IWHC

Comments on the Protecting Life in Global Health Assistance (PLGHA) Policy

International Women's Health Coalition
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Background: In June 2017, IWHC launched a research and documentation project aimed at understanding the impacts – particularly the social and political effects – of the "Protecting Life in Global Health Assistance" (PLGHA) policy. IWHC's study, which is being conducted in cooperation with local organizations active in each focus country, is currently underway in Kenya, Nigeria, and South Africa. IWHC's documentation methodology includes both key informant interviews and media monitoring, and will be continued throughout 2018.

The initial phases of IWHC's research and documentation illustrates that the policy has triggered significant early effects, many of which are detrimental to both U.S. development objectives and to the lives of women and girls. However, our research also clearly indicates that the full impacts of the policy will not be apparent for some time, and that ongoing review will be critical to any serious effort to fully understand its effects. As such, IWHC is submitting comments on both the monitoring and evaluation process, as well as on the impacts of the policy itself.

Recommendations:

Establish a process for an annual, consultative, transparent, comprehensive, and action-oriented review of the policy and its impacts. Six months is not sufficient time to fully understand the effects and implications of the policy, particularly given the fact that the policy is being attached to global health assistance funding and programs in an incremental fashion. IWHC strongly believes that there must be a process of continuing to evaluate the impact of the policy.

Any review must pay particular attention to the effects of the policy on marginalized populations. Initial documentation efforts have suggested that the policy may have a disproportionate effect on marginalized and vulnerable populations. IWHC urges the U.S. government to take particular note of the ways that the policy affects different communities, with particular emphasis on adolescents and young women, LGBT individuals, women and girls living in rural and hard to reach areas, economically disadvantaged women and girls, indigenous women, and women of ethnic and racial minorities.

Note the impacts of the policy on local and community-led organizations. IWHC strongly believes that any review of the policy cannot just look at the impacts on large international NGOs, but must take particular note of the ways that the policy affects small, grassroots and community-led organizations. These groups are often best placed to meet

specific needs within a community, and U.S. development assistance has previously prioritized ownership and leadership within the community. For example, in 2016, PEPFAR's DREAMS Innovation Challenge announced $85 million in funding for organizations implementing innovative solutions aimed at HIV prevention among young women and girls in several sub-Saharan African countries. PEFPAR specifically sought input from new and community-based partners, and, as a result, 48 percent of the organizations funded under this award had never previously received PEPFAR funding, and 64 percent were small, local community-based organizations. A comprehensive review should consider the unique ways the policy affects these organizations.

Document and record instances of misapplication, over-application, and chilling effects of the policy. Initial research has indicated high levels of confusion and misunderstanding surround the policy, leading many groups to over-apply the policy. In some instances, organizations do not provide services that are permitted under the policy, either because of misunderstanding or fear. The US government's review of this policy must look at the ways the policy is being misapplied, and the impacts of this chilling effect on the delivery of legal and permissible services like family planning and referrals for abortion services in cases of rape, incest, or a life-endangering pregnancy.

Documented effects of the policy, to date:

Affected communities and groups continue to experience high levels of confusion and misinformation around the policy. IWHC's initial research in all three countries has documented a persistent lack of understanding among affected groups and individuals about what the policy is, to whom it applies, and what activities are included under the rule. The policy is regularly confused with other restrictions on U.S. funding, including the anti-prostitution pledge. Specifically, IWHC's research has found that affected groups and individuals lack understanding of the fact that work beyond direct services, including information, materials, and referrals, are included in the policy. In addition, IWHC's interviews highlighted a lack of understanding around which U.S. funding streams are included in the policy. We also have documented misunderstanding around whether the policy covers activities conducted with non-U.S. funds. Interviewees expressed high levels of uncertainty, confusion, and anxiety. This misinformation is leading to misinterpretation – organizations are both over-interpreting and under-interpreting the policy. Further, the persistent confusion and misinformation surrounding the policy is disruptive and is diverting resources from essential work being done by implementing organizations.

The policy is threatening progress toward integrated healthcare systems. In South Africa in particular, IWHC's research has highlighted persistent fears that the PLGHA policy will set back recent progress toward the integration of HIV prevention, treatment, and care with other health care services – something that both the national government, PEPFAR and USAID have heavily prioritized in recent years to increase its efficiency and effectiveness. The United States has invested heavily in supporting this integration – including of abortion-related services, which are legal and constitutionally protected in South Africa. IWHC's research suggests that the PLGHA will be a significant setback to this work, potentially undoing many years of investment, fragmenting funding and the delivery of services, and undermining the efficiency of the health system.

The policy jeopardizes women's and girls' health. Throughout our research to date, organizations and individuals have heavily emphasized the potential impacts the policy will have on women's and girls' access to health care. Our interviews have particularly highlighted that marginalized groups of women –

including poor women, women of color and younger women – may be particularly affected by this policy.

Studies of previous versions of the policy have clearly documented that the policy has negative health implications for women. A Stanford University study from 2011 found that, across 20 African countries, abortion rates increased under the Mexico City Policy.[i] Studies have also illustrated that restriction on abortion access make abortion less safe and lead to an increase in maternal death, by driving women underground to seek the services they need.[ii]

IWHC interviewed Monica Oguttu, the Executive Director of the Kisumu Medical and Education Trust (KMET), a Kenyan health care provider that has received U.S. funding related to treatment for postpartum hemorrhage. KMET provides services in rural and underserved communities in Kenya, and Dr. Oguttu highlighted serious concerns that the PLGHA policy would lead to a reversal of recent gains towards lowering maternal mortality, and would lead to an increase of deaths due to unsafe abortion.[iii]

In particular, IWHC's initial research has raised concerns about the availability of referrals for abortion services in South Africa (where, again, abortion is both legal and constitutionally protected). Participants in the study responded that the policy will likely dampen sources of information about legal services, while information about illegal services remains prevalent, again driving women to underground and potentially unsafe services. South African participants highlighted the prevalence of advertising and information for illegal abortion services, and concerns around the already growing difficulty in accessing services at health centers, particularly for the most marginalized women and adolescent girls. The evidence clearly shows that this lack of access to information about and referrals for safe services is a key contributing factor to higher levels of unsafe abortion.

The policy is already having a chilling effect on civil society engagement, cooperation, and research. IWHC's research has documented how the policy is causing divisions among civil society organizations. Initial research has suggested that the misinterpretations of the policy have led some organizations to believe they can no longer partner, even informally, with any organization that does work on abortion. At least one interview subject, Ibis Reproductive Health -- a U.S.-based NGO working in South Africa -- shared that because they did not intend to certify under the PLGHA, they have been unable to find a local partner on a project for which they were close to securing funding. Further, interviews highlighted particular concerns around research and documentation of access to reproductive health and abortion services specifically; in South Africa, civil society has been particularly critical to efforts to document access to services, and there are growing concerns that this documentation will no longer be available.

The policy is causing outrage and opposition. In South Africa in particular, IWHC's research has documented a great deal of anger and outcry over the policy. Interviews showed that South Africans active in the health sphere found the policy to be an imposition of U.S. political ideology, and a form of neo-imperialism. The policy sparked anger over conditions being applied to critical health funding. Participants highlighted that abortion is legal in both the United States and in South Africa, so the conditions are out of line with the law in both countries. In South Africa, participants in the study felt that the policy risks progress on maternal mortality and, as such, worsens their image of the United States. Preliminary evidence suggests the same is true in Kenya.

The political nature of the policy has negative effects. Throughout the initial phase of the study, participants highlighted the fact that the back-and-forth nature of U.S. policy around abortion funding

restrictions has caused serious problems and uncertainty for groups working in the global health space. The fact that policy around this issue has changed depending on which political party holds the White House destabilizes organizations and health systems by making funding unreliable. Interviews highlighted that organizations are reluctant to take on work in areas where funding might be jeopardized by political change, and have growing concerns about taking U.S. funds at all given the number of strings attached.

For example, in Kenya, at least two prominent HIV organizations were not aware that the policy had changed under the Obama Administration, illustrating the depth and prevalence of confusion and misinformation. In both Kenya and South Africa, study participants referred to the lack of policy consistency being an impetus to move away from reliance on U.S. funds and seek other sources of resources.

Conclusion: IWHC's preliminary research has documented a number of serious concerns surrounding the PLGHA, including ways in which the policy is threaten healthcare delivery, health systems, and U.S. development priorities. We continue to strongly oppose the instatement of this policy, and urge the U.S. government to take full account of the ways that the policy is jeopardizing women's and girl's health and rights throughout the world. While taking stock of the impacts of this harmful policy now is important, the full effects of this policy will not be apparent for some time. We strongly believe that the U.S. government must commit to a comprehensive, transparent, and consultative annual review of the policy, and to take action to rectify the problems and challenges identified during the review process.

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[i] Bendavid et al., *United States Aid Policy and Induced Abortions in Sub-Saharan Africa*, 89 Bulletin of the World http://www.who.int/bulletin/volumes/89/12/11-091660/en/

[ii] Bela Ganatra *et al.*, *Global Regional, and Subregional Classificiation of Abortions by Safety, 2010-2014: Estimates from a Bayesian Hierarchical Model*, THE LANCET, published online Sept. 27, 2017, *available at* http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31794-4/fulltext; World Health Organization, *Safe Abortion Technical and Policy Guidance for Health Systems*, pp. 23, 90, 94 (2012); Gilda Sedgh *et al.*, *Induced Abortion: Incidence and Trends Worldwide From 1995 to 2008*, THE LANCET 379, No. 9816 (2012): 625-632.

[iii] See: International Women's Health Coalition, *The Human Cost of the Global Gag Rule: A Kenyan Story*, https://iwhc.org/videos/human-cost-global-gag-rule-kenyan-story/ (last visited Oct. 3, 2017).