



Policy Briefing: The GGR and its impacts

A briefing to state IPPF's position on the Trump administration's expanded Global Gag Rule (GGR), consider the early impacts of the GGR and situate the GGR within a larger global context.

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I. Introduction: About IPPF and this briefing

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of 152 national organizations working with and for communities and individuals in 172 countries. IPPF works towards a world where all people everywhere have control over their own bodies, and, therefore, their own destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations.

IPPF is directly affected by the 'Mexico City Policy', otherwise known as the Global Gag Rule (GGR) and renamed and expanded under the Trump administration as the 'Protecting Life in Global Health Assistance' (PLIGHA). This briefing uses the term 'the GGR'.

This briefing is intended for advocates and professionals working within the sexual and reproductive health and rights (SRHR) and women's rights sectors. It seeks to:

1. State IPPF's position on the GGR;
2. Document past experiences of working under the GGR;
3. Demonstrate some of the initial impacts of the GGR on IPPF's service provision and advocacy efforts;

4. Consider the impacts of the re-enactment and expansion of the GRR on women's rights within the current global political and financial landscape; and,
5. Conclude with key recommendations for advocates to take forward.

II. IPPF's position on the GGR

The Global Gag Rule bans international organizations that receive any global health funding, including but not limited to USAID, from providing abortions, counselling for abortions, or otherwise acknowledge abortion as a pregnancy option and as part of family planning and sexual and reproductive healthcare. This includes referring a woman or girl to an abortion provider if they want an abortion.¹ The GGR also affects organizations who advocate for the legalization of abortion, which will greatly impact on countries with more legal restrictions on abortion. This includes referring a woman or girl to an abortion provider if they want an abortion.²

IPPF believes in the right of women and girls to decide about their own health and wellbeing, including in the right to decide if and when she wants to be pregnant. IPPF Member Associations will not deny life-saving healthcare services to any woman, especially to the world's poorest women who are disproportionately affected by the GGR.

III. The Global Gag Rule: A history of impacts

President Ronald Reagan announced the first iteration of the Global Gag Rule policy at the International Conference on Population in Mexico City in 1984. The core restrictions of the GGR are²:

1. Foreign NGOs that perform abortions or acknowledge abortion as a family planning option will be cut off from U.S. funding and technical assistance.
2. Foreign NGOs that perform abortions or acknowledge abortion as a family planning option will not be eligible to receive sub-grants from organizations based in the U.S. or foreign NGOs that sign the GGR.

i. The following are exceptions as outlined in the new PLIGHA guidelines, important for our partners working in the field: Clinics or hospitals that do not include abortion in their family planning programs; treatment of injuries or illnesses caused by legal or illegal abortions, for example, post-abortion care; referrals for abortion as a result of rape or incest, or if the life of the mother would be endangered if the fetus were carried to term. Additionally, action by an individual acting in the individual's capacity shall not be attributed to an organization with which the individual is associated, provided that the individual is neither on duty nor acting on the organization's premises, and the organization neither endorses nor provides financial support for the action and takes reasonable steps to ensure that the individual does not improperly represent that he or she is acting on behalf of the organization.⁴

They will also not be eligible to receive non-U.S. global health funds through partnerships or consortiums with non-U.S. based NGOs and NGOs that sign the GGR, which includes receiving reproductive health supplies from those organizations.

3. Health workers at foreign NGOs receiving U.S. funding are barred from counselling women on abortion as an option for terminating their pregnancies, and from referring women to an abortion provider.ⁱⁱ

The GGR applies to all foreign NGOs receiving U.S. funding and technical assistance, though the original GGR applied only to family planning funding in the past.

For standing up against the GGR after the 2001 policy was reinstated, the IPPF Member Association, Family Planning Association of Nepal (FPAN) lost \$400,000 in USAID funding for contraceptives, which made up two-thirds of its total stock, leading to stock outs of family planning methods.

During the George W. Bush Administration an estimated USD\$600 million of funding was cut from supporting organizations like IPPF, which provide abortion care and services as part of their rights-based provision of sexual and reproductive health services. The Bush Administration policy did not apply to the newly established President's Emergency Plan for AIDS Relief (PEPFAR), which expanded HIV prevention and treatment services to over 50 million people.³

During the Global Gag Rule in place in 2003, Family Guidance Association of Ethiopia (FGAE), an IPPF Member Association, had to stop offering free condoms at their clinics due to recurring shortages. FGAE's Nazareth branch warned of an upcoming stock out of Depo-Provera injectable, the contraceptive method used by 70 percent of their clients.

In addition to reinstating the GGR, the Trump administration proposed a budget cut for FY2018 that would zero out international family planning assistance.⁵ This budget cut is correlated with an expected: 3.3 million more abortions, most of which will be forced to occur in unsafe settings, 15,000 more maternal deaths, and 8 million more unintended pregnancies.⁶ Strong cross-party opposition to this proposed budget instead resulted in a House subcommittee-approved bill with a funding ceiling of USD\$461 million.⁷ Despite the approved budget, the bill cuts 25% from the 2017 appropriated level for international family planning assistance, and is available only to organizations that meet the GGR provisions. Even with this budget, the reinstatement of an expanded GGR will stand.⁸ The U.S. sustains the largest amount of the world's international health assistance. Nearly all underserved

areas in low income countries rely on foreign aid to provide basic healthcare.

As cuts to family planning programs make accessing contraception more difficult for women and girls to prevent unintended pregnancy, their chances of becoming pregnant when they do not want to be increases. A World Health Organization (WHO) study in 2011 found that abortion rates in sub-Saharan Africa rose markedly once the GGR was reinstated in 2001.⁹

IV. On the Ground: what does the Global Gag Rule mean for service providers?

IPPF estimates that funding cuts to our organization from the Global Gag Rule could reach USD\$100 million over the next 3 years.¹⁰ U.S. Government Funds already programmed by IPPF and its national partners, Member Associations (MAs), will transition towards closure. Under the Global Gag Rule, IPPF is not eligible for any funding under new agreements or new

The IPPF Member Association in Mozambique, Associação Moçambicana para Desenvolvimento da Família (AMODEFA) has eight projects at risk of being cut under the expanded GGR, all targeted at HIV prevention and treatment and young people. Mozambique has high rates of HIV prevalence and desperate need for sustained efforts to provide HIV prevention and treatment services. These cuts represent 60% of their funding. The most affected populations will be adolescents and youth, women and key populations (men who have sex with men, sex workers, people who use drugs).

AMODEFA has a total of 22 Service Distribution Points (clinics), 18 of these are Youth Friendly Services (SAAs) that operate with US funds. The remaining 4 will also be indirectly affected.

funding under existing agreements. Many MAs anticipate a significant cut in funding to essential integrated services. Estimates of programme support cuts reach up to 60% for some MAs. This will significantly affect services for hard to reach populations and vulnerable groups, including adolescents, young people, and key populations.

ii. Exceptions for active promotion of abortion and for passive referrals: passively responding to a question regarding where a safe, legal abortion may be obtained is not considered active promotion if a woman who is already pregnant specifically asks the question, she clearly states that she has already decided to have a legal abortion, and the healthcare provider reasonably believes that the ethics of the medical profession in the host country requires a response regarding where it may be obtained safely and legally

In February 2017 we estimated that with USD\$100 million funding in support of voluntary family planning programmes, IPPF could have:

- Prevented 4.8 million unintended pregnancies
- Prevented 1.7 million unsafe abortions
- Prevented 20,000 maternal deaths
- Provided 70 million condoms to prevent unintended pregnancies, HIV and other sexually transmitted infections
- Provided 725,000 HIV tests to enable people to know their HIV status
- Provided treatment to 275,000 pregnant women living with HIV to protect their health and help prevent transmission of HIV to their infants
- Treated 525,000 sexually transmitted infections

However, the effects of policies such as the Global Gag Rule go beyond financial implications. The GGR signals a step change in U.S. support for women's sexual and reproductive rights, and could have a ripple effect on service provision, advocacy efforts and global policy attitudes that can also put service providers and human rights defenders in danger. Conservative U.S. policies could encourage similar policies by other countries, putting women's health and rights at risk, globally.

Under the George W. Bush Administration's Global Gag Rule, the IPPF Member Association, Planned Parenthood Association of Ghana (PPAG), lost \$200,000 in USAID funding. PPAG was forced to lay off 67 key staff members and reduce nursing staff by 44 percent. There was a decrease in family planning use of 40 percent among PPAG's clients.

V. Political and Financial Support: A troubled landscape lies ahead

The world has seen a sharp rise in conservatism and skepticism of foreign aid.^{11,12} Official Development Aid (ODA) has fallen in real terms since 2015 for bilateral (country to country) aid to the least-developed countries.¹³ Aid to Africa has also fallen, with some donor countries backtracking on their commitments. In 1970, donor countries agreed on a target of 0.7% of Gross National Income (GNI) to be allocated for ODA. This has been repeatedly affirmed at the highest level at international and aid development conferences. In 2016 only five countries surpassed the 0.7% target; Denmark, Germany, Luxembourg, Norway, Sweden and the United Kingdom.¹⁴

Responding to the current political climate, some donor governments have stepped up to fill the financial gap left by the Global Gag Rule and are calling on others to join them. On 2 March 2017, the Governments of Belgium, Denmark, the Netherlands, and Sweden hosted an international conference on *She Decides*, an initiative sparked by the Dutch Minister of Foreign Trade and International Development to maintain essential services for sexual and reproductive health and family planning in developing countries. This conference raised EUR\$181 million (about USD\$202 million) towards the initiative.¹⁵

The Kemp-Kasten Amendment is separate from the Global Gag Rule, though the two work in tandem. Kemp-Kasten prohibits foreign aid to any organization that the U.S. administration determines is involved in coercive abortion or involuntary sterilization. Broadly interpreting the amendment, the Bush administration determined that the United Nations Population Fund's (UNFPA) presence in China could be construed as involvement in China's coercive policies, and eliminated funding to UNFPA entirely.¹⁶ The Trump Administration has also invoked the Kemp-Kasten amendment, withholding funding from UNFPA. UNFPA is the world's second biggest supplier of reproductive health commodities, including contraceptives. Many IPPF Member Associations receive supplies from UNFPA and run joint programmes with them, including projects on humanitarian crisis response. In 2015 alone, U.S. Government Funding supported UNFPA with USD\$75million.¹⁷ There are already significant funding shortfalls for contraception, with the majority of funding for reproductive health supplies being paid for by women themselves.¹³ The effects of these funding cuts will be felt immediately, especially for the estimated 26 million women and girls of reproductive age living in crisis situations who need immediate access to sexual and reproductive health services.¹⁸

These funding cuts are being made in light of an already significant gap in funding for contraceptives. According to current trajectories of growth in contraceptive use in the 135 lowest and middle income countries, in 2020 the gap between the amount spent on supplies and the volume of supplies needed by women and girls will be USD\$322 million. If FP2020 goals are met, there will be an additional 97 million women and girls using modern methods of contraception in 2020, increasing the funding gap to USD\$541 million.¹⁹

In 2014, the year with the most recent complete data, USD\$1.203 billion was spent on contraceptive supplies in the 135 lowest income countries; 25% of that spending came from donors, 17% of the spending came from governments using non-donor funds, and 58% of spending came from individuals purchasing supplies from the private sector. The world's poorest

women and girls are responsible for over half of the financing for the contraceptive supplies they need.²¹ Most of these women and girls cannot afford these supplies, even with subsidized prices, leading to a direct violation of their sexual and reproductive rights.

VI. Recommendations:

IPPF urges governments, United Nation agencies, multilateral institutions, and civil society to:

□ **Increase bilateral and multilateral funding for and political prioritization of sexual and reproductive health.**

We face an unprecedented political and financial climate in terms of prioritization of sexual and reproductive health and rights. It commands a response from key actors to increase the resourcing and political prioritization of these rights. Donor governments must prioritize political and financial support for human rights, including universal access to comprehensive sexual and reproductive healthcare for all.

□ **Raise the voices of those affected by the Global Gag Rule**

There are increasing restrictions on CSO participation and declining resources for grassroots advocacy, making advocacy at the local, national, and global levels increasingly difficult. We must actively engage the voices of young people, marginalized women and girls, the hard to reach, and key populations to ensure that they are not left behind.

□ **Reproductive health commodities must be accessible, available and affordable**

Women and girls everywhere have the right to decide when, if and, with whom they have children. However, across the world, contraceptives are still too expensive for the women and girls who need them, and they are too often denied access to critical services, information, and education. Making a range of quality contraceptives available, accessible, and affordable, as well as rights-based information and education, is essential for women and girls to realize their rights.

□ **No gender equality without sexual and reproductive health and rights**

We must approach women's rights holistically; the lives of women and girls are not divisible from their sexual and reproductive health and rights. Gender equality and the empowerment of women and girls will not be possible without the realization of sexual and reproductive health and rights. For women and girls to lead healthy lives, and to be free to participate in

social, economic and political life, they need universal access to quality services, information, and education, and conditions that allow them to realize their sexual and reproductive rights.

For further contact

Elisa Pinto de Magalhães
Family Planning Advocacy Coordinator
emagalhaes@ippf.org

Preethi Sundaram
Senior Adviser, Global Engagement, Advocacy
psundaram@ippr.org

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