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Expanded Global Gag Rule impacting the availability of reproductive and sexual health care services, undermining the progress Nepal has recently made in improving women's health. Filling gaps in funding to ensure service accessibility is urgently required to minimize the effects, says a new report by the Center for Research on Environment Health and Population Activities (CREHPA) and the International Women's Health Coalition (IWHC).

Access to reproductive and sexual health care services is essential for promoting the well-being of Nepali women, men, and their children, but a <u>new</u> report published by CREHPA and IWHC shows that the US government's expanded version of the Mexico City Policy, also known as the 'Global Gag Rule,' has damaging effects on women's health, the Nepali health sector, and civil society.

"Though the negative impacts of the Global Gag Rule are still unfolding, there is no doubt that the policy undermines sexual and reproductive health and rights and reverses the progress Nepal has made on improving women's health," says lead author Dr. Mahesh Puri, associate director of CREHPA. "Early impacts include a loss of US government funding, the cessation of US funded health programs and projects, and the weakening of civil society partnerships, collaboration, and voices."

After the reinstatement and expansion of the Global Gag Rule in 2017, Nepali non-governmental organizations that receive US global health assistance now need to certify that they do not provide, counsel, refer, or advocate for abortion as a method of family planning – even with their own funds – as a condition to continue to receive funding. Since the new policy applies to all global health funds, this may mean losing grants for programs targeting HIV/AIDS, tuberculosis, malaria, infectious diseases, neglected tropical diseases, and water, sanitation, and hygiene. As a result, many national and international organizations working in reproductive and sexual health services, including abortion, are experiencing the negative impacts of the Global Gag Rule on their programing and services.

"Since the expanded policy applies to sectors beyond family planning, many organizations are having to choose whether to meet the conditions under the policy or sacrifice US government funding," says co-author Vanessa Rios, program officer for learning, monitoring, and evaluation at IWHC. "This policy is already curtailing efforts to expand health services and sustain progress towards making healthcare accessible in Nepal."

The study, which interviewed 39 stakeholders, found that the implementation of the expanded Global Gag Rule is creating gaps in sexual and reproductive health service availability and utilization, which predominantly affects already marginalized and underserved populations. The US government funding cuts has affected sexual and reproductive health and rights program activities like supply of equipment and service demand-generating activities, ultimately leading to low or no utilization of services. This policy also creating funding gaps and halting implementation of US funded programs. Three organizations receiving US government funding for family planning projects were forced to end the projects before the scheduled completion date due to cutbacks related to the Global Gag Rule. These organizations have been working for the promotion of family planning and safe abortion for years and were impacted because they refused to sign the policy.

Despite many challenges, Nepal has made significant improvements in women's health, particularly maternal and newborn health and safe abortion care in recent years. However, health disparities across gender, regions, and social groups remain. In addition, illegal abortions remain a concern in Nepal. An estimated 323,000 abortions were performed in Nepal in 2014, 58 percent of which were illegal. Though Nepal's government is committed to providing better health services to its people, this is generally not reflected in the budget allocation. As one of the largest health sector donors, the US Agency for International Development (USAID) should be playing a strong role in supporting the Nepal government and other actors towards improving the survival and quality of life of all Nepali through equitable and well-governed health systems, rather than undermining their priorities through a policy that conflicts national laws.

The responsibility for fulfilling this funding, service availability and accessibility gaps created by the Global Gag Rule will have to be shared by the government and other international donor agencies and private sectors to minimize the effects of policy in Nepal. Government and parliamentarians should discuss foreign policies that are affecting national programs with high-level government officials and in the parliament, and identify ways to mitigate the short and long-term impacts of the Global Gag Rule.

For more information, see the full report: Early Impacts of the Expanded Global Gag Rule in Nepal, by Mahesh Puri, Kusum Wagle, Vanessa Rios, and Yasaswi Dhungel.