

## Myths and Realities: Debunking USAID's Analysis of the Global Gag Rule

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The global gag rule, or "Mexico City Policy," restricts foreign non-governmental organizations (NGOs) that receive U.S. family planning assistance from advocating for or providing abortion-related services, even with their own, non-U.S. resources.<sup>1</sup> A recent report from the Center for Reproductive Rights—*Breaking the Silence: The Global Gag Rule's Impact on Unsafe Abortion*—and a report by the Global Gag Rule Impact Project reveal the damaging effects of the gag rule.

The World Health Organization (WHO) estimates that about 80 million women face unwanted pregnancies each year, and that one-fourth of these pregnancies are terminated under unsafe conditions. More than 95% of these unsafe procedures occur in low-income countries. WHO also estimates that 13% of all pregnancy-related deaths result from unsafe abortion—claiming the lives of some 70,000 women a year. Untold millions more suffer serious injuries and disabilities. According to WHO, "Unsafe abortion is one of the most easily preventable and treatable causes of maternal mortality and morbidity." Changing restrictive abortion laws and ensuring that abortion is safe and accessible are the best ways to address unsafe abortion.

USAID acknowledges that unsafe abortion is a public health crisis.<sup>2</sup> Yet the agency **erroneously** claims on its website that:

*The Mexico City Policy does not have a major impact on the provision of family planning services. Very few countries where USAID works permit abortion under circumstances broader than those allowed under the Mexico City Policy, and few organizations have a history of lobbying for change in the legal status of abortion.*<sup>3</sup>

Reproductive health and women's rights experts have disproved USAID's assertions about the impact of the gag rule. Furthermore, these assertions fail to acknowledge that the gag rule interferes with the agency's fundamental goal of encouraging civil society to participate in securing a locally responsive public health agenda.

**MYTH:** "The Mexico City Policy does not have a major impact on the provision of family planning services."

**REALITY:** Research shows that the global gag rule is severely eroding the provision of family planning and related health-care services for women in rural and other underserved areas:

- By 2002, the global gag rule resulted in an end to all shipments of USAID-donated contraceptives to 16 countries, and to leading family planning agencies in another 13 countries.
- In Ethiopia and Lesotho, some NGOs are no longer able to offer comprehensive and integrated health-care services to patients suffering from HIV/AIDS.
- In Kenya, the gag rule forced two leading family planning NGOs to close five clinics, cut up to one-third of their staff and reduce services in remaining clinics. One of the shuttered clinics had served a crowded slum neighborhood of Nairobi since 1984, providing sexually transmissible infection (STI) screening and treatment, family planning, pre- and post-natal obstetric services, and well-baby care.
- In Peru, USAID officials pressured an organization to withdraw from a campaign supporting emergency contraception (EC), even though EC helps prevent unwanted pregnancies and is not an abortifacient.
- In Uganda, the global gag rule led to the cancellation of an EC program as well as community education programs for post-abortion care services, which USAID has identified as a priority.
- In Zambia, the nation's leading family planning organization lost 24% of its funding because of the gag rule and had to reduce its programs, clinic-based services and community outreach to underserved rural areas. It can no longer provide much-needed contraceptive supplies to smaller NGOs and government health centers.<sup>4</sup>

**MYTH:** "Very few countries where USAID works permit abortion under circumstances broader than those allowed under the Mexico City Policy."

**REALITY:** Of the 56 countries receiving USAID assistance, 35 permit abortion without restriction as to reason, or on grounds such as fetal impairment, to protect a woman's physical or mental health, or socio-economic hardship.<sup>5</sup> These countries are home to more than 1.5 billion people, or close to one-quarter of the world's population.<sup>6</sup> Through the gag rule, the U.S. government now forbids local NGOs in these countries who wish to receive USAID assistance and who once provided abortion-related services from using their own, *non-U.S. funds* to provide safe and legal abortions, referrals for safe abortion services or counseling about abortion.<sup>7</sup> This restriction prevents health-care providers from complying with basic medical ethics: they cannot provide the full range of legal reproductive health-care services in countries where abortion is legal, nor can they provide complete medical information to their patients.

**MYTH:** "Few organizations have a history of lobbying for change in the legal status of abortion."

**REALITY:** NGOs in at least twenty countries affected by the global gag rule have recently attempted to reform abortion laws.<sup>8</sup> During a study conducted by the Center for Reproductive Rights, local NGOs lamented that policy makers often cite the global gag rule as an obstacle to their support for law and policy reforms meant to address unsafe abortion. With key civil society groups silenced, any progress toward the adoption of a locally responsive, socially responsible public health agenda is severely impeded:

Abortion complications are the easiest to prevent. But we cannot work to prevent them with the global gag rule. Now how can we work to avoid unsafe abortion? It is the issue that contributes to the most mortality. *NGO, Kenya*

When I am interviewed by the press I must choose the words I say very carefully and must limit what I can speak about. Even when I am talking about maternal mortality due to unsafe abortion complications, I must be careful not to put the project at risk. We were a leader on advocacy for liberalization of abortion before, and now we cannot even sign on with our colleagues to a public statement on the constitutional clause on abortion. Our silence, the fact that we did not sign the public statement, surprised parliament members. The Bishop could speak to the parliamentarians, but we could not. *NGO, Peru*

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### Endnotes

1 Memorandum of March 28, 2001 – Restoration of the Mexico City Policy – White House Memorandum for the Acting Administrator of the U.S. Agency for International Development (Revised)," [CIB 01-08 (R)], 66 Fed. Reg. 17,303 (Mar. 29, 2001).

2 *Frequently Asked Questions About USAID's Family Planning and Reproductive Health Services*, last visited on September 29, 2003. Available at [http://www.usaid.gov/pop\\_health/pop/popfaq.html](http://www.usaid.gov/pop_health/pop/popfaq.html).

3 *Id.*

4 The Global Gag Rule Impact Project, *Access Denied: U.S. Restrictions on International Family Planning* (Sept. 2003), available at [www.globalgagrule.org](http://www.globalgagrule.org) and Center for Reproductive Rights, *Breaking the Silence: The Global Gag Rule's Impact on Unsafe Abortion* (Oct. 2003), available at [http://www.reproductiverights.org/hill\\_int\\_ggr.html](http://www.reproductiverights.org/hill_int_ggr.html).

5 The Center for Reproductive Rights, *The Global Gag Rule's Effects on NGOs in 56 Countries* (June 2003), available at [http://www.reproductiverights.org/pub\\_fac\\_ggreffects.html](http://www.reproductiverights.org/pub_fac_ggreffects.html). These countries include: Albania, Armenia, Azerbaijan, Benin, Bolivia, Bulgaria, Burkina Faso, Cambodia, Cameroon, Eritrea, Ethiopia, Georgia, Ghana, Guinea, India, Jamaica, Kazakhstan, Kyrgyz Republic, Liberia, Mali, Mozambique, Nepal, Pakistan, Peru, Romania, Russia, Rwanda, Serbia and Montenegro, South Africa, Tajikistan, Turkmenistan, Ukraine, Uzbekistan, Zambia, and Zimbabwe. The only exceptions for providing abortions under the global gag rule are to save a woman's life or in cases of rape or incest; counseling is prohibited except in very limited circumstances (see, White House Memorandum, *supra* note 1).

6 For population data, see Population Reference Bureau website at <http://www.prb.org/datafind/datafinder.htm>.

7 *Supra* note 5.

8 Staff from the New York-based Center for Reproductive Rights and the North Carolina-based Ipas are familiar with recent efforts to change abortion laws in the following countries: Benin, Bolivia, Cambodia, Cameroon, Colombia, Cote d'Ivoire, Ethiopia, India, Indonesia, Jamaica, Kenya, Mali, Nepal, Nicaragua, Nigeria, Peru, Philippines, Russia