



ACCESS DENIED

U.S. RESTRICTIONS ON INTERNATIONAL FAMILY PLANNING
EXECUTIVE SUMMARY

ACCESS DENIED

U.S. RESTRICTIONS ON INTERNATIONAL FAMILY PLANNING Executive Summary

Following President George W. Bush's reinstatement of the Mexico City Policy restrictions on international family planning, a diverse group of U.S. nongovernmental organizations (NGOs) came together to document the impact of the policy on family planning services. Research was conducted in four countries (Ethiopia, Kenya, Romania and Zambia) to assess whether and how the restrictions have affected women's access to contraception and related reproductive health care. This document summarizes the major research findings as of mid-2003, and includes selected country examples.

In January 2001, the U.S. government imposed restrictions on NGOs overseas receiving international family planning assistance. The restrictions, officially called the Mexico City Policy, are also known as the Global Gag Rule by those who oppose it. Under the policy, no U.S. family planning assistance can be provided to foreign NGOs that use funding from any other source to: perform abortions in cases other than a threat to the life of the woman, rape, or incest; provide counseling and referral for abortion; or lobby to make abortion legal or more available in their country.* Non-compliance will result in loss of funding from the U.S. Agency for International Development (USAID).

As the leading donor of family planning assistance to NGOs overseas, USAID supports technical assistance, training, contraceptives including condoms, funding, and other resources needed to assure efficient and effective delivery of services to millions of couples. These NGOs form strong community ties, create innovative solutions, and build local capacity to respond not only to the demand for family planning but also to other critical health needs. They often work closely with public health systems in providing care to the poorest and most vulnerable groups. Yet, under the Global Gag Rule, funds are denied to foreign NGOs that choose to counsel their patients on a full range of reproductive health options.

*For the full text of the Mexico City Policy, see USAID, Contract Information Bulletin, "Restoration of the Mexico City Policy - White House Memorandum for the Acting Administrator of the U.S. Agency for International Development (Revised)," [CIB 01-08 (R)], 29 March 2001. Available on the USAID website at http://www.usaid.gov/procurement_bus_opp/procurement/cib/cib0108r.pdf.

The Global Gag Rule therefore forces a cruel choice: in starkest terms, foreign NGOs can either choose to accept USAID funds for provision of essential health services — but with restrictions which may jeopardize the health of many patients — **or the NGOs can choose to reject the policy and lose vital U.S. support.** For those who reject the gag rule, the price is not just monetary. They are unable to obtain donated USAID contraceptives and are forced to cut services and raise fees. In a number of countries, established referral networks of providers are collapsing as leading family planning NGOs downsize and struggle to cope with budget cuts and rapidly declining stocks of contraceptive supplies.

The Global Gag Rule restrictions were purportedly designed to reduce abortion by limiting a woman's access to abortion services, and to ensure that U.S. funding for family planning services overseas is completely separate from abortion activities. **When the policy was previously in effect,** however, from 1984 to 1992, **there was no evidence that the policy reduced the incidence of abortion,** as women continued to seek clandestine procedures. There is little reason to believe it will be any more effective this time around. In practice, the policy is likely to have the opposite effect: **it will reduce access to contraception, leading to more unwanted and high-risk pregnancies, more unsafe abortions, and more maternal illness, injury, and even death.**



**The Global Gag Rule
is taking a toll on the lives
and health of women,
children and families
around the world.**

The Global Gag Rule Impact Project is a collaborative research effort led by Population Action International in partnership with Ipas and Planned Parenthood Federation of America and with assistance in gathering the evidence of impact in the field from EngenderHealth and Pathfinder International. The Project's objective is to document the consequences of the Global Gag Rule. The Project was initiated soon after the policy was reinstated by President George W. Bush in January 2001. While the missions of the collaborating organizations are diverse, we are united in our belief that policies governing U.S. assistance should be evidence-based and reflect proven public health practices.

The Global Gag Rule Impact Project undertook research to examine whether and how the policy is disrupting access to basic family planning and reproductive health care, including HIV prevention services, for couples and young people who desperately want and need them. From July 2002 to May 2003, research was conducted in four countries — Ethiopia, Kenya, Romania and Zambia. Research teams interviewed a range of experts involved in family planning and reproductive health care, medical personnel, government policymakers and program managers, and donor agency representatives. The research teams also conducted site visits to facilities in both urban and rural areas, including NGO and government clinics and hospitals, youth centers, rural outreach programs, and a freestanding maternity facility. In some instances, teams were able to interview clients of these facilities about their reproductive health needs and preferences.

Our research has found that **the Global Gag Rule is taking a toll on the lives and health of women, children and families around the world.** Even as NGOs work hard to improve the health of overseas communities by providing access to family planning, related maternal and child health care, and HIV/AIDS prevention, the loss of resources due to the Global Gag Rule serves to break down these vitally needed services. The following is a brief summary of our key findings. For a detailed narrative report on each country, see the individual case studies.

REDUCING ACCESS TO FAMILY PLANNING AND RELATED HEALTH SERVICES

ESTABLISHED FAMILY PLANNING ORGANIZATIONS FORCED TO CLOSE CLINICS AND CUT SERVICES

A quarter of all married women in Kenya who want to space or limit births are not currently using family planning, and maternal deaths at 1,300 per 100,000 live births are extremely high. Yet, as a result of the Global Gag Rule and consequent loss of USAID funding, **two of the leading family planning NGOs have closed five of their clinics.** These NGOs have also had to **cut their staffing by as much as 30 percent**, reduce services in remaining clinics, and raise fees in order to remain viable.

- Three of the clinics were operated by the Family Planning Association of Kenya (FPAK), the oldest family planning organization in Africa, which served almost 19,000 clients in 2000. The clinics provided not only family planning services, but also pre- and post-natal obstetric care and well-baby care for mothers and infants. One of the three clinics was in a slum neighborhood in Nairobi where no government-run clinic exists to serve as an alternative.
- Marie Stopes International Kenya (MSI Kenya) has been providing services in Kenya since 1985. Prior to the Global Gag Rule, MSI Kenya had 21 clinics offering services such as screening and treatment of malaria, screening for cervical cancer, as well as infant and child health care check-ups, vitamin A tablets and immunizations. For 10 years, the now-closed Mathare Valley clinic in a slum neighborhood of Nairobi was the only health facility serving a community of 300,000 people. Because women in this area seldom, if ever, leave the community, the loss of services from the clinic is enormous. The **women interviewed said they may be forced to forgo contraception and health care for themselves and their children.**

† The Global Gag Rule does not technically apply to HIV/AIDS funds from USAID, yet it is hampering HIV prevention efforts. When family planning organizations refuse to accept the terms of the gag rule, STI prevention services (including HIV) and condom supplies that they routinely provide are undermined because of the loss of USAID family planning assistance.

Abortion is legal in Zambia for a range of indications not permitted by the Global Gag Rule, including risk to the physical or mental health of the woman, and fetal abnormalities. Although Planned Parenthood Association of Zambia (PPAZ) does not provide abortion services, they rejected the gag rule because they could not ethically withhold abortion counseling and referral information from their clients.

- PPAZ is Zambia's leading family planning organization, and the only NGO in the country that operates clinics. As a result of its stand on the gag rule, PPAZ has lost 24 percent of its funding and has had to cut back on clinic-based services and crucial community outreach programs to rural areas. PPAZ had also been a key conduit of contraceptive supplies to smaller NGOs and government health centers, a role it is unable to sustain since refusing the gag rule.

FAMILY PLANNING PROVIDERS AND THEIR CLIENTS DEPRIVED OF CONTRACEPTIVES

The demand for contraceptives has never been higher in developing countries, yet the funding available for supplies is not keeping pace with demand. Compounding this crisis is the fact that NGOs that refuse to sign the Global Gag Rule lose access to U.S.-donated contraceptives. It is ironic that the Global Gag Rule denies many NGOs access to in-kind donations of the very contraceptives that can prevent recourse to abortions. For example:

- In Ethiopia, one of the world's poorest countries, where the rate of maternal death is exceedingly high, women are often desperate for contraception. A rural clinic in Ethiopia that is now ineligible to receive USAID supplies due to the Global Gag Rule reported being nearly out of Depo-Provera, a long-acting contraceptive method used by 70 percent of its clients.
- In Lesotho, one in four women is infected with HIV/AIDS — one of the highest rates in southern Africa. Over a three-year period, from 1998 to 2000, the Lesotho Planned Parenthood Association (LPPA) received 426,000 condoms, along with smaller quantities of IUDs and Depo-Provera — all donated by USAID. **Because of their refusal to agree to the gag rule restrictions, they no longer receive USAID contraceptives, including condoms.** LPPA was the sole recipient of USAID supplies; 2000 was the last year that USAID shipped family planning supplies to Lesotho.

The impact of the Global Gag Rule on access to contraceptives, including condoms, is far-reaching. Desperately needed USAID-supplied contraceptives are no longer being shipped to 16 developing countries in Africa, Asia and the Middle East. These family planning organizations were the only recipients of USAID contraceptives in their countries. The leading providers of family planning in 13 other developing nations are also no longer receiving USAID contraceptives.

EFFORTS TO COUNTERACT WOMEN'S RELIANCE ON ABORTION HINDERED

In Romania, women routinely turn to abortion because of their lack of access to family planning information and services and because the health system compensates physicians more for abortions than for contraception. **Poorly-performed abortions continue to account for many maternal deaths in Romania.** The Global Gag Rule has reinforced the long-standing separation between abortion and family planning services, rendering the United States — one of Romania's largest health donors — unable to forthrightly address the need to integrate family planning counseling into abortion services. **The gag rule makes it much more difficult for USAID to take the steps required to help lower the abortion rate and improve women's health overall.** The same is true in other Central and Eastern European countries where the situation is similar.



© Jim Daniels

NGO RURAL AND YOUTH OUTREACH PROGRAMS CUT BACK

One of the most cost-effective and successful innovations in family planning has been the provision of information and services to hard-to-reach populations through networks of trained community workers, a strategy known as community-based distribution (CBD). CBD workers provide a range of services in often-forgotten rural communities and urban slums. In countries like Ethiopia, where people in mountain communities must walk two days to reach the nearest highway, a CBD worker may be the only accessible health care provider. Rural CBD programs in Ethiopia and Zambia are now suffering from a lack of USAID contraceptive supplies and a reduced capacity to train and support community workers in the network. And in Kenya, where USAID had contributed constant support to the nation's CBD efforts, FPAK was forced to cut the number of CBD workers by 50 percent and has had difficulty getting adequate supplies of contraceptives to the remaining staff.

CBD programs with a built-in youth component have also suffered. The Family Guidance Association of Ethiopia and Marie Stopes International Ethiopia have both had to reduce trainings of youth peer educators. This is detrimental in a country where early marriage is common (in some rural parts of Ethiopia, the average age of marriage for girls is 13), and more than half of all pregnant teenagers have abortions. Continuous efforts to educate youth about reproductive health and family planning are essential.

WEAKENING HIV/AIDS PREVENTION

FAMILY PLANNING GROUPS FORCED TO REDUCE SCREENING AND TREATMENT FOR SEXUALLY TRANSMITTED INFECTIONS, INCLUDING HIV/AIDS

At a time when the U.S. government is expressing its strong commitment to address HIV/AIDS globally, the Global Gag Rule is undermining its ability to follow through on its promise. The gag rule prevents the U.S. from working with the most effective NGO partners serving two populations at greatest risk of sexually transmitted infections (STIs) — women and youth. Although the policy applies only to family planning funds, it is significantly impacting the HIV/AIDS prevention efforts of reproductive health providers.

Due to the Global Gag Rule, Marie Stopes International Kenya (MSI Kenya) was forced to close a clinic located in Kisumu, in a province where HIV prevalence is the highest in the country. In Kenya, women comprise 60 percent of HIV cases. The Kisumu clinic provided health services to approximately 400 women each month and also supported a cadre of community health care workers. When MSI Kenya's Mathare Valley clinic closed, **services for STI screening and treatment and HIV testing and counseling, along with other basic family planning and reproductive health care, ended for a community of 300,000 people** — with no other clinic nearby.

Ghana has also been hard hit. The Planned Parenthood Association of Ghana not only had to cut family planning services due to loss of USAID funding, but nearly **700,000 clients lost access to HIV prevention services** such as voluntary counseling and testing (VCT) and prevention education.

In rural Ethiopia, the Global Gag Rule has undermined essential HIV/AIDS services. The loss of U.S. funds to the Family Guidance Association of Ethiopia (FGAE) has reduced the capacity of its clinics and CBD programs to provide VCT services in Nazareth, a rural community south-east of Addis Ababa. The other VCT provider in Nazareth targets truck drivers and sex workers, leaving FGAE as the primary VCT provider for the rest of the population.

SUPPLIES OF USAID CONTRACEPTIVES CUT

In 2000, donors supplied less than one-eighth of the condoms needed to fight the spread of HIV/AIDS in developing countries. By 2002, the Global Gag Rule had resulted in the loss of USAID-donated contraceptives, including condoms (purchased with family planning funds), to NGOs in 29 countries. From Burundi to Uganda, Nicaragua to Western Samoa, each of these countries is struggling to combat HIV/AIDS and other STIs. Reducing access to condoms through NGOs that have a strong presence at the community level is a dangerous gamble with people's lives.

YOUTH SEXUAL AND REPRODUCTIVE HEALTH PREVENTION ACTIVITIES HALTED

The loss of U.S. family planning funding has also interfered with efforts to deliver HIV/AIDS prevention information to youth. In Cameroon, the Cameroon National Association for Family Welfare **closed a youth center where young people were taught how to be responsible parents**, protect against STIs and prevent HIV/AIDS. On the Caribbean island of St. Lucia, the Planned Parenthood Association eliminated plans to train 218 youth peer educators for a program that would have reached 12,000 school-aged children with reproductive health information, including critically needed education on preventing HIV/AIDS.

INTEGRATED PROGRAMS FOR FAMILY HEALTH HAMPERED

For Kenya, the Global Gag Rule has interfered with a major integrated health program. In early 2001, USAID launched the AMKENI Project, a five-year, \$16 million program with an integrated approach to women's health, child survival and HIV/AIDS prevention. Public health specialists and HIV/AIDS experts have endorsed integrating HIV/AIDS prevention with family planning programs as a key strategy, particularly in countries such as Kenya and elsewhere in Africa where the disease has spread into the general population. But almost simultaneous with the AMKENI launch, in an office an ocean away, the decision was made to reinstate the Global Gag Rule. When FPAK and MSI Kenya rejected the policy, AMKENI lost access to FPAK and MSI Kenya's large networks of 35 clinics and experienced community health workers able to reach tens of thousands of Kenyan women. The Global Gag Rule clearly curtailed the potential reach of USAID-funded family planning initiatives in Kenya.

In practice, this policy will lead to more unwanted pregnancies and more maternal illness, injury, and even death.



THE BOTTOM LINE

CONTRADICTING CORE AMERICAN VALUES

Two central tenets of U.S. foreign assistance are (1) to administer taxpayer funds efficiently, with maximum benefits to the recipients of U.S. aid and (2) to promote and support American democratic values abroad. The Global Gag Rule violates both of these principles.

First, as described in the cases above, it creates impediments to the delivery of family planning. Further, it abrogates the moral and ethical obligations of doctors and nurses to provide patients with comprehensive reproductive health information, counseling and referral — services that are legally permitted in their own countries and that would be legal if these providers were in the United States providing the same care to American women.

Second, the Global Gag Rule restricts organizations from freely expressing their views and advocating for policies they regard as essential to saving women's lives and health. And it is perceived by foreign organizations as interference by the U.S. government with domestic decision-making and legal activities in their countries.

“I think the Americans are running away from their responsibility,” commented the director of one prominent Kenyan NGO. “How do Americans talk about equality of women and run away from reproductive health? The gag rule has let Kenya down. The gag rule has made women suffer. The gag rule has made more women die, because they can’t access safe family planning.”

The loss suffered by NGOs that do not agree to the restrictions imposed by the Global Gag Rule is incalculable. **The consequent cutbacks in services and supplies effectively tie the hands of service providers; and, by doing so, compromise the health and well-being of millions of women, men and children.** The policy erodes trust between health practitioners and their clients, reduces access to HIV/AIDS-prevention measures, and, perhaps most poignantly, renders untold numbers of couples vulnerable to unplanned and unwanted pregnancies, which result in more — not fewer — abortions. Until overseas recipients of U.S. assistance are free to inform and provide those in their care with every option for optimum health, the conditions that prolong poverty, illness, conflict and misery will persist.

The effects of the Global Gag Rule prove that health care policy that puts ideology before sound public health practices has a tremendous impact on service delivery. With so many lives at stake, the United States cannot afford to alienate, disparage, or leave out any provider or group of providers that is able to deliver cost-effective and comprehensive reproductive health services. The evidence gathered here strongly demonstrates why the Global Gag Rule should be repealed.

ACKNOWLEDGMENTS

The following foundations provided generous support to this research initiative: the John D. and Catherine T. MacArthur Foundation, the Mildred and Mary Wohlford Fund of the Tides Foundation, the Compton Foundation, the Moriah Fund, the Wallace Alexander Gerbode Foundation and an anonymous donor.

These materials were researched and written for the Global Gag Rule Impact Project by Wendy Turnbull, Margaret Greene and Jennifer Dusenberry of Population Action International (PAI), Barbara Crane of Ipas, and Valerie DeFillipo of Planned Parenthood Global Partners, with assistance from Rachael Pine of EngenderHealth and Cara Hesse of Pathfinder International. Invaluable guidance was provided by Susan Cohen of The Alan Guttmacher Institute.

The Project owes special thanks to the field staff of EngenderHealth, Pathfinder International, and Ipas, and to other program administrators and staff, clients, advocates, and government officials from Ethiopia, Kenya, Romania, Zambia and elsewhere who took the time to answer our questions and share their stories about how the Global Gag Rule is affecting their ability to provide health care to women and families in their communities. In particular, we express gratitude to the dedicated staff of the local family planning associations and Marie Stopes International country programs, as well as to their colleagues at headquarters in London.

Many colleagues in the family planning and reproductive health community, too numerous to recognize individually, provided essential background information and reviewed drafts of the materials. In addition, this work could not have been completed without the contributions of many individuals at PAI, in particular Terri Bartlett, Susan Howells, Amy Coen, Craig Lasher, Daniele Anastasion, Kimberley Cline, Bob Engelman, Sally Ethelston, Mimi Harrison, Brian Hewitt, Carolyn Vogel, Julia Slatcher, and Carol Wall.

THE GLOBAL GAG RULE IMPACT PROJECT

The Global Gag Rule Impact Project is a collaborative research effort led by Population Action International in partnership with Ipas and Planned Parenthood Federation of America and with assistance in gathering the evidence of impact in the field from EngenderHealth and Pathfinder International. Recognizing the historic leadership role of the United States in supporting voluntary family planning and related health care internationally, the Project's objective is to document the effects of the Global Gag Rule on the availability of life-saving family planning services, as well as on efforts to address other major threats to public health, including HIV/AIDS and maternal deaths due to unsafe abortion.



Population Action International (PAI) is an independent policy advocacy group working to strengthen public awareness and political and financial support worldwide for population programs grounded in individual rights. Founded in 1965, PAI is a private, non-profit group and accepts no government funds.

At the heart of Population Action International's mission is its commitment to advance universal access to family planning and related health services, and to educational and economic opportunities, especially for girls and women. Together, these strategies promise to improve the lives of individual women and their families, while also slowing the world's population growth and helping preserve the environment.



Ipas works globally to increase women's ability to exercise their sexual and reproductive rights and to reduce abortion-related deaths and injuries. We seek to expand the availability, quality and sustainability of abortion and related reproductive-health services, as well as to improve the enabling environment. Ipas believes that no woman should have to risk her life or health because she lacks safe reproductive-health choices. Ipas's global and country programs include training, research, advocacy, distribution of reproductive health technologies, and information dissemination.



Planned Parenthood Federation of America, Inc., is the world's largest and most trusted voluntary reproductive health care organization. Founded by Margaret Sanger in 1916 as America's first birth control clinic, Planned Parenthood believes in fundamental right of each individual, throughout the world, to choose when or whether to have a child, that every child should be wanted and loved, and that women should be in charge of their own destinies.

ADDITIONAL ORGANIZATIONS ASSISTING IN FACTFINDING AND CASE STUDY DEVELOPMENT



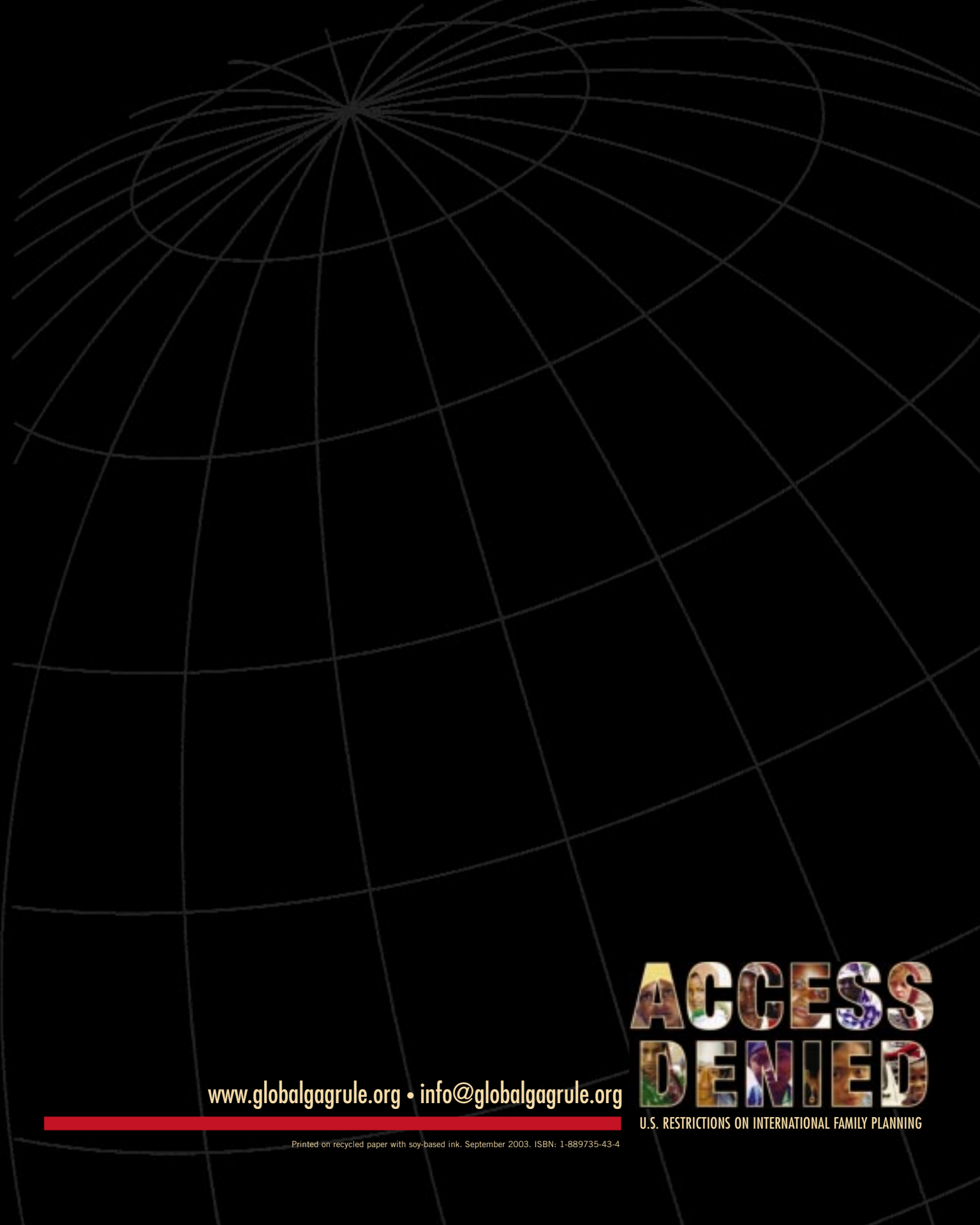
ENGENDERHEALTH

EngenderHealth works worldwide to improve the lives of individuals by making reproductive health services safe, available, and sustainable. We provide technical assistance, training, and information, with a focus on practical solutions that improve services where resources are scarce. We believe that individuals have the right to make informed decisions about their reproductive health and to receive care that meets their needs. We work in partnership with governments, institutions, and health care professionals to make this right a reality.



Pathfinder International believes that reproductive health is a basic human right. When parents can choose the timing of pregnancies and the size of their families, women's lives are improved and children grow up healthier.

Pathfinder International provides women, men, and adolescents throughout the developing world with access to quality family planning and reproductive health information and services. Pathfinder works to halt the spread of HIV/AIDS, to provide care to women suffering from the complications of unsafe abortion, and to advocate for sound reproductive health policies in the U.S. and abroad.



www.globalgagrule.org • info@globalgagrule.org

ACCESS DENIED

U.S. RESTRICTIONS ON INTERNATIONAL FAMILY PLANNING

Printed on recycled paper with soy-based ink. September 2003. ISBN: 1-889735-43-4