



WHAT YOU NEED TO KNOW  
— ABOUT THE —  
PROTECTING LIFE  
IN GLOBAL HEALTH  
ASSISTANCE  
RESTRICTIONS ON U.S. GLOBAL  
HEALTH ASSISTANCE

— *An Unofficial Guide* —

SEPTEMBER 30, 2017

## INTRODUCTION

On January 23, 2017, President Donald Trump signed a “Presidential Memorandum regarding the Mexico City Policy.” The memorandum reimposed the Mexico City Policy in effect during the George W. Bush administration (2001-2009) and directed the Secretary of State, in coordination with the Secretary of Health and Human Services, “to implement a plan to extend the requirements of the reinstated Memorandum to global health assistance furnished by all departments and agencies.”

The expanded Mexico City Policy restrictions were renamed “Protecting Life in Global Health Assistance” (also known by its critics as Trump’s Global Gag Rule, and henceforth referred to as *the policy* in this document). *The policy* prohibits U.S. global health assistance from being provided to foreign non-governmental organizations (NGOs) that perform abortion in cases other than a threat to the life of the woman, rape or incest; provide counseling (including advice or information) and/or referral for abortion; or lobby to make abortion legal or more available in their own country, even if these activities are performed with funding from other, non-U.S. government (USG) sources. While the restrictions only applied to USG family planning assistance during prior Republican presidential administrations, the Trump administration policy is imposed on virtually all USG global health assistance.

Foreign NGOs, defined as NGOs (both for-profit and not-for-profit) that are not organized under the laws of the United States, can engage in certain types of abortion-related activities and still remain eligible for U.S. global health assistance. This brochure seeks to clarify the specific restrictions imposed by *the policy* in order to protect and preserve critical life-saving health care services from an unnecessarily broad interpretation of what *the policy* does and does not require.

## SCOPE OF THE POLICY

Effective May 15, 2017, *the policy* requires that foreign NGOs agree to accept and comply with its terms as a condition for receiving U.S. global health assistance to address the following urgent public health challenges:

- HIV/AIDS, including the President’s Emergency Plan for AIDS Relief (PEPFAR);
- Tuberculosis;
- Malaria, including the President’s Malaria Initiative (PMI);
- Pandemic influenza and other emerging threats, including global health security;
- Neglected tropical diseases and other infectious diseases;
- Non-communicable diseases;
- Health system strengthening;
- Maternal and child health;
- Family planning and reproductive health;
- Household and community-level water, sanitation, hygiene (WASH) activities; and
- Nutrition.

Entities to which *the policy* does not apply include (explained in greater detail later):

- U.S. NGOs;
- Foreign governments; and
- Multilateral organizations and “other multilateral entities in which sovereign nations participate,” such as The Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as Gavi, the Vaccine Alliance.

Other programs or activities to which *the policy* does not apply include:

- Abortion services or counseling and referral for abortion in cases of life endangerment, rape or incest;
- Post-abortion care, including “treatment of injuries or illnesses caused by legal or illegal abortions”;
- Humanitarian assistance, including State Department migration and refugee assistance as well as USAID and Department of Defense disaster and humanitarian relief activities;
- Food for Peace (P.L. 480) programs, food assistance for both emergency relief and development purposes;
- Basic health research;
- Water and sanitation infrastructure spending for some household settings, schools, health facilities, and industrial and commercial use, as well as national policy development and governance activities; and
- American Schools and Hospitals Abroad program.

U.S. NGOs can continue to perform, counsel, refer or advocate on abortion with funds from non-USG sources without risking their eligibility to receive U.S. global health assistance. The only requirement imposed on U.S. NGOs by *the policy* is the responsibility to flow-down the requirement to their foreign NGO partners, who are sub-recipients of U.S. global health assistance.

## TIMING OF IMPLEMENTATION

Foreign NGOs receiving U.S. global health assistance must ensure compliance with *the policy* when they accept the new provision in their agreements to receive USG global health assistance. This will happen when a foreign NGO faces a new funding action occurring on or after May 15, 2017, either in the award of a new grant or cooperative agreement, or when existing grants and cooperative agreements are amended “to add incremental funding” or “to add new funding.” The restriction does not apply to funding already obligated to a foreign NGO (as a recipient or a sub-recipient) under an existing grant or cooperative agreement.

U.S. NGOs do not have to flow-down the requirement to their foreign NGO partners until the U.S. NGO accepts the new provision implementing *the policy* in their own agreements with the USG. As with foreign NGOs, this will happen when a U.S. NGO faces a new funding action, either in the negotiation of a new grant or cooperative agreement, or when existing grants and cooperative agreements are amended “to add incremental funding” or “to add new funding.”

Organizations indicate their agreement to abide by the terms of *the policy* by accepting the provisions in their awards. No separate certification is required.

**MULTILATERAL OR PUBLIC INTERNATIONAL ORGANIZATIONS SUCH AS WHO, UNFPA AND OTHER MULTILATERAL ENTITIES SUCH AS THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA, AS WELL AS GAVI, THE VACCINE ALLIANCE, ARE EXEMPT FROM *THE POLICY*.**

## LEGAL LANGUAGE OF *THE POLICY*

The legal language used by USG departments and agencies—the U.S. Agency for International Development (USAID), the Department of State, National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC) and the Department of Defense (DoD)—requires foreign NGOs to agree that they will not, during the term of the U.S. global health assistance award, “perform or actively promote abortion as a method of family planning” or “provide financial support to any foreign non-governmental organization that conducts such activities.”

With respect to the “financial support” clause, *the policy* details the due diligence, contractual and monitoring requirements for sub-awarding USG health assistance to foreign NGOs. *The policy* does not provide any explanation of how this language should be applied in other circumstances, and to date, the USG has not issued any formal guidance on this point. However, multiple NGOs that PAI has consulted with understand it to mean that a foreign NGO subject to *the policy* cannot fund another organization to perform activities that would violate *the policy* if undertaken by the foreign NGO itself.

Longstanding prohibitions on the direct use of U.S. foreign aid funds for most abortion-related activities (the 1973 Helms Amendment and other statutory prohibitions) remain in effect. [See checklist for additional details.]

## NON-GOVERNMENTAL ORGANIZATIONS SUBJECT TO *THE POLICY*

Foreign NGOs (both for-profit and not-for-profit) receiving global health assistance—either through a USG country mission, a U.S. cooperating agency, a U.S. NGO or an indigenous partner organization—should closely review any grant, cooperative agreement, subgrant agreement or a grant under contract to determine whether *the policy* is a term or condition of the receipt of the assistance. If so, the foreign NGO will be obliged to abide by the restrictions of *the policy* in all of its programs, regardless of funding source. Assistance is defined to include not just funds but the provision of technical assistance, customized training, commodities and equipment.

Contracts with foreign NGOs will eventually be subject to *the policy*. However, development of a provision to be included in contracts will be the result of a yet-to-be-announced interagency rule-making process, the duration of which is uncertain. As of September 30, 2017, *the policy* is not applied to contracts.

## NON-GOVERNMENTAL ORGANIZATIONS NOT SUBJECT TO *THE POLICY*

A foreign NGO that only receives USG global health funding as a vendor of goods or services (e.g., computer support, management or office supplies) to a prime recipient or sub-recipient of global health assistance funding is not required to accept the provision. Also exempted are organizations that only have an individual participating in the “general training program” of an organization receiving USG global health assistance (i.e., a general training activity involving individual participants from an organization).

## EXEMPTION FOR FOREIGN GOVERNMENTS AND MULTILATERALS

Health services provided under the auspices of foreign governments (national and sub-national) and parastatals are exempt from *the policy*. If public sector programs furnish abortion “as a method of family planning” or engage in other prohibited abortion-related activities, governments and parastatals are required to keep USG foreign assistance in a segregated account to ensure that no U.S. funds are used for these prohibited activities. Medical equipment purchased with U.S. funds as well as facilities supported by U.S. funds may not be used to provide induced abortion services. A foreign NGO furnishing assistance to the public sector is not exempt from *the policy*.

The exemption for foreign governments also applies to government-operated universities and hospitals, including, for example, medical schools and teaching

hospitals which provide abortion services as part of comprehensive health care or engage in abortion-related research.

The exemption also applies to government-sponsored health advisory councils, which are free to engage in research; disseminate public information about the incidence, causes or consequences of unsafe abortion; and participate in the development of national policies related to abortion.

Multilateral or public international organizations such as the World Health Organization and the United Nations Population Fund (UNFPA), as well as “other multilateral entities in which sovereign nations participate (such as The Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as Gavi, the Vaccine Alliance),” are exempt from *the policy*.

## PERFORMANCE OF ABORTION FOR LIFE ENDANGERMENT, RAPE OR INCEST

Foreign NGOs remain eligible for USG global health assistance if they perform abortion in cases where “the life of the mother would be endangered if the fetus were carried to term” or “following rape or incest.” Under the terms of *the policy*, abortions performed for any other reason or circumstance would be forbidden, including explicitly “physical and mental health of the mother and abortions performed for fetal abnormalities.”

However, if and when a foreign NGO receiving USG health assistance performs an abortion in the case of life endangerment, rape or incest, even though expressly permitted by *the policy*, the NGO may wish to consider documenting the circumstances and rationale for performing the procedure and its compliance with the requirements of local law for their own records.

The possession of equipment for vacuum aspiration or dilation and curettage (D&C), or possession of menses induction drugs for use in cases of threat to life, rape or incest or to treat complications of miscarriage or abortion would not disqualify an organization from USG health support. However, no U.S. foreign assistance funds may be used to procure or distribute such equipment.

## COUNSELING AND REFERRAL FOR ABORTION

Counseling and referral for abortion in cases of threat to the life of the woman, rape or incest is permissible.

In countries where abortion is legal for reasons broader than life endangerment, rape or incest, open communication between women and their health care providers is severely restricted by *the policy*. Referral for abortion in such other cases is permitted in those countries only if all four of the following conditions are met:

- The woman is already pregnant;
- The woman “clearly states that she has already decided” to have an abortion;
- The woman “specifically asks” where a safe, legal abortion may be obtained; and
- The health care provider has reason to believe that the country’s medical ethics require him or her to provide a referral for a safe, legal abortion.

One additional exception to the restrictions on counseling and referral for abortion is included in *the policy*. A foreign NGO does not risk its eligibility for USG health assistance if there is an “affirmative duty of a healthcare provider” under local law to provide counseling and referral for abortion for reasons other than life endangerment, rape or incest. The wide applicability and utility of this exception appears to be questionable and dependent on the provisions that may currently exist in national laws. However, foreign NGOs are encouraged to confer with USG staff at their funding agency and/or other USG implementing partners in that country to determine if this exception is applicable to their national or local setting.

## LOBBYING ON ABORTION

Foreign NGOs receiving U.S. global health assistance may not lobby their government to legalize or to “continue the legality” of abortion for reasons other than to save the life of the woman, rape or incest.

In addition, foreign NGOs receiving U.S. global health assistance may not conduct “a public information campaign . . . regarding the benefits and/or availability of abortion” except in cases of life endangerment, rape or incest. However, *the policy* does not preclude the use of demographic and health research on abortion described below by certain NGOs (such as a U.S. NGO or a foreign NGO which does not receive USG assistance) to lobby foreign governments to legalize abortion.

## TRAINING AND EQUIPMENT TO TREAT POST-ABORTION COMPLICATIONS

USG policy explicitly permits foreign NGOs to provide “treatment of injuries or illnesses caused by legal or illegal abortions, for example, post-abortion care.” Organizations are urged to provide treatment for post-abortion complications (e.g., septic or incomplete abortions) themselves or to assist clients in getting treatment (e.g., by accompanying a woman to a hospital).

**USG POLICY EXPLICITLY PERMITS FOREIGN NGOS TO PROVIDE “TREATMENT OF INJURIES OR ILLNESSES CAUSED BY LEGAL OR ILLEGAL ABORTIONS, FOR EXAMPLE, POST-ABORTION CARE.”**

USAID assistance may be used to support the training of health care workers in post-abortion care, the treatment itself and other related technical assistance. But as a matter of agency policy, USAID funds may not be used to purchase manual vacuum aspiration (MVA) kits or other medications for the provision of post-abortion care. However, there are no restrictions on NGO use of non-USG leveraged funds to satisfy USAID cost-sharing requirements to purchase MVA kits or other supplies for the purpose of post-abortion care.

## POST-ABORTION CONTRACEPTIVE COUNSELING AND SERVICES

NGOs may receive and use USG assistance to provide contraceptive counseling and services to women who have had spontaneous or induced abortions, including illegal abortions. Organizations may communicate and coordinate activities with any other foreign NGOs, including abortion service providers, in order to facilitate post-abortion contraceptive or reproductive health services.

## BIOMEDICAL RESEARCH ON ABORTION

Under a 1981 legislative prohibition enacted by Congress, organizations—both U.S. NGOs and foreign NGOs—may not use U.S. foreign assistance funds to engage in biomedical research on abortion. U.S. NGOs, however, may use funds obtained from other sources to do such research.

Research of any type is not specifically mentioned in the provisions implementing *the policy*. However, the definition of “actively promote abortion” in the provisions is illustrative, not exhaustive (“includes, but it is not limited to, the above activities”). There are indications that the USG views biomedical research on abortion conducted by a foreign NGO, regardless of the source of funds, as rendering the NGO ineligible for USG health assistance.

## DEMOGRAPHIC AND HEALTH RESEARCH ON ABORTION

Foreign NGOs do not risk their eligibility for global health assistance if they engage in certain kinds of research on the subject of abortion. In addition to keeping routine information on clients’ abortion histories, organizations may collect information on the general incidence of abortion and its causes, the health impact of illegal abortion including related deaths and injuries, and its cost to the health care delivery system. These types of epidemiological or descriptive research can be supported with USG assistance.

Foreign NGOs receiving global health funding may not use the results of this research (whether the research is funded by the USG or not), or any other research, to lobby or conduct a public information campaign for the legalization of abortion or continuation of abortion laws with exceptions broader than life of the woman, rape or incest. But the organization’s eligibility

## NGOS MAY RECEIVE AND USE USG ASSISTANCE TO PROVIDE CONTRACEPTIVE COUNSELING AND SERVICES TO WOMEN WHO HAVE HAD SPONTANEOUS OR INDUCED ABORTIONS, INCLUDING ILLEGAL ABORTIONS.

for USG global health support is not jeopardized by merely participating in research that others may use in advancing abortion law reform. In addition, public dissemination of demographic and health research results on abortion by a foreign NGO is permissible so long as the findings are not used by the foreign NGO to propose or recommend the liberalization of abortion laws (e.g., in journal articles or other publications that the foreign NGO may itself produce and distribute).

## PROGRAMMATIC AND OPERATIONS RESEARCH ON HEALTH

Although not explicitly incorporated or defined in the provision included in USG health assistance agreements implementing *the policy*, a foreign NGO that engages in “implementation-science research, operational or programmatic research, surveys, needs assessments and related capacity-building conducted for the purpose of making improvements to global health assistance programs funded by the U.S. Government” must accept the provision in their agreements in order to receive USG health assistance, according to State Department press guidance.

## PROVISION OF CONTRACEPTION

*The policy* does not prohibit foreign NGOs from providing any available method of contraception approved by the U.S. Food and Drug Administration (FDA), including emergency contraception (EC), as part of the health services they offer. All NGOs receiving global health assistance may provide contraceptive counseling, dispense contraceptive supplies and services, and promote awareness of contraceptive methods in accordance with local laws and policies.

## TECHNICAL ASSISTANCE

Under *the policy*, the provision of technical assistance is considered committing resources in the same way that providing funds to another organization is considered furnishing support. A technical assistance relationship between organizations implies a sustained and substantial relationship in which skills are transferred and organizational capacity of the recipient NGO is built. However, ad hoc interactions between organizations (e.g., visits, consultations, data collection or interviews) should not be subject to restrictions under this interpretation.

## INDIVIDUAL VERSUS ORGANIZATIONAL ACTION

The restrictions apply to organizations, not individuals. An individual associated with a foreign NGO subject to *the policy* may engage in activities in their private capacity that would be prohibited if carried out by the organization itself. An individual may engage in such otherwise restricted activities as long as he or she is “neither on duty nor acting on the organization’s premises,” the organization does not endorse or fund the action, and “reasonable steps” are taken to ensure that the individual does not “improperly represent” that he or she is acting on behalf of the organization. [See also the exception for training of NGO-affiliated individuals described above.]

## COMPLIANCE AND MONITORING RESPONSIBILITIES

U.S. NGOs are responsible for flowing-down *the policy* to foreign NGO partners that receive U.S. global health assistance from them, and for monitoring partners’ compliance with *the policy*. Foreign NGOs are responsible for ensuring their own compliance when receiving U.S. global health assistance directly from the USG, for flowing-down *the policy* on other foreign NGO partners who receive U.S. global health assistance from them as sub-recipients, and for monitoring those partners’ compliance with *the policy*.

Action steps to ensure compliance could include:

- Development of procedures for screening foreign NGOs during the preliminary proposal development stage;
- Confirmation of eligibility for USG health assistance by the foreign NGO and agreement to comply with *the policy* by the inclusion of the provisions implementing *the policy* in the final signed assistance agreement;
- Due-diligence reviews to ensure that foreign NGOs are in compliance with *the policy*;
- Compliance monitoring on a continuing basis once a project is underway, including through such activities as field visits by in-country, regional or headquarters staff and the use of compliance checklists, and/or the reporting of compliance in project progress reports;
- Education and training of staff about *the policy*, including production of manuals and other informational materials; and
- Creation of organizational protocols for identifying suspected violations and taking corrective action.

## FURTHER INFORMATION

The sources for the information contained in this brochure include the following documents:

- “The Mexico City Policy—Memorandum for the Secretary of State, the Secretary of Health and Human Services, and the Administrator of the U.S. Agency for International Development,” January 23, 2017. <https://www.whitehouse.gov/the-press-office/2017/01/23/presidential-memorandum-regarding-mexico-city-policy>
- State Department fact sheet (<https://www.state.gov/r/pa/prs/ps/2017/05/270866.htm>) and transcript of background briefing by senior administration officials (<https://www.state.gov/r/pa/prs/ps/2017/05/270879.htm>), May 15, 2017.
- U.S. Department of State, Bureau for Population, Refugees, and Migration, “Implementation of Protecting Life in Global Health Assistance (Formerly known as the ‘Mexico City Policy’),” PRM Press Guidance, May 15, 2017. [https://pai.org/wp-content/uploads/2017/09/FINAL-MCP-Press-Guidance\\_2017-05-14.pdf](https://pai.org/wp-content/uploads/2017/09/FINAL-MCP-Press-Guidance_2017-05-14.pdf)

Internal messages on implementation of *the policy*, including:

- U.S. Department of State, Bureau of Administration, Office of the Procurement Executive, “Protecting Life in Global Health Assistance,” Federal Assistance Management Advisory Number 2017-01, May 15, 2017. [https://pai.org/wp-content/uploads/2017/09/FAMA-2017\\_01-Protecting-Life-in-Global-Health-Assistance.pdf](https://pai.org/wp-content/uploads/2017/09/FAMA-2017_01-Protecting-Life-in-Global-Health-Assistance.pdf)
- USAID, Executive Secretary, “Implementation of Protecting Life in Global Health Assistance (formerly known as the Mexico City Policy),” USAID/General Notice, May 15, 2017. [https://pai.org/wp-content/uploads/2017/09/Implementation-of-Protecting-Life-in-Global-Health-Assistance\\_USAIDGeneral-Notice.pdf](https://pai.org/wp-content/uploads/2017/09/Implementation-of-Protecting-Life-in-Global-Health-Assistance_USAIDGeneral-Notice.pdf)
- Standard provisions included in USAID agreements with NGOs, including the revision to implement *the policy*. See U.S., USAID, “Protecting Life in Global Health Assistance (May 2017)” section (pages 83-93) contained in “Mandatory Standard Provisions for Non-U.S., Nongovernmental Recipients.” <https://www.usaid.gov/sites/default/files/documents/1868/303mab.pdf>
- For the full text of provisions to be included in the global health assistance agreements between NGOs and other relevant U.S. departments and agencies, please see:
  - State Department: <https://www.state.gov/documents/organization/271867.pdf>
  - NIH: <https://grants.nih.gov/policy/protecting-life-global-health-assistance.htm>
  - CDC: <https://www.cdc.gov/grants/additionalrequirements/ar-35.html>
- For current legislative and policy restrictions on USG foreign assistance related to abortion, see USAID website for abortion restrictions at <https://www.usaid.gov/what-we-do/global-health/cross-cutting-areas/legislative-policy-requirements>
- For voluntarism and informed choice protections, see USAID website at <https://www.usaid.gov/what-we-do/global-health/family-planning/voluntarism-and-informed-choice>
- For the Global Health eLearning Center Certification for the Protecting Life in Global Health Assistance, visit <https://www.globalhealthlearning.org/course/protecting-life-global-health-assistance-and-statutory>

For official clarification of USG restrictions affecting global health assistance, organizations should consult directly with the USG department or agency furnishing the assistance. This includes staff contacts in the Washington headquarters and in field missions.

For copies of the documents quoted or referenced in this summary, for assistance in understanding current USG policies, or to submit information on the experiences of organizations in implementing *the policy*, please contact PAI via email at [PLGHA@pai.org](mailto:PLGHA@pai.org) or by phone at (202) 557-3400.

### DISCLAIMER

None of the information contained in this brochure should be interpreted as an explicit or implied endorsement on the part of PAI, its Board of Directors, or staff of *the policy* or its implementation and enforcement by the USG.

The contents of this brochure are intended to convey general information only and should not be considered to constitute legal advice. Pro bono legal advice is available. Please contact PAI to be connected with attorneys willing to advise NGOs on *the policy*.

Furthermore, NGOs should consult their non-USG donors and funding agreements to determine the applicability of *the policy* to their non-USG funded activities.

## DO *THE POLICY* RESTRICTIONS APPLY?

YES	NO
<b>ASSISTANCE PROGRAMS*</b>	
<ul style="list-style-type: none"> <li>• HIV/AIDS, including the President’s Emergency Plan for AIDS Relief (PEPFAR)</li> <li>• Tuberculosis</li> <li>• Malaria, including the President’s Malaria Initiative (PMI)</li> <li>• Pandemic Influenza and other emerging threats, including global health security</li> <li>• Other public health threats, including neglected tropic diseases and other infectious diseases, non-communicable diseases and health system strengthening</li> <li>• Maternal and child health, including water, sanitation and health (WASH) at the community and household-level</li> <li>• Family planning and reproductive health</li> <li>• Nutrition</li> </ul>	<ul style="list-style-type: none"> <li>• Humanitarian assistance, including State Department migration and refugee assistance and USAID and Defense Department disaster and humanitarian relief</li> <li>• Development assistance</li> <li>• Water and sanitation infrastructure and services funded by development assistance</li> <li>• Food assistance (P.L. 480)</li> <li>• American Schools and Hospitals Abroad program</li> </ul>
<b>BUDGET OR APPROPRIATIONS ACCOUNTS</b>	
<ul style="list-style-type: none"> <li>• Global Health Programs (GHP)</li> <li>• President’s Emergency Plan for AIDS Relief (PEPFAR)</li> <li>• Economic Support Fund (ESF)</li> <li>• Assistance for Eastern Europe, Eurasia and Central Asia (AEECA)</li> </ul>	<ul style="list-style-type: none"> <li>• Development Assistance (DA)</li> <li>• Migration and Refugee Assistance (MRA)</li> <li>• International Disaster Assistance (IDA)</li> <li>• Food for Peace Title II Grants (P.L. 480)</li> <li>• United States Emergency Migration and Refugee Assistance Fund (ERMA)</li> </ul>
<b>ORGANIZATIONS AND ENTITIES</b>	
<ul style="list-style-type: none"> <li>• Foreign nongovernmental organizations, both for-profit and not-for-profit</li> </ul>	<ul style="list-style-type: none"> <li>• Foreign governments</li> <li>• Multilateral organizations</li> <li>• U.S. nongovernmental organizations</li> <li>• The Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as Gavi, the Vaccine Alliance</li> </ul>
<b>ASSISTANCE INSTRUMENTS FOR FOREIGN NGOS</b>	
<ul style="list-style-type: none"> <li>• Grants</li> <li>• Cooperative Agreements</li> <li>• Grants under contracts</li> <li>• Contracts (not in force as of 9/30/17)</li> </ul>	<ul style="list-style-type: none"> <li>• Subgrants from a foreign government</li> <li>• Purchase orders for tangible goods or services not directly related to the provision of global health assistance (e.g., shipping)</li> </ul>
<b>TYPES OF ASSISTANCE AND SUPPORT</b>	
<ul style="list-style-type: none"> <li>• Funding</li> <li>• Technical assistance</li> <li>• Commodities</li> <li>• Fellowships</li> <li>• Equipment</li> <li>• Training (most—particularly if it builds organizational capacity)</li> </ul>	<ul style="list-style-type: none"> <li>• Loans</li> <li>• Minimal contacts of limited duration (e.g., consultations, interviews, data collection, publications)</li> <li>• Purchased goods or services (e.g., computer, management, office supplies)</li> </ul>
<b>INDIVIDUAL RECIPIENTS OF SUPPORT</b>	
<ul style="list-style-type: none"> <li>• NGO-affiliated individual acting in the name of the NGO</li> <li>• NGO-affiliated individuals participating in customized training</li> </ul>	<ul style="list-style-type: none"> <li>• NGO-affiliated individuals acting in their private capacities</li> <li>• NGO-affiliated individuals participating in a “general training program”</li> </ul>

\* See U.S. Department of State, Bureau of Administration, Office of Procurement Executive, “Protecting Life in Global Health Assistance,” Federal Assistance Management Advisory Number 2017-01, May 15, 2017 and the health category under the Foreign Assistance Standardized Program Structure (<https://www.state.gov/f/releases/other/255986.htm#HL>)



**PERMISSIBLE ABORTION-RELATED ACTIVITIES UNDER *THE POLICY* OR EXISTING LAW**

**KEY**

- ✓ Activity permitted under either the 1973 Helms amendment, *the policy*, or other applicable statutory or policy restrictions.
  - ☆ Activity permitted under current law and policy, but it remains unclear whether or how often (if ever) a U.S. NGO would directly provide services to clients without relying on a foreign NGO partner as an intermediary.
  - \* Activity permitted only under certain very specific conditions (see text of brochure for more detailed discussion of “passive referrals”).
  - + Research of any type is not specifically mentioned in the provisions implementing *the policy*. However, the definition of “actively promote abortion” in the provisions is illustrative, not exhaustive (“includes, but it is not limited to, the following activities”). There are indications that the USG views biomedical research on abortion conducted by a foreign NGO, regardless of the source of funds, as rendering the NGO ineligible for USG health assistance. In addition, see also the text of the brochure for a discussion of the application *the policy* to implementation science and operations research.
- NGOs should consult their non-USG donors and funding agreements to determine the applicability of permissible activities.**

TYPE OF ACTIVITY
<p><b>Performance of Abortion</b></p> <ul style="list-style-type: none"> <li>• Perform abortion in cases of life endangerment, rape or incest</li> <li>• Perform abortion for other indications including broad health grounds (physical and mental), “fetal abnormalities,” and socioeconomic reasons or on request</li> </ul>
<p><b>Counseling and Referral</b></p> <ul style="list-style-type: none"> <li>• Refer on abortion, if legal</li> <li>• Provide counseling on abortion</li> <li>• Post-abortion contraceptive counseling, referral and services</li> </ul>
<p><b>Lobbying</b></p> <ul style="list-style-type: none"> <li>• Lobby a foreign government to legalize or to “continue the legality” of abortion for reasons other than life endangerment, rape or incest</li> <li>• Conduct a “public information campaign . . . regarding the benefits and/or the availability of abortion” for reasons other than life endangerment, rape or incest</li> </ul>
<p><b>Post-abortion care</b></p> <ul style="list-style-type: none"> <li>• Purchase or distribute manual vacuum aspiration (MVA) kits</li> <li>• Training of medical personnel in the treatment of post-abortion complications (e.g. septic or incomplete abortions)</li> <li>• Provide assistance to strengthen logistics systems that include MVA kits for post-abortion care</li> </ul>
<p><b>Research +</b></p> <ul style="list-style-type: none"> <li>• Conduct biomedical research on abortion</li> <li>• Engage in demographic, epidemiological or social science research on abortion</li> </ul>

FOREIGN NGO		U.S. NGO	
USG ASSISTANCE	NON-USG ASSISTANCE	USG ASSISTANCE	NON-USG ASSISTANCE
✓	✓	☆	☆
*	*	✓	✓
✓	✓	✓	✓
			✓
			✓
	✓		✓
✓	✓	✓	✓
	+		✓
✓	✓	✓	✓



## ABOUT PAI

PAI champions policies that make it possible for women to exercise their reproductive rights, and fights to remove the policy barriers between women and the care they need. We work with policymakers in Washington and our network of partners in the global South to advance women's reproductive rights. Founded in 1965, PAI is a private, non-profit group and accepts no government funds.

For more information on *the policy* visit [www.pai.org](http://www.pai.org)

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REPRODUCTIVE RIGHTS**  
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