



Assessing the Global Gag Rule:

Harms to Health, Communities, and Advocacy



TABLE OF CONTENTS

Foreword from Latanya Mapp Frett, Executive Director of Planned Parenthood Global	4
Executive Summary	5
I. Introduction	7
II. Methodology and Limitations	9
III. Background: What Is The Global Gag Rule?	10
IV. Evidence & Learnings on the Evolving Effects of the Policy	14
A Window of Opportunity for Action	26

Foreword



I have seen firsthand the harmful impact of the global gag rule before. Living throughout sub-Saharan Africa while the policy was last in place, I saw the challenge that people faced when healthcare providers they relied on most were suddenly forced to shut their doors. That's why on January 23, 2017, when President Trump reinstated and radically expanded the policy, all I could feel was dread. Also known as the Mexico City Policy, the global gag rule prohibits U.S. funding to foreign non-governmental organizations that advocate for or provide access to abortion information, referrals or services, even with their own, non-U.S. funds. And for the first time, this policy applies to nearly all of U.S. global health assistance, including HIV/AIDS, tuberculosis, and maternal and child health funding, just to name a few of the programs affected.

The dangerous effects of the global gag rule that we see now are only likely to grow and spread the longer the policy remains in place. In a synthesis of desk research along with 22 interviews of stakeholders from seven countries, this report illustrates the real impact that the global gag rule is having on partners on the ground who are working to improve the health and rights of their communities every day. We present three major findings on the global gag rule's impact: **weakening civil society, disruption of health service delivery, and bolstering anti-human rights agendas worldwide.** We also know that those hit hardest by this policy will be those who already face systemic barriers to care due to discriminatory policies or environments.

Every day in Kenya, where I live and work as Executive Director of Planned Parenthood Global, I see how access to health care transforms lives and communities. Now, I see how the global gag rule is putting that care out of reach for many people, including women, children and adolescents, people living in rural areas, people with low incomes, people living with HIV/AIDS, and LGBTQ people.

At Planned Parenthood Global, the international arm of Planned Parenthood Federation of America, we know that health has no borders, and have been working for more than 45 years to ensure women, men, and young people have access to the health care they need to control their bodies and their futures. We know this policy directly harms the very people our partners serve, which is why we're advocating to end the global gag rule once and for all. We call on U.S. decision makers to read this report and take action. Politics and ideology shouldn't come between a patient and her provider – no matter where she lives.

I'd like to thank Global Health Visions, our partner in producing this report; our interviewees, who provided thoughtful insight and impact stories; and our expert reviewers who provided critical feedback.

A handwritten signature in black ink that reads "Latanya Mapp Frett". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Latanya Mapp Frett
Executive Director
Planned Parenthood Global

Executive Summary

President Trump’s expanded Mexico City Policy – referred to here as the “global gag rule” – prohibits U.S. global health funding to foreign non-governmental organizations (NGOs) that advocate for, or provide access to, abortion information, referrals, or services using their own, non-U.S. funds. In its six-month implementation report released in February 2018,¹ the U.S. State Department stated that the policy has been “widely accepted” by its in-country partners and would therefore be unlikely to have any substantial impact on global health programs, but committed to doing another review of the policy in December 2018.

It was clear then the State Department was ignoring and minimizing the negative reverberations of the global gag rule on communities and health care providers around the world. In anticipation of the State Department’s next report, Planned Parenthood Global, the international arm of Planned Parenthood Federation of America, in partnership with Global Health Visions, tried to benchmark the effects which have unfolded in the two years since the expanded global gag rule was put in place. We reviewed existing publications and contacted a diverse group of stakeholders to shine a light on how this policy has affected their work and the people they serve. While not exhaustive, this report summarizes key emergent results of

the policy on people and communities, as well as the organizations working to provide them with lifesaving services and programs.

Due to the nature of the global gag rule, its incremental roll out, and the populations it is likely to hit the hardest, expert stakeholders agree that its damage is just beginning and will deepen in years to come. Capturing population-level data on the effects is not possible at this stage of policy implementation, but organizational- and community-level experiences indicate the direction that data will take. Interviewees identified three overarching themes among the negative impacts of the global gag rule to date:

- **Widespread confusion** on its application, due to limitations in information and guidance on the policy – undermining effective programming
- **Over-implementation** by complying organizations driven by fear of losing funding
- **Chilling effects** of the policy felt from health facilities to national civil society dialogue and policy development

Furthermore, interviewees identify these themes as having a snowballing impact in three main areas: civil society, health service delivery, and national agenda-setting:

¹ U.S. Department of State. (2018, February 6, accessed 2018, December 18). *Protecting Life in Global Health Assistance Six Month Review* [Online]. <https://www.state.gov/f/releases/other/278012.htm>.

1 The global gag rule weakens civil society with wide-reaching harmful consequences on complying and non-complying organizations alike.

The loss of funding for leading health service delivery organizations as a result of the global gag rule has led to discontinued programs and reductions in services by high-quality providers. The policy has also created new financial and operational challenges for both complying and non-complying organizations. Its polarizing effect on civil society across health and human rights sectors creates often self-imposed barriers – breaking up long-standing partnerships and undermining the strength of coalitions. This has weakened civil society effectiveness, particularly smaller, newly affected organizations. Interviewees regard this as a direct contradiction to the fundamental principles of development, and even the U.S. government’s own priorities for sustainable foreign aid, which rely on strengthening the capacity of in-country partners.

2 The global gag rule disrupts the delivery of a range of health services in areas of the world that are most in need.

Interviewees identified several ways clinics and communities are losing access to critical information, programs, and services across health sectors as a result of the global gag rule. First, complying organizations are scrubbing programs and services of information related to legal abortion. Second, in their pursuit of compliance, they often over-implement the policy, blocking the delivery of non-abortion related information and services as well. Additionally, with cuts in funding for non-complying organizations, a broad range of health services are being disrupted. This occurs either for a brief period of time while new funding is mobilized or the program is transitioned to a complying organization, or indefinitely.

3 The global gag rule is halting national policy progress on health and bolstering anti-human rights agendas.

This policy, driven by ideology instead of evidence, is aligned with broader anti-human rights agendas currently unfolding around the world, thereby stalling progress. All of this has rolled back hard-won gains for women, people living with HIV, and other communities.

Importantly, interviewees agree those hardest hit by the impact of this policy will be people who already face systemic barriers to accessing care, who are underrepresented in the halls of power in the national and international stage – women, young people, people living with HIV, LGBTQ people, and sex workers to name but a few.

If there is a bright side to the global gag rule, interviewees identified the emergence of new champions in support of sexual and reproductive health and rights, including NGOs, donors, and national governments. Yet this has not been enough to counteract the devastating impacts that are unfolding right now. In fact, the impacts described in this report could serve as a canary in the coalmine, warning of what is yet to come if the policy remains in place. Urgent action is required today to prevent further harm and put an end to the global gag rule, once and for all.



I. Introduction

Since 2017, we have borne witness to the unfolding of the unprecedented expansion of the Mexico City Policy. Commonly referred to by advocates as the “global gag rule,” this policy prohibits U.S. funding to foreign non-governmental organizations (NGOs) that advocate for or provide access to abortion information, referrals or services, even with their own, non-U.S. dollars. For the first time, the global gag rule is now being applied across nearly all of U.S. global health funding. In February 2018, the U.S. State Department proclaimed that this policy has been “widely accepted” by its in-country partners and was therefore unlikely to have any substantial impact on global health programs. We know this is not true, as research shows us that even

before it was expanded beyond family planning funding, this policy had devastating effects on the lives of women and their communities. Two years into the policy, the U.S. government is developing another implementation report, which we hope will this time take into account the experience of people and organizations that are affected first-hand.

The current policy’s impact is still playing out and will take time to surface at a broad, quantifiable level. Yet from a civil society perspective, stories and information gleaned at the country and community level already show emerging, harmful effects. Organizations’ loss of critical funding was clearly just the beginning of this policy’s impact. The efforts and sustainability

of organizations across developing countries are being compromised: access to and quality of countries' health services eroded; and many people and communities have lost access to health care, including – but this time, not limited to – contraception and legally permitted abortion care.

The global gag rule exacerbates current health challenges and existing barriers to care by limiting people's access to lifesaving services and information. In the Global South, nearly seven million women are treated each year for complications related to unsafe abortions, and tens of thousands die annually from such attempts, most of whom live in Africa.² Many of these women and girls live in countries where abortion is legal but difficult to access without the money to cover associated costs, or if they live in remote and medically underserved places, where accurate information about family planning and a full range of contraceptive options may be hard to come by. In fact, more than 200 million women and girls today do not have access to modern family planning.³

With the policy expanded, the impact promises to be even more wide-ranging, affecting a broader range of people who face systemic barriers to accessing care: including jeopardizing access to antiretrovirals for people living with HIV; to nutritional support for children; and to contraception for young people. The reimposition and expansion of the global gag rule came at a time when the global community was making significant progress on the reduction of preventable maternal, newborn and child deaths, addressing unmet need for contraception, and preventing HIV among adolescent girls and young women. These gains are threatened by this policy. With millions of people's lives in the balance, we cannot stand by while this politically driven

mandate reverses hard-won progress on evidence-based, people-centered provision of care for people who depend on it.

And the American people agree. According to recent data from PAI, the Center for Health and Gender Equity (CHANGE)⁴ and PPFA,⁵ **the majority of U.S. voters across the political spectrum oppose Trump's global gag rule and other administration initiatives that block access to health care**, agreeing that the U.S. has a moral obligation when it comes to the health of women and girls around the world, and that such efforts are a strategic investment.

This report reflects the perspectives of a group of tireless individuals from organizations who deliver services and advocate on a range of global health and development issues – some of whom have complied with the policy and others who have not – and draws upon their experience with the expanded global gag rule to date. We call upon U.S. decision-makers to listen to and lift up these voices to understand the real impact of this policy, and to **act now** to address its effects in order to change its destructive course.

2 World Health Organization. (2018, February 19, accessed 2018, December 18). Preventing Unsafe Abortion. [Online]. <http://www.who.int/news-room/fact-sheets/detail/preventing-unsafe-abortion>.

3 Family Planning 2020. (2018, accessed 2018, December 18). FP2020 Progress Report: Catalyzing Collaboration 2017-2018. [Online]. <http://progress.familyplanning2020.org>.

4 PAI. (2018, July 18, accessed 2018, December 18). American Attitudes on the Global Gag Rule [Online]. <https://pai.org/reports/american-attitudes-on-the-global-gag-rule/#>.

5 Hart Research Associates. (2018, May 22, accessed 2018, December 18). Results from Recent National Survey [Online]. https://www.plannedparenthood.org/uploads/filer_public/43/39/43391cc6-1b73-4588-b7e9-d35182ab6e9c/ppfa_poll_release_may_23_final.pdf.

II. Methodology & Limitations

This report is intended to be a summary of the impact of the global gag rule to date, drawn from both a desk review of existing research and media coverage, as well as new key informant interviews. Planned Parenthood Global, the international arm of Planned Parenthood Federation of America, in partnership with Global Health Visions, interviewed a diverse group of stakeholders (22 people from seven countries) between September and November 2018. We further engaged participants at the International AIDS Conference in July 2018 in Amsterdam, the Netherlands and the International Conference on Family Planning in November 2018 in Kigali, Rwanda. These interviews and discussions served to infuse our understanding of the policy’s impact with updated views and perspectives of organizations and partners from a range of countries, and a diversity of health and development focus areas, on what the global gag rule has meant to their work and the people that they serve.

This report recognizes the seeds of impact are sewn now, yet will largely take years to surface in broad quantitative data. The intention of this report is to document the effects unfolding now so they can be addressed with urgency to stem further harm to health, human rights, and development efforts.

Findings drawn directly from existing research and media are identified as such, with other findings deriving from our interviews. Importantly, due to



the fear and stigma driven by this policy, most interviewees requested anonymity so nearly all named examples and quotes with attribution are drawn from already published resources.

One challenge of doing this type of assessment is attributing impact to the global gag rule; it is just one part of a broader environment of recent policy decisions by the U.S. and others that affect sexual and reproductive health access and rights. Actions such as the U.S. de-funding of UNFPA, Trump administration proposals to cut global health funding and zero out family planning, and efforts to erase references to sexual and reproductive health from international agreements at the United Nations also impact health and human rights. These related policies make it difficult to talk about the policy in a vacuum and systematically attribute impacts to the global gag rule. As such, we have focused the findings of this report on the key areas of impact that interviewees identified as being specific to the global gag rule.



President Donald Trump signing the Global Gag Rule in the White House Oval Office on January 23, 2017.

III. Background: What is the Global Gag Rule?

In 1984, President Ronald Reagan established the Mexico City Policy (MCP), prohibiting U.S. international family planning funding to foreign non-governmental organizations (NGOs) that advocate for or provide access to abortion information, referrals, or services, even if this is done with the NGO's own, non-U.S. funds. Extremely limited exceptions are made in the cases of rape, incest, or when the life of the woman would be endangered. Every Republican president since Reagan signed the MCP into law by executive order, and every Democratic president has annulled it.

Importantly, since 1973, women's access to comprehensive care has already been undermined by another U.S. policy: the Helms Amendment to the Foreign Assistance Act, which bars all organizations that receive U.S. foreign assistance from using U.S. funds to promote abortion "as a method of family planning" – though in practice it

prohibits funding for any abortion. What is unique about the MCP is that it serves to control how non-U.S.-based NGOs use their own, non-U.S. funds, thereby undermining free speech and placing politicians between patients and their health care provider. Notably, this policy does not apply to U.S. organizations (that are often the "prime recipients" of funding), but does require them to ensure that their local, in-country partners ("sub-grantees" or "sub-primes") comply with the policy.

Over the years, the MCP has come to commonly be known among advocates as the "global gag rule" (GGR) because it uses fiscal pressure to stifle, or "gag" health providers, counselors, advocates and NGOs that provide abortion services.

In January 2017, four days into his presidency and on the heels of the historic and global Women’s March, President Trump issued an executive order reinstating and radically expanding the MCP, which he renamed “Protecting Life in Global Health Assistance.” Consistent prior policies, President Trump’s policy restricts health care providers from even providing basic information about abortion or referring patients for legal abortion services.

But while previous iterations of this policy focused on organizations receiving funding for family planning, for the first time ever the new policy extends to nearly all global health funding. Now, whether they work to treat HIV or tuberculosis (TB), get vitamins to children, or prevent malaria, organizations must make the decision to sign, or lose all funding from the biggest aid donor in the world.

Global gag rule parameters: Previous versus current policies

	Previous policy	Current policy
Areas of health affected	Family planning	Family planning, HIV and AIDS, maternal and child health, malaria, tuberculosis, nutrition, non-communicable diseases, water sanitation and hygiene at the household and community levels, and the zika virus. Humanitarian assistance is exempt from the policy.
Sources of U.S. funding	USAID, U.S. Dept. of State (after 2003)	All U.S. governmental departments and agencies - USAID, U.S. Dept. of State (including the Office of the Global AIDS Coordinator, which oversees funding under PEPFAR), and the Dept. of Defense
Types of funding agreements	Grants, cooperative agreements	Grants, cooperative agreements, and contracts (pending rule-making)
Amount of funding affected	\$600 million	\$8.8 billion

Even before this expansion, the global gag rule has had disastrous effects, which have stretched beyond preventing access to abortion. Research shows the policy has historically:

- Prevented women and girls from accessing contraception and safe abortion consistent with the laws in their countries^{6,7}
- Been associated with increased abortion rates, many of which are unsafe⁸
- Been associated with increases in unintended pregnancies⁹
- Contributed to negative child health outcomes¹⁰

6 Barot, Sneha & Cohen, Susan A. (2015). “The Global Gag Rule and Fights over Funding UNFPA: The Issues That Won’t Go Away.” *Guttmacher Policy Review*, 18(2), 27-33.

7 Center for Reproductive Rights. (2009, January 15, accessed 2018, December 18). Expanded Global Gag Rule Limits Women’s Rights and Endangers Their Well-being [Online]. <https://www.reproductiverights.org/document/expanded-global-gag-rule-limits-womens-rights-and-endangers-their-well-being>.

8 Bendavid, Eran, et al. (2011). “United States Aid Policy and Induced Abortion in Sub-Saharan Africa.” *Bulletin of the World Health Organization*, 89, 873-880C.

9 Jones, Kelly M. (2011). Evaluating the Mexico City Policy: How US Foreign Policy Affects Fertility Outcomes and Child Health in Ghana. International Food Policy Research Institute.

10 Ibid.

- Hampered HIV prevention efforts¹¹
- Led to disruptions to health services, including forcing clinics to close¹²
- Obstructed rural and medically underserved communities' access to health care¹³
- Removed funding from humanitarian settings¹⁴

Now, with this significant expansion to nearly all of global health assistance, the policy has the potential to affect more than 14 times more foreign aid funding than was restricted under President George W. Bush. Importantly, nearly \$4.7 billion of newly implicated foreign aid funding is earmarked for the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), so this could potentially affect the huge range of HIV programs supported by the U.S. around the world.¹⁵ Ultimately, because this policy specifically targets non-U.S. organizations, it stands directly in the way of PEPFAR's stated goal of strengthening and supporting the capacity of locally driven HIV efforts.

Many affected organizations already work in environments where abortion – and sexual and reproductive health more broadly – is legally restricted and highly stigmatized, which constrains their ability to provide, refer, counsel or advocate for safe abortion. However, in more than half of the countries where the global gag rule applies, abortion is legal beyond what is narrowly permitted under the policy¹⁶, which means the U.S. is now demanding that organizations stop providing legal health services and information in exchange for funding.

For Further Information on the Global Gag Rule

- **KFF** – What is the scope of the Mexico City Policy: Assessing abortion laws in countries that receive U.S. global assistance
- **PAI** – Policy brief, case studies and media resources
- **International Women's Health Coalition** – Reality check: Year one impact of Trump's global gag rule
- **International AIDS Alliance** – "Ungagging" abortion: Safe abortion in the context of HIV
- **Human Rights Watch** – Early impact of the Protecting Life in Global Health Assistance Policy in Kenya and Uganda
- **IPPF** – Policy briefing: The GGR and its impacts
- **CHANGE** – Prescribing chaos in global health: The global gag rule from 1984-2019

11 Barot, Sneha & Cohen, Susan A. (2015). "The Global Gag Rule and Fights over Funding UNFPA: The Issues That Won't Go Away." *Guttmacher Policy Review*, 18(2), 27-33.

12 PAI. (2003, September, accessed 2018, December 18). Access Denied: U.S. Restrictions on International Family Planning [Online]. <http://trumpglobalgagrule.pai.org/wp-content/uploads/2017/04/Access-Denied-Executive-Summary.pdf>.

13 Ibid.

14 Cohen, Susan A. (2009). "The Reproductive Health Needs of Refugees and Displaced People: An Opening for Renewed U.S. Leadership." *Guttmacher Policy Review*, 12(3), 15-19.

15 amfAR. (2018, July 19, accessed 2018, December 18). Impact of Mexico City Policy in PEPFAR [Online]. <https://www.amfar.org/pepfar-mexico-city/>.

16 Kaiser Family Foundation. (2017, May 3, accessed 2018, December 18). What is the Scope of the Mexico City Policy: Assessing Abortion Laws in Countries that Receive U.S. Global Health Assistance [Online]. <https://www.kff.org/global-health-policy/issue-brief/what-is-the-scope-of-the-mexico-city-policy-assessing-abortion-laws-in-countries-that-receive-u-s-global-health-assistance/>.

Many Populations are Negatively Impacted by the Global Gag Rule

This report highlights effects of the global gag rule on civil society, the delivery of health services, and on national agenda-setting, all of which translate into impact on the lives of people. We find those hardest hit by the policy often already face systemic barriers to care and for whom the disruption or decreased quality of services, or loss of a trusted provider, may be particularly devastating. This includes people in low income and underserved communities, women, children and young people, people living with HIV (PLHIV), men who have sex with men (MSM), sex workers, people who inject drugs, and transgender people. Examples of groups interviewees identify as being the most affected by this policy include:

- **Women living in rural or underserved communities:** “Who suffers most is the woman who cannot speak for herself. She cannot afford to pay for health services. She lives in a hard-to-reach area and now she cannot be reached by the services that she needs because they have been cut. She doesn’t even know about the global gag rule... She doesn’t care what is discussed at the national level, but what is provided in her village and at the facility near her.” – **East African advocate for women and HIV**
- **Young people:** “Our outreach services previously allowed us to reach the most people and the most vulnerable groups with health services. We used to reach out to young people using our mobile units, but without funding these units are parked outside. Our outreach to youth was important for HIV prevention, for example, because new infections are highest in young people. Losing the reach with this group was a loss, and no one has picked it up.” – **Representative of a Southern African health service provider that is not complying with the global gag rule**
- **Key populations affected by HIV:** “For a lot of the people we work with, including MSM and women who use drugs, sex workers, and PLHIV, having those trusted partners that you know you can refer to for a range of services is important. Some of those partners might be the ones that are most affected by the impact of the global gag rule.” – **Representative of an HIV-focused organization**
- **Children and adolescents served by orphans and vulnerable children (OVC) programs:** “We are seeing again malnutrition indicators in children that were previously improving.” – **Manager of a nutrition program targeting OVC**



IV. Evidence & Learnings on the Evolving Effects of the Policy

This section presents key **concerns** and **impacts** of the policy overall (overarching themes), and on three specific areas highlighted by interviewees: civil society, service delivery, and national agenda-setting.

Expert stakeholders identify three main themes among the negative impacts of the global gag rule.

Interviews revealed a lack of clear information and guidance on the expanded global gag rule, the inconsistency by which it is being applied, and the overall uncertainty of the current funding landscape. Together, these factors have

created an environment where organizations fear losing funding, which has in turn led to “over-implementation” of the policy and a chilling effect on health service delivery and civil society dialogue and advocacy.

1. **Widespread confusion on its application due to limitations in information and guidance on the policy, undermining effective programming**

The global gag rule states global health funding can go only to organizations abroad that “neither perform nor actively promote abortion as a method of family planning.”¹⁷ Yet, the language to describe what this looks like in practice is relatively vague, leaving non-governmental organizations (NGOs) unclear on how best to comply. The U.S. State Department’s six-month implementation report said it would work to alleviate confusion about the policy.¹⁸ But two years later, for most interviewees it is clear that many institutions – including USAID itself – are still trying to figure out the parameters. Interviewees describe inadequate guidance on the policy – which notably, has been available in English only, serving as an additional barrier in non-English speaking countries –and extremely limited technical support provided by USAID missions at the country level. The confusion is particularly pronounced among those newly affected organizations.

“For us, this happens every eight years. We have an institutional memory, but for other sectors, such as HIV and malaria, it’s new territory. They have a sharp learning curve.”

– Representative of a global reproductive health stakeholder

NGO interviewees even note challenges assessing whether they should apply to USAID requests for proposals due to the lack of clarity in identifying the specific funding channel (and therefore, whether or not the policy applies) and target countries for the funding, which was noted as a limitation because some country offices of international organizations are complying while others are not.

“It seems like the priority of USAID at the global level is on enforcing the policy and rooting out people that are in violation, rather than trying to help people figure out how to do their work as best they can within the policy.”

– Representative of a global NGO, involved in ensuring compliance with the global gag rule

As a result of the confusion surrounding the policy, partners who haven’t had the clause applied to their funding previously (e.g. organizations in the sectors the expanded policy newly applies to, such as HIV) report a very limited understanding of how it applies to their work. For instance, one interviewee noted that their country partners had believed it applies to NGOs providing abortion only, and were not aware that it restricts client-level interaction and the provision of information, referrals and counseling, which is more relevant to their work. Ultimately, the heaviest burden of this policy is seen as resting on smaller, community-based organizations, who don’t have a firm understanding of the policy but would close without U.S. government funding, and therefore are left without a real decision to make.

¹⁷ USAID. (2018, August 30, accessed 2018, December 18). Standard Provisions for Non-U.S. Nongovernmental Organizations: A Mandatory Reference for ADS Chapter 303 [Online]. <https://www.usaid.gov/sites/default/files/documents/1868/303mab.pdf>.

¹⁸ U.S. Department of State. (2018, February 6, accessed 2018, December 18). Protecting Life in Global Health Assistance Six Month Review [Online]. <https://www.state.gov/f/releases/other/278012.htm>.

“Suddenly, moral organizational priorities are being put against practical business priorities. [Smaller] organizations that don’t have the institutional knowledge or the support from other partners to fill in the gaps are left in the lurch because it’s never affected them before.”

– A researcher from Columbia University Mailman School of Public Health who is examining the country impact of the policy

2. Over-implementation by complying organizations driven by fear of losing funding

Confusion about the expanded global gag rule and the unpredictability of the current administration has instilled a sense of fear that any slight misstep will jeopardize funding. As one interviewee noted: “There are so many fears built up, it’s like a house of cards.” This fear has driven complying organizations to interpret the regulations in exceedingly broad terms, which has led to the over-implementation of the policy at all levels. The “chilling” effects on health provider-patient dialogue as well as local NGO advocacy have been widely documented in research by PAI and others. This includes, for example, the scrubbing of references to abortion in the programs, services, and partnerships of complying organizations, but also the removal of related services that are not prohibited.

Notably, organizations cited USAID appears to be applying the policy inconsistently/incorrectly. Experiences include where the agency has added the global gag rule on new humanitarian and water, sanitation, and hygiene (WASH) grants that are, per their

scope, specifically exempt from the policy. An organization based in Latin America described being denied the opportunity to apply for a human trafficking grant because they provide family planning services. This example is alarming because it indicates the policy is being applied to funding streams outside of global health and over-implemented to prohibit participation even from family planning organizations. Another interviewee noted that the global gag rule was also incorrectly applied to a no-cost extension of an existing grant, which was put in place before the policy was enacted and therefore the policy should not apply.

Two interviewees representing international NGOs said they had succeeded in having the global gag rule correctly removed before signing their grant agreement, but noted this was the result of having a nuanced understanding of the policy, available legal support, and key relationships with stakeholders in DC – as well as the confidence to push back against the power of the U.S. government. That said, the transitional costs in resolving this issue were identified as being high, requiring a significant amount of staff time, external expertise, and ongoing engagement with USAID and other partners.

For smaller, country based organizations this is less of an option. In general, organizations noted their hesitance to push back due to the investment this would require, the uncertainty of the terms, and the overarching sense of fear of “rocking the boat.”

The reluctance of civil society stakeholders to speak out against the policy was also evident in the process of developing this report. A number of organizations refused to speak on the issue, and those who did requested anonymity. It was generally

recognized sectors which are more separate from abortion and surrounding issues are much less likely to “jump into the fight,” because U.S. funding is directly tied to the livelihood of their organizations, staff, and ability to meet the needs of the communities they serve.

“On the one hand, it’s bad public health practice. But on the other hand, we serve millions of people, and we’re not in a position to stop providing services.”

– Representative of a complying health service provider

3. Chilling effects of the policy felt from health facilities to national civil society dialogue and policy development

It has long been civil society’s role to amplify and elevate the stories of people, particularly the most marginalized, and advocate for change. But as a result of the global gag rule, we are seeing an erosion of public discourse on issues related to sexual and reproductive health. This hampers civil society dialogue and advocacy, particularly around comprehensive approaches to addressing maternal mortality, including where it is

driven by unsafe abortion. Organizations, particularly those complying with the global gag rule, are being selective about what they say publicly. For example, one interviewee noted in a country where safe abortion is legal under certain circumstances, efforts by advocates to raise public awareness about the national policy in the context of maternal health and rights have been stifled. As the interviewee noted, advocates are “going silent out of fear.” As a result, important evidence of impact – challenges, health issues, and even deaths from not being able to access necessary health care – is going unreported. This blocks country-level progress on a range of health outcomes: it weakens the effectiveness of civil society more broadly, and impedes our global understanding of the reproductive health and rights around the world.

“Organizations are afraid to talk to each other and collaborate, and push national governments based on something that’s not grounded in medicine or evidence, it’s American politics... This is a dangerous precedent.”

– Representative of a humanitarian organization

The global gag rule weakens civil society with wide-reaching harmful consequences on complying and non-complying organizations alike.

Interviewees noted the loss of funding for effective organizations whose work touches on sexual and reproductive health service delivery organizations was expected, but has nevertheless come at a

high cost to people’s access to care. But the policy has also created new challenges for NGOs – even complying organizations – which has hindered their effectiveness and poses risks to their sustainability.

Further, it has often created self-imposed barriers between complying and non-complying organizations that have long-standing relationships. This ultimately jeopardizes the strength and self-sufficiency of local partners.

Loss of funding has led to discontinued programs and reductions in services from high-quality providers.

Many organizations which refuse to sign onto the global gag rule do so because the provision of access to safe, legal abortion is central to their mission of providing the full spectrum of sexual and reproductive health care and upholding sexual and reproductive rights. As a result, they face significant funding losses, which deplete the resources of the organization (both financial and staffing) and have a real impact on people's lives. For instance, Marie Stopes International (MSI) and International Planned Parenthood Federation (IPPF) are the biggest providers of family planning globally. In not signing onto the global gag rule, they have lost existing U.S. funding and the opportunity to apply for additional grants (their websites identify a combined funding gap of \$160 million to the end of the Trump administration).

MSI estimates under the global gag rule 1.7 million women around the world will go without access to MSI services and care by 2020, which could lead to up to 2.1 million unintended pregnancies, 720,000 unsafe abortions, and 5,600 avoidable maternal deaths.¹⁹ IPPF estimates in addition to reduced



reproductive health services, the loss of funding also prevents them from providing antiretroviral treatment to 275,000 pregnant women living with HIV, and 725,000 HIV tests to enable people to know their HIV status.²⁰

Similar multi-sector health impacts are being seen at the country level. A strong example highlighted in the recent CHANGE report²¹ is AMODEFA (IPPF's member association in Mozambique), which prior to the global gag rule received two-thirds of its funding from U.S. sources. Following the loss of funding at an AMODEFA clinic in Gaza Province, where the HIV prevalence rate is 24.4 percent, **the number of people tested for HIV over a three-month period dropped from 5,981 to 671 immediately.** There was also a rapid reduction in the provision of other services at the clinic, such as gynecology consultations and counseling for cancer prevention, which reduced to zero within three months.

¹⁹ MSI. (2018, accessed 2018, December 18). A World Without Choice: The Global Gag Rule [Online]. <https://www.mariestopes-us.org/mexico-city-policy/>.

²⁰ IPPF. (2017, February 9, accessed 2018, December 18). The Human Cost of the Global Gag Rule [Online]. <https://www.ippf.org/news/human-cost-global-gag-rule>.

²¹ CHANGE. (2018, June, accessed 2018, December 18). Prescribing Chaos in Global Health: The Global Gag Rule from 1984-2019 [Online]. http://www.genderhealth.org/files/uploads/change/publications/Prescribing_Chaos_in_Global_Health_full_report.pdf.

But it is not only the grantees and communities that lose as a result of the policy. The U.S. government has lost critical partners that it had previously deemed the most qualified providers and decided to invest in. Often these organizations have irreplaceable reach, experience and expertise. One organization interviewed cited it had lost funding for an HIV program it had been leading for 10 years by not complying with the global gag rule. The upcoming phase would have been focused on training Ministry of Health staff to take over the work the organization had been implementing to enroll people living with HIV on antiretrovirals and track their adherence. As a non-complying organization, it lost millions of dollars, and the U.S government lost its expertise, institutional memory, and organizational commitment to the people served by the project.

Financial and operational challenges for complying and non-complying organizations divert funds from direct services.

Interviewees reported their organizations decide whether to comply with the global gag rule based on their organizational philosophy (e.g. whether or not they will agree to the terms of the policy) and practicality (e.g. whether or not they can find funding to replace funding from the U.S.). While this may sound straightforward, interviewees note the struggle this decision causes, which can result in controversy and fractures within organizations and delays in programming.

Interviewees also identify broader reputational costs stemming from the decision, noting peer pressure from partners and the government to comply with the policy, and social stigma should they decide not to. The latter is often viewed as tantamount to being an abortion provider, even in countries where abortion is not permitted. One interviewee called out the misunderstandings and

misinformation about the policy within the civil society community in her country, citing her shock when a former partner organization teased her for not complying. They reportedly said, “You seriously cannot give up abortion services?” (despite working in a setting where abortion is highly restricted).

In addition to the loss of funding, non-complying organizations are often saddled with operational costs associated with closing down projects and/or transferring projects to another organization to run – thereby shifting already sparse resources away from ongoing work and human resources.

Then there are the costs of compliance, which interviewees say has huge burden and opportunity costs, and has had a ripple effect across organizations. Many organizations identify the huge additional administration and time requirements on staff managing grants to which the global gag rule applies. They specifically note the need for back and forth with USAID trying to understand the policy and what is required, ensuring compliance with sub-primes, and maintaining compliance files with country partners. Additionally, one interviewee stated developing educational resources on the new global gag rule, and then educating staff and partners on the ground on what it means, is another significant time burden for organizations.

“It’s bad policy, it’s bad public health and bad human rights. But it’s also distracting big institutions and small organizations from the already difficult work that is before them. That is the unquantifiable part of this – how much resources have had to shift to mitigate the impact, document the harms, to try and survive under the rule. It’s a particularly well-placed rule to distract the global rights movement from progress.”

– Representative of Human Rights Watch

Another complication has emerged for organizations receiving new grants covering multiple sectors – for example a project which focuses on land conservation but has a component of family planning. The family planning piece would likely be funded through global health assistance funding, which is subject to the global gag rule. The environmental work would likely come from another budget, therefore the global gag rule would not apply. One interviewee noted the question then becomes how much of the budget for the new grant comes from each funding stream, and whether or not these two funding streams can be split up so only the organization leading the family planning component has to sign the global gag rule. Untangling mixed funding sources is possible but complex, confusing, and time consuming. Ultimately, it risks jeopardizing innovative and integrated programming.



Polarization of civil society undermines collaboration and serves as a barrier to sustainability.

Interviewees emphasized the global gag rule has created a realignment of organizations based on sources of funding, and an overarching sense that compliant and non-compliant organizations can't work together – or even be in the same room together. In most cases, this separation is not required by the policy, but driven by the global gag rule-instilled stigma on non-complying organizations. This has already led to the break up of many long-standing partnerships. Ultimately, expert interviewees identify this polarization is proving to be detrimental for both categories of

partners as it limits their ability to deliver projects and streamline their work.

Further, organizations are withdrawing from civil society coalitions for fear of being seen as collaborating with non-complying partners. Several interviewees mentioned examples of this taking place in Ugandan forums. For example, the Coalition to Stop Maternal Mortality Through Unsafe Abortion has lost several members who are complying with the global gag rule, which has hurt the group's efforts to end preventable maternal deaths. In Uganda, eight percent of maternal deaths are a result of unsafe abortion.²² Coalitions and joint projects minimize costs and maximize impact, yet the global gag rule weakens these platforms for collaboration.

All of this has fractured civil society. The global gag rule is undermining trust organizations have built over the years, and is diminishing civil society effectiveness and sustainability, with a particular burden on smaller, newly affected organizations. Interviewees cite this as a major impact that will have negative consequences for years to come.

²² Guttmacher Institute. (2017, February, accessed 2018, December 18). Abortion and Post-abortion Care in Uganda [Online]. <https://www.guttmacher.org/fact-sheet/abortion-and-postabortion-care-uganda>.

“The loss of money is one thing, you can plan for that. It’s the other impacts, the insidious and less tangible ones, that will be felt in the long term.”

– Representative of a non-complying organization

Overall, this collapse of collaboration within civil society is viewed as a direct contradiction to a core principle of development work, which is to strengthen country-driven programming. This principle is also reflected in U.S. government priorities, including PEPFAR’s recently outlined objectives for improving sustainability of HIV programming by shifting 70 percent of its funding

to local organizations. Currently, less than 20 percent of USAID’s PEPFAR funding goes to local organizations.²³ Organizations raised the concern the global gag rule may have the opposite effect, citing examples where national organizations have been replaced with international NGOs that comply with the policy. This results in taking funding and control away from the country and concentrating the power and resources more squarely into the hands of American organizations.

“It’s like they are saying, we want things to be country-led, but only if you’re working in the U.S. image.”

– Representative of a global HIV-focused organization

The global gag rule disrupts the delivery of a range of health services in areas of the world that are most in need.

At the very least, health programs and services are being scrubbed, siloed, and disrupted. In many cases they are discontinued due to lack of funding. This fractures the continuity of health services that communities need to survive and thrive, and that serve as a foundation for education and economic growth more broadly.

Complying organizations scrub programs and services, often over-implementing the policy at the point of care.

According to a recent survey by amfAR,²⁴ many PEPFAR implementing partners are altering organizational operations and the delivery of health information. These actions are in response

to funding requirements from the U.S. government, as opposed to best practices in the delivery of HIV and sexual and reproductive health programs and services. In other words, U.S. politicians, and not health care providers or public health experts, are dictating global health programs and what information and care a person receives from their doctor. As evidenced by research on prior versions of the global gag rule, this does not work and in fact is associated to increased abortion rates, many of which are unsafe. This is being echoed today, as noted by a Kenyan stakeholder: “Our gynae wards were empty... today we are getting unsafe abortion cases back in our wards, septic, with complications.”

According to those we spoke with, in many cases the chilling effect of the policy is leading organizations

²³ Igoe, Michael. (2018, July 16, accessed 2018, December 18). “PEPFAR Chief Wants 70 Percent of ‘Indigenous’ Funding in 30 Months.” Devex [Online]. <https://www.devex.com/news/pepfar-chief-wants-70-percent-indigenous-funding-in-30-months-93118>

²⁴ Sherwood, Jennifer, et al. (2018). “Tracking the Impact of the Expanded Mexico City Policy on PEPFAR Implementing Partners.” BMC Public Health, 18, 1116.

to modify or eliminate programs unnecessarily out of fear they might not be compliant. This adds stigma to already sensitive issues and disrupts other related health services that are funded by the U.S. and other donors. This includes reducing or stopping pregnancy counseling, post abortion care, and the administration of emergency contraception – none of which are prohibited by the global gag rule.

Clinics and communities lose critical services across health areas.

Interviewees noted programs are discontinued, staff are laid off (including health care providers), physical infrastructure lays idle, and patients lose access to vital care when non-complying organizations don't have the funds to continue the work. They identify the effects of the policy will be most strongly felt by clinics in populated areas, refugee camps, and remote villages. While clinics largely do not offer abortion services (per country laws), they offer youth-friendly access to contraception, treat children for malaria and malnutrition, and treat mothers for HIV – all of which may be discontinued when funding is removed. For example, Kitengela clinic, a health center run by Family Health Options Kenya outside Nairobi, provided free HIV testing, anti-retroviral medication, family planning, and reproductive health care. As a result of the global gag rule, the entire clinic closed, all staff were terminated, and the people in the community who relied on it were left without alternatives.²⁵

Many organizations also reported the closure of integrated community outreach services. The Family Life Association of Swaziland (FLAS) lost almost \$1 million in U.S. funding, and as a result, lost a total of 56 staff. This caused FLAS to almost completely scale back its outreach services, through which it reached youth with family

planning as well as provided treatment of sexually transmitted infections, screenings for reproductive cancers, HIV services, and maternal and child health services.

Importantly, even when non-complying organizations do mobilize new funding to continue a program or service, there is generally a time lapse of at least a few months. Such a lapse not only means people go without health services for this period of time, but they also lose the willingness and trust to seek out care in the first place. One organization noted there is generally a gap of three to six months in which the program is on hold and services are not provided when they must raise alternative funding to continue programs.

Transition of programs to complying organizations leads to disruptions in services, with notable impact on the most vulnerable.

The U.S. government has stated that it will “reprogram” to other organizations any funding it would have awarded to NGOs that do not agree to comply with the global gag rule. However, organizations have identified several challenges related to shifting programs away from “first-choice” implementers. There are difficulties finding local partners who are compliant with the policy and have the necessary expertise to transition programs to. It was noted sometimes even the third or fourth choice partners are not able to implement a program.

Importantly, organizations which have had to close their services identify this as a fundamental breach of trust that will have a major impact on the people they serve. Even when programs transfer to another organization, the new partner will not have the same level of community confidence, thereby risking that they will not reach the same or as many people.

²⁵ Dixon, Brian. (2018, October 15, accessed 2018, December 18). “Opinion: Trump’s First Blow Against Reproductive Rights Was in the Developing World.” Devex [Online] <https://www.devex.com/news/opinion-trump-s-first-blow-against-reproductive-rights-was-in-the-developing-world-93576>.

“We broker their access to care. We have said ‘we can offer you this service and it will have a real transformative impact on your life...’ and now we say we can’t come again. Sustaining the services is a big issue. We hope that another provider steps in or our client goes to government services – but why should she when she’s had to negotiate so many structural and social barriers to even get to us in the first place.”

– Representative of a sexual and reproductive health service provider

This is a particular concern for programs working with key populations affected by HIV – such as sex workers and men who have sex with men – who have unique needs and challenges in terms of accessing care. In most cases implementing partners have spent years building their experience with these communities and a trusted relationship with their clients, therefore making them undeniably the most qualified and preferred provider, and ultimately irreplaceable.

“The unique needs related to sex workers require organizations that have the trust of community, are able to provide non-judgmental services, are able to reach these unseen parts of society. That can’t be done by just any clinic in a community. It has to be proactive, developed over time.”

– Representative of Human Rights Watch

One interviewee highlighted it lost funding for a project which previously reached thousands of children with nutritional support. The project transitioned to a partner who did not use a nutrition lens in its programming and had little experience in this area. Following delays to the program during handover, the new project partner deprioritized nutrition and downscaled this work, leaving

thousands of children without the nutritional support (e.g. meals, education growth monitoring, and counseling) they were depending on.

Ultimately, reprogramming comes at a real cost to the community, including delays in implementation, reduced quality of programs, and disruptions to people’s care.

Fragmentation of health services forces a shift away from person-centered care.

Recent years have seen significant investment in delivering person-centered, holistic care and promoting better coordination between projects, which is more convenient for the people in need of services and a more efficient use of resources. Importantly, such integration of services is prioritized in global health frameworks such as the Sustainable Development Goals and Universal Health Care 2030. It is also in the U.S. government’s own priorities on women’s empowerment, ending preventable maternal and child deaths, HIV prevention for adolescent girls and young women, and self-reliance programming.

Yet, organizations identify breaks in partnerships and funding linked to the global gag rule undermine these efforts, exacerbate existing barriers to integration, and create breakdowns in the referral chain. All of these challenges make it more difficult and inefficient for people to access the health services that they need.

“We see the global gag rule as undermining those efforts [on integration] and this is playing out on the ground... it’s an insidious scenario because it is creating mistrust, undermining solidarity which are fundamental tenets of a strong civil society.”

– Representative of an HIV-focused organization

The global gag rule is halting national policy progress on health and bolstering anti-human rights agendas.

This policy, driven by ideology instead of evidence, is aligned with broader anti-human rights agendas currently unfolding around the world. This has emboldened opponents of sexual and reproductive health and rights, LGBTQ rights, and human rights, reversed hard-won gains, and rolled back progress for women, young people, people living with HIV, LGBTQ people, and other communities.

Stalled progress on national agenda-setting on sexual and reproductive health has a ripple effect across health and development.

The global gag rule has in some cases influenced national policy progress on reproductive and maternal health and the role of access to safe abortion, in addition to closing space for dialogue and advocacy on these issues. For example, in Mozambique there had been important momentum following the decriminalization of abortion in 2014 after 10 years of debate and discussion. Yet the implementation of the policy by the Ministry of Health seems to have stalled out and detractors are pushing against the law again, hindering further advances.

“In the last 10 years there has been a shift in abortion policies, liberalizing and creation of space to talk about sexual and reproductive health issues and safe abortion. There has been momentum built that now is likely going to be completely reversed.”

– Representative of a humanitarian organization

Partners indicate that this backward slippage is likely due, in large part, to the influence of the global gag rule and the national government’s fear of losing funding from the U.S. Interviewees also identified the silence and complacency of country governments as a major barrier which enables the negative effects of the policy on family planning, reproductive health, and beyond to take hold at the country level. As one interviewee noted, “because of diplomacy, everyone [in government] feels sorry but no one has concrete solutions.”

“Knowing how much governments are reliant on U.S. government to run health services, this policy is forcibly shutting down those conversations and reversing progress.”

– Representative of a global health organization

Evidence shows access to comprehensive sexual and reproductive health and rights has a positive ripple effect across health and development. But the inverse is also true: lack of access has implications on maternal mortality, sexual violence, girls’ education, HIV rates in women and girls, and beyond. As Ulla Müller, former president and CEO of EngenderHealth, has argued, this policy is an unprecedented attack on women’s rights more broadly: “It goes much deeper than abortion. Girls are kicked out of school if they get pregnant. They are very often forced to marry the fathers. Very often they have to live in their in-laws’ house, where they have to do unpaid labor. It is a violation of women’s rights. We need to see this as a gender issue and very much as a power issue.”²⁶

²⁶ Boseley, Sarah. (2017, July 21, accessed 2018, December 18). “How Trump Signed a Global Death Warrant for Women.” The Guardian [Online]. <https://www.theguardian.com/global-development/2017/jul/21/trump-global-death-warrant-women-family-planning-population-reproductive-rights-mexico-city-policy>.

The global gag rule emboldens broader anti-human rights agendas.

It is impossible to determine causality between the global gag rule, other anti-human rights agendas that are currently unfolding around the world, and the shrinking space for civil society advocacy experienced in many countries. Yet this policy clearly aligns with these broader trends and, interviewees say, has even emboldened these efforts. For example, the U.S.-driven, abstinence-only approach to preventing HIV has re-emerged in Uganda, which has influenced a new sexual education policy for schools that takes a very narrow approach to what can be taught. The country's Sexual Offences Bill which is currently being debated would further criminalize LGBTQ people. Strict laws on public assembly and NGO registration require Uganda's civil society to engage in advocacy with caution. Tanzania, too, has enacted several recent discriminatory laws, including its policy of banning pregnant girls from school. The government has gagged civil society in the form of a new policy that makes it a crime to question official statistics, and in September suspended family planning ads in the media. In Kenya, the government recently banned MSI from offering legal abortion services.

These are just a few examples of countries that are among the top the recipients of U.S. global health funding whose agendas are reversing progress. There are countless more, including the 72 countries that allow for HIV criminalization, and the 73 where homosexuality is a criminal offence. Ultimately, together with the global gag rule, these agendas undermine progress made on evidence-based policy-making and perpetuate stigma, making it harder to access basic human rights, including health care.

“When you are bleeding an organization of funding or gagging them, you are creating an enabling environment for an opposite message at a time when we’re seeing anti-rights messaging in the world.”

– Representative of Human Rights Watch

Despite these restrictions, the overarching, global trend has been toward liberalizing abortion laws, thanks to the hard work of civil society. Encouraging progress is indeed happening, which makes the global gag rule and other U.S. actions all the more damaging.



A Window of Opportunity for Action

If there is a bright side to the global gag rule, it is the emergence of new advocates for sexual and reproductive health and rights, and strengthened collaboration between champions around the world. Global health organizations and other institutions at the global and country levels continue tireless efforts to spearhead advocacy and research on its harmful impact. The expanded policy has mobilized diverse NGOs to step up, break the silence, and reopen the space for dialogue on reproductive health issues. Interviewees note this has generated more engagement on the importance of safe abortion, despite the U.S. policy.

push-back resolve to work even harder. All is not lost! It is important to note that we have built health systems over the last 20 years that are resilient and won't be dismantled so easily."

– A researcher from Columbia University Mailman School of Public Health

With the recognition the global gag rule is having a ripple effect on public health services, a few governments have reinforced their commitment to reproductive health and leveraging additional resources to fill the gaps. In other countries that are less engaged, advocates say this is a critical moment for pushing governments to fulfill their commitments on health.

"The global gag rule will affect us but there is also a resurgence, a double-down and

“This also provides us with an opportunity to hold our governments accountable in terms of providing healthcare – accessible, good quality healthcare – for all Ugandans, especially for women and girls... Yes, this is a U.S. government policy but Uganda is an autonomous state and as a government you have an obligation to provide services regardless of what is going on elsewhere, and you cannot use this as an excuse to not provide adequate services because Trump implemented the global gag rule.”

– **Representative of the Center for Health, Human Rights and Development, Uganda**²⁷

A bipartisan group of U.S. policymakers has introduced the Global Health, Empowerment and Rights (Global HER) Act, which would permanently end the global gag rule. A group of 444 Members of Parliament and former heads of state/ government officials are signatories of a statement in which they promise to counterbalance to the GGR and fight for the provision of comprehensive sexual and reproductive health services.²⁸ A group of European donors have established SheDecides, an initiative formed by the Dutch and backed by the Belgian, Swedish and Danish governments, to mitigate the impact of the global gag rule by providing resources as a stopgap measure for non-compliant organizations that have lost funding.

Yet this is just a drop in the bucket. With this expanded policy, civil society is facing new challenges and difficulties, health services are being negatively affected, people are losing access to a range of critical health services. It is clear U.S. funding and leadership to advance the health and rights of communities cannot be replaced. As one interviewee noted:

“The dominance of the U.S. in global health funding. It’s part of the problem that no other donor can step in and compensate for this. There have been some admirable efforts by other donors but it’s almost symbolic, compared to the influence of the U.S.”

– **Representative of a complying health service provider**

There is an overarching foreboding across the community the worst is yet to come, the impact is still unfolding, and by the time the policy is again removed, the damage that will have been done to women, communities, even countries will be unprecedented.

The time is now for action by the U.S. government to end the policy and address the harm that it has already caused in the areas captured by this report.

27 International AIDS Conference (@InternationalAIDSConference). “Facebook Live: Grabbing by the Purse Strings: Global Gag Rule and International Funding.” July 22, 2018. <https://www.facebook.com/InternationalAIDSConference/videos/2666882879993178/>.

28 PAI. (2017, accessed 2018, December 18). Keeping Our Promises to Women and Girls [Online]. <http://pai.org/wp-content/uploads/2017/02/Signatories-to-High-Level-Statement-Final.pdf>.

For more information on the global gag rule, please visit Planned Parenthood Global's page at plannedparenthood.org/global

Follow [@ppglobe](https://twitter.com/ppglobe) on Twitter for the latest updates and ways to take action.

