

NOVEMBER 2018

ACCESS DENIED: SENEGAL

*PRELIMINARY IMPACTS
OF TRUMP'S EXPANDED
GLOBAL GAG RULE*

CHAMPIONS
OF GLOBAL
REPRODUCTIVE RIGHTS
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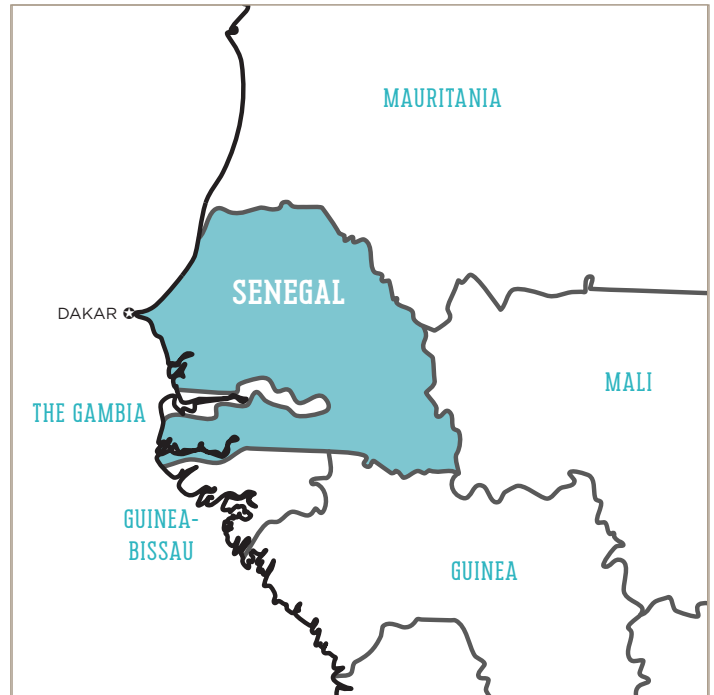
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INTRODUCTION

While Senegal has made gains in health indicators, socio-economic barriers impede access to sexual and reproductive health services, particularly for underserved rural and youth populations. Senegal's penal code forbids induced abortion under any circumstance, and cultural and religious norms around family planning limit contraceptive uptake. Even in this restrictive setting for quality, legal abortion, the Trump-Pence administration's expanded Global Gag Rule is having harmful impacts. In Senegal, the policy actively undermines demand generation for and expanded access to family planning—and it threatens to derail legislation which would increase availability of high-quality, safe abortion care for women and girls.

The Global Gag Rule prohibits foreign nongovernmental organizations (NGOs) from using their private, non-U.S. funds to provide comprehensive, safe abortion services; information or referrals for abortions; or to advocate for the legalization of safe abortion services for reasons other than life endangerment, rape or incest if they want to continue receiving U.S. global health assistance. Importantly, the expanded Global Gag Rule applies to all U.S. global health assistance, impacting not just reproductive health and family planning, but maternal and child health; HIV/AIDS prevention, care and treatment; as well as other health programming.



In June and July 2018, PAI conducted fact-finding trips to Dakar, Senegal to document the preliminary impacts of the Global Gag Rule. Foreign NGO implementers leading outreach with mobile clinics and social franchises have been hit hardest by the double loss of U.S. funding and the rupture of partnerships with U.S. NGOs. These impacts are devastating for a country like Senegal, with high numbers of hard-to-reach, rural populations. The policy is also affecting advocacy efforts to revive a long-awaited sexual and reproductive health law that would allow for termination of pregnancy in the instance of rape or incest. This would begin to bring the country's law in line with commitments to regional human rights instruments, as well as with the abortion exceptions allowed under the Global Gag Rule.

Alongside the Global Gag Rule's detrimental effects are the consequences of other harmful stances taken by the U.S. government, including the defunding of the United Nations Population Fund (UNFPA). UNFPA and the U.S. Agency for International Development (USAID) provide over 90 percent of funding for contraceptive commodities in Senegal. While UNFPA has suffered from the loss of U.S. funding, the agency will continue to support reproductive health supplies in-country through 2022. However, multiple sources conveyed major concerns over USAID's scheduled withdrawal of contraceptive funding by the fall of 2019, meaning the country will lose half of its contraceptive supply. Existing reproductive health supply stockouts and problems with delivery outside Dakar will only worsen without U.S. supplies and key service providers not complying with the Global Gag Rule.

Supporting the private sector, including reinforcing social franchises and increasing the number of mobile clinics, is a key pillar of Senegal's strategy to meet its Family Planning 2020 (FP2020) objectives. With the Global Gag Rule, the United States is undermining those commitments as key private sector partners best positioned to provide those services are no longer able to serve vulnerable communities, particularly youth. Those organizations—which have been central to meeting Senegal's development goals—have had trusted ties and the expertise to provide information, care and services to the least-served populations. The Global Gag Rule, coupled with other U.S. foreign policy, threatens to destabilize Senegal's national objectives to increase contraceptive use and reduce unmet need. With an upcoming presidential election in early 2019, there does not seem to be the political will to take on issues of sexual and reproductive health, which will compound impacts on women, girls and their communities.

GLOBAL HEALTH ASSISTANCE IN SENEGAL

The United States is the largest donor to family planning and, more broadly, global health in Senegal. For nearly 40 years, USAID has supported the Ministry of Health and Social Action to reduce maternal and child deaths, prevent infectious disease and other illnesses, as well as improve the country's health indicators.¹ In the 2017 fiscal year alone, the United States obligated USD 45.41 million for global health, 10.25 million of which was for family planning, with another USD 6.78 million for maternal and child health and USD 2.13 million for HIV/AIDS programming.² From strengthening the country's health delivery system to targeting malaria mortality, to ensuring the delivery of integrated health services at the community level, the U.S. government continues to provide a wide range of vital health programs. All of these investments now fall under the scope of the expanded Global Gag Rule and foreign NGO implementing partners will be affected by the policy, particularly in the areas of sexual and reproductive health service delivery and advocacy.

As a USAID family planning priority country, Senegal is supported by the agency to procure technology and train health workers around the country to improve the quality of reproductive health care.³ This assistance includes monitoring and evaluating health services; working with community-based organizations to raise awareness about contraceptives, emergency obstetric care and diseases that can influence maternal and infant outcomes, such as HIV and malaria; as well as investing in Senegal's national post-abortion care program, treating complications of miscarriage and unsafe abortion.⁴ These efforts are closely linked to USAID's community health service delivery, which seeks to increase both the quality and availability of services throughout the health system—an approach focused on providing integrated services consisting of family planning, safe motherhood and child health at all health care points of service.⁵

A signature USAID project in Senegal is Neema, the 2016-2021 USD 69 million Integrated Service Delivery and Health Behaviors project awarded to U.S. organization IntraHealth.⁶ The project brings together a consortium of seven health organizations to expand access to integrated services.⁷ Neema's goal is to make health more accessible to more people, in line with the Senegalese government's Plan for an Emerging Senegal, "where all individuals, all households, and all communities enjoy universal access to promotional, preventive, curative health services of quality, without any form of exclusion."⁸ In particular, the Neema project seeks to expand access to modern contraception, bringing services closer to communities and targeting vulnerable populations, including youth and people living with HIV/AIDS.

Such work is vital given Senegal's very young and rural population, who often lack access to information, contraceptive options, in addition to quality care and services. In the case of the Neema project, which aims to extend sexual and reproductive health services to last-mile recipients, the two leading foreign NGOs with the most experience in mobile service delivery will not comply with the Global Gag Rule and are ineligible to participate in the consortium. One has already withdrawn from Neema, and the other is now unable to continue with Neema and other USAID-funded global health projects. As a result of the policy's impact on the Neema project and other NGO partnerships, the burden will be felt by clients who may either have to travel farther to access services or risk foregoing health services altogether and discontinuing family planning use.

The effects of the Global Gag Rule are compounded by the U.S. government defunding UNFPA, Senegal's second-largest reproductive health donor after USAID. UNFPA lists Senegal as one of the countries with the highest need for the agency's support.⁹ In 2017, the agency spent over USD 3.8 million on health, gender and youth programs. Nearly 63 percent (USD 2.36 million) was allocated to increase availability and use of integrated sexual and reproductive health services. However, UNFPA's work in Senegal has suffered due to its global reduction in funding, which impacts the same NGO partners that are affected by the Global Gag Rule and have also experienced delays in receiving their UNFPA funds.

While other donors, including the Canadian government, have made new commitments to sexual and reproductive health for Senegal, their investments do not compare to the level of U.S. support.¹⁰ Exacerbated by other harmful U.S. initiatives, the Global Gag Rule undermines U.S. investments that target the most vulnerable populations and puts the government of Senegal's ambitions for improved health indicators and key global commitments further out of reach.

REPRODUCTIVE HEALTH IN SENEGAL

Senegal has been a regional leader in reproductive health advances in the last five years. These gains are critical for the country's growing population of 15.7 million and to meet its global health and development commitments.¹¹ However, consistently high poverty rates, gaps between rural and urban populations as well as a high youth population make achieving national objectives challenging. Because Senegal is a majority-Muslim country, the Ministry of Health and Social Action has promoted family planning as a matter of birth spacing to preserve maternal and infant health—ensuring the compatibility of contraception with Islamic principles.¹² Working across the spectrum with religious leaders, civil society and development partners, the country has seen its contraceptive prevalence rate increase from 12 to 21.2 percent between 2012 and 2015.¹³ Additionally, although the maternal mortality rate remains high, it has decreased from 392 deaths per 100,000 live births in 2011 to 315 in 2015. The fertility rate has also fallen from 5 to 4.7 in that time span.¹⁴

Senegal has made an ambitious FP2020 commitment to more than double contraceptive prevalence in five years to 45 percent by 2020, which is made difficult by the under-resourcing of the health system and infrastructure.¹⁵ Half of all women in the country are of reproductive age, and the unmet need for family planning is 23.6 percent.¹⁶ There are particular disparities between access to sexual and reproductive health services in urban and rural areas. As of 2017, approximately 44 percent of the population lives in the capital of Dakar and other urban centers, while the rest of the population lives in rural areas, where accessing lifesaving health services, information and medical supplies is considerably more difficult.¹⁷ Throughout Senegal, family planning and sexual and reproductive health are sensitive religious and cultural subjects—and more so among rural populations.¹⁸ Little awareness of modern family planning options, as well as low literacy rates and levels of education limit demand for contraceptives. This is further compounded by insufficient health clinics and health workers in remote areas, and limited resources for hiring new workers.¹⁹

Cultural and religious norms and attitudes also affect reproductive health information and access for young people. One NGO youth network representative told PAI: “The family planning needs—the need is here, it rests with youth. We have cultural issues around youth. If NGOs don't have the means to speak about these issues, we will see real setbacks.”²⁰ Half of Senegal's population is under the age of 18, and 62 percent is 25-years-old or younger.^{21,22} Young women, in particular, face unique challenges, including forced marriage, early pregnancy, fistula, female genital mutilation and unsafe abortion.²³ Few young women in Senegal use formal sexual and reproductive health services, and many seem uncertain about whether contraceptive use is allowable if they are unmarried or before they turn 18.²⁴ In 2016, only 16 percent of sexually active unmarried women between the ages of 15 and 19—and just six percent of those who were married—used any method of contraception.²⁵ While contraceptives are available in government health facilities, health workers primarily prescribe them to married women, discouraging young, single women from seeking contraceptive care from the public sector.²⁶

Consequently, these multiple interacting barriers increase the likelihood of unwanted pregnancy, often resulting in abortion, which is severely restricted and harshly punished in Senegal. The penal code forbids induced abortion under any circumstance, making it one of the most restrictive abortion policies in the world.²⁷ Termination of pregnancy is allowed in cases where the life of the pregnant woman or girl is in danger, and only after she endures the laborious process requiring three doctors to testify that the procedure is necessary.²⁸ Currently, abortion is prohibited in cases of rape or incest. This violates the 2003 Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol)—ratified by Senegal in 2004—which guarantees the rights of women, including the right to control their reproductive health.²⁹ But more than 15 years since the Maputo Protocol was adopted, Senegal still has not liberalized its criminal code, let alone harmonized it with the protocol's provisions.

In a 2015 report, the United Nations Working Group on the issue of discrimination against women in law and practice expressed concern that voluntary termination of pregnancy carries a penalty of up to five years of imprisonment.³⁰ While the law allows women to request an abortion if their life is at risk, the working group found that it is nearly impossible for most women, especially those in rural areas, to meet the legal requirements. As a result, these strict abortion laws have forced women to seek out unsafe, clandestine abortions. Between eight and 12 percent of maternal deaths in Senegal are estimated to be caused by unsafe abortion.³¹ In desperate cases, women have resorted to infanticide—in 2015, nearly one in five incarcerated women in Senegal had been imprisoned on such charges.³²

Considerable practical and political challenges remain for women in Senegal to access their full sexual and reproductive health and rights.³³ The engagement of religious and cultural leaders is critical to ensure further uptake of family planning in the country, and civil society plays a significant role in engaging these and other key stakeholders.³⁴ The reform of laws and liberalizing access to safe abortion are necessary to meet development objectives and provide services to the most vulnerable. But the Global Gag Rule will make liberalizing abortion—to align with the U.S. policy’s own exceptions—even more difficult, and young women, girls and the most marginalized rural poor will continue to suffer most.

LOSS OF SERVICES FOR VULNERABLE POPULATIONS

Nongovernmental organizations play key roles in reproductive health in Senegal by supporting national government strategies, providing safe spaces for youth to access services and reaching the last mile of contraceptive delivery to remote groups. As one UNFPA representative told PAI:

“The presence of NGOs is paramount. They serve communities. Their staff is even from those communities. They understand the challenges and then create an approach that we learn from, that the government health services learn from. Civil society creates those links to the communities. Maybe someday we won’t need NGOs, but we do now.”³⁵

Two critical sexual and reproductive health care service providers in Senegal are being cut out of current and future U.S.-funded activities because of the Global Gag Rule. Both Marie Stopes International (MSI) Senegal and the Association Sénégalaise pour le Bien-Etre Familial (ASBEF) target youth and rural populations. MSI Senegal has been hit hard by the Global Gag Rule, particularly its mobile outreach work. The organization provides high-quality family planning services in 12 of the country’s 14 regions, and its 11 mobile outreach teams go to rural women who lack access to clinics. In 2017, MSI Senegal reached over 65,000 clients for family planning, over 23,000 for cervical cancer testing and over 15,000 for sexually transmitted infection (STI) treatments.³⁶ Additionally, through the Marie Stopes Ladies and Sisters programs, the organization targets youth for services and contraception with mobile outreach in schools and other public spaces.

MSI Senegal complies with the national abortion law. However, the organization’s decision not to comply with the Global Gag Rule means that MSI Senegal has closed out of its USAID funding and will not seek out any future U.S. government funds while the policy is in place. MSI Senegal previously received USAID global health funding to provide family planning with mobile outreach, and to leverage the role of the private sector in increasing demand for and access to quality health products and services. MSI Senegal was the lead on mobile outreach as part of the seven-member Neema project consortium and closed out early.³⁷ At the time of writing, the role MSI Senegal played in the project had not been filled by another organization. One of the U.S. partner organizations in the consortium told PAI that MSI Senegal’s withdrawal from Neema resulted in 12 to 18 months of mobile service delivery being lost. “It’s not a huge number, but those are populations that are not being served. It’s not going to help them if you start to lose partners and support.”³⁸ Such challenges could have long-term effects, with the possibility of women losing trust in the abilities of NGOs to deliver desired contraceptives or other services.

For MSI Senegal, these funding losses translate to approximately 45 percent of the organization’s budget—USD 2.5 out of 5.5 million.³⁹ U.S. funding had directly supported six of 11 of its outreach teams. Based on its 2017 numbers, the loss of U.S. funding to the mobile outreach teams alone means that MSI Senegal will reach 20 percent fewer clients for family planning; provide over 30 percent fewer cervical cancer screenings; and offer nearly 30 percent fewer STI treatments.⁴⁰ This will also impact the organization’s youth outreach services, which are critical because, as one youth organization told PAI, adolescents and young people rely heavily on the private sector for sexual and reproductive health in Senegal.⁴¹ Emergency funding from non-U.S. sources will tide MSI Senegal over through the end of 2018; however, the organization has a USD 2 million gap for 2019 to maintain current activity levels. The six impacted outreach teams risk closing by December 2018.

While mobile outreach reaches the poorest 20 percent of communities, particularly those in rural areas, MSI Senegal’s social franchises are generally in locations serving the income quintile just above that—populations in settings with access to pharmacies and clinics.⁴² Both are critical for meeting the family planning needs of the most vulnerable populations. A 2016 USAID-funded assessment of family planning in Senegal’s private sector and the project’s contributions to health systems highlighted the importance of social franchising, citing the example of MSI Senegal’s BlueStar brand.⁴³ The assessment affirmed that social franchising can not only accelerate behavior change, but is also effective in motivating private providers to promote critical integrated family planning; maternal, newborn and child health; and HIV services; as well as ensuring service quality. Because of the loss of USAID funding after December 2018, 50 of 81 BlueStar-certified social franchisees—a network of MSI Senegal-supported private clinics, midwives and pharmacies who provide high-quality family planning services in four regions of the country—will lose access to regular monitoring and support from MSI Senegal that had ensured quality standards and ongoing training.

Another foreign organization that several sources said would have been the logical replacement for MSI Senegal to conduct mobile outreach for the Neema project is also ineligible to apply for U.S. funding because of noncompliance with the Global Gag Rule. ASBEF—the local International Planned Parenthood Federation (IPPF) member association—operates in 12 regions targeting vulnerable populations with a wide range of reproductive health services. The organization currently does not have U.S. government support and there is no guarantee that it would have secured USAID funding. However, ASBEF had submitted a USAID proposal with a U.S. compliant NGO to expand mobile clinic work. Because of the Global Gag Rule, the U.S. prime ended the proposal process in 2017. A representative from ASBEF told PAI, “With the small budget we have, we can’t deliver (mobile outreach). It would have been one billion in our local currency [over USD 1.7 million].”⁴⁴ ASBEF estimated that with five years of U.S. funding, it would have been able to serve 30,000 to 50,000 new users through mobile outreach and demand generation. Instead, since the imposition of the Global Gag Rule and decreases in UNFPA funding, they have served 30,000 fewer clients.⁴⁵

UNFPA, a funder of MSI Senegal and ASBEF for their work in remote areas, is facing its own funding challenges because of U.S. policy. In 2018, the U.S. government defunded UNFPA for the second year in a row, which has delayed UNFPA releasing funds to both organizations.⁴⁶ This past year, UNFPA reported a six-month delay in its funding for MSI Senegal, affecting programs and performance indicators—particularly for the outreach work the agency funds MSI Senegal to carry out with university students.⁴⁷

At minimum, the impact of the Global Gag Rule will include delays in outreach services. Reductions in access to contraceptive and reproductive health services, even for six months to a year, could dramatically decrease satisfied demand. The loss of key, trusted implementers in mobile service delivery goes hand in hand with a loss in the flexible funding of the U.S. government. Critically, while some funders may step in for MSI Senegal, the U.S. occupies a unique space in the programs it finances. Donors generally want high returns on their development investments. In contrast, USAID, with its insistence on choice in family planning, has traditionally supported initiatives for hard-to-reach populations, where yield is lower but need and desire for family planning is greater. A 2017 USAID assessment of Senegal’s National Family Planning Action Plan underscored this and the need for the mobile strategy as a key high-impact practice “to reach the most remote populations.”⁴⁸ But the decision made by the U.S. government to impose the Global Gag Rule goes against this principle. It deprives the most marginalized populations—including youth and the rural poor—of their choice of contraceptive and reproductive services and their rights to access the highest attainable standards of health. As one UNFPA representative emphasized:

“In rural areas, women don’t even have access... In Dakar, I can choose where I go for health services. I can choose my doctor. I can get my contraceptive method of choice. The U.S. says that a woman’s choice whether or not to use family planning is central to the U.S. government’s approach. But there is no choice with what they are doing now. Family planning is about equity, autonomy and development. Family planning is a means for women to help themselves. With the Global Gag Rule, there is not even a choice.”⁴⁹

DERAILING NATIONAL SEXUAL AND REPRODUCTIVE HEALTH POLICY

“The tragedy is unsafe abortion. Are we going to keep our heads stuck in the sand? Can you imagine the ongoing tragedy? The number of women who have unsafe abortions? The number of girls who commit infanticide? The number of young or unmarried mothers who society rejects? And that same society refuses to pass a law to help them? That same society rejects them. Are we going to continue to do this?”⁵⁰

—U.S. NGO representative

Advocacy organizations and service providers have been advocating for the reform of Article 15 of the Senegalese penal code in order that options for quality, safe abortion are available in scenarios of pregnancies resulting from rape and incest. The Global Gag Rule allows for abortion “if the life of the mother [sic] would be endangered if the fetus were carried to term or abortions performed following rape or incest.”⁵¹ Ironically, the Global Gag Rule is being interpreted by certain Senegalese organizations that have U.S. funding as prohibiting them from working to bring national laws in line with the Global Gag Rule’s own abortion exceptions. “What’s troubling is that at the parliamentary level, there is advocacy on liberalizing abortion. There is civil society advocacy for safe abortion... But this policy gets in the way of that advocacy work,” one U.S. NGO told PAI.⁵² The Global Gag Rule is not only undermining work to save women’s lives, but further fueling a hostile environment toward women’s rights within Senegal’s conservative stalwarts.

In 2016, a network of 17 NGOs known as the taskforce on safe abortion revived a moribund 2005 national sexual and reproductive health policy. The taskforce has called for the Ministry of Health to commit to the national policy to not only meet the country's commitments of increasing the contraceptive prevalence rate, but also to reform the penal code in alignment with the Maputo Protocol.⁵³ The protocol compels the States Parties to give access to medically assisted abortion for women and girls who are pregnant "as a result of incest, rape or any other form of sexual assault, or when the mental or physical health of the pregnant woman or girl is in danger, or when there is a risk to the life of the pregnant woman, girl or to the fetus [sic]."⁵⁴ More than 15 years after Senegal ratified the protocol, it has yet to align its criminal code with those provisions. "Senegal needs an abortion law," a women's rights network told PAI. "A woman should have the right to control her own body. Senegalese NGOs, like the Association for Women Lawyers, the midwives' association, many others, came together around this argument to educate and train everyone. We came collectively together around this law."⁵⁵

Locally led initiatives are central to shifting behaviors and ensuring reformed laws are enforced. But, as a service delivery organization representative stated, even the work to liberalize abortion in the case of rape or incest will not be enough. "The issue of reproductive health, the issue of safe abortion, the issue of family planning—it's all politics. It takes courage, and we lack in courage. Even on the issue of women's rights... No one will fight in our stead. This needs to be done locally, with or without the means."⁵⁶ However, the lack of a positive, supporting development partner will hamstring a number of organizations to continue this necessary work.

To continue receiving U.S. funding, one key civil service organization has chosen to halt its advocacy efforts, which has undermined the work of the taskforce. A 2017, five-year subgrant for a reproductive health program in five regions accounts for almost half of the organization's funding, covering four full-time staff salaries. A representative from the organization said it could not afford to give up its largest project and U.S. funding. The loss of this vital advocacy partner has been felt within the reproductive health community, as it was one of the founding members of the taskforce. "The legal process was making headway," an organizational representative told PAI. "We had partners supporting us. On the television, on radio, with religious groups... And we were the ones carrying the fight. Who will support the collective work now?"⁵⁷

Another founding member organization, which does not receive U.S. support, told PAI that the loss was especially felt because of the specialized nature of work the NGO was leading with religious communities. A taskforce member from a Muslim NGO working on development and health advocacy told PAI that, while "abortion is banned generally in Islam, we need to listen to medical experts to understand the reasons for abortion." The imam told PAI:

"We are faced with a new situation in Senegal. We will not turn our back on Islam, but we must bring up these health questions. We go to the different regions to talk to imams, to discuss birth spacing, female genital mutilation and abortion. We dare to discuss this to change behaviors. We can do nothing without involving religious groups."⁵⁸

In a country that is 95 percent Muslim, having a group that understood the approach of educating and working with the religious community was critical to addressing change and saving women's lives. "It's a gap to fill," another taskforce member told PAI. "There are others who could step in, but they were the best. It's a shame because the momentum will lose its steam."⁵⁹

While the taskforce is still trying to carry on with its activities, there are concerns about how the Global Gag Rule will reinforce a hostile advocacy environment. Though only one organization has left the taskforce to date, the remaining founding member expressed concern that the Global Gag Rule will force more members out. "This is a real risk for us. If our partners can't support us, we don't have the means to [continue]. And we'll likely lose other members. There's a risk that it will stall our work."⁶⁰ The organization's representative added that the Trump administration's harmful U.S. foreign policy toward reproductive health has fueled hostile rhetoric in Senegal:

"Opponents have always said that what we promote—safe abortion and women's rights—are Western ideas. They always accused us of 'following the United States.' But now, with Trump, they are asking us why we work on these issues if even the United States doesn't believe in them anymore. They say, 'You want to respect these rights, these human and women's rights, when even the United States won't respect them anymore?' It's an argument that's now being used against us and a stance that can halt progress."⁶¹

A Senegalese journalist investigating reproductive rights told PAI, “I have to admit I’m a little terrified. I spent the better part of my career fighting for women’s rights. This [Global Gag Rule] policy risks a ricochet effect with an increase in conservatism. It’s an impact for human rights and it will set us back.”⁶²

CONTRACEPTIVE SECURITY AND FUNDING IN CRISIS

The Global Gag Rule is not being rolled out in a vacuum and interplays with other factors that will impact contraceptive security and the ability of the Senegalese government to reach development objectives, including reducing unmet contraceptive need and increasing the contraceptive prevalence rate. The policy interacts with other U.S. decisions—like the defunding of UNFPA—as well as national policy on reproductive health and funding allocations for Senegal’s health sector.

Senegal’s government has pledged to reduce contraceptive stockouts, which were historically frequent in public sector health facilities. An innovative distribution system, the Informed Push Model (IPM) carried out by IntraHealth, addressed supply chain obstacles through direct regional-to-facility delivery of contraceptives and use of private sector logistics operators.⁶³ The IPM under IntraHealth was widely recognized as a success in ensuring availability of contraceptives across regions and health facilities, as well as critical in shaping demand for and use of contraception. However, subsequent policy action and financial and institutional ownership by the government has lagged.⁶⁴ The transition of the IPM from IntraHealth to full management by the government’s National Supply Pharmacy (Pharmacie Nationale d’Approvisionnement, PNA) in October 2017 has since led to stockouts, and the government has admitted problems since it acquired the IPM.

Because stockouts continue to occur mostly at regional pharmacies and health posts, as one service provider noted, “the problem really is reaching the last mile. We can have good stock levels centrally, and supplies make it to the regional level, but not beyond.”⁶⁵ Injectables and implants, the most-used forms of contraception in the country, suffer the most. In consortium projects—like the USAID-funded Neema project, which had been rolling out for over a year in seven regions—the loss of MSI Senegal has created delays in contraceptive mobile outreach that is critical for adding new, underserved users. According to a compliant U.S. organization that is part of the consortium, that has meant that “there are now service gaps. [MSI Senegal] went to the client. They did last mile distribution and MSI’s approach had results. They were an important partner, and their withdrawal was felt.”⁶⁶ While the funds will likely be reprogrammed to another organization, MSI Senegal is a trusted partner with experience in hard-to-reach areas. “MSI helps cover the whole country... Where we stand now, we can’t do without MSI,” one UNFPA representative told PAI. “There are other organizations, but in the rural areas, we would need new NGOs interested in working in those areas. Some have the capacity, but they would need time to gather teams and equipment. It would be a waste of time. And it’s not easy to establish those relationships and trust with communities.”⁶⁷

MSI Senegal lost two additional partnerships with U.S. organizations on long-acting reversible contraceptives (LARCs). The organization was in the preliminary stages of discussing a joint project on the rollout of a hormonal intrauterine device (IUD) with a compliant U.S. service provider when the Global Gag Rule forced conversations to end. “If we can’t get [women] these method choices, we are abandoning them.”⁶⁸ MSI Senegal had another program that ended early—a planned research project with a U.S. NGO on training women to self-inject the newly government-approved Sayana Press.⁶⁹ MSI Senegal had completed an exploratory phase of the study, and the two organizations had established roles and responsibilities, but the U.S. NGO withdrew from the project because of the Global Gag Rule.⁷⁰ A compliant organization told PAI that the inability to partner with MSI Senegal moving forward could mean that momentum is lost in the rollout of more contraceptive options for rural populations who would have been served by the organization.⁷¹

In Senegal, an overarching issue for contraceptive supply that dovetails with the Global Gag Rule is the impending withdrawal of USAID commodity support by the end of 2019. The planned winding down of U.S. commodity donations is part of a process to ensure that countries like Senegal deliver on their own strategic investments in reproductive health, and buying their own supplies is one of the first steps in strategic sustainability. USAID and UNFPA are the two largest donors for contraceptives in Senegal, providing over 90 percent of the country’s supply. UNFPA contributes USD 2 million for commodities, though it acknowledges that is not enough to meet the country’s need.⁷² UNFPA Supplies still ranks Senegal as a “Category B” country, meaning that while it is experiencing a rapid growth in contraceptive prevalence rate, the ongoing donor supply of commodities and external technical assistance for contraceptive security is vital to meet demand.⁷³

Eight organizational representatives expressed concern that the end of the USAID contraceptive supply could have a devastating impact on the health and lives of women and girls in the country, as Senegal is not yet

well-prepared to take on the responsibility.⁷⁴ While UNFPA has committed to continue supporting Senegal with contraceptives through 2022, the lost USAID contribution would affect both the public and private sector, as Global Gag Rule-compliant social marketing NGOs receiving USAID commodities will also be impacted. One such organization, a compliant foreign NGO, told PAI, “we’ve already been told by USAID to watch out about funding after 2019 for commodities. We have family planning products: condoms, oral contraceptives, injectables. And those are from USAID directly... So the loss of USAID will be huge.”⁷⁵

While the government has increased its budget for contraceptives from 300 million West African Francs (CFA) (approximately USD 530,000) to CFA 500 million (approximately USD 880,000), there is concern among advocates as to whether or not the funds are actually spent on contraceptives.⁷⁶ Advocacy organizations that lobbied the government to increase its contraceptive budget told PAI that, without those funds being spent on products, “there will be stockouts, which means more unwanted pregnancies, especially if the U.S. withdraws contraceptive support.”⁷⁷ They added:

“If donors announce that they’re abandoning us, we won’t make it to 45 percent prevalence rate. The country is not making enough of an effort on its own. There have been some gains, but now, instead we will have a rising maternal mortality rate, we’ll have unwanted pregnancies—it’s all related.”⁷⁸

As Senegal has committed to reaching 45 percent contraceptive prevalence rate by 2020, without adequate government spending—coupled with donor cuts—there is little hope that progress will continue. “But it’s a problem that’s 14 months away,” a bilateral donor told PAI. “And, there are presidential elections between now and then,” meaning that political will is currently absent to address these contraceptive security concerns.⁷⁹ As one UNFPA representative summarized, “If there is no product, family planning ends... If we don’t want programs to end, the government has to increase their allocations. By 2020, USAID will not buy any more commodities. The UNFPA funds are set at USD 2 million, but our USD 2 million is not enough.”⁸⁰ And, while the government of Canada has pledged support to UNFPA programming, a number of NGOs were concerned that donor financing was drying up for Senegal: “Senegal’s donor funding is thin. The country is considered to be ‘emerging.’ This does Senegal a disservice because it’s seen as relatively better off. But if you spend USD 1 in Senegal you get more new users than in other contexts, but it’s difficult to get donors to understand that.”⁸¹

The withdrawal of USAID commodity support, existing problems with stockouts, the effects of the Global Gag Rule on key NGO partners and any future UNFPA shortfalls are interacting issues that paint an uncertain future for commodity security in Senegal. As things stand, Senegal is almost wholly reliant on donors for contraceptives and heavily dependent on NGOs for delivery, particularly to the last mile. Given the withdrawal of U.S. funds when investment is needed most—in order to ensure the same momentum that previously produced gains in maternal and child health and voluntary contraceptive uptake—Senegal could find itself in a reproductive health crisis without significant spending from the national government and new sources of donor support for contraceptives. The combination of the Global Gag Rule’s impact on NGO partners and a withdrawal of USAID commodities in 2019 could be catastrophic for the national system as stocks diminish, method mix is not ensured and the most vulnerable are not reached with contraceptive options.⁸²

CONCLUSION

“This policy, it’s like we’re punishing women. These high-level decisions are made by people who have no basic understanding of what’s going on. It just shows that they’re opposed to women’s health. Why else would they want to impose their political agendas in our countries? It’s an issue of our sovereignty.”⁸³

—U.S. NGO representative

Between the Global Gag Rule and the defunding of UNFPA, U.S. government policies are negatively impacting the very same integrated health service delivery models of mobile outreach and franchising espoused in U.S. project reporting as best practices for achieving health and development goals in Senegal. These same best practices are also echoed by the government of Senegal’s FP2020 commitments to strengthen the country’s private sector. Additionally, the export of harmful rhetoric from the U.S. government regarding women’s rights is further affecting sexual and reproductive health and rights advocacy in Senegal. The Global Gag Rule has caused sexual and reproductive health programs to stall, resulted in the loss of critical implementing partners for last-mile service delivery to rural populations and youth and emboldened a hostile sexual and reproductive health environment for civil society advocacy. The additional impending loss of USAID contraceptives will have a cascading, detrimental impact on the reach of service providers.

Meeting these challenges and ensuring that progress on the country’s health indicators is not lost will require Senegalese policymakers to apportion more from limited funds for sexual and reproductive health to offset potential impacts of the expanded Global Gag Rule. Several local organizations confronted with the Global Gag Rule have called it an opportunity to hold the Senegalese government accountable for its commitments to family planning: “Senegal needs to stand on its own. It needs to buy its own contraceptive supplies. We need to carry our own projects, though with some support, but we need Senegal to make an effort.”⁸⁴ Without sufficient investment by Senegal’s government—and with the looming 2019 presidential elections—there is an urgent need for more attention to the sector and the issue of commodity insecurity.

The continued reliance on foreign financing by the health sector means that Senegal is not adequately prepared for withdrawal of vital health support from the U.S. government and the loss of existing capacity of key sexual and reproductive health partners.⁸⁵ Further documentation is required to ascertain the long-term effects of these interacting policies and U.S. decisions on Senegal’s health system. As key foreign organizations struggle to bridge gaps caused by the Global Gag Rule, time will tell whether other donor funding is enough to continue their operations, and how other Global Gag Rule-compliant organizations stepping in to take over the work of noncompliant organizations will carry out service delivery with U.S. funding.

In countries with more liberalized abortion laws and those that have legalized safe abortion, the Global Gag Rule undermines sovereign legislation to ensure the rights of women. In the case of Senegal with the criminalization of abortion, the Global Gag Rule reinforces harmful legislation and norms. Reform of the Senegalese criminal code is critical, not only to ensure that the country meets its regional human rights obligations, but also because fundamentally, the criminalization of abortion does not prevent women from resorting to illegal and unsafe methods to end their pregnancies. Further monitoring of civil society efforts to liberalize the abortion law is necessary to ensure that advocacy gains are not lost—particularly with religious leaders and communities—and that advocates are not censored by the emboldening of opponents to women’s reproductive rights.

Without the work of foreign organizations closest to the populations in need, efforts to reach the most vulnerable and guarantee women’s rights to information, health and choice will fail. Tragically, the rural poor and youth communities—those with the most need for family planning and reproductive health services and protection—will feel the brunt of policy decisions carried out thousands of miles away in Washington, D.C.

PAI conducted two fact-finding trips to Dakar, Senegal, in June and July 2018 to document the preliminary impacts of the Trump-Pence administration's expanded Global Gag Rule on women's sexual and reproductive health and rights. With a focus on the country's 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 20 organizations and agencies. These groups included U.S. and foreign not-for-profit NGOs providing sexual and reproductive health services or advocacy; bilateral and multilateral donors; journalists; and other 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*.⁸⁶

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 Senegal.

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