Chaos Continues

The 2021 Revocation of the Global Gag Rule and The Need for Permanent Repeal

FOS FEMINISTA

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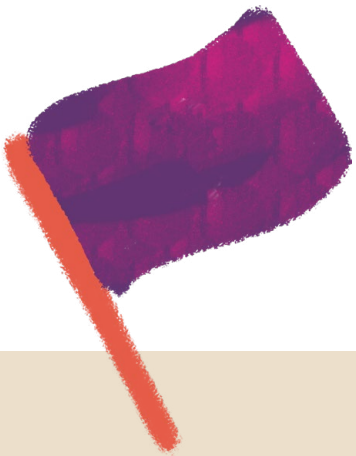
Table of Contents



FÒS FEMINISTA

Fòs Feminista is the International Alliance for Sexual and Reproductive Health, Rights, and Justice

Together with +170 partner organizations across the globe, we are dedicated to expanding access to rights-based sexual and reproductive health care, education, and advocacy. This includes implementing community-based strategies that make sexual and reproductive healthcare more accessible to the most marginalized women, girls, and gender-diverse people, developing comprehensive sexuality education programs, and mobilizing communities to defend their sexual and reproductive rights.

Fòs Feminista carries forward the work and partnerships of the three organizations – IPPFWHR, IWHC, and CHANGE – that formed a feminist alliance in June 2021 with a vision to advance sexual and reproductive health, rights, and justice through an intersectional feminist lens and a commitment to the leadership from the Global South.

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ILLUSTRATIONS

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Executive Summary

"Globally, we will seek to end the harmful Global Gag Rule that restricts women's access to critical health information and services."

President Biden's National Strategy on Gender Equity and Equality [1]

The Global Gag Rule (GGR) is a destructive, neocolonial, and inhumane U.S. foreign policy that obstructs global efforts to promote health and advance human rights around the world. When enacted, the GGR—also known as the Mexico City Policy—mandates that for foreign nongovernmental organizations (NGOs) to receive certain categories of U.S. foreign assistance, they cannot perform, refer, or provide counseling about abortions as a method of family planning (FP), nor can they engage in advocacy related to the liberalization of national abortion law, even if they paid for such activities with their own, non-U.S. funds.[2] The policy provides exceptions for abortions in the cases of rape, incest, and life endangerment of the pregnant person.[3] President Joseph Biden's first Presidential Memorandum on women's health included the revocation of the policy in late January 2021, an action that was welcomed by the international sexual and reproductive health, rights, and justice (SRHRJ) community.[4] However, revoking the GGR does not end the policy's harm.

Proactive policies that ensure sexual and reproductive health and rights (SRHR) are respected, protected, and fulfilled are required to mitigate the damage from past policies have wrought as well as generate long overdue advancements in integrated service delivery and the promotion of SRHR. Actors at all levels of the U.S. foreign assistance system bear a responsibility to develop and implement these policies. The Biden administration, each U.S. government (USG) agency engaged in global health assistance, and prime implementing partners have a duty to comprehensively communicate the revocation of the GGR clearly and provide consistent guidance on the promotion of SRHR to all relevant stakeholders. Anything less than this contributes to the continued implementation of the GGR.

In the months since President Biden revoked the GGR, evidence presented in this report indicates that there is a disconnect between the USG's internal procedure for communicating the revocation and the information that is communicated externally to prime and sub-prime partners around the world. At times, the USG's and prime partners' failure to provide comprehensive and prompt guidance to recipients of U.S. global health assistance caused detrimental delays in the policy's effective revocation. These same delays made it impossible for people to access the abortion care that they were legally entitled to during the nine months between when the policy was revoked in January 2021 and the last interviews were conducted in October 2021. Some organizations that were aware that the GGR had been revoked did not receive guidance that specified how to practically implement the revocation in their programming. Organizations needed urgent and immediate guidance from the USG in January 2021 that clearly instructed them to cease implementing the GGR and explained how to modify ongoing programs to align with the policy change as well as mitigate harmful impacts on communities around the world. Without clear communication, guidance, and compliance mechanisms to monitor the implementation of this policy

change, the GGR will continue to impede justice, infringe on national sovereignty, and inflict harm on communities around the world. Without permanent repeal through legislative action, this vicious cycle will continue every time there is a change in U.S. presidential administrations between Democrats and Republicans, as has been the case for nearly 40 years.

Methodology

Since its inception in 1984 by President Ronald Reagan, the policy has been implemented by four administrations and revoked by three along partisan lines. While there is extensive research on the impact of the GGR when it is implemented, there is little documentation about what happens once the policy is revoked.[5]

This report maps the flow of communication of the revocation of the policy, tracing the clarity and effectiveness of the message as it moved from the President to the USG agencies, and through implementing partners around the globe. The report highlights the impact of the revocation of the GGR on global health programs, funding, partnerships, communities, national sovereignty, coalitions, and advocacy spaces. Fòs Feminista developed this report based on in-depth interviews with USG personnel, representatives from international nongovernmental organization (INGO) headquarters, and global health organizations based in Malawi, Mozambique, and Zimbabwe.

This report is based on a three-part data collection model and builds on the qualitative research methodology developed by Fòs Feminista (formerly CHANGE) in previous rapid-response policy research conducted in Malawi, Mozambique, and Zimbabwe from 2017 to 2019.[6] This report presents the findings from 47 virtual interviews with 53 representatives from U.S. global health implementing partners, civil society organizations (CSOs), and advocacy forums conducted between July and August 2021, as well as 10 virtual interviews with USG staff and representatives from INGO headquarters in September and October 2021. In lieu of an interview, representatives from the Office of the Global AIDS Coordinator (OGAC) at the Department of State and the Protecting Life in Global Health Assistance (PLGHA) Compliance Team at United States Agency for International Development (USAID) submitted written responses to Fòs Feminista's interview questions.[7]

Interviewees were identified through a combination of convenience and snowball sampling based on Fòs Feminista's in-country contacts with whom the organization has established relationships in addition to organizations who had been involved in prior rapid-response research on this policy, recommendations from interviewees themselves, and online resources. To protect confidentiality, each interviewee completed an informed consent process in advance of the interview or provided verbal consent at the beginning of the interview. Interviewees were given the choice to have their quotes

be attributed to them by name and/or organization, or to remain anonymous. Interviewees also reviewed and approved all verbatim quotes included in the report.

Background

In the days following President Biden's inauguration on January 20, 2021, USG staff, implementing partners, and advocates for SRHRJ eagerly awaited the new administration's expected actions designed to undo the harms the Trump administration had perpetrated against global health, international development, and human rights efforts.

On January 28, 2021, as the COVID-19 pandemic continued to ravage global health programming, President Biden's Memorandum on Protecting Women's Health at Home and Abroad announced that it is the policy of the USG to "support women's and girls' sexual and reproductive health and rights in the United States, as well as globally."[8] To actualize this policy statement, President Biden revoked PLGHA, former President Trump's dramatically expanded version of the GGR.[9] President Biden also established the White House Gender Policy Council on March 8, 2021 and later took the unprecedented step to issue a statement of policy seeking an end to the Global Gag Rule in the first-ever National Strategy on Gender Equity and Equality, released on October 22, 2021.[10]

GGR Revocation Communication

Fòs Feminista found that the general perception among USG employees interviewed within the Department of State, the Department of Health and Human Services (HHS), and USAID was that they had satisfied the expectation to communicate the revocation of the GGR across the U.S. global health system and stop its implementation by removing the policy from ongoing awards.[11]

However, the consensus among implementing partners and advocates interviewed from INGO headquarters and operating in Malawi, Mozambique, and Zimbabwe was that the USG's communications related to the revocation of GGR were insufficient, and that guidance for implementing the policy change was wholly lacking. Prime recipients of U.S. global health assistance through awards managed by both the Centers for Disease Control and Prevention (CDC) and USAID reported inconsistent levels of communication from the USG.[12]

Staff at large INGOs with dedicated policy and compliance staff generally had access to more information about the revocation of the GGR than local partners or CSOs in all three countries, a disparity reflective of the widespread uncertainty about the meaning of the revocation for local partners and their work.[13] In fact, some partners were not aware that the GGR had been revoked until they were invited to participate in an interview with Fòs Feminista's research team.[14]

Guidance, monitoring, and compliance of the revocation of the GGR

As of August 2021, interviews indicated that the GGR continued to be implemented—both in cases where it had been overapplied or implemented incorrectly when the GGR was active—and that its revocation had not been achieved consistently across programs due to lack of sufficient guidance from the USG and prime partners.[15] For example, Pathfinder Mozambique, a prime implementing partner, received a cooperative agreement for a new award with the PLGHA restrictions still included even after the policy had been revoked.[16]

The lack of clear guidance from the USG and prime partners for implementing the revocation of PLGHA has had a particularly negative impact on survivors of rape and incest served by Family Support Trust (FST) in Zimbabwe. Tamburai Muchinguri, the Director of FST, which is a sub-prime partner that provides SRH services to survivors of rape, reported that their prime partner was incorrectly applying the policy from 2017 to 2020 by not allowing referrals for abortion in cases of pregnancy resulting from rape or incest, and then compounded this harm by continuing to incorrectly implement PLGHA after it had been revoked.[17] Muchinguri stated that FST is ready to provide appropriate services for survivors as soon as they receive communication from their prime:

> ***"On a day-to-day basis we actually come across a number of women and children who are raped. And the law in Zimbabwe is already there, that allows termination of pregnancy resulting from rape. And the courts are actually ready to give termination orders to women and children who have been raped. So, for us, as soon as we get that communication clear, we are ready to support that."***
>
> *Tamburai Muchinguri, Director, FST*

Karl Hofmann from PSI noted that there is much more that the USG could be doing to communicate guidance and expectations to partners around the revocation of the policy, though he considered that this is unlikely to happen.[18] He concluded:

> ***"I mean, it's a heroic expectation to assume that they will do what we know they should do, which is to say: 'This is what the law allows, this is what the need dictates. We expect our partners to go to the full extent of the law.' Yes, we know that the policy has flip-flopped back and forth but there has been no guidance from USG saying, 'Now we expect you to do this and we will accompany you while you do this.' It would be extremely surprising to find anybody who would do that up to and including the USAID Administrator. I just don't see it happening. And so instead, you rely on small, whispered winks and nods and encouragement—quiet encouragement, which is there, and which is valuable, but is hard to capture."***
>
> *Karl Hofmann, CEO, PSI*

Across the board, interviewees reported receiving more information about the GGR when it was implemented than when it was revoked, which contributed to confusion regarding which activities are now permissible since the GGR is no longer in effect.[19] To combat this uncertainty, representatives from INGO country offices and local organizations requested that the USG publish a policy brief or position paper that explains the revocation of the GGR and includes clear instructions for all implementing partners to cease implementation of the GGR.[20] Stakeholders have asked for the USG to provide simplified communications that can be translated into local languages and widely disseminated through numerous channels, such as TV, radio, newspapers, and social media, to reach those that have been impacted by the GGR.[21] Helena Chiquele from Oxfam in Mozambique explained the need for this direct communication from the USG:

> ***"If you are revoking something that is bad, you need to make sure that you will do your utmost to erase the impact of that thing. You make sure that this information that is vital, is known for those who really need to know. I don't think that was done."***
>
> *Helena Chiquele, Southern Africa Gender Justice Program and Policy Manager, Oxfam in Mozambique*

A high-level USG employee echoed this need by noting that "revoking the policy does not necessarily erase confusion in implementing agencies in terms of what they can and can't do."[22] Clear and specific communications and guidance regarding the revocation will institutionalize the Biden administration's current and long-awaited policy supporting SRHR and, most importantly, ensure that organizations adapt their programs and operations to align with the revocation and the ultimate goal of undoing the myriad harms of the policy on communities around the world.[23]

Impact of the revocation of the GGR

A USG employee with expertise in global health said "it's going to take a lot of time" to measure program outcomes and impacts in communities "because the loss was so significant that, frankly, we're just trying to get back to the baseline that was four years ago, as opposed to going forward."[24] While the chilling effect[25] of the GGR has resulted in the documented over-application of the policy when it was in effect,[26] the lack of robust guidance from the USG and prime partners since the revocation likely indicates an under-application of the revocation. Providing explicit guidance will help to counter this, as well as proactively encouraging implementing partners to operate as boldly and as expansively as possible within the limits of what is allowable by U.S. global health assistance regulations until the policy is permanently repealed via legislation.

Not only are the lingering effects of previous versions of the GGR of significant concern for all those engaged in advancing SRHRJ, but, as Irene Koek, global health expert familiar with U.S. global health assistance stated, the "invocation of the policy in four or eight years is this looming threat."[27] Eric Sambisa, the Executive Director of Nyasa Rainbow Alliance (NRA), a local sub-prime partner engaged in providing HIV and AIDS services for members of the LGBTQI+ community in Malawi, described the chilling effect caused by the policy's repetitive cycle of flip-flopping in this way:

> ***"We think it's a little bit political and it's really hard to be advocates [around] this policy because it changes according to the regime. So, what if another regime comes? It might affect us as CSOs implementing on the ground. It's really scary to advocate or not. So, we're just quiet."***
>
> *Eric Sambisa, Executive Director, NRA*

Hofmann from PSI reported that organizations are hesitant to immediately adapt programs to the revocation in case the policy is reinstated again by a future U.S. President, which causes the negative impacts of the GGR to persist after the revocation:

> ***"The absence of a noxious policy is good but the persistence of the chilling effect from the policy being imposed at various times over the past decades means a lot of the damage has already been done. It damages the ability to do truly holistic programming for women and communities. It increases the costs of effective programming for life-saving health interventions. It leads to silos in the structure of health programming, and it undoubtedly leads to increased maternal mortality and morbidity. So, it's all bad and the absence of the policy only to a limited extent reduces those problems because a lot of people are reluctant to snap back as though it's never going to occur again."***
>
> *Karl Hofmann, CEO, PSI*

Calls for the permanent repeal of the GGR

Though the revocation of the GGR is overwhelmingly good news for many organizations and communities, long-lasting impacts of the policy remain in place, as does the instability and uncertainty of a constantly changing policy landscape along party lines. As the data presented in this report demonstrate, the chaotic effects of the GGR linger long after it has been revoked, which significantly hinders the ability of organizations that are reliant on U.S. global health assistance funding to provide vital services to their communities. Implementing partners around the world are struggling to regain momentum and progress lost prior to January 2017 as they seek to rebuild partnerships and repair programs that were ripped apart by the GGR. Instead of spending invaluable organizational time and resources navigating compliance as they are compelled to when the policy is in place, implementing partners now can rededicate those efforts to implement comprehensive programs grounded in evidence and human

rights. In the long run, the recent revocation of the GGR, combined with this permanent repeal by Congress, could lead to a more efficient use of U.S. global health funding for program implementation within the current federal budget.

President Biden's Memorandum on Protecting Women's Health at Home and Abroad marked the first time a U.S. president recognized the phrase 'sexual and reproductive health and rights' and stated: "It is the policy of my Administration to support women's and girls' sexual and reproductive health and rights in the United States, as well as globally."[28] This signifies the furthest any U.S. administration has gone in its recognition of SRHR. But it is not enough. To make the promise of supporting SRHR is meaningful, but it will take more than a stroke of a pen to make this statement a reality. It will require additional time, funding, and intentional effort to realize the full potential of this policy change and support the health and wellbeing of women, girls, and gender-diverse people that engage with U.S. global health funded programs around the world.

Main Findings

- The immediate revocation of the GGR in January 2021 was necessary and welcome, but despite these efforts, the policy continues to negatively and unnecessarily impact individuals and organizations.
- Generally, USG employees interviewed believed they had done everything necessary to communicate the revocation of the GGR and stop its implementation by implementing partners. However, most implementing partners interviewed did not believe the USG's communication was sufficient.
  - » At times, the failure of the USG and prime partners to thoroughly communicate and enforce the revocation of the GGR prolonged the policy's implementation and unnecessarily prevented people from accessing legal abortions.
  - » The Biden administration, every USG agency engaged in U.S. global health assistance, and prime implementing partners have a duty to communicate the revocation of the GGR comprehensively and provide consistent, actionable guidance to all relevant stakeholders.
- Implementing partners and advocates voiced the need for more detailed, actionable guidance and additional monitoring and compliance support that explain how to adapt programs to fully align with the revocation of PLGHA.
  - » Proactive policies that encourage all stakeholders in U.S. global health assistance to operate as expansively as possible to ensure the SRHR of all people are respected, protected, and fulfilled are required to mitigate the ongoing harm of the GGR and pave the way for overdue advancements.

Main Findings

- Additionally, interviewees described how the COVID-19 pandemic has simultaneously exacerbated the negative ongoing effects of the GGR and made it more difficult to communicate and implement its revocation.
- Despite the many identified challenges, many of those interviewed across the USG, INGO headquarters, and organizations in Malawi, Mozambique, and Zimbabwe reported that the revocation of the GGR will have positive long-term impacts on their organizations, partnerships, and communities, including increased funding and collaboration opportunities.
- Interviewees reported that the permanent repeal of the GGR would assist organizations to recover from the harm caused by previous iterations of the GGR as well as advance SRHR across the U.S. global health landscape.

Recommendations

Recommendations for Congress

- Permanently repeal the Global Gag Rule through legislative action.
- Use the oversight power of Congress to monitor the revocation of the GGR to ensure it is no longer implemented and to mitigate the persistent harm of the policy.
- Address the funding and political leadership gaps highlighted by partners in this report by creating new legislative, funding, and report language to advance SRHR globally.

Recommendations for the White House

- Work with Congress to permanently repeal the GGR and state unequivocally that permanent repeal is a top foreign policy, human rights, global public health, and sexual and reproductive health and rights priority for the Biden administration.
- Increase global funding for SRHR in the President's budget with a statement of policy to support organizations that lost funding because of the GGR.
- The White House Gender Policy Council and National Security Council should take action to ensure that all USG agencies responsible for global health funding report on the steps they have taken to communicate the revocation of the GGR.

Recommendations for all U.S. Global Health Implementing Agencies

- Develop and publish a policy brief or position paper that comprehensively explains the revocation of PLGHA and affirms the Biden administration's support for SRHR as U.S. policy, including abortion services. Re-release this policy brief with periodic updates as necessary.

- Disseminate simplified communications explaining the revocation of the GGR via TV, radio, newspapers, and social media to reach the general public as well as communities that have been impacted by the GGR.
- Develop and publicly release an after-action report by January 2023 that lists the steps that have been undertaken to communicate the revocation, monitor the modification of current agreements to remove PLGHA language, and assess the implementation of the revocation by implementing partners.
- Obligate additional financial resources to existing awards and establish new awards to enable implementing partners to fully implement the revocation of the GGR and re-establish programs that were lost due to PLGHA.
- Actively engage CSOs in the implementation of revocation of the policy by creating a reporting mechanism, such as an ombudsman.
- Increase U.S. mission engagement with implementing partners, partners that declined to certify PLGHA, CSOs, and the general public at the country level through regular town halls, official statements, policy briefs, and "Dos and Don'ts" documents or "Frequently Asked Questions" documents about the revocation.
- Translate all materials related to the revocation of the GGR (e.g., communications, guidance, training programs, monitoring and compliance tools, and standard provisions) into national and local languages.
- Prepare and publish an updated Global Health eLearning Course that explains the revocation of PLGHA and provides guidance for partners to implement the policy change and adapt programs accordingly.
- Include a GGR revocation element in PEPFAR's SIMS Above-site Assessment Tool, which would allow those completing SIMS assessments to determine if a PEPFAR site is complying with the revocation of the GGR.

Recommendations for Prime Partners

- Standardize communication of the revocation to all sub-prime partners with translations into national and local languages.
- Immediately ensure that sub-awards with an active period of performance have been modified to remove the PLGHA Standard Provision.
- Translate all materials related to the revocation of the GGR (e.g., communications, guidance, training programs, monitoring and compliance tools, and standard provisions) into national and local languages.
- Communicate the revocation of PLGHA to partners who declined to certify the GGR

Endnotes

1 The White House, National Strategy on Gender Equity and Equality 20 (2021), https://www.whitehouse.gov/wp-content/uploads/2021/10/National-Strategy-on-Gender-Equity-and-Equality.pdf [hereinafter National Strategy on Gender Equity and Equality].

2 Policy Statement of the United States of America at the United Nations International Conference on Population (Second Session) 5-6 (Aug. 6-14, 1984), https://www.uib.no/sites/w3.uib.no/files/attachments/mexico_city_policy_1984.pdf [hereinafter 1984 Policy Statement of the United States of America at the United Nations International Conference on Population].

3 U.S. Department of State, Protecting Life in Global Health Assistance, Frequently Asked Questions and Answers 16 (2019), https://www.state.gov/wp-content/uploads/2019/10/PLGHA-FAQs-September-2019.pdf [hereinafter U.S. Department of State, PLGHA FAQs (Sept. 2019)].

4 Memorandum on Protecting Women's Health at Home and Abroad, 86 Fed. Reg. 33,077 (Jan. 28, 2021) [hereinafter Memorandum on Protecting Women's Health at Home and Abroad].

5 *See generally* Constancia Mavodza et al., *The impacts of the global gag rule on global health: a scoping review*, 4 Glob. Health Res. Policy 1 (2019) [hereinafter Mavodza et al., *The impacts of the global gag rule on global health: a scoping review*]; Center for Health and Gender Equity (CHANGE), Prescribing Chaos in Global Health: The Global Gag Rule from 1984-2018 (2018), https://srhrforall.org/download/prescribing-chaos-in-global-health-the-global-gag-rule-from-1984-2018/?wpdmdl=1064&refresh=621e81f99260d1646166521 [hereinafter CHANGE, Prescribing Chaos in Global Health]; CHANGE, A Powerful Force: U.S. Global Health Assistance and Sexual and Reproductive Health and Rights in Malawi (2020), https://srhrforall.org/download/a-powerful-force-u-s-global-health-assistance-and-sexual-and-reproductive-health-and-rights-in-malawi/?wpdmdl=2254&refresh=621e820fcc31f1646166543 [hereinafter CHANGE, A Powerful Force]; Walter Leitner International Human Rights Clinic, Leitner Center for International Law and Justice, Exporting Confusion: U.S. Foreign Policy as an Obstacle to the Implementation of Ethiopia's Liberalized Abortion Law 5 (2010), http://www.leitnercenter.org/files/LeitnerCtr_EthiopiaReport_WebVersion2010.pdf.

6 CHANGE, Prescribing Chaos in Global Health, *supra* note 5; CHANGE, A Powerful Force, *supra* note 5.

7 Written response from U.S. Department of State, Secretary's Office of the Global AIDS Coordinator and Health Diplomacy (OGAC), to Fòs Feminista (Nov. 2021) [hereinafter Written response from U.S. Department of State, OGAC]; Written response from USAID/Bureau for Global Health PLGHA Compliance Team to Fòs Feminista (Oct. 2021) [hereinafter Written response from USAID/Bureau for Global Health PLGHA Compliance Team].

8 Memorandum on Protecting Women's Health at Home and Abroad, *supra* note 4, sec. 1.

9 *Id.*, sec. 2(b).

10 Exec. Order No. 14,020, 86 Fed. Reg. 13,797 (Mar. 8, 2021) [hereinafter Exec. Order No. 14,020]; National Strategy on Gender Equity and Equality, *supra* note 1, at 20; Press Release, The White House, Fact Sheet: National Strategy on Gender Equity and Equality (Oct. 22, 2021), https://www.whitehouse.gov/briefing-room/statements-releases/2021/10/22/fact-sheet-national-strategy-on-gender-equity-and-equality/ [hereinafter Fact Sheet: National Strategy on Gender Equity and Equality].

11 Zoom interview with Virginia Baresch, RN, MPH, Senior Public Health Advisor, Permanent Detailee from CDC/CGH/DGHT to Office of Global Affairs (OGA), Department of Health and Human Services (HHS) (Oct. 2021) [hereinafter Zoom interview with Virginia Baresch]; Zoom interview with an anonymous U.S. government employee (Oct. 2021); Written response from U.S. Department of State, OGAC, *supra* note 7; Written response from USAID/Bureau for Global Health PLGHA Compliance Team, *supra* note 7.

12 Zoom interview with representatives from the Christian Health Association of Malawi (CHAM) (July 2021) [hereinafter Zoom interview with CHAM]; Zoom interview with Sandra Mapemba, Technical Deputy Director, Health Policy Plus (HP+), Malawi (Aug. 2021) [hereinafter Zoom interview with Sandra Mapemba].

13 Zoom interview with Carolyn Boyce, Advisor, PLGHA Compliance, Save the Children US (Sept. 2021) [hereinafter Zoom interview with Carolyn Boyce]; Zoom interview with an anonymous PSI country office staffer (July 2021); Zoom interview with Brian Ligomeka, Centre for Solutions Journalism (July 2021) [hereinafter Zoom interview with Brian Ligomeka].

14 Zoom interview with Dr. Paula Vaz, Executive Director, Fundação Ariel Glaser contra o SIDA Pediátrico (F. Ariel), Mozambique (July 2021) [hereinafter Zoom interview with Dr. Paula Vaz]; Zoom interview with Sandra Mapemba, *supra* note 12; Zoom interview

with Lynn Walker, Director, Tree of Life (Aug. 2021) [hereinafter Zoom interview with Lynn Walker].

15 Zoom interview with Memory Kadau, Director, Adult Rape Clinic (ARC) (July 2021) [hereinafter Zoom interview with Memory Kadau]; Zoom interview with Lynn Walker, *supra* note 14; Zoom interview with Tamburai Muchinguri, Director, Family Support Trust (FST) (July 2021) [hereinafter Zoom interview with Tamburai Muchinguri].

16 Given the history of Pathfinder Mozambique receiving funds through USAID, the authors assumed the new award is managed by USAID, though Mobaracaly did not confirm the U.S. implementing agency responsible because the award was not yet signed and thus the information was procurement-sensitive at the time of the interview. Zoom interview with Riaz Mobaracaly, Country Director, Pathfinder Mozambique (July 2021) [hereinafter Zoom interview with Riaz Mobaracaly].

17 Zoom interview with Tamburai Muchinguri, *supra* note 15.

18 Zoom interview with Karl Hofmann, CEO, and Andrea Fearneyhough, Director for Safe Abortion Programming, PSI (Sept. 2021) [hereinafter Zoom interview with Karl Hofmann and Andrea Fearneyhough].

19 Zoom interview with Memory Kadau, *supra* note 15; Zoom interview with Samuel Matsikure, Programs Manager, Gays and Lesbians of Zimbabwe (GALZ) (July 2021) [hereinafter Zoom interview with Samuel Matsikure]; Zoom interview with Tamara Mwenifumbo, public health professional in Malawi (July 2021) [hereinafter Zoom interview with Tamara Mwenifumbo].

20 Zoom interview with Nyasha Mantosi, Programs Officer, ROOTS, Zimbabwe (July 2021) [hereinafter Zoom interview with Nyasha Mantosi]; Zoom interview with Imelda Mahaka, Executive Director, and Definate Nhamo, Senior Program Manager, Pangaea Zimbabwe AIDS Trust (PZAT) (Aug. 2021) [hereinafter Zoom interview with PZAT].

21 Zoom interview with Dr. Mildred Mushunje, Country Director, SRHR Africa Trust, Zimbabwe (July 2021) [hereinafter Zoom interview with Dr. Mildred Mushunje]; Zoom interview with Talent Jumo, Founder and Director, Katswe Sistahood (July 2021) [hereinafter Zoom interview with Talent Jumo]; Zoom interview with Dr. Paula Vaz, *supra* note 14; Zoom interview with Samuel Matsikure, *supra* note 19; Zoom interview with Caleb Thole, Executive Director, Global Hope Mobilisation (GLOHOMO) (Aug. 2021) [hereinafter Zoom interview with Caleb Thole]; Zoom interview with Robert Phiri, Malawi Country Director, Novice Bamusi, Country Program Director, and Judith Pangani, Malawi Country Coordinator, SRHR Africa Trust (SAT) (Aug. 2021) [hereinafter Zoom interview with SAT Malawi]; Zoom interview with Chance Mwalubunju, Senior Policy Consultant with expertise in SRHR in Malawi (July 2021) [hereinafter Zoom interview with Chance Mwalubunju]; Zoom interview with a representative from a prime partner in Malawi (Aug. 2021); Zoom interview with Tamara Mwenifumbo, *supra* note 19; Zoom interview with Eric Sambisa, Executive Director, and George Kachimanga, Program & Operations Manager, Nyasa Rainbow Alliance (NRA) (July 2021) [hereinafter Zoom interview with NRA]; Zoom interview with Nicholas Ahadjie, Grants Acquisition & Management Director, World Vision Mozambique (July 2021) [hereinafter Zoom interview with Nicholas Ahadjie]; Zoom interview with Málica de Melo, National Director, International Centre for Reproductive Health-Mozambique (ICRH-M) (Aug. 2021) [hereinafter Zoom interview with Málica de Melo]; Zoom interview with a representative from an SRH organization in Mozambique (July 2021); Zoom interview with a senior leader at an organization that receives U.S. government funding in sub-Saharan Africa (Aug. 2021); Zoom interview with Donato Gulino, Country Representative, PSI Mozambique (July 2021) [hereinafter Zoom interview with Donato Gulino]; Zoom interview with Marla Smith, Health and Nutrition Advisor, Save the Children Mozambique (July 2021) [hereinafter Zoom interview with Marla Smith]; Zoom interview with Birgit Holm, Mozambique Country Director, and Helen Hallstrom, Partnership Officer, Aid for the Development of People for People (ADPP) (Aug. 2021) [hereinafter Zoom interview with ADPP]; Zoom interview with Rafa Valente Machava, Executive Director, Associação Mulher, Lei e Desenvolvimento (MULEIDE) (Aug. 2021) [hereinafter Zoom interview with Rafa Valente Machava]; Zoom interview with Nyasha Mantosi, *supra* note 20; Zoom interview with PZAT, *supra* note 20; Zoom interview with Helena Chiquele, Southern Africa Gender Justice Program and Policy Manager, Oxfam in Mozambique (July 2021) [hereinafter Zoom interview with Helena Chiquele].

22 Zoom interview with a U.S. government staffer with expertise in global health (Sept. 2021).

23 *See* CHANGE, Prescribing Chaos in Global Health, *supra* note 5, at 30–32.

24 Zoom interview with a U.S. government staffer with expertise in global health (Sept. 2021).

25 The "chilling effect" refers to when "organizations or health care providers restrict their activities beyond what is required by the policy in order to protect themselves from being accused of non-compliance." Organizations may also be unaware of the full parameters of the policy due to ambiguous communication from the U.S. government or prime partners. Mavodza et al., *The impacts of the global gag rule on global health: a scoping review*, *supra* note 5, at 15. *See also* CHANGE, Prescribing Chaos in Global Health, *supra* note 5, at 36–38; CHANGE, A Powerful Force, *supra* note 5, at 24.

26 CHANGE, Prescribing Chaos in Global Health, *supra* note 5, at 36; Boniface Ayanbekongshie Ushie et al., *Foreign assistance or attack? Impact of the expanded Global Gag Rule on sexual and reproductive health and rights in Kenya*, 28(3) Sexual and Reproductive Health Matters 23, 29 (2020) [hereinafter Ayanbekongshie Ushie et al., *Foreign assistance or attack?*]; International Women's Health Coalition (IWHC), Crisis in Care: Year Two Impact of Trump's Global Gag Rule 26 (2019), https://31u5ac2nrwj6247cya153vw9-wpengine.netdna-ssl.com/wp-content/uploads/2019/06/IWHC_GGR_Report_2019-WEB_single_pg-2.pdf [hereinafter IWHC, Crisis in Care]; Mavodza et al., *The impacts of the global gag rule on global health: a scoping review*, *supra* note 5, at 15; Global Justice Center & CHANGE, Censorship Exported: The Impact of Trump's Global Gag Rule on the Freedom of Speech and Association 4–5 (2019), https://globaljusticecenter.net/files/Censorship_Exported_Impact_of_Trumps_GGR.pdf [hereinafter Global Justice Center & CHANGE, Censorship Exported].

27 Zoom interview with Irene Koek, expert familiar with U.S. global health assistance (Sept. 2021) [hereinafter Zoom interview with Irene Koek].

28 Memorandum on Protecting Women's Health at Home and Abroad, *supra* note 4, sec. 1.


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