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# Trump's Global Gag Rule

## Data Sheet

MARCH 2021

### Overview

This data sheet summarizes published data on the global and country-level impacts of the Trump administration's Global Gag Rule (GGR) on all areas of global health, including sexual and reproductive health and rights (SRHR), as of March 2021.

Trump's expanded GGR has negatively impacted global health programs overall; from limiting the services provided at local health facilities to stifling civil society dialogue and stalling country-level policies that promote universal SRHR.<sup>1</sup>

As a result of reduced funding, damaged partnerships, and confusion over GGR compliance and implementation, the policy has hindered advocacy efforts to improve sexual and reproductive health (SRH) laws in countries where abortion is either illegal to the fullest extent or only allowed in cases of life endangerment, rape, or incest.<sup>2</sup> In many cases, confusion surrounding the implementation of the GGR has led organizations and health care providers to over-interpret the policy for fear of being found non-compliant, which is known as the "chilling effect."<sup>3</sup> Over-implementation manifests in a multitude of ways, including organizations self-censoring their speech, ending activities or programs unnecessarily, and avoiding participation in meetings or coalitions.<sup>4</sup>

In some cases, the tension between compliant and non-compliant organizations has dismantled effective partnerships, as well as damaged relationships between organizations and non-U.S. government funders.<sup>5</sup> Consequently, some European-funded and private donor-



Cover of the report, *Prescribing Chaos in Global Health: The Global Gag Rule from 1984-2018*.

funded projects that are reliant on partnerships with organizations who are compliant with the GGR have been limited in their operations or have closed.<sup>6</sup>

Since the policy was expanded under the Trump administration, anti-choice discourse and stigma around abortion as a component of comprehensive SRH has increased globally -- even in countries where abortion is legal.<sup>7</sup>

Researchers, legal scholars, and advocates have documented the extensive global and country-level impacts of this policy across U.S. global health assistance funding and programs, as seen below. The U.S. government has reviewed the implementation of the Trump administration's expanded GGR and documented the number of non-governmental organizations (NGOs) and awards that declined to certify the policy, the amount of planned funds that weren't obligated, and the types of activities impacted by the policy.<sup>8</sup>

On January 28, 2021, President Joe Biden revoked the expanded GGR via presidential memorandum.<sup>9</sup> The Memorandum Protecting Women’s Health at Home and Abroad ordered the revocation of the policy and directed leadership at USAID and the Departments of State, Defense, and Health and Human Services (HHS) to 1) immediately waive the policy in current grants; 2) notify current grantees of this policy change; and 3) immediately cease imposing the policy on future assistance awards. Additionally, this presidential memorandum took an unprecedented step to assert the Biden administration’s support for “women’s and girls’ sexual and reproductive health and rights in the United States, as well as globally.” However, the harms of the GGR continue, even after the policy is rescinded.<sup>10</sup>

## Global impacts

- Trump’s GGR restricts access to SRH information and comprehensive family planning (FP) and HIV and AIDS programming for pregnant women, adolescent girls and young women (AGYW), women living with HIV, women in rural areas, orphans and vulnerable children, and LGBTQI+ patients due to funding cuts and service delivery closures.<sup>11</sup>
- Trump’s GGR weakens health systems and increases the risk of the de-integration of FP and HIV services due to disruptions to funding streams, referral systems, and service delivery.<sup>12</sup> Organizations report having to make a choice between continuing to provide comprehensive SRH information and services or to accept U.S. global health assistance funding, which restricts their services and programs.<sup>13</sup>
  - The de-integration of FP and HIV services can lead to decreased access to FP services, especially for women living with HIV who are more likely to use modern contraception while accessing integrated services.<sup>14</sup>
- The Department of State examined the implementation of the GGR through PEPFAR funding and determined that in some cases, an NGO declining to certify the GGR resulted in “some impact on the delivery of health care, including for HIV/AIDS, voluntary family planning/reproductive health, tuberculosis, and nutrition programming” through USAID-funded programs.<sup>15</sup>
- Trump’s GGR impacts the work of national governments funded by PEPFAR or in partnership with gagged organizations across the spectrum of health services, including SRH services, HIV prevention, care, and treatment programs, and maternal health services.<sup>16</sup>
  - One-third of 286 prime PEPFAR implementing partners (IPs) surveyed by amfAR have reduced their HIV prevention and treatment services with widespread closures of HIV prevention and treatment outreach services for youth and clinical HIV treatment services for rural communities.<sup>17</sup>
  - Current PEPFAR IPs across 31 countries are unable to share comprehensive SRH information, including information about safe abortion services and pregnancy, contraception, and referrals, with beneficiaries.<sup>18</sup>
- The expanded GGR applies to some Water, Sanitation, and Hygiene (WASH) programs. Organizations that cannot comply have lost WASH money, which limits their ability to provide services such as handwashing promotion interventions, antimicrobial resistance activities, neglected tropical disease activities, and prevention and treatment of WASH-related illnesses.<sup>19</sup>
- The expanded GGR has been shown to impact critical coordination between the humanitarian and development sectors. Though U.S. humanitarian assistance funding and programs are separate from global health assistance funding and programs, many actors at the humanitarian-development nexus must work together to meet the SRH needs of displaced, migrant, and refugee populations before, during, and after crises. In some cases, the GGR has prevented humanitarian organizations that receive U.S. global health funding from providing life-saving SRH services, even where abortion is legal, due to over-implementation of the policy to avoid any risk to U.S. funding.<sup>20</sup>
  - COVID-19 lockdowns, travel restrictions, and supply chain disruptions have limited people’s access to contraceptives. COVID-19 has exacerbated the unmet need for contraception and unintended pregnancy in low- and middle-income countries where people may also lack access to SRH services due to the GGR.<sup>21</sup>
- Unintended pregnancy rates could rise further in countries where FP service provision and referral systems have been disrupted because organizations historically responsible for providing such services no longer receive USAID FP funding due to the GGR.<sup>22</sup>
- Under Trump’s GGR, providers in some public health facilities are unable to provide comprehensive abortion services, which can push women to seek unsafe alternatives.<sup>23</sup>
- The U.S. Government Accountability Office (GAO) reviewed the implementation of the GGR through

September 2018 and found that Marie Stopes International (MSI) and the International Planned Parenthood Foundation (IPPF) were the two largest awards to decline certifying the GGR. These two awards included, among other activities, HIV and AIDS care, mobile family planning outreach, and maternal and child health services for underserved populations in multiple countries.<sup>24</sup>

- MSI predicts that, as a result of the expanded GGR, 5.2 million women around the world went without access to MSI services and care during the Trump administration which could lead to approximately 6.8 million additional unintended pregnancies, 3.4 million additional unsafe abortions, and 16,000 additional avoidable maternal deaths.<sup>25</sup>
- IPPF estimates that they will have lost approximately \$100 million due to the GGR, which could have prevented 4.7 million unintended pregnancies, provided antiretroviral treatment to 275,000 pregnant women living with HIV, and supported 725,000 HIV tests for people at risk of acquiring HIV.<sup>26</sup>

## Country-level impacts

- In 2018, one PEPFAR IP in **Eswatini** had to close all of the voluntary medical male circumcision (VMMC) services in its district as a result of Trump's GGR. The facility had provided 42 percent of the district's VMMC services in 2017. As a result, the availability of VMMC as an HIV prevention intervention decreased in that district.<sup>27</sup>
- The Family Guidance Association of **Ethiopia** lost funds from the CDC for a five-year grant to run sex worker-friendly clinics in the country. Without the temporary replacement of these funds from the Dutch government, 10 of these clinics would have closed, cutting off services for 15,000 female sex workers, and almost 800,000 additional patients who would lose access to life-saving services.<sup>28</sup>
- Reproductive Health Network **Kenya** (RHNK) had provided training for health care providers on integrated SRH services. As a result of Trump's GGR, RHNK lost two-thirds of their funding, so were forced to lay off multiple staff members and cut the training curriculum for health care providers.<sup>29</sup>
- In **Kenya**, an organization serving young women and sex workers had to sign onto Trump's GGR in order to stay open and keep providing HIV services to their clients. As a result of not being able to provide information and abortion referrals, two adolescent girls died due to complications from unsafe self-induced abortions.<sup>30</sup>
- An organization in **Kenya** had to close a quarter of their programs due to loss of U.S. funding, resulting in over 40,000 AGYW not receiving information on FP.<sup>31</sup>
- Family Health Options Kenya, the **Kenyan** affiliate of IPPF, has had to discontinue their outreach services that reached 76,000 women per year, leaving patients without their antenatal care, FP, and HIV and AIDS counseling and testing.<sup>32</sup>
- Non-certifying organizations in **Kenya** that once offered both SRH and HIV services reported ending their HIV programs after losing PEPFAR funding, which led to the de-integration of SRH and HIV services. Additionally, organizations that signed onto the GGR limited the types of integrated SRH services they provide in order to remain in compliance with the GGR.<sup>33</sup>
- Pregnancy rates among young girls in **Kenya** have increased since the onset of COVID-19 due to lockdowns and difficulty accessing contraception and other SRH services. The GGR has worsened the situation by decreasing funding for organizations like MSI that provide SRH services, thus compromising healthcare providers' ability to reach and respond to girls' SRH needs during the pandemic.<sup>34</sup>
- In **Madagascar**, a primary Ministry of Health partner that did not certify the GGR had to close multiple contraceptive service delivery points, including mobile outreach services in rural areas, due to severely reduced funding. These disruptions in women's access to contraception led to discontinuation of contraceptive use and a rise in unintended pregnancy and unsafe abortion - particularly among youth and those living in remote areas.<sup>35</sup>
- Trump's GGR reduces access to crucial health services among marginalized populations.<sup>36</sup> In **Malawi**, Trump's expanded GGR has impacted access to HIV prevention, care, and treatment services for people living in rural areas, AGYW, men who have sex with men (MSM), sex workers, and other key populations (KPs) through PEPFAR programming.<sup>37</sup>
  - The Family Planning Association of **Malawi** (FPAM) operates a national network of SRH clinics for female sex workers and people who have experienced sexual and gender-based violence (GBV). FPAM could not comply with the GGR and is therefore no longer implementing Linkages across the Continuum of HIV Services

for Key Populations Affected by HIV (LINKAGES), a flagship USAID HIV program for MSM, sex workers, and other KPs. FPAM's work through LINKAGES had trained sex workers to be peer educators in an effort to reduce HIV among KPs, and it had to lay off staff and deny approximately 8,000 services to clients as a result of the expanded GGR.<sup>38</sup> It is predicted that this will cause a ripple effect on HIV prevalence.<sup>39</sup>

- Banja La Mtsogolo (BLM), the MSI affiliate in **Malawi**, was a prime partner of PEPFAR's Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) program that supports HIV prevention, treatment, and care services for AGYW. BLM was unable to comply with Trump's expanded GGR and were forced to close clinics due to the loss in funding.<sup>40</sup>
- Trump's GGR has halted national progress for **Malawi's** national Termination of Pregnancy Bill, which would allow for safe abortion services in select cases. Advocacy efforts related to the Bill have been slowed by Trump's GGR due to the loss of partners who are able to participate in the Coalition of Prevention of Unsafe Abortion in Malawi (COPUA), the primary coalition that leads Malawi's legal reform for safe abortion and developed the Termination of Pregnancy Bill.
- Confusion about the implementation of Trump's GGR is widespread and caused organizations in **Malawi** to decline participating in research related to U.S. global health assistance because they believed participating in such research is in violation of Trump's GGR, though participating in research is not prohibited by the policy.<sup>41</sup>
- In **Mozambique**, the Mozambican Association for Family Development (AMODEFA) closed 10 out of 20 (50%) of its youth-friendly clinics across the country, terminated 30 percent of its staff, and lost 500 community health workers who worked on HIV prevention as a result of Trump's GGR.<sup>42</sup>
  - AMODEFA also discontinued a DREAMS initiative as a result of Trump's GGR, laying off almost 90 percent of their community health workers in their clinic in the Xai-Xai district.<sup>43</sup>
  - Organizations serving LGBTQI+ populations in Mozambique have also been impacted by AMODEFA's clinics closing as a result of Trump's GGR, which cuts off SRHR services for LGBTQI+ populations, in particular, adolescent-age lesbians who experience higher rates of unplanned pregnancy than heterosexual women.<sup>44</sup>
- In **Mozambique**, U.S.-based organizations such as Pathfinder International report that they can no longer partner with certain local organizations working in SRHR because of Trump's GGR, limiting opportunities for local organizations to provide services in their community.<sup>45</sup>
- The International Centre for Reproductive Health (ICRH-M), an SRHR organization in **Mozambique** that used to receive PEPFAR/USAID funding, is experiencing a 40 percent budget cut due to Trump's GGR and discontinued vital integrated HIV services like night clinics that predominantly serve sex workers.<sup>46</sup>
- Although **Nepal** has made monumental progress in addressing maternal mortality and morbidity, Trump's GGR threatens to stall or reverse this progress by undermining the constitutionally guaranteed rights of Nepal's citizens to comprehensive SRH services, including safe abortion services.<sup>47</sup>
- In 2018, the USAID-funded SIFPO2 program was terminated early in **Nepal** because the implementers would not certify Trump's GGR to continue providing safe abortions in compliance with Nepalese law. As a result, family planning programs have ceased in 22 districts, causing gaps in SRH service coverage and decreased quality of services primarily in rural communities in Nepal.<sup>48</sup>
- Many organizations in **Nepal** reportedly received little or no information about the policy from U.S. implementing agencies or prime partners and were not aware that the GGR restricts the way that non-U.S. funding can be used. As a result of this widespread confusion and lack of knowledge regarding the GGR's requirements, certifying organizations withdrew from partnerships with non-certifying organizations in order to remain in compliance with the GGR. Furthermore, organizations bound by the policy expressed confusion about and reluctance to provide safe abortion referrals per the GGR's passive referral provision given the grounds for legal abortion in Nepal.<sup>49</sup>
- In **Nigeria**, one FP organization estimates that if not for Trump's GGR, it would have reached an additional 8 million women and averted up to 15,000 maternal deaths by the end of the 2020 with USAID-funded programming.<sup>50</sup>
- An international nongovernmental organization (NGO) in **Nigeria** reported that they could no longer sustain a program providing around 500 women with long-acting contraception because of the loss in funding from Trump's GGR.<sup>51</sup>
- Trump's GGR limits the ability of USAID programming to increase local ownership of programs and activities.

In **Nigeria**, a local organization shut down a crucial women's health program and laid off 40 staff members in order to comply with the policy.<sup>52</sup>

- The **Senegal** chapter of MSI lost 45 percent of their budget from the loss of U.S. government (USG) funds following Trump's GGR. Because of this, MSI Senegal will have 20 percent fewer clients for FP, 30 percent fewer cervical cancer screenings, and 30 percent fewer STI treatments.<sup>53</sup>
- The **Senegal**-based IPPF affiliate, ASBEF, does not receive USG funding, but was in the process of submitting a USAID proposal. Because of Trump's GGR, the prime partner ended the proposal process, rendering ASBEF unable to provide mobile outreach services to 30,000 to 50,000 new patients. Additionally, due to the decrease in UNFPA funding, ASBEF has served 30,000 fewer clients since Trump's GGR was enacted.<sup>54</sup>
- Due to Trump's GGR, advocacy efforts in **Senegal** to create a national safe abortion law have come to a halt as the central organization in the campaign had to stop all advocacy efforts to continue receiving U.S. funds.<sup>55</sup>
- The loss of funding has also led to a loss of partnerships with U.S. organizations on contraceptive distribution and stockouts. In **Senegal**, the USAID-funded Neema project lost partnerships with organizations like MSI Senegal who had effective approaches and a high level of trust within hard-to-reach communities. The loss of this partnership created delays in contraceptive mobile outreach, leading to service gaps.<sup>56</sup>
- As was the case during the Ebola crisis in **Sierra Leone** from 2013 to 2016, the COVID-19 pandemic prevents many women from accessing SRHR services and contributes to a rise in unintended pregnancy and maternal mortality. Due to the GGR, however, MSI lost U.S. funding when it did not certify the policy, so women will not have access to SRHR services through MSI clinics that had provided such care during the Ebola epidemic.<sup>57</sup>
- In **South Africa**, organizations that provide services for people who have experienced GBV have lost funding and have had to close due to Trump's GGR. As a result, survivors of GBV cannot access crucial medical and social services that they need.<sup>58</sup>
- In **South Africa**, an NGO based in Cape Town providing GBV services to predominantly migrant women and women from low-income households decided to close their clinic that had provided abortion services in order to be compliant with the GGR and receive U.S. funding. The closure of this clinic fundamentally decreased the services, materials, and information provided to their clients and target population, who face increased institutional barriers to receiving care elsewhere.<sup>59</sup>
- A common consequence of the expanded GGR in **South Africa** is the breakdown of the SRHR coalition space due to fractured partnerships between gagged organizations and non-gagged organizations, particularly given the fact that the expanded policy impacts organizations across the SRHR landscape.<sup>60</sup>
- In **Uganda**, the MSI affiliate cut 27 mobile health teams that would have provided integrated health care services to hard-to-reach communities due to Trump's GGR.<sup>61</sup>
- In **Uganda**, Trump's GGR has led organizations to stop trainings on treating post-partum hemorrhage and post-abortion care using misoprostol. While misoprostol is used in medication abortion, it is also widely used to treat post-partum hemorrhage and in post-abortion care. Without proper training on how to administer misoprostol and when it is allowed under Ugandan law, health workers are unable to discuss this treatment option with patients and communities.<sup>62</sup>
- During the first year after the policy's implementation, one of the early impacts of Trump's GGR in **Uganda** was a decrease in the average number of community health workers working with health facilities in districts where organizations lost funding due to Trump's GGR and therefore had to lay off staff, reduce service provision in facilities, or decrease program coverage.<sup>63</sup>
- As a direct result of the GGR, Planned Parenthood Association of **Zambia** shut down two critical HIV prevention and treatment projects that provided integrated SRH and human rights services for hard-to-reach KPs. As a result, KP communities lost access to integrated services and trust was broken between service providers and the community.<sup>64</sup>
- In **Zimbabwe**, Trump's GGR forced Population Services Zimbabwe to scale back its outreach by 50 percent, closing 600 local health facilities, leaving half of its 150,000 beneficiaries without FP and SRH services.<sup>65</sup>
- In **Zimbabwe**, one DREAMS implementing organization, Roots, can no longer accept U.S. funding due to the GGR. As a result, Roots stopped all of their DREAMS programming, leaving young women without access to SRHR information and left out of economic and enrichment activities.<sup>66</sup>

# Endnotes

- 1 See generally CENTER FOR HEALTH AND GENDER EQUITY (CHANGE), PRESCRIBING CHAOS IN GLOBAL HEALTH: THE GLOBAL GAG RULE FROM 1984-2018 (2018), available at [http://www.genderhealth.org/files/uploads/change/publications/Prescribing\\_Chaos\\_in\\_Global\\_Health\\_full\\_report.pdf](http://www.genderhealth.org/files/uploads/change/publications/Prescribing_Chaos_in_Global_Health_full_report.pdf) [hereinafter CHANGE, PRESCRIBING CHAOS IN GLOBAL HEALTH]; See also Terry McGovern et al., *From bad to worse: global governance of abortion and the Global Gag Rule*, 28 SEXUAL AND REPRODUCTIVE HEALTH MATTERS (2020); See also Jennifer Sherwood et al., *Restrictions on US Global Health Assistance Reduce Key Health Services in Supported Countries*, 39 HEALTH AFFAIRS (2020); See also Beirne Roose-Snyder et al., *Call in the lawyers: mitigating the Global Gag Rule*, 28 SEXUAL AND REPRODUCTIVE HEALTH MATTERS (2020).
- 2 CHANGE, PRESCRIBING CHAOS IN GLOBAL HEALTH, *supra* note 1, at 36-38; Constancia Mavodza et al., *The impacts of the global gag rule on global health: a scoping review*, 4 GLOBAL HEALTH RESEARCH AND POLICY 17 (2019), [hereinafter Mavodza et al., *The impacts of the global gag rule on global health*]; PAI, ACCESS DENIED: UGANDA, PRELIMINARY EFFECTS OF TRUMP'S EXPANDED GLOBAL GAG RULE 8 (2018), available at [https://pai.org/wp-content/uploads/2018/03/Access-Denied\\_Uganda\\_March-2018.pdf](https://pai.org/wp-content/uploads/2018/03/Access-Denied_Uganda_March-2018.pdf) [hereinafter PAI, ACCESS DENIED: UGANDA].
- 3 CHANGE, PRESCRIBING CHAOS IN GLOBAL HEALTH, *supra* note 1, at 17-18; See also Mavodza et al., *The impacts of the global gag rule on global health*, *supra* note 2, at 15; See also CHANGE, A POWERFUL FORCE: U.S. GLOBAL HEALTH ASSISTANCE AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN MALAWI 24-25 (2020), available at <https://srhrforall.org/download/a-powerful-force-u-s-global-health-assistance-and-sexual-and-reproductive-health-and-rights-in-malawi/> [hereinafter CHANGE, A POWERFUL FORCE].
- 4 CHANGE, PRESCRIBING CHAOS IN GLOBAL HEALTH, *supra* note 1, at 17-18; See also Mavodza et al., *The impacts of the global gag rule on global health*, *supra* note 2, at 15; See also CHANGE, A POWERFUL FORCE, *supra* note 3, at 24-25.
- 5 PAI, ACCESS DENIED: NEPAL, PRELIMINARY EFFECTS OF TRUMP'S EXPANDED GLOBAL GAG RULE 10-11, 13-14 (2018), available at <https://pai.org/wp-content/uploads/2018/09/Access-Denied-Nepal-Brochure-V6.pdf> [hereinafter PAI, ACCESS DENIED: NEPAL]; PAI, ACCESS DENIED: ETHIOPIA, PRELIMINARY EFFECTS OF TRUMP'S EXPANDED GLOBAL GAG RULE 8-11 (2018), available at <https://pai.org/wp-content/uploads/2018/07/Access-Denied-Ethiopia-JULY-2018.pdf> [hereinafter PAI, ACCESS DENIED: ETHIOPIA].
- 6 PAI, ACCESS DENIED: ETHIOPIA, *supra* note 5, at 10.
- 7 *Id.* at 7-8; PAI, ACCESS DENIED: NEPAL, *supra* note 5, at 13-14; INTERNATIONAL WOMEN'S HEALTH COALITION (IWHC), CRISIS IN CARE: YEAR TWO IMPACT OF TRUMP'S GLOBAL GAG RULE 34-35 (2019), available at [https://iwhc.org/wp-content/uploads/2019/06/IWHC\\_GGR\\_Report\\_2019-WEB\\_single\\_pg.pdf](https://iwhc.org/wp-content/uploads/2019/06/IWHC_GGR_Report_2019-WEB_single_pg.pdf) [hereinafter IWHC, CRISIS IN CARE].
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- 12 Marta Shaaf et al., 'Protecting Life in Global Health Assistance'? Towards a framework for assessing the health systems impact of the expanded Global Gag Rule, 4 BMC GLOBAL HEALTH 4-6 (2019).
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- 14 Sherwood et al., *Mapping the impact of the expanded Mexico City Policy for HIV/ family planning service integration*, *supra* note 13, at 9.
- 15 DEPARTMENT OF STATE, PLGHA REVIEW, *supra* note 8, at 3.
- 16 IWHC, CRISIS IN CARE, *supra* note 7, at 18-19.
- 17 AMFAR, THE EFFECT OF THE EXPANDED MEXICO CITY POLICY ON HIV/AIDS PROGRAMMING, *supra* note 11, at 3-5.

- 18 *Id.*; See also Sherwood et al., *Mapping the impact of the expanded Mexico City Policy for HIV/ family planning service integration*, *supra* note 13, at 5-7.
- 19 WATERAID & PAI, HOW THE EXPANDED GLOBAL GAG RULE AFFECTS WATER, SANITATION AND HYGIENE (WASH) 4 (2019), available at <https://pai.org/wp-content/uploads/2019/06/PAI-3285-PAI-and-Wateraid-FINAL.pdf>.
- 20 Meghan Gallagher et al., *Operational Reality: The Global Gag Rule Impacts Sexual and Reproductive Health in Humanitarian Settings*, 28 SEXUAL AND REPRODUCTIVE HEALTH MATTERS (2020); See also Maria Persson, *A Qualitative Study on Health Care Providers' Experiences of Providing Comprehensive Abortion Care in Cox's Bazar, Bangladesh*, 15 CONFLICT AND HEALTH (2021).
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- 22 Sherwood et al., *Mapping the impact of the expanded Mexico City Policy for HIV/ family planning service integration*, *supra* note 13, at 9.
- 23 IWHC, REALITY CHECK, *supra* note 13, at 10-11.
- 24 U.S. GAO, GLOBAL HEALTH ASSISTANCE, *supra* note 8.
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- 26 PLANNED PARENTHOOD GLOBAL, ASSESSING THE GLOBAL GAG RULE: HARMS TO HEALTH, COMMUNITIES, AND ADVOCACY 18 (2019), available at [https://www.plannedparenthood.org/uploads/filer\\_public/81/9d/819d9000-5350-4ea3-b699-1f12d59ec67f/181231-ggr-d09.pdf](https://www.plannedparenthood.org/uploads/filer_public/81/9d/819d9000-5350-4ea3-b699-1f12d59ec67f/181231-ggr-d09.pdf); See also INTERNATIONAL PLANNED PARENTHOOD FEDERATION, THE HUMAN COST OF THE GLOBAL GAG RULE (2017) available at <https://www.ippf.org/news/human-cost-global-gag-rule>.
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- 28 PAI, ACCESS DENIED: ETHIOPIA, *supra* note 5, at 6.
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- 30 IWHC, CRISIS IN CARE, *supra* note 7, at 13.
- 31 *Id.*, at 15.
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