

Data Sheet

FEBRUARY 2020

Trump's Global Gag Rule

Overview

Trump's expanded Global Gag Rule (GGR) has negatively impacted global health programs overall; from limiting the services provided at local health facilities to stifling civil society dialogue and stalling country-level policies that promote universal sexual and reproductive health and rights (SRHR)¹

As a result of reduced funding, damaged partnerships, and confusion over GGR compliance and implementation, the policy has hindered advocacy efforts to improve sexual and reproductive health (SRH) laws in countries where abortion is either illegal to the fullest extent or only allowed in cases of life endangerment, rape, or incest.² The tension between compliant and non-compliant organizations has dismantled effective partnerships, as well as relationships between organizations and non-U.S. government funders.³ Consequently, some European-funded and private donor-funded projects that are reliant on partnerships with organizations who are compliant with the GGR have been limited in their operations or have closed.⁴

Since the policy was expanded under Trump, anti-choice discourse and stigma around abortion as a component of comprehensive SRH has increased -- even in countries where abortion is legal.⁵ There are global and country-level impacts of this policy ranging across all areas of health care service delivery that are supported by U.S. global health assistance. This document summarizes published data on the global and country-level impacts of the GGR on SRHR as of February 2020.



Cover of the report, *Prescribing Chaos in Global Health: The Global Gag Rule from 1984-2018*.

Global impacts

- Trump's GGR restricts access to SRH information and comprehensive family planning (FP) and HIV and AIDS programming for pregnant women, adolescent girls and young women (AGYW), women living with HIV, women in rural areas, orphans and vulnerable children, and LGBTQI+ patients due to funding cuts and service delivery closures.⁶
- Trump's GGR weakens health systems and increases the risk of the de-integration of FP and HIV services due to disruptions to funding streams, referral systems, and service delivery.⁷ Organizations report having to make a choice between continuing to provide comprehensive SRH information and services or to accept U.S. global health assistance funding, which restricts their services and programs.⁸
 - 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.⁹

- Trump's GGR impacts the work of national governments funded by the President's Emergency Plan for AIDS Relief (PEPFAR) or in partnership with gagged organizations across the spectrum of health services, including SRH services, HIV prevention, care, and treatment programs, and maternal health services.¹⁰
 - 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.¹¹
 - 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.¹²
- The expanded GGR applies to some Water, Sanitation, and Hygiene (WASH) programs. Organizations that cannot comply have lost WASH money, which limits their ability to provide services such as handwashing promotion interventions, antimicrobial resistance activities, neglected tropical disease activities, and prevention and treatment of WASH-related illnesses.¹³
- Unintended pregnancy rates could rise further in countries where FP service provision and referral systems have been disrupted because organizations historically responsible for providing such services no longer receive USAID FP funding due to the GGR.¹⁴
- Under Trump's GGR, providers in some public health facilities are unable to provide comprehensive abortion services, which can push women to seek unsafe alternatives.¹⁵
- Marie Stopes International (MSI) predicts that, as a result of the expanded GGR, 1.4 million women around the world will go without access to MSI services and care by 2020 which could lead to approximately 1.8 million unintended pregnancies, 600,000 unsafe abortions, and 4,600 avoidable maternal deaths.¹⁶
- The International Planned Parenthood Federation (IPPF) estimates that the loss of funding due to the GGR 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.¹⁷

Country-level impacts

- 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 GGR. 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.¹⁸
- The Family Guidance Association of **Ethiopia** lost funds from the CDC for a five-year grant to run sex worker-friendly clinics in the country. Without the temporary replacement of these funds from the Dutch government, 10 of these clinics would have closed, cutting off services for 15,000 female sex workers, and almost 800,000 additional patients who would lose access to life-saving services.¹⁹
- Reproductive Health Network **Kenya** (RHNK) had provided training for health care providers on integrated SRH services. As a result of Trump's GGR, 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.²⁰
- In **Kenya**, an organization serving young women and sex workers had to sign onto Trump's GGR 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
- An organization in **Kenya** had to close a quarter of their programs due to loss of U.S. funding, resulting in over 40,000 AGYW not receiving information on FP.²²
- 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.²³
- Trump's GGR reduces access to crucial health services among marginalized populations.²⁴ In **Malawi**, Trump's expanded GGR has impacted access to HIV prevention, care, and treatment services for people living in rural areas, AGYW, men who have sex with men (MSM), sex workers, and other key populations (KPs) through PEPFAR programming.²⁵
 - The Family Planning Association of Malawi (FPAM) operates a national network of SRH clinics for female sex workers and people who have experienced sexual and gender-based violence (GBV). FPAM could not comply with the GGR 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 for MSM, sex workers, and other KPs. FPAM's work through LINKAGES had trained sex workers to be peer educators in an effort to reduce HIV among KPs, and it had to lay off staff and deny approximately 8,000 services to clients as a result of the expanded GGR.²⁶ It is predicted that this will cause a ripple effect on HIV prevalence.²⁷

- Banja La Mtsogolo (BLM), the MSI affiliate in Malawi, was a prime partner of PEPFAR's Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) program that supports HIV prevention, treatment, and care services for AGYW. BLM was unable to comply with Trump's expanded GGR and were forced to close clinics due to the loss in funding.²⁸
- Trump's GGR has halted national progress for Malawi's national Termination of Pregnancy Bill, which would allow for safe abortion services in select cases. Advocacy efforts related to the Bill have been slowed by Trump's GGR due to the loss of partners who are able to participate in the Coalition of Prevention of Unsafe Abortion in Malawi (COPUA), the primary coalition that leads Malawi's legal reform for safe abortion and developed the Termination of Pregnancy Bill.²⁹
- Confusion about the implementation of Trump's GGR is widespread and caused organizations in Malawi to decline participating in research related to U.S. global health assistance because they believed participating in such research is in violation of Trump's GGR, though participating in research is not prohibited by the policy.³⁰
- In **Mozambique**, the Mozambican Association for Family Development (AMODEFA) closed 10 out of 20 (50%) of its youth-friendly clinics across the country, terminated 30 percent of its staff, and lost 500 community health workers who worked on HIV prevention as a result of Trump's GGR.³¹
 - AMODEFA also discontinued a DREAMS initiative as a result of Trump's GGR, laying off almost 90 percent of their community health workers in their clinic in the Xai-Xai district.³²
 - Organizations serving LGBTQI+ populations in **Mozambique** have also been impacted by AMODEFA's clinics closing as a result of Trump's GGR, which cuts off SRHR services for LGBTQI+ populations, in particular, adolescent-age lesbians who experience higher rates of unplanned pregnancy than heterosexual women.³³
- 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 GGR, limiting opportunities for local NGOs to provide services in their community.³⁴
- 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 GGR and discontinued vital integrated HIV services like night clinics that predominantly serve sex workers.³⁵
- Although **Nepal** has made monumental progress in addressing maternal mortality and morbidity, Trump's GGR threatens to stall or reverse this progress by undermining the constitutionally guaranteed rights of Nepal's citizens to comprehensive SRH services.³⁶
- 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.³⁷
- In **Nigeria**, one FP organization estimates that if not for Trump's GGR, it would have reached an additional 8 million women and averted up to 15,000 maternal deaths by the end of the 2020 with USAID-funded programming.³⁸
- 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.³⁹
- Trump's GGR limits the ability of USAID programming to increase local ownership of programs and activities. In **Nigeria**, a local organization shut down a crucial women's health program and laid off 40 staff members in order to comply with the policy.⁴⁰
- The **Senegal** chapter of MSI lost 45 percent of their budget from the loss of U.S. government (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.⁴¹
- The **Senegal**-based IPPF affiliate, ASBEF, does not receive USG funding, but was in the process of submitting a USAID proposal. Because of Trump's GGR, the prime partner ended the proposal process, rendering ASBEF unable to provide mobile outreach services to 30,000 to 50,000 new patients. Additionally, due to the decrease in UNFPA funding, ASBEF has served 30,000 fewer clients since Trump's GGR was enacted.⁴²
- Due to Trump's GGR, advocacy efforts in **Senegal** to

create a national safe abortion law have come to a halt as the central organization in the campaign had to stop all advocacy efforts to continue receiving U.S. funds.⁴³

- The loss of funding has also led to a loss of partnerships with U.S. organizations on contraceptive distribution and stockouts. 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.⁴⁴
- 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 GGR. As a result, survivors of GBV cannot access crucial medical and social services that they need.⁴⁵
- In **South Africa**, an NGO based in Cape Town providing GBV services to predominantly migrant women and women from low-income households decided to close their clinic that had provided abortion services in order to be compliant with the GGR and receive U.S. funding. The closure of this clinic fundamentally decreased the services, materials, and information provided to their clients and target population, who face increased institutional barriers to receiving care elsewhere.⁴⁶
- 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 GGR.⁴⁷
- In **Uganda**, Trump's GGR has led organizations to stop trainings on treating post-partum hemorrhage and post-abortion care using misoprostol. While misoprostol is used in medication abortion, it is also widely used to treat post-partum hemorrhage and in post-abortion care. Without proper training on how to administer misoprostol and when it is allowed under Ugandan law, health workers are unable to discuss this treatment option with patients and communities.⁴⁸
- In **Zimbabwe**, Trump's GGR forced Population Services Zimbabwe to scale back its outreach by 50 percent, closing 600 local health facilities, leaving half of its 150,000 beneficiaries without FP and SRH services.⁴⁹
- In **Zimbabwe**, one DREAMS implementing organization, Roots, can no longer accept U.S. funding due to the GGR. As a result, Roots stopped all of their DREAMS programming, leaving young women without access to SRHR information and left out of economic and enrichment activities.⁵⁰

Endnotes

1. See generally Center for Health and Gender Equity (CHANGE), Prescribing Chaos in Global Health: The Global Gag Rule from 1984-2018 (2018), available at http://www.genderhealth.org/files/uploads/change/publications/Prescribing_Chaos_in_Global_Health_full_report.pdf [hereinafter CHANGE, Prescribing Chaos in Global Health].
2. Id. at 36-38; Constanca Mavodza et al., The impacts of the global gag rule on global health: a scoping review, 4 Global Health Research and Policy 17 (2019), [hereinafter Mavodza et al., The impacts of the global gag rule on global health: a scoping review]; PAI, Access Denied: Uganda, Preliminary Effects of Trump's Expanded Global Gag Rule 8 (2018), available at https://pai.org/wp-content/uploads/2018/03/Access-Denied_Uganda_March-2018.pdf [hereinafter PAI, Access Denied: Uganda].
3. PAI, Access Denied: Nepal, Preliminary Effects of Trump's Expanded Global Gag Rule 10-11, 13-14 (2018), available at <https://pai.org/wp-content/uploads/2018/09/Access-Denied-Nepal-Brochure-V6.pdf> [hereinafter PAI, Access Denied: Nepal]; PAI, Access Denied: Ethiopia, Preliminary Effects of Trump's Expanded Global Gag Rule 8-11 (2018), available at <https://pai.org/wp-content/uploads/2018/07/Access-Denied-Ethiopia-JULY-2018.pdf> [hereinafter PAI, Access Denied: Ethiopia].
4. PAI, Access Denied: Ethiopia, supra note 3, at 10.
5. Id. at 7-8; PAI, Access Denied: Nepal, supra note 3, at 13-14; 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].
6. amfAR, The Effect of the Expanded Mexico City Policy on HIV/AIDS Programming: Evidence from the PEPFAR Implementing Partners Survey 4-5 (2019), available at https://www.amfar.org/uploadedFiles/_amfarorg/Articles/On_The_Hill/2019/IB-1-31-19a.pdf [hereinafter amfAR/amfAR, The Effect of the Expanded Mexico City Policy on HIV/AIDS Programming]; IWHC, Crisis in Care, supra note 5, at 21-23.
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8. 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/GGR-Formatted-Report_FINAL.pdf [hereinafter IWHC, Reality Check].
9. Sherwood et al., Mapping the impact of the expanded Mexico City Policy for HIV/ family planning service integration, supra note 8, at 9.
10. IWHC, Crisis in Care, supra note 5, at 18-19.
11. amfAR, The Effect of the Expanded Mexico City Policy on HIV/AIDS Programming, supra note 6, at 3-5.
12. Id.; see also Sherwood et al., Mapping the impact of the expanded Mexico City Policy for HIV/ family planning service integration, supra note 8, at 5-7.

13. WaterAid & PAI, How the Expanded Global Gag Rule Affects Water, Sanitation and Hygiene (WASH) 4 (2019), available at <https://pai.org/wp-content/uploads/2019/06/PAI-3285-PAI-and-Wateraid-FINAL.pdf>.
14. Sherwood et al., Mapping the impact of the expanded Mexico City Policy for HIV/ family planning service integration, supra note 8, at 9.
15. IWHC, Reality Check, supra note 7, at 10-11.
16. A World Without Choice: The Global Gag Rule, Marie Stopes International (MSI) United States, <https://www.mariestopes-us.org/mexico-city-policy/> (last visited Jan. 13, 2020).
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19. PAI, Access Denied: Ethiopia, supra note 3, at 6.
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21. IWHC, Crisis in Care, supra note 5, at 13.
22. Id. at 15.
23. Id. at 21.
24. See Frontline AIDS, Early Warning Signs: The actual and anticipated impact of the Mexico City Policy on the HIV response for marginalised people in Cambodia and Malawi (2019), available at <https://frontlineaids.org/wp-content/uploads/2019/03/FrontlineAIDS-MexicoCityPolicy-Report-A4-WEB.pdf>.
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27. Id.
28. CHANGE, A Powerful Force, supra note 25, at 22-23.
29. Id. at 17-20, 24-25.
30. Id. at 25.
31. CHANGE, Prescribing Chaos in Global Health, supra note 1, at 70, 74; see also Global Gag Rule - one year on, IPPF, supra note 24.
32. CHANGE, Prescribing Chaos in Global Health, supra note 1, at 43.
33. Id. at 46.
34. Id. at 35.
35. Id. at 47-48.
36. IWHC, Crisis in Care, supra note 5, at 13-14.
37. PAI, Access Denied: Nepal, supra note 3, at 9-10.
38. PAI, Access Denied: Nigeria, Preliminary Effects of Trump's Expanded Global Gag Rule 7 (2018), available at <https://pai.org/wp-content/uploads/2018/03/Access-Denied-Nigeria-2.pdf> [hereinafter PAI, Access Denied: Nigeria].
39. IWHC, Crisis in Care, supra note 5, at 15.
40. PAI, Access Denied: Nigeria, supra note 33, at 6-7.
41. PAI, Access Denied: Senegal, Preliminary Effects of Trump's Expanded Global Gag Rule 5 (2018), available at <https://pai.org/wp-content/uploads/2018/12/Access-Denied-Senegal.pdf>.
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47. PAI, Access Denied: Uganda, supra note 2, at 6.
48. Id. at 8.
49. CHANGE, Prescribing Chaos in Global Health, supra note 1, at 87-88.
50. Id. at 44-45.