

The Global Gag Rule harms democracy, women and U.S. interests abroad

The Global Gag Rule (GGR) is a ban the United States government imposes on family-planning related work private organizations perform in the developing world. This ban prevents health-care experts in other countries from participating in their own political process. The GGR also hinders access to family-planning services, increasing unwanted pregnancies and abortions. Vulnerable women are left to resort to back-alley abortions, risking their health and even their lives because of the GGR.

When President George W. Bush took office in 2001, he reissued the ban. Under the GGR, private organizations overseas that receive family-planning funding from the United States Agency for International Development (USAID) cannot use their own, non-U.S. funds to:

- Inform the public or educate their government on the need to make safe abortion available;
- Provide legal abortion services;
- Or provide advice on where to get an abortion.*

* The Global Gag Rule does allow exceptions for organizations that engage in these activities to promote access to abortion in cases where the life of the woman is endangered or where the pregnancy is a result of rape or incest.

Unsafe abortion is a major public-health crisis for women in the world's poorest countries. But rather than addressing this crisis, the GGR broadens restrictions already in place under the 1973 Helms Amendment, a prohibition on the use of U.S. funds for abortion-related work overseas.

The Global Gag Rule harms democracy

There was a withdrawal of USAID funding from certain NGOs, and this withdrawal intimidates others who would like to speak out. NGOs often fear even remote association with abortion. The U.S. policies affect who can engage in debate because of repercussions some may face.

— Saba Kidanemariam, Country Director, Ipas Ethiopia³

The GGR restricts the rights of private foreign organizations that receive USAID family-planning funding to speak and participate in the political process. The bans on lobbying and awareness-raising activities are particularly intrusive in countries with active public debates. These countries would potentially join a growing number of nations with recently reformed abortion laws and policies. The GGR cannot be applied to U.S.-based organizations, as the U.S. Constitution protects Americans' right to free speech.¹ Foreign organizations have no such protection against the actions of the U.S. government.²

Ethiopia

The Ethiopian Parliament passed a new abortion law in 2004 with the input of civil-society groups and the public. The discussion about the new law focused on the large number of Ethiopian women dying from pregnancy-related causes. Injuries resulting from unsafe, clandestine abortions caused as many as half of Ethiopia's maternal deaths. Ethiopian lawyers, doctors and other health professionals were working to inform the public and the Ethiopian parliament that the restrictive abortion law was contributing to the crisis. Silent in the debate were a large number of reproductive health providers and organizations, though they were aware of the death and suffering from unsafe abortion and the need for legal reform. Under the Global Gag Rule, organizations funded by USAID were not permitted to participate in the democratic process.

The Global Gag Rule harms the health and lives of poor women

Women in Kenya, especially the poor ones in rural areas, have lost access to family planning and related health services because of the Global Gag Rule. Clinics have been closed and services were terminated.

— Dr. Godwin Mzenge, Executive Director, Family Health Options Kenya⁴

The GGR does great harm to the world's poorest women by blocking access to the reproductive health services they need and undermining their ability to exercise their reproductive rights. Organizations that are the most experienced in delivering health services to hard-to-reach women lost USAID funding.

- In Kenya, leading reproductive health care providers suffered serious budget cuts. To cope, the providers closed eight clinics, laid off large numbers of staff and scaled back programs.⁵
- A loss of funding for Nepal's leading family-planning organization meant that it had to lay off 60 clinic staff members, including doctors and nurses.⁶
- In Zambia, the only organization that operates reproductive health clinics lost nearly 40 percent of its staff members, scaled back services, and had to end community-based distribution of contraceptive supplies and information.⁷

In some countries, organizations have been overly cautious in interpreting the GGR, which acts as an additional barrier to services. Due to overinterpretation, the restriction has hindered the effectiveness of some organizations' comprehensive HIV/AIDS programs focusing on women and youth.

Nepal

After a large-scale effort to protect women's rights in Nepal, in 2002 the Nepalese government reformed laws that were harmful to women, including laws on divorce, education and abortion.⁸ The new abortion law had strong support from Nepal's Ministry of Health and leading women's and health organizations.⁹ Nepal had one of the highest maternal mortality rates in Asia and, at the time, as many as half of all maternal deaths in Nepal's hospitals were attributed to complications from unsafe abortion.¹⁰ In addition, many women undergoing abortions had been condemned to long prison sentences.¹¹

The Global Gag Rule, along with the Helms Amendment, hindered the Nepalese government's efforts to implement the new law. When the government called health-care providers to create guidelines on how to provide safe abortion under the new law, several health professionals were unable to contribute their expertise because they worked for USAID-funded organizations.¹²

Hospital wards funded by USAID sit empty in Nepal while abortion facilities are so overcrowded that the procedure is sometimes provided in the maternity ward. The USAID-funded facilities were set up to provide care for women suffering from complications from clandestine abortion; they are also suitable for providing abortion. However, some hospital managers who fear loss of funding have locked the USAID-funded rooms so they will not be used to provide abortion.¹³

The Global Gag Rule does not reduce abortion

If a woman does not want to be pregnant, she will do anything within her power to end that pregnancy.

— Dr. Indira Basnett, Nepal Country Program Manager, Ipas¹⁴

Leading family-planning organizations have lost USAID funding, leaving many women without services. When access to family planning is reduced, more women seek abortion. Countries where the GGR is enforced, such as Kenya, Nigeria and Uganda show persistent high rates of death and injury due to unsafe abortion — hardly a testimony to the benefits of this ill-conceived policy.^{15,16,17}

Conclusion

Every year, approximately 70,000 women around the world die from unsafe abortion and 5 million more are hospitalized, enduring long-term disability and compromised fertility. Health professionals, women's rights leaders and lawyers are working with their own governments to address this public-health and human-rights crisis. The GGR is a major obstacle to their efforts to provide reproductive health services, educate the public and advocate with their own elected officials. As a result, the GGR's most tragic victims are the world's poorest women, who have neither a voice in the political process nor the ability to exercise reproductive rights that women in wealthier countries often take for granted.

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Ipas works globally to increase women's ability to exercise their sexual and reproductive rights and to reduce abortion-related deaths and injuries. We seek to expand the availability, quality and sustainability of abortion and related reproductive-health services, as well as to improve the enabling environment. Ipas believes that no woman should have to risk her life or health because she lacks safe reproductive-health choices.

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