January 2019 | Fact Sheet

The Mexico City Policy: An Explainer

Key Points

- On January 23, 2017, President Donald Trump reinstated and expanded the Mexico City Policy via presidential memorandum. Under the Trump administration, the policy has been renamed "Protecting Life in Global Health Assistance." This explainer provides an overview of the policy, including its history, changes over time, and current application.
- First announced in 1984 by the Reagan administration, the policy has been rescinded and reinstated by subsequent administrations along party lines and has now been in effect for 19 of the past 34 years.
- The policy requires foreign non-governmental organizations (NGOs) 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), as a condition for receiving U.S. government global family planning assistance and, as of Jan. 23, 2017, most other U.S. global health assistance.
- The Trump administration's application of the policy extends to the vast majority of U.S. bilateral global health assistance, including funding for HIV under PEPFAR, maternal and child health, malaria, nutrition, and other programs. This marks a significant expansion of its scope, potentially encompassing $7.4 billion in FY 2018, to the extent that such funding is ultimately provided to foreign NGOs, directly or indirectly (family planning assistance accounts for approximately $600 million of that total).
- Kaiser Family Foundation analyses have found that:
  - more than half of the countries in which the U.S. provides bilateral global health assistance allow for legal abortion in at least one case not permitted by the policy (analysis); and
  - had the expanded policy been in effect during the FY 2013 – FY 2015 period, at least 1,275 foreign NGOs would have been subject to the policy (analysis).

What is the Mexico City Policy?

The Mexico City Policy is a U.S. government policy that – when in effect – has required foreign NGOs to certify that they will not "perform or actively promote abortion as a method of family planning" with non-U.S. funds as a condition for receiving U.S. global family planning assistance and, as of Jan. 23, 2017, most other U.S. global health assistance.

Box 1: The Original Language of the Mexico City Policy, 1984[1]

"[T]he United States does not consider abortion an acceptable element of family planning programs and will no longer contribute to those of which it is a part. …[T]he United States will no longer contribute to separate nongovernmental organizations which perform or actively promote abortion as a method of family planning in other nations."

The policy was first announced

by the Reagan administration at the 2nd International Conference on Population, which was held in Mexico City, Mexico, on August 6-14, 1984 (hence its name).[2] Under the Trump administration, the policy has been renamed "Protecting Life in Global Health Assistance." Among opponents, it is also known as the "Global Gag Rule," because among other activities, it prohibits foreign NGOs from using non-U.S. funds to provide information about abortion as a method of family planning and to lobby a foreign government to legalize abortion.

When first instituted in 1984, the Mexico City Policy marked an expansion of existing legislative restrictions that already prohibited U.S. funding for abortion internationally, with some exceptions (see below). Prior to the policy, foreign NGOs could use non-U.S. funds to engage in voluntary abortion-related activities as long as they maintained segregated accounts for any U.S. money received, but after the Mexico City Policy was in place, they were no longer permitted to do so if they wanted to receive U.S. family planning assistance.

The Trump administration's application of the policy to the vast majority of U.S. bilateral global health assistance, including funding for HIV under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), maternal and child health, malaria, nutrition, and other programs, marks a significant expansion of its scope, potentially encompassing $7.7 billion in FY 2018, to the extent that such funding is ultimately provided to foreign NGOs, directly or indirectly (family planning assistance accounted for approximately $600 million of that total).[3]

When has it been in effect?

The Mexico City Policy has been in effect for 19 of the past 34 years, primarily through executive action, and has been instated, rescinded, and reinstated by presidential administrations along party lines (see Table 1).

The policy was first instituted in 1984 (taking effect in 1985) by President Ronald Reagan and continued to be in effect through President George H.W. Bush's administration. It was rescinded by President Bill Clinton in 1993 (although it was reinstated legislatively for one

Table 1: The U.S. Mexico City Policy Over Time[4]

Years	In Effect?	Presidential Administration (Party Affiliation)	Executive (E) or Congressional (C) Action?
1985-1989	Yes	Reagan (R)	E
1989-1993	Yes	Bush (R)	E
1993-1999 Sept.	No	Clinton (D)	E
1999 Oct.-2000 Sept.	Yes*	Clinton (D)	C
2000 Oct.-2001	No	Clinton (D)	E
2001-2009	Yes	Bush (R)	E
2009-2017	No	Obama (D)	E
2017-present	Yes	Trump (R)	E

NOTES: Shaded blue indicate periods when policy was in effect. * There was a temporary, one-year legislative imposition of the policy, which included a portion of the restrictions in effect in other years[5] and an option for the president to waive these restrictions in part; however, if the waiver option was exercised (for no more than $15 million in family planning assistance), then $12.5 million of this funding would be transferred to maternal and child health assistance. The president did exercise the waiver option.

year during his second term;[6] see below).[7] The policy was reinstated by President George W. Bush in 2001[8] and then rescinded by President Barack Obama in 2009.[9] It is currently in effect, having been reinstated by President Trump in 2017.[10]

How is it instituted (and rescinded)?

The Mexico City Policy has, for the most part, been instituted or rescinded through executive branch action (typically via presidential memoranda[11]). While Congress has the ability to institute the policy through legislation, this has happened only once in the past: a modified version of the policy was briefly applied by Congress during President Clinton's last year in office as part of a broader arrangement to pay the U.S. debt to the United Nations.[12] (At that time, President Clinton was able to partially waive the policy's restrictions.[13]) Other attempts to institute the policy through legislation have not been passed,[14] nor have legislative attempts to overturn the policy.[15] See Table 1.

Who does the policy apply to?

The policy, when in effect, applies to foreign NGOs as a condition for receiving U.S. family planning support and, now, other global health assistance, either directly (as the main – or prime – recipient of U.S. funding) or indirectly (as a recipient of U.S. funding through an agreement with the prime recipient; referred to as a sub-recipient). Foreign NGOs include:

- international NGOs that are based outside the U.S.,
- regional NGOs that are based outside the U.S., and
- local NGOs in assisted countries.

U.S. NGOs, while not directly subject to the Mexico City Policy, must also agree to ensure that they do not provide funding to any foreign NGO sub-recipients unless those sub-recipients have first certified adherence to the policy.

As in the past, the current policy does not apply to foreign governments (national or sub-national), public international organizations, and other multilateral entities, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and Gavi, the Vaccine Alliance.[16]

To what assistance does it apply?

In the past, foreign NGOs have been required to adhere to the Mexico City Policy – when it was in effect – as a condition of receiving support through certain U.S. international funding streams: family planning assistance through the U.S. Agency for International Development (USAID) and, beginning in 2003, family planning assistance[17] through the U.S. Department of State. In the 2003 memorandum announcing the policy's expansion to include the Department of State, President Bush stated that the policy did not

apply to funding for global HIV/AIDS programs and that multilateral organizations that are associations of governments are not included among "foreign NGOs."[18]

The current policy, reinstated in 2017, applies to the vast majority of U.S. bilateral global health assistance furnished by all agencies and departments.[19] "Assistance" includes "the provision of funds, commodities, equipment, or other in-kind global health assistance."[20] Specifically, the expanded policy applies to **nearly all bilateral global health assistance, including:**[21]

- family planning and reproductive health
- for the first time:
  - maternal and child health (including household-level water, sanitation, and hygiene (WASH))[22]
  - nutrition
  - HIV under PEPFAR
  - tuberculosis
  - malaria under the President's Malaria Initiative (PMI)
  - neglected tropical diseases
  - global health security
- certain types of research activities[23]

The policy applies **to the assistance described above that is appropriated directly to three agencies and departments:** USAID; the Department of State, including the Office of the Global AIDS Coordinator, which oversees and coordinates U.S. global HIV funding under PEPFAR; and for the first time, the Department of Defense (DoD).[24] When such funding is transferred to another agency, including the Centers for Disease Control (CDC) and the National Institutes of Health (NIH), it remains subject to the policy, to the extent that such funding is ultimately provided to foreign NGOs, directly or indirectly.

The policy applies **to three types of funding agreements for such assistance:** grants; cooperative agreements;[25] and, for the first time, contracts, pending necessary rule-making that would be needed to do so.[26]

What activities are prohibited?

The policy prohibits foreign NGOs that receive U.S. family planning assistance and, now, any other U.S. bilateral global health assistance from using non-U.S. funds to "perform or actively promote abortion as a method of family planning." In addition to providing abortions with non-U.S. funds, restricted activities also include the following:

- providing advice and information about and offering referral for abortion – where legal – as part of the full range of family planning options,

- promoting changes in a country's laws or policies related to abortion as a method of family planning (i.e., engaging in lobbying), and
- conducting public information campaigns about abortion as a method of family planning.

The prohibition of these activities are why the policy has been referred to by its critics as the "Global Gag Rule."

The policy, however, does not prohibit foreign NGOs from:

- providing advice and information about, performing, or offering referral for abortion in cases where the pregnancy has either posed a risk to the life of the mother or resulted from incest or rape;[27] and
- responding to a question about where a safe, legal abortion may be obtained when a woman who is already pregnant clearly states that she has already decided to have a legal abortion (passively providing information, versus actively providing medically-appropriate information).

In addition, the expanded policy does not apply to healthcare providers who have an affirmative duty required under local law to provide counseling about and referrals for abortion as a method of family planning.

Does it restrict direct U.S. funding for abortion overseas?

U.S. funding for abortion is already restricted under several provisions of the law.[28] Specifically, before the Mexico City Policy was first announced in 1984, U.S. law already prohibited the use of U.S. aid:

- to pay for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortion (the **Helms Amendment**, 1973, to the Foreign Assistance Act);
- for biomedical research related to methods of or the performance of abortion as a means of family planning (the **Biden Amendment**, 1981, to the Foreign Assistance Act); and
- to lobby for or against abortion[29] (the **Siljander Amendment**, first included in annual appropriations in 1981 and included each year thereafter).

Then, shortly after the policy was announced in 1984, the **Kemp-Kasten Amendment** was passed in 1985, prohibiting the use of U.S. aid to fund any organization or program, as determined by the president, that supports or participates in the management of a program of coercive abortion or involuntary sterilization (it is now included in annual appropriations). In the 2017 reinstatement of the Mexico City Policy, the memo included, for the first time, directions to the Secretary of State to enforce the Kemp-Kasten Amendment. Such directions had been provided separately in the past.

Before the Mexico City Policy, U.S. aid recipients could use non-U.S. funds to engage in abortion-related activities but were required to maintain segregated accounts for U.S. assistance.[30] The Mexico City Policy reversed this practice: no longer were foreign NGOs allowed to use non-U.S. funds, maintained in

segregated accounts, for voluntary abortion-related activities if they wished to continue to receive or be able to receive U.S. family planning funds.

Does the policy prohibit post-abortion care?

The Mexico City Policy does not restrict the provision of post-abortion care, which is a supported activity of U.S. family planning assistance. Whether or not the Mexico City Policy is in effect, recipients of U.S. family planning assistance are allowed to use U.S. and non-U.S. funding to support post-abortion care,[31] no matter the circumstances of the abortion (whether it was legal or illegal).

What has been the impact of the policy?

There has been some research and anecdotal information published about the policy's impact in the past. Most notably, a 2011 quantitative analysis by Bendavid, et. al, found a strong association between the Mexico City Policy and abortion rates in sub-Saharan Africa. Specifically, the study found that abortion rates rose in countries with high exposure to the Mexico City Policy compared to those with low exposure, while the use of modern contraceptives declined over the same period in high exposure compared to low exposure countries. In other words, it found patterns "suggesting that the Mexico City Policy is associated with increases in abortion rates in sub-Saharan African countries," likely because foreign NGOs that declined U.S. funding as a result of the Mexico City Policy – often key providers of women's health services in these areas – had fewer resources to support family planning services, particularly contraceptives.[32] Increased access to and use of contraception has been shown to be key to preventing unintended pregnancies and thereby reducing abortion, including unsafe abortion.[33]

Additionally, there has been anecdotal evidence and qualitative data on the impact of the policy, when it has been in force in the past, on the work of organizations that have chosen in the past to not agree to the policy and, therefore, forgo U.S. funding that had previously supported their activities.[34] For example, they have reported that they have fewer resources to support family planning and reproductive health services, including family planning counseling, contraceptive commodities, condoms, and reproductive cancer screenings.[35]

While it is likely too early to assess the full effects of the current policy on NGOs and the individuals they serve, as the policy is applied on a rolling basis as new funding agreements or modifications to existing agreements are made, some early data are available, including an official assessment by the U.S. government. In February 2018, the State Department announced the findings of an initial six-month review of implementation of the policy through the end of FY 2017 (September 2017).[36] The State Department report also directed agencies to provide greater support for improving understanding of implementation among affected organizations, provided guidance to clarify terms included in standard provisions of grants and cooperative agreements, and reported the number of affected agreements with prime implementing partners and the number of those that have accepted the Mexico City Policy as part of their agreements through September 2017 (see Table 2).

Table 2: Findings of State Department's Initial Six-Month Review of the Implementation of the Expanded Mexico City Policy[37]					
U.S. Agency or Department	**Policy Implementation Date**	**Overall # of Grants and Cooperative Agreements with Global Health Assistance Funding**	**Of Overall #:** (From the Policy Implementation Date through 9/30/2017)		
			# That Received New Funding and Accepted Policy	*# That Received New Funding and Declined to Accept Policy^*	*# That Had Not Received New Funding Yet*
USAID	May 15, 2017	580	419	3	158
State*	May 15, 2017	142	108	0	34
HHS+	May 31, 2017	499	160	0	339
DoD	May 15, 2017	77	42	1	34
	TOTAL	**1298**	**729**	**4**	**565**

NOTES: * indicates this reflects PEPFAR funding implemented through the Department of State; other departments and agencies implement the majority of PEPFAR funding. + indicates that at HHS agencies, only certain assistance funding transferred from USAID, State, and DoD would be subject to the policy. All four affected departments and agencies have existing assistance agreements that had not yet received their additional funding by September 30, 2017, which means implementers of those agreements had not yet received the Protecting Life in Global Health Assistance (PLGHA, the current name of the Expanded Mexico City Policy) standard provision. ^ indicates as of September 30, 2017, USAID reported it was aware of three centrally funded prime partners, and 12 sub-awardee implementing partners, that refused to agree to the PLGHA terms in their awards; DoD reported that one DoD partner, a U.S. NGO, declined to agree in one country but accepted the PLGHA standard provision in other countries; and HHS reported that no HHS partners declined to agree.

Per the May 15, 2017, implementation plan, the review was to be "a comprehensive review of all aspects of the policy's application, which could include compliance, implementation issues, and new information affecting implementation going forward."[38] It was to give "special attention" to global health programs that are newly affected by the policy (i.e., global health areas besides family planning and reproductive health).[39] The State Department report on the review acknowledged that the review took "place early in the policy's implementation, when affected U.S. government departments and agencies have added a significant portion of the funding affected by the policy to grants and cooperative agreements only recently [i.e., after the period the review examined]. A follow-on analysis would allow an opportunity to address one of the primary concerns presented in feedback from third-party stakeholder organizations, namely that six months is insufficient time to gauge the impacts of" the policy.[40]

Nonetheless, it is already clear that the reinstated and expanded version of the policy applies to a much greater amount of U.S. global health assistance, and greater number of foreign NGOs, across many program areas.[41] The Kaiser Family Foundation has found that more than half (37) of the 64 countries that received U.S. bilateral global health assistance in FY 2016 allow for legal abortion in at least one case not permitted by the policy and that had the expanded Mexico City Policy been in effect during the FY 2013 – FY 2015 period, at least 1,275 foreign NGOs would have been subject to the policy. In addition, at least 469 U.S. NGOs that received U.S. global health assistance during this period would have been required to ensure that their foreign NGO sub-recipients were in compliance.

Other studies based on early qualitative analysis have been released, and at least one long-term, quantitative assessment is underway.[42]

What are the next steps in implementing the expanded policy?

The policy went into effect in May 2017 (see Table 2), although it is applied on a rolling basis, as new funding agreements and modifications to existing agreements occur. While it applies to all grants and cooperative agreements, the Trump administration has indicated that it is taking steps to implement the policy in contracts, which would require a rule-making process.[43]

In addition, the State Department, as an action item in the six-month review report, stated it would "conduct a further review of implementation of the policy by December 15, 2018, when more extensive experience will enable a more thorough examination of the benefits and challenges." This further review has not yet been released, and its status is unclear.

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[1] "Policy Statement of the United States of America at the United Nations International Conference on Population (Second Session), Mexico City, Mexico, August 6-14, 1984," undated.

[2] "Policy Statement of the United States of America at the United Nations International Conference on Population (Second Session), Mexico City, Mexico, August 6-14, 1984," undated; United Nations Division of Economic and Social Affairs/Population Division, "United Nations Conferences on Population," webpage, undated, http://www.un.org/en/development/desa/population/events/conference/index.shtml.

[3] KFF analysis of State Department: "Protecting Life in Global Health Assistance," fact sheet, May 15, 2017; "Background Statement: Announcement of 'Protecting Life in Global Health Assistance,'" background opening statement, May 15, 2017; "Implementation of Protecting Life in Global Health Assistance (Formerly known as the 'Mexico City Policy')," PRM press guidance, May 15, 2017; "Background Briefing: Senior Administration Officials on Protecting Life in Global Health Assistance," press release of special briefing by senior State Department officials via teleconference, May 15, 2017; "Subject: Protecting Life in Global Health Assistance," Federal Assistance Management Advisory Number 2017-01; "Protecting Life in Global Health Assistance (May 2017)," MCP-related portion of standard provisions for cooperative agreements and grants to NGOs, May 11, 2017; and KFF analysis of data from: Congressional Appropriations Bills, Press Releases, and Conference Reports; Federal Agency Budget and Congressional Justification documents and Operating Plans; ForeignAssistance.gov; Office of Management and Budget, personal communication.

[4] "Policy Statement of the United States of America at the United Nations International Conference on Population (Second Session), Mexico City, Mexico, August 6-14, 1984," undated; Bill Clinton Administration, "Subject: AID Family Planning Grants/Mexico City Policy," Memorandum for the Acting Administrator of the Agency for International Development, January 22, 1993, National Archives and Records Administration's Clinton Presidential Materials Project, https://clinton6.nara.gov/1993/01/1993-01-22-aid-family-planning-grants-mexico-city-policy.html; FY 2000 Consolidated Appropriations Act, P.L. 106-113; George W. Bush Administration, "Subject: Restoration of the Mexico City Policy," Memorandum for the Administrator of the United States Agency for International Development, January 22, 2001, Bush Administration White House Archives, https://georgewbush-whitehouse.archives.gov/news/releases/20010123-5.html; "Subject: Restoration of the Mexico City Policy," Memorandum for the Administrator of the United States Agency for International Development, March 28, 2001, *Federal Register*, https://www.federalregister.gov/documents/2001/03/29/01-8011/restoration-of-the-mexico-city-policy; George W. Bush Administration, "Subject: Assistance for Voluntary Population Planning," Memorandum for the Secretary of State, August 29, 2003, Bush Administration White House Archives, http://georgewbush-whitehouse.archives.gov/news/releases/2003/08/20030829-3.html; Barack Obama Administration, "Mexico City Policy and Assistance for Voluntary Population Planning," Memorandum for the Secretary of State, the Administrator of the United States Agency for International Development, January 23, 2009, https://www.whitehouse.gov/the-press-office/mexico-city-policy-and-assistance-voluntary-population-planning; White House, "The Mexico City Policy," Memorandum for the Secretary of State, the Secretary of Health and Human Services, the Administrator of the Agency for International Development, Jan. 23, 2017, https://www.whitehouse.gov/the-press-office/2017/01/23/presidential-memorandum-regarding-mexico-city-policy.

[5] The policy included language that prohibited USAID from providing family planning assistance to any foreign private, nongovernmental, or multilateral organizations until they certified that during the period for which the funding was made available 1) they would not perform abortions as a method of family planning in any foreign country and 2) they would not violate the laws of any foreign country regarding abortion and would not engage in lobbying any foreign country regarding abortion. FY 2000 Consolidated Appropriations Act, P.L. 106-113.

[6] The temporary, one-year legislative imposition of the policy occurred as part of a broader deal related to paying the U.S. debt to the United Nations. See FY 2000 Consolidated Appropriations Act, P.L. 106-113; PAI, Global Gag Rule Timeline, July 12, 2011; and Richard Cincotta and Barbara Crane, "The Mexico City Policy and U.S. Family Planning Assistance," *Science*, Oct. 19, 2001, Vol. 294: pp. 525-526.

[7] Bill Clinton Administration, "Subject: AID Family Planning Grants/Mexico City Policy," Memorandum for the Acting Administrator of the Agency for International Development, January 22, 1993, National Archives and Records Administration's Clinton Presidential Materials Project, https://clinton6.nara.gov/1993/01/1993-01-22-aid-family-planning-grants-mexico-city-policy.html.

[8] George W. Bush Administration, "Subject: Restoration of the Mexico City Policy," Memorandum for the Administrator of the United States Agency for International Development, January 22, 2001, Bush Administration White House Archives, https://georgewbush-whitehouse.archives.gov/news/releases/20010123-5.html; "Subject: Restoration of the Mexico City Policy," Memorandum for the Administrator of the United States Agency for International Development, March 28, 2001, *Federal Register*, https://www.federalregister.gov/documents/2001/03/29/01-8011/restoration-of-the-mexico-city-policy; George W. Bush Administration, "Subject: Assistance for Voluntary Population Planning," Memorandum for the Secretary of State, August 29, 2003, Bush Administration White House Archives, http://georgewbush-whitehouse.archives.gov/news/releases/2003/08/20030829-3.html.

[9] Barack Obama Administration, "Mexico City Policy and Assistance for Voluntary Population Planning," Memorandum for the Secretary of State, the Administrator of the United States Agency for International Development, January 23, 2009, https://www.whitehouse.gov/the-press-office/mexico-city-policy-and-assistance-voluntary-population-planning.

[10] White House, "The Mexico City Policy," Memorandum for the Secretary of State, the Secretary of Health and Human Services, the Administrator of the Agency for International Development, Jan. 23, 2017, https://www.whitehouse.gov/the-press-office/2017/01/23/presidential-memorandum-regarding-mexico-city-policy..

[11] Presidential memoranda "are often used to carry out routine executive decisions and determinations, or to direct agencies to perform duties consistent with the law or implement laws that are presidential priorities" and are not required to be published in the *Federal Register* (although those pertaining to the Mexico City Policy sometimes have been). These presidential instruments or directives "may have the force and effect of law only if the presidential action is based on power vested in the President by the U.S. Constitution or delegated to the President by Congress." Memoranda have the same legal authority as executive orders, although the latter is always required to be published in the *Federal Register*. Quotes as stated in Congressional Research Service (CRS), *Executive Orders: Issuance, Modification, and Revocation*, April 16, 2014, RS20846.

[12] The legislative application of the policy – applying to FY 2000, which was from Oct. 1, 1999, until Sept. 30, 2000 – included language that prohibited USAID from providing family planning assistance to any foreign private, nongovernmental, or multilateral organizations until they certified that during the period for which the funding was made available 1) they would not perform abortions as a method of family planning in any foreign country and 2) they would not violate the laws of any foreign country regarding abortion and would not engage in lobbying any foreign country regarding abortion. FY 2000 Consolidated Appropriations Act, P.L. 106-113; PAI, Global Gag Rule Timeline, July 12, 2011; and Richard Cincotta and Barbara Crane, "The Mexico City Policy and U.S. Family Planning Assistance," *Science*, Oct. 19, 2001, Vol. 294: pp. 525-526.

[13] The legislation included an option for the president to waive these restrictions; however, if he exercised the waiver option (for no more than $15 million in family planning assistance), then $12.5 million of this funding would be transferred to maternal and child health assistance. The president did exercise the waiver option. FY 2000 Consolidated Appropriations Act, P.L. 106-113.

[14] CRS, *Abortion and Family Planning-Related Provisions in U.S. Foreign Assistance Law and Policy*, May 17, 2016, R41360.

[15] CRS, *Appropriations for FY2000: Foreign Operations, Export Financing, and Related Programs*, updated August 4, 1999, RL30211; CRS, *International Family Planning: The "Mexico City" Policy*, updated April 2, 2001, RL30830; CRS,

Abortion and Family Planning-Related Provisions in U.S. Foreign Assistance Law and Policy, May 17, 2016, R41360; PAI, Global Gag Rule Timeline, July 12, 2011.

[16] State Department: "Protecting Life in Global Health Assistance," fact sheet, May 15, 2017; "Background Statement: Announcement of 'Protecting Life in Global Health Assistance,'" background opening statement, May 15, 2017; "Implementation of Protecting Life in Global Health Assistance (Formerly known as the 'Mexico City Policy')," PRM press guidance, May 15, 2017; "Background Briefing: Senior Administration Officials on Protecting Life in Global Health Assistance," press release of special briefing by senior State Department officials via teleconference, May 15, 2017; "Subject: Protecting Life in Global Health Assistance," Federal Assistance Management Advisory Number 2017-01; "Protecting Life in Global Health Assistance (May 2017)," MCP-related portion of standard provisions for cooperative agreements and grants to NGOs, May 11, 2017.

[17] George W. Bush Administration, "Subject: Assistance for Voluntary Population Planning," Memorandum for the Secretary of State, August 29, 2003, Bush Administration White House Archives, http://georgewbush-whitehouse.archives.gov/news/releases/2003/08/20030829-3.html.

[18] George W. Bush Administration, "Subject: Assistance for Voluntary Population Planning," Memorandum for the Secretary of State, August 29, 2003, Bush Administration White House Archives, http://georgewbush-whitehouse.archives.gov/news/releases/2003/08/20030829-3.html. In other words, when President Bush extended the policy to include funding at the Department of State, he stated in the memorandum that the policy did not apply to foreign aid funding for global HIV/AIDS, malaria, and tuberculosis programs (including those under the U.S. President's Emergency Plan for AIDS Relief or PEPFAR). He also stated that "foreign NGOs" do not include multilateral organizations that are associations of governments, such as the U.N. Population Fund (UNFPA) and the Global Fund to Fight AIDS, Tuberculosis and Malaria. For more information about PEPFAR, see the KFF fact sheet.

[19] State Department: "Protecting Life in Global Health Assistance," fact sheet, May 15, 2017; "Background Statement: Announcement of 'Protecting Life in Global Health Assistance,'" background opening statement, May 15, 2017; "Implementation of Protecting Life in Global Health Assistance (Formerly known as the 'Mexico City Policy')," PRM press guidance, May 15, 2017; "Background Briefing: Senior Administration Officials on Protecting Life in Global Health Assistance," press release of special briefing by senior State Department officials via teleconference, May 15, 2017; "Subject: Protecting Life in Global Health Assistance," Federal Assistance Management Advisory Number 2017-01; "Protecting Life in Global Health Assistance (May 2017)," MCP-related portion of standard provisions for cooperative agreements and grants to NGOs, May 11, 2017; USAID: "Standard Provisions for U.S. Nongovernmental Organizations: A Mandatory Reference for ADS Chapter 303," ADS Reference 303maa, partial revision May 22, 2017, https://www.usaid.gov/ads/policy/300/303maa; "Standard Provisions for Non-U.S. Nongovernmental Organizations: A Mandatory Reference for ADS Chapter 303," ADS Reference 303mab, partial revision May 22, 2017, https://www.usaid.gov/ads/policy/300/303mab; CDC, "Additional Requirement – 35: Protecting Life in Global Health Assistance," webpage, updated July 13, 2017, https://www.cdc.gov/grants/additionalrequirements/ar-35.html; NIH, "Protecting Life in Global Health Assistance," Notice Number: NOT-OD-17-083, June 23, 2017, https://grants.nih.gov/grants/guide/notice-files/NOT-OD-17-083.html.

[20] As stated in State Department, "Implementation of Protecting Life in Global Health Assistance (Formerly known as the 'Mexico City Policy')," PRM press guidance, May 15, 2017.

[21] The following areas/programs are exempt from the policy: water supply and sanitation (see also endnote #22); humanitarian assistance, including activities related to migration and refugee assistance activities as well as disaster and humanitarian relief activities; the American Schools and Hospitals Abroad (ASHA) program; Food for Peace (FFP). See: State Department: "Subject: Protecting Life in Global Health Assistance," Federal Assistance Management Advisory Number 2017-01; "Protecting Life in Global Health Assistance," fact sheet, May 15, 2017; USAID: "Standard Provisions for U.S. Nongovernmental Organizations: A Mandatory Reference for ADS Chapter 303," ADS Reference 303maa, partial revision May 22, 2017, https://www.usaid.gov/ads/policy/300/303maa; "Standard Provisions for Non-U.S. Nongovernmental Organizations: A Mandatory Reference for ADS Chapter 303," ADS Reference 303mab, partial revision May 22, 2017, https://www.usaid.gov/ads/policy/300/303mab.

[22] The policy applies to certain safe water, sanitation, and hygiene activities at the household-level, particularly those related to behavior, which are described under the Health (HL) program element of the Updated Foreign Assistance Standardized Program Structure and Definitions (available at: https://www.state.gov/f/releases/other/255986.htm#HL6). However, HL.8: Water Supply and Sanitation is exempt from the policy; activities under this sub-element are usually focused on infrastructure and systems.

[23] "The policy covers implementation-science research, operational or programmatic research, surveys, needs assessments and related capacity-building conducted for the purpose of making improvements to global health

assistance programs funded by the U.S. Government and implemented through a foreign NGO with a primary purpose or effect of benefiting a foreign country," as stated in State Department, "Implementation of Protecting Life in Global Health Assistance (Formerly known as the 'Mexico City Policy')," PRM press guidance, May 15, 2017.

[24] It also applies to global health assistance provided to foreign NGOs by other agencies and departments using funds transferred through the interagency process from USAID, the Department of State, and DoD.

[25] As of May 15, the policy applies to all new grants and cooperative agreements that provide global health assistance, as well as to all existing grants and cooperative agreements that provide global health assistance when such agreements are amended to add new funding. As of March 2, the same holds true for USAID grants and cooperative agreements that provide family planning assistance. State Department: "Subject: Protecting Life in Global Health Assistance," Federal Assistance Management Advisory Number 2017-01; "Protecting Life in Global Health Assistance (May 2017)," MCP-related portion of standard provisions for cooperative agreements and grants to NGOs, May 11, 2017; and USAID: "Standard Provisions for U.S. Nongovernmental Organizations: A Mandatory Reference for ADS Chapter 303," ADS Reference 303maa, partial revision May 22, 2017, https://www.usaid.gov/ads/policy/300/303maa; "Standard Provisions for Non-U.S. Nongovernmental Organizations: A Mandatory Reference for ADS Chapter 303," ADS Reference 303mab, partial revision May 22, 2017, https://www.usaid.gov/ads/policy/300/303mab.

[26] The exception to this is "grants under contracts," which were previously subject to the policy; they are essentially grants made to sub-awardees by recipients of contracts.

[27] While the policy allows exceptions for foreign NGOs that perform abortions with non-U.S. funds in the cases of a pregnancy that threatens the life of the woman or was a result of rape or incest, long-standing USAID interpretation of the Helms Amendment to the Foreign Assistance Act has not permitted U.S. funding to support the performance of abortions in these exceptional cases.

[28] For information about other U.S. government requirements and policies related to family planning and reproductive health, see: KFF, The U.S. Government and International Family Planning & Reproductive Health: Statutory Requirements and Policies; KFF, Statutory Requirements & Policies Governing U.S. Global Family Planning and Reproductive Health Efforts, 2012; USAID, USAID's Family Planning Guiding Principles and U.S. Legislative and Policy Requirements webpage, http://www.usaid.gov/what-we-do/global-health/family-planning/usaids-family-planning-guiding-principles-and-us-0l; CRS, *Abortion and Family Planning-Related Provisions in U.S. Foreign Assistance Law and Policy*, May 17, 2016, R41360.

[29] When initially introduced, the amendment prohibited only lobbying for abortion, but in subsequent years Congress modified the language to include lobbying against abortion as well.

[30] CRS, *International Family Planning: The "Mexico City" Policy*, updated April 2, 2001, RL30830.

[31] Post-abortion care is the treatment of injuries or illnesses caused by legal or illegal abortions.

[32] The study stated, "Although we are unable to draw definitive conclusions about the underlying cause of this increase, the complex interrelationships between family planning services and abortion may be involved. In particular, if women consider abortion as a way to prevent unwanted births, then policies curtailing the activities of organizations that provide modern contraceptives may inadvertently lead to an increase in the abortion rate." Eran Bendavid, Patrick Avila, and Grant Miller, "United States aid policy and induced abortion in sub-Saharan Africa," *Bulletin of the World Health Organization*, Sept. 27, 2011 (online publish date): Vol. 89, pp. 873-880C, http://www.who.int/bulletin/volumes/89/12/11-091660/en/.

[33] Eric Zuehlke, "Reducing Unintended Pregnancy and Unsafely Performed Abortion Through Contraceptive Use," PRB, 2009.

[34] For example, two earlier qualitative studies are discussed in Richard Cincotta and Barbara Crane, "The Mexico City Policy and U.S. Family Planning Assistance," *Science*, Oct. 19, 2001, Vol. 294: pp. 525-526.

[35] PAI, "30 Years of the Global Gag Rule," special project, Nov. 17, 2016, http://pai.org/special-projects/30-years-of-the-global-gag-rule/; CHANGE, "Impact of Global Gag Rule on Women's Health," Jan. 2017, http://www.genderhealth.org/files/uploads/change/publications/GGR_Fact_Sheet_Jan_2017_1.pdf.

[36] State Department, "Protecting Life in Global Health Assistance Six-Month Review," report, Feb. 6, 2018, https://www.state.gov/f/releases/other/278012.htm.

[37] KFF analysis of data from State Department, "Protecting Life in Global Health Assistance Six-Month Review," report, Feb. 6, 2018, https://www.state.gov/f/releases/other/278012.htm.

[38] State Department, "Background Statement: Announcement of 'Protecting Life in Global Health Assistance,'" background opening statement, May 15, 2017.

[39] State Department, "Protecting Life in Global Health Assistance," fact sheet, May 15, 2017.

[40] State Department, "Protecting Life in Global Health Assistance Six-Month Review," report, Feb. 6, 2018, https://www.state.gov/f/releases/other/278012.htm.

[41] KFF analysis of data from: Congressional Appropriations Bills, Press Releases, and Conference Reports; Federal Agency Budget and Congressional Justification documents and Operating Plans; ForeignAssistance.gov; Office of Management and Budget, personal communication.

[42] For example, MSI, "A World Without Choice: The Global Gag Rule's Impact in Madagascar," fact sheet, Jan 2018, https://www.mariestopes-us.org/wp-content/uploads/2018/01/MSI_Madagascar_GGR-Fact-Sheet_Jan-2018.pdf; MSI, The Global Gag Rule's Impact in Zimbabwe," fact sheet, Jan. 2018, https://www.mariestopes-us.org/wp-content/uploads/2018/01/MSI_Zimbabwe_GGR-Fact-Sheet_Jan-2018.pdf; PAI, *Access Denied: Nigeria Preliminary Impacts of Trump's Expanded Global Gag Rule*, March 2018, https://pai.org/wp-content/uploads/2018/03/Access-Denied-Nigeria-2.pdf; PAI, *Access Denied: Uganda Preliminary Impacts of Trump's Expanded Global Gag Rule*, March 2018, https://pai.org/wp-content/uploads/2018/03/Access-Denied_Uganda_March-2018.pdf; PAI, *Access Denied: Ethiopia Preliminary Impacts of Trump's Expanded Global Gag Rule*, July 2018, https://pai.org/wp-content/uploads/2018/07/Access-Denied-Ethiopia-JULY-2018.pdf; PAI, *Access Denied: Nepal Preliminary Impacts of Trump's Expanded Global Gag* Rule, Sept. 2018, https://pai.org/wp-content/uploads/2018/09/Access-Denied-Nepal-Brochure-V6.pdf; PAI, *Access Denied: Senegal Preliminary Impacts of Trump's Expanded Global Gag Rule*, Nov. 2018, https://pai.org/wp-content/uploads/2018/12/Access-Denied-Senegal.pdf; Human Rights Watch, "Re: Early Impact of the Protecting Life in Global Health Assistance Policy in Kenya and Uganda," letter to Secretary of State Tillerson dated Oct 13, 2017, posted online Oct. 26, 2017, https://www.hrw.org/news/2017/10/26/re-early-impact-protecting-life-global-health-assistance-policy-kenya-and-uganda; CHANGE, *Prescribing Chaos in Global Health: The Global Gag Rule from 1984-2018*, June 2018, http://www.genderhealth.org/files/uploads/change/publications/Prescribing_Chaos_in_Global_Health_full_report.pdf.

[43] State Department: "Protecting Life in Global Health Assistance," fact sheet, May 15, 2017; "Background Statement: Announcement of 'Protecting Life in Global Health Assistance,'" background opening statement, May 15, 2017; "Subject: Protecting Life in Global Health Assistance," Federal Assistance Management Advisory Number 2017-01; "Protecting Life in Global Health Assistance (May 2017)," MCP-related portion of standard provisions for cooperative agreements and grants to NGOs, May 11, 2017; USAID: "Standard Provisions for U.S. Nongovernmental Organizations: A Mandatory Reference for ADS Chapter 303," ADS Reference 303maa, partial revision May 22, 2017, https://www.usaid.gov/ads/policy/300/303maa; "Standard Provisions for Non-U.S. Nongovernmental Organizations: A Mandatory Reference for ADS Chapter 303," ADS Reference 303mab, partial revision May 22, 2017, https://www.usaid.gov/ads/policy/300/303mab; CDC, "Additional Requirement – 35: Protecting Life in Global Health Assistance," webpage, updated July 13, 2017, https://www.cdc.gov/grants/additionalrequirements/ar-35.html; NIH, "Protecting Life in Global Health Assistance," Notice Number: NOT-OD-17-083, June 23, 2017, https://grants.nih.gov/grants/guide/notice-files/NOT-OD-17-083.html.