THE IMPACT OF THE GLOBAL GAG RULE ON FRONTLINE REPRODUCTIVE HEALTHCARE

TRUMP'S EXPANDED GLOBAL GAG RULE

In 1984, President Regan implemented the first Mexico City Policy, often referred to as the Global Gag Rule (GGR), and this policy has been reinstated by every Republican President since. The GGR states that all non-US NGOs receiving U.S. global health funding for family planning must stop delivering, providing information on, referring to, or advocating for abortion care. In 2017, the Trump administration expanded the GGR to apply to all recipients and sub-recipients of U.S. global health assistance, including for programmes addressing sanitation and HIV/AIDS. This expansion increased the amount of funding affected by the policy from roughly USD $600 million to around USD $12 billion. For many organisations, this has led to a choice between providing lifesaving services and the NGO's survival.

American citizens are told that the GGR prevents their taxes from being spent on abortion, however this is already prohibited under the 1973 Helms Amendment. By excluding organisations like MSI and IPPF from U.S. funding, and preventing referrals to safe abortion providers, the GGR leads to higher rates of unintended pregnancies, unsafe abortions and maternal deaths. While the future of the GGR is uncertain, the policies and rhetoric of this administration continue to impact women globally.

MARIE STOPES INTERNATIONAL
Children by choice, not chance

CUTS TO CONTRACEPTION AND A RISE IN UNSAFE ABORTION

MSI has never, and will never sign the GGR. In 2017, this reduced MSI's annual donor income by 17%, or USD $30 million. The funding had formerly supported MSI to reach an estimated 2 million women with information and voluntary family planning services annually. Over Trump's full term, continued USAID funding would have allowed MSI to serve an estimated 8 million women with family planning, preventing an estimated 6 million unintended pregnancies, 1.8 million unsafe abortions and 20,000 maternal deaths.

Our partnership with USAID provided key support to our mobile outreach teams and public sector strengthening work, delivering services to rural women and women living in poverty. In 2017, many donors stepped up to fill the funding gap, but these emergency funds were sometimes short-term and covered different regions, meaning that although MSI's teams made incredible efforts to continue programmes with reduced funding, we were forced to close several services.

For example, in Madagascar, we were forced to end support to over 100 public and 90 private health facilities and reduce outreach services, limiting access for rural women. Research from Columbia University found that cuts led to facility closures, stock outs and a drop in contraceptive use, with women unable to access their chosen method, and a rise in unintended pregnancies and unsafe abortions.

One woman from Androy, Madagascar, interviewed by Columbia University, shared:
"I got pregnant since the [contraceptive] method wasn't there. Food is already difficult to find, and we weren't able to buy medicines because there are none in this health center. The truth is that I didn't choose to get pregnant; it's because of the stockout."

In Uganda, five of MSI's 35 outreach teams serving remote and poor communities closed. Research from Guttmacher showed that the GGR led to cuts to the number of community health workers in Uganda, reducing support to local health facilities and severely curtailing contraceptive access.

Former iterations of the GGR show the outcome of these cuts. A study covering 26 African countries on the impact of the GGR during the George W. Bush administration (before the policy expanded beyond family planning programmes) found a 14% reduction in contraceptive use, while abortion rates rose by 40% in countries highly exposed to the policy, with many likely to have been unsafe.

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ROLLING BACK RIGHTS AND PREVENTING LIFE-SAVING REFERRALS – THE GGR'S CHILLING EFFECT

The GGR goes beyond funding gaps and programme closures. This insidious policy has created a chilling effect, with those receiving USAID funding unsure about who they can partner with, and those opposed to reproductive choice emboldened by the Trump Administration's policies.

In Nepal, research from Columbia University found that among NGOs that signed the GGR, there was a lack of understanding of the policy, resulting in an over-interpretation of the rules and application of more stringent anti-abortion restrictions than required. In one case, this resulted in an NGO not hiring employees who had had an abortion.

For MSI Nepal, the cuts led to clinic closures and the chilling effect resulted in partners failing to refer women to MSI for abortion care, even in cases of rape or incest, or if the life of the woman was at risk - permitted exceptions under the GGR - as partners feared that referring women for this life-saving care could have stripped them of their USAID funding. Advocacy and partnerships have also been jeopardised, as MSI colleagues were excluded from key policy meetings and technical working groups by those who had signed the GGR, meaning we were unable to contribute MSI's frontline provider insights and data to the discussions.

This suppression has silenced important discussions on the scale of unsafe abortion and dismantled partnerships working towards shared health goals. In Uganda and Senegal, partners who signed the GGR reported that they dropped out of work addressing unsafe abortion and maternal mortality due to fears of losing funding.

FACING A PANDEMIC WITHOUT PARTNERSHIP – HEALTH SYSTEMS WEAKENED BY THE GGR

COVID-19 has curtailed access to reproductive healthcare further, with disruptions preventing an estimated 1.9 million women from accessing MSI's services from January-June 2020. Guttmacher estimate that an additional 49 million women could face an unmet need for contraception, leading to an additional 15 million unintended pregnancies and 3.3 million additional unsafe abortions. There is no doubt that in countries such as Uganda, with health systems weakened by the GGR, the impact of COVID-19 has been exacerbated.

MSI Uganda's Country Director, Dr Carole Sekimpi, has spoken on the frontline impact of the GGR, sharing: *"The GGR only serves to put women at even greater risk when a crisis like COVID-19 hits. Over the past three years, the GGR has cut off access to contraception for Uganda's most vulnerable women and adolescent girls. I have seen first-hand the consequences of this shameful policy: women's lives, health and futures put at risk when they are denied the contraception they need."*

Recent polling commissioned by Planned Parenthood showed that over 60% of Americans expressed major concerns about the GGR's many consequences, including the danger of restricting healthcare in low-income countries during the COVID-19 pandemic. 70% of respondents shared that they favour ending the GGR so that funding for global health can resume without restrictions.

FOR MSI NEPAL, THE CUTS LED TO CLINIC CLOSURES AND THE CHILLING EFFECT RESULTED IN PARTNERS FAILING TO REFER WOMEN TO MSI FOR ABORTION CARE, EVEN IN CASES THAT ARE EXEMPT UNDER THE GGR, SUCH AS WHEN THE LIFE OF THE WOMAN IS AT RISK.

WOMEN CAN'T WAIT – ACTION IS NEEDED NOW

For the last four years, women have faced continuous attacks on their reproductive freedom, with withdrawal of funding and the emboldening of corrosive anti-choice groups. However, we have also seen defiance, solidarity and resilience amongst those who support reproductive rights.

Refusing to let this funding environment be a barrier to access, our programmes have stretched limited resources ever further to protect access for women and girls wherever possible. This includes to the most marginalised, as three-quarters of our clients are those facing the greatest need; those using contraception for the first time, those living in extreme poverty, those without alternative access, and adolescents. The fact that programmes have been able to expand access in the current climate, delivering services to 14 million clients in 2019, while continuing to remove restrictions to safe abortion and contraceptive access, is a testament to the resilience, tenacity, and efficiency of our frontline teams and partners.

We are so grateful to all the individuals and institutions who stepped in to support our work and protect services. However, the fight for reproductive choice and gender equality is far from over. Now more than ever we need new partnerships and continued support to ensure access is continued. To re-establish U.S. leadership on reproductive health and rights, protect access to essential healthcare, and alleviate pressure on strained health systems, the GGR must be repealed.

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