



WHAT IS THE GLOBAL GAG RULE?

HISTORY OF THE POLICY

On January 23, 2017, President Donald Trump issued a presidential memorandum reinstating the Mexico City Policy, also known as the Global Gag Rule. As imposed by President Trump, the policy requires all foreign NGOs to certify that they will not “perform or actively promote abortion as a method of family planning” as a condition for receiving US government global health assistance. This policy applies to what organizations do with their own non-US government funding, and it applies irrespective of national laws dictating the local legality of abortion services.

While every Republican president since Ronald Reagan has implemented a version of this policy (and every Democratic president has rescinded it), Trump’s version represents a massive expansion over any previous iteration. While previous Republican administrations have applied the policy to funding specifically designated for family planning and reproductive health services (or about \$600 million per year), Trump’s version applies to all global health spending (roughly \$9 billion annually). For the first time, under this administration, the policy applies to funding for programs including maternal and child health, nutrition, HIV, tuberculosis, malaria, and other areas of health funding.

After the January 2017 announcement, USAID began to implement the policy on March 2, 2017, rolling out a standard provision attaching the policy

to family planning and reproductive health funding. Subsequently, on May 15th of the same year, the State Department announced a plan, called Protecting Life in Global Health Assistance (PLGHA) to apply the policy to all global health assistance.¹

The Trump administration initially committed to reviewing the roll-out of the policy at the six-month mark. That review was substantially delayed and finally released in February 2018.²

WHAT ACTIVITIES ARE PROHIBITED?

The policy prohibits recipients of bilateral global health assistance from using non-US funds to “perform or actively promote abortion as a method of family planning.” Specifically, they cannot provide abortions in most instances; they cannot counsel patients on available abortion options, nor can they refer patients for abortion services. They cannot organize or lobby to liberalize abortion laws in their country and cannot conduct public information campaigns about abortion.

Under the policy, foreign NGOs are not prohibited from performing, counseling, or referring for abortion in cases of rape, incest, or where the life of the mother is at risk. It does not prohibit the provision of postabortion care. The policy also does not prevent a provider from responding to a question about where safe and legal abortion services can be obtained if a pregnant woman

clearly states her intention to have a legal abortion. The Trump policy also contains an exception stating it does not apply to providers who have an “affirmative duty” under local law to provide counselling and referrals for abortions.

MARCH 2019 ANNOUNCEMENT

In late March 2019, Secretary of State Mike Pompeo announced new enforcement criteria surrounding a legal phrase in the standard provision implementing the policy. The standard provision states that an organization receiving US funding cannot “provide financial support to any other foreign organization that conducts such activities,” referring to the abortion work prohibited by the policy. While compliant foreign NGOs have always been prohibited from providing funding from other donors to conduct abortion-related work, the new interpretation goes even further. Now, they cannot provide any funding, from any donor, to another foreign NGO for any purpose if that other NGO works on abortion – even funding for activities outside of global health.

This new interpretation is an unprecedented step to isolate, stigmatize, and even effectively blacklist foreign organizations that continue to work on abortion.

CIVIL SOCIETY DOCUMENTATION

The International Women’s Health Coalition (IWHC) is committed to documenting the impacts of the Trump policy’s restrictions on civil society, the political climate, and the health of women, girls, and other marginalized populations.

To date, IWHC has worked together with local organizations, health service providers, anti-abortion groups, and government agencies across four countries: Kenya, Nepal, Nigeria, and South Africa.

In the first project phase, which captures the effects of the initial policy roll out and implementation in 2017, IWHC and partners conducted 59 interviews and documented widespread confusion about the policy, and fears about how devastating it would be for the most vulnerable populations in society.

In this second phase of the project, conducted in 2018, interviews with 118 key informants revealed the following impacts:

- The policy is harmful to the health and well-being of women, young people, and marginalized communities, such as LGBTI, rural, poor, and religious minority communities.
- The policy is creating funding gaps, causing the fragmentation of health services, and halting critical health programs, including those strengthening the delivery of government services.
- The policy is burdening organizations, shrinking civil society spaces, silencing voices, and creating distrust.
- Confusion and misunderstanding about the policy is still common among key stakeholders.
- The policy is emboldening regressive actors and threatening progress made in advancing human rights.

Findings and policy recommendations from our most recent report are available at iwhc.org/crisisincare.

REFERENCES

- ¹ “Protecting Life in Global Health Assistance.”
- ² “Protecting Life in Global Health Assistance Six-Month Review,” US Department of State, accessed April 5, 2019, <http://www.state.gov/f/releases/other/278012.htm>

¹ “Protecting Life in Global Health Assistance.”

² “Protecting Life in Global Health Assistance Six-Month Review,” US Department of State, accessed April 5, 2019, <http://www.state.gov/f/releases/other/278012.htm>