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 **INTERNATIONAL  
WOMEN'S HEALTH  
COALITION**

**Trump's Global Gag Rule at One Year:  
Initial Effects and Early Implications**

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## I. BACKGROUND

On January 23, 2017, President Trump issued a Presidential Memorandum stating that any foreign non-governmental organization that takes US global health funds must certify that they do not engage in abortion-related activities, including providing abortion services, counseling or referrals. The Global Gag Rule applies to what organizations do with their own, non-US government funds, and forces health care providers to choose between providing a comprehensive spectrum of reproductive health care and taking US funding. Trump's Global Gag Rule expands a bad policy to almost \$9 billion in US foreign assistance. The consequences will be devastating for women and girls around the world.

## II. WHAT WE KNOW SO FAR

In the summer of 2017, IWHC launched a documentation project aimed at capturing and analyzing the impacts of the Global Gag Rule, in partnership with local organizations in Kenya, Nigeria, and South Africa. Through initial interviews and analysis, we have seen some clear initial trends:

- **The policy jeopardizes women's and girls' health.** Organizations and individuals heavily emphasized the potential impacts the policy will have on women's and girls' access to health care, particularly for already-marginalized groups of women. Studies of previous versions of the policy have documented negative health implications for women, including increases in unsafe abortion and maternal death. In particular, IWHC's initial research has raised concerns that the policy will prevent women from accessing information about/referrals for safe abortion services, leading to increased reliance on unsafe services. In some communities, women's and girls' access to contraceptives, maternal health care, and other sexual and reproductive health services is already at risk due to closures or reduction of services.

*"Unsafe abortion is a very silent killer in Kenya...It's likely, that we are going to have another rise in maternal mortality, which we have really seen going down."*  
— Monica Oguttu, [Kisumu Medical and Education Trust \(KMET\)](#), Kenya

*"We would be losing over \$250,000 if that grant had to be withdrawn because of our stand on safe abortion. What is also most dear to our heart is actually the fact that we are also going to be losing young girls and women who are supposed to contribute to the growth and development of this country for not being allowed to make a choice that would save their lives."*  
— Organization based in Nigeria, sub-recipient of USAID funding

- **Affected communities and groups continue to experience high levels of confusion and misinformation around the policy.** IWHC initial research has documented a persistent lack of understanding among affected groups about what the policy is, to whom it applies, and what activities are included under the rule. In many cases, this is leading to over-implementation. The persistent confusion and misinformation surrounding the policy is disruptive and diverts resources from essential work by implementing organizations.

*"I don't know the detail of it. I just know that you're not supposed to in any way promote abortion or link people to services. And you have to sign a document*

*that tells you when you do your grant... I'm just trying to think who would know. I should know. Actually, I am a person who should know, yes."*

— Dr. Sue Goldstein, [Soul City Institute for Justice](#), South Africa

*"I have heard of it, but I don't understand the details."*

— Organization based in Nigeria, sub-recipient of USG funding

- **The policy could threaten progress toward integrated healthcare systems.** IWHC's research has documented fears that the policy will set back recent progress toward the integration of HIV prevention, treatment, and care with other health care services – something that both national governments and the US have heavily prioritized in recent years to increase its efficiency and effectiveness. IWHC's research suggests that the Gag Rule could pose a significant challenge to this work, potentially undoing many years of investment, fragmenting funding and the delivery of services, and undermining the efficiency of the health system.

*"It's absolutely appalling. Countries like ours depend on PEPFAR, and CDC, and USG funding for a lot of our essential health services. Women are disproportionately affected by HIV [and] this program will disproportionately affect women who are HIV positive and poorer women who need public health services... Many of these people are people who desperately need birth control, they need access to family planning services, and they do need abortions... Increasing the Global Gag Rule to cover HIV services is going to be extremely damaging."*

— Sally Shackleton, activist, South Africa

*"The effect goes right down to the village. We see the integration in services breaking down. Commodities are not easily available; there is stock out, so then you have to go to a private provider at prices we cannot afford."*

— Monica Oguttu, [Kisumu Medical and Education Trust \(KMET\)](#), Kenya

- **The policy is already having a chilling effect on civil society engagement, cooperation, and research.** Even in this early phase, the policy is already causing divisions among civil society organizations. Misinterpretations of the policy have led some organizations to believe they can no longer partner, even informally, with any organization that does work on abortion. US-based NGOs who continue to work on abortion have, in some cases, found it increasingly challenging to find qualified local partners because of the Gag Rule.

*"Partners are fearful. We have just lost a partner in one of our coalitions and therefore lost funding for a five year project which started this year."*

—Organization based in Kenya

*"I see more and more NGOs are fearing to go there...even the advocacy around women's rights. Where people receive money that is associated to the US, people tone down. I once heard a term called 'soft advocacy,' when we say something but not in a way that would expose where we are for or against [something]... And the implication is that of civil society being disarmed, I would say, over our rights to speak out."*

— Organization based in South Africa, recipient of USG global health funding

- **The uncertainty surrounding the policy has negative effects, even when it is not in place.** IWHC’s initial research has found that back-and-forth nature of US policy around abortion funding based on which political party holds the White house has caused serious problems and uncertainty for groups working in the global health space. The cycle of re-instatement and removal of the Global Gag Rule destabilizes organizations and health systems by making funding unreliable. The unpredictability surrounding US funding on this issue has made organizations reluctant to take on work in areas where funding might be jeopardized by political change.

*“But of course, it’s predictable, you know that Republicans come in, and they extend and make the Global Gag Rule one of the conditions that people have to absolutely adhere to, in terms of lack of abortion information, services, or advocacy work. And so we know it was coming, but I don’t think we had an idea of how bad it was going to get... Yes, maybe the Democrats win power for the next 20 years, people may start to forget the threat of the Global Gag Rule. But if it’s happening every four or eight years, that you’re getting this ping pong effect happening, it doesn’t work out well. Fear is more memorable to people.”*  
 — Dr. Tlaleng Mofokeng, [Sexual and Reproductive Justice Coalition](#), South Africa

*“Under Obama, it was there in a sense. The legacy of the Gag Rule, from Reagan... People were saying, ‘Let’s be careful because we could get another Republican again, so we don’t want to set ourselves up, let’s not change anything too much, let’s not be too supportive. Let’s keep a very narrow lens because that’s what works, that’s what will get us money, that’s what will get... Let’s not focus on something that’s going to make life difficult.’”*  
 — Marion Stevens, [Sexual and Reproductive Justice Coalition](#), South Africa

### III. WHAT WE DON’T KNOW YET

The long-term implications of the policy. Throughout the initial phase of our research, IWHC partners and interview subjects emphasized that the policy is only now being implemented and that it will be months, if not years, before we can see its full effects. Because the policy is now being applied to sectors beyond family planning – sectors like HIV/AIDS treatment and prevention, malaria, and infectious diseases – many organizations that have never dealt with this policy before are now being asked to comply. Many organizations are still in the process of deciding whether they will meet the conditions and certify under the policy, or whether they will opt to forgo future US funding. Either decision will have consequences for the women and communities they serve.

### IV. POLICY RECOMMENDATIONS

#### A. US GOVERNMENT

- **Permanently repeal the Global Gag Rule through legislation.** Congress must pass legislation not only to terminate the current incarnation of the gag rule, but also to permanently end the President’s ability to reinstate this harmful policy in the future.

Congressional legislation that explicitly states that organizations will not be deemed ineligible for US funding for providing legal health or medical services—including

abortion—has already gained bipartisan support. Such legislation would ensure that eligible foreign NGOs could continue to provide critical health services with US funds, and continue to work on abortion-related work with their non-US funding.

- As long as the Global Gag Rule is in effect, **develop and share clear guidelines for implementation with all recipients of US global health funding, including sub-award recipients and local organizations.** Until the Global Gag Rule is repealed, the State Department, USAID, and other agencies must provide better, clearer, and more consistent guidance for organizations faced with signing the Global Gag Rule and should create a mechanism for addressing questions and confusion.

Ensuring that people working at all levels of an organization, including frontline staff, understand the content and limits of the Policy is imperative and could be lifesaving. In particular, the State Department should clarify the areas of work that are explicitly excluded from the Policy. They also should make clear that organizations that receive funding will not be punished for collaborating with organizations that do work on abortion or for attending meetings or conferences where access to safe abortion is on the agenda.

- As long as the Global Gag Rule is in effect, **any US government review process must be a consultative, transparent, comprehensive, and action-oriented analysis of the Policy and its impacts.** The initial review of the Policy, undertaken at six months, was not a legitimate effort to understand its effects and implications. Not only was it extremely premature, not allowing sufficient time with the Policy in place to truly evaluate it, it made no effort to look at the Policy's initial impacts on organizations and the people they serve; it was merely a bureaucratic checklist on the process of implementation.
- To be credible, any future review must create a process of evaluating the impact of the Policy and understanding both its short and long-term implications. The process should allow for both local and US civil society input with adequate response time, and all submissions should be made public.
- Any process of review must **pay particular attention to the effects of the Policy on marginalized populations.** To be comprehensive, a review must take particular note of the ways that the Policy affects different communities, with particular emphasis on adolescents and young women, LGBTQ individuals, women and girls living in rural and hard to reach areas, women and girls living with HIV, economically disadvantaged women and girls, indigenous women, and women of ethnic and racial minorities. A review should also examine the impacts of the Policy on local and community-led organizations, which often are best placed to meet specific needs within a community.
- **Document and record instances of misapplication, over-application, and chilling effects of the Policy.** Any US government review of this policy must look at the ways the Policy is being misapplied and the impacts of this chilling effect on the delivery of legal and permissible services like contraceptives, postabortion care, and referrals for abortion services in cases of rape, incest, or a life-endangering pregnancy.

## B. PRIME RECIPIENTS OF US GLOBAL HEALTH FUNDING

- **Ensure that staff and sub-award recipients understand the Global Gag Rule, especially those areas of work that are excluded from the Policy.** Prime recipients of US global health funding, both foreign and US-based, have the responsibility to educate themselves and their sub-award recipients so that organizations can make well-informed decisions and mitigate harmful impacts.

Prime recipients of US global health funding who must ask their sub-recipients to sign the Policy should continue to provide all services and information allowed under the Policy and must clearly convey to their sub-award recipients what activities are still permissible under the Global Gag Rule. This includes, for example, understanding that they can refer a client for safe abortion if she states that she wants one, continuing to receive training and supplies for postabortion care, and other critical services. Prime recipients have a responsibility to make every effort not to over-implement the Policy, either in their own work or in that of their sub-recipients, out of fear or misinformation.

## C. ALL INTERNATIONAL NGOS, BOTH PRIME RECIPIENTS OF US GLOBAL HEALTH ASSISTANCE AND OTHERS

- **Document the impact of the Global Gag Rule on their organization's work, including misapplication, over-application, and the chilling effects of the Policy.** International NGOs, both US-based and non-US-based, should document the impact of the Global Gag Rule on their ability to do their own work and make impact assessments publicly available whenever possible. Organizations should also submit comments to any State Department reviews to ensure the US government understands the full effects of the Policy.
- **Continue to resist this harmful policy and work towards ending it.** US-based NGOs should continue to build support among members of Congress and the general public to repeal the Policy.

## D. DONOR GOVERNMENTS AND INTERNATIONAL AND REGIONAL ORGANIZATIONS

- **Increase funding for comprehensive sexual and reproductive health services, including in particular safe abortion services, to help close funding gaps.**
- **Make funding available to organizations other than those commonly funded in countries impacted by the Global Gag Rule, especially local and community-based organizations, in order to ensure alternative funding reaches those most in need.** Involve local and community-based organizations in the design of funding channels and processes.
- **Avoid applying conditionalities on development funding for health, including counter-conditionalities intended to respond to the Global Gag Rule.** Trusting local organizations to set their own strategies and respond to the needs of the communities they serve is imperative; counter-conditionalities can undermine the well-being of organizations by forcing them to make the extremely difficult choice of whether to forgo one funding stream or another.

- **Donors should document the impact of the Global Gag Rule on their partners' and their own work**, make the documentation publicly available, and submit it to the US State Department as part of any review process.
- **Engage in diplomacy** with the US Government to reverse the Policy.

#### E. UN AGENCIES

- **Publicly speak out against the Global Gag Rule and other conditionalities on development assistance** that undermine the autonomy of countries and organizations and their ability to meet people's needs.
- **Include information about the impacts of the Global Gag Rule in reports** and other materials that address gender equality, sexual and reproductive health and rights, HIV, and other health issues.

#### F. GOVERNMENTS IN COUNTRIES THAT RECEIVE US GLOBAL HEALTH ASSISTANCE

- **Increase funding for health to fill gaps in services and information caused by the Global Gag Rule.**
- **Document the effects of the Policy on population health and health systems, paying particular attention to the effects on marginalized population.** Governments should make the results of this documentation publicly available whenever possible and should submit comments to any State Department reviews.
- **Actively advocate with the US government to end this harmful policy.** Governments should push back on US foreign policies that negatively affect the health of their people, especially when those policies are in conflict with local laws.

#### G. AFRICAN COMMISSION ON HUMAN AND PEOPLES' RIGHTS

- **Consider issuing a statement on the Global Gag Rule as a violation of the human rights of women and girls in Africa.** National government to include statements on the effects of the Global Gag Rule in their countries as part of the country reporting process.
- Continue efforts through the Campaign for the Decriminalization of Abortion in Africa to encourage governments to **decriminalize abortion** and take active measures to increase the acceptability, accessibility, availability, and quality of safe abortion services.
- **Encourage national governments to increase their funding for comprehensive sexual and reproductive health services**, including safe abortion, in order to meet their obligations under the African Charter on Human and Peoples' Rights and the Protocol on the Rights of Women in Africa.
- **Document the effects of the Global Gag Rule and its impact on the human rights of people in Africa through special mechanisms**, including the Special Rapporteur on the Rights of Women in Africa, the Special Rapporteur on Freedom of Expression and Access to Information, and the Commission on the Protection of the Rights of People Living with HIV and Those at Risk, Vulnerable to and Affected by HIV.