



EngenderHealth
for a better life

Brief: Expanded Global Gag Rule

An expanded version of the Global Gag Rule—now known formally as “Protecting Life in Global Health Assistance” (PLGHA)—went into effect on January 23, 2017. Like previous versions, the policy prohibits US funding to foreign NGOs that offer abortion counseling or services, regardless of the source of support for such activities. However, the scope of this version of the policy is unprecedented, in two ways:

- First, it targets all global health assistance furnished by all US agencies, including funding for: HIV and AIDS; family planning and reproductive health; maternal and child health; malaria; tuberculosis; nutrition; non-communicable diseases; water, sanitation and hygiene (WASH) at the household and community levels; and more.
- Second, as clarified by the Trump administration in June 2019, in addition to the primary prohibition noted above, the revised PLGHA also prohibits non-US organizations that receive US funds from sub-granting any of their funds from any source to another non-US organization that offers abortion counseling or services. This clarification represents a massive expansion of the policy beyond all previous iterations, magnifying its harmful impact.

The policy’s scope and the sheer volume of the funds involved—amounting to as much as \$11 billion a year—have created immense pressure on organizations that rely on US funds to accept its extremely restrictive conditions. As a US-based organization, EngenderHealth is not directly subject to the gag rule, but, because we work closely with organizations based in other countries and regions, the PLGHA restrictions have a significant impact on our operations, our compliance requirements, our partnerships, and our ability to improve health outcomes through our programs.

EngenderHealth is firmly committed to supporting women and girls in exercising their comprehensive sexual and reproductive rights, including the right to safe abortion. With support from donors other than the US government, EngenderHealth is actively engaged in expanding access to safe abortion for all who need it through a holistic approach involving work with individuals, communities, health systems, civil society, and more.

In our programs that receive support from the US government, EngenderHealth is responsible for ensuring that our foreign partners comply fully with the gag rule, and we devote significant organizational resources at all levels to doing so. We have in place a robust set of standards and practices to ensure compliance with all related requirements. We routinely provide training and support to our staff and partners on compliance. We have incorporated compliance measures into our global monitoring and evaluation systems and processes. We regularly review all of these standards and processes. While these measures constitute an added level of documentation and scrutiny, our thorough approach to complying with the global gag rule is one component of EngenderHealth’s broader focus on excellent stewardship for funds generously granted to us by all our donor partners.

Since the most recent version of the gag rule went into effect, EngenderHealth staff around the world have observed numerous effects of the policy on our, and our partners’, work. We offer these observations from our experience in the hope that they may contribute to greater understanding of the harmful impact of the policy, supplementing existing data.¹

1. **The burden of compliance is significant and, in many cases, prohibitive.** As noted above, EngenderHealth has successfully systematized compliance with the gag rule, but at a cost. Other US organizations willing to both work with USAID and leverage separate, dedicated funding for work in safe

¹ See, for example, https://trumpglobalgagrule.pai.org/ and http://www.genderhealth.org/files/uploads/change/publications/GGR_Data_Sheet_F.pdf.

abortion face the same challenges, likely including similar costs for monitoring, compliance, oversight, and management. For many other organizations—especially smaller, non-US organizations—grant administration and especially compliance have proved too significant a burden. As a result, many, especially those focused on service delivery, are opting out of service provision or counseling on safe abortion, hampering efforts to combat unsafe abortion and its tremendous toll.

2. **The policy has significantly complicated, and in many cases impeded, EngenderHealth’s ability to partner effectively with non-US organizations.** Ensuring compliance with the gag rule has limited our pool of potential partners on US-funded programs, excluding some organizations with extremely valuable expertise. For example, recently we were preparing a bid to lead a USAID-supported program to which a leading international non-governmental organization (INGO) based outside the US would have brought very pertinent experience and skills, and which they were interested in joining. We could not consider this very well-respected organization as a partner, however, because, under a program supported by a non-US governmental donor, they sub-grant to a prominent organization also based outside the US that—along with a broad range of other critical services—provides abortion care, and is not a signatory to the expanded gag rule. Our inability to work with this expert organization solely because of its partner on an unrelated program exemplifies the gag rule’s harmful ripple effect, even on organizations like EngenderHealth which in theory should be exempt. This type of hindrance to potentially productive collaborations between and among global and local development partners likely reduces the impact of global development efforts across a wide spectrum of issues.
3. **The restrictions imposed by the Global Gag Rule force global health partners to work separately when the value for money and journey to self-reliance could be accelerated by working together.** One example is in Ethiopia, where a key priority for the government is improving the quality of and access to comprehensive abortion care. A donor enlisted EngenderHealth to work with the government to fill a gap in training for health professionals at local health facilities. The same facilities are also supported by USAID, which funds trainings on other reproductive, maternal, newborn, and child health (RMNCH) topics. This solution means that funders are paying for two different organizations to provide trainings in the same facilities, with many of the same people participating in and delivering the trainings, resulting in a loss of efficiencies and reduction of value for money.
4. **Finally, our experience confirms that the gag rule’s chilling effect is very real.** In previous iterations, the Global Gag Rule led to a reduction in provision of abortion, family planning, and other SRHR services by organizations that suffered direct loss of funding because they refused to accept the onerous restrictions on US support. Similar reductions are occurring as a result of the current policy², which, as noted above, affects an even broader range of services and programs. PLGHA has been shown to restrict “access to SRH information and comprehensive family planning (FP) and HIV and AIDS programming for pregnant women, adolescent girls and young women, women living with HIV, women in rural areas, orphans and vulnerable children, and LGBTQI+ patients due to funding cuts and service delivery closures.³ Further, it has been documented that PLGHA is reducing access to cancer screening, family planning, HIV/AIDS testing and treatment, and services related to gender-based violence – and reducing access among the world’s most vulnerable populations.⁴

In addition, as experienced under previous versions, the policy has had a widespread chilling effect, contributing to increased stigma surrounding abortion and other elements of SRHR and emboldening opponents of sexual and reproductive rights.⁵ One concrete example that EngenderHealth has observed is in Tanzania, where a coalition working on advocacy for safe abortion has seen a significant decrease in the number of national organizations willing to participate. This effect of this misguided US policy is especially concerning in a global environment in which abortion remains highly stigmatized and space for civil society is shrinking.

² See, for example, related publications from the Center for Reproductive Rights, CHANGE, Ipas, Marie Stopes International and PAI.

³ http://www.genderhealth.org/files/uploads/change/publications/GGR_Data_Sheet_F.pdf

⁴ https://31u5ac2nrwj6247cya153vw9-wpengine.netdna-ssl.com/wp-content/uploads/2019/06/IWHC_GGR_Report_2019-WEB_single_pg-2.pdf

⁵ For example, <https://www.bustle.com/p/how-trumps-global-gag-rule-is-stigmatizing-womens-reproductive-rights-overseas-16809864>