Input from Sweden – six-month review of Mexico City Policy/Protecting Lives in Global Health Assistance

Universal access to sexual and reproductive health and rights, including access to safe and legal abortion, is a key priority in Sweden’s foreign policy and development cooperation. Because of this, the Government of Sweden regrets the US decision to reinstate the Mexico City Policy (MCP) and to expand it under the Protecting Lives in Global Health Assistance (PLGHA) plan.

Women’s and girls’ full enjoyment of their sexual and reproductive health and rights (SRHR), including access to safe and legal abortion, is inextricably linked to human rights, gender equality, women’s and girls’ economic empowerment, poverty reduction and societal and economic development. Death and complications related to unsafe abortion hinder girls and women, and entire societies from reaching their full potential. Evidence shows that limiting women’s and girls’ access to safe abortions does not reduce the number of abortions performed -- it only drives them underground. Globally, between 5 and 13 per cent of all maternal deaths are caused by unsafe abortions.\(^1\) The proportion of unsafe abortions is significantly higher in developing countries (49.5 versus 12.5 per cent).\(^2\) In addition, millions of women and girls suffer from complications resulting from unsafe abortion. The annual cost of treating major complications from unsafe abortion is estimated at USD 553 million, and an additional USD 375 million would be required to fully meet the unmet need for treatment of complications from unsafe abortion.\(^3\)

Despite our different points of departure, Sweden is keen to maintain its close dialogue and to work constructively together with the US on the MCP/PLGHA. Sweden therefore welcomes the opportunity to contribute to the ongoing review of the MCP/PLGHA by the State Department and USAID.

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Sweden would like to convey its initial reflections on the first six months of MCP/PLGHA implementation. The Swedish Ministry for Foreign Affairs has asked the Swedish International Development Cooperation Agency (Sida) to report on the implications to date of the MCP/PLGHA. We have requested that Sida examine the implications for our partner organisations’ funding and for Swedish development assistance. Sida’s health and SRHR programme officers at its head office and Swedish missions abroad have reported back after contacting more than 30 partner organisations.

Below you will find a general overview of the findings. Sida’s report to the Ministry for Foreign Affairs, including a more detailed analysis of the findings, is attached.

Firstly, the Government of Sweden, Sida and our partner organisations note a substantial information gap regarding the MCP/PLGHA. Many partners are still having difficulty understanding the process and deciding how to mitigate operational risks. Moreover, as many contracts between USAID and foreign NGOs are due to be renewed at the end of the review period, the full impact of the implementation of the MCP/PLGHA remains to be seen. We therefore hope that the review period will be extended. Sweden would welcome the opportunity to provide more input at a later stage.

For Swedish development assistance, the changes resulting from implementing the MCP/PLGHA imply significant operational and administrative costs. Swedish public funds, i.e. our taxpayers’ money, are being spent on discussions on and possibly adjustments to the expected outcomes in our cooperation agreements with affected organisations. Organisational consequences for our partners include significant staff reductions and fundamental organisational restructuring. This will reduce the efficiency and effectiveness of our partners and Swedish development assistance.

Our partners expect that the MCP/PLGHA will result in a decrease in funding for, and therefore the discontinuation of, broader sexual and reproductive health commodities and services. This will lead to an increase in the number of unintended pregnancies, high-risk pregnancies, unsafe abortions, injuries and deaths. Women’s and girls’ economic empowerment and societal and economic development will be hampered. Sida and its partners fear that those hardest hit will be those already left furthest behind, including people in rural areas, LGBTI people, people living with HIV, and adolescent girls and young women. This compounds their vulnerabilities and affects our common objective to achieve the 2030 Agenda.

The MCP/PLGHA also leads to self-censure, a silencing effect on the broader normative SRHR agenda, and shrinking space for gender equality, health and SRHR organisations.
Sida and its partners also note that the MCP/PLGHA contributes to a **disintegration of services** and **fragmentation of health systems**, thereby forcing the establishment of **parallel structures**. We foresee the roll-back of important efficiency gains made in recent decades on HIV/SRHR integration.

Sweden appreciates the opportunity to provide input on this crucial issue and looks forward to continued constructive dialogue.

Sweden appreciates the US's commitment to women's economic empowerment and enjoyment of human rights. The US and Sweden are dedicated to advance this agenda and we look forward to continued close dialogue and partnership with the US also in this field.

Yours sincerely,

[Signature]

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