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## **Title**

'We are completely captured': the Global Gag Rule's impact on Malawi's sexual and reproductive health and rights landscape

## **Priority 1 (Research Category)**

Qualitative research

## **Presenters**

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## **Abstract**

Objective: Historically, the Global Gag Rule (GGR) prohibited foreign nongovernmental organizations receiving U.S. international family planning funding from using these funds to provide, refer, or advocate for abortion access or abortion law liberalization. In 2017, President Trump renamed the policy Protecting Life in Global Health Assistance (PLGHA) and expanded it to apply to all U.S. global health assistance. On January 28, 2021, President Biden revoked PLGHA, effective immediately.

The GGR is a U.S. global health policy restriction that can be enforced or removed at will by the President. Though existing literature details the GGR's impacts over decades, limited research documents its influence, particularly when revoked, in countries reliant on U.S. global health assistance. To fill this gap, we partnered with Fòs Feminista, a leader in GGR research, to document the impact of PLGHA on Malawi's sexual and reproductive health and rights (SRHR) landscape from 2017-2021.

Methods: We conducted 17 semi-structured in-depth interviews with current and past recipients of U.S. global health assistance and organizations working in SRHR in Malawi. We recruited participants via purposive and snowball sampling, transcribed interviews verbatim, and thematically analyzed transcripts in MAXQDA20 using inductive and deductive codes.

Results: When it was in effect, PLGHA stalled the passage of a liberalized abortion law, cemented anti-abortion attitudes, and hindered national sovereignty in Malawi. In some cases, mis-implementation of the policy restricted legal access to post-abortion and contraceptive care. The revocation of PLGHA signaled increased freedom for SRHR globally but did not reverse national anti-abortion sentiments emboldened by the policy's enforcement. The threat of PLGHA being reinstated by a future U.S. president has created continued fear and hesitation among participants to invest in SRHR programs and advocacy and has contributed to a weakening of national sovereignty.

Conclusions: PLGHA disrupted abortion law reform in Malawi, prevented organizations from providing safe abortion care, and reinforced stigmatizing norms about abortion in Malawi when it was in effect.

Importantly, these impacts endured even after the policy's revocation in January 2021. The U.S. government should permanently repeal the GGR, to allow organizations freedom to invest fully in public health interventions and to remain accountable to its goal of protecting SRHR for all.