

**Though still in its early stages, the Global Gag Rule has negatively impacted efforts to expand the availability of health care services, created major funding gaps, halted the work of US-funded programs, dissolved collaborative partnerships, and silenced the voices of civil society organizations.**

### BACKGROUND

Nepal has achieved significant improvement in women's health in recent years; it met or was on track to meet many health-related Millennium Development Goals, including reduction in maternal and child mortality, reduction in total fertility rate, increased births attended by a skilled birth attendant, and increased antenatal care.<sup>1</sup> The Government of Nepal has also taken important steps to include abortion in women's reproductive health care services since abortion was conditionally legalized in 2002. However, many Nepali women – especially the poorest and most geographically isolated – continue to face barriers to obtaining safe and legal abortion.<sup>2</sup> Obstacles include lack of awareness of the legal status of abortion, inaccessibility of services, lack of transport to approved facilities, gender norms that hinder women's decision making autonomy, the often-prohibitive cost of the procedure, and fear of abortion-related stigma.<sup>3,4</sup> Thus, unsafe abortions, defined as procedures carried out by an unapproved provider and in an unapproved facility – potentially under unsafe conditions and using unsafe methods – remain a serious concern in Nepal. An estimated 323,000 abortions were performed in Nepal in 2014. Of them, 58% were provided by an untrained or unapproved provider or induced by the pregnant woman herself.<sup>3</sup>

On January 23, 2017, US President Donald Trump reinstated and expanded the Mexico City Policy, also known as the Global Gag

Rule (GGR), to include *all* US global health funding, in addition to family planning funding. The implementation plan for this policy, called "Protecting Life in Global Health Assistance" was announced in May 2017. The policy prevents foreign (non-US) organizations that receive US global health assistance from using their own, non-US funds to provide information, referral, or services for abortion and advocate for legalization of abortion services in their country.<sup>5</sup> The GGR defines that the only abortion services that are not considered "a method of family planning" are in the cases of rape or incest, or if the life of a pregnant woman is endangered by the fetus. Nepali non-governmental organizations (NGOs) that receive US global health assistance now need to certify that they do not actively perform, promote, or advocate for abortion as a method of family planning as a condition to continue to receive funding.<sup>6</sup> Since the policy applies to all funds, this may mean losing grants for programs targeting HIV/AIDS including President's Plan for Emergency Relief for AIDS (PEPFAR), tuberculosis, malaria, infectious diseases, neglected tropical diseases, and water, sanitation, and hygiene.

Many national and international organizations in Nepal that had been providing and promoting reproductive health services, including abortion, are feeling the negative impacts of the GGR on their programming and services. The effects of GGR may undermine or reverse the progress Nepal has made in improving women's health.

## OBJECTIVES

In 2018, in collaboration with International Women's Health Coalitions (IWHC), the Centre for Research on Environment Health and Population Activities (CREHPA) conducted a study on the impact of expanded GGR in Nepal. The study aimed to document the impact of the expanded GGR on sexual and reproductive health and rights (SRHR) and related services in Nepal.

## METHODOLOGY

CREHPA conducted in-depth interviews with 39 key stakeholders (25 in Kathmandu Valley and 14 outside Kathmandu Valley). Participants were selected purposively to capture a wide range of organizations, roles, experiences, and expertise. Thirty-six interviews were audio-recorded with permission from participants. Interviews were transcribed word-for-word and translated into English if conducted in Nepali. For the three participants who did not consent to audio-recording, the interviewer took detailed notes and expanded them immediately after the interviews. Thematic analysis was conducted using a computer software program called Dedoose.

We also reviewed Nepali Media reporting between January 2017 and July 2018. Due to limited coverage and publication of news articles about the GGR, we reviewed the content and summarized the main messages manually for inclusion in this brief.

The study protocol was approved by the Nepal Health Research Council.

## KEY RESULTS

### Limited knowledge and understanding of the GGR

Most of the participants (30 out of 39) had little or no knowledge or understanding of the GGR. Only nine participants (mostly US funding recipients and central level I/NGOs) could explain the GGR, but most did not mention the specific areas of included and excluded from the GGR. Of the participants who explained the GGR, most described the rule as cutbacks in funding for SRHR by the US Government.

### GGR is described as a damaging policy that will have a negative impact on women's health

Participants described the policy as “wrong,”

“severe,” “damaging,” “regressive,” “feudal,” “not friendly,” and “restrictive.” Participants representing Reproductive Health (RH) service providers stated that the GGR was hindering their project activities related to abortion and family planning. This would prevent women from accessing information on family planning, resulting in unwanted pregnancies. They also believed the GGR would result in more women seeking unsafe abortions due to a lack of information and unavailability of abortion services. Participants also thought that increased prevalence of unsafe abortion will result in increased maternal mortality, morbidity, and other poor reproductive health outcomes among women.

### Threatening recent improvements made in women's health

Participants thought that the policy threatens recent improvements Nepal has made in women's health. Participants, particularly those representing women's rights civil society organizations, mentioned that after a long battle, women in Nepal are exercising their reproductive rights and the country has achieved a reduction in maternal mortality and morbidity. Participants believed that the GRR is threatening reproductive rights and halting Nepal's progress in improving women's health.

### 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 GGR. 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.

### Government's regular programs are also being affected

Different I/NGOs provide financial and technical support to the Ministry of Health and Population in implementing SRHR services, including safe abortion. Participants shared that the Nepal government does not have enough capacity and trained human resources to provide SRHR services across the country, particularly in hard-to-reach areas. Without the support of I/NGOs, women in those areas are not able to access services. In this way, participants described how the policy affects

the Nepali government as well as Civil Society Organizations (CSOs) and citizens.

### **Difficult in making partnership, collaboration and breaking down coalitions**

Some INGOs mentioned that they have lost partnerships with NGOs, while some CSOs shared that their coalition networks have broken down because of GGR. They believed that local level organizations – former partners – opted to sign the GGR and continue receiving funding from the US Government to implement projects. Therefore, these organizations believed that they were no longer able to work in partnership with them.

### **Compelled to remain silent**

Participants from CSOs who are involved in SRHR advocacy observed that organizations are not raising their voices or expressing their opinions openly after the GGR implementation. A participant from a CSO in province six who is a recipient of US Government funding shared that they are not allowed to talk openly about abortion after signing GGR policy. In addition, they also shared that they have communicated to their staff to remain silent on abortion-related issues. A journalist also added that one of the US Government funded organizations asked them to not include any news related to safe abortion.

### **Creating gaps in SRHR service availability and utilization, affecting mostly marginalized and underserved populations**

Many participants said that the implementation of the expanded GGR is creating gaps in SRHR service availability and utilization, which predominantly affects already marginalized and underserved population. Participants noted that cuts in US Government funding will affect SRHR program activities like supply of equipment and demand-generating activities, ultimately leading to low or no utilization of services.

### **Negative impacts of the GGR are in early stages**

Participants who were not the recipients of US Government assistance mentioned that they haven't seen any substantial impacts of the GGR yet. However, most participants believed that they would see the effects of the policy in the near future.

### **No discussion of GGR within government**

All the participants, including parliamentarians, admitted that the parliament is yet to discuss the issues that the GGR poses. They highlighted that parliamentarians are not aware of the GGR, which has kept the issue obscure. However, many participants, including parliamentarians, speculated that any legislative processes related to reproductive rights and expansion of abortion services may be delayed due to indirect impacts of GGR implementation.

### **Coverage of GGR in Nepali media was very limited**

In the 18-month period between January 2017 and July 2018, only six Nepali media organizations covered the GGR. The articles they published mainly focused on the impact that the GGR would have on the Family Planning Association of Nepal and Marie Stopes International. Most of the news stories convey a negative impression of US policy and highlight the harmful impact of the GGR on women's health.

## **CONCLUSIONS**

We assessed the early effects of the expanded Global Gag Rule in its first year of implementation in Nepal. We found that many stakeholders had no or very limited knowledge of the GGR. Those who were aware of the policy described it as "strict," "severe," "wrong," and "not friendly." They also highlighted how it disproportionately affects the rural, poor, illiterate, and most marginalized and disadvantaged communities of Nepal. The policy threatens recent improvements made in women's health.

The study found that the impact of the GGR in Nepal is in its early stages and that the full impact is not yet apparent. However, the study documented many indicators that suggest that the policy will have damaging impact on women's health. The study also found that the GGR is already curtailing efforts to expand health services and sustain progress towards making healthcare accessible.

This study also documented cuts in US government funding, the cessation of US funded programs and projects, and lost partnerships, less collaboration, and silencing of voices among CSOs. Some organizations have already scaled down or closed out their programs in few remote districts of Nepal.

Participants urged the government to fill the funding gaps created by the GGR. However, discussion of the policy was rare amongst government officials and parliamentarians, as well as amongst the public, leaving a majority of the concerned stakeholders unaware about this policy. 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 for the first time. Whatever path they take will have consequences for women and communities in Nepal.

## RECOMMENDATIONS

- **To CSOs** - Increase awareness about the expanded GGR among staff working at national and international organizations and among the public; ensure that your staff and the staff of organizations that you collaborate with understand the areas of work included and excluded in the expanded GGR policy; monitor over-interpretation and misapplication of the GGR policy by donors and assess the impact of the GGR within your organization and the communities that you focus on.
- **To the Government of Nepal** - Fill service availability and accessibility gaps created by the GGR; allocate adequate funding for the implementation of national SRHR programs and discuss foreign policies that are affecting national programs with high-level government officials and in the parliament; identify ways to mitigate the short and long term impacts of the GGR
- **To donor agencies** - Fill the funding gaps created by the GGR and ensure availability of funds for the project duration agreed upon.

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***For more information contact:***

**Dr. Mahesh Puri, Associate Director**

Center for Research on Environment Health and Population Activities (CREHPA)

Kathmandu, Nepal Phone: 977-1-5193087, Email: [mahesh@crehpa.org.np](mailto:mahesh@crehpa.org.np)