

Policy and Research Brief

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Trump's Global Gag Rule

Overview

The Global Gag Rule (GGR) is a U.S. foreign policy that, when enacted, prohibits foreign nongovernmental organizations (NGOs) that receive certain categories of U.S. foreign assistance funds from providing, advocating for, counseling on, or referring for abortion services as a method of family planning (FP).¹ The policy was introduced by President Ronald Reagan during the 1984 United Nations International Conference on Population and Development in Mexico City and is, as a result, commonly referred to as the “Mexico City Policy” or the “global gag rule.” Specifically, the President Reagan iteration of the GGR restricted foreign NGOs that received U.S. family planning funding from using their funds, both U.S. funds and non-U.S. funds that they receive, to provide, advocate for, counsel on, or refer for abortion services as a method of FP.² The GGR contains exceptions for cases of rape, incest, and life endangerment of the woman.³

In the years since its creation, the GGR has been instituted and removed by presidential memoranda along party lines. Republican presidents, including Presidents George H.W. Bush and George W. Bush, reinstated the policy, while Democratic Presidents Bill Clinton and Barack Obama removed it. The first iteration of the GGR under the Reagan administration applied strictly to international FP funds. Over time, the policy has been expanded to apply to funding from other U.S. government agencies.⁴ In 2017, the Trump administration expanded, for the first time, the GGR to include all U.S. global health assistance funds, impacting nearly fifteen times the amount of funding previously impacted.⁵ A second expansion in March 2019 prohibits any financial assistance **by** any recipient of U.S. global

The GGR forces foreign NGOs to choose between two options:

1. Accept U.S. funds → Stop providing abortion services, counseling, or referrals. Halt advocacy around abortion as a method of FP. Enforce these restrictions on every sub-partner organization, no matter the project or source of funds for that project.
2. Refuse U.S. funds → Attempt to secure alternate sources of funding to continue the work U.S. global health assistance was funding. Can continue providing comprehensive sexual and reproductive health services to clients and advocating for law reforms to reduce unsafe abortion.

health assistance **to** any organization that engages in activities that are prohibited by the GGR.⁶ This means foreign NGOs that receive U.S. global health assistance funds, directly as prime recipients or indirectly as sub-recipients, may not grant any financial support, U.S. funds or otherwise, to any sub-grantee that participates in activities barred by the GGR.⁷ As such, the expanded GGR gags recipients, sub-recipients, and donor projects that may not even receive U.S. funds.

The GGR is a barrier to the provision of critical health

services around the globe. The U.S. government is the leading donor of global health assistance and these funds sustain critical programs that improve the health and lives of people, as well as health systems.⁸ As a result, the GGR restrictions have wide-ranging implications in recipient countries and in the international arena. The policy has been detrimental for public health worldwide, particularly in the areas of FP, HIV and AIDS, maternal and child health, and gender-based violence (GBV).⁹ The policy has had severe negative impacts on the health and well-being of key populations such as LGBTQI+ individuals, sex workers, and adolescent girls and young women.¹⁰

The GGR not only prohibits gagged NGOs from using U.S. funds for abortion as a method of FP, but also restricts organizations from using their own, non-U.S. funds for abortion services.¹¹ As such, the GGR restricts foreign NGOs from accessing other funding opportunities that require compliance with health guidelines that include abortion. In order for gagged NGOs to adhere to the GGR restrictions, their eligibility for other awards is decreased. For example, the 2017 World Health Organization (WHO) guidelines for health care managers' response to intimate partner violence require a woman-centered care approach for GBV programs – a requirement that includes abortion.¹² NGOs that receive U.S. global health assistance cannot always comply with the WHO standard of care in cases of GBV because of the GGR.¹³

1984 - 2017: Past Iterations of the GGR

The Policy

Since its creation, the GGR has applied to all new and amended funding agreements (i.e., grants and cooperative agreements) for foreign NGOs receiving USAID FP funds.¹⁴ On August 29, 2003, President Bush expanded the GGR to also apply to FP funding administered through the State Department.¹⁵ As such, the GGR under Bush applied to around \$600 million in international FP funds annually.¹⁶

The basics of the policy have remained the same since the Bush iteration. The GGR does not apply to humanitarian aid, cases of rape, incest, life endangerment of the pregnant woman, contraception, or post-abortion care.¹⁷ Any U.S. foreign assistance funds granted to foreign governments and multilateral organizations such as the United Nations, World Bank, and other public international organizations are not included in the policy.¹⁸ The GGR also does not apply to “passive referrals,” in

which a provider may provide information regarding where a legal abortion can be accessed only if the pregnant woman asks for it and clearly says that she has decided to have an abortion.¹⁹

Since 1981, foreign and domestic NGOs have been prohibited from using U.S. funds for biomedical research on abortion as a method of FP under the Biden Amendment.²⁰ However, the GGR does not apply to “descriptive research” on abortion so long as the research does not advocate for abortion and does not restrict local or foreign national governments in continuing abortion-related activities as long as they keep their accounting separate.²¹ These exemptions to the policy continue in the Trump expansion of the GGR.

The Impact

Although President Bush's GGR only formally applied to FP funds, it proved detrimental to a wide variety of global health issues.

1. The GGR increases rates of abortion

Studies show that the GGR does not reduce abortion rates; rather, it increases the likelihood of abortion.²² In a 2019 study published in *The Lancet Global Health*, researchers found a 40 percent increase in abortions across 26 countries in sub-Saharan Africa during the GGR under President Bush as compared to when the GGR was removed under President Clinton and Obama.²³ This study found a relative increase in abortion when the policy was enacted during the Bush administration and a relative decrease in abortion when the policy was rescinded by the Obama administration.²⁴ A 2011 Stanford University study, published in the *Bulletin of the WHO*, examined the effects of the GGR on abortion in sub-Saharan Africa after President George W. Bush reinstated the policy in 2001.²⁵ The study found that, for women in countries highly exposed to the GGR (i.e., countries receiving U.S. FP funds above a particular median level), the odds of having an induced abortion were two and a half times higher than for women in low-exposed countries.²⁶ A possible cause is reduced access to contraception, which can lead to increased unintended pregnancies and more reliance on abortion to prevent unwanted births.²⁷

2. The GGR impedes access to a wide variety of contraception

Access to high-quality contraception is a key component of comprehensive sexual and reproductive health and rights.²⁸ The GGR has forced many clinics to close due to lack of funding, which decreases access to a wide variety of contraceptive methods like condoms.²⁹ For example, when the GGR was reinstated by President



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

Bush, USAID suspended condom shipments to Planned Parenthood, and, by extension, to the entire country of Lesotho because the country's entire condom program was managed by International Planned Parenthood Federation.³⁰ Further, even though emergency contraception programming was not proscribed by Bush's GGR, the U.S. government would not procure it, and confusion about whether it was restricted or not led to reduced distribution.³¹

3. The GGR leads to more unintended pregnancies

Restricted access to abortion and contraception has cascading effects, including an increased rate of unintended pregnancies.³² A 2011 study concluded that Bush's GGR would lead to an estimated 12 percent increase in pregnancies in rural areas and over 500,000 additional unintended births in Ghana as a direct result of restricted access to FP methods.³³

4. The GGR hurts the range of maternal, newborn, and child health

Rights-based maternal health, including antenatal, delivery, and postnatal services that are integrated with HIV and FP services,³⁴ is vital for the health and well-being of newborns and children. A study of the GGR's impact in Ghana concluded that decreased access to services as a result of the GGR had negative impacts on maternal, newborn, and child health.³⁵ The study showed that children born as the result of unintended pregnancies have poor nutritional health based on height- and weight-for-age compared to their siblings.³⁶

5. The GGR negatively affects HIV and AIDS prevention, treatment, and care

Even though foreign assistance for HIV and AIDS under

the President's Emergency Plan for AIDS (PEPFAR) was not included in Bush's GGR, the policy had major impacts on HIV and AIDS, which was potentially related to confusion about policy implementation.³⁷ Clinic closures and a breakdown of the supply chain hampered efforts to provide comprehensive HIV and AIDS treatment and prevention, including condom availability.³⁸

6. The GGR places barriers on developing advocacy relationships and partnerships

The GGR has had an adverse "chilling" effect on global partnerships between organizations.³⁹ The confusion around the requirements of the GGR has led providers to over-restrict their activities for fear of non-compliance.⁴⁰ Many grantees and partners have reported hesitancy to even *speak* about abortion for fear of violating the policy and having their funding cut.⁴¹

2017- Present: President Trump's GGR

The Policy

Two days after taking office, President Trump reinstated the GGR via presidential memorandum and instructed the Secretary of State to expand the policy to the fullest extent allowable by law.⁴² On May 15, 2017, then Secretary of State Rex Tillerson issued the new GGR, renamed "Protecting Life and Global Health Assistance (PLGHA)," which expanded the policy to all global health assistance from USAID, Department of State, Department of Defense, Health and Human Services (including the Centers for Disease Control and Prevention), and the Peace Corps.⁴³ Unlike previous iterations, Trump's GGR targets all global health assistance funds, not only FP funds, and applies to funding for programs addressing issues such as HIV and AIDS, maternal and child health, malaria, tuberculosis, FP and reproductive health, nutrition, non-communicable diseases, water, sanitation and hygiene (WASH) at the household and community levels, and the Zika virus.⁴⁴ After this expansion, the GGR applies to an estimated \$8.8 billion in U.S. funding, which is 15 times the amount of funding compared to previous iterations of the GGR.⁴⁵

In a March 2019 press conference, Secretary of State Mike Pompeo announced another expansion to the GGR that redefines the current policy language surrounding "financial support."⁴⁶ The expansion, explained in a later letter to implementing prime partners and a public FAQ document, indicates a further expansion of the GGR to apply to all sub-grants from a foreign NGO receiving US global health assistance, regardless of the source of sub-

grantee funding or the activity for which the sub-grantee is being funded.⁴⁷ The policy also requires prime partners who are granting any funds to perform “due diligence” to ensure their sub-grantees are compliant with the GGR.⁴⁸ This Pompeo expansion is expected to drastically increase the amount of funding from other donors to which the GGR de facto applies.

Trump’s GGR maintains the same exceptions as previous versions of the policy, including in cases of rape, incest, or to protect the life of the woman.⁴⁹ In an effort to mitigate conflicting U.S. and local law, Trump’s GGR includes an “affirmative defense” if health care providers have a duty under local law to provide counseling and referral for abortion as a method of FP.⁵⁰ Though one has not been granted to date, the Trump administration’s GGR also includes a case-by-case exemption from the policy that can be authorized by the Secretary of State in consultation with the Secretary of Health and Human Services.⁵¹

The Impact⁵²

Three years into the implementation of Trump’s GGR, there is already evidence of widespread harm caused by the expansion. Research conducted by multiple organizations suggests that Trump’s GGR will increase unsafe abortion, maternal mortality, unintended pregnancies, and HIV infections, and will harm women and girls’ empowerment efforts around the world.⁵³ While many of the impacted areas are similar to those affected in past iterations of the GGR, the scope of the harm of Trump’s GGR is likely to be broader because *all* global health assistance partners are gagged. A 2018 CHANGE report, “[Prescribing Chaos in Global Health: The GGR from 1984-2018](#),” anticipates that Trump’s GGR will affect a broader range of health areas than ever before, such as nutrition, malaria, tuberculosis, and GBV, which are all subject to the policy.⁵⁴

1. Trump’s GGR directly impacts HIV and AIDS

Trump’s GGR now explicitly includes PEPFAR funding, which supports HIV and AIDS programs in more than 50 countries.⁵⁵ CHANGE’s report includes findings from HIV and AIDS programs in Mozambique and Zimbabwe, and reveals that in both countries, Trump’s GGR is hampering efforts to reduce HIV, including stopping the implementation of PEPFAR’s DREAMS program;⁵⁶ disrupting NGO coalitions; fracturing integrated service provision; hindering the provision of legal abortion services; and is acutely affecting populations of specific concern, such as youth, sex workers, and the LGBTQI+ community.⁵⁷ In Mozambique, the Mozambican Association for Family Development (AMODEFA), the International Planned Parenthood Federation (IPPF)

affiliate, has closed 10 of its 20 youth-friendly clinics around the country, terminated 30 percent of its staff, and lost over 500 community health workers that worked on HIV prevention for adolescent girls and young women in one rural clinic.⁵⁸

2. Trump’s GGR has negative effects on nutrition

Trump’s GGR applies to global health funding for nutritional programs and is detrimental for food-insecure populations. Nutrition is an essential element of health, including maternal and child health, FP, and chronic disease management. Proper adolescent nutrition of young girls is directly tied to reducing the rate of adolescent pregnancy and early marriage.⁵⁹ Further, those living with chronic illness like HIV and AIDS require additional food to maintain proper health and the ability to maintain lifelong antiretroviral therapy (ART).⁶⁰ As a result of the GGR, WaterAid America, a U.S.-based WASH NGO, was forced to cancel two nutrition programs because the funding they provided to their non-U.S.-based sub-partners would be subject to Trump’s GGR and the organization will not comply with the policy.⁶¹

3. Trump’s GGR imposes barriers to providing comprehensive and integrated services

Over the last decade, the U.S. has advocated for integrated health service systems for people to have access to a variety of services in the same clinic or program.⁶² A prominent example of successfully integrated services is the DREAMS program through PEPFAR, where beneficiaries receive a set of packaged interventions to combat the major health, economic, and social drivers of HIV and AIDS for young girls.⁶³ In order to facilitate integration of services, the U.S. has worked towards more intermingled funding in its grants and awards. However, Trump’s GGR threatens this important goal because it silos services when funding types are limited. As a result, many anticipate that providers will be forced to provide limited services instead of providing comprehensive, integrated programs.⁶⁴

These examples reflect what data from previous iterations of the GGR has demonstrated: the policy strips people of their access to integrated health care services, leaving women more susceptible to unintended pregnancy and induced abortion. As the most expansive version of the policy, Trump’s GGR will have ramifications well beyond the documented impacts of Bush’s GGR. As long as the GGR is in effect, organizations around the world are restricted in providing quality, comprehensive care to their beneficiaries. Ending this destructive policy would save lives.

Endnotes

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