

# Exporting harm: Impact of the expanded Global Gag Rule on sexual and reproductive health and rights, SRHM Special Issue Launch Webinar

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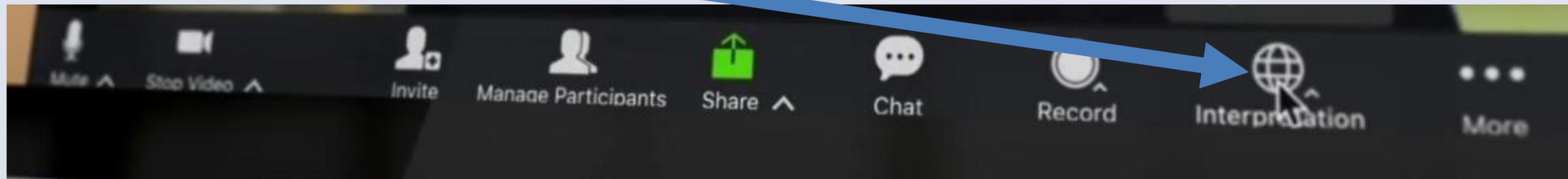
**SRHM**

SEXUAL AND  
REPRODUCTIVE  
HEALTH  
MATTERS

# Welcome & Housekeeping

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- Please choose your preferred language (English or French) under “Interpretation”



- Enter any questions you have for the presenters into the Q&A feature
- Webinar will be recorded

# SRHM Special Issue Launch Webinar

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- Title of Special Issue: *Exporting Harm: Impact of the expanded Global Gag Rule on sexual and reproductive health and rights*

## *Presenters:*

- Center for Research on Environment Health and Population Activities (CREHPA), Nepal
- African Population and Health Research Center (APHRC), Kenya
- Institut National de Santé Public et Communautaire (INSPC), Madagascar
- Global Health Justice and Governance Program (GHJG), Heilbrunn Dept. of Population and Family Health, Columbia University Mailman School of Public Health, USA



# Why this research?

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- President Trump reinstated and expanded the GGR that from only applying to US family planning funding to U.S. global health assistance (SRH, HIV and Tuberculosis, Malaria, cervical cancer screening, etc.).
- The Policy is undemocratic and against sexual and reproductive health and rights (SRHR) of women, men and adolescents
- Organizations are forced to choose between providing abortion and accepting US funding. Consequently, provision of and access to SRH services and referrals are affected, thereby impacting girls' and women's health.
- This research documents how the Trumps' expanded GGR impacted the provision of and access to SRH services in Nepal, Kenya, and Madagascar.



# SRHM Special Issue

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## Research Article Titles

1. "From Bad to Worse: Global Governance of Abortion and the Global Gag Rule"
2. "Foreign Ideology vs National Priority: Impacts of the US Global Gag Rule on Nepal's sexual and reproductive health system"
3. "Foreign assistance or attack? Impact of the expanded Global Gag Rule on sexual and reproductive health and rights in Kenya"
4. "Slowing progress: The US Global Gag Rule undermines access to contraception in Madagascar"



# Background: The 2017 Expanded Global Gag Rule

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- **“Protecting Life in Global Health Assistance” prohibits United States Government (USG) global health assistance from being provided to non-US NGOs that:**
  - ❑ Perform abortions “as a method of family planning” (in cases other than threat to the life of the pregnant person, rape, or incest)
  - ❑ Provide counseling or referrals for abortion
  - ❑ Lobby or advocate to make abortion legal or more widely available in their country
- **Non-US NGOs must certify the policy or forfeit USG funding**

# Background: Who is required to certify?

## Required to certify:

- Non-US NGOs
- Non-US sub-recipients of gagged NGOs that receive NON-USG \$
- Non-US sub-recipients of any NGO that receives USG \$

## Not required to certify:

- Foreign governments
- US-based NGOs
- Multilateral organizations
- Global health contracts

# GGR Global Paper

## RESEARCH ARTICLE



## From bad to worse: global governance of abortion and the Global Gag Rule

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**Abstract:** *The Trump Administration's Protecting Life in Global Health Assistance (PLGHA) significantly expands the "Global Gag Rule" – and, in so doing, weakens the global governance of abortion. By chilling debate, reducing transparency, ghettoising sexual and reproductive health and rights work, and interfering with research, PLGHA makes an already bad context demonstrably worse. Individual women suffer the most, as PLGHA inhibits ongoing efforts to reduce abortion-related morbidity and mortality. DOI: 10.1080/26410397.2020.1794411*

# Project Overview & Methodology

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- **Research Question: How does the GGR affect provision of and access to SRH services?**
- **Key Informant Categories:**
  - ❑ MOH representatives
  - ❑ NGO/CSO representatives
  - ❑ SRH service providers at public and private or NGO health facilities
  - ❑ Community health workers
  - ❑ Contraceptive clients



# Country Contexts

Nepal	Kenya	Madagascar
<ul style="list-style-type: none"><li>• Abortion permitted on request up to 12 weeks; and up to 28 weeks in cases of rape, fetal abnormality, and/or threat to the life of the pregnant person</li><li>• Maternal Mortality ratio: 239/100,000 live births</li><li>• Modern contraceptive prevalence: 43%</li><li>• USG% of ODA for Population Policies/Programs &amp; Reproductive Health: 65%</li></ul>	<ul style="list-style-type: none"><li>• Abortion is permitted when there is a threat to the health or life of the pregnant person</li><li>• Maternal Mortality ratio: 362/100,000 live births</li><li>• Modern contraceptive prevalence: 53%</li><li>• USG% of ODA for Population Policies/Programs &amp; Reproductive Health: 79%</li></ul>	<ul style="list-style-type: none"><li>• Abortion is prohibited with no explicit exceptions</li><li>• Maternal Mortality ratio: 426/100,000 live births</li><li>• Modern contraceptive prevalence: 40%</li><li>• USG% of ODA for Population Policies/Programs &amp; Reproductive Health: 59.4%</li></ul>

## Foreign Ideology vs. National: Impacts of the U.S. Global Gag Rule on Nepal's Sexual and Reproductive Healthcare System

**21 October 2020**

# Qualitative Sample

	Phase 1	Phase 2	Total
NGO program managers	52	32	84
Government health employees	16	15	31
NGO/private facility managers and service providers	33	30	63
Public facility service providers	--	27	27
<b>Total</b>	<b>101</b>	<b>104</b>	<b>205</b>

# Knowledge about Global Gag Rule

- Knowledge of GGR was highest among the NGO participants and lowest among government officials and service providers.
- Lack of awareness or understanding of the GGR caused confusion among the certifying NGOs.

*“My organization has been implementing USG funded projects for several years. We were accepted by another organization to implement their abortion related program in the district. When we advertised for staff vacancy in a local printed media, the manager of the prime organization [granting us USAID funds] issued us a strong letter saying that [we had to choose between the two projects].” – Certifying NGO representative Phase 1*

# Splitting of Spaces for SRH Coordination

- Reluctance to join meetings that would include abortion-related discussions.
- Lost opportunities to coordinate activities with non-certifying NGOs.

# Splitting of Spaces for SRH Coordination

## (...Contd)

- Exclusion from government settings and collaboration that were relevant to their work because of over-interpretation of the GGR.

*“About two months ago, there was a training in one of the municipalities. The DPHO had informed us that we could hold a ten-minute session after the training or before the training, as most service providers from Government health facilities would be present. The training was USAID funded. When we reached the venue, the program manager of the USG funded program told us not to talk about abortion and only to talk about family planning although our organization works on both issues.”* – Non-certifying NGO representative, Phase I

# Organizations' Sustainability & Partnerships

- Non-certifying NGOs stopped applying for large USG grants that they would have otherwise sought.
- A US-based NGO working on SRH had replaced partners who decided to certify the policy thus facing project delays.
- Experiences by few NGOs indicated that the Pompeo Expansion was beginning to affect NGO partnerships.



# **Service Delivery Impact**



# Impacts on Referral Networks

- Certifying NGOs and affiliated facilities no longer provide abortion referrals to non-certifying NGO facilities and restrict FP and other referrals as well.
  - One organization removed a non-certifying organization from their referral pamphlets
  - Three certifying NGOs do not make any abortion referrals

*“We do not touch any part of SRH even though we are allowed to talk or refer for family planning, but we prefer not to do that.”* – Certifying organization representative, Phase I

# Impacts on Non-certifying Organizations/Facilities

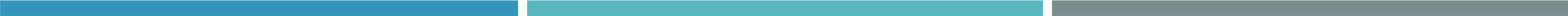
- Staff layoffs occurred when organizations were ineligible for USG funding.
- One of the NGOs was forced to shut down seven community FP clinics that provided FP and emergency contraception.

# Impacts on Public Sector

- The early closure hindered support for FP mobile outreach services and decrease in FP behaviour change communication activities in 22 districts.
- Local governments were unable to organize FP mobile outreach during late 2018.
- Early closure of the project had a negative impact on the transition process.

# Conclusions

- Low policy awareness and a considerable chilling effect cut across multiple levels of the Nepali health system.
- NGO funding losses and disrupted partnerships and networks further constricts access to FP and safe and legal abortion which ultimately undermines the ecology of SRH service delivery in Nepal, as well as our national sovereignty.



**Thank You**



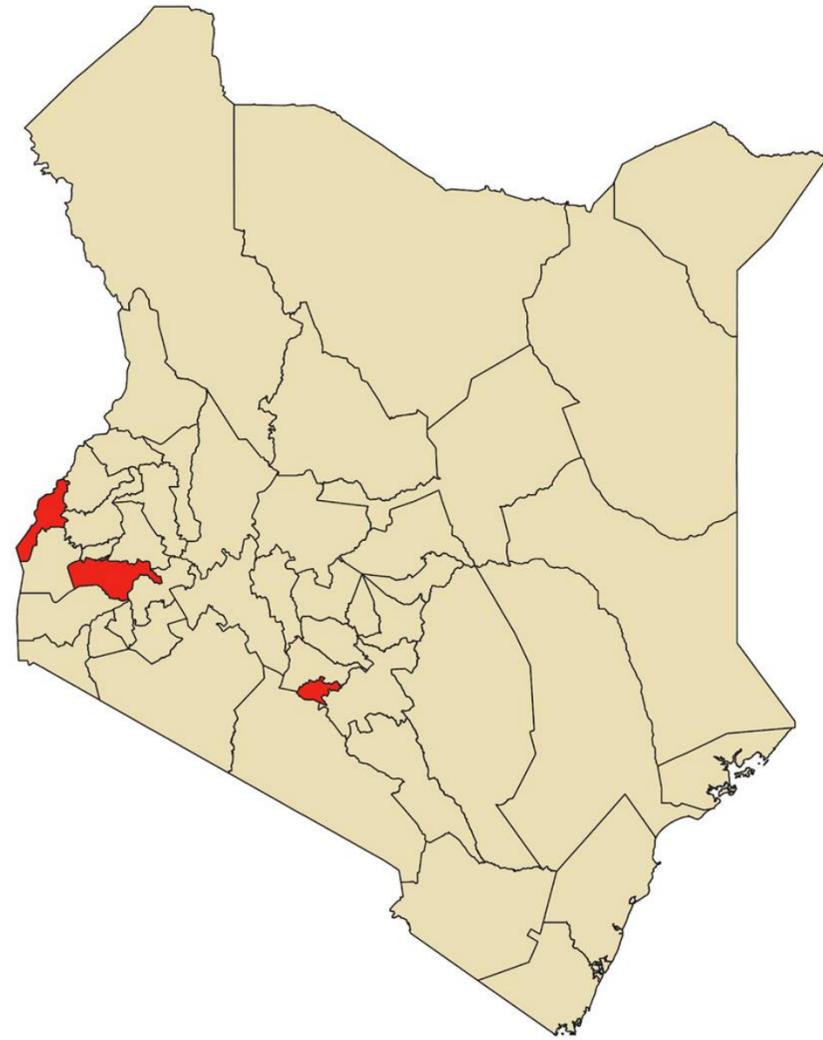


**African Population and  
Health Research Center**

# Foreign assistance or attack? Impact of the expanded Global Gag Rule on sexual and reproductive health and rights in Kenya

**21 October 2020**

## Study sites



- Nairobi
- Kisumu
- Busia

# Study Participants

<b>NGO participants</b>	
US-based NGOs	5
Non-US-based NGOs	13
Certified GGR	4
Did not certify GGR	2
Had no USG funding (USG\$) at time of interview	7
<b>Total NGO participants</b>	<b>18</b>

<b>Health facility-level participants</b>				
<b>County</b>	<b>Facility type</b>	<b>Number of facilities</b>	<b>Facility managers</b>	<b>Service providers</b>
Busia	Public	8	8	17
Kisumu	Public	2	2	4
	Private	2	2	4
<b>Total facility participants</b>			<b>12</b>	<b>25</b>

## Strengthened anti-abortion context

- Pre-existing negativity towards abortion
- Validates government's anti-abortion actions
- Furthers confusion around legality of abortion in Kenya
- USG Massive funding to Kenya Gov't - reluctance to upset funders
- Amplified activities from anti-choice churches and CSOs

“It's created divisions, so the biggest effect we've seen now is increase in what we call opposition to abortion access. So the groups that are anti-choice are invigorated now, by this gag rule. It's given them momentum ... there is new vigor in the opposition groups.” (US-based NGO)

## Disrupts civil society

- Chilling effect among certifying NGOs (self censor)
- Engendered mistrust among certifying and non certifying NGOs
- Disrupted collaboration and partnership around SRH
- Forcing NGOs to choose between funders and programs
- Disruption of referral networks and the existing SRH integration of service delivery

“But now what I’m seeing ... it’s impossible to partner with a US-funded organisation ... we are working in silos. We are all working on SRH, but we cannot work in the same space. Even in terms of being invited in meetings, you would feel like you are being stigmatized, in fact not invited in those places, yeah, because you do not believe in the Global Gag Rule, and you are pro-choice.” *(Non-US NGO)*

## Impacts on organizations & health system

### Loss of funding (in 2 or more pathways)

- Non-U.S. NGOs that do not sign the policy and lose U.S. funding

“They [US prime] just told me if you want our [USG] money, forget about your grant from [donor funding FP and abortion program]. So I had to make a conscious choice, which one do I drop off. So that’s how it affects my work because ... we are so torn in between.” *(Non-US NGO)*

- USG beneficiaries forfeiting other sources of funding for fear of breaching the policy

“Actually, partners are the ones who used to come to us, and I would be able to choose who we want to work with. Now it has shifted. Nobody wants to come to us; it’s us who are trying to reach out. So [I] am always on the computer prospecting ... and in forums in Nairobi trying to look for where are the resources.” *(Non-US NGO)*

## Changes in Service delivery

- Fragmentation of SRH/HIV services
- Disruption in Referral networks
- Disruptions in Partnerships

“We are not doing integrated service delivery in Kenya anymore ... We no longer offer RH, FP services in our program ... I do not know what factors have led to those changes at USAID, but what has happened is that USAID now has separate RH, FP programs and not [integrated] ones for the entire country.” *(US-based NGO)*

“So for now, they do not do [referrals]. So my question is, when these women come to their facilities or clinics and request for this service, where do they go? Because the ones I talked to believe they cannot refer. So if a woman comes with even post-abortion complications, what do they do with this woman? How do they treat this woman? What happens to this woman?” *(Non-US NGO)*

## Facility level impacts

Staff shortages and decrease in the number of trained staff at the facilities

“We reduced the number of staff which [NGO 1] were supporting and also [NGO 2] did the same, and in fact, that has made workload very difficult. As the facility-in-charge, I have now to work because of the reduced number of clinical staff ... so now I am doing both the clinical work and the managerial.” *(Service provider, Kisumu)*

Frequent stock-outs of family planning commodities and supplies

“We were being provided with commodities in the facilities, but right now there is a reduction, we don't have commodities. We have to get them from KEMSA [parastatal supplier], but we used to get them from our donors ... [NGO] used to bring us [implants], misoprostol and mifepristone, and even the equipment ... we used in family planning ... KEMSA does not provide all the commodities.” *(Service provider, Kisumu)*



**African Population and  
Health Research Center**

# THANK YOU



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# Slowing progress: The US Global Gag Rule undermines access to contraception in Madagascar

Mamy Jean Jacques Razafimahatratra,  
Institut National de Santé Publique et  
Communautaire (INSPC)

# Context

- Abortion in Madagascar is prohibited with no exceptions
- Large disparities in health access, with many hard-to-reach rural areas
- MOH depends on NGO partners to reach remote areas with contraceptive services
- A non-US NGO is MOH's largest partner for contraception
  - This NGO received substantial USG funding prior to GGR (US\$3.5 million in FY2017)



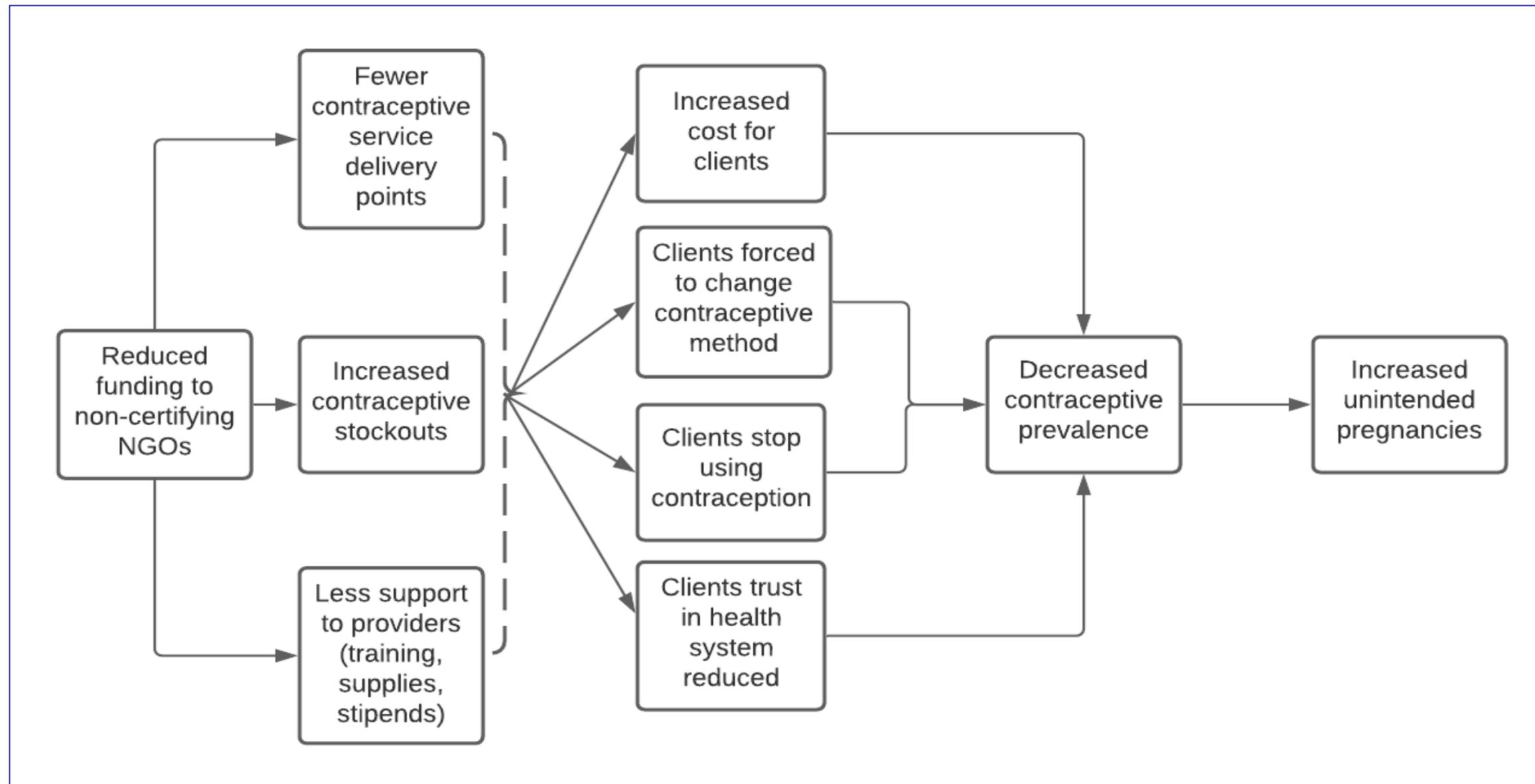
# Methods

- Indepth interviews in 8 districts May 2019 - March 2020

Category	Number
NGO providing SRH – central level	8
NGO providing SRH – district level	33
MOH – central level	2
MOH – regional or district level	38
Service providers – public	41
Service providers – private	20
Community health workers (CHWs)	33
Contraceptive clients	44
<b>Total</b>	<b>219</b>

- Interviews were transcribed, translated into French for analysis

# Causal Pathway of GGR's Impact in Madagascar



## Results: Reduced access in rural areas

The [non-certifying NGO] can reach isolated areas with its outreach teams... So, if you are in the bush, you always hear these questions, especially complaints from clients following the end of these outreach visits these days, especially where the health center and hospital is several kilometers away. *(Regional MOH representative)*

[L'ONG] peut descendre dans les zones enclavées avec ses outreachs... Donc si vous êtes dans la brousse, on entend toujours ces questions surtout des plaintes des clientes à la suite à l'arrêt de ces outreachs dans ces temps-là, en plus le CSB et l'hôpital se trouve à plusieurs kilomètres de chez eux. *(Représentant régional, Minisanté)*

# Providers lack training

[Regarding training] We don't know any more what has changed in terms of new recommendations on prescription, reception of clients, contraception. In medicine, there is always new knowledge, changes... Therefore, your knowledge is outdated, we no longer receive knowledge updates. *(Public provider)*

[Concernant la formation] On ne sait plus ce qui a changé en matière de nouvelles recommandations sur la prescription, l'accueil des clientes, la PF. En médecine, il y a toujours des nouvelles connaissances, des changements... Donc vos connaissances sont en retard, nous ne recevons plus des nouveaux acquis. *(Prestataire publique)*

# Providers reported increased stockouts

In addition, we were in cooperation with [non-certifying NGO] so they provided us with products. When our stocks ran out, [non-certifying NGO] gave us the products so there was no shortage. But currently, we are no longer in collaboration with [non-certifying NGO], so they no longer visit us. *(Public provider)*

En plus, nous sommes en coopération avec [ONG] alors ils nous fournissent des produits. Quand nos stocks sont épuisés, [ONG] nous donnent les produits alors il n'y a pas de rupture. Mais actuellement, nous ne sommes plus en collaboration avec [ONG], alors il ne nous rend plus visite. *(Prestataire publique)*

# Clients report higher costs

The injectable is so expensive. It costs 3000 Ariary at the pharmacy, And because we are poor...we look for jobs that require heavy labor during the day to find money for the injectable... For this purpose, we have no more to survive on. And now, I'm pregnant when I didn't want to be. You know, with the difficulty of life, the lack of money, you can't find the money, and suddenly, I'm pregnant. *(Contraceptive client)*

La piqure est tellement chère. C'est à 3.000 ariary à la pharmacie. Et parce que nous sommes pauvres, on cherche des travaux nécessitant de batelage dans la journée pour trouver de l'argent pour la piqure. A cet effet, nous n'avons plus de quoi survivre. Et maintenant, je suis enceinte alors que je ne l'ai pas voulu. Vous savez, avec la difficulté de la vie, le manque d'argent, on n'arrive pas à trouver de l'argent, du coup, je suis enceinte. *(Cliente contraceptive)*

# Clients have unintended pregnancies

As a result, I got pregnant since the method wasn't there. Food is already difficult to find, and we aren'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. *(Contraceptive client)*

La conséquence, je suis tombée enceinte puisqu'il n'y avait pas le produit. Les aliments sont déjà difficiles à trouver et on ne trouve pas de quoi pour acheter des médicaments quand il n'y en a pas dans ce centre. La vérité c'est que j'ai pas choisi de tomber enceinte mais c'est à cause de la rupture. *(Cliente contraceptive)*

# Conclusion

- GGR impact in Madagascar is devastating
  - Reduced access to contraception
  - Increased inequities in the Malagasy population
- Documented impact on women
  - increased difficulties obtaining contraception
  - discontinuation of contraceptive use
  - unintended pregnancies
  - unsafe abortions



**Thank you!**  
**Merci!**  
**Misaotra tompoko!**



# Q&A

# In-Country Dissemination (Kenya)



GLOBAL

## Partnered with Planned Parenthood Global

- Research results used to support local and global advocacy efforts
- PP Global created 2 fact sheets that highlight top-level findings and recommendations from the Kenya research
- PP Global has convened a steering committee to disseminate the Kenya GGR findings



# In-Country Dissemination (Nepal)



## Partnered with IPAS Nepal

- Conducted events with school health teachers on adolescent sexual and reproductive health (ASRH) and SAS
- Conducted social behavior change (SBC) activities



## Partnered with MSI Nepal

- Publications on GGR in regards to referrals, funding, etc.
- Interaction meeting with lawyers and meetings with CDOs (Chief District Officers)



# Commentaries / Perspectives



Sexual & reproductive health & rights for all.



GLOBAL HEALTH JUSTICE & GOVERNANCE



# Commentaries / Perspectives

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- ***"Perspectives from the field, youth responses to the GGR in Nepal"*** by Shreejana Bajracharya (Yo-SHAN, Youth-Led SRHR Advocacy Nepal)
- ***"Perspective of an SRHR advocate on the impact of the Global Gag Rule in Kenya"*** by Evelyne Opondo (Center for Reproductive Rights)
- ***"Call in the Lawyers: Mitigating the Global Gag Rule"*** by Beirne Roose Snyder (CHANGE), Brian Honnerman (amfAR) and Tambudzai Gonese-Manjonjo (Southern Africa Litigation Center (SALC))
- ***"Relics of Imperialism: US Foreign Policy on Abortion in the COVID era"*** by Patty Skuster (Ipas), Ram Chandra Khanal (Ipas Nepal) and Ernest Nyamato (Ipas Kenya)
- ***"Operational Reality: The Global Gag Rule Impacts Sexual and Reproductive Health in Humanitarian Settings"*** by Meghan C Gallagher (Inter-Agency Working Group on Reproductive Health in Crises), Jamie M Vernaelde (PAI) and Sara Casey (Columbia University)

# Thank you!

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