



U.\$. – Undue Influence on Global HIV and Sexual reproductive health and rights

At the International AIDS Conference in Munich, Germany, a satellite session on Undue influence: The outsized role of U.S. policy in global HIV and sexual reproductive health and rights was organized by amfAR. The session conducted on July 24, 2024 concerned the policies the U.S. government exports all around the world and its outcomes, both the intended and unintended. Featured speakers at the session (Figure 1) focused on impacts on sex workers, doctor-patient relationships, and the anti-gender movement. My focus was on the specific ways anti-abortion policies, namely the Mexico City Policy, impacts HIV programming and this is the theme of my article.

Figure 1

Undue influence: The outsized role of U.S. policy in global HIV and sexual and reproductive health and rights



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| Global Impacts of Anti-Abortion Policy on HIV Programming



Tsiling Mokokong, MD
United Nations Special
Representative on the Right to Health
Doctor, USAID

| U.S. Global Policy in the Doctor's Office: Impacts on Patient Care and Health



Belina Bower-Snyder, JD
Senior Director, The Proclamation
Project, Senior Policy Fellow,
Council for Global Equality

| Unpacking the U.S. Reproductive Health Policy Landscape



Grace Kameu, BA
Regional Coordinator,
African Sex Workers Alliance

| Implications of U.S. Policies for Sex Worker Organizing



Alisa Fankhauf, MA
Global Networks of People
Living with a HIV (GNPL)
Program Manager, Inna Alliance

| Regional Harms of U.S. Global Gag Rule



Mason Davis, PhD
Moderator
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Introduction

Sixty-eight percent of all international funding for the global HIV response comes from the United States federal government (Figure 2).

Figure 2

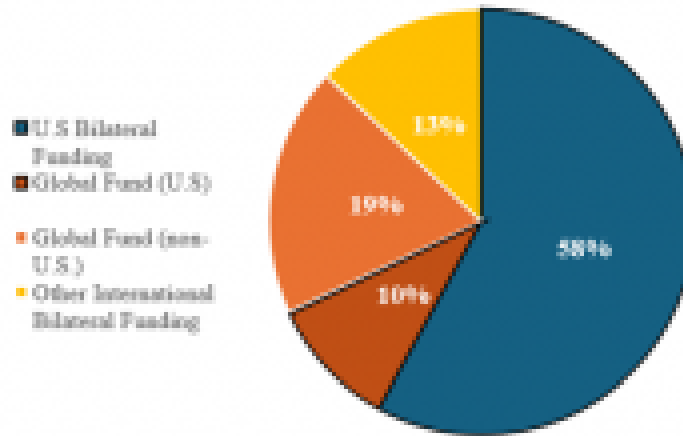
U.S. Influence on Global HIV

• The United States government contributes about **68%** of total international funding for HIV

➤ Multiple restrictions on use of U.S. funds

➤ Additional restrictions on speech and allowable activities while taking U.S. funds

Global HIV Funding by Donor



UNAIDS "Global HIV & AIDS Trends — FactSheet" (2014), 2014. <http://www.unaids.org/en/resources/fact-sheet>. Accessed May 2014

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AMERICAN FOUNDATION FOR AIDS RESEARCH

While its programs, like PEPFAR, have led to massive improvements in outcomes for people living with HIV around the world, this support often comes with strings attached (Figure 3).

Figure 3

Restrictions on U.S. Foreign Assistance

Restrictions while accepting U.S. funds:

➤ The Mexico City Policy / Global Gag Rule (1984):

Has required non-U.S.-based NGOs who receive U.S. Global Health Assistance to:

- Certify that they will not “perform or actively promote abortion as a method of family planning” using funds from any source (including non-U.S. funds)
- Provide information about abortion as a method of family planning
- Or advocate for the liberalization of abortion laws

➤ Anti-Prostitution Loyalty Oath (2003):

- Requires all recipients of the President’s Emergency Plan for AIDS Relief (PEPFAR) funding to “have a policy explicitly opposing prostitution and sex trafficking” and;
- No funds “may be used to promote or advocate for the legalization or practice of prostitution.”

➤ The Helms Amendment (1973):

- **In policy:** Prohibits the use of foreign assistance to pay for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortion.
- **In practice:** has prohibited the use of federal funding for all abortions even in the circumstances of rape, incest, or risk to the life of the pregnant person, exceptions that have been allowed in other areas of U.S. international abortion law and policy.



Mexico City Policy

The Mexico City Policy (hereinafter referred to as Policy) also known as the Global Gag Rule (GGR) restricts how organizations accepting funds from the U.S. can provide reproductive healthcare services. The Policy has come in and out of place since 1984, depending on the U.S. president. Under the GGR, performing or “actively promot[ing]” abortion is strictly prohibited, even if those activities are paid for with other donor’s funds.

Research shows that the impacts are twofold. First, the Policy leads to a reduction in support for key sexual and reproductive health organizations. This loss of funding leads to the closure of clinics, reduced

scope of activities such as contraception and HIV services, and fewer staff at those clinics that remain in operation. Second, the Policy also requires censorship of information about sexual and reproductive health and rights.

Less access to services and reduced information about health lead not only to a decrease in contraception access and increase in unsafe abortions and maternal deaths, but also to increased HIV incidence. This is not supposition, but has been well established in the research, an example of which is given below.

Figure 4

Individual-level analysis of 141 nationally representative demographic health surveys from 30 countries (1986-2018)

Women interviewed while the GGR was in place were *less likely* to:

- Be using modern contraception
- Receive HIV/AIDS information or family planning information in-person
- Receive a health check by a professional after giving birth
- Report their infants received a HIV test as part of antenatal check-up

Kerrill, Bhatia Das, and Valentine Kessell. "GGR-Associated Restrictions and maternal and children's health: Evidence from the 'Global Gag Policy'." Proceedings of the Annual Meeting of the American Political Science Association 119 (2021): 421-29. 11/21



While the Policy was last in place from 2017-2020, it was projected that the Policy was responsible for [90,000 new HIV infections](#) per year in highly impacted countries – a total of 360,000 during the 4 year term. Tragically, researchers also projected that during this time the Policy was responsible for 10,800 maternal deaths and 96,000 child deaths.

But it isn't just that the Policy leads to unnecessary harm and suffering, it also fails to achieve its explicit goal: research showed a [40% increase in abortion rates](#) during years in which the Global Gag Rule was in place. If U.S. lawmakers who've argued in support of the Global Gag Rule were truly interested in limiting abortions, they would advocate for access to a full range of reproductive health and family planning services.

Conclusion

American money has given the U.S. considerable influence around the world, and it is imperative that that influence is evidence-based and health-focused. Anti-abortion policies have never been about health, but rather control. There is no evidence to suggest that limiting access to healthcare has ever led to an increase in overall health. And in the case of the Global Gag Rule, this policy has actively undercut U.S. investments in HIV by contributing to thousands of new HIV infections each year in its place. While we

may not know the full effects of policies, the evidence available does point to harm. It is to be noted that the magnitude of these effects will be known when they take place, but endure beyond whether those policies remain or not. Hence, the only way out is to repeal these restrictive laws. Continued inaction will eventually cost lives and runs counter to global health and HIV goals.

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