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ACCESS DENIED: NIGERIA

PRELIMINARY IMPACTS OF TRUMP'S EXPANDED GLOBAL GAG RULE

CHAMPIONS OF GLOBAL REPRODUCTIVE RIGHTS
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INTRODUCTION

Nigeria is the single largest recipient of U.S. international development aid and relies heavily on global health assistance to meet the needs of its large and growing population. The Trump-Pence administration policy, "Protecting Life in Global Health Assistance," risks overburdening the underfunded public health sector and undermining the reproductive and overall health goals in Nigeria. The policy—commonly referred to as the Global Gag Rule by opponents—effectively prohibits organizations from using their private, non-U.S. funds to provide comprehensive, safe abortion services; offer information or referrals for abortions; or to advocate for the legalization or liberalization of safe abortion services. Importantly, this latest iteration of the Global Gag Rule goes further than previous Republican administrations' iterations, expanding the policy to not only implicate family planning and reproductive health programs, but all U.S. global health assistance. Trump's expanded policy not only undermines the effectiveness and efficiency of U.S. investments in global health, but it has the potential to roll back progress made in improving health outcomes for women, girls and communities in Nigeria.

To document the preliminary impacts of Trump's Global Gag Rule on women's sexual and reproductive health and rights, PAI conducted a fact-finding trip to Abuja, Nigeria, in December 2017. As key implementing organizations have chosen whether to comply with the Global Gag Rule, U.S.-based and foreign nongovernmental organizations (NGOs) operating in Nigeria have begun to experience the policy's harmful effects. These impacts include: commodity insecurity; the loss of key U.S. health partners; the financial and administrative burden of compliance; the cost of foregoing U.S. global health assistance; and the chilling effects on advocacy with an increasingly hostile domestic environment for sexual and reproductive health and rights.

Nigeria provides a clear example of how the interaction of U.S. policies and funding decisions can have outsized ramifications for sexual and reproductive health and rights in a country. The Global Gag Rule does not apply to multilaterals like the United Nations Population Fund (UNFPA). However, as foreign NGOs lose access to U.S. funding and U.S.-donated contraceptive supplies due to the policy, they have scaled back services—pushing more clients to public sector facilities and increasing demand for commodities procured by UNFPA. Unfortunately, the agency is already experiencing a significant funding shortfall. U.S. government funding has historically supported UNFPA's core and humanitarian work. The defunding of UNFPA places a strain on the agency and UNFPA Supplies, and has raised alarms among advocates and providers in Nigeria given the agency's central role in contraceptive security. Any further reductions in UNFPA's capacity will cascade down, hitting hardest the organizations working with the most vulnerable populations and severely disrupting health supplies. Additionally, despite the fact that the Global Gag Rule does not impact humanitarian funding, there are questions about how organizations who serve displaced populations will continue their work if they no longer receive U.S. funding.

DONOR AND COUNTRY CONTEXT

U.S. SUPPORT FOR HEALTH IN NIGERIA

The Global Gag Rule undermines the effectiveness and efficiency of U.S. investments in global health and years of commitment toward improved health outcomes in countries like Nigeria. In fiscal year 2016, the United States obligated over USD 256 million to Nigeria for health programs through the U.S. Agency for International Development (USAID).[1] The U.S. government partners with Nigeria's Federal Ministry of Health, state-level actors, other international bilateral and multilateral donors, and the private sector to: tackle the country's high maternal and child mortality rates; increase quality family planning and reproductive health services; HIV/AIDS prevention, care and treatment; immunizations; malaria prevention; and maternal and child health services.[2]

Nigeria is a priority country for USAID family planning and the United States has invested in a number of integrated health programs—not only to improve women's health, but also to support local stakeholders in advocating for increased family planning funding from the Nigerian government.[3] In the last few years, USAID has funded programs like Improved Reproductive Health in Nigeria and Family Health Plus to expand contraceptive choice, including promotion of long-acting methods.[4] Other social marketing programs—like the five-year, USD 56 million Expanded Social Marketing Project in Nigeria—have sought to improve knowledge of and access to methods and products for family planning, malaria, as well as maternal and child health.[5] With the second-largest number of people living with HIV globally and nine percent of the global HIV burden, it has been critical for Nigeria to receive U.S.-funded HIV testing and counseling support. In 2016, U.S. assistance reached 12.7 million people through the President's Emergency Plan for AIDS Relief (PEPFAR).[6,7] Another health program, the USAID Reproductive Maternal and Child Health program, reached more than 60 million Nigerians with lifesaving services.[8]

These U.S.-supported health initiatives and their implementing partner organizations have been essential to improvements in health outcomes and efforts to strengthen Nigeria's overall health system. However, these advances are at risk because of the magnitude of U.S. support and potential impacts of the expanded Global Gag Rule. Foreign NGOs play a significant role in U.S.-funded family planning programs in-country, bringing health services closer to the people—particularly in remote locations and for hard-to-reach populations. By targeting these foreign NGOs, the Global Gag Rule places over USD 170 million in U.S. global health assistance at risk of being lost, delayed or diverted to organizations willing to comply with the policy.

TABLE 1: 2016 U.S. GLOBAL HEALTH FUNDING TO NGOS IN NIGERIA[9]

PROGRAM AREA	U.S. NGOS*	FOREIGN NGOS**	TOTAL GLOBAL HEALTH ASSISTANCE TO NGOS
Family Planning and Reproductive Health	USD 3.64 million	USD 7.63 million	USD 11.27 million
HIV/AIDS	USD 84.56 million	USD 10.07 million	USD 94.63 million
Maternal and Child Health	USD 21.14 million	USD 2.12 million	USD 23.26 million
All other Global Health Programming***	USD 32.83 million	USD 8.5 million	USD 41.33 million
Totals	**USD 142.17 million**	**USD 28.32 million**	**USD 170.49 million**

* Although U.S. NGOs are not subject to the Global Gag Rule, their local Nigerian subgrantees must comply with the Global Gag Rule. These partners in Nigeria are not represented in this dataset.
** Foreign NGOs represent both internationally based and local Nigerian NGOs. Foreign NGOs are defined as either having an international coordinating body, or a diverse network of country offices in the field.[10]
*** Includes general health, malaria, nutrition, pandemic influenza and other emerging threats, tuberculosis, as well as water supply and sanitation.

REPRODUCTIVE HEALTH IN NIGERIA

Despite Nigeria's vast oil wealth, the majority of the population lives in poverty without access to basic services.[11] With an estimated 186 million people, Nigeria is Africa's most populous nation and is growing at a rate of 2.7 percent per year. By 2050, the country will have a population of half a billion, making it the third largest nation in the world.[12] Currently, 63 percent of the population is under the age of 25 and 44 percent is under the age of 18.[13] Given its demographics and disease burden, Nigeria requires a robust health care system—especially for reproductive, maternal and child health services.

In 1994, during the Conference on Population and Development, Nigeria shifted its focus from population and development programs to reproductive health programs.[14] Efforts have since been made to scale up health care infrastructure and interventions for family planning. The federal government adopted the National Reproductive Health Policy and Strategy to Achieve Reproductive and Sexual Health for All Nigerians, which aimed to reduce the level of unwanted pregnancies by 50 percent.[15] With support from the U.S. government and other donors, Nigeria has continued to foster a positive reproductive health environment, including the development of the Family Planning Blueprint and Costed Implementation Plan (CIP) with the country's Family Planning 2020 (FP2020) commitments.[16] Through the CIP, the Nigerian government demonstrated significant support for family planning initiatives, along with several states that have developed their own CIPs.

However, the Nigerian health sector underperforms relative to countries that spend less on the sector. Because the country is a federation, it is characterized by extensive decentralization of authority and fiscal autonomy for its 36 states.[17] Additionally, Nigeria faces massive development challenges exacerbated by the North-South divide, which has increased with the Boko Haram insurgency and displaced approximately 1.7 million people.[18] Individual state investments—as well as numbers and skill levels of staff—vary widely in health care, resulting in insufficient delivery of adequate and equitable services to the population.

While Nigeria has seen an increase in contraceptive use since committing to its FP2020 goals in 2012, it is one of the few sub-Saharan African countries with a contraceptive prevalence rate (CPR) of less than 20 percent.[19,20] Currently, 15 percent of all women use modern contraception, and the government's goal is to reach 27 percent by 2019—revised from 36.[21] Family planning services and counseling are accessed through both private and public health facilities; however, commodities are mainly sourced from public government facilities, where they are free. The private sector is the main source for male condoms and pills, which are the most popular methods after injectable contraceptives. Subsidized condoms are the most popular public-sector method, implying that price may be a major factor impacting uptake.[22]

UNFPA and the United Kingdom's Department for International Development (DFID) have estimated the family planning need in Nigeria to be USD 652 million between 2017 and 2022. With current family planning investment committed at USD 90 million, the funding gap for the five-year period is USD 562 million.[23] Given the federal government's financial commitment—and despite national and state-level strategies to increase access to and demand for family planning—current efforts are clearly insufficient to address the projected shortfall.

Cultural and religious traditions are significant barriers to women's health and contraceptive uptake, though lack of child spacing has been recognized as a key factor in complications leading to maternal mortality. The country's strict abortion laws have led to women seeking unsafe abortions, which contributes to the high maternal mortality rate of 576 deaths for every 100,000 live births.[24] In Nigeria, abortion is prohibited in cases of rape or incest. This law is more restrictive than the Global Gag Rule and violates the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (also known as the Maputo Protocol), ratified by Nigeria in 2005.[25,26] In 2012, 25 percent of pregnancies were unintended and 14 percent ended in induced abortion, with an estimated 285,000 women having to seek medical treatment due to abortion complications.[27] Without liberalizing safe abortion care and services, it is unlikely that Nigeria can reduce the level of unwanted pregnancies by 50 percent as laid out in its National Reproductive Health Policy and Strategy to Achieve Quality Reproductive and Sexual Health for All Nigerians.[28]

TABLE 2: ABORTION EXCEPTIONS UNDER NIGERIAN LAW, THE GLOBAL GAG RULE AND MAPUTO PROTOCOL

REASONS	NIGERIAN PENAL CODE	GLOBAL GAG RULE	MAPUTO PROTOCOL
Life endangerment	✓	✓	✓
Severe mental anguish	X	X	✓
Severe fetal anomalies	X	X	X
Cervical cancer	X	X	X
Rape and incest	X	✓	✓
Woman's choice	X	X	X

X: No exception
✓: Allowed

UNFPA WEAKENED AND COMMODITY SECURITY UNDERCUT

The Global Gag Rule is not the only threat to health outcomes in Nigeria. President Trump has also chosen to deny U.S. funding to UNFPA through the Kemp-Kasten amendment—a loss of approximately USD 70 million.[29] While the U.S. contribution to UNFPA did not support the UNFPA Supplies program, it reduced the agency's funding for response to humanitarian crises and decreased organizational capacity as a whole. As a result, the defunding of UNFPA and the Global Gag Rule have combined to potentially further weaken the agency and risks destabilizing commodity security in Nigeria.

In Nigeria, UNFPA plays a critical role in quantification, supply and delivery of family planning commodities to public health facilities, and the agency is heavily invested in helping the federal government fulfill its FP2020 commitments. Almost all of Nigeria's contraceptive supplies come from international donors. In 2015, 70 percent were provided by UNFPA while 25 percent were provided by USAID.[30] However, there remains a gap of USD 10 to 12 million for family planning commodities, and UNFPA does not know how it will be bridged.

According to UNFPA, 65 percent of women obtain their contraceptives from the private sector, which provides them free of charge. This sector will be hardest hit by the Global Gag Rule, because the main private-sector organizations involved in social marketing will be affected by policy. UNFPA supplies contraceptives directly to some foreign NGOs, and the agency coordinates supply needs identified by the Federal Ministry of Health and the private sector.[31] On top of the Global Gag Rule's impact on key implementing partners, any decrease in UNFPA capacity will have a direct impact on commodity distribution.

Even before the imposition of the expanded Global Gag Rule, the Planned Parenthood Federation of Nigeria (PPFN) forewent the profits they previously received from charging for contraceptives in their facilities. They did so to support the Nigerian government's 2012 FP2020 commitment to provide free contraceptives. Those profits were used for last-mile contraceptive transport costs. While PPFN is receiving some federal government funding to remedy this, the lack of significant profits plus organizational funding losses from the Global Gag Rule will have a negative impact on their work.[32] This will push more women to seek services and contraceptive supplies in the overburdened public sector—largely supported by UNFPA—which is ill-prepared to receive an increased volume of clients.[33]

As one person told PAI about cuts to UNFPA, "I really think with funding cuts cases of abortion will go up. That is the biggest risk I am seeing and considering all the work we have done to bring maternal mortality down, if all these things [like cuts and the Global Gag Rule] come at the same time there will be an increase in abortions and maternal deaths."[34]

Adding to the complexity of family planning commodities, Nigeria manages health supplies through multiple systems, making it difficult to determine the impact of the expanded Global Gag Rule beyond contraceptives. For example, HIV/AIDS commodities are managed separately from UNFPA contraceptives, and crucially: there is no centralized

KEMP-KASTEN VS. GLOBAL GAG RULE

The Kemp-Kasten amendment and the Global Gag Rule have often been conflated.[35] Both restrict U.S. foreign assistance, concern sexual and reproductive health and rights, and date to the mid-1980s. However, each prohibits different types of activities, applies to different types of organizations and entities, and has different legal statuses. Whereas the Global Gag Rule only applies to non-U.S. NGOs, the Kemp-Kasten amendment affects multilateral organizations, U.S. NGOs, as well as non-U.S. NGOs. However, both the Global Gag Rule and the Kemp-Kasten amendment have the same outcome: they cut off services to the women and girls who need them most.

system for managing maternal health supplies.[36] Because of these parallel systems and the fact that Nigerian states are not demonstrating ownership of health supplies, there may be additional impacts of the Global Gag Rule on HIV/AIDS and maternal health that have not been captured by this research that will likely be seen as the policy continues to roll out across all health sectors.

LOSS OF VITAL U.S. PARTNERS

> *"It creates a retrogressive system, this Global Gag Rule. It's a huge waste. If we're not funding contraception because we don't want abortions, are we not saying there should be more abortions?"[37]*

USAID has traditionally provided contraceptives to the main NGOs in Nigeria involved in commodity distribution. All three are foreign NGOs and will be subject to the Global Gag Rule. Two of the three have declined to sign and the third, Society for Family Health (SFH), has faced separate challenges that may impact its work. In 2015 and 2016, SFH received the largest amount of U.S. global health assistance for family planning in Nigeria, providing family planning services through franchise facilities across 21 states and socially marketed commodities.[38,39] If these three organizations experience further losses, there are no other trusted providers prepared to adequately step in.

If these trusted providers no longer receive U.S. commodities, smaller organizations with less capacity and reach will most likely receive financial and in-kind support for contraceptives from the U.S. government. However, with limited capacity to absorb such an influx in resources, these organizations could face logistical challenges, resulting in an increase in stockouts at clinics and among community-based distributers. Implementation of the Global Gag Rule could derail contraceptive outreach, and women in rural and hard-to-reach areas will find it more difficult to access services and may determine that the barriers to access are not worth the benefits that modern methods provide. In Nigeria, 11 percent more women in urban settings use a modern contraceptive method than in rural areas.[40] This figure may continue to grow with the implementation of the policy, as many of the modern contraceptive services in rural locations are provided by NGOs.

Providers stepping in to replace noncompliant organizations cannot or may choose not to provide the full method mix, due to lack of training in a particular method, cost, religious or other beliefs. As one foreign NGO told PAI, "What happens to the level of investment when you don't have the key implementing partner anymore?"[41] Already, Sayana Press has seen problems with production and distribution in Nigeria. The contraceptive is designed to be self-injectable, but in Nigeria, it is only approved to be administered by medical personnel.[42] With other issues related to supplies linked to UNFPA shortfalls and the indirect effects of the Global Gag Rule, the failure of Sayana Press to launch only adds to a very complex picture of contraceptive supplies.

At minimum, these challenges will make it harder for Nigeria to achieve its desired CPR, as all of these scenarios limit women's access the contraceptive methods of their choice. Reductions in access to contraceptive services could dramatically decrease satisfied demand, which currently stands at 48.5 percent among married women.[43] These challenges could have long-term effects, with the possibility of women developing a deep distrust in the ability of clinics to provide desired contraceptives or other services.

COSTS OF COMPLIANCE AND REFUSAL

NGOs have chosen whether to comply with the Global Gag Rule because of their organizational ethics—or, in many cases, financial survival—due to dependency on U.S. funding. Regardless of whether an organization chooses to comply, the policy can create a heavy operational burden that affects services.

To continue receiving U.S. global health funding, some organizations that comply with the Global Gag Rule are spending valuable resources on unanticipated overhead and other costs associated with compliance. Certain larger, U.S.-based implementers that have relied on local affiliates are returning to a country office based in Nigeria to effectively comply with the Global Gag Rule. This response, while understandable, undermines USAID's goal of increasing local ownership of activities. One U.S. organization described how its local affiliate is shutting down a key women's health program in order to effectively comply with the policy—and losing over 40 staff as a result.[44] The organization's representative told PAI: "The process of transition

has been difficult. Nine years on this [women's health project], asset sharing, phase four of the project. What is known is we have to move to another building. We have to get different security, different IT, different communications. Changes across all 15 territorial offices. We have no budget for it yet."[45]

The cost of noncompliance is also high, as evidenced by the potential impacts to the family planning commodity supply chain. In addition to its commodities work, one foreign NGO supports multiple clinics and community health worker training programs around long-acting reversible contraceptives (LARCs)—all of which could lose significant funding under the Global Gag Rule. The organization had two sets of U.S. funding streams related to this work. The representative who spoke with PAI estimates that, if not for the Global Gag Rule, the organization would have been able to serve at least an additional eight million women through their USAID-funded work by the end of the Trump administration—not to mention generate additional cost savings in the health sector.[46]

These activities would have directly contributed to the achievement of Nigeria's FP2020 goals around task-shifting and training of at least 3,700 community health workers to deliver the range of contraceptive methods—particularly LARCs—and ultimately increase contraceptive prevalence. Having identified commodities as a major concern for their 2018 work, the foreign NGO above is also concerned about sustaining its current operations and post-2018 efforts to scale up services. In 2017, a new USAID award was released for a four-year USD 225 million integrated health grant with a USD 55 million family planning component, but trusted providers that will not comply with the Global Gag Rule will no longer be able to compete for it. As a service provider told PAI:

> ***"If the Global Gag Rule was not in place imagine the training in the public sector we could have done. We would have reached close to an additional eight million women if the funding had continued, and averted close to 15,000 maternal deaths. This is where the worry is. We will never sign the Global Gag Rule, so what next? We could have done so much more."[47]***

Many smaller, local organizations cannot afford to lose funding from the U.S. government—there is no other donor to choose from. However, some still have foregone funding, including those who work with at-risk populations such as youth and sex workers. They are now adversely affected by not competing for U.S. government funds, foregoing planned expansions and other programs to reach more vulnerable groups. As one local NGO working with youth told PAI:

> ***"You're just seeing the rollback of SRHR. We have few voices in Nigeria in the safe abortion space. We need this U.S. funding, but it will make us lose who we are. You will sign this document that will make you stop what your conscience tells you to do. It boils down to how it will affect women's health in Nigeria."[48]***

The organization above is one of the few that continues to work on abortion-related advocacy. While it has found alternative funding to continue its operations, it recognizes that other groups are not as fortunate. "The people who will be affected are non-U.S. based…" one organization told PAI. They added, the Global Gag Rule "puts a lot of local organizations in a tough spot. They're very close to the communities; they've done a lot of good work so far, but how will they keep doing good work?"[49]

Additionally, the Global Gag Rule has created confusion among some organizations unfamiliar with previous iterations of the policy. Now that the Trump-Pence administration has expanded the policy beyond family planning to all of global health assistance, including PEPFAR, more organizations will be affected that were not anticipating the policy. This is particularly true of referrals to the private sector. PPFN has acknowledged that, down the line, "if we have to work with CSOs (civil society organizations) who probably have USAID funding, our relationships will be complicated by [the policy]."[50]

Two foreign organizations had attempted to sensitize 10 to 15 Nigerian organizations in 2017 about the Global Gag Rule and its implications for their work.[51] They reported that the NGOs did not understand the policy language in their grants and cooperative agreements. Of note and concern is that these organizations reported a lack of communication from the responsible U.S. funding agency, or from the prime U.S. funding recipient. In the void of information, local organizations are coming to their own conclusions about what the language of the policy means and the implications for their work. Lack of communication and education that provides organizations with opportunities to ask clarifying questions may have further consequences in the future if organizations find themselves unwittingly noncompliant and potentially having to reimburse U.S. funding.

NIGERIA'S HUMANITARIAN CRISIS

U.S. humanitarian assistance funds are not impacted by the Global Gag Rule. However, in combination with the defunding of UNFPA, U.S. policy will undermine the work of organizations in humanitarian settings that are trying to provide sexual and reproductive health care and services. An estimated 26 million people live in conflict-affected areas in Nigeria. In three northeastern states—Adamawa, Borno and Yobe—some 6.9 million people are in need of health assistance, 5.1 million are estimated to be food insecure, and 1.64 million internally displaced live in camps and settlements.[52,53] UNFPA estimates that 1.7 million women of reproductive age required life-saving health services in northeast Nigeria in 2017.[54]

With high rates of maternal death throughout the country, risks in pregnancy and child birth are compounded in situations of crisis, and vulnerability to sexual and gender-based violence for women and girls is heightened. UNFPA is the leading provider of supplies in northeast Nigeria and supported 155 health clinics in the three states, reaching 1.2 million people. The agency provides comprehensive reproductive health kits, which include contraceptives, maternal health equipment, and supplies for treatment and prevention of STIs—including HIV. These efforts are part of the agency's plan to restore access to reproductive health care for approximately 4.5 million crisis-affected people throughout the country.[55]

Two years ago, UNFPA received USD 2.5 million in U.S. assistance for Minimum Initial Service Package (MISP) kits and sexual and reproductive health services in the displaced persons camps in northeast Nigeria. Because of the funding cuts to UNFPA, there has been no additional U.S. support. UNFPA told PAI that because of the Global Gag Rule, noncompliant NGOs will be more reliant on UNFPA. PPFN has been working with populations displaced by the conflict since 2014 and 2015; with UNFPA support, they are now in the three key states. As PPFN told PAI regarding its work in the northeast, "If UNFPA stops supporting us we will stop."[56] One foreign NGO is planning to expand its work in the northeast with funding from other, non-U.S. sources. The organization had plans to broaden its services from Borno State's capital of Maiduguri, but without the support of USAID as originally planned, it is unclear how that work will move forward.[57]

The combination of the expanded Global Gag Rule and the defunding of UNFPA means that clinics could run out of supplies in the most vulnerable locations, especially as UNFPA and other key NGOs are working on multiple fronts to maintain operations and raise new funds.[58] Other bilateral donors, like DFID, currently fund humanitarian programs with indirect links to family planning, including food, cash transfers and education. However, they have indicated the scope of the response to the emergency has meant having to scale down other health systems work, including malaria.[59] It is anticipated that DFID and other donors will focus on humanitarian crises and be unable to meet the needs of traditional sexual and reproductive health organizations that are no longer funded by the United States. As UNFPA told PAI, "There's been decreased funding, which is also impacted by the humanitarian situation. The Global Gag Rule will make it all more difficult."[60]

OPPORTUNITIES WITH THE LOSS OF U.S. LEADERSHIP

The effects of Trump's Global Gag Rule on programs, supplies and communities will be magnified not only due to the expanded scope of the policy, but also Nigeria's own hostile policy environment toward abortion and sexual and reproductive health and rights. Given Nigeria's dependency on U.S. development and humanitarian assistance, the United States has had political influence with the government of Nigeria. A number of U.S. organizations, safe abortion advocates, and health care providers were familiar with the policy—having lived through the last iteration under President George W. Bush—and are concerned that the imposition of the expanded Global Gag Rule threatens to embolden opposition to contraception and sexual and reproductive health and rights in Nigeria. Advocacy organizations have been working to reform Nigerian laws to increase access to safe abortion care and post-abortion services.[61] These actors have indicated that their efforts were already impeded by political opponents who look to the United States as an example of not ratifying the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).[62] The Global Gag Rule will only further entrench conservatives and make the work ahead more difficult.[63]

However, some donors, NGOs and champions within the Ministry of Health cited the policy as an opportunity for the Nigerian government to not only fulfill its FP2020 commitments, but also to invest more broadly in the health sector. A representative from the Ministry of Health remarked that, because of the expanded Global Gag Rule, "The U.S. will lose its leadership role. So many people will suffer because of the Global Gag

Rule, but it may help countries prioritize family planning."[64] Nigeria has committed to providing USD 8.3 million annually for family planning, increase CPR to 27 percent, train community health workers in LARCs and provide contraception free of charge. Civil society activists pointed to the U.S. policy as providing an opportunity for the Nigerian government to take ownership of funding sexual and reproductive health: "It's a hard lesson, but good if the policy creates other funding channels and we can say to the U.S. 'we can do without you.'"[65]

Additionally, four organizations who spoke to PAI asserted that now that the U.S. was not in their way as a funder with strings attached, they can more directly advocate for changes to Nigeria's abortion laws and priorities. In particular, clinicians who had experienced the previous iterations of the policy highlighted that there was now a chance to challenge norms in Nigeria.

> ***"Protecting life?" she asked, referring to the Global Gag Rule's official title, 'Protecting Life in Global Health Assistance,' "we clearly need to explain how to save lives. The policy kills. You cannot protect the life you have not seen at the cost of the woman's life at hand."[66]***

By challenging the policy domestically in Nigeria and demonstrating its harmful impacts, advocates hope to advance options for legal, safe abortion.

CONCLUSION

The impacts documented to date are preliminary, as the policy's standard provisions have been in place for less than a year and some NGOs have not yet been faced with the decision of compliance. Since the last iteration of the Global Gag Rule under the Bush administration, research has demonstrated that the policy severely eroded the provision of family planning and related health care services for women in rural and other underserved areas.[67] Further documentation will be required once more organizations either receive new funding or updated cooperative agreements and grants; when funds that were disbursed prior to the implementation of the Global Gag Rule in May 2017 run out; or when stopgap funding from other sources is not renewed, as some NGOs fear will be the case. This means that the full impact of the policy will likely not be felt until late 2018 or even 2019.

Trump's expanded Global Gag Rule has already caused confusion and burdened NGOs, taking their efforts away from service delivery; resulted in the loss of critical implementing partners for service delivery and commodity distribution; and emboldened a hostile sexual and reproductive health environment. Additionally, any reduction in health funding to Nigeria on top of uncertainty of UNFPA funding will have a cascading impact on the number and reach of service providers and technical support staff. This will cause critical disruption of the health supply, compounding the impact of the Global Gag Rule—including in the humanitarian context in northeast Nigeria.

While federal and state-level costed implementation plans and other commitments indicate the Nigerian government's goal to improve access to family planning and reduce maternal mortality, additional domestic resource mobilization is crucial as current efforts are insufficient to meet the family planning need. Any further UNFPA funding losses as well as the Global Gag Rule's impact on key implementing partners will likely force Nigerian policymakers to apportion more of the very limited funds for sexual and reproductive health to offset potential impacts of the expanded Global Gag Rule, and ensure that progress to date on sexual and reproductive health is not lost. Any future funding cuts to U.S. global health assistance generally and to family planning specifically on top of the Global Gag Rule could be disastrous, and Nigeria could see a far-reaching, harmful domino effect through organizations that will not comply with the policy.

METHODOLOGY

PAI conducted a fact-finding trip to Abuja, Nigeria, in December 2017 to document the preliminary impacts of the Trump administration's expanded Global Gag Rule on women's sexual and reproductive health and rights. With a focus on the reproductive health commodity supply chain and the policy's effects on service delivery and reproductive health advocacy in-country, PAI held interviews and meetings with representatives from over 15 organizations and agencies. These groups included U.S. and foreign not-for-profit NGOs providing sexual and reproductive health services or advocacy; officials from the Federal Ministry of Health; bilateral and multilateral donors; and health professionals.

With all key stakeholders, PAI discussed the purpose of the interview, its voluntary and confidential nature, and the way the information would be used. All names of individuals and organizations have been withheld unless consent was given for PAI to use identifying information. As part of the discussions, PAI provided technical assistance on the Global Gag Rule and shared with participants the PAI guide to the policy, *What You Need to Know about the Protecting Life in Global Health Assistance: Restrictions on U.S. Global Health Assistance, An Unofficial Guide.*[68]

PAI would like to thank all those who were willing to share with us their insight and experiences regarding how the Global Gag Rule will affect their work and how it will impact the health and rights of women, youth and communities in Nigeria.

ENDNOTES

1 At time of writing, the FY2016 data on the Foreign Assistance Dashboard was the most complete obligated United States Agency for International Development (USAID) funding data available. Because U.S. federal agencies have different timings for their award payments, this has not necessarily captured all U.S. funding, including for agencies like the Centers for Disease Control and Prevention (CDC). United States Government. (2018). *Foreign Assistance Dashboard: Nigeria* [data file]. Retrieved from: http://foreignassistance.gov/explore/country/Nigeria

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