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International Aid Will Be Gagged Under Trump, Again. Here's What Funders Can Do

Dawn Wolfe | December 2, 2024



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The Safe Abortion Action Fund's November 8 announcement of \$18.5 million in global abortion funding wasn't a reaction to Donald Trump winning the 2024 presidential race. However, SAAF's giving is a reminder of the threat that a second Trump administration

poses not just to reproductive rights, but potentially to the [entire \\$12 billion-plus U.S. international public health budget](#).

International health services have been banned from using U.S. government money to provide abortion care since the passage of the [Helms Amendment in 1973](#). The so-called global gag rule (a.k.a. the “Mexico City Policy”), first put in place by Ronald Reagan in 1984, goes much further. It doesn't only bar foreign family planning nonprofits from using U.S. aid to educate about abortion or make abortion referrals — it muzzles their free speech by forbidding U.S. aid recipients to use any of their money, regardless of source, to “[perform or actively promote abortion as a method of family planning](#).”

If Trump follows the playbook laid out by Project 2025, the gag rule will go even further and apply to [all U.S. foreign assistance](#), including humanitarian aid. Even the most committed U.S. funders won't be able to completely fill the funding gap that's coming. But foundations that care about everything from reproductive freedom to international public health and economic development more broadly need to start considering how best to ameliorate the damage.

Like abortion bans, the gag rule kills women

The gag rule has been reinstated by every Republican president since Reagan, and just as routinely rescinded by every Democratic president. In 2017, the Trump administration went even further, expanding the rule to cover the vast majority of health aid money the federal government moves, from nutrition and tuberculosis to malaria and global health security.

The gag rule's damages go well beyond increasing unsafe abortions and forcing women to give birth against their will. According to a report earlier this year by [the Preclusion Project](#), “the GGR has had a negative impact” on areas including “maternal mortality, economic development, advocacy and coalition spaces [and] national sovereignty.” For example, just as [abortion bans have led to the death of pregnant women here in the U.S.](#), the gag rule does the same internationally. The Preclusion Project paper links to a [2022 academic study](#) which found that from 1985 through 2019, countries with an above-median reliance on U.S. funds for family planning saw an 8% increase in maternal deaths when the U.S. switched from Democratic to Republican presidents.

Under the previous Trump version of the rule, one organization in Nigeria cited by the Preclusion Project paper estimated that an additional 15,000 women died because of the policy. Meanwhile, a Safe Abortion Action Fund grantee in Nigeria told SAAF that during the Trump administration, it was unable to provide antiretroviral treatments to HIV patients. The gag rule “just knocks out the health system” of countries that depend on U.S. aid in general, said Lauren Hurley, programme adviser and communications lead for SAAF.

Founded in 2002, the Preclusion Project works to help lawyers, organizations, activists and donors navigate the expansion of the global gag rule and related U.S. policies.

“Those are real people. Those are real lives,” said Dr. Anu Kumar, president and CEO of Ipas. [Ipas is the world's only international nonprofit](#) dedicated exclusively to abortion and contraception, providing both funding and program services. [The Safe Abortion Action Fund](#) is hosted by the [International Planned Parenthood Federation \(IPPF\)](#), the only international fund with an exclusive focus on the right to safe and legal abortion.



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The ripple effects of a “demonic” rule

Beyond the gag rule’s direct effect on international nonprofits’ budgets and on the lives of the women and children those organizations serve, the re-imposition of the rule also creates a ripple effect in that it gives other governments cover to stop providing aid for abortion care or education.

“Quite a few people have talked about the way that the rhetoric [behind the gag rule] is so powerful it becomes easier for already kind of right-leaning governments to say, ‘We don’t have to do this [fund abortion care] at all. It doesn’t have to be part of our health systems. It’s a bad part of healthcare,’ Hurley said. The larger IPPF, she said, has a range of donors, while at the moment, her fund relies almost entirely on government aid.

“Abortion stigma will increase,” stated Women’s Action Group, a nonprofit in Argentina, in response to a survey of its grantees being conducted by the Safe Abortion Action Fund. “Government will also strengthen their arguments against abortion citing that America, a developed country, is also saying no to abortion.” SAAF made available to IP several statements included in the survey, which is ongoing. Another grantee, the Women’s Global Network for Reproductive Rights (WGNRR), called the rule “demonic for women, girls [and] trans [people] everywhere,” and said that overall the rule “takes us back decades.”

What private funders can do

As Kumar said during our interview, “it’s really hard to imagine how other donors fill this gap” between the funds international health organizations actually need and the money that nonprofits stand to lose if they refuse to sign on to the gag rule. That’s true of the roughly \$12 billion the U.S. spent in 2022 on foreign health aid alone, let alone the [\\$70.4 billion in total foreign aid](#) (which includes all aid, including U.S. support of both Ukraine and Israel).

At the same time, though, private funders are far from insignificant in international aid work. According to the 2022 edition of “[The State of Global Giving by U.S. Foundations](#)” report by the Council on Foundations and Candid, U.S. private and community foundations made \$8 billion in globally focused grants in 2019 alone. Forty-nine percent, or \$3.92 billion, of that money was spent on health.

Ipas’ Kumar says that her organization’s funders have been in touch to ask how they can help, “but when you look at the global picture, it’s pretty bleak.” Given the rise of right-wing governments in Europe, as well as ongoing aid needs around the Russian invasion of Ukraine and escalating conflict in the Middle East, “there is a real fear in the development sector that [reproductive health] funding will certainly not be replaced, and that the sector as a whole will shrink.”

Still, she said, "while the scale of the problem is significant, I do feel like there is still a role for philanthropy and individual efforts and donors. I think we're all a little bit stunned by what's happening, but we have to move beyond the stunned and to action. It's hard for a lot of people, particularly those of us who've been championing reproductive justice for many years, because this is a very significant setback, but we have to rally. You have to keep putting one foot in front of the other and moving. That includes moving money."

Given all of the other crises facing the nation and world — including the very real attacks on access to abortion care here at home — it may be a pipe dream to hope for a ramp-up in global health funding from the U.S. philanthropy sector, and for abortion access in particular, to meet the need as the gag rule goes back into place.

On the other hand, moving that money, and including abortion access as part of overall health funding, can be thought of as enlightened self-interest. The COVID-19 pandemic and subsequent supply-chain shortage demonstrated just how closely linked and interdependent the world's health and its economies have become. Denying abortion access to poor people and poor nations arguably harms the economic and social stability of both, and decreasing access to public health resources in poor nations arguably poses lethal risks for the entire world. With that in mind, funders may strongly consider going well beyond their usual 5% or less in endowment payouts to address these issues before the situation becomes even worse.

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