

# THE GLOBAL GAG RULE & HIV/AIDS

The Global Gag Rule adversely impacts HIV/AIDS prevention efforts through its erosion of family planning programs.\* **The same family planning providers who lose funding due to the gag rule are on the front line in the fight against the spread of HIV/AIDS.** These providers have integrated their traditional family planning services with HIV/AIDS prevention efforts, recognizing both as essential components of reproductive health care.

\* The Global Gag Rule does not technically apply to HIV/AIDS funds from USAID, yet it is hampering HIV prevention efforts. When family planning organizations refuse to accept the terms of the gag rule, STI prevention services (including HIV) and condom supplies that they routinely provide are undermined because of the loss of USAID family planning assistance.

## FAMILY PLANNING PROVIDERS ESSENTIAL IN THE FIGHT AGAINST HIV/AIDS

The international standard of care favors the integration of HIV/AIDS services with family planning services. The World Health Organization's (WHO) Global Sector Strategy for HIV/AIDS concurs that existing family planning programs "provide a clear entry point for the delivery of HIV/AIDS interventions." The World Bank, European Union, and U.S. Agency for International Development (USAID) also support this approach.<sup>1</sup>

Family planning providers have developed the expertise, services, and information to counsel individuals about safer sex, help people avoid high-risk behaviors, and screen for and treat sexually transmitted infections (STIs), which increase susceptibility to HIV infection.

- **HIV/AIDS is a reproductive health issue:** since 75 percent of all new infections result from heterosexual sexual transmission, it is critical to discuss HIV/AIDS prevention in the reproductive health context.<sup>2</sup>
- **Family planning providers are already targeting those at particularly high risk for HIV/AIDS** — youth and women — many of whom have no other entry point into the health care system.
- **Family planning providers are a primary source of contraceptive supplies,** including barrier methods of birth control such as the male and female condom, that are key to preventing sexually transmitted HIV.
- **Family planning clinics serve as "one-stop" centers** where women can access contraception, pre- and post-natal care, and management of STIs, including HIV/AIDS, among other services.
- **Family planning providers offer voluntary counseling and testing (VCT),** the best way to target people for effective HIV/AIDS treatment. Recent studies indicate that young people living in countries where HIV prevalence is high want to know their HIV status, and VCT programs may be an appropriate entry point to address their HIV-prevention needs.<sup>3</sup>
- **Community-based distributors work with family planning providers** to reach members of outlying communities who might not have access or opportunity to visit clinics.



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# LOSS OF FAMILY PLANNING FUNDS HAMPERS HIV/AIDS PREVENTION SERVICES

The gag rule isolates and stigmatizes reproductive health services around the world, as some of the most experienced providers no longer receive U.S. family planning funds. A few examples<sup>4</sup>:

- In Cameroon, loss of U.S. assistance forced the Cameroon National Association for Family Welfare (CNAFW) to close one youth center. CNAFW's youth centers teach young people about responsible parenthood and sexually transmitted infections, including HIV/AIDS. In addition, family planning service delivery was eliminated in two branches: the North Province branch, where 9 percent of the 576,000 inhabitants live with HIV/AIDS, and the Western Province branch, where 6 percent of the 256,816 inhabitants live with HIV/AIDS.
- In Ghana, 697,000 Planned Parenthood Association of Ghana clients will lose access not only to family planning services, but also to voluntary counseling and testing, other counseling services, and HIV/AIDS prevention education.
- The St. Lucia Planned Parenthood Association was forced to cancel plans to train 218 "peer helpers" from eight secondary schools and one primary school. This program would have reached 12,000 school-aged children with comprehensive reproductive health information including HIV/AIDS prevention.

## INCREASED RISK FOR WOMEN AND FAMILIES

Among the many changes in the HIV/AIDS epidemic over the past two decades is its increasing impact on the lives of women. Where women once accounted for only a fraction of infections, almost 50 percent of all persons living with HIV/AIDS today are women. The disproportionate impact on women is most acute in sub-Saharan Africa, where women account for 58 percent of all HIV-positive adults.<sup>5</sup> Family planning providers allow women to get the HIV/AIDS counseling, testing, and care they need in a familiar setting that is free from the stigma often associated with stand-alone HIV/AIDS programs.

The effects of the Global Gag Rule prove that health care policy that puts ideology before sound public health practices has a tremendous impact on service delivery. With so many lives at stake, the United States cannot afford to alienate, disparage, or leave out any provider or group of providers that is able to deliver cost-effective and comprehensive reproductive health services, including HIV/AIDS prevention.

**"HIV infection and AIDS are spreading dramatically and disproportionately among women. Today, AIDS has a woman's face... Education and prevention are still the most powerful weapons against the spread of HIV. Above all, this new international effort must put women at the center of our strategy to fight AIDS."**

*UN Secretary General Kofi Annan calling for new, innovative approaches to addressing AIDS in Africa, The New York Times, December 29, 2002*

1. Jacobson, Jodi. 2003. "Women, HIV, and the Global Gag Rule: The Dis-Integration of U.S. Global AIDS Funding." Takoma Park, MD: Center for Health & Gender Equity.

2. United Nations Population Fund (UNFPA). 2003. *Overview, Why Prevention?* Available from <http://www.unfpa.org/hiv/prevention/hivprev1b.htm>; Internet; accessed 6 June 2003.

3. "HIV: Voluntary Counseling and Testing." *YouthLens on Reproductive Health and HIV/AIDS* 3 (July 2002): 1-2.

4. All of the examples were provided by International Planned Parenthood Federation regional offices in Africa and Europe and reflect the impact of the Global Gag Rule over a two-year time period beginning with the reinstatement of the gag rule in January 2001.

5. Joint United Nations Programme on HIV/AIDS (UNAIDS). 2002. *Report on the Global HIV/AIDS Epidemic: July 2002*. Geneva: UNAIDS.

[www.globalgagrule.org](http://www.globalgagrule.org) • [info@globalgagrule.org](mailto:info@globalgagrule.org)

The Global Gag Rule Impact Project is a collaborative research effort led by Population Action International in partnership with Ipas and Planned Parenthood Federation of America and with assistance in gathering the evidence of impact in the field from EngenderHealth and Pathfinder International.

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