



THE HARMFUL IMPACT OF THE GLOBAL GAG RULE

When it was previously implemented, the Global Gag Rule's negative effects were wide-ranging. The policy reduced access to comprehensive sexual and reproductive health services and decimated health systems by undermining the most effective and experienced health care providers and putting their services out of reach.

Read on to learn more about the harmful impact this policy has historically had around the world.

ESTABLISHED FAMILY PLANNING ORGANIZATIONS FORCED TO CLOSE CLINICS AND CUT SERVICES

- The Family Planning Association of Kenya (FPAK), the oldest family planning organization in Africa, was forced to close three clinics serving 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 Nairobi slum where no government-run clinic existed to serve as an alternative.
- Prior to the Global Gag Rule, Marie Stopes International Kenya (MSI Kenya) had provided services such as screening and treatment of malaria, screening for cervical cancer, as well as infant and child health care check-ups and immunizations in the Mathare Valley for a decade. This health facility—the only one in the community—was forced to halt services for 300,000 people as a result of the Global Gag Rule.
- The Planned Parenthood Association of Zambia (PPAZ) lost 24 percent of its funding and had to cut 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 was unable to sustain after the Global Gag Rule.

FAMILY PLANNING PROVIDERS AND THEIR CLIENTS DEPRIVED OF CONTRACEPTIVES

- In Ethiopia, a rural clinic which became ineligible to receive USAID supplies due to the Global Gag Rule reported almost complete stock-outs of Depo-Provera, a long-acting contraceptive method used by 70 percent of its clients.
- 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 Global Gag Rule restrictions, LPPA lost access to USAID contraceptives, including condoms. Since LPPA was the sole recipient of USAID supplies, 2000 was the last year that USAID shipped family planning supplies to Lesotho.
- Under the previous Global Gag Rule, desperately-needed USAID-supplied contraceptives were no longer 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.

EFFORTS TO INCREASE CONTRACEPTIVE METHOD MIX AND COUNTERACT RELIANCE ON ABORTION AS THE SOLE METHOD OF FAMILY PLANNING HINDERED

- In Romania, women routinely turned to abortion due to lack of access to family planning information and services, and because the health system provided physicians with financial incentives to provide abortions over other family planning methods. Although abortion was legal, it was often poorly-performed; therefore, unsafe abortions were a leading cause of maternal deaths in Romania. The Global Gag Rule reinforced the longstanding separation between abortion and family planning services, making it difficult to lower unsafe abortion and maternal death rates—and to improve women’s health overall.



RURAL AND YOUTH COMMUNITY-BASED DISTRIBUTION (CBD) PROGRAMS CUT BACK

- In Ethiopia and Zambia, NGOs lost funding to train and support CBD workers in the network who provided a range of services in hard-to-reach areas and to vulnerable populations in both rural communities and urban slums. The Global Gag Rule cost the CBD workers their access to USAID contraceptive supplies.
- In Kenya, where USAID had strongly supported CBD efforts, the Family Planning Association of Kenya (FPAK) was forced to cut the number of CBD workers by 50 percent. FPAK struggled to obtain adequate supplies of contraceptives for the remaining staff because of the Global Gag Rule.
- CBD programs targeted at youth also suffered as a result of the Global Gag Rule. The Family Guidance Association of Ethiopia (FGAE) and Marie Stopes International Ethiopia both had to reduce trainings of youth peer educators—a detrimental outcome in a country where early marriage was common.

HIV/AIDS PREVENTION EFFORTS WEAKENED AND SEXUALLY TRANSMITTED INFECTIONS (STI) SCREENING AND TREATMENT REDUCED

- Due to the Global Gag Rule, Marie Stopes International Kenya (MSI Kenya) was forced to close a clinic in Kisumu, the province with the highest HIV prevalence rate in the country. At the time, women comprised 60 percent of HIV cases in Kenya. The Kisumu clinic provided health services to approximately 400 women monthly and also supported a cadre of community health care workers. When the clinic closed, services ended for STI screening and treatment, HIV testing and counseling, along with other basic family planning and reproductive health care.
- 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 loss of U.S. funds to the Family Guidance Association of Ethiopia (FGAE) reduced the capacity of its clinics and CBD programs to provide VCT services in the rural community of Nazareth.
- 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.

For more information on the historical impact of the Global Gag Rule, visit www.globalgagrule.com