



October 26, 2018

# Protecting Life in Global Health Assistance Policy

A Trump Administration policy announced in early 2017 reinstated and expanded earlier policies restricting U.S. international family planning assistance. The new policy and related global health issues remain subject to ongoing debate in Congress.

## Abortion-Related Restrictions on U.S. Foreign Assistance: Background

In August 1984 at the International Conference on Population in Mexico City, the Reagan Administration announced a new policy, which would prohibit foreign nongovernmental organizations (NGOs) from receiving funds from the U.S. Agency for International Development (USAID) without certifying in writing that they would not promote or perform abortion as a method of family planning as an implementer of USAID family planning assistance programs. The new policy, dubbed “Mexico City Policy” (MCP), was instituted and rescinded across Administrations mostly along party lines (**Figure 1**). For more information on executive and legislative abortion-related restrictions on U.S. foreign assistance, see CRS Report R41360, *Abortion and Family Planning-Related Provisions in U.S. Foreign Assistance Law and Policy*, by Luisa Blanchfield.

## Protecting Life in Global Health Assistance (PLGHA): Background

On January 23, 2017, President Donald J. Trump issued a memorandum reinstating the Mexico City policy and extending the conditions to include all global health programs receiving U.S. assistance. There was some confusion among observers about whether the Administration intended for the policy to apply to all global health programs. The last time that the policy was applied, under the George W. Bush Administration, it applied only to family planning programs and included several exceptions, such as funding provided through the President’s Emergency Plan for AIDS Relief (PEPFAR) and assistance provided to treat conditions that threatened the life of the mother and post-abortion care.

In May 2017, the Department of State issued a press release that provided additional information on the expanded policy and named it Protecting Life in Global Health Assistance (PLGHA). The press release explained that PLGHA was to apply to all global health programs, including HIV/AIDS, though abortion referrals in cases of rape, incest, or endangerment of the life of the mother were not prohibited under PLGHA. The Administration also noted in a press briefing that PLGHA would apply to all U.S. agencies implementing global health programs, including the

Department of Defense (DOD) and the U.S. Centers for Disease Control and Prevention (CDC), whereas the Mexico City policy applied only to family assistance programs funded by USAID and the State Department. The Administration also announced that it would conduct a comprehensive review of the policy.

## PLGHA Policy Review and Implementation Issues

The State Department conducted a six-month review and released its findings in February 2018. The department concluded that it was too early “to assess the full range of benefits and challenges” of the PLGHA and committed to conduct another review in December 2018. During the six-month review, the Department surveyed over 700 prime partners, of which 729 accepted the policy and four declined to adhere to it. The Kaiser Family Foundation (KFF) noted, however, that the initial survey reached a fraction of prime partners and estimated that at least 1,300 NGOs could be affected by the policy. Some reports on the impact of the policy have emerged. Marie Stopes International, a former implementer of U.S. family planning and reproductive health programs, had refused to comply with the policy. The organization had received about \$30 million annually for family planning programs and has announced that without U.S. funding it has closed half of its outreach locations that provide contraception in Zimbabwe and all of its operations in Madagascar due to lack of funds.

In the review, the State Department noted three key areas where there was a “need for further guidance regarding the PLGHA policy to improve a common understanding of its intent, implementation, compliance, and oversight.”

- **Financial Support Provision.** The PLGHA indicates that foreign NGOs that receive U.S. global health assistance will not “perform or actively promote abortion as a method of family planning in foreign countries or *provide financial support to any other foreign non-governmental organization that conducts such activities*” (italics added). A number of large NGOs with multiple activities across health and development areas sought additional guidance regarding application of “financial support,” particularly whether the financial support provision applied to the NGO or the activity.
- **Termination Provision.** According to the PLGHA, health assistance “must be terminated if the recipient violates any undertaking” required by the provision. A number of those surveyed asserted that since the expanded policy applied to NGOs that may not have had experience with the Mexico City Policy, some may

inadvertently violate the policy and requested some discretion should an unintended violation occur.

Advocacy groups contend that there is no mechanism for following up with questions about compliance. U.S. agencies in the field have allegedly been unable to provide further guidance than what had been issued through e-training.

- Application to Training and Technical Assistance.** Furnishing health assistance, according to the PLGHA, does not include “the participation of an individual in the general training programs of the recipient or sub-recipient.” Several implementers of U.S. global health programs provide training and technical assistance to private sector nurses or doctors and expressed confusion about whether PLGHA applies to such trainings and assistance.

Some global health advocacy groups reported cases where confusion about these and other issues have affected service delivery. In June 2017, the International Women’s Health Coalition conducted interviews and monitored media reports in recipient countries and found high levels of confusion about policy implementation. In certain instances, according to the organization, groups stopped providing information on reproductive health services that were in compliance with the PLGHA policy, such as post-abortion care. In September 2018, USAID issued a document, *Protecting Life in Global Health Assistance: Frequently Asked Questions and Answers*, which addressed some of these questions, though some questions remain, particularly related to the termination provision.

Opponents to the PLGHA policy assert that unsafe abortions (and related maternal deaths) may increase due to decreased family planning services and under widespread confusion about the type of partnerships and services permitted under the new policy. A 2011 study on the Mexico City Policy found, for example, that abortion rates rose in countries with high exposure to the MCP and that contraception use declined over the same period in those countries. Further studies would be needed to determine whether the PLGHA has actually suppressed access to services aimed at addressing key global health issues,

particularly maternal and infant morbidity and mortality, as well as HIV/AIDS.

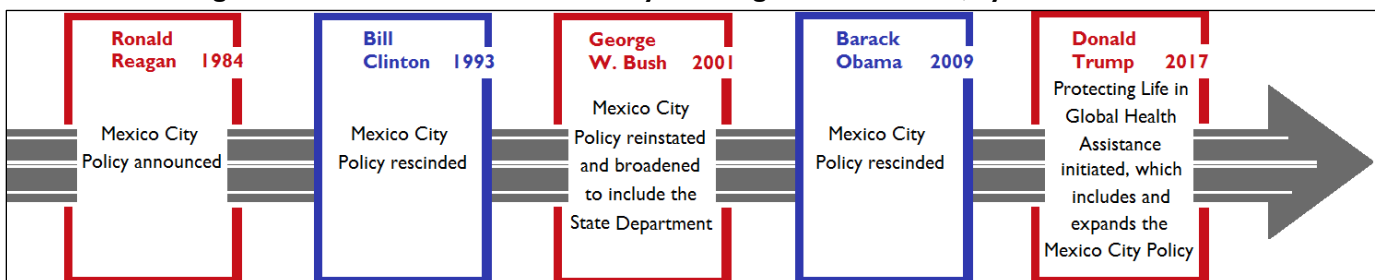
### PLGHA: Congressional Issues

Since the Mexico City Policy was first established, some Members on both sides of the issue have introduced legislation to permanently enact or repeal the policy. In the 115<sup>th</sup> Congress, H.R. 671 and S. 210, the Global Health, Empowerment, and Rights Act, were introduced to specify that foreign NGOs that provide health or medical services, including counseling and referral services, shall not be ineligible from receiving U.S. funding if such services do not violate the laws of the country in which they are being provided and if they would not violate U.S. federal law (the PLGHA is a policy, not a law). Some congressional Members opposing PLGHA have also requested that the Government Accountability Office (GAO) review the policy and determine whether it would be subject to the Congressional Review Act, an oversight tool Congress can use to overturn certain agency actions. (For more information on the Congressional Review Act, see CRS In Focus IF10023, *The Congressional Review Act (CRA)*.) GAO concluded that agencies implementing presidential policymaking are not subject to review under CRA.

Supporters of the PLGHA maintain that although existing laws ban U.S. funds from being used to perform or promote abortions abroad, the PLGHA policy closes any loopholes for potentially shifting available funds. The House Appropriations Committee report for FY2019 State, Foreign Operations appropriations included language that, among other things, prohibits the use of funds for any foreign NGO that promotes or performs abortion, except in case of rape or incest or when the life of the mother would be endangered if the fetus were carried to term. The bill also includes language that prohibits discriminating against grantees with religious or conscientious commitment to offer only natural family planning.

*Documents cited in this report are available to congressional clients upon request. Monyai Chavers, CRS Research Associate, contributed to this report.*

**Figure I. International Abortion/Family Planning-Related Policies, by Administration**



Source: Created by CRS.

**Tiaji Salaam-Blyther**, Specialist in Global Health  
**Sara M. Tharakan**, Analyst in Global Health and International Development

---

## Disclaimer

This document was prepared by the Congressional Research Service (CRS). CRS serves as nonpartisan shared staff to congressional committees and Members of Congress. It operates solely at the behest of and under the direction of Congress. Information in a CRS Report should not be relied upon for purposes other than public understanding of information that has been provided by CRS to Members of Congress in connection with CRS's institutional role. CRS Reports, as a work of the United States Government, are not subject to copyright protection in the United States. Any CRS Report may be reproduced and distributed in its entirety without permission from CRS. However, as a CRS Report may include copyrighted images or material from a third party, you may need to obtain the permission of the copyright holder if you wish to copy or otherwise use copyrighted material.