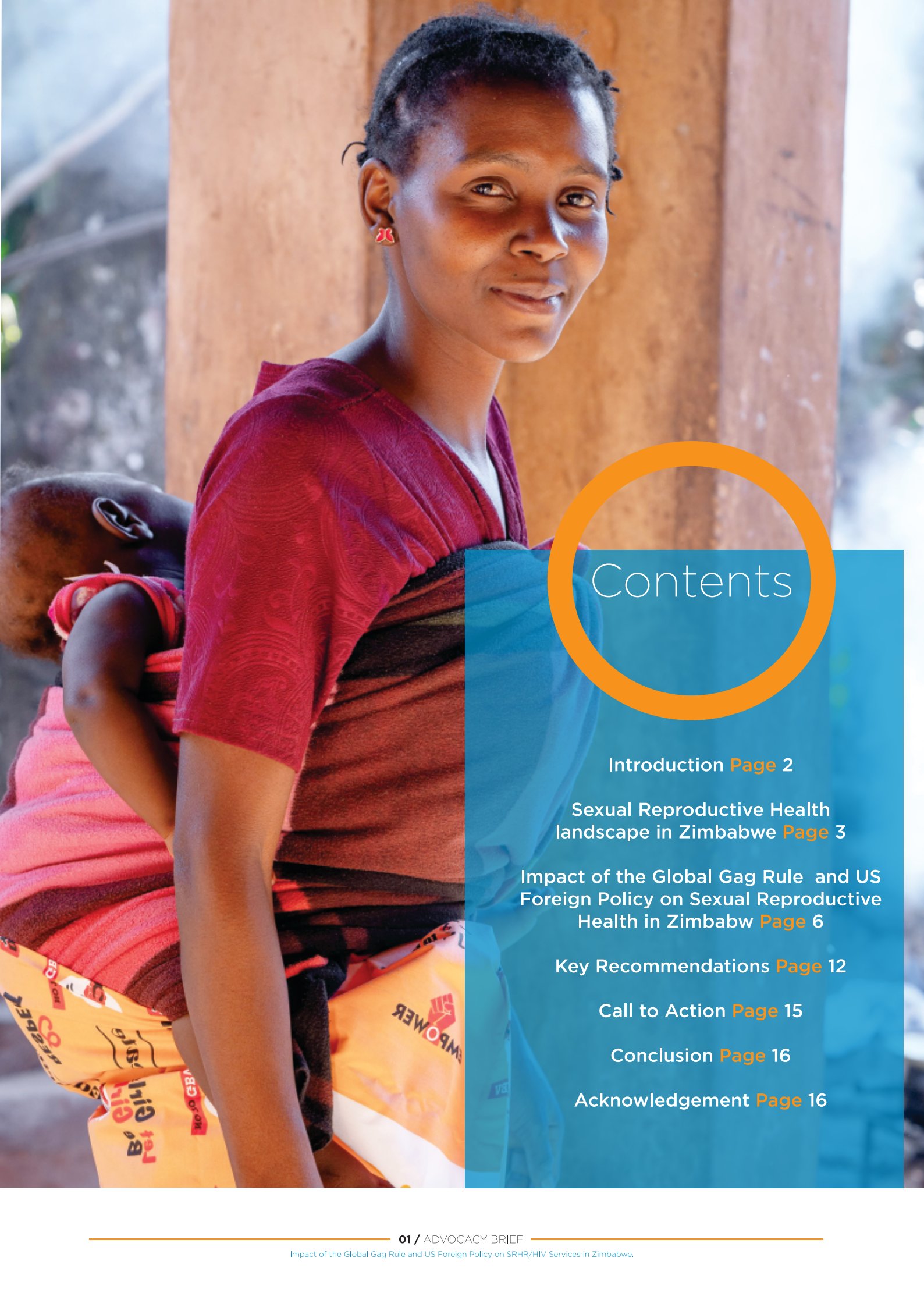


ADVOCACY BRIEF AND CALL TO ACTION

Impact of the Global Gag Rule and US Foreign Policy on Sexual Reproductive Health and Rights (SRHR) Services in Zimbabwe





Contents

Introduction **Page 2**

Sexual Reproductive Health
landscape in Zimbabwe **Page 3**

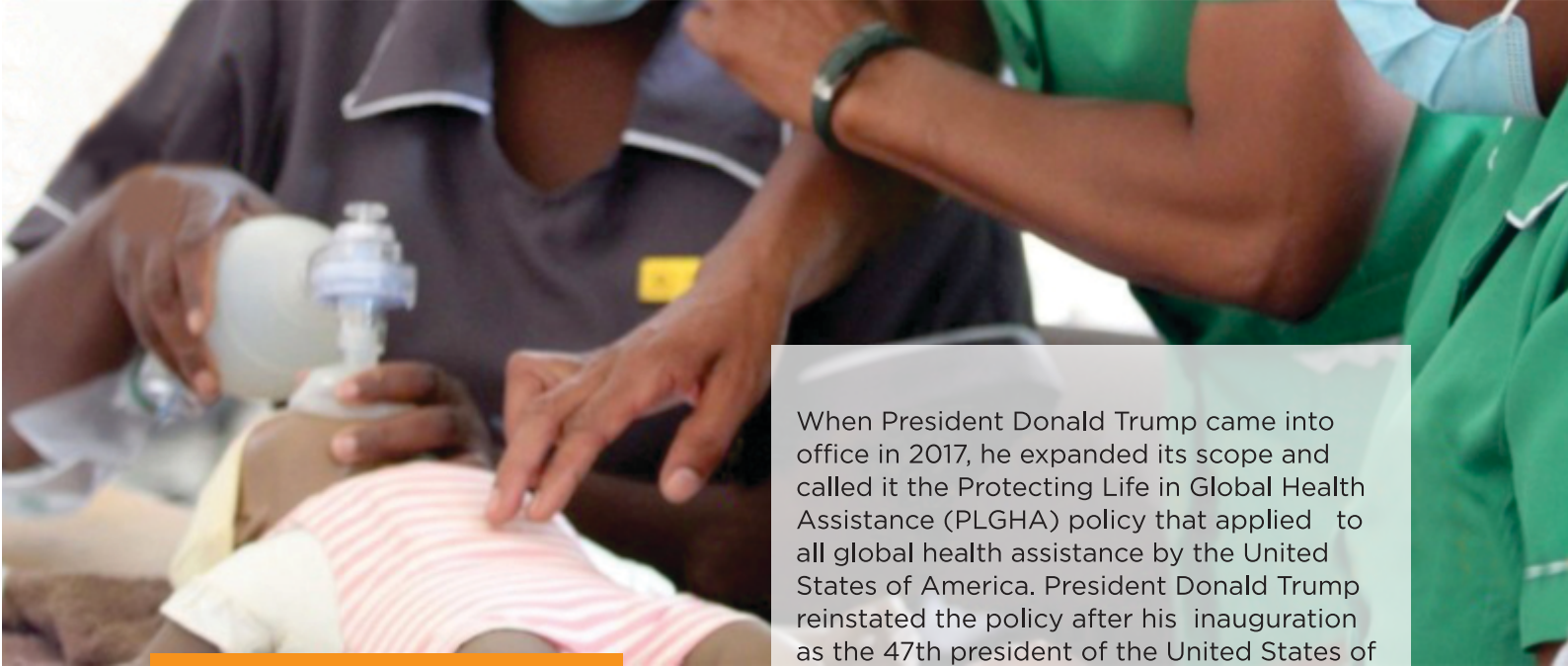
Impact of the Global Gag Rule and US
Foreign Policy on Sexual Reproductive
Health in Zimbabwe **Page 6**

Key Recommendations **Page 12**

Call to Action **Page 15**

Conclusion **Page 16**

Acknowledgement **Page 16**



When President Donald Trump came into office in 2017, he expanded its scope and called it the Protecting Life in Global Health Assistance (PLGHA) policy that applied to all global health assistance by the United States of America. President Donald Trump reinstated the policy after his inauguration as the 47th president of the United States of America on January 20, 2025^{2,3}. The policy has been expanded to the Diversity, Equity, Inclusion and Accessibility (DEIA) principles.

Introduction

The Mexico City Policy, commonly referred to as the Global Gag Rule (GGR), is a U.S. Government policy that restricts international non-governmental organizations (NGOs) from receiving U.S. funding if they provide or promote abortion services¹. The policy has been implemented intermittently since 1984 with significant implications on the delivery of Sexual Reproductive Health and Rights (SRHR).

The Programme of Action of the International Conference on Population and Development (ICPD)⁴, adopted by 179 Governments in Cairo and reaffirmed by the 2030 Agenda for Sustainable Development, underscores equality in access to sexual reproductive health and rights to ensure universal access to sexual and reproductive health-care services, including for family planning, all integrated into national strategies and programmes⁵. The Global Gag Rule undermines these global commitments to ensure universal access to sexual reproductive health and rights, reduce inequalities and promote gender equality⁶.

“As a young person living with HIV, the Global Gag Rule and the US Government Stop Work Order is a barrier to my health and rights. It cuts off access to crucial support and information that I rely on. This policy doesn't just affect funding; it silences voices that should be advocating for us. I deserve access to comprehensive health services without stigma or restriction.” *A young person living with HIV*

¹ The White House . 2017. “Presidential Memorandum Regarding the Mexico City Policy.” <https://www.whitehouse.gov/presidential-actions/presidential-memorandum-regarding-mexico-city-policy/>.

² <https://reproductiverights.org/trump-administration-reinstates-policy-to-restrict-abortion-worldwide/>

³ <https://www.whitehouse.gov/presidential-actions/2025/01/memorandum-for-the-secretary-of-state-the-secretary-of-defense-the-secretary-of-health-and-human-services-the-administrator-of-the-united-states-for-international-development/>

⁴ United Nations. (1994). Programme of Action of the International Conference on Population and Development. A/CONF.171/13.

⁵ United Nations Department of Economic and Social Affairs, Population Division (2022). World Family Planning 2022 meeting the changing needs for family planning: Contraceptive use by age and method.

⁶ Fact sheet , Global gag rule and human rights.

Sexual Reproductive Health landscape in Zimbabwe

Zimbabwe has a population of 15.1 million, with 63% under 24 years and 61.4% living in rural areas.⁷ Over the years, the Government of Zimbabwe with the support from Development Partners and Civil Societies has made progress in improving Sexual Reproductive Health and rights (SRHR) indicators.



⁷ Population and Housing Census 2022.

Table 1

Health Demographic Indicators		
Maternal Mortality Ratio	525/100,000 (Zimbabwe Population and Housing Census, 2012)	362/100,000 (Zimbabwe Population and Housing Census, 2022)
Antenatal care (ANC) four times and above	76 % (ZDHS, 2015)	71%. (ZDHS, 2023/24)
Skilled Attendance at Birth	78 % (ZDHS, 2015)	86% (ZDHS, 2023/24)
Health Facility Deliveries	77% (ZDHS, 2015)	84%. (ZDHS, 2023/24)
Contraceptive Prevalence Rate	66% (ZDHS, 2015)	69%. (ZDHS, 2023/24)
Unmet need for Family Planning	10% (ZDHS, 2015)	9 % (ZDHS, 2023/24)
Total Fertility Rate	4.0 (ZDHS, 2015)	3.9 (ZDHS, 2023/24)
Adolescent Fertility Rate	110 births per 1,000 (ZDHS, 2015)	108 births per 1,000 (ZDHS, 2023/24)

Sources: Zimbabwe Demographic Health Survey 2015; 2023/24 and Zimbabwe Population and Housing Census 2012 and 2022

While there is a general positive improvement trend in all the indicators, 1 out of 9 married women and sexually active women of reproductive age have an unmet need for modern contraception, and 14.6% of currently married adolescents (15–19) have an unmet need for family planning⁸. Consequently, these women and girls will face increased risks of unintended pregnancies, unsafe abortions and maternal mortality.

The Government of Zimbabwe in collaboration with strategic partners has a deliberate effort to improve the health and wellness of the population through ensuring universal access to health services⁹. These partners include Health Resilience Fund partners (FCDO, European Union and Irish Aid), the Global Fund, PEPFAR, USAID, Swiss

Agency for Development Cooperation, Governments of Japan, Netherlands, Sweden, Local and International Non Governmental Organisations, UN Agencies, Academia, Private Sector and Civil Society Organisations. Among these organizations, the United Nations Population Fund (UNFPA), the largest provider of contraceptives globally receives funding from the US Government to invest in Reproductive Health Commodity Security that plays a crucial role in ensuring women have access to life-saving reproductive health services.

In 2024, 2.25 million women used modern contraceptives in Zimbabwe and as a result an estimated 810,000 unintended pregnancies, 202,000 unsafe abortions, and 2,300 maternal deaths were prevented.¹⁰ The Global Gag Rule and US Foreign Policy threatens to reverse these gains, putting the health and lives of countless women at risk.

⁸ Zimbabwe Demographic Health survey 2023/24

⁹ National Health Strategy 2021-2025

¹⁰ FP2030 Fact Sheet

US Government contribution to Health in Zimbabwe

Zimbabwe has been receiving more than \$200m annually from the US President's Emergency Plan for Aids Relief (PEPFAR) to strengthen health systems and support people living with HIV/Aids, cervical cancer screening, tuberculosis and malaria treatment. In addition, PEPFAR has been contributing almost \$90m a year to support salaries and allowances for healthcare workers in Zimbabwe.¹¹

Zimbabwe, being one of the recipients of U.S global health assistance, will be impacted negatively resulting in a loss of the gains made in improving health outcomes for women and adolescents in the country. Key and vulnerable populations are at increased risk of HIV as compared to general populations.¹² The situation has been compounded by the US Government announcement to suspend all US supported activities.



¹¹ <https://www.businesslive.co.za/bd/national/2025-01-22-zimbabwe-fears-reduction-in-hiv-aids-funding-after-us-withdrawal-from-who/>

¹² Withdrawing The United States from The World Health Organization Executive Order January 20, 2025: The White House

Impact of the Global Gag Rule and US Foreign Policy on Sexual Reproductive Health in Zimbabwe



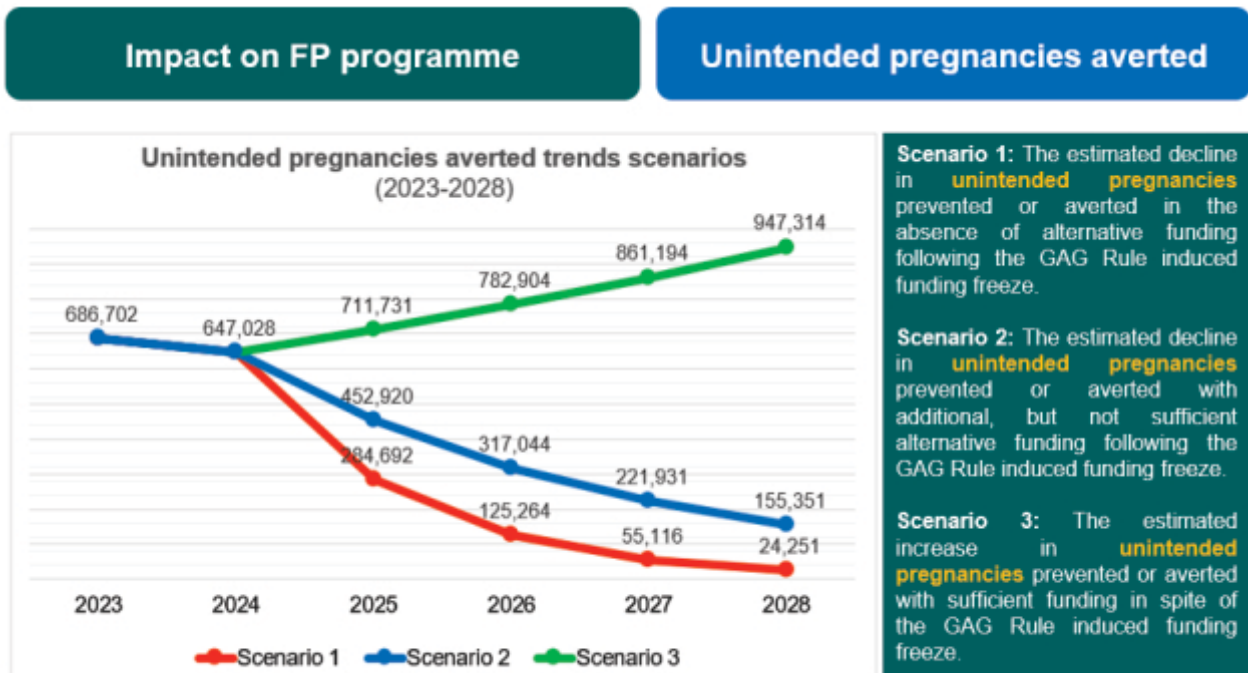
Table 2: Impact on Sexual and Reproductive Health Care Services

Demographic impact	2023	2024	2025	2026	2027	2028
Unintended pregnancies averted	686,702	647,028	284,692	125,264	55,116	24,251
Abortions averted	170,863	160,991	70,836	31,168	13,714	6,034

Health impact	2023	2024	2025	2026	2027	2028
Maternal deaths averted	1,554	1,423	626	275	121	53
Child deaths averted	8,300	7,820	3,440.80	1,514	666	293
Unsafe abortions averted	129,998	122,488	53,895	23,714	10,434	4,591

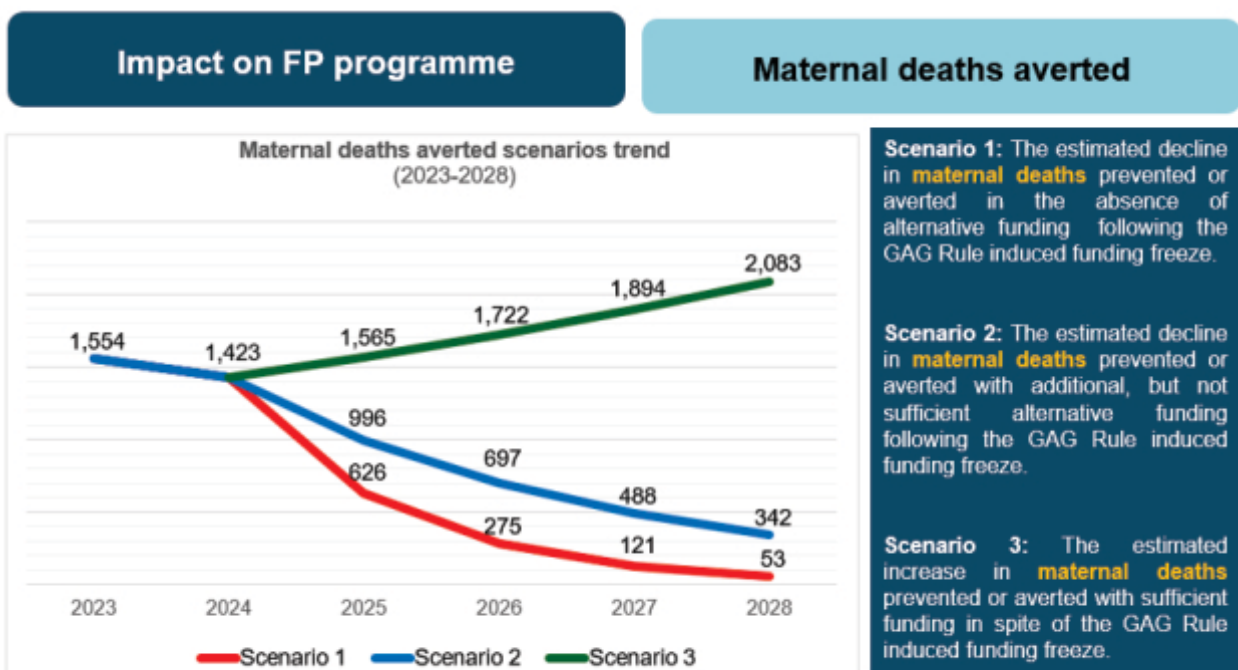
Economic impact	2023	2024	2025	2026	2027	2028
Direct healthcare costs saved (USD)	53,607,262	50,512,953	22,225,699	9,779,308	4,302,895	1,893,274

Figure 1: Due to the limited access to the SRHR interventions, there will be a sharp decline in unintended pregnancies that will be averted/prevented that is, unintended pregnancies will increase



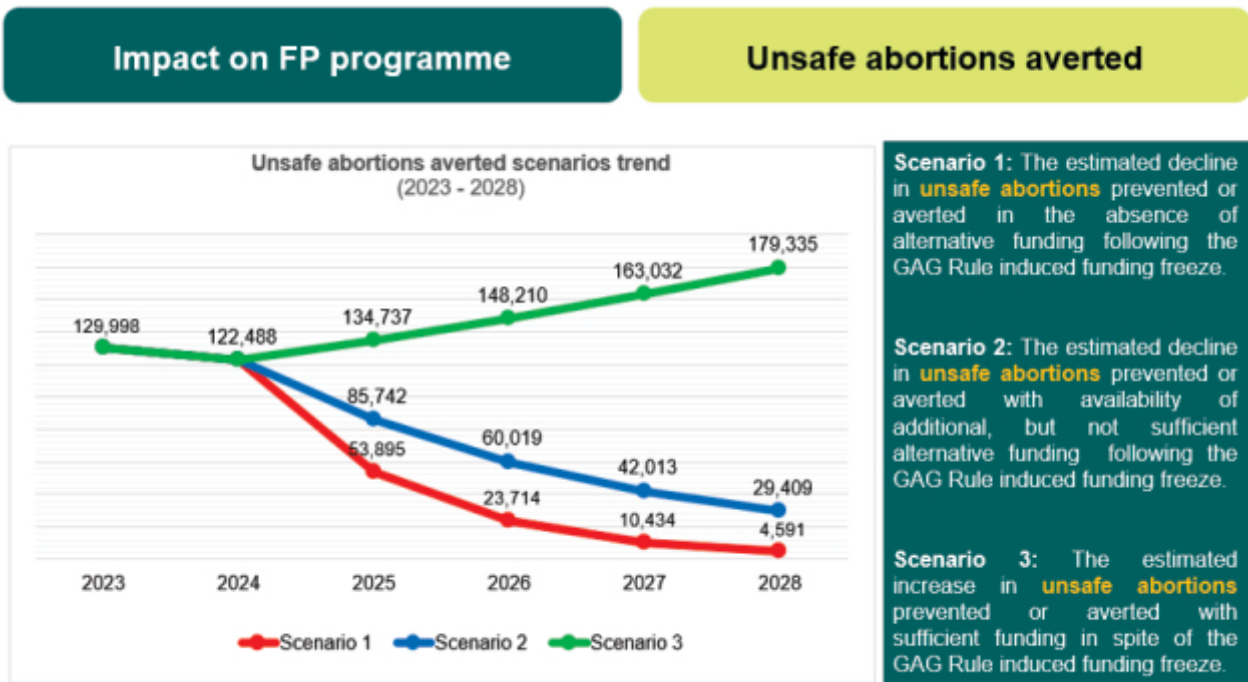
Source: Impact modelling tool (ver.2.6)

Figure 2: Due to the limited access to the SRHR interventions, few maternal deaths will be averted/prevented that is, the number of maternal deaths will increase



Source: Impact modelling tool (ver.2.6)

Figure 3: Due to the limited access to the SRHR interventions, there will be a swift decline in the number of abortions averted/prevented that is, the number of maternal deaths will increase



Source: Impact modelling tool (ver.2.6)

Figure 4: Given the restricted access to and utilization of SRHR services, direct healthcare costs savings will diminish during the Donald Trump administration

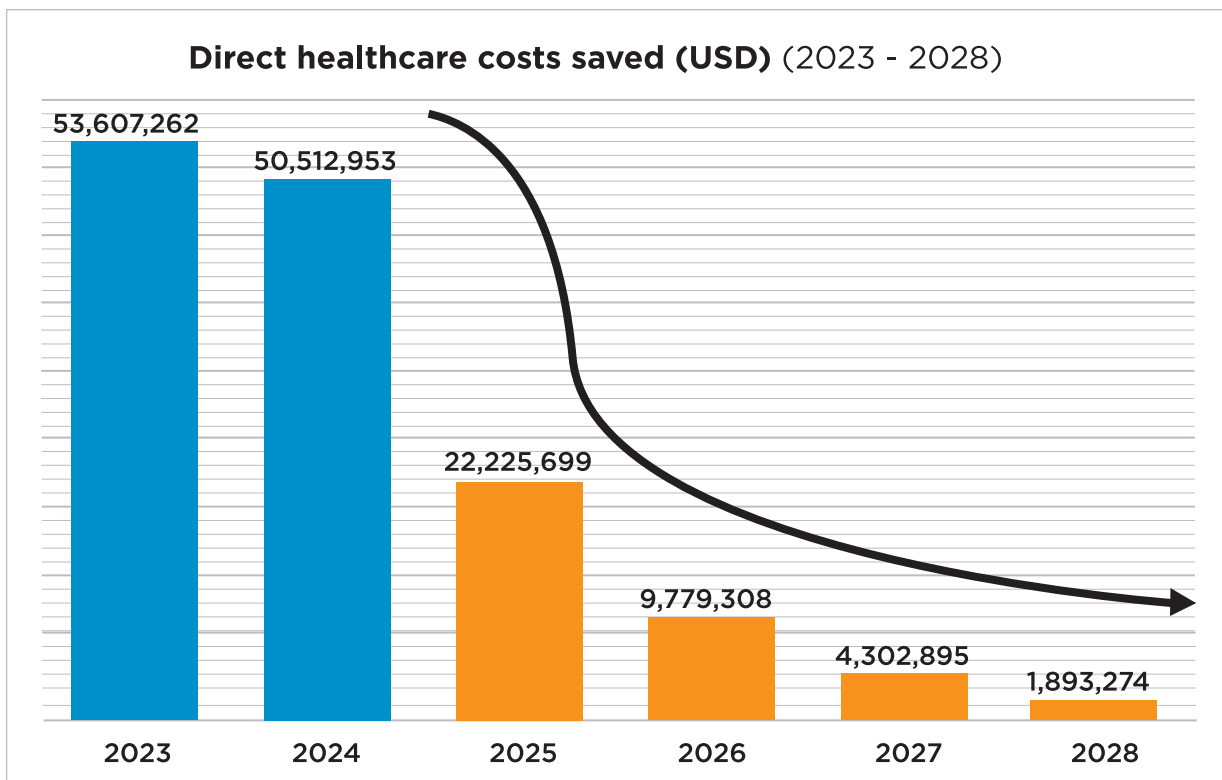


Figure 5: Trends in new HIV Infections

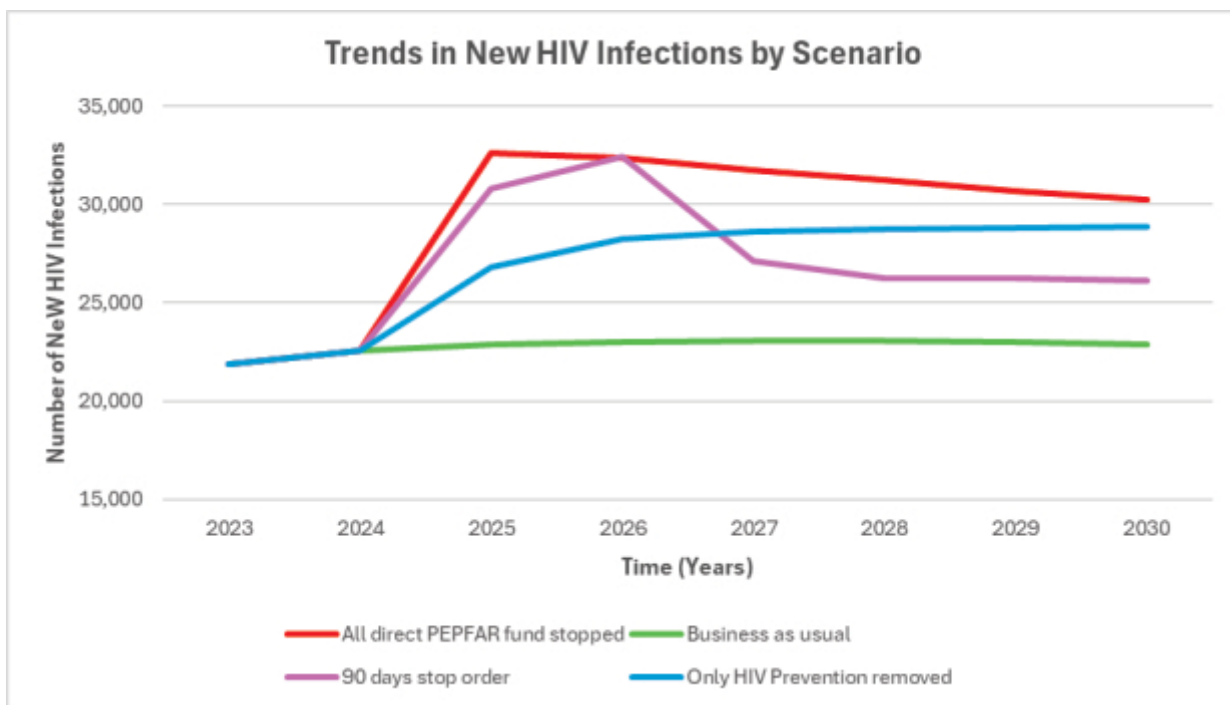
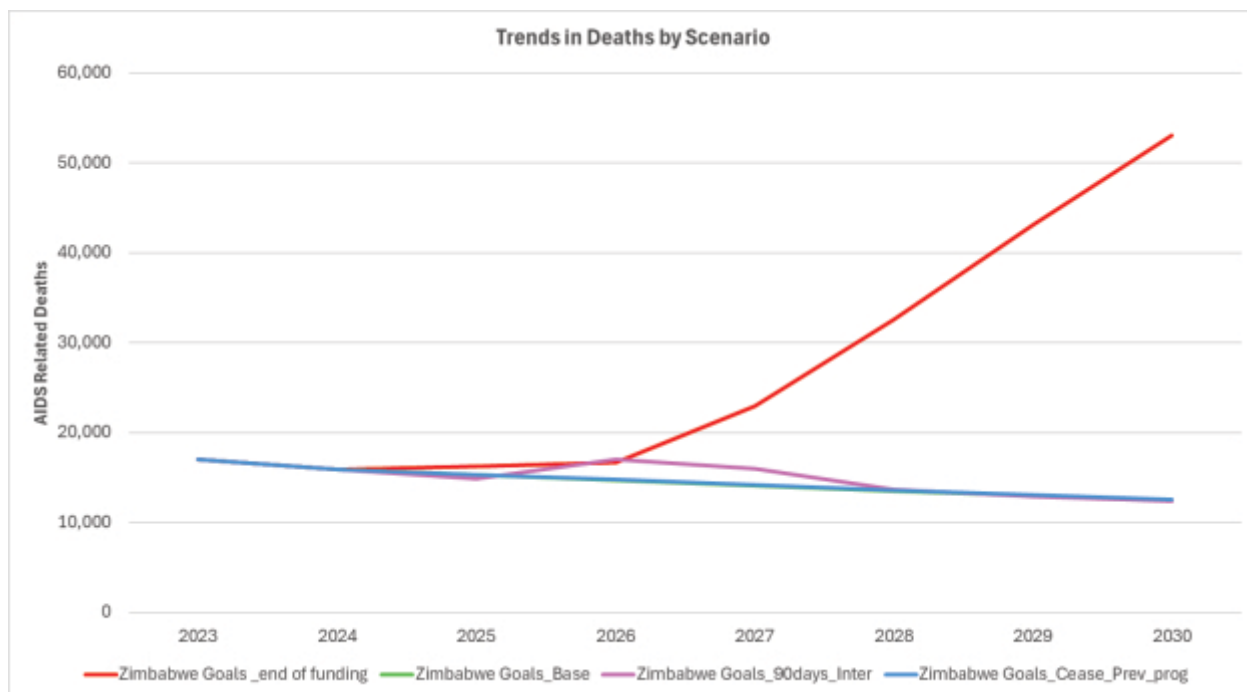


Figure 6: Trends in AIDs related deaths





Reproductive Health Commodity Availability at Stake

While the President's Emergency Plan for AIDS Relief (PEPFAR) was explicitly exempted from the policy, the expanded version of the US Government Stop Work Order(SWO) now includes U.S. Government HIV response assistance that covers procurement and distribution of condoms, rapid test kits and antiretroviral drugs. As a result, this will have a domino effect on contraceptive demand generation and supply. Unacceptable stockout levels for lifesaving health commodities at service delivery points is going to happen with grave consequences.

Provision of Services disrupted

With funding from PEPFAR and USAID in Zimbabwe, there has been enormous health systems strengthening for vital services related to HIV/AIDS, malaria, tuberculosis, family planning and gender-based violence. The funding cuts from the US Government threaten to reverse years of progress in health and disproportionately affect vulnerable populations including women and girls in marginalized populations. Given the threat to the holistic Sexual and Reproductive Health Services ,there is going to be increased unintended pregnancies, unsafe abortions and maternal related deaths especially among women, adolescents, persons living with HIV and key populations.

Quotes from young people/communities affected:

“ As a reproductive health advocate and a young person, I see the wider impacts of the Global Gag Rule (GGR) and the US Government Stop Work Order on our movement and on access to sexual and reproductive health and rights. These policies harm young people who are already struggling to access essential SRH information and services - *A Youth SRHR Advocate* ”

“ As a young person who belongs to the key and vulnerable population, I am deeply affected by the Global Gag Rule and the US Government Stop Work Order . This policy not only restricts funding for vital health services but also silences organizations that provide us with essential sexual reproductive health information that informs healthy decisions regarding our bodily autonomy. The GGR undermines our rights and wellbeing, making it harder for young people like myself to access comprehensive health care that we all deserve - *A Young KVP Advocate Human Rights Defender* ”

“

While it is strategic to use broader sexual and reproductive health topics and public health language as entry points for discussing sensitive reproductive health issues in conservative contexts, it is crucial to always keep bodily autonomy at the forefront of our minds. We must not lose sight of this principle. When the time is right—hopefully sooner rather than later—we need to place bodily autonomy at the core of these critical discussions. Only then will girls, women, and their allies fully realize their reproductive rights - *Women's Rights Advocate*

”





Key Recommendations

These recommendations provide a solid foundation for the provision and continuity of life saving integrated sexual reproductive health services of care to mitigate the impact of the GGR and US Government Stop Work Order (SWO) in the short and longer term.

Recommendations to Government and Policy Makers

- Conduct further in-depth analysis to determine the impact of the GGR and US Government foreign policy on programme delivery.
- The Government of Zimbabwe to take this as an opportunity for strengthening health systems resilience and ownership of service delivery.
- Reinforce domestic funding and investment for SRHR in line with the Abuja Declaration commitment.
- Strengthen partnerships for integration of services at community level.

Recommendations to Donors and Partners

- Zimbabwe Development Partners Group (ZDPG) to meet and discuss the impact of the Stop Work Order (SWO) on services in Zimbabwe.
- ZDPG to convene a joint meeting with the Minister of Health and Child Care and the Minister of Finance to discuss the impact of SWO.
- Increase funding for integrated SRHR to ensure that every woman, adolescent and young person has access to lifesaving care.
- Prioritize advocacy efforts with high level political authorities to continue putting human rights concerns at the centre of the national development agenda.
- Leverage on the Global Abortion Support Fund to bridge the gaps in the current context.
- Engage in the forging and strengthening of strategic alliances and partnerships with other donors and partners, including foundations, non-formal and private sector to bridge funding gaps.

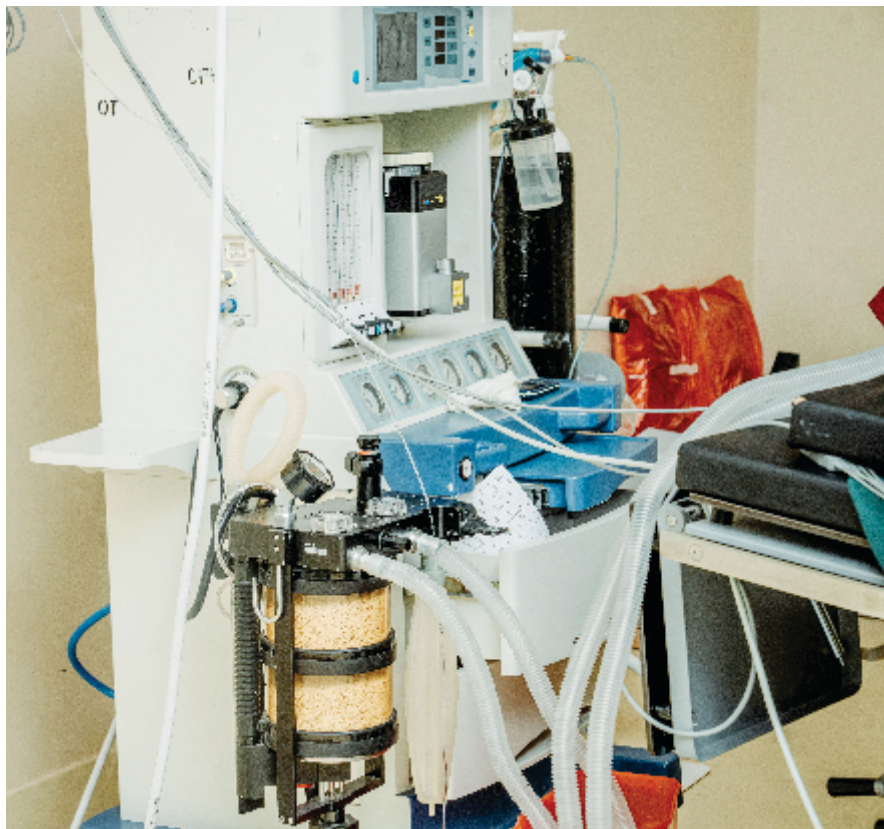
Key Recommendations_(continued)

Recommendations to International Agencies, INGOs and Civil Societies

- Lobby national Governments to prioritise health, including SRHR in their national budgets in line with the Abuja Declaration.
- Advocate and lobby donors and other non-traditional donors, foundations and philanthropists to fund integrated SRHR services.
- Strengthen capacity of state entities for example Judges, Parliament, Zimbabwe Human Rights Commission and Gender Commission on protecting the rights of marginalized groups and building coalitions in anti-gender threats in Zimbabwe.
- Explore innovative approaches to delivering SRHR services to reach underserved populations.

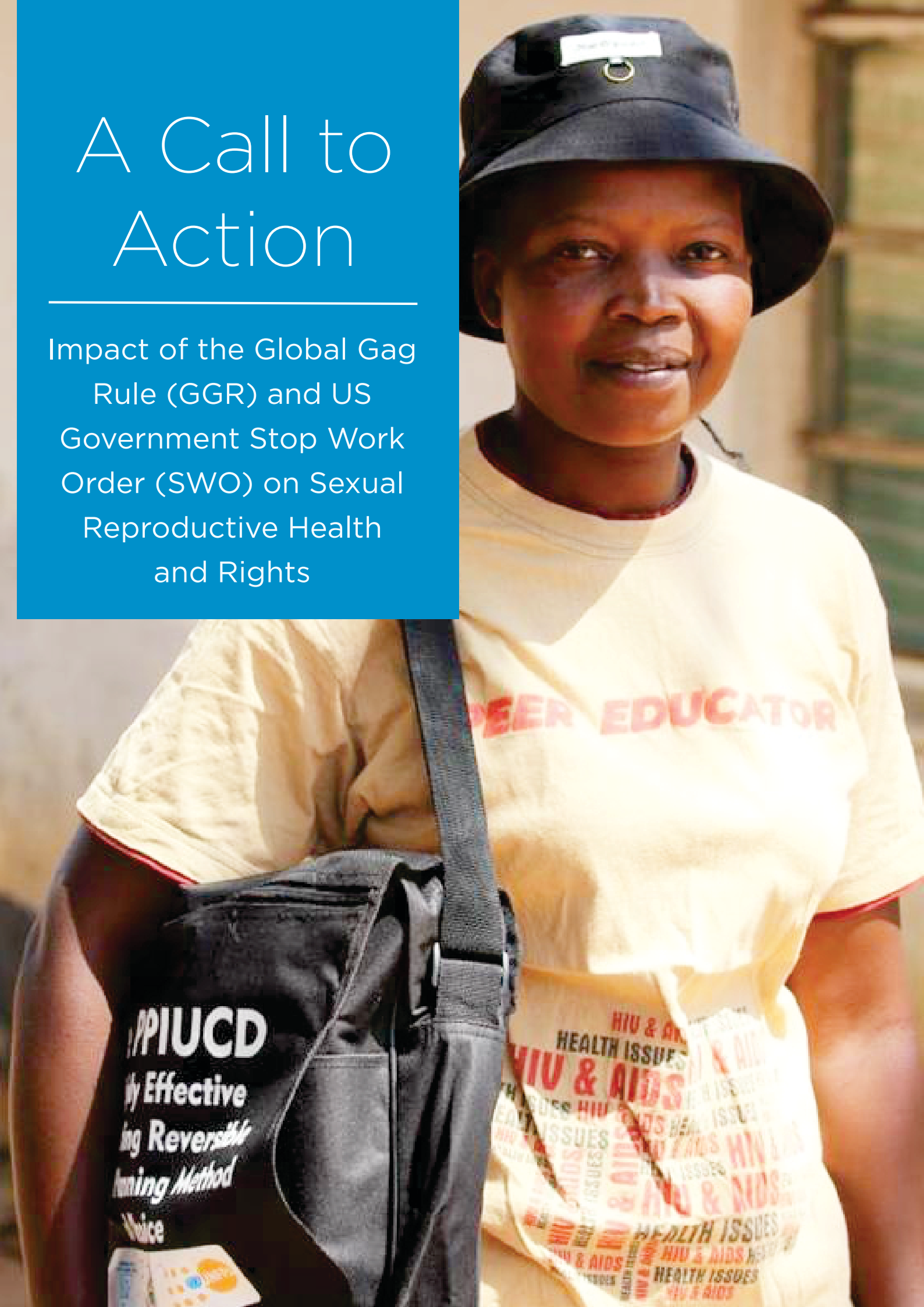
Recommendations to the Government of the United States of America

- International community to lobby the U.S. Congress to pass the Global Health, Empowerment and Rights Act to reverse the Global Gag Rule as it inhibits provision of comprehensive SRHR services.
- Provide Global Gag Rule and stop work order waivers for support to humanitarian response.



A Call to Action

Impact of the Global Gag Rule (GGR) and US Government Stop Work Order (SWO) on Sexual Reproductive Health and Rights



Every human being has a fundamental right to enjoy the highest attainable standard of health without restriction

We, as key stakeholders and allies of the International Conference on Population and Development Plan of Action, fully support the Sustainable Development Goals Agenda and are committed to advocating for the realization of health for all, including access to universal Sexual Reproductive Health and Rights.

In this call to action, we affirm our commitment to ensuring the highest attainable standard of health including full realization of sexual and reproductive health and rights for women, girls, adolescents, persons with disabilities and key populations.

We affirm that we will:

- Collaborate with the Government of Zimbabwe to ensure improved Reproductive, Maternal, New-born, Child and Adolescent Health in line with the National Development Strategy¹ (NDS1) and National Health Strategy(NHS1) for realisation of SDG 3, ensure Health Lives and Well-being for All at All Ages and Universal Health Coverage (UHC).
- Advocate for the Government of Zimbabwe to take this as an opportunity for improved health system strengthening, resilience and ownership of service delivery.
- Lobby the Government Zimbabwe to increase domestic financing towards universal access to integrated SRHR services in line with the Abuja Declaration.
- Advocate for increased funding from donors, non-traditional donors, foundations, philanthropists and private sector to address the funding gaps.
- Advocate for the Zimbabwe Development Partners Group (ZDPG) to discuss the impact of the Stop Work Order(SWO) on services in Zimbabwe and convene a joint meeting with the Minister of Health and Child Care and the Minister of Finance to discuss the plan of action and its implementation.
- Call on the International community to advocate for the U.S. Congress to reverse the Global Gag Rule and Stop Work Order as they undermine the ICPD PoA and widen gaps in human rights, inequalities to access to SRHR and gender equality.
- Call on the US Government to provide Global Gag Rule and Stop Work Order waivers for humanitarian response.

“Together we can save lives”



Conclusion

The current policy will have far-reaching impact and consequences related to availability and access to Integrated Sexual Reproductive Health and Rights for vulnerable populations including women, adolescent girls, young people and key populations. Continued lobbying with the Government of Zimbabwe will result in increased domestic funding towards health services to cover the gaps in addition to funding from existing donors, non traditional donors, foundations and the private sector. The Global Gag Rule and Stop Work Order waivers can be obtained through collaborative advocacy efforts.

Acknowledgements

The advocacy brief was made possible by contributions and input from UNFPA, UNDP, UNAIDS, UNESCO, UNICEF, Population Services Zimbabwe(PSZ), Population Solutions for Health(PSH), REPSSI, SRHR Africa Trust Zimbabwe, SAfAIDS, SAYWHAT and My Age Zimbabwe.



GOVERNMENT OF
ZIMBABWE

