



Health. Access. Rights.

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Ipas submits the following to the United States State Department to aid in the government's second review of the Global Gag Rule (GGR).<sup>1</sup> We report below on information from our Africa- and Asia-based staff on challenges of implementation and unintended impact. Namely, the GGR is not communicated, is misunderstood, and limits the capacity of U.S.-funded implementing organizations.

Ipas, established in 1973, is an international non-governmental organization based in Chapel Hill, NC. Ipas currently supports 19 regional or country offices and maintains a presence in more than 20 others in Africa, Asia, and Latin America. Working with local partners around the world, we strive to improve women's access and right to safe, high-quality abortion care and contraception. Ipas trains providers in abortion care, works to strengthen health systems, advocates for safe abortion and reform of restrictive laws, and engages with communities to reduce barriers to safe abortion like stigma. While Ipas does not receive funding from the U.S. government, our local partners in the global south include U.S. grantees.

### **Abortion in the developing world**

On the issue of abortion, U.S. foreign policy has long been out of step with the rest of the world. In the poorest regions of the world—where the U.S. directs its global health assistance—women who cannot safely end their pregnancies risk their health and lives with unsafe abortion.<sup>2</sup> These health risks are a major cause of maternal death in developing countries, with nearly 25 million women and girls experiencing unsafe abortion per year worldwide. Barriers to safe abortion include not only restrictive laws and policies, but also a lack of access to information, equipment, drugs, and skilled providers.

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<sup>1</sup> We are using GGR to designate the policy also called Mexico City Policy and Protecting Life in Global Health Assistance (PLGHA).

<sup>2</sup> According to the World Health Organization, unsafe abortion is a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking minimal medical standards or both (WHO Human Reproduction Programme, Preventing Unsafe Abortion, [https://www.who.int/reproductivehealth/topics/unsafe\\_abortion/hrpwork/en/](https://www.who.int/reproductivehealth/topics/unsafe_abortion/hrpwork/en/)).

Governments in the global south have reformed their abortion laws over the past several decades to reduce unsafe abortion and promote the human rights of women. While nearly every country in the global north liberalized their abortion laws between 1950 and 1985, many southern countries retained the old abortion laws of their former colonizers until more recent decades. Champions of women's health and rights pushed for abortion law reform following the 1994 International Conference on Population and Development, during which 179 countries (including the United States) agreed to address unsafe abortion as a public health concern. Forty nations have since liberalized their abortion laws, including African and Asian countries where the US government invests heavily in global health—notably in Ethiopia, Kenya, Mozambique, Nepal, Rwanda, and South Africa.

### **Challenges of Global Gag Rule Implementation**

Through our country-based staff of host-country nationals, Ipas has monitored the implementation and impact of the GGR on our own programs and partner organizations, since the 2017 announcement of the policy. Ipas staff have reported that some U.S. grantees are unaware of the policy and, where they are aware of it, the GGR has been understood by grantees as a ban on activities well outside the requirements. The GGR has caused interruption in contraceptive supplies and resulted in lost capacity-building opportunities for local USAID implementing organizations.

#### **Failure to inform U.S. grantees of the policy**

In multiple countries, where Ipas works in coalition and in partnership with recipients of U.S. foreign assistance, Ipas staff are encountering U.S. grantees that have signed U.S. contracts, but are unaware of the abortion-related restrictions, under the Global Gag Rule. U.S. missions and/or cooperating agencies are failing to inform grantees that U.S. funding precludes their work on abortion until after a contract has been signed. National NGOs are unwittingly agreeing to terms of which they are unaware. Ipas staff have worked to educate grantees on the provisions of the policy through global webinars and through in-country meetings and other communication by our local staff; however, GGR-related information that comes from Ipas rather than the actual funder has limited impact.

#### **Mis-application of Global Gag Rule**

In other countries where Ipas works, U.S. grantees have understood the policy as a ban on activities that are well outside the scope of the GGR prohibitions. Potential new partners have refused to work with Ipas on projects that the GGR allows and established Ipas partners have ended their relationships with Ipas after signing funding contracts with the U.S. government, even where the activities are permitted under the GGR.

In several countries, Ipas contracts with suppliers of reproductive health commodities, such as condoms and contraceptive pills. Women would receive this contraception in health facilities, following induced abortion or care for complications from unsafe abortion, to prevent future unwanted pregnancy. But Ipas has lost its partnership with a supplier of contraceptive commodities, even though these supplies would have been provided consistent with the GGR terms.

The example comes from Bangladesh, where early abortion (“menstrual regulation”) is allowed for any reason, after a woman has a missed period. The government of Bangladesh is committed to expanding access to menstrual regulation and care for complications of unsafe abortion (post-abortion care). Ipas partners with the Ministry of Health to expand access to care. Ipas staff in Bangladesh reported that a social marketing NGO, with whom Ipas has had a seven-year relationship, signed a contract with the U.S. government and terminated their relationship with Ipas. In supplying contraceptive commodities to Ipas, the social marketing organization would not have been violating the terms of the GGR but nevertheless terminated the relationship, leaving private health facilities to potentially face stock-outs.

Also in Bangladesh, Ipas has been working to provide abortion care for Rohingya refugees since late 2017. Around 700,000 Rohingya have fled Myanmar since August 2017, seeking refuge in Bangladesh. Many are women and girls who have been victims of rape and who are in desperate need of basic health services and experience unwanted pregnancy. The GGR includes exceptions in cases of abortion when the pregnancy results from rape, incest, or life endangerment. However, nearly every USAID-grantee that provides health care to Rohingya refugees refuses to provide abortion care because of the support they receive from the U.S. government. Ipas has offered training and support in abortion and post-abortion care. However, U.S.-funded organizations have refused training and support from Ipas, leaving refugees seeking care in U.S.-funded facilities without the option to end their pregnancies, even in cases of rape, and without post-abortion care.

### **Limiting capacity-building and advocacy opportunities for U.S. grantees**

In several countries, Ipas provides grants, training, and technical assistance to local civil society organizations. Up until recently, Ipas chose U.S. grantees for many of its partners, because these are the organizations with sufficient capacity to warrant investment. However, Ipas partners have understood that the GGR prevents them from partnering with Ipas. Local U.S.-funded organizations have not only lost the opportunity to gain from the Ipas partnership and resources, but their advocacy activities have stopped. Ipas staff in African and Asian countries have reported that U.S.-funded organizations have lost opportunities for training and technical assistance and to participate in official government technical working groups and collective advocacy efforts. Our staff has reported that in-country organizations are divided between those that are U.S.-funded and those able to work on abortion, thereby weakening collaboration and growth for both groups.

## **Conclusion**

Ipas works in countries where women are least able to access family planning and most at risk for unwanted pregnancy and unsafe abortion. In these same developing countries, the U.S. government too invests in the reproductive health of the poorest women in the world. With a lack of communication about the GGR, misunderstanding among grantees, and a separation between organizations that work on abortion and those that cannot, the Global Gag Rule is reducing the impact of both Ipas and the U.S. government in improving women's health and lives.

Ipas stands ready to provide the Department of State with additional information about the implementation and impacts of the Global Gag Rule based on our direct experience in the field.<sup>3</sup> Please do not hesitate to contact Ipas if we can clarify or assist you in researching any of the points made above.

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<sup>3</sup> Ipas has offices in Cote D'Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Malawi, Mozambique, Nigeria, South Africa, Zambia, Bangladesh, India, Indonesia, Myanmar, Nepal, Pakistan, Bolivia, Nicaragua, and Mexico.