



TRUMP'S GLOBAL GAG RULE AND ETHIOPIA

CONTEXT

Ethiopia is the second most populous country in Sub-Saharan Africa, with a population of 94.1 million people, over 50 percent of whom are under the age of 20. While the capital city of Addis Ababa is a commercial and cultural hub for the entire region, more than 80 percent of the country's population lives in rural areas, where accessing life-saving services, information and supplies is often more difficult.¹ With one of the lowest per capita incomes in the region, Ethiopia's resources are overextended.²

Ethiopia also hosts the largest refugee population in Africa, taking in more than 783,000 people fleeing crises in South Sudan, Somalia and other neighboring states.³ Roughly half of this population is female, including significant numbers of women and girls of reproductive age. Many of these women and girls, especially those living outside of traditional camp settings, utilize the same,



overburdened, health services as the local population.

Despite these challenges, the country has made significant gains over the past six years in increasing contraceptive use and knowledge, and reducing the number of maternal deaths.⁴ This can be attributed, in part, to an increase in donor funds and government support for maternal and reproductive health programs, as well as a focus on health extension workers to reach more rural communities and a health development army to promote community engagement.⁵

However, Ethiopia has a long way to go to fully meet the health needs of its population. The Global Gag Rule threatens to dismantle this progress and exacerbate the challenges Ethiopia faces. Considering this vulnerable environment, any reduction in global health funding or providers could have severe negative impacts on the health system and ultimately, the health and lives of women, girls and their communities.

WHAT IS THE GLOBAL GAG RULE?

On January 23, 2017, President Trump signed a presidential memorandum imposing the Global Gag Rule, requiring that foreign NGOs receiving U.S. health assistance certify that the organization does not use its own non-U.S. funds to provide abortion services, counsel or refer for abortion, or advocate for the liberalization of abortion as a condition to receive U.S. funding. The Trump-Pence administration's Global Gag Rule goes further than any previous Republican administration, massively expanding this harmful policy to not only implicate family planning funds, but all global health assistance. This policy will be extremely detrimental to countries like Ethiopia that receive large amounts of U.S. global health assistance.

TABLE 1: GLOBAL HEALTH FUNDING IN ETHIOPIA - 2015^{7,8}

2015 OBLIGATIONS						
	NON-U.S. NGO	OTHER NGO*	NON-U.S. ENTERPRISE	OTHER ENTERPRISE	OTHER ACTORS**	TOTAL
FP	2,950,000.00	20,995,387.05	130,000.00	2,582,300.00	1,214,712.78	27,872,399.83
HIV	9,514,463.71	41,318,011.87	281,452.09	10,220,897.74	80,499,277.84	141,834,103.25
MCH	650,000.00	31,683,735.05	211,707.02	2,150,005.00	2,203,411.77	36,898,858.84
Other Global Health Programs ***	2,709,471.99	34,407,251.08	2,864,765.29	14,316,205.33	49,744,151.61	104,041,845.30
TOTAL	15,823,935.70	128,404,385.05	3,487,924.40	29,269,408.07	133,661,554.00	310,647,207.22

* Other NGO represents both USAID-distinguished U.S. NGOs and International NGOs. International NGOs are defined as either having an international coordinating body, or a diverse network of country offices in the field. Although U.S. NGOs are not subject to the Global Gag Rule, any local partners they sub-grant to must comply with the Global Gag Rule.

** This includes: governments, public universities and multilaterals that are not affected by the Global Gag Rule.

*** This includes: general health, malaria, nutrition, other public health threats, pandemic influenza and other emerging threats, tuberculosis and water supply and sanitation.

U.S. GLOBAL HEALTH ASSISTANCE

Ethiopia is the eighth largest recipient of U.S. global health assistance, with more than \$310.5 million in global health funds obligated in fiscal year 2015.⁶ Over \$170 million of these funds went to at least 72 global and local organizations to implement global health programs, including more than 52 organizations working on family planning (FP), maternal and child health care (MCH), as well as STD and HIV prevention and care. These U.S.-supported programs and organizations have been critical to efforts in Ethiopia to strengthen the country's health

system and increase positive health outcomes.

Although the Global Gag Rule only applies to foreign NGOs, U.S. organizations receiving funds are required to certify that their local partners are compliant with the policy—a process that could delay disbursement of funds and take valuable time and resources away from serving clients. The Global Gag Rule places more than \$120 million of NGO funding for sexual and reproductive health (SRH) programs in Ethiopia at risk of being lost, delayed or diverted to other organizations willing to comply with the Global Gag Rule (see Table 1). The remaining organizations may not be located

in the same communities, may not provide the same set or quality of services, or may simply be unable to absorb and effectively utilize a massive influx of funding and new clients. This means that some communities, particularly those which are vulnerable or hard-to-reach, could see a reduction or complete loss of important SRH services.

POLICY ENVIRONMENT

With U.S. money and support, Ethiopia has been able to expand the reach of family planning services and contraceptives. However, organizations refusing to accept the Global Gag Rule

TABLE 2: ETHIOPIAN SEXUAL AND REPRODUCTIVE HEALTH POLICIES AND GLOBAL GAG RULE IMPLICATIONS

Policy Name	Policy Year	Description	Global Gag Rule Implications
Criminal Code of the Federal Republic of Ethiopia¹⁰	2004	Legalizes abortion in cases of rape, incest, fetal impairment, if the mother's life or that of the fetus is at risk, or if a woman is unable to be a parent due to being a minor or mental infirmity.	The Global Gag Rule only allows organizations to use their own funds for abortion in cases of rape, incest, or if a woman's life is at risk, despite Ethiopia's more permissible abortion law.
FP2020 Commitment¹¹	2012	Committed to reaching an additional 6.2 million women and adolescent girls with family planning services.	The Global Gag Rule prevents some of the most effective and respected family planning providers from receiving the funds and supplies needed to realize this commitment.
Health Sector Transformation Plan¹²	2015	This policy outlines Ethiopia's health priorities for the next five years and prioritizes family planning services to improve equitable and quality health services. This includes setting targets of increasing the contraceptive prevalence rate from 42 to 52 percent and reducing unmet need from 24 to 10 percent.	With possible gaps in family planning programs due to restrictions from the Global Gag Rule, the government will be required to further stretch limited resources.

will now likely call upon the Ethiopian government (as they have under previous iterations of the Global Gag Rule) to fill the gaps in programs and commodities to ensure that women using contraceptives will be able to access them.⁹ As Trump's expanded Global Gag Rule includes all of health assistance, the government is liable to face more requests from a larger number of organizations, further straining Ethiopia's system. This could require Ethiopian policymakers to make difficult decisions about which areas of healthcare to focus limited resources on. Ultimately, the Global Gag Rule will undermine overall progress on health as well as toward achieving the country's reproductive health goals, including the targets defined in the Health Sector Transformation Plan, and for FP2020 (see Table 2).

As civil society organizations face additional financial and programmatic restrictions, their ability to advocate for liberalizing access to reproductive health services for women—which has been crucial in recent abortion policy progress in Ethiopia (see Table 2)—will be dampened.

CONTRACEPTIVE SECURITY

Demand for family planning in Ethiopia has steadily increased since the early 2000s. Currently 35.9 percent of married women are using some form of modern contraception, with injectables being the most popular method. In 2015, 39 percent of contraceptives in Ethiopia were provided by USAID, and 56 percent were provided by UNFPA.¹⁶ While USAID will most likely continue to provide contraceptives, the two largest contraceptive service delivery organizations in the country will not be able to receive those supplies. Family Guidance Association of Ethiopia (FGAE), an International Planned Parenthood Federation affiliate, and Marie Stopes International Ethiopia (MSIE), will not sign the Global Gag Rule, making them ineligible for any financial or in-kind contraceptive support from the U.S. government. During the 2001 instatement of the Global Gag Rule, when FGAE and MSIE refused to sign, the organizations turned to Ethiopia's Ministry of Health for support. However, due to logistical difficulties, the

government was an unreliable source for commodities. Instead, FGAE and MSIE were required to use their limited resources to purchase supplies from social marketing agencies, and were forced to cut other essential family planning services.¹⁷

With FGAE and MSIE ineligible for U.S. health assistance, much 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 stock-outs at clinics and among community-based distributors. Additionally, some of these providers can, and may choose to not provide the full method-mix due to lack of training in a particular method, cost, religious or other beliefs. All of these scenarios limit women's access to contraceptive methods of their choice. Reductions in access to contraceptive services could dramatically increase unmet need, which currently stands at 22.3 percent. These challenges could have long-term effects, with the possibility of clinics having to permanently shut their doors or women developing a distrust of the abilities of clinics to provide desired contraceptives or other services.

In Ethiopia, 10 percent more women in urban settings use a modern contraceptive method than in rural areas.¹⁸ This gap will continue to grow with the implementation of the Global Gag Rule, as many of the contraceptive services that are provided in rural locations come from local NGOs—all of which will be subject to the Global Gag Rule. Those who do not sign the Global Gag Rule will see their U.S. funds eliminated, and may have to limit services to some rural and hard-to-reach locations. Others may limit the full-spectrum of their



services due to misapplication or over-interpretation of the rule.^{19,20} In 2005, PAI saw this effect on FGAE and MSIE. Both significantly reduced community-based distribution (CBD) initiatives because of financial constraints. This resulted in many women in rural or remote communities losing access to family planning and HIV services.²¹

MATERNAL HEALTHCARE

Ethiopia has significantly decreased its maternal mortality ratio over the past 16 years.²³ This is in part due to the positive enabling environment that USAID has helped to fund. In 2012, the U.S. government teamed up with the government of Ethiopia and others to launch the *Child Survival Call to Action*. The Call set forth goals for reducing preventable newborn and child deaths, as well as reducing maternal mortality. Since then, USAID support in Ethiopia has translated into 5,000 trained midwives to increase skilled birth attendants, building the capacity of health extension workers to increase healthy timing and spacing of pregnancies, and training midwives in basic emergency obstetric and

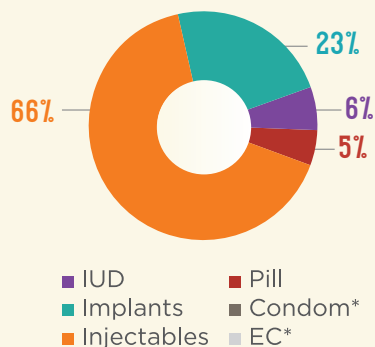


newborn care. Under Trump's Global Gag Rule, these services could be threatened.

Ethiopia liberalized its abortion law in 2005, allowing abortion services to be provided in cases of rape or where the mother or fetus' health or life is at risk. This has also contributed to the country's decrease in maternal mortality. However, the Global Gag Rule has traditionally caused confusion around the permissibility of life-saving maternal health interventions, such as post-abortion care and abortion in cases of life endangerment. Although provision of services in

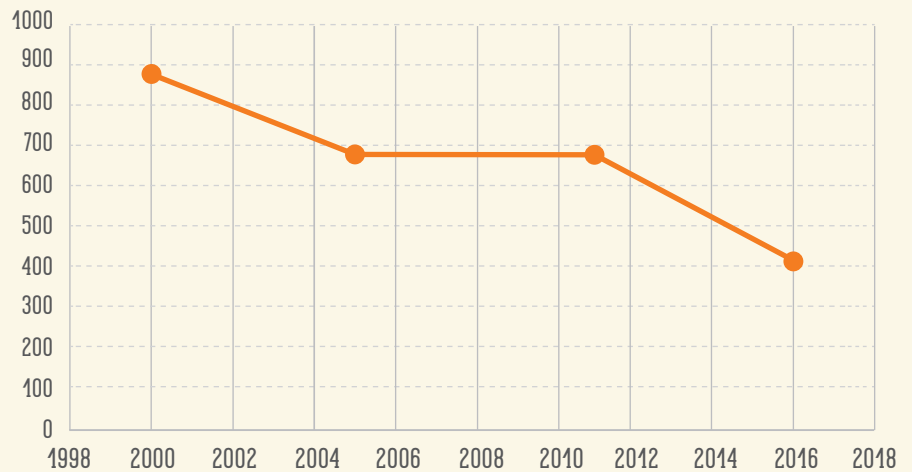
these scenarios is allowed under the Global Gag Rule, organizations may be unclear about these exceptions and concerned that offering these services could jeopardize funding. They may also lack the supplies and training needed to perform these services. Ultimately, the Global Gag Rule will undermine the progress towards Ethiopia's goal of reducing the maternal mortality ratio to 267 per 100,000 live births by 2020, which would be a significant drop from the 353 maternal deaths per 100,000 live births in 2015.^{24,25}

GRAPH 1: MODERN METHOD USED BY TYPE²²



Note: * Indicates less than 1% of modern contraceptive users use that particular method

GRAPH 2: MATERNAL MORTALITY RATIO PER 100,000 LIVE BIRTHS²⁶



HIV

Ethiopia has an HIV prevalence rate of 1.1 percent. This varies by gender, with the prevalence rate for women being significantly higher (1.9 percent) than their male counterparts (1.0 percent).²⁷ However, Ethiopia has been able to successfully increase treatment coverage with the help of the President's Emergency Plan for AIDS Relief (PEPFAR). Antiretroviral treatment coverage is currently at 79.8 percent.²⁸ Substantial progress has also been made in increasing treatment for pregnant women to decrease maternal-to-child transmission of HIV.

Although PEPFAR was explicitly exempt from the Global Gag Rule in 2003, Trump's Global Gag Rule will implicate all HIV assistance provided by the United States. The distribution of condoms may

have to be scaled back due to loss of funding or a shortage of condoms, as was the case under previous iterations of the Global Gag Rule.

INTEGRATED SERVICES

Increasingly, family planning, maternal health, HIV and other health services are being offered together as part of integrated programs, such as under USAID's *Integrated Family Health Program* in Ethiopia. Many organizations now provide family planning counseling in conjunction with any pre-natal and post-natal outreach or HIV testing and treatment. Integrated health services make health systems more efficient, help providers better meet the multiple health needs of clients and allow women, young people and others to access a variety of services at one time and place.

With the Global Gag Rule in place, integrated services may deteriorate, as some organizations will choose to not accept the restrictions and give up U.S. funding altogether, while others willing to accept the conditions of the Global Gag Rule may try to separate themselves from the provision of family planning and other reproductive health services. They may also face confusion over what services and referrals they can provide. Lack of integrated services will make it more difficult for many people to access comprehensive health services, as accessing the same package of services would involve multiple, sometimes long, trips to see different providers. The increased time and resources required to seek out multiple providers may force some to forego critical services altogether.





CONCLUSION

As one of the largest recipients of U.S. global health assistance funding, Ethiopia will be significantly impacted by Trump's expanded Global Gag Rule, which will effect many more areas of the health sector than previous iterations of the policy. These include family planning, maternal health, HIV and integrated programming. Already vulnerable groups such as rural women and girls, young people and those living in poverty also stand to be disproportionately affected by Trump's Global Gag Rule.

The effects of Trump's Global Gag Rule on programs, supplies and communities will be magnified not only because of the expanded scope of the policy but also due to changes to Ethiopia's own policy environment and the country's progress on sexual and reproductive health—not the least of these is Ethiopia's abortion law. Abortion is now legal in Ethiopia in cases of rape, incest, fetal impairment, if the life of the mother or the fetus is at risk, or if a woman is unable to parent due to mental infirmity or being a minor. Trump's Global Gag Rule undermines this progress by limiting the circumstances in which foreign organizations that choose to accept U.S. foreign assistance will be able to provide the abortion services now allowed under Ethiopia's law. Organizations refusing to accept the Global Gag Rule will need to rely on the Ethiopian government to fill gaps in programs and commodities. However, as Trump's Global Gag Rule includes all health sectors, this will further strain Ethiopia's health system. This could require policymakers to make difficult decisions about what areas of healthcare to focus limited resources on and possibly put critical services further out of reach for vulnerable communities.

Endnotes

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