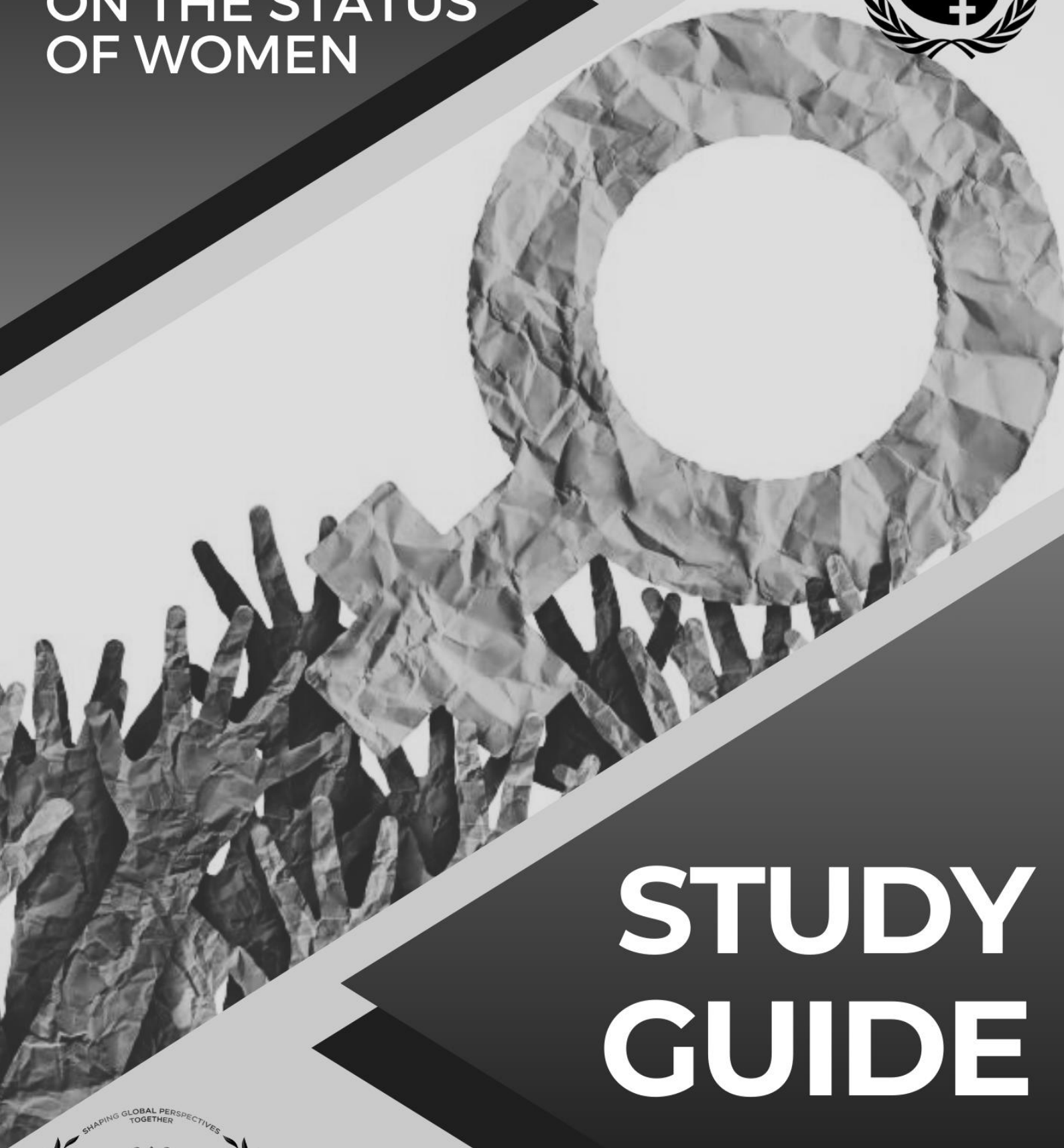


# COMMISSION ON THE STATUS OF WOMEN



# STUDY GUIDE



LUMUN21



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## THE LUMUN SPIRIT

The LUMUN Spirit was first introduced as a concept at LUMUN XV. It sought to reintroduce a recognition of the most essential components of MUN culture; imparting a sense of responsibility accepting that the onus is on us to be the forerunners of change. The fundamental premise of a Model UN is to develop our understanding of the issues and conflicts in the world as a collective, and to connect individuals with vastly differing life experiences with each other. The pursuit of quantitative success and accolades has fermented a tradition of MUN being a space mired in hostility and distrust. The LUMUN Spirit is our continuing effort to inculcate empathy, compassion, understanding and diplomacy within this competitive activity.

As we proceed on our journey of revamping Model UN, the LUMUN Spirit is an idea that we aspire to incorporate in the entire LUMUN experience: from the Host Team, to an expectation that we will have from the delegates as well. It is not an abstract concept – it is a vision that should embody the behavior of every delegate in every committee. Inside the committee or out; the enthusiasm to meet other people, present arguments in a true ambassadorial manner and the idea to enjoy LUMUN should never be forgotten. In this very essence we will be able to represent what it means to simulate a true world model; an actual representation of the United Nations. We continue to strive and ensure that the outlook of LUMUN XVIII is to not be an average Model UN conference anymore.

And so, leadership and prowess within a committee is not characterized by exerting one's overbearing presence on others or by alienating and excluding others from discussion. They manifest in a delegate's ability to engage with others, help them play their part in the committee, and to facilitate the committee as a whole to engage in a fruitful and informative debate. This includes actions as simple as maintaining a moderate temperament, inviting others' input and operating with honesty and respect. The LUMUN Society invites you to understand what it means to be an ambassador of a country and represent its foreign policy means to employ collaboration alongside reasoned argumentation to press forward with that actor's policy agenda.



LUMUN21

## Secretary General



**Laiba Noor Abid**

The Dear Delegates,

On behalf of our Secretariat and Staff, it is with great joy and immense pride that I extend a heartfelt invitation to you for the 21st edition of LUMS Model United Nations (LUMUN). This milestone marks not only a continued legacy of excellence in diplomacy at LUMS but extends beyond! It is both an honor and a privilege to carry forward this tradition of global engagement in collaboration with Oxford University this year.

At LUMUN, we believe in the power of dialogue. For just over two decades, each year young minds have come together to tackle issues of global and contemporary importance. In the process, they learn how to face adversity and difference while celebrating the spirit of negotiation and collaboration. These five days serve as a platform for utilizing real-world knowledge to craft actionable and feasible policy proposals.

But LUMUN is so much more than just a forum for intellectual exchange; it is a community where lasting connections are forged! Now more than ever, as we diversify and internationalise the LUMUN community, we hope to facilitate bonds and create treasured moments for delegates to carry as souvenirs far beyond the conference days. Staffed by over 200 members, our team is dedicated to ensuring that delegates feel welcomed to the vibrant

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city of Lahore and enjoy a wide array of engaging social and recreational activities, outside their committee rooms.

With a diverse range of committees – from General Assemblies to Specialized Agencies, Regional Bodies, and the Economic and Social Councils – there is something for everyone at LUMUN. Whether you are new to Model United Nations or a seasoned delegate, you will find a platform that perfectly aligns with your interests.

As we celebrate and expand our ongoing legacy of quality debate, we are committed to making this year's LUMUN more memorable than ever. The Staff and I are thrilled to welcome you to the 21st edition of LUMUN!

Warm Regards,

Laiba Abid

Secretary-General

LUMS Model United Nations XXI

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**LUMUN 21**



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## Under Secretary General



**Eman Ali**

Dear Delegates,

It is my immense pleasure to welcome you to the 21st Edition of LUMUN. I extend to you my warmest greetings and heartfelt gratitude for your dedication. At LUMUN we are dedicated to bring-fourth an environment that stimulates intellectual debate and encourages you to forge solutions that advance sustainable development, economic resilience, and social equity worldwide.

I will be serving as your Undersecretary for Ecosocs. A little about me, I am currently a Sophomore studying Computer Science at the Syed Babar Ali School of Science and Engineering. With what little time I have to myself, I love reading and sketching. I also binge watch movies and series when I am procrastinating (which is almost the full semester).

My journey of Muns started relatively later than my peers. I was always intimidated by public speaking and during my A levels I needed Extracurriculars for my applications hence, I decided to join my school's mun society. It was terrifying yet the most thrilling experience for me and since then Muns have become a big part of my life. It was not easy to be surrounded

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by far more experienced delegates who have had multiple years of experience yet every Mun I attended taught me something new and I made the most memorable memories simultaneously.

Being part of Lumun has given me the opportunity to expand my horizon and further polish my public speaking skills. My goal as your usg is to keep the Lumun spirit alive, provide an environment that not only is a safe space but it also challenges you intellectually so that you gain the most fruitful experience out of it. Best of luck and prepare well!

Warm regards,

Eman Ali

Under-Secretary-General | Economic and Social Council

LUMUN XXI

LUMUN 21



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## Committee Director



**Maryum Salam**

Salam Delegates,

I am Maryum Salam, your Committee Director for the Commission on the Status of Women at LUMUN this year. It is my utmost pleasure to welcome you to the twenty-first edition of South Asia's largest Model UN conference—a testament to the collective efforts of a remarkably talented and driven group of individuals united by their passion for contributing to something larger than themselves.

In addition to my role as Committee Director, I have served LUMUN in various capacities over the past three years—as Under Secretary General, as a member of the Traveling Team, and as Director of Women@LUMUN, an initiative dedicated to promoting gender equity and addressing systemic exclusion within the debating circuit.

With a decade of experience in the debating circuit and accolades across national and international conferences, I assure you that you are in capable hands. Joining me on the panel is my Co-Director, Flora, who brings expertise from Oxford, along with our dedicated team of

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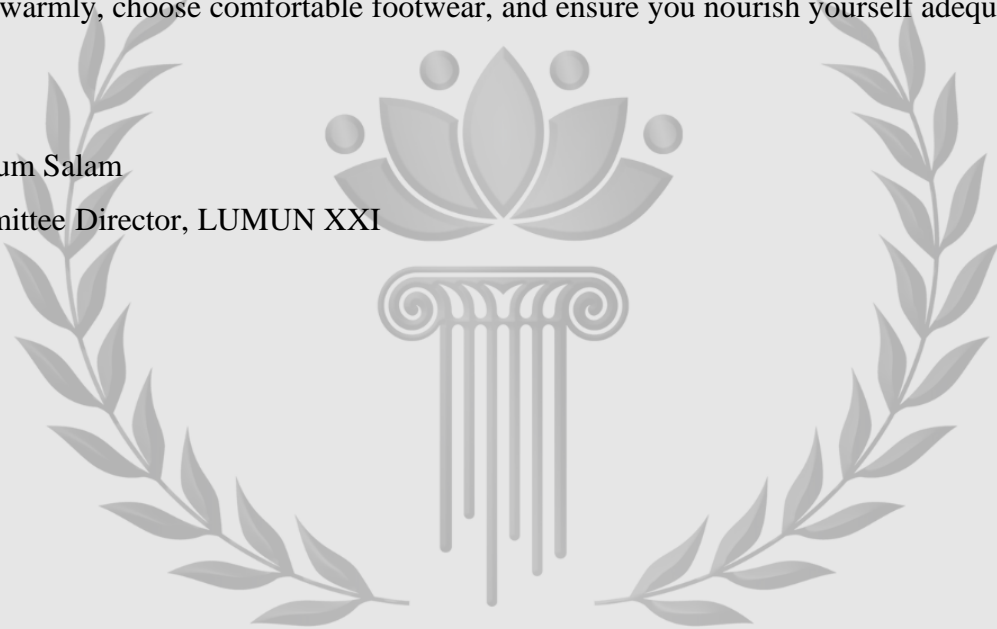
Assistant Directors, whose preliminary dedication is reflected in the preparation of this document.

At its core, LUMUN strives to create a collaborative learning environment while challenging established norms. As we delve into this year's topic, let our discussions go beyond mere discourse. Question not only the status quo but also your own assumptions and beliefs. Take full advantage of this unique platform to exchange ideas, build relationships, and grow as individuals. Amidst the hustle and bustle, remember to also prioritize your well-being—dress warmly, choose comfortable footwear, and ensure you nourish yourself adequately.

Best,

Maryum Salam

Committee Director, LUMUN XXI



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**Committee Director**



**Flora Prideaux**



LUMUN21

**Assistant Committee Directors**



**Navaal Khalil**



**Daneen Nadeem**



**Abdul Hadi**



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## Introduction to the mandate of UNCSW

The primary intergovernmental organization tasked with promoting empowerment for women and discouraging gender discrimination is the Commission on the Status of Women. A creation of ECOSOC Resolution on the eve of June 21, 1946 11(II),<sup>1</sup> CSW is a substantive body of the Economic and Social Council (ECOSOC).

Along with capturing a snapshot of the actualities of lives led by girls and women in diverse regions around the world and redefining international precedents about gender parity, CSW works to bring down barriers against equitable treatment and emancipation for women.

The commission's authority was subsequently broadened in 1996 by ECOSOC Resolution 1996, which gave it a prominent role in assessing and overseeing the Beijing Declaration and Platform for

Action's overall implementation, that had a major impact on gender equality globally.<sup>2</sup>

CSW ensures a mainstream global perspective when it comes to gender equality to ensure that there is uniformity in its application. At the United Nations main operation center in New York, UN member states, international agencies and social advocacy groups come together for a fortnight to discuss any challenges and progress in the enforcement of Beijing Declaration and Platform for Action, the essential international framework for equality between the sexes, alongside the outcomes of the General Assembly's 23rd pivotal session in 2000, and lastly, any current issues that are negatively impacting inclusion and justice for women.

Member States are then required to agree on further actions to further promote female representation as well as expedite progress on their rights in social, political and economic fields. After each session the recommendations and outcomes are forwarded to the ECOSOC for follow up.

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<sup>1</sup> "Commission on the status of women," *UN Women – Headquarters*. [Online]. Available: <https://www.unwomen.org/en/how-we-work/commission-on-the-status-of-women>.

<sup>2</sup> "A Quick Guide - Gender and the UN Commission on the Status of Women (CSW) - Research Guides at United Nations Dag Hammarskjöld Library," *United Nations*. [Online]. Available: <https://research.un.org/en/CSW>.



## Introduction to the Global Gag Rule (GGR)

The Global Gag Rule (GGR) is a rule that was introduced by U.S President Ronald Reagan, also known as the Mexico City Policy in 1984. Since President Reagan it has been up to every appointed President whether to revoke this policy. The policy affects US funding to NGOs that perform reproductive works. The NGOs have a choice to comply with the rule and enjoy state funding or continue with

comprehensive sexual and reproductive healthcare without funds from the government.<sup>3</sup>

This policy was implemented to tackle the persisting issue of abortions and only allows abortions in the case of rape, incest or when the woman's life is at risk. The rule forbids foreign nongovernmental organizations who receive US funding from providing legal abortion, advocating for

abortion reforms or even providing referrals for such practices and procedures.<sup>4</sup>

This policy was reinstated during President Trump's regime and expanded to a global level, revoked by President Biden and with the return of President Trump to office is under discussions to be enforced again. Making NGOs extremely vulnerable to the political dynamics of the country.

GGR specifically affects women from disadvantaged backgrounds and has led to an increase in the number of unsafe abortions and maternal mortality rates instead of causing a decrease in the overall abortion number.

Apart from abortions, nearly 50% of global funding for HIV and AIDS comes from the US government. With the implementations of this rule on a global scale the treatment, prevention and services for HIV protection are greatly suffering. Work to improve the impact of HIV and AIDS over the years is under degradation due to this rule. This causes further complexities amongst women when it

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<sup>3</sup> "Home," *The Global Gag Rule*, Jul. 17, 2024. [Online]. Available: <https://globalgagrule.org/>.

<sup>4</sup> "What Is the Global Gag Rule?" *Planned Parenthood Action*. [Online]. Available: <https://www.plannedparenthoodaction.org/communities/planned-parenthood-global/end-global-gag-rule>



comes to childbirth placing the fetus and mother both at increased risks.<sup>5</sup>

The policy originated from the US and impacts all foreign NGOs as well as any programs receiving US health assistance funding including programs to increase access to contraceptives and prevention of sexually transmitted diseases. This includes a large proportion of NGOs in third world countries like Pakistan, Bangladesh etc. Many other major organizations such as Marie Stopes International are also impacted by this rule.

GGR diminishes control women have on their bodies by ensuring that no abortion is granted or any action linked to abortions in any form is taken even with the NGOs own money as long as they are receiving any sort of funding from the US government. This gives the US exponential control over reproductive rights in countries around.

## History of the GGR

The policy was first introduced during the Reagan administration in 1984 to tackle the domestic anti-abortion pressures and goes by the official name of ‘Mexico City Policy’. It was introduced in the UN international conference on population in Mexico City overall, expanding the restrictions implemented by the Helms Amendment of 1973. Over the years the policy has been revoked and reinstated by different presidents as per the alignments of their ideals. It is a further extension of the republican vs democratic debate.<sup>6</sup>

Key components of the policy include restrictions that include the prohibition of abortions even with non-US funds money except in the case of incest, rape or when the woman’s life is in danger. Secondly, providing referrals for abortions services or counselling and lastly, lobbying for liberalization of abortion laws.

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<sup>5</sup> "The Global Gag Rule," *IPPF*, Nov. 06, 2024. [Online]. Available: <https://www.ippf.org/global-gag-rule>.

<sup>6</sup> "India: reported rape cases by state 2022," *Statista*, Mar. 13, 2024. [Online]. Available: <https://www.statista.com/statistics/632790/reported-rape-cases-by-state-india/>.



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However, it is imperative to consider that funding to national governments and other UN bodies cannot be directly restricted. As outlined by the US foreign policy, the Foreign Assistance Act states that the principal goal of the United States is to promote the observance of internationally recognized human rights across all countries.

This rule causes an overall reduction in health services by causing closure of clinics that offer comprehensive reproductive health care, limiting the availability of contraceptives and family planning services. Consequently, this has led to an increase in the number of unsafe abortions leading to an increased maternal mortality rate and reduced funds for HIV and AIDs protection.<sup>7</sup>

The countries that are largely impacted by this rule include those in sub-Saharan Africa like Kenya, Nigeria, Uganda and Ethiopia. Some in Asia and Latin America like the Philippines,

Bangladesh and Guatemala. Many large-scale health organizations such as International Planned Parenthood federation and Marie Stopes International also faced substantial funding losses.<sup>8</sup>

Due to the global gag rule, NGOs were prompted to turn to European governments, private donors, and other foundations to help fill the funding gaps. Many NGOs chose to comply with the restrictions given that the USAID was funding a substantial portion of the organization revenues. Choosing the contrary would mean that the organizations would be shut down, which in turn would further limit the reproductive health services available. Advocacy efforts regarding reproductive rights were increased and the impact of the GGR was greatly documented in order to counteract the negative effects of the policy. Donations from countries like Canada, Norway, Sweden, and the Netherlands helped dilute the crisis to some extent.<sup>9</sup>

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<sup>7</sup> "India: rape cases 2022," *Statista*, Feb. 14, 2024. [Online]. Available: <https://www.statista.com/statistics/632493/reported-rape-cases-india/>.

<sup>8</sup> "The Indian girls who survived being raped," *BBC News*, Jan. 27, 2016. [Online]. Available: <https://www.bbc.com/news/world-asia-india-35379221>.

<sup>9</sup> "One-stop-crisis-centre," *Social Welfare & Women Empowerment Department, Government of Tamilnadu, India*. [Online]. Available: <https://www.tnsocialwelfare.tn.gov.in/en/state-resource-centre-for-women/one-stop-crisis-centre>.



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The GGR was heavily criticized by health experts, human rights activists and organizations across the globe, highlighting the adverse consequences on women's health. This led to several attempts to permanently repeal the GGR, like the Global HER act which was introduced multiple times since 2017 but was not passed into law till 2023. The opposing parties have made several attempts to make the law permanent legislatively. The GGR was recently rescinded under the Biden administration and funding was reinstated for affected NGOs. Funding was also restored for the UNFPA which had been formerly withheld under previous administrations. Under the government spearheaded by President Donald Trump, the GGR is expected to be reimposed, posing a threat to many NGOs that receive funding from the USAID and the communities that are beneficiaries of the services provided by these NGOs.

### **Timeline of the Issue**

The Global Gag Rule was introduced in 1984 by President Ronald Reagan but was revoked by President Clinton in 1993 on the grounds that it undermined the family planning efforts. Then under George Bush's rule it was once again reinstated, and the policy was further

broadened to introduce all family planning assistance. Moving on to Barack Obama's regime the rule was rescinded to prioritize women's health on a global scale. Under the Trump administration however, the policy received the most advocacy from the government. It was expanded under the 'Protecting Life in Global Health Assistance Policy' and included all forms of global health assistance ranging from HIV/AIDS to malaria and maternal health etc. Having a large-scale impact on global health. Under Joe Biden's leadership the rule was revoked once again and there have been efforts to repeal it permanently.

### **Current Situation**

Since 1984, every republican President reinstates the gag rule, while every democrat president revokes it. President Trump in his previous term in 2017 not only reinstated the gag rule but greatly expanded its scope. While previously this rule affected global family planning assistance, the newly revised policy affected all global health assistance. This was done under Trump version of Protecting Life in Global Health Assistance (PLGHA) policy. A further amendment in 2019, extended these restrictions, not only on the affected NGOs but their





subcontractors as well.<sup>10</sup> These changes had a great and far reaching effect on reproductive health worldwide. It increased international medical aid from 600 million to 12 billion dollars and widened its scope which was previously limited to include only planning donations.<sup>11</sup>

However, it appears that this regulation only applies to NGOs and not to government institutions. The entire health system suffers from these NGOs' lack of funding because they significantly augment the exhausted healthcare infrastructure in third-world nations. Research and qualitative accounts unequivocally demonstrate a decline in reproductive healthcare services, such as mobile outreach programs, contraception, and the loss of important health partnerships. Organizations are confused by the gag restriction about which facilities are allowed under the policy. As a result, people are reluctant to participate in partnerships and programs that deal with abortion, such as care for the complications

of unsafe abortion. This policy makes people anxious and afraid, which encourages risky behavior. Patients are referred to unskilled and dangerous practitioners when safe abortion facilities are unavailable.

Moreover, the gag order is probably not successful in reducing abortions as intended. According to quantitative studies, the Bush era saw a rise in the number of unwanted pregnancies and abortions. However, abortion rates fell once the Obama administration repealed the gag order.

The gag order also puts the United States' position as a global leader in promoting human rights and health at risk.

The worldwide gag rule and the way it changes with each administration ought to be abolished. The global gag would be reversed and permanently repealed by the Global Health, Empowerment and Rights (HER) Act, which has been proposed in both the House and the Senate. If permanent, partners' efforts would benefit

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<sup>10</sup> "Call in the lawyers: mitigating the Global Gag Rule," *Sexual and Reproductive Health Matters*. [Online]. Available: <https://pmc.ncbi.nlm.nih.gov/articles/PMC7888049/>.

<sup>11</sup> "Global Health Assistance: Awardees' Declinations of U.S. Planned Funding Due to Abortion-Related Restrictions," *U.S. GAO*. [Online]. Available: <https://www.gao.gov/products/gao-20-347>.



from much-needed stability since by implementing the new rule permanently, policy will not keep changing with changing governments

Although this rule apparently affects NGOs only, and not the government setups. In third world countries however, these NGOs hugely supplement the depleted healthcare facilities, thus their lack of funding is detrimental to the whole health system. Studies and qualitative reports clearly show decrease in reproductive healthcare services including contraception, mobile outreach services and loss of crucial health partnerships.<sup>12</sup> The gag rule creates confusion among organizations as to which facilities are permissible under the policy. This leads to reluctance to engage in partnerships and programming that are related to abortion e.g. care for complications of unsafe abortion.<sup>13</sup> This policy creates fear and

anxiety among individuals and leads to unsafe practices. Failure to access of safe abortion facilities direct patients to inexperienced and unsafe practitioners. It is seen that the gag rule has failed to decrease abortion rates and practices. Quantitative research shows that rates of unintended pregnancy and abortion increased during President Bush administration. On the other hand, when the gag rule was rescinded under Obama administration, abortion rates decreased.<sup>14</sup>

The gag rule also jeopardizes USA stance of supporting health and human rights as world leader.

The worldwide gag rule and the way it changes with each administration ought to be abolished. The global gag would be reversed and permanently repealed by the Global Health, Empowerment and Rights (HER) Act, which has been sponsored in both the House and the Senate. If permanent, partners' efforts would benefit from much-needed stability since there

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<sup>12</sup> J. Tamang, A. Khanal, A. Tamang, N. Gaspard, M. Magee, M. Schaaf, and E. Maistrellis, "Foreign ideology vs. national priority: impacts of the US Global Gag Rule on Nepal's sexual and reproductive healthcare system," Oct. 19, 2020. [Online]. Available: <https://www.tandfonline.com/doi/full/10.1080/26410397.2020.1831717>.

<sup>13</sup> "The impacts of the global gag rule on global health: a scoping review - Global Health Research and Policy," *BioMed Central*, Aug. 29, 2019. [Online]. Available: <https://ghrp.biomedcentral.com/articles/10.1186/s41256-019-0113-3>.

<sup>14</sup> "Global Health Assistance: Awardees' Declinations of U.S. Planned Funding Due to Abortion-Related Restrictions," *U.S. GAO*. [Online]. Available: <https://www.gao.gov/products/gao-20-347>.



would no longer be a significant shift in global health policy with each change in the federal administration.

### Past Action

Since the implementation of global gag rule, it has been criticized by human right groups as well as healthcare providers, considering it detrimental to UN 2030 sustainable development goals. Goal 5 means to eradicate “all forms of discrimination against all women and girls everywhere”

Goal 5.6 aims to provide “universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Program of Action of the International Conference on Population

and Development and the Beijing Platform for Action and the outcome documents of their review conferences”, while target 3.7 calls for worldwide availability of SRH resources. Global gag rules not only violate a woman choice regarding herself, but also denies her access to safe reproductive

health facilities and fosters gender discrimination. Since its imposition by Reagan in 1984, the rule has been rescinded by democratic presidents, Clinton, Obama and Biden; but reimposed by republican presidents Bush and Trump. A permanent solution is required.

A counterweight to the gag rule was launched by name of “she decides” by Dutch Minister to provide an international platform to raise funding and awareness for reproductive rights. The funding from this platform can be used to provide information, contraception, safe abortion and other healthcare facilities to millions of women across the world, especially those belonging to low-income class. Netherlands provided a 10.7 million dollars contribution, along with similar contributions from many countries like Denmark, Finland, Canada, Sweden etc.1. In March 2017 over 50 countries raised 190 million USD in a conference in Brussels in advocacy of this program but, nonetheless, the biggest problem remains in sustainability of funds.<sup>15</sup>

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<sup>15</sup> "Almost \$200 million raised for groups cut off by Trump's abortion funding ban," *USA Today*, Mar. 02, 2017. [Online]. Available: <http://www.usatoday.com/story/news/world/2017/03/02/millions-pledged--trump-funding-ban/98625392/>.



The Global HER (Health, Empowerment and Rights) act was brought about in 2017 by Senator Jeanne Shaheen and Representative Nita Lowey in legislation. The purpose was to abolish GGR permanently.<sup>16</sup> This is still just a proposed legislation.

In January 2021, President Biden signed the “Memorandum on Protecting Women’s health at home and abroad”.<sup>17</sup> This memo rescinded GGR but it remains a temporary solution as only Congress can make this repeal permanent.

Congresswoman Barbara Lee and representatives, Ami Bera and Jan Schakowsky reintroduced global HER act in 2023 to congress.

### Important Conventions

1) In June 2021, a coalition of around 200 international organizations from 88 countries across the world,

organized by planned parenthood, issued a combined statement, asking to bring about a lasting end to US global gag rule. This assertion proves that a diversity of communities are being harmed by US policy.<sup>18</sup>

2) The open society foundation people who are working individually or with organizations to counteract the harmful effects of GGR globally<sup>19</sup>

3) CHANGE (The center for health and gender equity) is working for human rights particularly sexual health and reproductive rights. Its working by developing legal and policy-based approaches from Washington DC to tackle GGR directly.

4) CEHURD (center for health, human rights and development) is based in Uganda and uses research,

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<sup>16</sup> "The Global Health, Empowerment and Rights (HER) Act." [Online]. Available: <https://www.advocatesforyouth.org/wp-content/uploads/storage/advfy/documents/her-2017.pdf>.

<sup>17</sup> "The Global Health, Empowerment and Rights (HER) Act." [Online]. Available: <https://www.advocatesforyouth.org/wp-content/uploads/storage/advfy/documents/her-2017.pdf>.

<sup>18</sup> "Global Coalition of Over 200 Groups Call for Permanent End to Global Gag Rule," *Amnesty USA*. [Online]. Available: <https://www.amnestyusa.org/press-releases/global-coalition-of-over-200-groups-call-for-permanent-end-to-global-gag-rule>.

<sup>19</sup> "Global Gag Rule: How U.S. Aid is Threatening Health and Speech Worldwide," *Open Society Foundations*. [Online]. Available: <https://www.opensocietyfoundations.org/explainers/what-global-gag-rule>.



advocacy and legal approach to support reproductive rights of women.

5) KELIN (the Kenya legal and ethical issues network on HIV and AIDS) is working from Kenya to counteract GGR

6) The International Women's health coalition is working with Nigeria, Kenya and south Africa to document effects of GGR on women health. It is also collaborating with US based organizations to garner support for revoking the GGR

### Case Studies:

#### India

Being the most populous country in the world with a population exceeding 1.4 billion in the world, with 48.4% of those being women, India has long struggled with the double-ended sword of addressing widespread sexual violence and ensuring access to reproductive healthcare. Sexual crimes such as rape along with the gaps in the healthcare infrastructure, especially in rural and semi-urban areas, create an alarming situation, one that needs to be

promptly addressed with regards to reproductive rights.

Prior to the GGR's reimposition in 2017, India still largely struggled to provide ensured access to victims of sexual crimes. Over 31000 cases of rape were reported in 2022 alone, with a possibility of many more which were not reported due to cultural/social stigma or fear of reprisal.<sup>20</sup> Most of these cases required post-trauma care and demanded proper access to emergency contraceptives or safe abortions. Most of the people in rural areas, which account for 63.6% of India's total population, had to face the brunt of this issue. As the areas are typically underserved, the healthcare infrastructure there lacked trained medical professionals and proper medical facilities. The social

stigma around rape, contraceptives, and abortions would further leave the victims vulnerable, restricting access to healthcare.

When the GGR was first implemented in 1984, and was later reimposed with an expanded scope, the

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<sup>20</sup> "Unsafe abortion and abortion-related death among 1.8 million women in India," *BMJ Global Health*. [Online]. Available: <https://pubmed.ncbi.nlm.nih.gov/31139465/>.

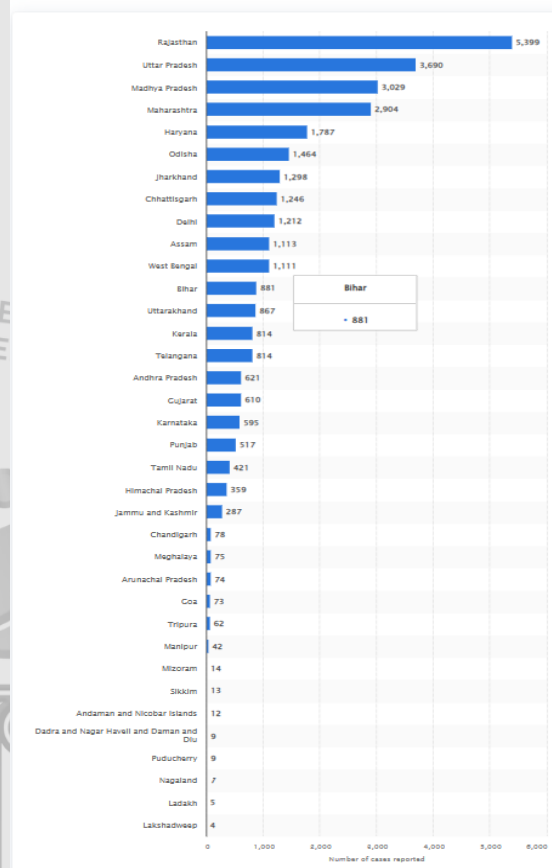


policy had direct as well as some ripple effects throughout the reproductive healthcare infrastructure in India, particularly for those who were victims of sexual crimes. Organizations like the Ipas Development Foundation and Marie Stopes India faced severe gaps in funding, which either forced them to retrench or shut down programs that offered safe access to abortion and contraceptives. With safe options diminished, India saw a rise in unsafe abortions, especially in rural areas, which significantly impacted maternal mortality rates, further impacting survivors of sexual crimes disproportionately.<sup>21</sup> Survivors of rape highlighted the importance of post-trauma healthcare but the local NGOs relying on U.S. funding struggled to provide proper and comprehensive care due to the restrictions imposed due to the GGR. For example, the Indian government established “One Stop Crisis Centers (OSCC)” under the Nirbhaya Fund, aimed at providing support and healthcare to survivors of violence. However, these centers relied heavily on partnerships with NGOs that were affected by the GGR, leading to a series of inconsistent deliveries in intended

<sup>21</sup> "Access denied: Ethiopia preliminary impacts of Trump's expanded global gag rule," July 2018. [online]. Available:

services.

Reported cases of rape across India in 2022, by state



The government of India took several steps to combat the effects of GGR. Amended in 2021, the “Medical Termination of Pregnancy Act” (MTP Act), extended the access to abortion to 24 weeks for rape survivors. Though this is a significant step forward, it largely depends on the availability of trained professionals, which the GGR undermined via its ripple effects. The NGOs also tried to either find

<https://res.cloudinary.com/dhu2eru5b/image/upload/v1630082021/websites/pai2020/access-denied-ethiopia-july-2018.pdf>.



other sources for funding or tried optimizing other non-controversial reproductive care services. Other than that, community level interventions played a crucial role in addressing the gaps created by the GGR, but since their reach and resources was limited, they could not be as impactful as needed.<sup>22</sup>

The GGR has had far-reaching consequences for a country like India, where the government has to deal with the compounded issue of high rates of sexual violence and lack of funding.

### **Ethiopia**

The second most densely populated country in Sub-Saharan Africa, Ethiopia relies heavily on foreign assistance, particularly the US for funding its Sexual and Reproductive Health (SRH) services which include family planning, obstetric care and HIV/AIDS prevention. Major Ethiopian NGOs received about \$250 million health aid from agencies such as USAID and the President's Emergency Plan for AIDS Relief (PEPFAR) in 2017

alone.<sup>23</sup> However, Global Gag Rule's (GGR) reinstatement under Trump's government left the country in a vulnerable position. GGR rolled back on Ethiopia's progress of liberalizing its abortion law in 2005 as healthcare services were made to choose between US funding and provision of proper care. Ethiopia is a signatory of Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the International Covenant on Economic, Social, and Cultural Rights (ICESCR), GGR hinders the country's ability to comply with these international treaties and meet its Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being) and SDG 5 (Gender Equality).

Moreover, health and autonomy of women and girls is jeopardized with an uptick in unsafe abortions, childhood pregnancies and genital mutilation as access to SRH facilities is limited. From 2017 to 2020, funding cuts for NGOs such as Marie Stopes International led to a decrease of outreach programs providing contraceptive services from 21% to 8%.

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<sup>22</sup> "The U.S. Global Gag Rule in Ethiopia: a foreign policy challenging domestic sexual and reproductive health and rights gains - Reproductive Health," *BioMed Central*, Jun. 13, 2022. <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-022-01329-6>.

<sup>23</sup> "Evidence for Ending the Global Gag Rule: A Multiyear Study in Two Countries," *Guttmacher Institute*, Apr. 29, 2024. [Online]. Available: <https://www.guttmacher.org/report/evidence-for-ending-global-gag-rule>.



Organisations which tackled HIV testing and vertical transmission (MTCT) of infectious diseases experienced resource constraints. Adolescents and marginalized rural communities were disproportionately affected as many local clinics as possible experienced stock-out of essential reproductive health supplies and youth campaigns designed to deliver health-related guidance were shut down in 18 districts.

NGOs compliant with GGR were forced to forego long standing collaborations with non-compliant NGOs such as Family Guidance Association of Ethiopia (FGAE) which put 790,00 people at risk of losing life-saving care, led to fragmented service, disruption of grassroots family-planning and loss of local skilled technical support. Not only this, systematic challenges were created for international donors. To demonstrate, a GBP 90 million project by UK Department for International Development (DfID) was forced to exclude safe abortion aid and training from other project activities which resulted in a nine

month halt in project implementation and minimal overall effectiveness.<sup>24</sup>

Excessive enforcement of GGR and self-censoring resulted in a “chilling effect” as fear of repercussions from the US led to widespread reluctance by healthcare managers to discuss or even build capacity for abortion care. Certain compliant NGOs declined to attend SRH coalition meetings or engage in studies, such as those conducted by Population Action International (PAI), due to concerns that their participation might be seen as breaching the policy to transcend the impact of GGR, it is vital for Ethiopia to form robust alliances with non-US funding sources such as the African Union and European Union. Private donors dedicated to reproductive rights can also fill the SRH services gap.

Advocacy on the international stage for [Global Health, Empowerment, and Rights \(Global HER\) Act](#) is imperative in order to permanently repeal the gag rule so no future president has the capability to reintroduce it.<sup>25</sup> To ensure countries like

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<sup>24</sup> "Beyond abortion: impacts of the expanded global gag rule in Kenya, Madagascar and Nepal," *BMJ Global Health*, Jul. 19, 2022. [Online]. Available: <https://gh.bmj.com/content/7/7/e008752>.

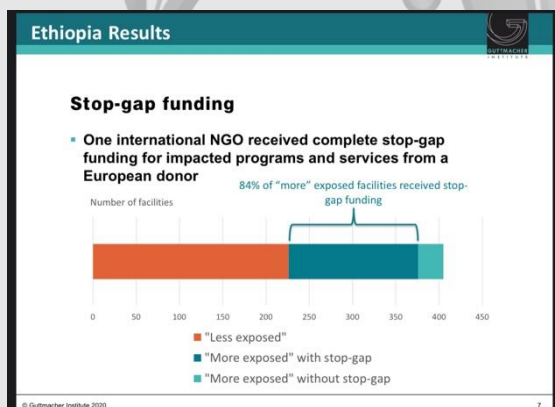
<sup>25</sup> "Global Gag Rule Threatens Reproductive Health in Kenya: Study," *Columbia*

*University Mailman School of Public Health*, Oct. 03, 2022. [Online]. Available: <https://www.publichealth.columbia.edu/news/global-gag-rule-threatens-reproductive-health-kenya-study>.





Ethiopia are not susceptible to unilateral policy changes, there is a need for a global framework in the form of a Global Reproductive Health Fund that serves the purpose of safeguarding reproductive rights. On a domestic level, through mobilization of local resources and enactment of capacity building programs, Ethiopia can work towards a self-sufficient and comprehensive national healthcare system.



## Kenya

In 2017 Kenya received around 79% of its funding for its Sexual and Reproductive Health Services from the United States and also received significant aid from the USG global health assistance therefore, the Global Gag Rule has a

significant impact on the country.<sup>26</sup> The Kenya constitution itself prohibits abortion except when necessary to protect the life or health of the mother. Moreover, the Kenya Penal Code sets forth punishment for those that procure or provide abortions however, not clearly listing the circumstances under which abortion is criminalized. This is coupled with the Ministry of Health Actions that have limited training and provisions for safe abortions. Significantly leading to an increase in the number of unsafe abortions over the years with an increasing infant mortality rate. Therefore, within Kenya itself abortions are not largely accepted except for some NGOs that support them since there is no clear outline for criminalizing them. The GGR further limits those NGOs that provide abortion by removing them from donor-funded projects for which they were eligible. NGOs also reported that many collaborations with organisations that were built over the years were fractured by the rule which led to a reduction of funds from multiple sources. GGR also read to a reduction in contraceptive stock and staff transfers that provided training for abortions. Another significant disadvantage is that NGOs would self-censor their statistics and overly interpret the rule, which made them not even refer clients

<sup>26</sup> "The Global Gag Rule and its impact in Kenya," *IPPF*, Jan. 28, 2019. [Online]. Available: <https://www.ippf.org/blogs/global-gag-rule-and-its-impact-kenya>.



to other NGOs due to fear from the government. Financial services and family planning for health care workers also severely reduced which led to increased poverty within the region.<sup>27</sup> As funding is limited to Family Health Options Kenya (FHOK) strategies and drives for HIV and AIDS protection is also severely limited. “Before GGR, FHOK was able to provide three or four outreach clinics a month in different parts of Kibera where they distributed supplies, did tests and conducted screenings etc. “Now we go once a month,” said Mary, a health care worker. Even though Kenya as a country itself is not entirely supportive of abortion the GGR has further limited the reproductive rights in the country. Job losses have severely increased and mobile outreach services have also been cut off which makes it significantly harder to reach deserted areas to promote even basic health care services, such as contraceptive delivery. Further enhancing the weaknesses of the Kenyan health care system that is already based on confusion with certain health care policies, specifically those in the Kenya Penal Code.<sup>28</sup>

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<sup>27</sup> B. A. Ushie, K. Juma, G. Kimemia, M. Magee, E. Maistrellis, T. McGovern, and S. E. Casey, "Foreign assistance or attack? Impact of the expanded Global Gag Rule on sexual and reproductive health and rights in Kenya," Aug. 20, 2020. [Online]. Available: <https://www.tandfonline.com/doi/full/10.1080/26410397.2020.1794412>

## Bloc Positions

Bloc formations should reflect the unique healthcare realities, political dynamics, ideological stances, and regional alliances of each country. Since the Global Gag Rule originates from U.S. domestic politics, delegates should consider whether their country leans toward the Republican model, with its conservative stance, or the Democratic model, which emphasizes reproductive rights and healthcare access.

Countries are likely to form blocs based on their stance toward the GGR—some will oppose it, advocating for reproductive rights and alternative funding solutions, while others may support it due to political alignment, reliance on U.S. aid, or due to a cultural basis. Regional alliances, like the African Union or South Asian coalitions, could play a key role in shaping strategies to fill healthcare gaps and counter the rule's effects. Delegates may also align around shared plans for addressing the GGR's impact, such as securing alternative funding or supporting

<sup>28</sup> "US: Trump Policy Harming Kenya, Uganda Health Services," *Human Rights Watch*, Oct. 28, 2020. [Online]. Available: <https://www.hrw.org/news/2017/10/26/us-trump-policy-harming-kenya-uganda-health-services>



permanent legislative reforms like the Global HER Act. Bloc formations should reflect not just policies but the real needs and priorities of the people each country represents.

## Conclusion

The Global Gag Rule highlights the deep connection between domestic politics and global health governance, revealing how unilateral policies can profoundly impact reproductive rights and healthcare systems around the world. While the policy aims to align U.S. foreign aid with anti-abortion values, it has often led to unintended consequences, particularly in developing countries, where restrictions on funding have compounded public health crises and limited access to essential services. Its repeated imposition and repeal underscore the urgent need for stable, rights-based approaches to build more sustainable and equitable healthcare systems.

By outlining the broader dynamics and presenting case studies, this study guide sets the stage for informed discussion. However, delegates are implored to move beyond this foundational knowledge, delving into the finer details of the issue to uncover its complexities and

draw out more nuanced analyses. The expectation is to critically assess how the policy interacts with international healthcare systems, funding mechanisms, and global gender equality.

As delegates prepare for committee sessions, the insights offered here are intended to serve as a springboard for deeper exploration. The success of these discussions will rely on collective engagement, innovative thinking, and the ability to balance diverse perspectives. Delegates are expected to dive into the intricacies of the issue, engage in rigorous debate, and work toward thoughtful, actionable solutions.

## Questions a Resolution Must

### Answer:

1. How can the international community address the impact of the Global Gag Rule on progress towards women's rights and women's emancipation?
2. What mechanisms can be adopted to minimize the public health consequences of the GGR on affected populations?
3. What measures can be implemented to mitigate the economic strain of the GGR on local healthcare systems, economies, and NGOs?



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4. What steps can be taken to ensure reproductive health policies align with international human rights standards and international treaties affirming reproductive rights?
5. How can accountability systems be established to monitor the implementation and effects of the GGR on global and domestic health initiatives?
6. How can policies be designed to guarantee adequate access to reproductive healthcare for marginalized and vulnerable groups?
7. What strategies can be applied to create sustainable and autonomous funding sources for reproductive health services that are resilient to donor country political shifts?
8. How can private donors, international organizations, and regional alliances strengthen their roles to address funding gaps caused by the GGR.



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