

U.S. Global Gag Rule Undermines Access to Contraception in Madagascar

Madagascar's health system heavily relies on funding from the United States (US) and other donors, and on nongovernmental organizations (NGOs). The reinstatement of the Global Gag Rule (GGR) in 2017 had major effects on reproductive health and the wellbeing of women, with many clinics reporting stockouts and fewer mobile outreach services.

Despite the rescinding of the GGR in 2021, gaps in service delivery and mistrust in the health system likely persist as barriers for women, and are exacerbated by the COVID-19 pandemic and 2021 reduction in UK funding to UNFPA by 85%.

Background

Sexual and reproductive health (SRH) is a major challenge and barrier to the wellbeing of women in Madagascar. The country is mostly rural and requires coordinated efforts to adequately deliver care. UN agencies provide support directly to the Ministry of Health (MOH), while the US Agency for International Development (USAID) funds NGOs that provide services to communities. On introduction of GGR, USAID ceased funding to a major international NGO, whose goal was to increase access to and use of high-quality, affordable contraceptive services in Madagascar.

This study assessed the effects of the GGR on public and private contraceptive service provision and on women's ability to access contraception in Madagascar.

Study Design

The study took place in eight regions of Madagascar in which USAID-funded NGOs provided SRH services in 2016. In each region, two districts were selected.

The researchers interviewed MOH and NGO representatives, community health workers, contraceptive service providers from public and private facilities, and contraceptive clients in mid-2019 and early 2020.



Health Center II-level public facility in Ambodifotatra, Madagascar

Key findings

Service provision

- Outreach visits were heavily reduced in the wake of the GGR, meaning women living in the poorest and hardest-to-reach areas of Madagascar no longer had access to SRH services, including contraception
- Public and private providers reported reductions in staff stipends, training, supplies, and supervision, all of which was formerly supported by gagged NGOs
- Newly hired clinic staff did not receive competency-based training that was formerly provided by gagged NGOs
- SRH providers reported widespread stock-outs of contraceptives and increased service fees
- Providers also saw more post-abortion care clients after the GGR was implemented in Madagascar

Client experiences

- Many clients reported multiple obstacles when attempting to procure contraceptive methods and services, with some turning to the black market to obtain their preferred method
- Increased cost of contraceptives was noted by many clients, with new prices easily two to five times the original price; women reported having to choose between using contraceptives or buying food for their families
- Clients reported switching contraceptive methods, or inconsistent contraceptive use, which led to unintended pregnancies
- Madagascar's strict induced abortion laws and an increase in unintended pregnancies caused some women to use unsafe methods to terminate pregnancies

“There were no pills, no injectables, no Implanon [implant]. The MOH district office did not provide us with any products, all the more [important] since [non-certifying NGO] doesn’t collaborate with us anymore.” (Public provider, Betsiboka)

“[Buying the method has been a] problem because the money is needed to buy food for the family, but you have to take some out to buy the method.” (Contraceptive client, Betsiboka)

“As a result, I got pregnant since the method wasn’t there. Food is already difficult to find, and we aren’t able to buy medicines because there are none in this health center. The truth is that I didn’t choose to get pregnant; it’s because of the stockout.” (Contraceptive client, Androy)

Implications for national SRH advocates, providers, and policymakers

- Our findings show that the GGR had a profound impact on Madagascar despite the country’s highly restrictive abortion law.
- The GGR has slowed Madagascar’s momentum towards achieving its global health goals including Sustainable Development Goals (SDGs), International Conference on Population and Development (ICPD) +25, and Family Planning (FP) 2020 commitments.
- The GGR’s impacts in Madagascar are likely exacerbated and extended by simultaneous cuts to UNFPA funding by the US (2017-2021), as well as by subsequent funding cuts to UNFPA by the UK after this study was conducted (2021). National advocates can use these research findings to argue for reduced dependence on foreign donors for funding and coordination of FP commodities and services.
- The MOH should prioritize filling gaps in contraceptive service provision and access caused by the GGR by committing additional funds to providers working with prioritized groups, such as youth and those living in remote areas.
- The COVID-19 pandemic, which began after this study, is likely to exacerbate impacts of the GGR as well.

The GGR explained

The GGR is a US government policy that blocks federal global health funding from being granted to non-US based NGOs that provide services, counseling, or referral for abortion as a method of family planning; or who conduct advocacy to change a country’s abortion law.

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 US 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

Our research points to lasting, even lifelong, harm caused by the GGR. More evidence is needed to understand the long-term impacts—including after the policy is repealed—on the health system and on women who experienced unintended pregnancy and economic hardship.

Study team

This study was conducted through a research partnership between the Institut National de Santé Publique et Communautaire (INSPC, National Institute for Public and Community Health) in Madagascar 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

“Slowing Progress: the US Global Gag Rule Undermines Access to Contraception in Madagascar”, published in *Sexual and Reproductive Health Matters*.
<https://www.tandfonline.com/doi/full/10.1080/26410397.2020.1838053>



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