October 13, 2017

The Honorable Rex Tillerson
Secretary of State
2201 C Street, NW
Washington, DC 20520

Sent via electronic mail to plgha@state.gov

Re: Protecting Life in Foreign Assistance Policy – Six-Month Review

Dear Secretary Tillerson,

As organizations dedicated to promoting global health and advancing women's rights, we are writing to alert you to the harmful effects of the administration's Protecting Life in Global Health Assistance (PLGHA) policy, a dramatic and dangerous expansion of the Mexico City Policy. Belying its name, the policy jeopardizes the lives of countless people worldwide by reducing access to safe abortion services, family-planning services, and life-saving health services. And by dictating to foreign non-governmental organizations how they can spend their own (non-U.S.) funds, the policy also betrays the democratic ideals and values U.S. foreign-assistance policy is intended to help foster. As the former Ghanaian minister of health has noted, the policy "results in more unwanted pregnancies, more unsafe abortions, and more deaths of women and girls. We who have seen those effects first-hand can no longer tolerate silence about [its] tragic effects."[1] The administration should immediately rescind this misguided and harmful policy.

As a preliminary matter, while we appreciate the administration's commitment to conduct a "comprehensive" review after six months, we are concerned that many of the policy's harmful effects will surface over the coming years, as new grants and cooperative agreements are signed and existing ones are renewed. Indeed, as you are aware, 110 civil-society organizations, including health, faith, and human rights groups, recently urged the State Department to conduct annual reviews of the policy to understand the impact of the policy over the long term. Nonetheless, we are already starting to see some of the harmful impacts of the policy. These present-day observations, coupled with a number of quantitative and qualitative studies conducted when a much-scaled-down version of the Mexico City Policy was in effect under President George W. Bush, lead us to conclude that we are witnessing the tip of the iceberg. We anticipate seeing an escalation of harm over the coming months and years; rescinding the policy now will avert these harms.

PLGHA is Likely to Increase Abortions, Especially Unsafe Abortions, Jeopardizing Women's Lives

Evidence suggests PLGHA will increase abortions, and in particular, unsafe abortions, putting women's lives at risk. A 2011 study by Stanford University researchers published in the Bulletin of the World Health Organization found that abortion rates *increased* across 20 African countries during the duration of the Mexico City Policy, even when controlled for a variety of potential confounding factors.[2] The study found "robust empirical patterns suggesting that the Mexico City Policy is associated with increases in abortion rates" in

---

[1] Quoted in Center for Reproductive Rights, *Breaking the Silence: The Global Gag Rule's Impact on Unsafe Abortion* (2003), at 4, *available at* https://www.reproductiverights.org/sites/default/files/documents/bo_ggr.pdf.
[2] Bendavid et al., *United States Aid Policy and Induced Abortions in Sub-Saharan Africa*, 89 BULLETIN OF THE WORLD HEALTH ORGANIZATION 873-80 (2011) (The study controlled for variables such as fixed effects related to the country and the year of reporting, the women's place of residence and educational level, the use of modern contraceptives, and the receipt of funding for family planning activities from sources outside the United States.), http://www.who.int/bulletin/volumes/89/12/11-091660/en/.

sub-Saharan Africa. While safe abortions undertaken by trained medical personnel are safer than childbirth, unsafe abortions kill tens of thousands of women each year, almost entirely in the developing world. Restrictions on access to abortion do not decrease abortion but instead make them less safe by pushing them underground, increasing maternal deaths.[3] By increasing the rates of unsafe abortion, PLGHA jeopardizes women's lives. This is particularly true given that the new policy applies to global health assistance (including areas of health such as HIV/AIDS and Zika, which are closely linked to sexual and reproductive health) rather than being limited to international family planning—representing a more-than-fourteen-fold expansion in affected funds.

Groups affected by PLGHA are modeling the anticipated impact of the policy. Marie Stopes International, just one of many providers losing funding due to the new policy, estimates that its U.S. funding would have provided modern contraception to 1.5 million people annually. This funding would have resulted in an estimated 1.6 million unintended pregnancies prevented, 530,000 abortions averted, and 5,265 maternal deaths averted annually.[4]

Although the current policy has not even been in effect for six months, we are already starting to see the warning signs of a similar impact. A Human Rights Watch investigation in July of this year noted that a major Kenyan regional health organization indicated its intent to comply with PLGHA to protect its funding.[5] The organization noted, however, that it is the main entity providing government healthcare workers with training and equipment to provide safe abortion care and post-abortion care in compliance with Kenyan law in one of the regions where it works. That work will now face disruptions, reducing access to safe abortion. This is particularly worrisome in light of the fact that Kenya liberalized its abortion laws in 2010 in response to the fact that previously, at least 2,600 Kenyans died annually from unsafe abortions.[6]

Indeed, in a May 2017 interview, the Executive Director of the Kisumu Medical and Education Trust (KMET), an organization that provides and advocates for comprehensive reproductive health services in rural and under-served communities in Kenya, stated that, "[t]he reinstating of the Global Gag Rule [PLGHA] is really worrying everybody because of the gains we had seen in the past few years. We are very worried that we are going to take a reverse gear and we'd be seeing many women again dying from unsafe abortion."[7] By not signing PLGHA, KMET also stands to lose significant U.S. funding for postpartum hemorrhage, cutting off critical services for women in an area where maternal mortality is already very high. KMET anticipates that the policy will lead to a reversal of recent progress toward lowering numbers of maternal deaths.

Similarly, in Uganda, the Coalition to Stop Maternal Mortality Through Unsafe Abortion has been campaigning for a less restrictive law on abortion and for the Ugandan government to provide clarity on the legal status of abortion. The coalition's members speak in the media and produce reports that provide public information on the dangers of unsafe abortion. Due to the expanded Mexico City Policy, at least four

---

[3] Bela Ganatra *et al.*, *Global Regional, and Subregional Classificiation of Abortions by Safety, 2010-2014: Estimates from a Bayesian Hierarchical Model*, THE LANCET, published online Sept. 27, 2017, *available at* http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31794-4/fulltext ("the proportion of unsafe abortions was significantly higher in countries with highly restrictive abortion laws than in those with less restrictive laws"); World Health Organization, *Safe Abortion Technical and Policy Guidance for Health Systems*, pp. 23, 90, 94 (2012); Gilda Sedgh *et al.*, *Induced Abortion: Incidence and Trends Worldwide From 1995 to 2008*, THE LANCET 379, No. 9816 (2012): 625-632.

[4] Marie Stopes International, *The Mexico City Policy: A World Without Choice*, https://www.mariestopes.org/what-we-do/our-approach/policy-and-advocacy/the-mexico-city-policy-a-world-without-choice/ (last visited Oct. 2, 2017).

[5] Human Rights Watch, *Early Impact of the Protecting Life in Global Health Assistance Policy in Kenya and Uganda*, October 2017.

[6] Center for Reproductive Rights, *In Harm's Way: The Impact of Kenya's Restrictive Abortion Law* (2010), *available at* https://www.reproductiverights.org/feature/in-harms-way-the-impact-of-kenyas-restrictive-abortion-law.

[7] International Women's Health Coalition, *The Human Cost of the Global Gag Rule: A Kenyan Story*, https://iwhc.org/videos/human-cost-global-gag-rule-kenyan-story/ (last visited Oct. 3, 2017).

organizations of the coalition expect that they will have to leave the coalition or at least end their work on pushing the government to clarify the law on abortion and liberalize safe abortion care. A representative of one such organization said, "We do not want to drop from the coalition, we see cases of unsafe abortion every day."[8] Another organization expressed similar sentiments: "Our [staff] are working at the community level, they really see the harm caused by unsafe abortion."[9]

PLGHA Will Reduce Access to Health Services, Jeopardizing Women's Health and Lives

We also know that the PLGHA will reduce access to vital health commodities and services as organizations that are unable or unwilling to comply with the policy lose vital U.S. global health assistance funds. In 2007, the former Executive Director of the Planned Parenthood Association of Ghana testified before the House Foreign Affairs Committee that the Mexico City Policy forced the organization to lay off more than 1,000 community-based health workers, which she described as "the backbone of family planning outreach for rural Ghanaians." The organization also lost U.S.-donated contraceptive supplies and began experiencing shortages.

We are witnessing similar reductions in access to family planning, putting women's health and lives at risk. For example, according to Human Rights Watch, Family Health Options Kenya (FHOK) is facing a potential loss of 60 percent of its funding, and it may have to cut as many as half of its services. FHOK has already stopped 100 outreach efforts, including for cervical cancer screening, HIV testing, and family planning counseling, that typically reach 100 people each time.[10] FHOK may be forced to close additional clinics or reduce services where they are the only provider, for example in an informal settlement in Nairobi. PLGHA is especially pernicious because groups that are now losing U.S. funding were initially chosen as grantees or sub-grantees because they were the best placed and qualified to do the work. Often, there may not be comparable alternatives.

It is hard to overstate the impact of PLGHA and the dramatic way it expands the previous Mexico City Policy. Not only are international family planning programs affected, but also all global health programs, including the President's Emergency Plan for AIDS Relief (PEPFAR), which has provided anti-retroviral therapy to 11.5 million people, including 1.1 million children, and supported HIV testing and counseling for almost 75 million people. It also affects programs focused on Zika and malaria, where access to reproductive health services is especially crucial to women's health and well-being. The linking of the Mexico City Policy to PEPFAR and programs on Zika and Malaria forces organizations to make cruel choices between providing lifesaving antiretroviral and antimalarial therapy and access to lifesaving reproductive health services.

The forced choice is already becoming apparent. According to Human Rights Watch, a Kenyan organization connecting sex workers to HIV/AIDS services had to make such a choice, with the director saying, "We had to take PEPFAR money because our women are dying of HIV . . . [But] we [also] have women and girls dying in the slums because they can't get safe abortions."[11]

PLGHA Undermines International Human Rights

Reproductive rights are human rights, a fact recognized by the United States in 1994 at the International

---

[8] Human Rights Watch, *Early Impact of the Protecting Life in Global Health Assistance Policy in Kenya and Uganda*, October 2017.
[9] *Ibid.*
[10] *Ibid.*
[11] *Ibid.*

Conference on Population and Development,[12] and reflected in the inclusion of a "reproductive rights" section within the annual State Department Country Reports. These rights apply to national laws as well as the policies of donor states. The threat the policy poses to women's lives undermines rights guaranteed under international law.[13] Family planning programs should provide accessible, complete and accurate information about "the widest possible range of safe and effective family planning methods."[14]

PLGHA Has Been Imposed Far More Broadly than Intended

While PLGHA is a destructive policy in its own right, it has also been imposed far more broadly than intended. We have direct knowledge of PLGHA being imposed on women's leadership training programs, sanitation programs, land-use programs, and disability-rights programs. None of these are global health programs, yet all have been asked to comply with PLGHA, either by U.S. government actors or by organizations that subgrant U.S. funds.

A Human Rights Watch investigation found that few of the civil-society groups it spoke to had received any direct communications or explanations of the policy from the U.S. grant administrators, and almost none of those who are directly working with communities to implement programs had received communications. Many organizations had outstanding questions about PLGHA's scope and implementation; whether the policy applies to specific parts of their programming; how it affects access to U.S. government-funded commodities; and how it affects their ability to partner with groups that do not sign the policy.

* * *

We are beginning to see the policy's harmful effects, and based on our experience with the previous version of the Mexico City Policy, which applied to far fewer funds and programs, we anticipate seeing significant impacts over the coming months and years. We urge you to consider the impact of the policy on the health, wellbeing, and rights of women and girls worldwide as you conduct your review. A fair assessment of the evidence leads to an inexorable conclusion: PLGHA is a dangerous policy that should be rescinded immediately.

Advocates for Youth
American Civil Liberties Union
American Congress of Obstetricians and Gynecologists
amfAR, The Foundation for AIDS Research
Association of Reproductive Health Professionals
AVAC
CARE USA
Catholics for Choice
Center for Health & Gender Equity (CHANGE)
Center for Reproductive Rights
FHI 360
Global Doctors for Choice
Handicap International
Human Rights Campaign
Human Rights Watch
Ibis Reproductive Health
International Women's Health Coalition
Ipas
Management Sciences for Health
Population Council
Population Services International
Women's Refugee Commission
Woodhull Freedom Foundation

---

[12] *Programme of Action of the International Conference on Population and Development*, at para. 7.3, in REPORT OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT, U.N. Doc. A/CONF.171/13 (1994) ("ICPD").
[13] *See e.g.*, Human Rights Committee, *Concluding Observations: Panama*, para. 9, U.N. Doc. CCPR/C/PAN/CO/3 (instructing the state party to change a law to help women "avoid unwanted pregnancies…so that they do not have to resort to illegal abortions that could endanger their lives").
[14] ICPD at para. 7.23.

cc:

The Honorable Mark Green
Administrator, U.S. Agency for International Development