



# SO FAR, SO BAD

THE WIDE-RANGING  
IMPACTS OF THE GLOBAL  
GAG RULE HAPPENING NOW

PAI has documented the impact of the Global Gag Rule for decades in our research series *Access Denied*. With the reinstatement and massive expansions of the policy under the Trump administration, we have conducted fact-finding trips in Uganda, Nigeria, Ethiopia, Nepal, Senegal, India, Burkina Faso, Kenya and more to record the effects thus far. While it will take years for the whole scope of impact to appear, our preliminary case studies confirm the policy has already caused harm to nongovernmental organizations (NGOs), health systems and communities, including:



## Communities Without Care

Organizations that chose not to comply with the Global Gag Rule were forced to close clinics and end services as a result of funding deficits, disproportionately affecting vulnerable groups including youth, people living with HIV/AIDS and rural populations.



### Contraceptives out of reach

- In Burkina Faso, International Planned Parenthood Federation member ABBEF was forced in 2017 to prematurely end its U.S.-supported pilot initiative to distribute contraceptives in secondary schools where there is a huge family planning need.
- Reproductive Health Uganda lost \$300,000 in 2017—30% of its budget—and was forced to end projects to strengthen advocacy, rights-based services and introduce injectable contraceptive Sayana Press to 6,000 adolescents seeking protection against unwanted pregnancy.
- One Ethiopian NGO with expertise reaching remote communities will end its U.S.-funded program providing vasectomies and tubal ligations to rural populations. No other organization has the technical skills and expertise to provide the same quality of service and choice.
- MSI affiliate FRHS India, which has not had U.S. funding since 2005 and does not provide abortion services, had to shut down a program in Uttar Pradesh as MSI redirected “core” funds to countries harder hit by the Global Gag Rule.

### Fewer points of service



- MSI Senegal lost approximately 45% of its budget. This means its outreach services will reach 20% fewer clients for family planning, provide at least 30% fewer cervical cancer screenings and offer nearly 30% fewer STI treatments. These services are critical because adolescents and young people rely heavily on the private sector for sexual and reproductive health in Senegal.
- MSI will have to cut 27 mobile health teams across Uganda—a key, integrated service for hard-to-reach populations. Five outreach teams also had to shut down, with 12 more at risk. That will take away services from half of MSI’s country coverage and Uganda’s most vulnerable communities.
- The Family Guidance Association of Ethiopia would have had to close 10 confidential, sex worker-friendly clinics if not for short-term replacement funding from the government of the Netherlands.
- Three MSI mobile outreach teams in Burkina Faso are no longer operational in the country’s most volatile zones after USAID support ended in April 2018, cutting populations off from health services.



## Advocacy and Partnerships Crumble

NGOs compliant with the Global Gag Rule must often discontinue critical initiatives with noncompliant organizations expected to advance health care access and quality. Stigma and technical complexities of the policy also lead NGOs to self-censor and overly restrict activities out of caution.



### Stalled efforts to improve health outcomes

- In Uganda, an NGO working with family planning providers and advocates through the Uganda Family Planning Commission to decrease maternal mortality due to unsafe abortion stopped engaging in the work out of fear of reprisals.
- Efforts by an NGO that trains health workers in Nepal to integrate abortion provision with other basic health services faltered because partner organizations complying with the policy were no longer available.
- An NGO in Ethiopia lost not only U.S. funding due to the Global Gag Rule, but also its partnerships with two compliant prime recipient organizations that had provided subgrants for programmatic work and an estimated 550,000 euros annually in contraceptive supplies.



### Support for rights abandoned



- One Senegalese NGO chose to halt advocacy to continue receiving U.S. funding, leaving gaps and stalling the work of a safe abortion taskforce it co-founded to support the government's commitments to increasing contraception use and allowing access to abortion in cases of incest, sexual assault, or when there is a risk to the health or life of the pregnant person or to the fetus.
- A compliant organization in Uganda had planned to work with Reproductive Health Uganda on a sexual and reproductive health and rights program but decided to sever the partnership due to the policy.
- The largest implementer of USAID global health programs in India is now excluded from coalitions focused on liberalizing and revising India's abortion law, as well as advocacy around task sharing (safely enabling mid- and lower-level health workers to deliver contraceptive methods).



## Administrative Nightmares

The Global Gag Rule creates a heavy operational burden for NGOs—both compliant and noncompliant. They must spend valuable resources on unanticipated overhead, time seeking clarification from funders and other costs, which detracts from service provision and directly impacts clients and beneficiaries.



- One Ugandan NGO's implementation of services fell four to six months behind because of staff time and resources spent on legal and administrative fees, office and personnel changes in efforts to comply with the policy. It also lost knowledgeable technical staff in key geographic locations, impacting the most vulnerable populations.

- One U.S. organization's local affiliate in Nigeria shut down a key women's health program because of compliance-associated costs of duplicating operational structures to function under the Global Gag Rule. It lost over 40 staff as a result.
- WaterAid, which decided not to comply with the Global Gag Rule, expended many hours of additional work on the part of in-country, regional fundraising and U.S. policy and fundraising staff to ascertain sources of funding for multiple USAID grants. USAID responses have been delayed, confusing and on occasion completely incorrect—at times asserting that the policy would apply to funding streams not subject to the Global Gag rule or remaining unresponsive throughout award timelines.





## Vast Opportunity Costs



The Global Gag Rule unsettles plans for organizations working to sustain and grow operations, topples local government efforts to prioritize and improve quality and accessibility of health care and imposes extraordinary burdens and disruptions on non-U.S. donors—all resulting in diminished and delayed programs at the expense of reaching beneficiaries.

- Reproductive Health Uganda operates in almost 50% of Ugandan refugee camps, serving as the main sexual and reproductive health organization in the settlements. Because of the Global Gag Rule, the NGO has had to scale back humanitarian services, diverting \$100,000 per year from providing sexual and reproductive health care in refugee camps.
- In Nepal, the two lead reproductive health NGOs were forced to close their respective U.S.-funded projects due to the Global Gag Rule and USAID allegedly struggled to find new partners willing to subvert the constitutional mandate guaranteeing the right to abortion. As a result, efforts to improve disadvantaged populations' family planning access, provider trainings, quality assurance and public health sector contraceptive supply chain will be lost. Both NGOs have withdrawn from 22 districts, and one will have to lay off 140 staff as a result.

- A Dutch-funded project of \$9 million over four years for comprehensive abortion care in Ethiopia was terminated because the lead organization was complying with the Global Gag Rule and could no longer carry out the work.
- The United Kingdom's Department for International Development dedicated 90 million pounds over four years in Ethiopia for work with the Ministry of Health to provide modern family planning services. Because of the Global Gag Rule, one NGO could no longer continue working with the other recipients. The program came to a nine-month halt to redesign the grant in a way that fragmented safe abortion care from the rest of the reproductive health portfolio, delaying the rollout of services.

To see our Global Gag Rule case studies and resources, visit [pai.org](https://pai.org).

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