Investigating the Impact of the Trump Administration Global Gag Rule in Uganda and Ethiopia

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August 25, 2020
## Trump Administration GGR Dramatically Expands the Scope of the Policy

<table>
<thead>
<tr>
<th>PROGRAM AREAS AFFECTED</th>
<th>BUSH ADMINISTRATION (FY 2002-2009)</th>
<th>TRUMP ADMINISTRATION (FY 2002-2009)</th>
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<tbody>
<tr>
<td>Family planning/</td>
<td>Family planning/reproductive health</td>
<td>Family planning/reproductive health</td>
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<td>reproductive health</td>
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<td>NEWLY AFFECTED:</td>
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<td>Maternal and child health</td>
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<td>Nutrition</td>
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<td>HIV/AIDS</td>
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<td>Malaria</td>
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<td>Tuberculosis</td>
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<td>Infectious diseases</td>
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<td></td>
<td>Neglected tropical diseases</td>
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<td></td>
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<td>Water, sanitation and hygiene*</td>
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</tbody>
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*Limited exemptions.

~$600 million USD

~$7.4 billion USD

Studying in the impact of the GGR: Theory of change

GGR enactment

Signing Decisions:
- Sign; change services or partnerships
- Do not sign; lose US funding

Reductions in FP service delivery

Modern FP use decreases

Unintended pregnancies increase

Abortions & unplanned births increase

Service delivery-level

Women-level
Little rigorous research on GGR impact

- Most available evidence on Trump Administration GGR is qualitatively descriptive
  - Disrupted partnerships, confusion about implementation

- Few quantitative studies examined impact of previous iterations of the GGR
  - Reductions in modern contraceptive use
  - Increases in unintended pregnancy and abortion
  - Large variability in policy impact based on country-specific contexts

Study Design

- **Quasi-experimental**
  - Changes over time (pre-post GGR)
  - Compared facilities and women that are more or less exposed to the GGR

- **Data**
  - Multiple rounds of PMA surveys
  - Exposure variable – interviews with key stakeholders

- **Classified geographic areas based on service changes**
  - Decreased mobile outreach services, facility closures, program discontinuation, partnership discontinuation, staff reductions
Two international NGOs did not sign the GGR, lost U.S. funding

Service Deliver Outcomes

- Reduction in CHWs (~3.4) engaged by more exposed facilities
- No impact on other outcomes
  - Wrong measures?
  - Too soon?

Women’s Outcomes

- Preliminary results: disruption in recent gains
  - Less exposed group continuing trends in +contraceptive use and -unplanned births
  - More exposed group leveled off
  - Measurement challenges with unintended pregnancy and abortion
Stop-gap funding

- One international NGO received complete stop-gap funding for impacted programs and services from a European donor

84% of “more” exposed facilities received stop-gap funding.
Mitigating the impact of the GGR

- **Organizational resiliency**
  - Shifting strategies to help absorb impacts that would be felt by women accessing FP services

- **Stop-gap funding**
  - Essential for slowing the erosion of services
  - *Stop-gap funding may be unsustainable given current COVID-19 pandemic and additional needs for donor funding*

- **Impact may increase in the long term; this is only an assessment of early impact***
For More Information

Adding It Up 2019:
Adding It Up: Investing in Sexual and Reproductive Health 2019

Abortion and unintended pregnancy:
Unintended pregnancy and abortion by income, region, and the legal status of abortion: estimates from a comprehensive model for 1990–2019

Global Gag Rule:
Investigating the Early Impact of the Trump Administration’s Global Gag Rule on Sexual and Reproductive Health Service Delivery in Uganda

The Guttmacher-Lancet Commission:
Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission

Website
Guttmacher.org/

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