

The **global gag rule (GGR)** is a U.S. foreign policy that, when enacted, prohibits foreign nongovernmental organizations (NGOs) that receive certain categories of U.S. foreign assistance funds from using *their own, non-U.S. funds* to advocate for abortion, or provide, counsel on, or refer for abortion services as a method of family planning.<sup>1</sup>

Historically, GGR restrictions have applied to international family planning funds.<sup>2</sup> On January 23, 2017, President Donald Trump imposed his dramatically expanded GGR via presidential memorandum.<sup>3</sup> Renamed “Protecting Life in Global Health Assistance,” Trump’s GGR targets all global health assistance funds and applies to funding for programs targeting issues such as HIV and AIDS; maternal and child health; malaria; tuberculosis; family planning and reproductive health; nutrition; non-communicable diseases; water, sanitation and hygiene at the household and community levels; and the Zika virus.<sup>4</sup> Humanitarian assistance is exempt from the policy. Trump’s GGR applies to nearly **\$9 billion** in funding,<sup>5</sup> compared to what would have been **\$600 million** if it only applied to family planning money.<sup>6</sup>

The GGR does not prohibit activities around abortion in cases of rape, incest, and life endangerment of the pregnant woman, nor does it prohibit the treatment of injuries or illnesses caused by abortion, such as post-abortion care.<sup>7</sup> The policy applies to all new funding agreements (e.g., grants and cooperative agreements), and to existing agreements when amended to add funding.

**The GGR forces foreign NGOs to choose between two options:**

1. Accept U.S. funds → Stop providing abortion services, counseling, or referrals. Halt advocacy around abortion, outside of the three aforementioned exceptions.
2. Refuse U.S. funds → Attempt to secure alternate sources of funding to continue both providing comprehensive sexual and reproductive health services to clients and advocating for law reforms to reduce unsafe abortion.

The GGR is a barrier to a wide range of health services globally. The U.S. government is the leading donor of global health assistance<sup>8</sup> and sustains critical programs that improve the health and lives of people, as well as health systems, particularly in the Global South.<sup>9</sup> Two hundred and fourteen million women who wish to avoid pregnancy are not using modern contraceptive methods.<sup>10</sup> As of 2017, about 89 million unintended pregnancies occur in

developing regions each year,<sup>11</sup> and result in about 48 million abortions.<sup>12</sup> Of the 55.9 million abortions that occur globally each year, 49 percent are unsafe,<sup>13</sup> and deaths due to unsafe abortion comprise eight to eleven percent of all maternal deaths around the world.<sup>14</sup>

## Impact of past iterations of the GGR

Data from previous iterations of the GGR demonstrate that the policy negatively affects health areas including—and beyond—family planning and abortion.

### Historically, the GGR has:

- Prevented women and girls from accessing contraception and safe abortion consistent with the laws in their countries.<sup>15</sup>
- Been associated with increased abortion rates.<sup>16</sup>
- Been associated with increases in unintended pregnancies.<sup>17</sup>
- Led to negative child health outcomes.<sup>18</sup>
- Hampered HIV prevention efforts.<sup>19</sup>
- Forced health clinics to close.<sup>20</sup>
- Obstructed rural communities' access to health care.<sup>21</sup>
- Removed funding from humanitarian settings, potentially negatively affecting the speed and effectiveness of humanitarian aid.<sup>22</sup>

A 2011 Stanford University study, published in the Bulletin of the World Health Organization, examined the effects of the GGR on abortion in sub-Saharan Africa after President George W. Bush reinstated the policy in 2001.<sup>23</sup> The study found that, for women in countries highly exposed to the GGR (receiving U.S. family planning funds above a particular median level), the odds of having an induced abortion were **two and a half times higher** than for women in low-exposed countries.<sup>24</sup> A possible cause is reduced access to contraception, which can lead to increased unintended pregnancies and more reliance on abortion to prevent “unwanted births.”<sup>25</sup>

Another 2011 study of Bush's GGR looked at women's reproductive and child health outcomes in Ghana and found that abortion rates did not decrease. Rather, **the likelihood of abortion increased by 50-65 percent** for women in rural areas.<sup>26</sup> The researcher also calculated an estimated **12 percent increase in rural pregnancies** and **500,000 to 750,000 additional**

**unintended births**, which were attributed to a loss of access to contraceptives under Bush's GGR. Children born from the unintended pregnancies were found to have poor height- and weight-for-age nutritional indicators compared to their siblings.<sup>27</sup>

A third, more recent study conducted a global analysis of the association between Bush's GGR and abortion in four regions.<sup>28</sup> This analysis found that women in high GGR-exposed Latin American and Caribbean countries **had three times the odds of having an induced abortion** compared to women in low-exposed countries. In sub-Saharan Africa, women in high GGR-exposed countries had **twice the odds** of having an induced abortion. All three studies establish that the GGR does not reduce abortion rates, and could actually exacerbate them.

The GGR has also resulted in the widespread closure and consolidation of clinics. In a 2006 case, Planned Parenthood Association of Zambia had to terminate 40 percent of its staff, cut back services, and end community-based distribution of contraceptives and health information because of the financial losses it suffered under Bush's GGR.<sup>29</sup> A 2015 study found that the Planned Parenthood Association of Ghana had to close and consolidate many clinics—the majority located in rural areas—because they could not take USAID funding after the imposition of Bush's GGR.<sup>30</sup> In the aftermath, there was an increase in unintended pregnancies across the country.<sup>31</sup>

A threat to health and science, the GGR hampers HIV prevention efforts because it forces clinics to close and disrupts relationships and commodity supply chains, leading to an overall reduction in access to condoms and sexual health services. Contraceptive supply shipments were halted or reduced in 16 sub-Saharan African, Middle Eastern, and Asian countries because of Bush's GGR.<sup>32</sup> For example, during the Clinton Administration, the Lesotho Planned Parenthood Association received 426,000 condoms over two years from USAID and was the only provider of condoms in the country.<sup>33</sup> When the GGR went back into effect under Bush, USAID suspended condom shipments to Planned Parenthood, and, by extension, to the entire country of Lesotho. When condom shipments were ceased, one in four women in Lesotho was already living with HIV,<sup>34</sup> and such a reduction in condom access jeopardized prevention efforts.

## **Immediate Impacts of Trump's GGR**

One year into Trump's GGR, evidence has already emerged on the widespread reach of the policy's harms.

**Trump's GGR is:**

- Shuttering HIV prevention and treatment programs.<sup>35</sup>
- Closing clinics.<sup>36</sup>
- Limiting access to contraceptives, including long-acting and permanent methods.<sup>37</sup>
- Eliminating rural communities' access to health care.<sup>38</sup>
- Disrupting referral networks and commodity supply chains.<sup>39</sup>
- Obstructing removal of long-acting reversible contraceptives.<sup>40</sup>
- Halting integrated service delivery.<sup>41</sup>
- Diverting funding away from refugee settlements.<sup>42</sup>
- Hindering civil society advocacy around unsafe abortion.<sup>43</sup>
- Weakening and disbanding civil society partnerships and coalitions.<sup>44</sup>
- Impacting key and vulnerable populations and populations of specific concern, such as the LGBT community, sex workers, and adolescent girls and young women.<sup>45</sup>

Research conducted by multiple organizations found similar concerns that Trump's GGR would increase unsafe abortion, maternal mortality, unintended pregnancies, and HIV infections, and harm women and girls' empowerment around the world. According to PAI's 2018 report on preliminary impacts of Trump's GGR in Nigeria, one family planning organization estimates that, if not for Trump's GGR, it would have reached an additional **8 million women** by the end of the Trump presidency.<sup>46</sup> A 2018 CHANGE report, "[Prescribing Chaos in Global Health: The Global Gag Rule from 1984-2018](#)," anticipates that Trump's GGR will affect a broader range of health areas than previous iterations, such as nutrition, malaria, tuberculosis, and gender-based violence, which are all subject to the policy.<sup>47</sup>

CHANGE's report includes findings from Mozambique and Zimbabwe, and reveals that in both countries, Trump's GGR is hampering efforts to reduce HIV, including stopping DREAMS partnership programs;<sup>48</sup> disrupting NGO coalitions; fracturing integrated service provision; hindering implementation of legal abortion services; and is acutely affecting populations of specific concern, such as youth, sex workers, and the LGBT community. In Zimbabwe, Trump's GGR forced Population Services Zimbabwe to **scale back its outreach by 50 percent, eliminating 600 local health facilities** and leaving half of its 150,000 beneficiaries without family planning and sexual and reproductive health services.<sup>49</sup> In Mozambique, the Mozambican Association for Family Development (AMODEFA), the local International Planned

Parenthood Federation (IPPF) affiliate, 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.<sup>50</sup>

A 2018 report from PAI on preliminary impacts of Trump's GGR in Uganda showed that the policy has encumbered NGOs and service providers, disrupted or stopped programs, and broken down referral chains.<sup>51</sup> For example, Reproductive Health Uganda (RHU), a local IPPF affiliate, experienced a 30 percent budget cut that amounted to \$300,000. This loss of funding shut down a five-year advocacy program that was in its third year, as well as an adolescent health program that was rolling out the contraceptive Sayana-Pres and would have scaled up provision of the contraceptive to 6,000 more adolescents.<sup>52</sup> RHU, the leading sexual and reproductive health provider in Uganda's refugee settlements, had to divert \$100,000 a year from these settlements to its clinics after suffering funding cuts.<sup>53</sup> This demonstrates how Trump's GGR impacts humanitarian settings even though humanitarian assistance is technically exempt from the policy.

PAI's 2018 report on the preliminary impacts of Trump's GGR in Nigeria revealed that Trump's GGR has threatened commodity supply chains, weakened the capacity of small, local organizations, and disassembled critical partnerships between the U.S. and NGOs.<sup>54</sup> A local affiliate of a U.S.-based organization is losing 40 staff members because it has to close down a women's health program that has been running for nine years in order to comply with the GGR.<sup>55</sup>

HRW documented impacts of Trump's GGR in Kenya and Uganda in 2017.<sup>56</sup> IPPF affiliate Family Health Options Kenya (FHOK) discontinued 100 planned outreach events, which reached 100 people per event with cervical cancer screening, HIV testing, and family planning counseling. FHOK also closed one clinic that specialized in providing long-acting contraceptive methods. Other NGOs have stopped providing services that used to reach thousands of sex workers. In Uganda, the Coalition to Stop Maternal Mortality Through Unsafe Abortion has seen reduced participation by members bound by the GGR.

One year into the implementation of Trump's GGR, results from IWHC's research in Kenya, Nigeria, and South Africa show that there is pervasive confusion and a lack of understanding around the policy. Populations that are vulnerable (marginalized women, poorer women, women living in rural areas, women living with HIV, and young women) will be harmed by cuts to health services that exacerbate barriers they face to accessing care. In addition, civil

society partnerships and coalitions will experience long-lasting fractures and destabilization beyond the GGR years, and integrated health service provision is under threat because of the policy.<sup>57</sup>

IPPF local affiliates all over the world are beginning to measure the impacts of Trump's GGR on their work. In the Republic of Burundi, Association Burundaise pour le Bien-Etre Familial (ABUBEF) estimates that the 39 percent cut to their budget in 2017 will deprive 117,016 people of access to sexual and reproductive health care. The budget cut will also negatively affect 2,123 people living with HIV that it currently supports with antiretroviral therapy.<sup>58</sup> In Colombia, 4,000 clients were denied health services in 10 municipalities.<sup>59</sup> In Guatemala, a local partner is now unable to provide subsidized family planning services and has reduced outreach in districts with high HIV prevalence rates.<sup>60</sup> The Family Planning Association of Malawi (FPAM) runs free sexual and reproductive health clinics throughout the country and provides services for people who have experienced sexual and gender-based violence, female sex workers, and others.<sup>61</sup> They have already shut down Linkages, a program that trained sex workers to be peer educators in an effort to reduce HIV among key populations,<sup>62</sup> and had to deny 8,000 services to clients, which they predict will cause a ripple effect on HIV prevalence.<sup>63</sup>

### **Projected impact of Trump's GGR over the next three years**

#### **Trump's GGR is projected to:**

- Increase unintended pregnancies, unsafe abortions, and maternal deaths.<sup>64</sup>
- Reduce access to family planning.<sup>65</sup>
- Reduce access to HIV prevention and treatment.<sup>66</sup>
- Affect global health writ large, including nutrition, infectious diseases, and gender-based violence.<sup>67</sup>

Marie Stopes International (MSI) estimates that, without alternative funding between 2018 and 2020, Trump's GGR will prohibit the organization from reaching two million women with contraception and could result in **2.5 million unintended pregnancies, 870,000 unsafe abortions, and 6,900 avoidable maternal deaths.**<sup>68</sup>

Trump's GGR will force IPPF to lose \$100 million, which would have paid for 70 million condoms, 725,000 HIV tests, and treatment for 525,000 people with STIs and 275,000 women living with HIV.<sup>69</sup> IPPF estimates that this will impede their ability to prevent **4.8 million unintended pregnancies, 1.7 million unsafe abortions, and 20,000 maternal deaths.**

These projections reflect what data from previous iterations of the GGR has demonstrated: the policy strips people of their access to health care, leaving women and girls more susceptible to unintended pregnancy and induced abortion. As the most expansive version of the policy yet, Trump's GGR will have ramifications beyond the documented impacts of Bush's GGR. One year in, research shows the damage to communities that it has already done. As long as the GGR is in effect, organizations around the world will be restricted in providing quality, comprehensive care to their beneficiaries. Ending this destructive policy would save thousands of lives and benefit countless others.

---

## THE GLOBAL GAG RULE: A TIMELINE OF POLICY AND LEGAL ACTIONS

**1984** At the International Conference on Population and Development held in Mexico City in August, the Reagan Administration announces “The Mexico City Policy,” or the “global gag rule.” Foreign NGOs that receive U.S. family planning assistance must certify through a Standard Provision—as a condition of funding—that they will not use their own, non-U.S. funds to perform, advise on, or endorse abortion as a method of family planning. The policy includes exceptions for abortions performed in cases of rape, incest, and life endangerment.

### **1989 DKT Mem'l Fund Ltd. v. Agency for Int'l Dev., 887 F.2d 275, 278 (D.C. Cir. 1989)**

In the first court challenge on whether the GGR violates domestic NGOs’ First Amendment free speech rights, the majority finds that the policy does not infringe, as the certification requirement of the GGR does not restrict the domestic NGO from using its private funds for abortion services, nor for abortion promotion, and does not require the foreign NGO to promote U.S. government policy with its own funds.

### **1990 Planned Parenthood Fed'n of Am., Inc. v. Agency for Int'l Dev., 915 F.2d 59 (2d Cir. 1990)**

The domestic NGO Planned Parenthood Federation of America alleges that the GGR infringes on their First Amendment rights to freely associate and collaborate with foreign NGOs, such as Planned Parenthood's foreign affiliates. The court rejects this, finding “no constitutional rights implicated” because domestic NGOs can use their own private funds to pursue abortion-related activities in foreign countries, and that any harm is the result of foreign NGOs choosing to take USAID funds.

### **1990 Pathfinder Fund v. Agency for Int'l Dev., 746 F. Supp. 192 (D.D.C. 1990)**

In this challenge, the court addresses an issue left undecided in DKT International (1989). It considers whether the GGR infringes upon the First Amendment right of expressive association of Pathfinder and two other domestic NGOs. The court holds that the NGOs’ right of expressive association is not infringed upon and that the Standard Provision does not impose a “substantial burden” on Pathfinder et al. The court determines that the Standard Provision is “rationally related” to the government’s interests and that it is constitutional as applied.

**1993** President Bill Clinton rescinds the global gag rule on January 22.<sup>70</sup>



**1999** A modified global gag rule is written into law as a “one-year deal” by the Republican Congress. President Bill Clinton signs in exchange for the release of more than \$1 billion of unpaid United Nations (UN) dues.

**2000** After the one-year legislative restriction lapses, the GGR is not in effect.<sup>71</sup>

**2001** President George W. Bush reimposes the GGR in a memorandum on January 22.<sup>72</sup> In March, he issues an additional presidential memorandum that permits post-abortion care but requires foreign NGOs to certify that they do not “perform or actively promote abortion as a method of family planning” as a condition of receiving U.S. family planning assistance.<sup>73</sup> Assistance is defined to include not just funds, but also the provision of technical assistance, customized training, and commodities, including contraceptive supplies. Medical equipment purchased with U.S. funds, as well as facilities supported by U.S. funds, may not be used to provide abortion services as a method of family planning.

**2002 CRLP v. Bush, 304 F.3d 183 (2d Cir. 2002)**

This case is brought against the Bush Administration by a U.S.-based human rights organization and individually named international human rights attorneys and asserts that the GGR violates their free speech, due process, and equal protection rights by impeding their ability to work overseas with women’s rights organizations that seek law reform to expand access to abortion. The free speech claim is denied based on the Planned Parenthood decision; the due process claim is rejected for lack of standing (the organizations harmed by vague language are foreign NGOs, not CRLP); and the equal protection claim is rejected because the U.S. “Supreme Court has made clear that the government is free to favor the anti-abortion position over the pro-choice position, and can do so with public funds.”<sup>74</sup>

**2003** President George W. Bush issues a memorandum on August 29 that extends the GGR to include funding from the Department of State.<sup>75</sup> The memorandum states that the GGR does not apply to funding for the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) and states that “foreign NGOs” do not include multilateral organizations such as the UN Population Fund (UNFPA) and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

**2009** President Barack Obama rescinds the global gag rule on January 23.<sup>76</sup>

**2017** In a dramatic expansion of previous iterations, President Donald Trump imposes his global gag rule via presidential memorandum on January 23.<sup>77</sup> For the first time, the memorandum directs the Secretary of Health and Human Services, in addition to the Secretary of State and USAID Administrator, to “extend the requirements of the reinstated

Memorandum to global health assistance furnished by all departments or agencies.” On March 2, USAID begins implementation of Trump’s GGR with a new Standard Provision that applies only to family planning assistance. On May 15, the Department of State announces an expansion plan, called “Protecting Life in Global Health Assistance,” that applies to foreign NGOs that receive all U.S. global health assistance, including for maternal and child health, HIV and AIDS, and malaria.

**2018** On February 6, 2018, the State Department releases findings from its six-month review of Trump’s GGR.<sup>78</sup> The review provides clarification on the type of “financial support” foreign NGOs subject to the policy can provide to other foreign NGOs that conduct abortion-related work. It affirms that the GGR restrictions apply to training and technical assistance received by compliant NGOs. It does not include any findings on the impact of the policy to date, but states a further review will be conducted by December 15, 2018.

<sup>1</sup> Abortion as a method of family planning is defined as “for the purpose of spacing births.” This includes for the physical or mental health of the woman.

<sup>2</sup> See Memorandum on Restoration of the Mexico City Policy, 37 WEEKLY COMP. PRES. DOC. 216 (Jan. 22, 2001); Restoration of the Mexico City Policy, 66 Fed. Reg. 17,303 (Mar. 29, 2001).

<sup>3</sup> The Mexico City Policy, 82 Fed. Reg. 8,495 (Jan. 25, 2017).

<sup>4</sup> Press Release, U.S. Department of State, Protecting Life in Global Health Assistance (May 15, 2017), available at <https://www.state.gov/r/pa/prs/ps/2017/05/270866.htm>.

<sup>5</sup> U.S. Department of State, PRM Press Guidance, Implementation of Protecting Life in Global Health Assistance (Formerly known as the “Mexico City Policy”) (May 15, 2017), at 1 (on file with the Center for Health and Gender Equity (CHANGE)).

<sup>6</sup> HENRY J. KAISER FAMILY FOUNDATION (KAISER FAMILY FOUNDATION), THE MEXICO CITY POLICY: AN EXPLAINER 1 (2018), available at <http://files.kff.org/attachment/Fact-Sheet-The-Mexico-City-Policy-An-Explainer>.

<sup>7</sup> UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT, STANDARD PROVISIONS FOR NON-U.S. NONGOVERNMENTAL ORGANIZATIONS: A MANDATORY REFERENCE FOR ADS CHAPTER 303 86-87 (2017), available at <https://www.usaid.gov/sites/default/files/documents/1868/303mab.pdf>.

<sup>8</sup> KAISER FAMILY FOUNDATION, THE U.S. GOVERNMENT AND GLOBAL HEALTH 1 (2017), available at <http://files.kff.org/attachment/fact-sheet-The-US-Government-and-Global-Health>.

<sup>9</sup> See U.S. PRESIDENT’S EMERGENCY PLAN FOR AIDS RELIEF, STRATEGY FOR ACCELERATING HIV/AIDS EPIDEMIC CONTROL (2017-2020) 4 (2017), available at <https://www.pepfar.gov/documents/organization/274400.pdf>.

<sup>10</sup> GUTTMACHER INSTITUTE, ADDING IT UP: INVESTING IN CONTRACEPTION AND MATERNAL AND NEWBORN HEALTH, 2017 1 (2017), available at <https://www.guttmacher.org/sites/default/files/factsheet/adding-it-up-contraception-mnh-2017.pdf>.

<sup>11</sup> *Id.* at 2.

<sup>12</sup> *Id.* at 2-3.

<sup>13</sup> GUTTMACHER INSTITUTE, ABORTION WORLDWIDE 2017: UNEVEN PROGRESS AND UNEQUAL ACCESS 9-10 (2017), available at [https://www.guttmacher.org/sites/default/files/report\\_pdf/abortion-worldwide-2017.pdf](https://www.guttmacher.org/sites/default/files/report_pdf/abortion-worldwide-2017.pdf).

<sup>14</sup> *Id.* at 33.

<sup>15</sup> Sneha Barot & Susan A. Cohen, *The Global Gag Rule and Fights over Funding UNFPA: The Issues That Won’t Go Away*, 18 GUTTMACHER POLICY REVIEW 27, 28-30 (2015) [hereinafter Barot & Cohen, *The Global Gag Rule and Fights over Funding UNFPA*]; Center for Reproductive Rights, Expanded Global Gag Rule Limits Women’s Rights and Endangers Their Well-being (Jan. 15, 2009), <https://www.reproductiverights.org/document/expanded-global-gag-rule-limits-womens-rights->

[and-endangers-their-well-being](#); PAI, HOW THE GLOBAL GAG RULE UNDERMINES U.S. FOREIGN POLICY AND HARMS WOMEN'S HEALTH 2 (2010), available at <http://pai.org/wp-content/uploads/2010/06/PAI-Gag-PIB.pdf>.

<sup>16</sup> Eran Bendavid, Patrick Avila & Grant Miller, *United States aid policy and induced abortion in sub-Saharan Africa*, 89 BULL. WORLD HEALTH ORGAN. 873, 876-877 (2011) [hereinafter Bendavid, Avila & Miller, *United States aid policy and induced abortion in sub-Saharan Africa*]; KELLY M. JONES, INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE, EVALUATING THE MEXICO CITY POLICY: HOW US FOREIGN POLICY AFFECTS FERTILITY OUTCOMES AND CHILD HEALTH IN GHANA 11-21 (2011), available at <http://www.poppov.org/~media/PopPov/Documents/events/6thAnnConf/jones-2011-mexico-city-fertility.pdf> [hereinafter JONES, EVALUATING THE MEXICO CITY POLICY]; Yana Rodgers, *Impact of the Gag: New Estimates*, in THE GLOBAL GAG RULE AND WOMEN'S REPRODUCTIVE HEALTH: RHETORIC VERSUS REALITY (forthcoming 2018) [hereinafter Rodgers, *Impact of the Gag: New Estimates*].

<sup>17</sup> JONES, EVALUATING THE MEXICO CITY POLICY, *supra* note 16, at 13-14.

<sup>18</sup> *Id.* at 17-19.

<sup>19</sup> Barot & Cohen, *The Global Gag Rule and Fights over Funding UNFPA*, *supra* note 15, at 29. See also Barbara B. Crane & Jennifer Dusenberry, *Power and Politics in International Funding for Reproductive Health: the US Global Gag Rule*, 12 REPROD. HEALTH MATTERS 128, 132 (2004) [hereinafter Crane & Dusenberry, *Power and Politics in International Funding for Reproductive Health*]; PAI, ACCESS DENIED: THE IMPACT OF THE GLOBAL GAG RULE IN ETHIOPIA 6 (2005), available at <https://pai.org/wp-content/uploads/2016/12/Access-Denied-The-Impact-of-the-Global-Gag-Rule-in-Ethiopia.pdf> [hereinafter PAI, ACCESS DENIED: ETHIOPIA]; PAI, ACCESS DENIED: THE IMPACT OF THE GLOBAL GAG RULE IN GHANA 2, 6-7 (2005), available at <https://pai.org/wp-content/uploads/2016/12/Access-Denied-The-Impact-of-the-Global-Gag-Rule-in-Ghana.pdf> [hereinafter PAI, ACCESS DENIED: GHANA].

<sup>20</sup> See, e.g., PAI, ACCESS DENIED: U.S. RESTRICTIONS ON INTERNATIONAL FAMILY PLANNING 3 (2003), available at <http://trumpglobalgagrule.pai.org/wp-content/uploads/2017/04/Access-Denied-Executive-Summary.pdf> [hereinafter PAI, ACCESS DENIED: U.S. RESTRICTIONS ON INTERNATIONAL FAMILY PLANNING]. See also Susan A. Cohen, *Global Gag Rule Revisited: HIV/AIDS Initiative Out, Family Planning Still In*, 6 THE GUTTMACHER REPORT ON PUBLIC POLICY 2, 2 (2003); PAI, ACCESS DENIED: THE IMPACT OF THE GLOBAL GAG RULE IN KENYA 3 (2006), available at <http://pai.org/wp-content/uploads/2016/12/Access-Denied-The-Impact-of-the-Global-Gag-Rule-in-Kenya.pdf> [hereinafter PAI, ACCESS DENIED: KENYA].

<sup>21</sup> PAI, ACCESS DENIED: U.S. RESTRICTIONS ON INTERNATIONAL FAMILY PLANNING, *supra* note 20, at 5; PAI, ACCESS DENIED: ETHIOPIA *supra* note 19, at 5; PAI, ACCESS DENIED: GHANA, *supra* note 19, at 1-3, 6; PAI, ACCESS DENIED: KENYA, *supra* note 20, at 1-2; PAI, ACCESS DENIED: THE IMPACT OF THE GLOBAL GAG RULE IN NEPAL 4-6 (2006), available at <http://pai.org/wp-content/uploads/2016/12/Access-Denied-The-Impact-of-the-Global-Gag-Rule-in-Nepal.pdf>; PAI, ACCESS DENIED: THE IMPACT OF THE GLOBAL GAG RULE IN ZAMBIA 6 (2006), available at <https://pai.org/wp-content/uploads/2016/12/Access-Denied-The-Impact-of-the-Global-Gag-Rule-in-Zambia.pdf> [hereinafter PAI, ACCESS DENIED: ZAMBIA]; PAI, ACCESS DENIED: THE IMPACT OF THE GLOBAL GAG RULE IN ZIMBABWE 3 (2005), available at <https://pai.org/wp-content/uploads/2016/12/Access-Denied-The-Impact-of-the-Global-Gag-Rule-in-Zimbabwe.pdf>.

<sup>22</sup> Susan A. Cohen, *The Reproductive Health Needs of Refugees and Displaced People: An Opening for Renewed U.S. Leadership*, 12 GUTTMACHER POLICY REVIEW 15, 16 (2009); Rachel L. Swarns, *U.S. Cuts Off Financing for AIDS Program, Provoking Furor*, NEW YORK TIMES, Aug. 27, 2003, <https://www.nytimes.com/2003/08/27/world/us-cuts-off-financing-for-aids-program-provoking-furor.html>.

<sup>23</sup> Bendavid, Avila & Miller, *United States aid policy and induced abortion in sub-Saharan Africa*, *supra* note 16.

<sup>24</sup> *Id.* at 876-877.

<sup>25</sup> *Id.* at 877.

<sup>26</sup> JONES, EVALUATING THE MEXICO CITY POLICY, *supra* note 16, at 11-12.

<sup>27</sup> *Id.* at 13-21.

<sup>28</sup> Rodgers, *Impact of the Gag: New Estimates*, *supra* note 16.

<sup>29</sup> PAI, ACCESS DENIED: ZAMBIA, *supra* note 21, at 3.

<sup>30</sup> Kelly M. Jones, *Contraceptive Supply and Fertility Outcomes: Evidence from Ghana*, 64 ECON. DEV. AND CULTURAL CHANGE 31, 39-41 (2015).

<sup>31</sup> *Id.* at 54-56, 62-66.

- <sup>32</sup> Barot & Cohen, *The Global Gag Rule and Fights over Funding UNFPA*, *supra* note 15, at 29. See also Crane & Dusenberry, *Power and Politics in International Funding for Reproductive Health*, *supra* note 19, at 132.
- <sup>33</sup> Barot & Cohen, *The Global Gag Rule and Fights over Funding UNFPA*, *supra* note 15, at 29.
- <sup>34</sup> MINISTRY OF HEALTH AND SOCIAL WELFARE, BUREAU OF STATISTICS & ORC MACRO, LESOTHO DEMOGRAPHIC HEALTH SURVEY 2004 233 (2005), available at <https://www.dhsprogram.com/pubs/pdf/FR171/FR171.pdf>.
- <sup>35</sup> CHANGE, PRESCRIBING CHAOS IN GLOBAL HEALTH: THE GLOBAL GAG RULE FROM 1984-2018 40-45 (2018) [hereinafter CHANGE, PRESCRIBING CHAOS IN GLOBAL HEALTH]; Letter from Human Rights Watch to Rex Tillerson, Secretary of State, U.S. Department of State (Oct. 13, 2017), available at <https://www.hrw.org/news/2017/10/26/re-early-impact-protecting-life-global-health-assistance-policy-kenya-and-uganda> [hereinafter Human Rights Watch, Re: Early Impact of the Protecting Life in Global Health Assistance Policy in Kenya and Uganda].
- <sup>36</sup> See, e.g., CHANGE, PRESCRIBING CHAOS IN GLOBAL HEALTH, *supra* note 35, at 52; Human Rights Watch, Re: Early Impact of the Protecting Life in Global Health Assistance Policy in Kenya and Uganda, *supra* note 35.
- <sup>37</sup> CHANGE, PRESCRIBING CHAOS IN GLOBAL HEALTH, *supra* note 35, at 49, 55-56, 87-88; Human Rights Watch, Re: Early Impact of the Protecting Life in Global Health Assistance Policy in Kenya and Uganda, *supra* note 35; PAI, ACCESS DENIED: UGANDA, PRELIMINARY IMPACTS OF TRUMP'S EXPANDED GLOBAL GAG RULE 5-6 (2018), available at [https://pai.org/wp-content/uploads/2018/03/Access-Denied\\_Uganda\\_March-2018.pdf](https://pai.org/wp-content/uploads/2018/03/Access-Denied_Uganda_March-2018.pdf) [hereinafter PAI, ACCESS DENIED: UGANDA]; INTERNATIONAL WOMEN'S HEALTH COALITION (IWHC), REALITY CHECK: YEAR ONE IMPACT OF TRUMP'S GLOBAL GAG RULE 11-12 (2018), available at [https://iwhc.org/wp-content/uploads/2018/05/GGR-Formatted-Report\\_FINAL.pdf](https://iwhc.org/wp-content/uploads/2018/05/GGR-Formatted-Report_FINAL.pdf) [hereinafter IWHC, REALITY CHECK].
- <sup>38</sup> CHANGE, PRESCRIBING CHAOS IN GLOBAL HEALTH, *supra* note 35, at 48-51, 55-56; PAI, ACCESS DENIED: UGANDA, *supra* note 37, at 5-7; IWHC, REALITY CHECK, *supra* note 37, at 11-13; PAI, ACCESS DENIED: NIGERIA, PRELIMINARY IMPACTS OF TRUMP'S EXPANDED GLOBAL GAG RULE 6 (2018), available at <https://pai.org/wp-content/uploads/2018/03/Access-Denied-Nigeria-2.pdf> [hereinafter PAI, ACCESS DENIED: NIGERIA].
- <sup>39</sup> PAI, ACCESS DENIED: NIGERIA, *supra* note 38, at 6-7; PAI, ACCESS DENIED: UGANDA, *supra* note 37, at 5-7; Human Rights Watch, Re: Early Impact of the Protecting Life in Global Health Assistance Policy in Kenya and Uganda, *supra* note 35; CHANGE, PRESCRIBING CHAOS IN GLOBAL HEALTH, *supra* note 35, at 43, 46, 48, 52.
- <sup>40</sup> CHANGE, PRESCRIBING CHAOS IN GLOBAL HEALTH, *supra* note 35, at 49.
- <sup>41</sup> *Id.* at 51-52; PAI, ACCESS DENIED: UGANDA, *supra* note 37, at 6-7.
- <sup>42</sup> PAI, ACCESS DENIED: UGANDA, *supra* note 37, at 5-6.
- <sup>43</sup> Human Rights Watch, Re: Early Impact of the Protecting Life in Global Health Assistance Policy in Kenya and Uganda, *supra* note 35; CHANGE, PRESCRIBING CHAOS IN GLOBAL HEALTH, *supra* note 35, at 36-38, 56-59; PAI, ACCESS DENIED: UGANDA, *supra* note 37, at 8; PAI, ACCESS DENIED: NIGERIA, *supra* note 38, at 7-8.
- <sup>44</sup> CHANGE, PRESCRIBING CHAOS IN GLOBAL HEALTH, *supra* note 35, at 35-38, 71-72, 84; Human Rights Watch, Re: Early Impact of the Protecting Life in Global Health Assistance Policy in Kenya and Uganda, *supra* note 35; IWHC, REALITY CHECK, *supra* note 37, at 16-17; PAI, ACCESS DENIED: UGANDA, *supra* note 37, at 8.
- <sup>45</sup> CHANGE, PRESCRIBING CHAOS IN GLOBAL HEALTH, *supra* note 35, at 41-51; Human Rights Watch, Re: Early Impact of the Protecting Life in Global Health Assistance Policy in Kenya and Uganda, *supra* note 35; PAI, ACCESS DENIED: NIGERIA, *supra* note 38, at 7; PAI, ACCESS DENIED: UGANDA, *supra* note 37, at 5-7; IWHC, REALITY CHECK, *supra* note 37, at 11-13.
- <sup>46</sup> PAI, ACCESS DENIED: NIGERIA, *supra* note 38, at 7.
- <sup>47</sup> CHANGE, PRESCRIBING CHAOS IN GLOBAL HEALTH, *supra* note 35, at 53-54, 56.
- <sup>48</sup> DREAMS Partnership, About DREAMS, <http://www.dreamspartnership.org/aboutdreams/#what-we-do> (last visited Apr. 17, 2018).
- <sup>49</sup> CHANGE, PRESCRIBING CHAOS IN GLOBAL HEALTH, *supra* note 35, at 87-88.
- <sup>50</sup> *Id.* at 70. See also International Planned Parenthood Federation (IPPF), Global Gag Rule - one year on, <https://www.ippf.org/resource/global-gag-rule-one-year> (last visited May 9, 2018) [hereinafter IPPF, Global Gag Rule - one year on].
- <sup>51</sup> PAI, ACCESS DENIED: UGANDA, *supra* note 37, at 5-8.
- <sup>52</sup> *Id.* at 5-6.
- <sup>53</sup> *Id.* at 6.

---

<sup>54</sup> PAI, ACCESS DENIED: NIGERIA, *supra* note 38, at 5-7.

<sup>55</sup> *Id.* at 6-7.

<sup>56</sup> Human Rights Watch, Re: Early Impact of the Protecting Life in Global Health Assistance Policy in Kenya and Uganda, *supra* note 35.

<sup>57</sup> IWHC, REALITY CHECK, *supra* note 37, at 1-2.

<sup>58</sup> IPPF, Global Gag Rule - one year on, *supra* note 50; IPPF, One year on from the Global Gag Rule: The impact in Burundi (Jan. 23, 2018), <https://www.ippf.org/blogs/one-year-global-gag-rule-impact-burundi>.

<sup>59</sup> IPPF, Global Gag Rule - one year on, *supra* note 50.

<sup>60</sup> *Id.*

<sup>61</sup> IPPF, The Global Gag Rule threatens HIV prevention healthcare in Malawi (Jan. 23, 2018), <https://www.ippf.org/blogs/global-gag-rule-threatens-hiv-prevention-healthcare-malawi>.

<sup>62</sup> IPPF, “They are self-confident and outspoken, determined to improve the situation of female sex workers.”, *available at* <https://www.ippf.org/stories/they-are-self-confident-and-outspoken-determined-improve-situation-female-sex-workers> (last visited June 1, 2018).

<sup>63</sup> IPPF, Global Gag Rule - one year on, *supra* note 50.

<sup>64</sup> Marie Stopes International (MSI), Trump’s Global Gag Rule one year on: Marie Stopes International faces \$80m funding gap (Jan. 19, 2018), <https://mariestopes.org/news/2018/1/global-gag-rule-anniversary/> [hereinafter MSI, Trump’s Global Gag Rule one year on]; IPPF, The human cost of the Global Gag Rule (Feb. 9, 2017), <https://www.ippf.org/news/human-cost-global-gag-rule> [hereinafter IPPF, The human cost of the Global Gag Rule].

<sup>65</sup> IPPF, The human cost of the Global Gag Rule, *supra* note 64.

<sup>66</sup> *Id.*

<sup>67</sup> *See, e.g.*, CHANGE, PRESCRIBING CHAOS IN GLOBAL HEALTH, *supra* note 35, at 52-56.

<sup>68</sup> MSI, Trump’s Global Gag Rule one year on, *supra* note 64.

<sup>69</sup> IPPF, The human cost of the Global Gag Rule, *supra* note 64.

<sup>70</sup> Memorandum on the Mexico City Policy, 29 WEEKLY COMP. PRES. DOC. 88 (Jan. 22, 1993).

<sup>71</sup> Center for Reproductive Rights, The Bush Global Gag Rule: Endangering Women’s Health, Free Speech and Democracy (July 1, 2003), *available at* <https://www.reproductiverights.org/document/the-bush-global-gag-rule-endangering-womens-health-free-speech-and-democracy>.

<sup>72</sup> Memorandum on Restoration of the Mexico City Policy, 37 WEEKLY COMP. PRES. DOC. 216 (Jan. 22, 2001).

<sup>73</sup> Restoration of the Mexico City Policy, 66 Fed. Reg. 17,303 (Mar. 29, 2001).

<sup>74</sup> CRLP v. Bush, 304 F.3d 183, 198 (2d Cir. 2002).

<sup>75</sup> Memorandum on Assistance for Voluntary Population Planning, 39 WEEKLY COMP. PRES. DOC. 1124 (Aug. 29, 2003).

<sup>76</sup> Mexico City Policy and Assistance for Voluntary Population Planning, 74 Fed. Reg. 4,903 (Jan. 28, 2009).

<sup>77</sup> The Mexico City Policy, 82 Fed. Reg. 8,495 (Jan. 25, 2017).

<sup>78</sup> U.S. Department of State, Protecting Life in Global Health Assistance Six-Month Review (Feb. 6, 2018), <https://www.state.gov/f/releases/other/278012.htm>.