

Support the Global HER Act to Permanently Repeal the Global Gag Rule

The Global Gag Rule prioritizes politics over health and rights

One of the Biden–Harris administration’s first actions upon assuming office in January 2021 was to immediately revoke the most recent expanded version of the Global Gag Rule (GGR) policy, also known as Protecting Life in Global Health Assistance (PLGHA).¹ When the GGR is in effect, non–U.S. nongovernmental organizations (NGOs) must choose to either receive U.S. global health assistance or provide comprehensive sexual and reproductive health care services. This policy cuts off funding, services and supplies to some of the most trusted and experienced health care providers, interferes in health care providers’ relationships with their clients and stifles advocacy efforts — endangering the health and lives of people, especially women and girls, around the world.^{2,3,4,5}

Congress can make sure the GGR never returns by passing the Global Health, Empowerment and Rights (HER) Act.

What is the GGR?

The GGR is an executive branch policy that has banned non–U.S. NGOs from receiving U.S. global health assistance if the NGO performs, counsels or refers patients to receive abortion care or if it advocates for the liberalization of local abortion laws using private, non–U.S. funds.⁶

First instituted by President Reagan in 1984, every Republican administration has imposed the policy and each Democratic administration has rescinded it. However, President Trump dramatically expanded the scope of the GGR, which previously only applied to international family planning and reproductive health assistance, to all U.S. global health assistance in 2017.⁷ Non–U.S. NGOs working on any U.S. global health–funded programs to address issues including maternal and child health, nutrition, HIV/AIDS, malaria, tuberculosis and other infectious diseases as well as sexual and reproductive health, were then forced to comply with the policy if they wanted to remain eligible to receive U.S. global health assistance.

The harmful health impacts of a dangerous policy

The expanded GGR resulted in reduced access to health services — especially for hard–to–reach groups, including rural populations, youth and adolescents as well as LGBTQI+ individuals.⁸ In some country contexts where organizations declined to certify the latest iteration of the GGR, entire rural communities were left without any qualified health providers.⁹ Furthermore, the expanded GGR curbed local, community–driven efforts to liberalize in–country abortion laws, which not only violates a community’s right to advocate for their rights, but also stifles policy change that is critical to reducing unsafe abortion and therefore decreasing maternal mortality.^{10,11}

The policy also created a chilling effect in which organizations bound by the GGR — out of an abundance of caution and fear of being accused of noncompliance — self–censored or discontinued providing services that were allowable under the policy, such as post–abortion care, which further harmed communities in need of services.^{12,13,14} The latest research indicates that this chilling effect does not vanish when the policy is rescinded and that some organizations continued to implement the policy even after it was revoked in January 2021.^{15,16,17} Without clear and consistent communication from key U.S. government agencies about such changes in U.S. foreign assistance policy, implementing organizations are often confused about what is or is not allowable under existing legal and policy regulations related to abortion at any one time.¹⁸ Preventing the ability for a future administration to reinstate the GGR would remove the confusion related to this policy.

In the meantime, if we do not help providers and program implementers overcome the fear, chaos and confusion left in the wake of the policy, individuals and communities around the world will continue to be denied needed and allowable sexual and reproductive health services. Additionally, the back–and–forth created by one administration turning the policy on and the next turning it off makes health care providers and implementing organizations question whether they want to rely on the United States as a funder of vital global health programs and services.

COSPONSOR THE GLOBAL HER ACT

We encourage you to support the health and rights of all people by cosponsoring the Global HER Act to permanently repeal the Global Gag Rule.

This bill would amend the Foreign Assistance Act, the permanent authorizing statute, to:

1. Establish that non–U.S. NGOs can remain eligible to receive U.S. global health assistance if they provide abortion services, counseling or referrals for abortion with non–U.S. funds.
2. Ensure that non–U.S. NGOs can use non–U.S. funds for advocacy and lobbying efforts (consistent with the laws that govern U.S. NGOs receiving foreign assistance) to liberalize abortion laws in the areas where they work.
3. Guarantee that non–U.S. NGOs and their staff, including health care providers, participating in U.S.–supported programs can maintain their right to free speech without U.S. interference.

To be added as a cosponsor of the Global HER Act, please reach out to staff in the offices of Representative Barbara Lee (D–CA) or Senator Jeanne Shaheen (D–NH).

The GGR undermines U.S. global health investments and goals

The United States has long been the world's largest funder of global health programs, including efforts to end preventable maternal and child deaths and prevent and treat HIV/AIDS.¹⁹ However, the GGR undermines U.S. investments in global health programs as well as its support for broader foreign aid and development goals by disqualifying highly effective organizations from receiving funding if they refuse to comply with an exported U.S. political agenda. Additionally, the policy saddles all NGOs receiving U.S. global health assistance with increased administrative burdens around monitoring and compliance with a policy that is based in ideology rather than evidence. In fact, data has shown that when in effect, the GGR increases the likelihood of abortion in sub-Saharan African countries where organizations receive high amounts of U.S. global health funding.²⁰ Even the U.S. Government Accountability Office (GAO) documented that the PLGHA policy disrupted and, in some cases, reduced the provision of vital sexual and reproductive health services, including those that were allowed when the policy was in effect.²¹ According to the U.S. government's review, the GGR does not achieve its goal of reducing abortion in countries that receive U.S. global health assistance.

Endnotes

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