



# Global Gag Rule Expansion: What Funders Should Know

17 April 2019

# Logistics

- **Please help us by ensuring your computers and/or phones are muted**
- The webinar will be recorded and made available to members of the co-sponsoring organizations
- There will be a moderated Q&A at the end of the presentations. We will not be taking questions “live” over the phone line. Instead, if you have a question in the interim, please:
  - Type it in the **chat feature** on your screen; OR
  - **Email** them to [sarah@fcaaid.org](mailto:sarah@fcaaid.org)
- Slides and additional resources will also be made available.



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FOUNDATIONS**

# Agenda

- Introductions
- Overview of the Global Gag Rule (GGR)
- The latest GGR expansion and implications
- Funder recommendations
- Next steps and actions





# Speakers

Jonathan Rucks, Senior Director of Policy and Advocacy (PAI)

Brian Honermann, Deputy Director of Public Policy (amfAR)

Beirne Roose-Snyder, Director of Public Policy (CHANGE)



# Policy Overview and Expansion

# The Policy

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On January 23, 2017, in one of his first actions as President, Donald Trump **reinstated and expanded** the Global Gag Rule—a policy that forces foreign NGOs to **choose between receiving U.S. global health assistance and providing comprehensive sexual and reproductive health care.**

Providers must agree not to provide **information, referrals or services** for abortion “as a method of family planning” or to **advocate** for the legalization of abortion in their country **with their own non-U.S. government funds.**

## Abortion as a Method of Family Planning (U.S. definition)

“Abortion is a method of family planning when it is for the purpose of spacing births. This includes, but is not limited to, abortions performed for the physical or mental health of the mother and abortions performed for fetal abnormalities, but does not include abortions performed if the life of the mother would be endangered if the fetus were carried to term or abortions performed following rape or incest.”

# Expansion to All U.S. Global Health Assistance

Family Planning and  
Reproductive Health



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HIV/AIDS

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Tuberculosis

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Malaria

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Maternal and child health

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Nutrition

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Water, sanitation and hygiene

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Pandemic influenza and other emerging threats

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Neglected tropical diseases, other infectious and noncommunicable diseases, health system strengthening, other public health threats

\$575 million impacted

to **\$8.8 billion**

**15X more funding affected**

# Who Does the Policy Apply to?

Non-U.S. based (foreign) nongovernmental organizations.

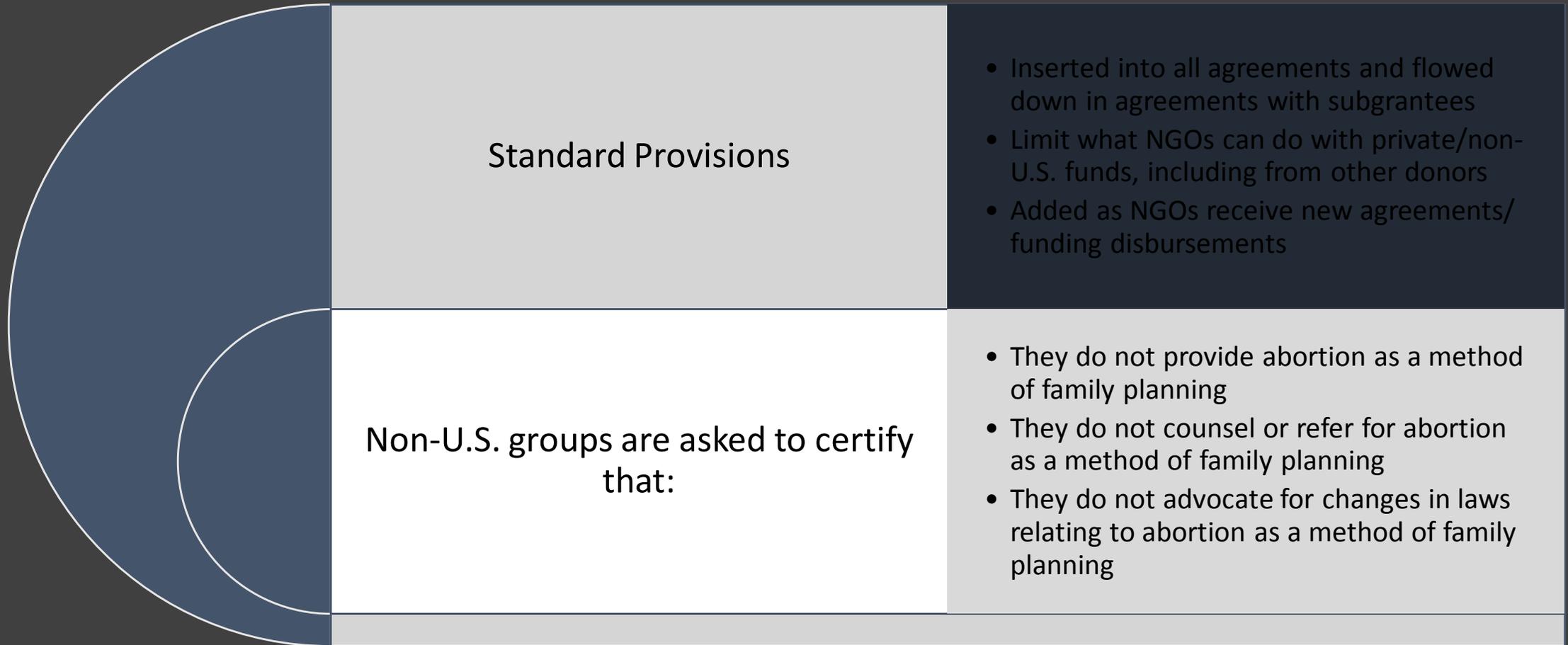


The policy is likely unconstitutional as applied to U.S.-based groups.



U.S.-based groups must pass the policy down to foreign subgrantees receiving U.S. global health assistance.

# How does the Policy work?

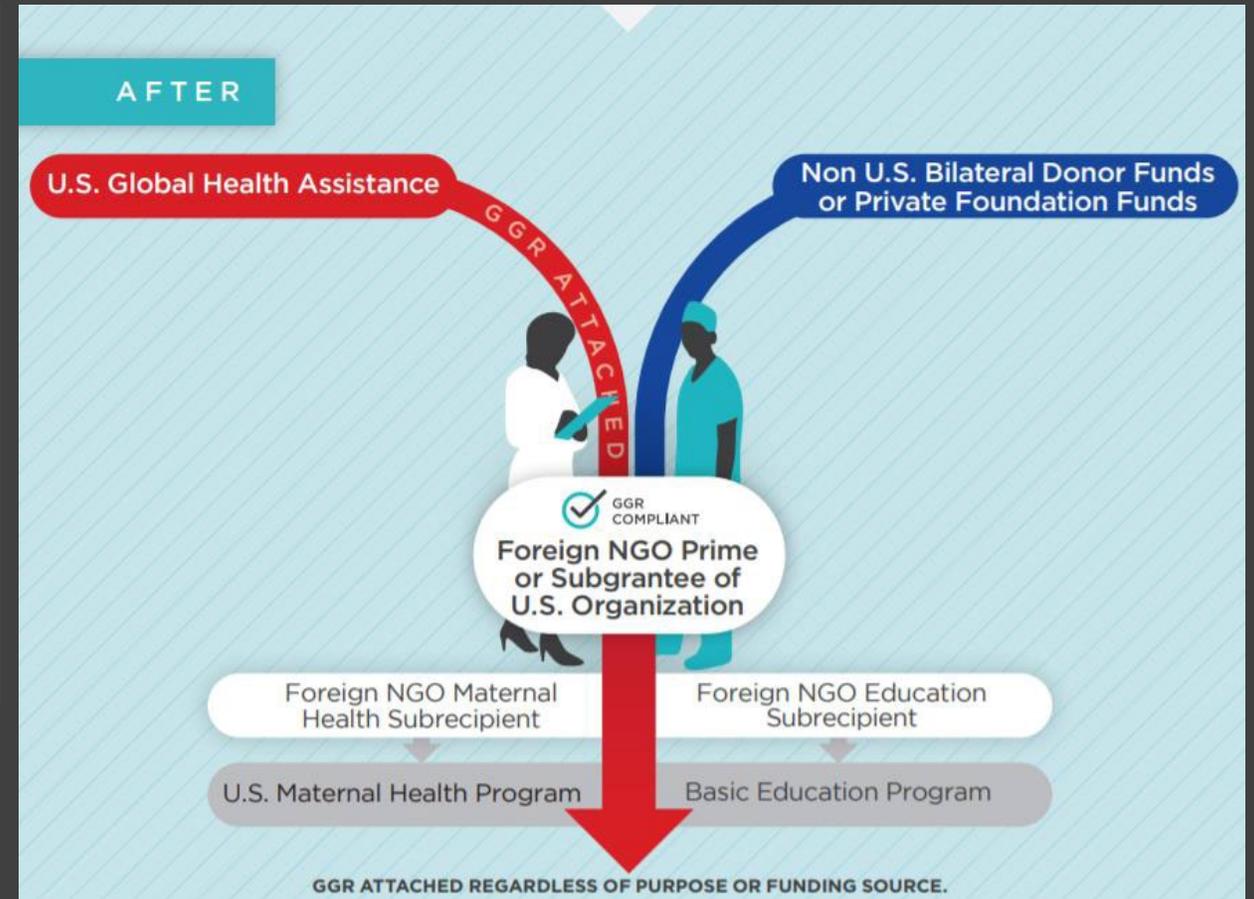
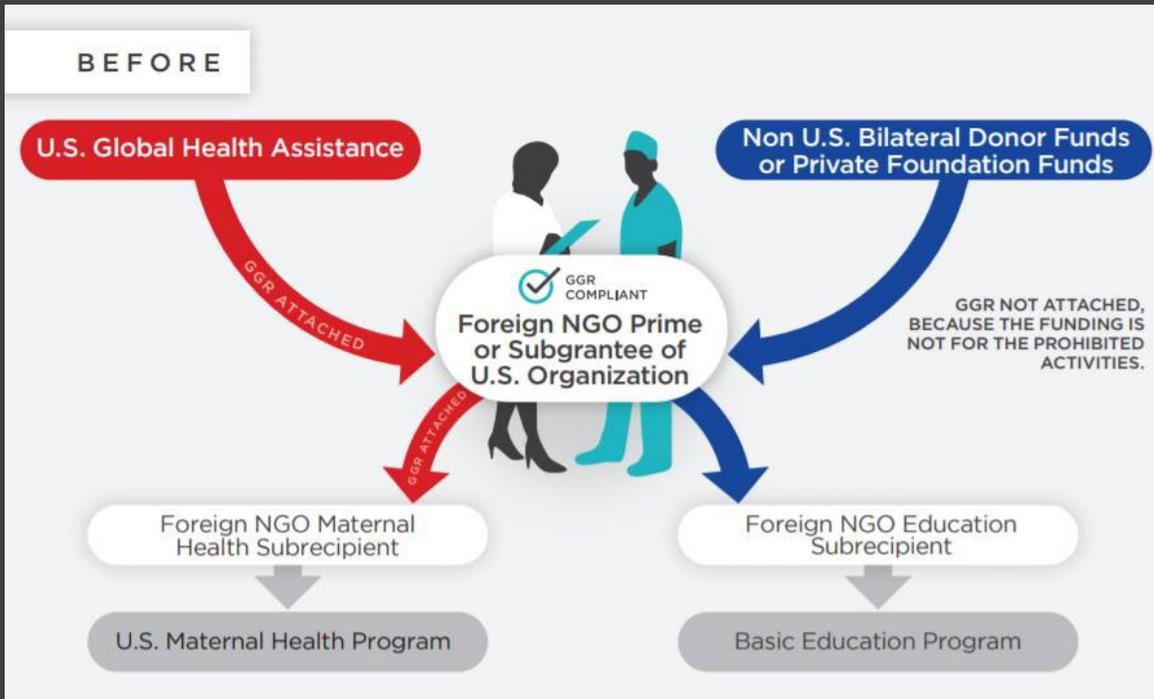


# Financial Support Interpretation

In March 2019, Secretary of State Pompeo announced a new interpretation of language included in the standard provisions implementing the Global Gag Rule.

Under the new interpretation of the “financial support” provision, a foreign NGO that agrees to comply with the policy as either a direct recipient of U.S. global health assistance or as a subrecipient of U.S. global health assistance is prohibited from providing any financial support to any other foreign NGO that conducts activities prohibited under the policy.

# Financial Support Interpretation



# What Can Be Done?

An organization can certify compliance with the policy and:

Provide abortion in cases of rape, incest, and life endangerment;	Provide post-abortion care in all cases;	Provide emergency contraception (aka Plan B or the Morning After Pill);	Provide abortion counseling and referrals in cases of rape, incest, life endangerment;	<b>OR</b> where a pregnant person has already decided to have a legal abortion and requests information on where to receive one;	Do any activities in a personal capacity – while not on duty, using no organizational resources, and making clear that you are not acting as a representative of the organization.
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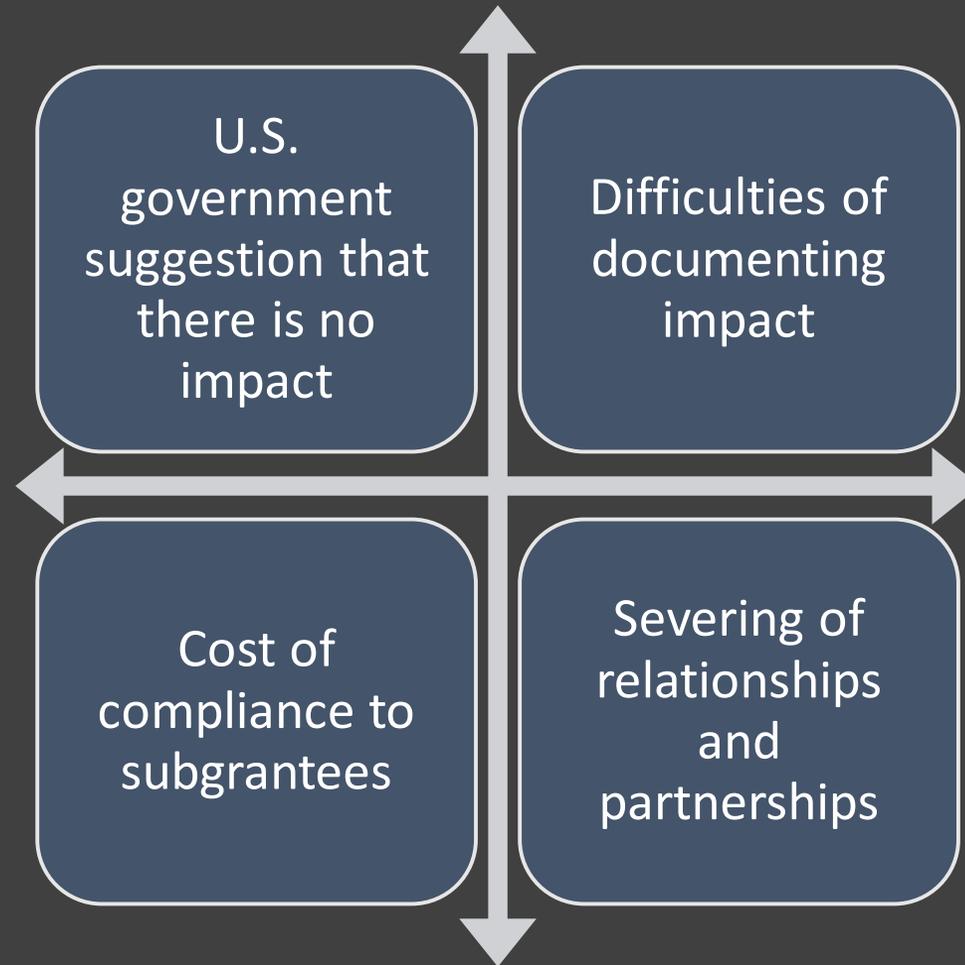
# Affirmative Defense

(13) For the avoidance of doubt, in the event of a conflict between a term of this paragraph (a) and an affirmative duty of a healthcare provider required under local law to provide counseling about and referrals for abortion as a method of family planning, compliance with such law shall not trigger a violation of this paragraph (a).

-MCP,  
(a)(i)(13)

# Impacts of the Policy

# Documenting the Impact



# Historical Impacts

Under previous iterations applying to U.S. international family planning assistance:

Increased unintended pregnancies and unsafe abortions

Effective health providers forced to cut services, increase fees, close clinics

Chilling effect

Onerous compliance requirements

# Previous Effect on Health Services

## Community-Based Distribution

- Rural and Youth Programs cut back

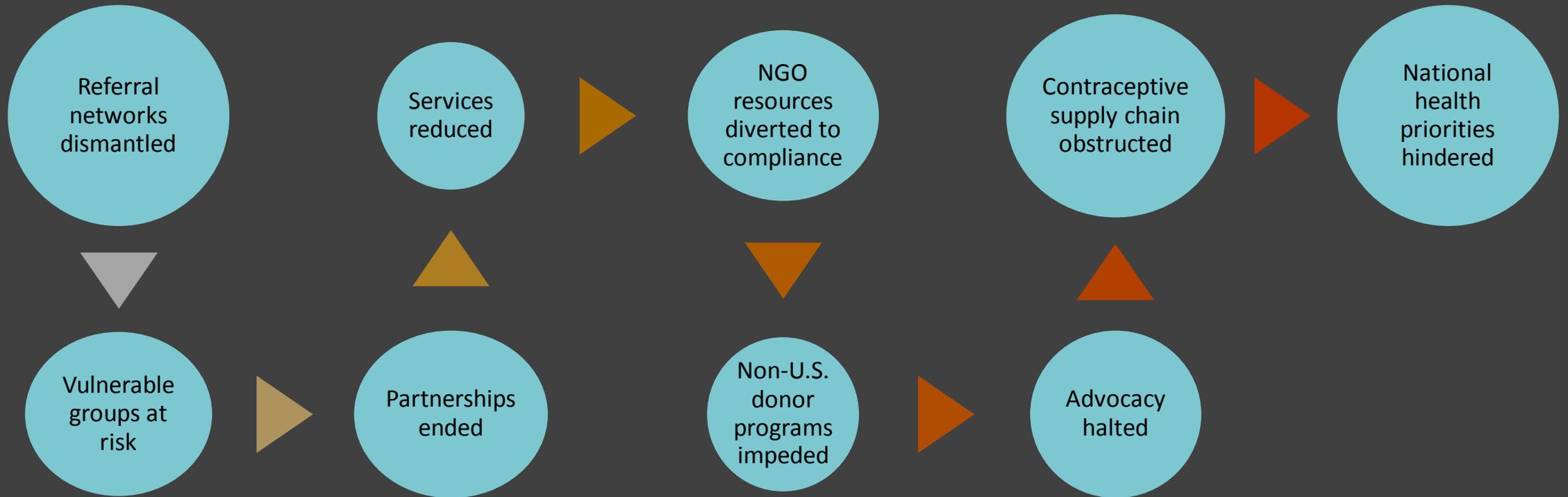
## Family Planning

- Established organizations forced to close clinics and cut services
- Loss of U.S.-donated contraceptives in 22 countries
  - Providers and clients deprived of contraceptives
  - Efforts to increase contraceptive method mix hindered

## HIV/AIDS

- Prevention efforts were weakened
- Screening and treatment for sexually transmitted infections (STIs)

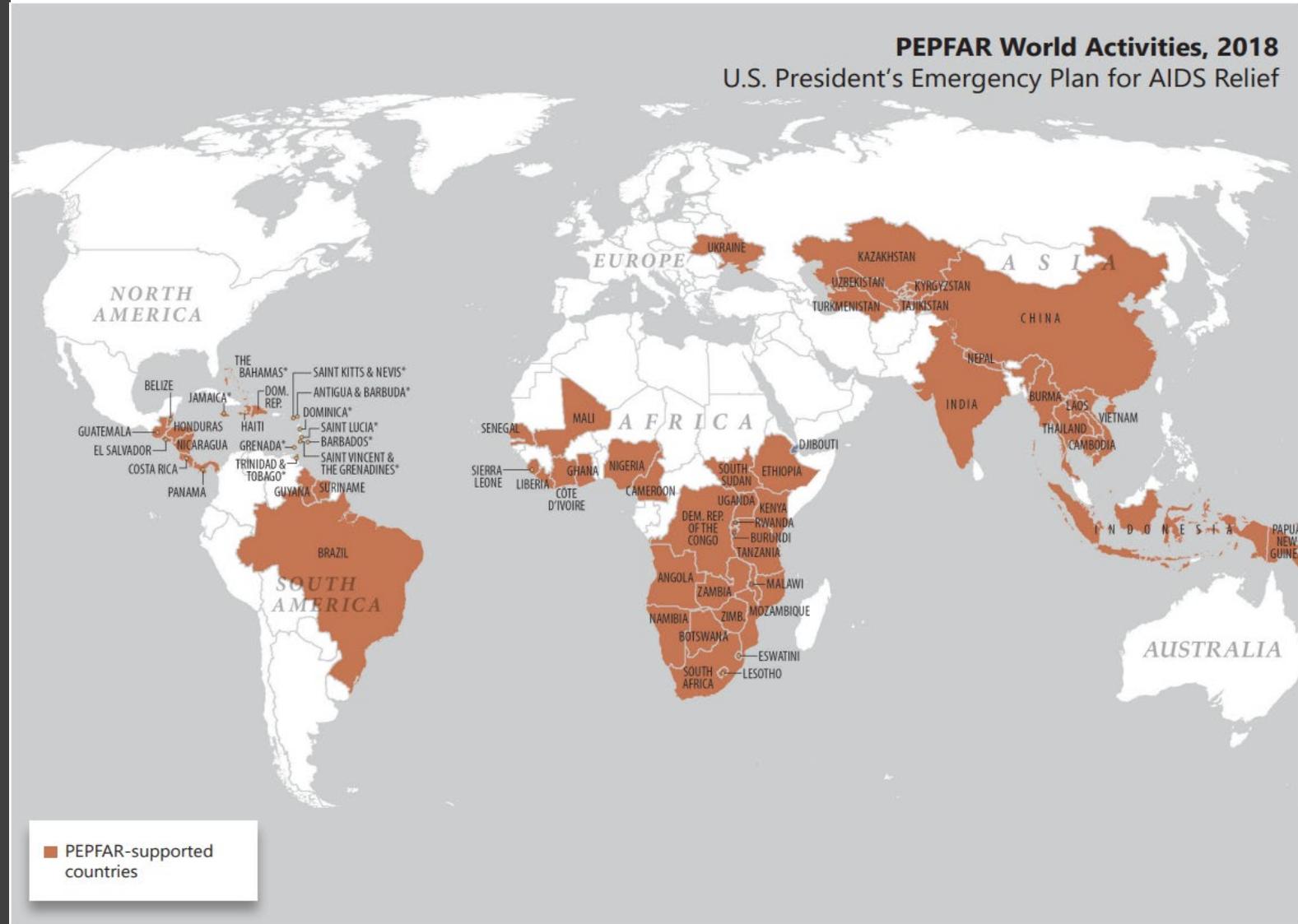
# Effects in the field



# What about the impact on PEPFAR partners?

## PEPFAR:

- Largest global health program: appropriated at ~\$5.2 bill
- Operating in 50 countries
- Supporting over 14 million people on treatment
- Hundreds of implementing partners including NGOs, universities, government, private contractors, multi-laterals etc.



# Disruptions in SRH Services and Information

## Pregnancy counseling:

*“They [AGYW] are the populations that are the most affected. When they are pregnant, they still want to go to school, and they say, ‘Should I get an abortion?’ and we are in limbo, we don’t know what to tell them. When they come to you, they need to be counseled, they need to know their options. The girls say ‘Abortion, what is that?’ and you can’t say.”*

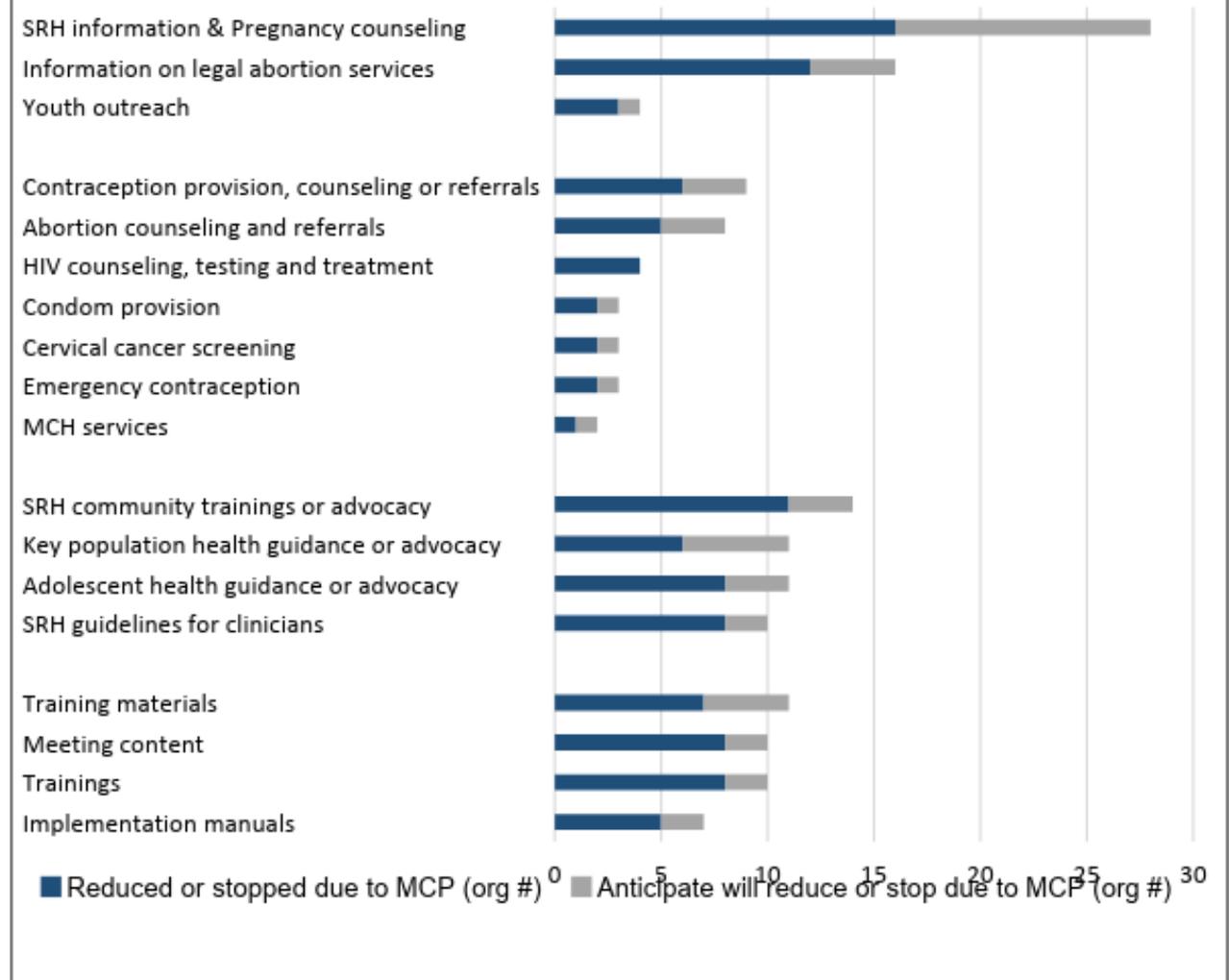
-South Africa, current partner

## Youth Outreach

*“Youth ARV care can also be disrupted because they used to get HIV treatment through outreach programs, but now they have to travel to a government facility that they don’t prefer –this has potential to create gaps in consistent treatment, increased viral load, and risk of onward transmission”*

-Eswatini, former partner

**Figure 3: Changes in current PEPFAR IP operations by service type**



# Altering Implementing Partner Relationships

## With patients:

*“We are trusted in the community to provide information, but we can’t talk about it [abortion], we have to act like we don’t know about it. We have to act like we don’t know about the girls dying because they go to a so-called doctor who tells them to drink bleach. It seems like even the Department of Health has turned a blind eye.”*

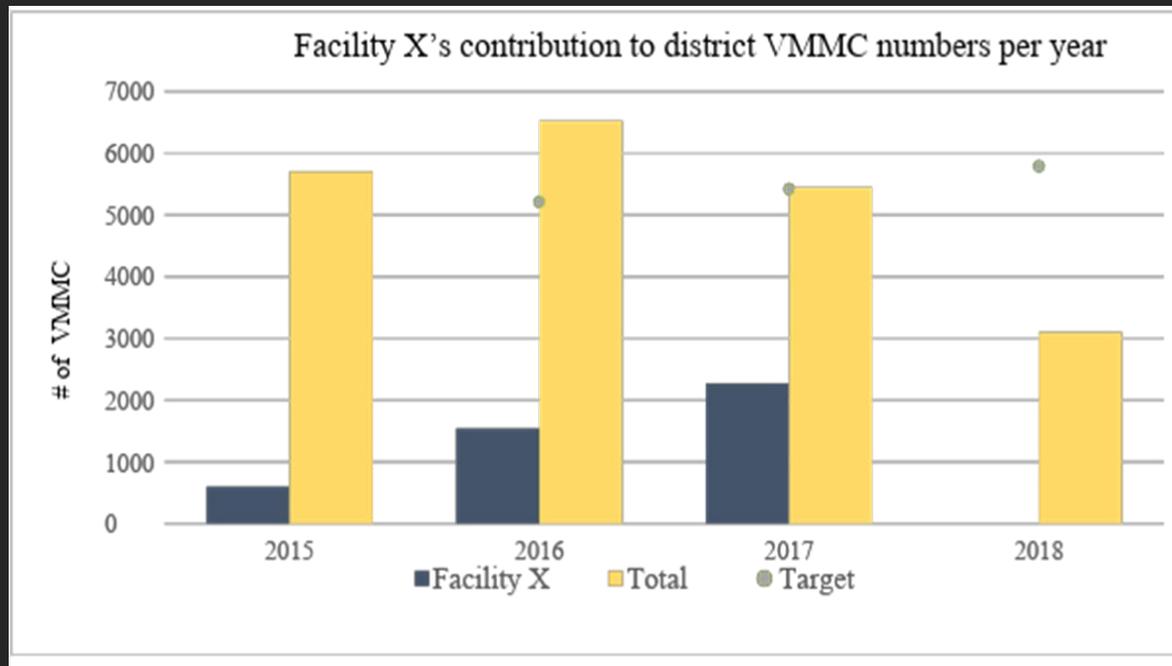
-South Africa, current partner

## With sub-partners:

*“Now the U.S. primes are trying to be the implementers and do the work but it’s not as good. Sometimes these large international NGOs are just chasing numbers and they don’t understand the context on the ground, which causes care to suffer. ..Usually only around 10% of their staff are local and they don’t know how to implement locally. Services are compromised.”*

-Eswatini, former partner

# Example: EMCP Impact on VMMC in Eswatini



*“Circumcision programs brought men, now we don’t serve men as much... We just don’t have the funding to do it. We have a whole circumcision theatre which is sitting empty”*

-Eswatini, former partner

# Recommendations

# Donor Advocacy in the Short Term



Express opposition to extension of GGR to your donor funding with direct outreach to the White House and Secretary of State



Provide written communication to grantees that they should not alter or change their subgrants on your projects until there is official communication and legal clarity from the U.S. government



Cultivate conservative opposition to most recent expansion by highlighting programs at risk



Support efforts to provide continued technical assistance to partners who are faced with having to comply or not with the GGR

- It is in all of our best interests to minimize disruption of service delivery where possible



Request that grantees document the cost of compliance monitoring for your grants

# Donor Advocacy in the Medium Term

Join with other donors, utilize all mechanisms to elevate outrage at this overreach if the administration does not walk back this extension

Intensify global opposition to the GGR

Document the harm

- This includes the forced shifts in your donor strategies;
- the impact on your partners; the undermining of in-country health systems;
- and the emboldening of conservative opposition to comprehensive service delivery

Take charge of your funding priorities

- Think about the ways in which your grants are structured/can be structured to avoid implicating your funding.
- Make sure that you know when and if your partners have to comply with the GGR
- Require your grantees to report any changes in programs, approaches, or sub-partner arrangements as a result of the GGR

Do not fall into their narrative. Work against counter-conditionality in aid

# Donor Advocacy in the Long Term



Promote domestic resource mobilization to encourage countries to take charge of their own health systems and blunt future impacts due to donor policies.



Fund policy advocacy work in-country to change laws and mitigate the impact of GGR.



Encourage policymakers to think about ways to mitigate and blunt the impact of the policy in their respective countries.

# Resources

## CHANGE

- Beirne Roose-Snyder  
[broosesnyder@genderhealth.org](mailto:broosesnyder@genderhealth.org)

## PAI

- Jonathan Rucks [jrucks@pai.org](mailto:jrucks@pai.org)

## amfAR

- Brian Honermann  
[brian.honermann@amfar.org](mailto:brian.honermann@amfar.org)

# Build alternatives to US funding and leadership by providing grassroots-led movements, networks and CSOs with an increase in the amount and quality of funding, including:

1. Sufficient, flexible and long-term funding;
2. Increased core funding;
3. Support for capacity building;
4. Opportunities for exchange and learning;
5. Support for partners' national, regional and international advocacy work;
6. Mobilizing funds and technical support to generate new evidence and research;
7. Support for physical and mental well-being of SRHR and LGBTQI activists; and
8. Support for LGBTI and SRHR movement-building processes.



# Questions?

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  - **Email** them to: [sarah@fcaids.org](mailto:sarah@fcaids.org)



# Next Steps

- Resources will be shared post-call, including the presentation;
- Join the day-long convening the co-sponsors are planning;
- Engage in donor advocacy and speak out against this policy;
- Educate staff by holding briefings to discuss the potential implications for funding and for the movements and organizations we support; and
- Build alternatives to US funding and leadership to mitigate the harms of rising extremism, fundamentalism and anti-rights agendas

