

U.S. Global Gag Rule Hinders Nepal's Health System at Multiple Levels

The reinstatement of the Global Gag Rule (GGR) in 2017 dismantled NGO partnerships, civil society and government collaboration on sexual and reproductive health (SRH), and the delivery of SRH services in Nepal's public and private health sectors. In addition, a considerable chilling effect—whereby activities and speech are overly restricted out of concern of falling out of compliance with a policy or regulation—cut across levels of the Nepali health system, further undermining the provision of SRH care and national sovereignty.

Background

Nepal has one of the most permissive abortion laws in the region and a robust infrastructure for safe abortion care. Improved access to safe abortion and contraception contributed to a significant decrease in maternal mortality between 1995 and 2015. However, the 2017 reinstatement of the GGR threatens this progress.

This qualitative study assessed how the Trump administration's GGR affected access and provision of SRH services in Nepal.

Study Design

The study took place in 22 districts across Nepal's seven provinces. Districts selected contained high concentrations of NGOs operating global health programs. 205 semi-structured in-depth interviews were conducted in two phases with NGO program managers, government employees, NGO and private sector facility managers and SRH service providers, and public sector SRH service providers

The first phase of data collection occurred between August and September of 2018. The second phase occurred nine months later, between June and September of 2019.



Government run primary health center that offers safe abortion services in Kaski District, Nepal

Key findings

Disruption of SRH coordination

- Interview participants from NGOs that did and did not certify the GGR reported that their participation in SRH technical groups, program coordination meetings, trainings, and policy discussions changed since the policy's re-instatement.
- The chilling effect caused several participants from GGR certifying organizations to avoid or limit their participation in meetings that could include abortion-related discussions.
- Our findings suggest that the GGR is over interpreted by the MoHP as well-- participants from a few non-certifying NGOs shared experiences in which they were excluded from government meetings and collaborations that were relevant to their work.

"About two months ago, there was a training in one of the municipalities...The training was USAID funded. When we reached the venue, the USAID program manager only allowed us to talk about family planning although our organisation works on both issues." (Non-certifying NGO representative, Phase 1)

Organizational stability and partnerships

- The GGR limited the pool of donor-funded projects for which NGOs that did and did not certify the policy could compete.
- NGOs reported that the policy barred them from collaborating with the most qualified organizations to implement programs.
- Over-interpretation of the GGR led to the end of several collaborations to which the policy never applied, which ultimately reduced training opportunities for providers, and subsequently, women's access to services.

“We were once approached by an INGO for safe abortion program ... and as we were interested to do the program, we sent an email to [USG-funded prime partner] to inform our interest on safe abortion program. As a response, we were given two options, either to choose USAID support or the safe abortion program.”
(Certifying NGO representative)

SRH service delivery

- Non-certifying NGOs described extensive staff layoffs of project administrators and managers, health workers, and community volunteers when the policy rendered them ineligible for US government funding.
- The GGR allows for abortion referrals to be made in limited circumstances. However, the chilling effect led several NGOs to change referral practices beyond what was required by the policy. Several NGOs stopped referring clients for *any* SRH services, including allowable abortions and contraception.
- The GGR caused a USAID-funded family planning project to end early, which reduced contraceptive training, and material support for public sector providers, and undermined project phase out plans. Providers subsequently described lacking the confidence to provide long-acting reversible contraceptive (LARC) services, which in turn created delays for clients.

“But in remote areas, women who are poor, Dalit, marginalized will be affected and most of the NGO clinics are located in the periphery where the communities are poorer. So if the funding is cut ... then women in these periphery areas will be affected.” (Government employee)

Implications for national SRH advocates, providers, and policymakers

- To combat widespread over-interpretation of the GGR created by the chilling effect, NGOs and advocates in Nepal should disseminate accurate information about the policy in lay language, tailored to actors at government, facility, and grassroots levels.
- To mitigate disruptions to SRH care caused by the GGR, policymakers at national and sub-national levels should allocate increased funding for safe abortion and LARC trainings and service provision in public facilities.

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. Without permanent legislative repeal through the U.S. Congress, however, a future president can reinstate the GGR again. A prior version of the GGR was implemented by Republican administrations from 1984-1993, and 2001-2009.

Recommendations for future research

Further research is needed to understand the long-term effects of the GGR on NGOs, legal abortion access, and SRH outcomes in Nepal, including after the policy is formally rescinded.

Study team

This study was conducted through a research partnership between the Center for Research on Environment, Health and Population Activities (CREHPA), and the Columbia University Mailman School of Public Health

Articles and further reading

Full study findings can be found in our journal article, “Foreign ideology vs. national priority: impacts of the US Global Gag Rule on Nepal’s sexual and reproductive healthcare system”, available here:

<https://www.tandfonline.com/doi/full/10.1080/26410397.2020.1831717>