANGE Trump's GGR Data Sheet, *supra* note 16.

²¹ IWHC, Crisis in Care, *supra* note 10, at 13.

²² *Id.*, at 21.

²³ Family Planning Association of Malawi (FPAM), Global Gag Rule Hurts Malawians 2-4, available at <https://www.fpamalawi.org/images/stories/FPAM%20leaflet.pdf>.

²⁴ *Id.*, at 2-4.

The International Centre for Reproductive Health (ICRH-M), an SRHR organization in Mozambique that used to receive PEPFAR/USAID funding, is experiencing a 40 percent budget cut due to Trump's PLGHA and discontinued vital integrated HIV services like night clinics that predominantly serve sex workers.²⁵

IPPF estimates that the loss of funding due to PLGHA will render them unable to provide antiretroviral treatment to 275,000 pregnant women living with HIV and 725,000 HIV tests to people at risk of acquiring HIV.²⁶

2. Trump's PLGHA has negative effects on nutrition

Trump's PLGHA applies to global health funding for nutritional programs and is detrimental for food-insecure populations. Nutrition is an essential element of health, including maternal and child health, FP, and chronic disease management. Proper adolescent nutrition of young girls is directly tied to reducing the rate of adolescent pregnancy and early marriage.²⁷ Further, those living with chronic illness like HIV and AIDS require additional food to maintain proper health and the ability to maintain lifelong antiretroviral therapy (ART).²⁸ As a result of the PLGHA, WaterAid America, a U.S.-based Water, Sanitation, and Hygiene (WASH) NGO, was forced to cancel two nutrition programs because the funding they provided to their non-U.S.-based sub-partners would be subject to Trump's PLGHA and the organization could not comply with the policy.²⁹

3. Trump's PLGHA imposes barriers to providing comprehensive and integrated services

Over the last decade, the U.S. has advocated for integrated health service systems for people to have access to a variety of services in the same clinic or program.³⁰ In order to facilitate integration of services, the U.S. has worked towards more intermingled funding in its grants and awards.

²⁵ CHANGE, PRESCRIBING CHAOS, *supra* note 3, at 47-48.

²⁶ Planned Parenthood Global, Assessing the Global Gag Rule: Harms to Health, Communities, and Advocacy 18 (2019), available at https://www.plannedparenthood.org/uploads/filer_public/81/9d/819d9000-5350-4ea3-b699-1f12d59ec67f/181231-ggr-d09.pdf.

²⁷ ERIN HOMIAK, CONCERN WORLDWIDE, ADOLESCENT NUTRITION: THE MISSING LINK IN THE LIFE CYCLE APPROACH 4-7 (2016), available at https://admin.concern.net/sites/default/files/media/migrated/steering_document_adolescent_nutrition_march2016.pdf.

²⁸ CHANGE, PRESCRIBING CHAOS, *supra* note 3, at 53.

²⁹ *Id.*, at 53.

³⁰ KAISER FAMILY FOUNDATION, A REPORTER'S GUIDE TO U.S. GLOBAL HEALTH POLICY (Jan. 1, 2013), available at <https://www.kff.org/report-section/the-basics-of-global-health/>; see CHANGE, PRESCRIBING CHAOS, *supra* note 3, at 51.

However, Trump's PLGHA threatens this important goal because it silos services when funding types are limited. PLGHA is disrupting NGO coalitions; fracturing integrated service provision; hindering the provision of legal abortion services; and acutely affecting populations of specific concern, including youth, sex workers, and the LGBTQI+ community.³¹

Reproductive Health Network Kenya (RHNK) had provided training for health care providers on integrated SRH services. As a result of Trump's PLGHA, RHNK lost two-thirds of their funding, so were forced to lay off multiple staff members and cut the training curriculum for health care providers.³²

4. Trump's PLGHA impacts partnerships among organizations

In Mozambique, U.S.-based organizations such as Pathfinder International report that they can no longer partner with certain local organizations working in SRHR because of Trump's PLGHA policy, limiting opportunities for local NGOs to provide services in their community.³³

In Nepal, some local NGOs are reluctant to partner with USAID programs such as SIFPO2 because they are unwilling to violate Nepal's constitutional mandate guaranteeing the right to safe and legal abortion.³⁴

In Senegal, the USAID funded Neema project lost partnerships with organizations like MSI Senegal who had effective approaches and a high level of trust within hard-to-reach communities. The loss of this partnership created delays in contraceptive mobile outreach, leading to service gaps.³⁵

5. Trump's PLGHA impacts reproductive and maternal health

In Nigeria, one FP organization estimates that if not for PLGHA, it would have reached an additional 8 million women and averted up to 15,000 maternal deaths by the end of 2020 with USAID-funded programming.³⁶

³¹ CHANGE, PRESCRIBING CHAOS, *supra* note 3, at 40-50; see USAID, DREAMS: PARTNERSHIP TO REDUCE HIV/AIDS IN ADOLESCENT GIRLS AND YOUNG WOMEN (last updated on September 17, 2019), available at <https://www.usaid.gov/global-health/health-areas/hiv-and-aids/technical-areas/dreams>.

³² Skye Wheeler, The Devastating Domino Effect of the Global Gag Rule in Kenya, Human Rights Watch, Dec. 7, 2017, available at <https://www.hrw.org/news/2017/12/07/devastating-domino-effect-global-gag-rule-kenya>.

³³ CHANGE, PRESCRIBING CHAOS, *supra* note 3, at 35.

³⁴ PAI, Access Denied: Nepal, *supra* note 10, at 9-10.

³⁵ PAI, Access Denied: Senegal, *supra* note 10, at 5.

³⁶ PAI, Access Denied: Nigeria, *supra* note 10, at 7.

Although Nepal has made monumental progress in addressing maternal mortality and morbidity, PLGHA threatens to stall or reverse this progress by undermining the constitutionally guaranteed rights of Nepal's citizens to comprehensive SRH services.³⁷

An international NGO in Nigeria reported that they could no longer sustain a program providing around 500 women with long-acting contraception because of the loss in funding from Trump's GGR.³⁸

The Senegal chapter of MSI lost 45 percent of their budget from the loss of USG funds following Trump's GGR. Because of this, MSI Senegal will have 20 percent fewer clients for FP, 30 percent fewer cervical cancer screenings, and 30 percent fewer STI treatments.³⁹

6. Trump's PLGHA impacts gender-based violence services

In Uganda, the MSI affiliate cut 27 mobile health teams that would have provided integrated health care services to hard-to-reach communities due to Trump's PLGHA.

In South Africa, organizations that provide services for people who have experienced GBV have lost funding and have had to close due to Trump's PLGHA. As a result, survivors of GBV cannot access crucial medical and social services that they need.⁴⁰

Conclusion and Recommendation:

PLGHA is a policy that is based in ideology—not in evidence—and has caused irreparable harm to the health and wellbeing of women and girls across the globe. The documented impacts of the policy prove that it strips people of their access to integrated health care services, leaving women more susceptible to unintended pregnancy and induced abortion. As the most expansive version of the policy, Trump's PLGHA policy has ramifications well beyond the documented impacts of Bush's MCP. As long as any iteration of the MCP is in effect, organizations around the world are restricted in providing quality, comprehensive care to their beneficiaries. Ending this destructive policy would save lives.

It is time for Congress to act to permanently end the GGR and stand up for the health and human rights of people across the globe. In February of 2019, Congresswoman Nita Lowey and Senator Jeanne Shaheen introduced the Global Health, Empowerment, and Rights (HER) Act (S. 368, H.R. 1055) that would permanently end the GGR by removing dangerous eligibility restrictions on

³⁷ IWHC, *Crisis in Care*, *supra* note 10, at 13-14.

³⁸ IWHC, *Crisis in Care*, *supra* note 10, at 15.

³⁹ PAI, *Access Denied: Senegal*, *supra* note 10, at 5.

⁴⁰ IWHC, *Crisis in Care*, *supra* note 10, at 17.

CHANGE

Sexual &
reproductive
health & rights
for all.

international recipients of U.S. global health assistance. **CHANGE calls on Members of Congress to request that the House Committee on Foreign Affairs markup H.R. 1055, the Global HER Act, and pass the legislation to end the harm caused by this policy once and for all.**

Sincerely,

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