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UPDATES

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## THE IMPACT OF THE GLOBAL GAG RULE IN ZIMBABWE





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## **KEY PARTNERSHIPS BETWEEN FAMILY PLANNING ORGANIZATIONS**

and reproductive health organizations focused on HIV/AIDS prevention and treatment have been severed in Zimbabwe.

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## OVERVIEW

In Zimbabwe, the Global Gag Rule has restricted critical partnerships between established family planning organizations and new HIV/AIDS programs. It aggravates the already grim financial situation of governmental and nongovernmental organizations (NGOs) alike, making it difficult for established family planning providers to expand important reproductive health services.

Zimbabwe, a country in the midst of economic, political and health crises, is in desperate need of an effective way to combat reproductive-health-related problems, such as unintended pregnancy, death from unsafe abortion and HIV/AIDS infection. With one of the highest rates of HIV infection in sub-Saharan Africa, coordinating family planning programs and HIV/AIDS prevention and treatment programs in Zimbabwe is an obvious and crucial step for improving comprehensive reproductive health services. The gag rule limits and slows this coordination.

In addition, the government of Zimbabwe no longer receives any USAID population assistance due to restrictions imposed by the Brooke-Alexander Amendment.\* The gag rule has compounded the dire situation of family planning and reproductive health in Zimbabwe, and its implementation along with the Brooke-Alexander Amendment has drastically reduced the amount of funding available for family planning services.

### KEY IMPACTS ON ZIMBABWE

- Funding constraints are exacerbated and have limited the expansion of at least two major family planning organizations, at a time when access to reproductive health services is crucial.
- Key partnerships between family planning organizations and reproductive health organizations focused on HIV/AIDS prevention and treatment have been severed.
- **Efforts to coordinate HIV/AIDS prevention with established reproductive health programs were interrupted, limiting the ability of key organizations to effectively address the pandemic.**
- At least one major family planning organization lost the right to advocate for new abortion laws, thus compromising its ability to champion and fight for the lives of women in Zimbabwe.

### A CLOSER LOOK



Population: **13 million (by 2005)**<sup>1</sup>

Percentage of women aged 15-49: **47.8%**<sup>2</sup>

Contraceptive prevalence  
(natural and modern methods): **53.5%**<sup>3</sup>

HIV prevalence in adults aged 15-49: **24.6%**<sup>4</sup>

Average births per woman: **3.9**<sup>5</sup>

Percentage of population aged 24 or younger: **67.5%**<sup>6</sup>

Life expectancy: **33.1 years**  
(the second lowest in the world)<sup>7</sup>

Abortion policy: Abortion is permitted when necessary to save a woman's life, preserve physical health, and also in cases of rape, incest, and fetal impairment.<sup>8</sup>

\*The Brooke-Alexander Amendment limits economic assistance when a foreign government defaults on loan payments. USAID assistance to the Government of Zimbabwe was further restricted in response to the flawed presidential election in March 2002.

## ABOUT THE GLOBAL GAG RULE

The Global Gag Rule was reinstated by President George W. Bush on his first day in office in January 2001. Officially termed the Mexico City Policy, these restrictions mandate that 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 woman's life, rape or incest; provide counseling and referral for abortion; or lobby to make abortion legal or more available in their country.

**Called the "gag" rule because it stifles free speech and public debate on abortion-related issues,** the policy forces a cruel choice on foreign NGOs: accept U.S. assistance to provide essential health services – but with restrictions that may jeopardize the health of many patients – or reject the policy and lose vital U.S. funds, contraceptive supplies and technical assistance.

Our continuing research shows the gag rule is eroding family planning and reproductive health services in developing countries. There is no evidence that it has reduced the incidence of abortion globally. On the contrary, it impedes the very services that help women avoid unwanted pregnancy from the start.

Established in 1985, **The Zimbabwe National Family Planning Council (ZNFPC)**, with funding from The U.S. Agency for International Development (USAID), successfully worked to improve the situation of family planning in Zimbabwe. It focused on critical sexual health information, education and communication campaigns, as well as the provision of clinical services and a large community-based distribution (CBD) project, which is active in all 57 districts in Zimbabwe. ZNFPC also has an expanded CBD program and an adolescent reproductive health program in 16 out of 57 districts. For the expanded CBD program, community distributors integrated traditional family planning activities with HIV/AIDS programming, such as voluntary counseling and testing (VCT) and preventing mother-to-child transmission (PMTCT).

Given the country's high population of young people and major reproductive health problems, such as HIV/AIDS, youth are a priority in Zimbabwe. The adolescent reproductive health program, funded by the United Nations Population Fund (UNFPA) and the Rockefeller Foundation, focuses on youth-friendly services and outreach for youth, both in and out of school. ZNFPC has traditionally focused on providing services in rural areas, but given the recent political and economic upheaval, the organization is turning its attention to the urban areas, as well.

**Population Services of Zimbabwe (PSZ)**, a Marie Stopes International (MSI) partner, also was established in the 1980s and is supported mostly by European donors. It began as a clinic-based service provider and has expanded to provide essential youth-friendly services and outreach activities in rural areas. PSZ currently maintains nine clinics, which each serve 20,000-30,000 women per month. All nine clinics offer separate youth services, focused on the prevention of unplanned pregnancy and sexually transmitted infections (STIs), to approximately 10,000-15,000 young adults each year. PSZ reaches an additional 20,000 youth with outreach activities in schools and community centers. It is one of the only providers of tubal ligation in the country, performing 1,500-2,000 operations each year from a mobile clinic that attempts to reach women in rural areas.

**Advance Africa** – a five-year, US\$5 million regional project funded by USAID and present in 11 African countries – provides technical and financial support to family planning organizations in order to facilitate expansion activities and the integration of HIV/AIDS programs with existing family planning programs. In Zimbabwe, Advance Africa has partnered with Population Services International (PSI) to increase access to VCT services within family planning programs. It also works with the Zimbabwe chapter of the Forum for African Women to improve reproductive health information for youth, and is working with three mission hospitals to integrate PMTCT services with family planning services.

## REPRODUCTIVE HEALTH SERVICES CONSTRAINED

ZNFPC accepted the terms of the gag rule in 2001. While it continues to receive USAID assistance, ZNFPC reports that it lost significant monetary support from the International Planned Parenthood Federation (IPPF) and UNFPA due to the funding cutbacks those organizations suffered as a result of the gag rule and the Bush Administration's decision to de-fund UNFPA.

In addition, due to the Brooke-Alexander Amendment sanctions imposed in January 2002, USAID funding support for public sector family planning programs has been discontinued. The loss of these funds has limited the critical expansion of ZNFPC programs – most notably the information, communication and education campaigns, social mobilization activities and peer education activities. **Critical youth programs aimed at increasing youth access to reproductive health services and contraceptives and ensuring that youth are able to experience a healthy reproductive life are limited to fewer than half of the country's districts due to the lack of population funds.** Given the current economic and political situation in Zimbabwe and the land reform movement, ZNFPC believes that expanding services into new districts is imperative. However, with the funding cuts from the gag rule and the new funding limitations of the Brooke-Alexander Amendment, future expansion prospects look bleak.

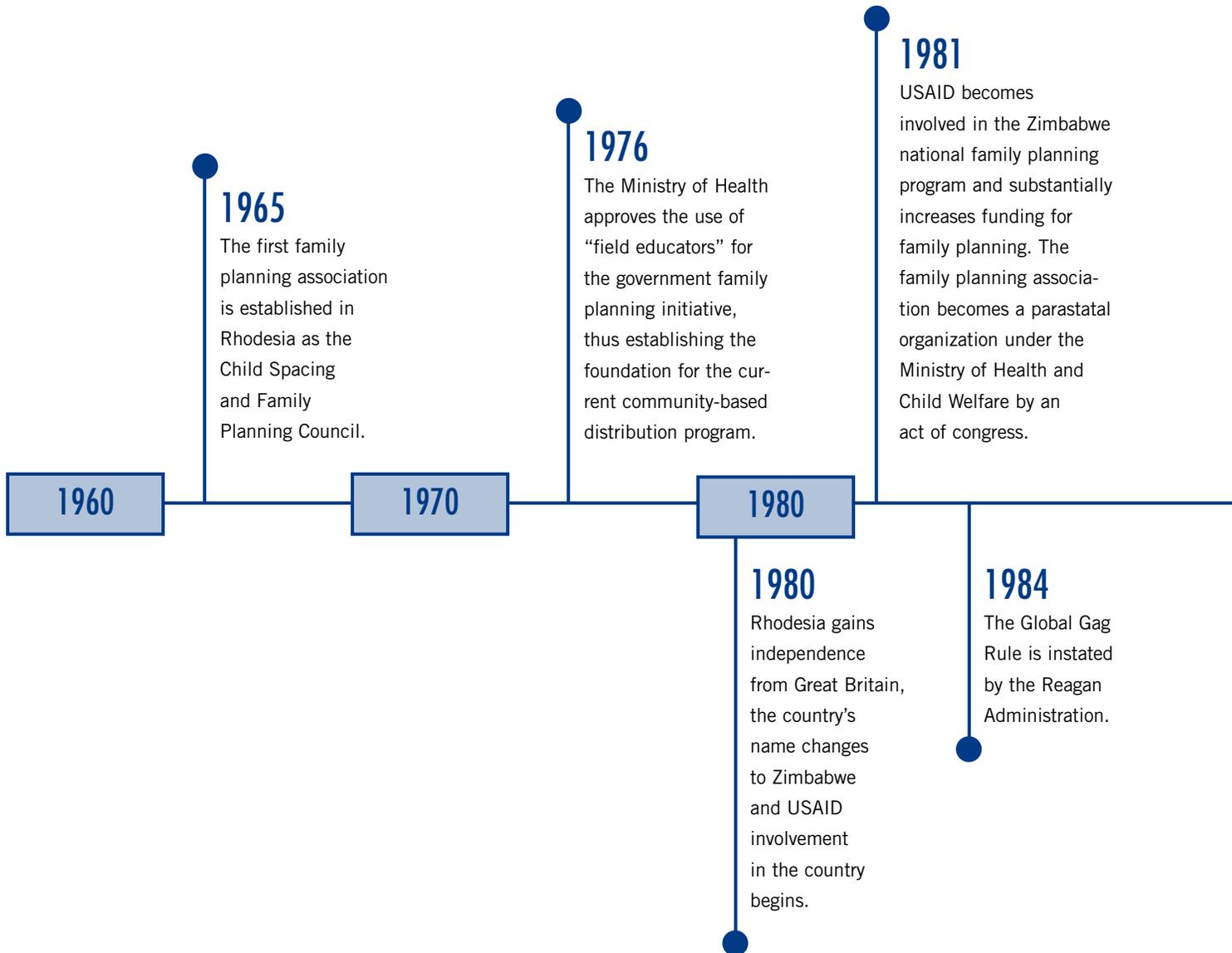
PSZ refused to abide by the gag rule conditions in 2001. Although PSZ was not directly receiving funds from USAID, the loss of U.S. funding for MSI filtered down to PSZ. Currently, it has maintained the same clinic services as before the gag rule, using a highly effective cost-recovery strategy to pay the operating costs of the clinics. However, like ZNFPC, it has been unable to expand services.

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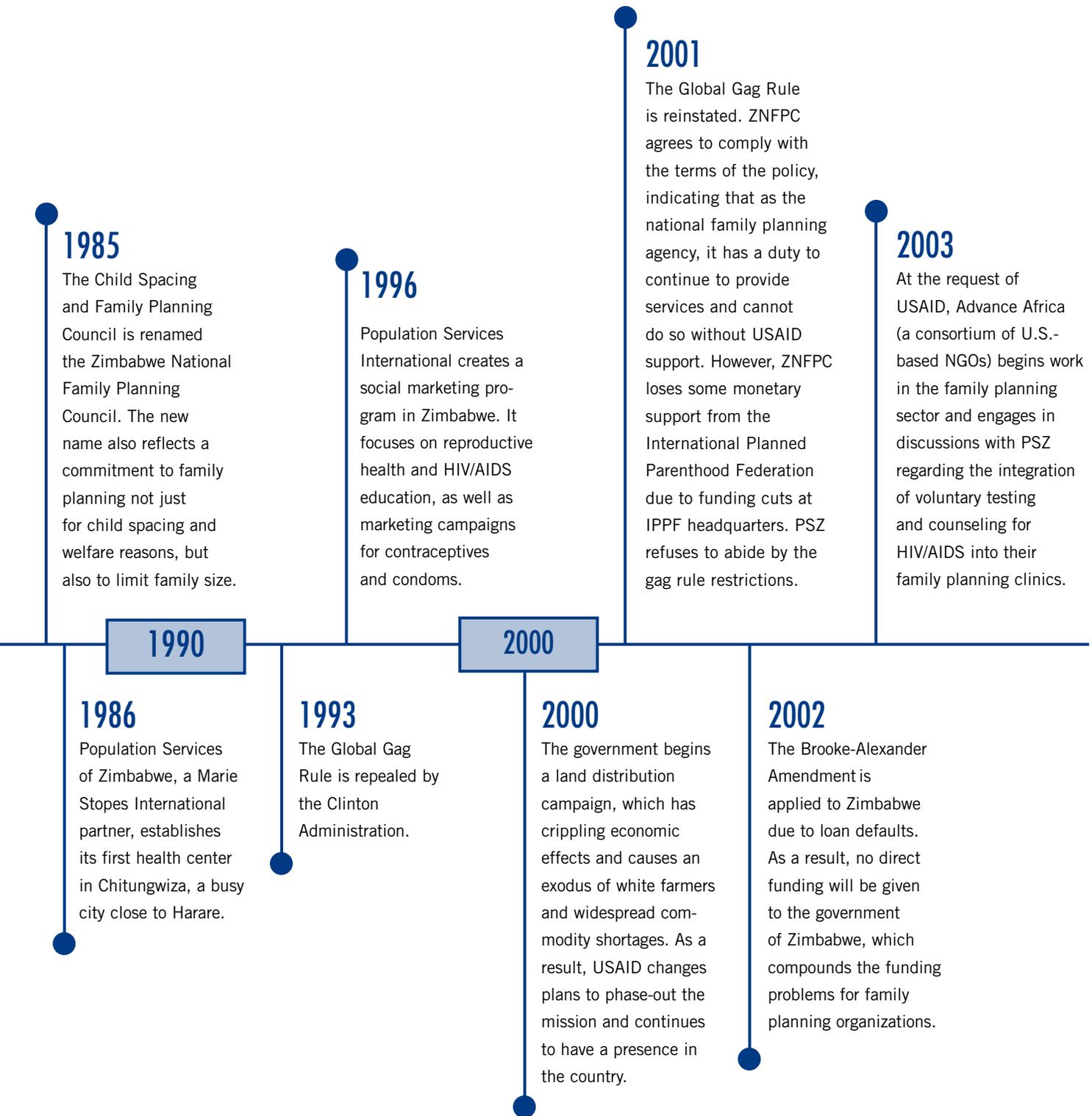
Population Services of Zimbabwe is currently only operating at approximately 40 percent capacity due to the lack of funds following reinstatement of the Global Gag Rule.

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# A HISTORY OF FAMILY PLANNING SERVICES IN ZIMBABWE



**1984:** The Global Gag Rule is instated by the Reagan Administration.





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## ADVOCACY EFFORTS STUNTED

The Global Gag Rule restricts organizations from advocating for abortion rights thus ignoring the problem of unsafe abortion and the high mortality associated with unsafe abortion. Nowhere is this more evident than in Zimbabwe. In a country with 22 percent of the population between the ages of 15 and 24,<sup>9</sup> and where young people are often sexually active before marriage,<sup>10</sup> high rates of unplanned pregnancy often lead to a life-threatening problem: unsafe abortion. Family planning organizations express the need to advocate for a more liberalized abortion law, which would reduce injury and death associated with Zimbabwe's high rate of unsafe abortion. These organizations must choose to advocate for law reform and lose much-needed USAID funding for their institutional survival, or accept U.S. assistance and remain silent. **Given the current funding situation in Zimbabwe, most organizations are in no position to refuse the terms of the gag rule, and thus must forfeit their right to speak out on a major public health crisis within their own country.**

## THE FIGHT AGAINST HIV/AIDS INHIBITED

Currently, a majority of the USAID funds available in Zimbabwe are directed toward HIV/AIDS prevention and treatment. While this is a positive and necessary commitment from the donor community, other reproductive health issues, such as unintended pregnancy and family planning, are consequently sidelined. The separation of HIV/AIDS funds and other reproductive health funds is apparent when key family planning organizations such as PSZ, which has a large network of clinics and community outreach workers, are not included in partnerships with HIV/AIDS organizations.

Prior to the gag rule, PSZ and Advance Africa worked together to develop a project coordinating HIV services, such as voluntary counseling and testing, with existing reproductive health services in clinics around the country. The gag rule abruptly terminated the partnership between PSZ and Advance Africa, putting an end to the promising project, which was scheduled to start in 2002 with a budget of approximately \$200,000 for two years. Both PSZ and Advance Africa lost the opportunity to make great strides in the fight against HIV/AIDS.

The high incidence of HIV/AIDS in Zimbabwe, particularly among women and youth, demands that comprehensive programs address not only those infected with HIV/AIDS but also those with the potential to become infected, and established reproductive health clinics and networks offer an avenue to address both. **New HIV/AIDS organizations could benefit from family planning organizations like PSZ, but policies, especially the gag rule, obstruct the coordination of HIV/AIDS services and other reproductive health services,** making it difficult for organizations to affect change and unfairly ignoring the needs of the people most at risk – the clients.

## CONCLUSION

In Zimbabwe, the gag rule makes the daunting task of providing high-quality reproductive health services all the more challenging, and blocks progress in the fight against HIV/AIDS. For two major family planning organizations, essential expansion activities, which could improve access to reproductive health services for men and women, are limited by a lack of funding and coordination of HIV/AIDS and reproductive health services. Without sufficient resources these organizations are also unable to implement important lessons learned from the field into current reproductive health programs. Ultimately, the gag rule places additional, unnecessary restrictions on the already limited amount of USAID funds available, which otherwise could be used to improve the lives of Zimbabwean men, women, and their families.

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The Global Gag Rule has compounded the dire situation of family planning and reproductive health in Zimbabwe, and its implementation along with the Brooke-Alexander Amendment has drastically reduced the amount of funding available for family planning services.

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## SOURCES

<sup>1</sup>United Nations Population Division, World Population Prospects, the 2002 Revision. Available at: <http://esa.un.org/unpp/> (accessed Oct. 28, 2004).

<sup>2</sup>Id.

<sup>3</sup>United Nations Population Division, Dept. of Economic & Social Affairs, World Contraceptive Use 2003 Wall Chart, ST/ESA/SER.A/227, 2004.

<sup>4</sup>UNAIDS 2004 Report on the Global AIDS Epidemic 2004. Available at: [http://www.unaids.org/bangkok2004/report\\_pdf.html](http://www.unaids.org/bangkok2004/report_pdf.html) (accessed Oct. 28, 2004).

<sup>5</sup>United Nations Population Division, World Population Prospects, the 2002 Revision. Available at: <http://esa.un.org/unpp/> (accessed Oct. 28, 2004).

<sup>6</sup>Id.

<sup>7</sup>Id.

<sup>8</sup>Center for Reproductive Rights, The World's Abortion Laws, June 2004. Available at: [http://www.reproductiverights.org/pub\\_fac\\_abortion\\_laws.html](http://www.reproductiverights.org/pub_fac_abortion_laws.html) (accessed Oct. 28, 2004).

<sup>9</sup>UNFPA, "Zimbabwe, Country Profile: Indicators". Available at <http://www.unfpa.org/profile/zimbabwe.cfm>, (accessed July 5, 2004).

<sup>10</sup>UNFPA, "Zimbabwe, Country Profile: Indicators". Available at <http://www.unfpa.org/profile/zimbabwe.cfm>, (accessed July 5, 2004) and UNAIDS, "2004 Report on the global AIDS epidemic". Available at <http://www.unaids.org/bangkok2004/report.html> (accessed July 5, 2004).



## THE GLOBAL GAG RULE IMPACT PROJECT

is a collaborative research effort led by Population Action International in partnership with Ipas, Planned Parenthood Federation of America, and the International Planned Parenthood Federation 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 efforts to address other major threats to public health, including HIV/AIDS and maternal deaths due to unsafe abortion. The project received its funding solely from private sources.

The Global Gag Rule Impact Project gratefully acknowledges the research and writing of consultant Katherine Suellentrop.



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