

# SO FAR, SO BAD

## THE WIDE-RANGING IMPACTS OF THE GLOBAL GAG RULE HAPPENING NOW



PAI has documented the impact of the Global Gag Rule for decades in our research series *Access Denied*. Since the reinstatement and massive expansion of the policy under the Trump administration, we have conducted fact-finding trips in Uganda, Nigeria and Ethiopia to record the effects thus far. While it will take some time—likely years—for the whole scope of impact to appear, our preliminary case studies confirm the policy has already caused harm to nongovernmental organizations (NGOs), health systems and communities, including:

### LOSS OF SERVICES, ESPECIALLY FOR HARD-TO-REACH AND VULNERABLE GROUPS

Without U.S. government funds, organizations that chose not to comply with the Global Gag Rule were forced to close clinics and end services. Vulnerable groups including youth, people living with HIV/AIDS, and rural populations have lost access to trusted health providers.

- Reproductive Health Uganda (RHU)'s 2017 budget was cut by 30 percent and lost USD 300,000 as a direct result of the Global Gag Rule. A five-year advocacy program with two years of implementation remaining was cut short; a program on rights-based approaches to service delivery was not renewed; and a third program focused on the rollout of Sayana Press to adolescents was shut down instead of scaled-up to five districts. The organization would have introduced the injectable contraceptive to another 6,000 adolescents seeking protection against unwanted pregnancy.
- The Family Guidance Association of Ethiopia (FGAE)'s decision not to comply with the Global Gag Rule led to the Centers for Disease Control and Prevention (CDC) withdrawing a five-year grant awarded in 2017 which would have averaged USD 2 million per year. If not for short-term replacement funding from the government of the Netherlands, this would have resulted in the closure of 10 confidential, sex worker-friendly clinics and compromised 21 additional clinics where the CDC supported integrated HIV/AIDS services.
- The decision by MSI Senegal not to comply with the Global Gag Rule resulted in funding losses of approximately 45 percent of the organization's budget. Previously, U.S. funding directly supported six of 11 mobile outreach teams. The loss of U.S. funding to the mobile outreach teams alone means that MSI Senegal will reach 20 percent fewer clients for family planning; provide at least 30 percent fewer cervical cancer screenings; and offer nearly 30 percent fewer STI treatments. This will also impact the organization's youth outreach services, which are critical because adolescents and young people rely heavily on the private sector for sexual and reproductive health in Senegal.

### DIMINISHED RESOURCES FOR KEY RESPONDERS TO HUMANITARIAN CRISES

While U.S. humanitarian assistance funding is technically excluded from the Global Gag Rule, organizations that receive this funding rely on local NGOs that are impacted by the policy to provide sexual and reproductive health services to refugee populations.

- In Uganda, RHU is present in almost 50 percent of refugee camps and serves as the main sexual and reproductive health organization in the settlements. Because the organization is no longer able to compete for U.S. funding, RHU has had to scale back humanitarian services, diverting USD 100,000 per year from providing sexual and reproductive health care in Ugandan refugee camps.

### DISRUPTION OF NON-U.S. DONOR PROGRAMS

The Global Gag Rule has placed an extraordinary burden on non-U.S. donors and delayed programs reaching beneficiaries. It has undermined European-funded projects by creating tension between compliant and noncompliant organizations.

- A Dutch-funded project of USD 9 million over four years for comprehensive abortion care in Ethiopia was terminated because the lead organization was complying with the Global Gag Rule and could no longer carry out the work.
- The United Kingdom's Department for International Development (DFID) dedicated GBP 90 million over four years in Ethiopia for work with the Federal Ministry of Health to provide modern family planning services. Because of the Global Gag Rule, one compliant NGO could no longer continue working with the other NGO recipients. The program came to a nine-month halt to redesign the grant in a way that fragmented safe abortion care from the rest of the reproductive health portfolio.

### CHILLING EFFECT ON ADVOCACY AND PARTNERSHIPS

The confusion and stigma caused by the policy leads to over-implementation and self-censorship, often to the detriment of NGO health partnerships and advocacy coalition work. Organizations frequently do not understand that they can continue to work with noncompliant organizations as long as that work excludes prohibited activities. Or, organizations shy away from partnerships out of an overabundance of caution.

- In Uganda, family planning providers and advocates coordinate through the Uganda Family Planning Commission (UFPC). One NGO member that planned to work on maternal mortality due to unsafe abortion stopped engaging in the commission's work out of fear of reprisals. A representative told PAI that because of the Global Gag Rule, "With partners working on the legal component of safe abortion, we can't go along with them now. We had wanted to expand our work; we know it's right. But we shelved it."
- One compliant organization in Uganda had planned to work with RHU on a sexual and reproductive health and rights program, but decided to sever the partnership due to RHU's noncompliance with the policy.
- One noncompliant organization in Ethiopia lost not only U.S. funding due to the Global Gag Rule, but also its partnerships with two compliant prime recipient organizations that had previously provided the noncompliant organization with subgrants for programmatic work and an estimated EUR 550,000 annually in family planning commodities.
- In Nepal, one noncompliant advocacy organization that trains health care workers on the provision of abortion reports that the policy has limited the partners it can work with. Efforts to integrate abortion with other basic health care services have faltered because some of the partners have decided to comply with the Global Gag Rule. The unavailability of partners has predictably affected the scale of its programs.
- One Senegalese CSO chose to halt advocacy to continue receiving U.S. funding. This has undermined the work of a safe abortion taskforce it co-founded to support the country's commitments to increasing the contraceptive prevalence rate and reforming the penal code to align with the Maputo Protocol, which gives women and girls access to medically assisted abortion in cases of incest, rape or any other form of sexual assault, when the mental or physical health of the pregnant woman or girl is in danger, or when there is a risk to the life of the pregnant woman, girl or to the fetus. The remaining founding organization expressed concern that the Global Gag Rule will force more members out, leaving additional gaps and stalling advocacy.

## ROLLBACK OF PROGRESS ON DOMESTIC HEALTH PRIORITIES

In addition to challenges for organizations in sustaining current operations, the policy unsettles planned efforts to scale up services, improve quality of care and reach national health goals.

- One Nigerian organization that provides contraceptive commodities and supports multiple clinics and community health worker training programs on long-acting reversible contraceptives (LARCs) estimates that if not for the Global Gag Rule, it would have been able to serve at least an additional eight million women through U.S. Agency for International Development (USAID)-funded work by the end of the Trump administration—not to mention generate additional cost savings in the health sector.

## THE HIGH COST OF COMPLIANCE

The Global Gag Rule is costly not just for NGOs that refuse to comply. Compliance can create a heavy operational burden for organizations that must spend valuable resources on unanticipated overhead and other expenses, which detracts from service provision and directly impacts clients and beneficiaries.

- One Ugandan organization described being four to six months behind on implementing service projects because of staff time and resources spent on legal and administrative fees, office and personnel changes in efforts to comply with the policy. The group acknowledged losing knowledgeable technical staff in key geographic locations, impacting the most vulnerable populations.
- Some U.S.-based NGOs that had relied on local affiliates in Nigeria to implement programs must instead revert to a country office model to carry out the work since the Global Gag Rule applies to foreign NGOs and not those that are based in the U.S. This undermines USAID's goal of increasing local ownership of activities. One U.S. organization's local affiliate in Nigeria is shutting down a key women's health program because of compliance-associated costs of duplicating operational structures—and losing over 40 staff as a result. The organization's representative told PAI: "The process of transition has been difficult. Nine years on this [women's health project], asset sharing... we have to move to another building. We have to get different security, different IT, different communications. Changes across all 15 territorial offices. We have no budget for it yet."

## IMPACTS ON THE VERGE

- Due to loss of funding because of noncompliance with the Global Gag Rule, Marie Stopes International (MSI) will have to cut 27 mobile health teams across Uganda—a key, integrated intervention for hard-to-reach populations. Five outreach teams also had to shut down, with 12 more at risk. That will take away services from half of MSI's country coverage, and Uganda's most vulnerable communities.
- One Ethiopian NGO with expertise in reaching remote communities will end its U.S.-funded program providing permanent contraceptive methods—vasectomies and tubal ligations—to rural populations. No other organization has the technical skills and expertise to provide the same quality of service and choice.
- In Nepal, the two lead implementers of USAID's Support for International Family Organizations 2 (SIFPO2) project will be forced to close their respective projects in fall 2018 due to the Global Gag Rule. USAID is allegedly struggling to find equally qualified implementing partners willing to subvert Nepal's constitutional mandate guaranteeing the right to safe, legal abortion. The interventions that will be lost as a result include efforts to increase access to family planning for marginalized and disadvantaged populations; improving quality assurance standards and provider capacity for delivering family planning services; and family planning commodity security efforts within the public health sector. Both organizations will withdraw from four districts, and one will have to lay off 80 staff and as a result.

To see our full case studies, visit <http://trumpglobalgagrule.pai.org/access-denied-case-studies-2005-2018>