

# The Global Gag Rule disrupts HIV and SRH integration in Kenya

*Findings from two studies suggest that the expanded Global Gag Rule disrupts HIV and SRH integration in Kenya by reducing provision of SRH services by NGOs that certify the policy, and reducing provision of HIV services by those that do not.*

## INVESTIGATING THE IMPACT OF THE EXPANDED GLOBAL GAG RULE IN KENYA:

The Heilbrunn Department of Population and Family Health at the Columbia University Mailman School of Public Health partnered with the African Population and Health Research Center to conduct in-depth interviews with representatives of 18 NGOs in Kenya between September 2018 and March 2019. Researchers asked about changes in SRH funding, program implementation, policy, and advocacy experienced by NGOs since the implementation of the expanded GGR.<sup>1</sup>

### Key findings:

The expanded GGR forced NGOs to choose between USG funding and funding for projects related to safe abortion. For some organizations, the choice between funders meant narrowing organizational priorities and abandoning either HIV or SRH activities.

*HIV is being affected because previously we ...[did] a splendid job in the regions we are covering. We've been able to reach out to many people either to test them, to offer 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].*

— Kenyan NGO that was denied USG funding after refusing to certify GGR

The expanded GGR diverted USG funding from highly qualified and trusted organizations. Two Kenyan NGOs learned in the final stages of the grant proposal process that their work on safe abortion made them ineligible to receive PEPFAR funding. These NGOs had originally been selected as grant recipients based on their capacity and experience implementing HIV programs in the community.

NGOs that certified the expanded GGR and continued to receive USG funding reported ending or scaling back SRH activities, including the SRH components of their integrated programs. Participants attributed this to the expanded GGR, as well as broader changing priorities of USG funders.

*We are not doing integrated service delivery in Kenya anymore... We no longer offer RH, FP services in our program... I do not know what factors have led to those changes at USAID, but what has happened is that USAID now has separate RH, FP programs and not [integrated] ones for the entire country.*

— International NGO that certified GGR

## BACKGROUND

In January 2017, the Trump administration reinstated and expanded the Mexico City Policy, or Global Gag Rule (GGR).<sup>2</sup> This policy requires foreign non-governmental organizations (NGOs) that receive US global health funding to certify that they will not provide, counsel, or refer for abortion as a method of family planning, or advocate for the liberalization of abortion laws. Whereas prior iterations of the policy applied only to US family planning (FP) assistance, the current version extends the restrictions to nearly all US global health assistance.<sup>3</sup> An analysis of US global health awards active between May 2017 and September 2018 found that the policy applied to 71 awards in Kenya, totaling over \$1.8 million.<sup>4</sup>

The majority of all funding for HIV in Kenya is provided by USG grants.<sup>5</sup> In accordance with national and international guidelines,<sup>6,7</sup> many HIV programs have been integrated with sexual and reproductive health (SRH),<sup>5</sup> resulting in increased HIV testing among women and higher patient satisfaction with services.<sup>8</sup> The scale and scope of the expanded GGR threatens this progress by limiting the ability of NGOs to provide both HIV and SRH services.

This shift away from integrated services is likely to have the greatest impact on vulnerable populations who have limited care options. Participants worried that newly fragmented care leaves clients with unmet needs for critical information and services.

*Women are complaining the services are not very comprehensive right now... currently we are only talking about HIV and the complaint is that even for people who have HIV, it is not HIV that is harming them, it is other conditions – sexually transmitted infections, unwanted pregnancies... Yet donors, because of the American gag rule, would want to focus only on the condition of HIV.*

— Kenyan NGO that certified GGR

## RESULTS FROM THE PEPFAR IMPLEMENTING PARTNERS SURVEY IN KENYA

Between May and November 2018, amfAR conducted a confidential electronic survey of PEPFAR implementing partners (IPs) across 45 countries to document changes in organizational operations and service delivery prompted by the expanded GGR.<sup>9</sup> Kenya was one of four countries with the highest number of organizations that reported being affected by the policy.

## Key Findings:

amfAR received responses from 18 current PEPFAR IPs in Kenya who were aware that the expanded GGR had been applied to their grant. Of those, 9 (50%) reported stopping or reducing at least one service in response to the expanded GGR.

Respondents reported that their organization **stopped or reduced** provision of certain clinical services, outreach services, and health information. Several IPs **made changes to** training materials, health guidelines, advocacy, and research related to SRH, adolescent health, and key populations, as a result of the GGR.

**Table 1. Results from the PEPFAR Implementing Partners Survey**

Changes made in response to GGR	No. of IPs (n=9*)
<b>REDUCED OR STOPPED:</b>	
<b>Providing services to certain populations</b>	<b>3</b>
<b>Type or scope of clinical services provided</b>	<b>3</b>
Counseling and referral for legal abortion	1
Accepting partnerships with organizations who work on abortion related services	1
<b>Type or scope of outreach services provided</b>	<b>3</b>
Sexual health information or referrals	2
Pregnancy counseling	2
Reproductive health information/referrals	1
Information on legal abortion services	3
<b>MADE CHANGES TO:</b>	
<b>Training materials or advocacy approach</b>	<b>6</b>
SRH guidelines for clinicians	2
SRH community trainings	2
Adolescent health guidance	2
Key population health guidance	1
Sexual and reproductive health advocacy	1
Adolescent health advocacy	1
<b>Research topics or design</b>	<b>2</b>
One or more research studies cancelled	1
One or more research protocol(s) altered	1
One or more research question(s) changed	1
<b>The types of organizational technical assistance</b>	<b>5</b>
Trainings	3
Training materials	4
Meeting content	4
Meeting participants	3
Implementation manuals	3
Reporting tools	2
Research instruments	1

\*Of 18 total respondents, 9 (50%) reported that their organization made changes in response to GGR. This table analyzes data from respondents who reported changes.

## RECOMMENDATIONS

- **Advocates** in Kenya and the United States should share these findings with policymakers in both countries.
- The **Government of Kenya** should allocate additional funding to the health budget, and **County Governments** should increase allocations for the coordination and integration of SRH and HIV services, in order to mitigate harms of the GGR.
- In light of documented disruptions to SRH and HIV programming, **policymakers in the United States** should work to permanently repeal the policy.
- **NGOs that certify the expanded GGR** should fully understand the provisions of the policy and avoid over-interpretation. NGOs can seek information about the policy from independent advocacy organizations if USG funders do not provide adequate information and training.
- **All NGOs** should engage in open exchange of information about the GGR and its impacts. The policy does not prevent certifying and non-certifying NGOs from engaging in collaboration and coalition-building.
- **Researchers** should continue to investigate and document the impact of the expanded GGR on health systems, health services, and beneficiaries of these services, for as long as the policy remains in place.

## ABOUT THE STUDY TEAMS

In concert with local partners, the Heilbrunn Department of Population and Family Health conducted a multi-country study on the impact of the expanded Global Gag Rule on access to and provision of SRH services. In Kenya, qualitative data collection was led by the African Population and Health Research Center. Funding was provided by the William and Flora Hewlett Foundation.

The PEPFAR Implementing Partner Survey was conducted by amfAR, The Foundation for AIDS Research, in collaboration with the Johns Hopkins Bloomberg School of Public Health.

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