

The Lingering Harm of the Global Gag Rule

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It's been a year since the Biden-Harris administration announced the rescission of the Global Gag Rule (GGR), but a nasty hangover of the policy's harmful effects remains.

Since the GGR was first imposed in 1984 under President Reagan as the Mexico City Policy, non-U.S. nongovernmental organizations (NGOs) have experienced a ping-pong effect between policy rescission by Democratic administrations and reinstatement by Republican administrations. Rebranded as "Protecting Life in Global Health Assistance," the Trump-Pence administration drastically expanded the policy to include not only family planning and reproductive health assistance but all global health assistance, which had unprecedented impacts that were further compounded by the COVID-19 pandemic.

While it will take years to fully comprehend the impact of the policy under the Trump-Pence administration, PAI's documentation across several countries shows that the expanded GGR disrupted services and referral networks, damaged integrated health programs and diverted resources from direct service delivery. It stalled progress on national sexual and reproductive health and rights (SRHR) policies and forced closures of projects serving at-risk communities including women, youth, LGBTQI+ individuals, people living with HIV/AIDS and rural communities, among others. The GGR also created contraceptive commodity insecurity and undermined donor-funded projects.

The evidence tells a powerful story, but there is an additional side that must come forward: the lingering impact these policies have on the overall public health fabric of a country and the autonomy and authority of communities to make the right decisions for their own members.

To better understand the lasting effects of the GGR, PAI surveyed nine civil society organizations (CSOs) and implementing NGOs in Ethiopia, Kenya, Malawi, Nigeria, Uganda and Zambia. The evidence was clear: The stroke of President Biden's pen does not instantaneously undo the harm of a policy designed to deny women and girls access to comprehensive reproductive health services.

WHAT IS THE GLOBAL GAG RULE?

The GGR is a harmful U.S. foreign policy that has devastating health effects globally – disrupting health services and systems and cutting off communities from care. The GGR blocks U.S. global health funding for non-U.S. NGOs that provide, refer, counsel or advocate for safe abortion, even with their own non-U.S. funds. The rule forces organizations to choose whether to provide comprehensive sexual and reproductive health care and education and not receive the funding they need or comply with the policy to continue accepting U.S. funds but compromise their care.

Communities Without Care

"There are high stockouts of family planning supplies in the hospitals across the country ... The impact has led to increased teenage pregnancies." – Youth Response for Social Change (YRSC), Malawi

"Most girls and women of childbearing age in rural settings and some urban areas have since resorted to seeking maternal and abortion-related health services from traditional birth attendants and herbalists due to the closure of most donor-funded reproductive health facilities and reduction of some of the clinics." – Center for Health, Human Rights and Development (CEHURD), Uganda

High stockouts of family planning supplies through public facilities and lack of availability of supplies through NGO programs — which typically provide backup supplies but were affected by the GGR — have left women and girls without access. Qualified and highly skilled NGOs that lost funding and partnerships remain unable to reopen shuttered clinics, rehire staff or bring back essential health services that were lost due to noncompliance with the policy. Formal networks of referral for services have eroded due to the decisions of different service providers and organizations on whether

to comply with the policy and have not been fully restored. Projects serving at-risk communities that were abruptly closed may never be reestablished, leaving those groups without vital services. Breakdowns in the supply chain due to damaged community health networks — often the first to activate in times of public health crisis — deeply impacted women and girls seeking services. As efforts were made to provide care for COVID-19 patients and scale up vaccination programs, the degradation of these health networks was felt profoundly.

Damaged Partnerships

“The GGR caused a glaring gap in having multistakeholders’ representation and participation. As a coalition host, to mitigate the harm, we had to go back to the drawing board to re-map, assess and analyze the existing coalition members both at community and national levels.” - CEHURD, Uganda

When the GGR policy was put in place and expanded to apply to all global health funding, an unprecedented number of non-U.S. NGOs were quickly asked to comply or risk losing their funding. Suddenly, partnerships and subgrants that may have been a few years into development or implementation were broken apart. The conveners and leaders of established coalitions working to improve national and regional SRHR were left with diminished membership and participation. Previously active NGOs declined invites to meetings and longtime allies were excluded due to fear of being in violation of the policy. While ostensibly all were working toward improved health outcomes, the GGR pit noncompliant and compliant NGOs against one another. Recipients of U.S. Agency for International Development funding were uncertain of with whom they could partner and which advocacy causes they could support. When the policy was rescinded, it was not an automatic fix, because rebuilding relationships and programs and assessing the state of play in advocacy circles take time. The damage will linger for years, even after the policy has been lifted.

Stifled Advocacy

“Women’s rights organizations and coalitions are not coming out boldly to advocate for the reform of the abortion law for fear of losing grants. The GGR slowed down the advocacy towards the Maputo Protocol [the African Union’s Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa] in Nigeria” – Nigeria-based CSO

When in place, the GGR prevents those in compliance from advocating for the legalization or liberalization of abortion laws in their country, even with their own non-U.S. funds. Organizations, coalitions and networks seeking to address this issue were damaged as they were no longer able to or felt comfortable participating. This stalled or slowed down critical advocacy to see the recognition and fulfillment of women’s and girls’ sexual and reproductive rights. Efforts to reduce maternal mortality were also hindered, as unsafe abortion is a significant contributor. Reinvigorating these efforts, addressing any backsliding on progress and advancing these goals are time-intensive endeavors.

Chilling Effect

“Following the rescission of the GGR, our network and allies are still not very comfortable making referrals or advocating for law reforms because of the uncertainty that the GGR might resurface again, and they might lose their opportunity of having access to U.S. government grants.” – Nigeria-based CSO

The decades-long, back-and-forth imposition of the GGR has caused a chilling effect on family planning and reproductive health programs. Stigma and technical complexities of the policy have led NGOs to self-censor and overly restrict activities out of caution. Service providers and advocates who were divided may be cautiously reapproaching each other to rebuild partnerships, referral networks and supply chains, but this process will take time and many report they are hesitant to collaborate out of fear the policy will return. Although the GGR is not currently in place, NGOs report they’re reluctant to accept U.S. funding or partner with U.S. organizations due to worry that support could be subsequently cut off after the next U.S. presidential election.

Emboldened Opposition

“The anti-choice movement was strengthened by the impact of the GGR on prochoice organisations, the loss of funding and the disruption of networks. The impact of this strengthened coordination among them can still be seen.” – Marie Stopes Zambia

With the reinstatement of the GGR, an insidious anti-choice, anti-rights opposition movement gained strength that will take years to dismantle. As compliant organizations left their seats at key tables in strategic spaces out of an overabundance of caution, the opposition players quickly took their places with no intent to relinquish them. Discussions around national SRHR policies and legislation are still stalled. Advocacy campaigns for implementation of comprehensive sexuality education in the school curriculum lost momentum when reproductive health partners in Kenya, Uganda and Zambia were divided along the lines of compliance versus noncompliance, while teen pregnancy is at an all-time high and advocates are afraid to return to coalitions.

Conclusion

Global health systems face significant challenges as they seek to recover from the four years of the Trump-Pence GGR and respond to COVID-19. To promote sustainable progress in global health and to build and maintain long-term partnerships between the U.S. government, local organizations and the communities they serve, permanent repeal of the policy is required. We must end this destructive cycle of widespread fear and confusion about the status of the GGR, which divides civil society, disrupts long-standing partnerships and undercuts the vital work of local organizations. Ending the GGR for good would lift the threat of reinstatement and allow U.S.-funded global health programs to reach their full potential, thus ensuring that the needs and rights of people around the world are fulfilled.