

# The Global Gag Rule And What It Means For Africa.

**Focus: Ghana, Uganda, Kenya & South Africa.**

*Nikita & Jodi-Kay*

## Part 1: What is the global gag rule?

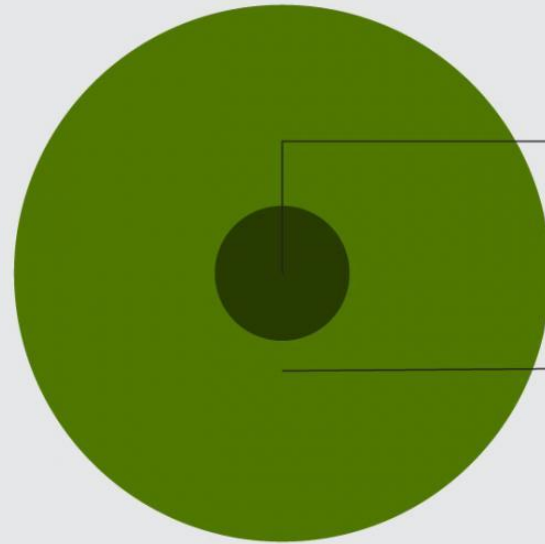
- Also known as the Mexico City Policy.
- First introduced by Reagan in 1984, rescinded by Obama in 2009 and reinstated by Trump in 2017.
- Requires foreign NGO's receiving US global health assistance to certify that they do not use their non-US funds to: provide abortion services, counsel patients about the option of abortion or refer them for abortion, or advocate for the liberalization of abortion laws.
- 2017 expanded policy covers all global health organizations that receive US funds.
- Foreign NGOs at risk of being stripped of all US health funding if they use funds from any source to offer information about abortions, provide abortions or advocate liberalizing abortion laws.

## Impact of the Global Gag Rule on Africa

- Broadened implications: NGO's that provide healthcare services to malaria or AIDS patients will now be under threat of not receiving US funding if it supports or suggests a termination of pregnancy for women's reproductive health.
- New rule will affect **\$9.5 billion** in US foreign aid on organizations working on AIDS, malaria, Zika or maternal and child health.
- Risk for organizations and clinics in developing countries to be forced to reduce services, lay off staff or shut down completely.
- For Africa, which has more abortion related deaths than any other continent, the consequences of the Rule are devastating.

# Impact of the Global Gag Rule on Africa

## TRUMP'S GLOBAL GAG RULE: MAKING A BAD POLICY 16 TIMES WORSE



Previous versions would have restricted and cut up to

**\$575 million**

in US foreign aid for family planning.

Trump's version will restrict and cut up to

**\$9.5 billion**

in US foreign aid for health programs,  
including family planning, HIV, TB,  
malaria, maternal and child health.

## Global Impact of Prior GGR

- A 2010 study from the Leitner Center for International Law and Justice at Fordham Law School found that organizations that refused to comply with the GGR enacted under George W. Bush lost their USAID funding, which resulted in loss of service via clinics, contraceptive supplies, technical support, and equipment.
- Organizations that did not comply were prohibited from attending NGO meetings funded by USAID, thus inhibiting cross-organizational information sharing about maternal mortality, supply chains, and clinical practices.

## Global Impact of Current GGR

- **Trump's Global Gag Rule expansion threatens women's health in more than 60 countries, and will contribute to at least:**
- **6.5 million unintended pregnancies**
- **2.1 million unsafe abortions**
- **21,700 maternal deaths**
- **Halt the introduction of new, effective contraceptive options**
- **Cease the provision of family planning services in over 600 ministry of health sites**
- **End funding for voluntary family planning consultations and services for young people, including girls living with HIV and AIDS.**
- **Once standard provisions go into effect, the policy will apply to all new funding agreements (e.g. contracts and grants), and to existing agreements when amended to add funding.**

# Ghana

- One of the few African countries in the world's 20 most populous nations.
- Maternal mortality is the second most common cause of death among the women in Ghana and approximately 11% (more than 1 in 10) maternal deaths are as a result of unsafe induced abortions.
- Many women turn to unsafe providers or don't obtain adequate post abortion care because of the existing stigma around abortions and due to them being unaware that abortion is legal.
- Since 2007 a mere 3% of pregnant women and only 6% of those seeking an abortion were aware of the legal status of abortion.
- 45% of abortions in Ghana remain unsafe.

## Ghana: Law on Abortion

- Since 1985, Ghanaian law permits abortion in cases of rape, incest or the “defilement of a female idiot;” if the life or health of the woman is in danger; or if there is risk of fetal abnormality.
- The law does not allow a healthy mom with a healthy pregnancy to get an abortion for the sole reason of not wanting the pregnancy.
- Only a registered gynecologist or a professional medical practitioner can perform the abortion, and only at a Government hospital, registered private hospital, clinics registered under the Private Hospitals and Maternity Homes Act, 1958 or a place approved by the Minister of Health by a Legislative Instrument.



## Impact of GGR on Ghana

- Issues around lack of access, inequity and poor quality of health services remain prevalent in both urban and rural communities in Ghana.
- The implementation of the Global Gag Rule poses a major obstacle to women's comprehensive reproductive health rights.
- While Ghana has signed on to many international and regional treaties such as the UN FP2020, the implementation of these commitments has been lacking.
- Also, Ghana's status as a lower-middle-income country since 2011 resulted in some donor organizations reducing their support to the health sector.
- Ghana is therefore heavily dependent on US government funding for its health sector.

## Impact of GGR on Ghana

- In 2015, out of about \$178 million donor funds received by Ghana's Ministry of Health, United States Agency for International Development (USAID) funding was \$57.3 million. Of this amount, \$8.5 million dollars was spent on family planning and reproductive health.
- Fewer resources will go to groups like Planned Parenthood and Marie Stopes which are on the front lines of preventing unintended pregnancies.
- Ghana risks losing out on contraceptive support and funding. There is also likely to be an upsurge in cases of unintended pregnancies, unsafe abortions and maternal mortality.
- Misinformation remains a challenge and many women in Ghana will be deprived of the opportunity to seek a safe and affordable abortion.

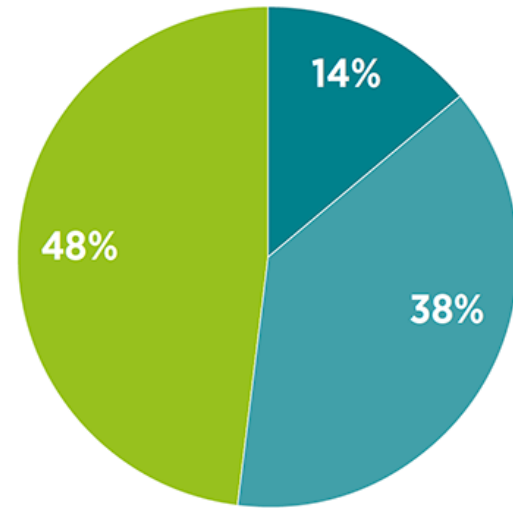
# Uganda

- Access to safe and legal abortion services is a far reach for women and girls.
- A rise in unsafe abortions from 294,000 in 2003 to 314,000 women having unsafe abortions in 2013.
- As of 2016, 25% of adolescent girls aged 15 to 19 are either pregnant or already mothers, one of the highest rates in sub-Saharan Africa.
- 54% of Uganda's entire government budget is from overseas development assistance and the US government is the largest donor.
- In 2015, USAID spent \$591 million in Uganda, rendering it the seventh-largest recipient in the region.
- In Uganda, US global health funds pay for 890,000 HIV positive Ugandans' anti-retroviral treatment, about 93 percent of such patients,
- Uganda's maternal mortality rate is 336 deaths per 100,000 live births.
- Comprehensive family planning is essential for young people. 33% of women ages 20 to 24 had a baby before they were 18 years old.
- Uganda's HIV prevalence is at 6.5 percent, the tenth-highest in the world.

Uganda

## PREGNANCY OUTCOMES, 2013

**More than one in 10 pregnancies end in abortion.**



2.3 million pregnancies

- Unintended pregnancy ending in abortion
- Unintended pregnancy ending in miscarriage or unplanned birth
- Intended pregnancy ending in miscarriage or birth

## Uganda: Law on Abortion

- Ugandan law allows abortion to save a woman's life.
- The 2006 National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights permit abortion under additional circumstances, including in cases of fetal anomaly, rape and incest, or if the woman is HIV-positive.
- Existing laws and policies on abortion are interpreted inconsistently by law enforcement officials, which results in a challenge for women and the medical community to understand when abortion is permitted.
- Medical providers are often reluctant to perform an abortion, out of fear of legal consequences.

## Impact of GGR on Uganda

- Under the expanded rule thousands of women face losing essential reproductive healthcare and advice.
- Uganda's largest providers of family planning, cancer screening and antenatal care are under threat.
- Funding for projects implemented by Marie Stopes International Uganda (MSI) and Reproductive Health Uganda (RHU) will end because of their refusal to comply.
- The resultant likely closure of essential family planning services and healthcare programmes targeting women in areas that are poorly served by government health facilities.

## Impact of GGR on Uganda

- RHU serves about 1.2 million people a year. The organization will now lose funding for three programs previously supported by US global health funds.
- The loss includes destroying the relationships which were built by representatives and the important progress made with local communities.
- RHU also lost funding for a program that built knowledge of human rights principles in sexual and reproductive healthcare among government workers.
- In Uganda, the USAID Advocacy for Better Health program is losing at least one other key partner. The Center for Health, Human Rights and Development, which will not sign funding agreements demanding compliance with the Rule, plays a crucial role in Uganda's health advocacy community.

## Impact of GGR on Uganda

- MSI provides more than half of Uganda's family planning services. In 2016, the organization provided around 1.1 million Ugandans with contraceptives, while its work prevented 342,800 unplanned pregnancies and 170,700 unsafe abortions in the country.
- MSI will lose approximately \$20m in US funding for its programmes, including 27 mobile health teams it runs across Uganda.
- A regular outreach project offering breast and cervical cancer screenings and promoting the use of Sayana Press, a new brand of injectable contraceptive, will end.
- Informing women about available options to terminate their pregnancies and getting supplies to health centers in Uganda remains a challenge.



## Part 1: Conclusion

- In countries like Ghana or Uganda, healthcare is limited and the loss or reduction in programming even in a few organizations can be felt broadly.
- The expanded version of the Rule has a devastating impact for the African continent which relies heavily on US global health assistance.
- Progress on health outcomes in countries like Ghana and Uganda will suffer and women in these low income countries will have less or no access to contraception, leading to a likely increase in unsafe abortions and maternal deaths.
- In addition, health programs that lose US funding will likely be unable to provide treatment linked to newborn, infant and child health, including vaccinations, prevention and treatment of HIV/AIDS, malaria, tuberculosis and nutrition programs.
- A dire consequence for the African continent, is the restriction on speech and on activities of activists and health providers which face the risk of being unable to share health information with patients about abortion or discussing potential reforms to abortion laws, thereby encouraging the existing stigma around abortions.



# Kenya

- Research conducted from 2002 to 2006, during the Bush imposition of the policy, showed the devastating impact of the GGR on the health of women in Kenya.
- A 2005 study from the Joseph R. Crowley Program at Fordham University found that this loss of U.S. funding drastically curtailed community-based outreach activities for contraceptive counseling and provision, condom distribution, HIV testing, and the flow and availability of contraceptive supplies.
- A consortium of NGOs found that USAID had to cut off shipments of contraceptives—already in short supply—to 16 countries in Sub-Saharan Africa, Asia, and the Middle East.

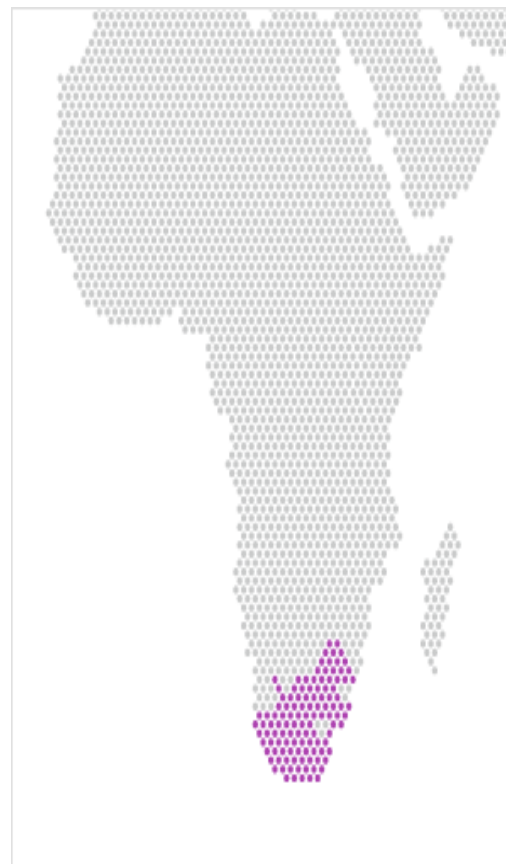
## Kenya: Law on Abortion

- Currently “abortion on demand” can only be offered in 4 out of 54 African countries.
- Although abortion in Kenya is illegal, since adoption of the Kenyan Constitution in 2010- abortion is allowed only in cases of rape, incest, and life endangerment of the pregnant mother.
- Because of this, women who do not fall into these exceptions often seek “Backstreet abortions” performed by off-duty medical personnel or self proclaimed medical professionals, called “quacks”.
- Due to a combination of factors including lack of medical proficiency, lack of adequate machinery and tools, lack of anesthetics and medication, and more, many of these abortions lead to serious complications that threaten the lives of the women seeking them, and also leading to high maternal mortality rates.
- Unsafe abortion remains a leading cause of maternal morbidity and mortality in Kenya.

## Impact of GGR on Kenya

- The GGR will cut more than half a billion dollars in aid to Kenya alone, reports the Kaiser Foundation.
- The most direct impact of President's Trump's reinstatement of the GGR in Kenya is on abortion.
- Reports indicate that there are about 310,000 abortions every year in Kenya.
- 21,000 women are admitted each year due to abortion related complications from having unsafe abortions – usually done in backstreet clinics. 2,600 of these eventually die. Of the women admitted, 12% were older than 34, 40% were between 25 and 34 while 16% were teenagers.
- Maternal mortality is higher in women living in rural areas and among poorer communities.
- One clinic that has already closed is the Family Health Options Kenya (FHOK) –Mombasa clinic. Other clinics, like the FHOK-Kibera clinic, has already had to scale back staffing and cut out their community outreach programs.
- The World Health Organization estimates that at least 22,000 women die from abortion-related complications every year.

# South Africa: HIV/AIDS



## South Africa (2016)

**7.1** million people living with HIV

**18.9%** adult HIV prevalence

**270,000** new HIV infections

**110,000** AIDS-related deaths

**56%** adults on antiretroviral treatment

**55%** children on antiretroviral treatment

Source: UNAIDS Data 2017

## South Africa: Past GGR Impact on HIV/AIDS

- Abortion is legal in South Africa, and although illegal or backstreet abortions thrive due to societal pressure to adhere to moral and religious, the greatest impact of the GGR in South Africa is how it will affect HIV and AIDS rates increases.
- Integrated health care system
- A threat to health and science, the GGR hampers HIV prevention efforts because of the closing of health clinics and disruption of relationships and supply chains of commodities — leading to reduced access to condoms and to sexual health services generally.
- For example, during the Clinton Administration, the Lesotho Planned Parenthood Association received 426,000 condoms over two years from USAID.
- When the GGR went back into effect in 2001, USAID had to suspend condom shipments to Lesotho because Planned Parenthood was the only provider of condoms in that country.
- At the time that condom shipments were ceased, one in four women in Lesotho was infected with HIV.

## Current Impact of GGR on South Africa

- **Stat: A cut in just 10% of global donor funding for HIV treatment, for example, could result in over 5 million more deaths by 2030.**
- **HIV in particular: if people aren't getting their meds, or only getting it 2/3 of the time, the health benefit is zero. If not 90% compliance, the viral loads escalate and side effects and deaths go up dramatically.**

## Part 2: Conclusion GGR's Social Impact on Africa

- Without U.S. funding from 2017-2020- over 1.8 million unintended pregnancies will probably occur, more than 660,000 abortions will happen, and over 10,000 maternal deaths will not be averted.
- Removal of these funds also affects organizations that also deal with malaria and other child health issues; includes efforts to reduce HIV-related deaths, new infections, and decrease childhood mortality through malaria prevention/treatment and immunization programs.



## Part 2 Conclusion: GGR's Monetary Impact on Africa

- The International Planned Parenthood Federation (IPFF) regional office in Africa says it will lose up to \$100 million in US funding meant for sexual and reproductive health services for millions of women and girls who would otherwise go without vital services as it refuses to abide by the gag rules.
- Facts: Since 2003, the President's Emergency plan for Aid Relief (Pepfar) has committed more than \$70 billion towards HIV, TB, and malaria.
- Trump proposed cuts to foreign aid budget by 32%, including a \$1 billion cut to the (Pepfar) program, which funds HIV and AIDS treatment, testing, and counseling for millions of people worldwide.
- Trump administration defunded the UN Population Fund (UNFPA), which provides key family planning and maternal health care services in humanitarian settings. The US provided \$69 million, \$38.3 million of which was directly targeted for humanitarian emergencies, and was one of the agency's largest donors.

## Solutions: SheDecides

- Some governments have stepped up to publicly pledge increased support for sexual and reproductive health and rights that do not place restrictions on abortion as a “moral alternative”.
- For example, the Dutch government has created an international funding initiative to support groups affected by the Global Gag Rule called “She Decides.”
- An inaugural summit hosted by Belgium, Denmark, the Netherlands, and Sweden on March 2 resulted in pledges of roughly \$190 million.
- Also, Canada, the Gates Foundation and private donations from individuals from multiple groups in many countries across the world.
- [Shedecides.com](https://shedecides.com)

## Solutions: The HER Act

- Draft legislation in the US – called the Global Health, Empowerment and Rights (HER) Act, would permanently repeal the Mexico City Policy (Global Gag Rule), and has been gathering increased support and could be pursued as a long-lasting solution down the road.
- Would allow foreign organizations receiving U.S. aid to use non-U.S. funds to provide medical services that are legal in the U.S. and in the respective countries, including safe abortion.
- Would promote safe, ethical medical practices by removing discriminatory restrictions on essential health care services.
- Would support and encourage democratic participation, civic engagement, and freedom of speech abroad.
- Would allow foreign non-governmental organizations receiving U.S. aid to use non-U.S. funds to address the specific needs of the population, such as HIV prevention and treatment and maternal and child health, so long as these activities are legal in the U.S. and in the respective country.
- Would nullify any existing U.S. law or policy that interferes with these provisions.



Discussion

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