

U.S. Global Gag Rule Fragments Kenya's Reproductive Health and HIV Services

The reinstatement of the Global Gag Rule (GGR) in 2017 threatened to affect health systems and sexual and reproductive health (SRH) service delivery in Kenya, a country that relies heavily on U.S. Government (USG) funding to finance its health programs. Reinstatement of the GGR resulted in widespread fragmentation of SRH and HIV services, and led to closures of service delivery programs. The GGR also threatened to reverse recent gains in SRH and maternal health outcomes in Kenya.

Background

Kenya has achieved improvements in SRH outcomes in recent decades, but significant gaps and inequities remain. Unsafe abortion is among the leading causes of maternal deaths in Kenya. SRH service delivery in Kenya is plagued by health systems challenges and funding deficiencies. Previous versions of the GGR resulted in damage to Kenyan civil society and SRH advocacy and diminished access to family planning (FP) services.

This research investigated the effects of the expanded GGR on funding, policy, and advocacy related to the provision of abortion, FP, and other SRH services in Kenya.

Study Design

The Heilbrunn Department of Population and Family Health at the Columbia University Mailman School of Public Health partnered with the African Population Health Research Center (APHRC) to conduct this qualitative study. Researchers carried out in-depth interviews with 18 representatives of NGOs, 12 facility managers at health facilities providing SRH and abortion services, and 25 SRH service providers. The interviews took place between September 2018 and March 2019.

Researchers asked NGO representatives about changes in SRH funding, program implementation, policy, and advocacy experienced since the implementation of the expanded GGR. Facility managers and service providers were asked about changes in service delivery, staffing, availability of commodities, and patient experiences.



Kiandutu health center (public facility) in Thika, Kenya

Key findings

SRHR opposition emboldened

- The expanded GGR exacerbated existing hostilities towards abortion in Kenya by emboldening anti-SRHR actors, silencing advocates and sowing fear and confusion among safe abortion providers and clients.
- Some interviewees believed the GGR provided international cover and support for actions taken by the national government to restrict safe and legal abortion providers and advocates.
- The GGR increased activity from anti-choice churches and civil society organizations.

“It’s created divisions, so the biggest effect we’ve seen now is increase in what we call opposition to abortion access. So the groups that are anti-choice are invigorated now, by this gag rule. It’s given them momentum ... there is new vigour in the opposition groups.” (US-based NGO)

Disruption of coalitions and partnerships

- Civil society organizations that signed the GGR were reportedly unwilling to attend meetings with organizations that provide safe abortion, even when the meeting agendas were unrelated to abortion.
- The GGR disrupted partnerships between NGOs and sub-grantees. NGOs that refused to sign the GGR and were denied USG funding had to cut support to health facilities they had previously supported with supplies, equipment, and staff training.
- NGOs that worked on safe abortion lost community partnerships when those partners chose to certify the policy. These disruptions impacted service delivery.

“But now what I’m seeing ... it’s impossible to partner with a US-funded organisation ... we are working in silos. We are all working on SRH, but we cannot work in the same space. Even in terms of being invited in meetings, you would feel like you are being stigmatized, in fact not invited in those places, yeah, because you do not believe in the Global Gag Rule, and you are pro-choice.” (Non-US NGO)

Integration of SRH and HIV services

- As the USG is the largest funder of HIV programming in Kenya, the expanded GGR effectively forced organizations to choose between implementing HIV or SRH programs. Many NGOs had to narrow organizational priorities and abandon either HIV or SRH services.
- The expanded GGR diverted USG funding from highly qualified and trusted organizations. It made organizations with capacity and experience implementing HIV programs ineligible for major PEPFAR grants if they also worked on safe abortion.
- Fragmented care left clients with unmet needs for information and services.

“HIV is being affected because previously we ...[did] a splendid job in the regions we are covering and we’ve been able to reach out to many people either to test them, to offer ART [antiretroviral therapy] and other services linked to HIV care. But right now we cannot... get [USG] funding because we are being supported by [donor funding FP and abortion].” (Non-US NGO)

Implications for national SRH advocates, providers, and policymakers

- To combat gaps in SRH services exacerbated by the GGR, national and county governments should review and increase their budgetary allocation for SRH services, including for FP commodities and supplies at the county-level.
- The Government of Kenya can play a leading role in mitigating harm associated with the expanded GGR by developing and disseminating the standards and guidelines for comprehensive SRH, including abortion.

The GGR explained

The GGR is a US government policy that requires foreign NGO recipients of federal global health funding to certify that they will not provide services, counseling, or referral for abortion as a method of family planning; or conduct advocacy to change a country’s abortion law. Following a 2019 policy expansion, foreign NGOs that certify the GGR must pass down the stipulations of the policy to all sub-grantees, irrespective of funding source.

The policy was in place under the Trump Administration from 2017-2021. It was repealed by President Biden in January 2021. Absent permanent legislative repeal through the U.S. Congress, however, the GGR can be reinstated again by a future president. A prior version of the GGR was implemented by Republican administrations from 1984-1993, and 2001-2009.

Recommendations for future research

Researchers should continue monitoring the effects of the policy for as long as it remains in place and work with national stakeholders in Kenya to strengthen data collection and monitoring systems.

Study team

This study was conducted through a partnership between the African Population Health Research Center (APHRC) in Kenya and the Global Health Justice and Governance Program at the Columbia University Mailman School of Public Health.

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Articles and further reading

Full study findings can be found in our journal article, “Foreign assistance or attack? Impact of the expanded Global Gag Rule on sexual and reproductive health and rights in Kenya”, available here:

<https://www.tandfonline.com/doi/full/10.1080/26410397.2020.1794412>