

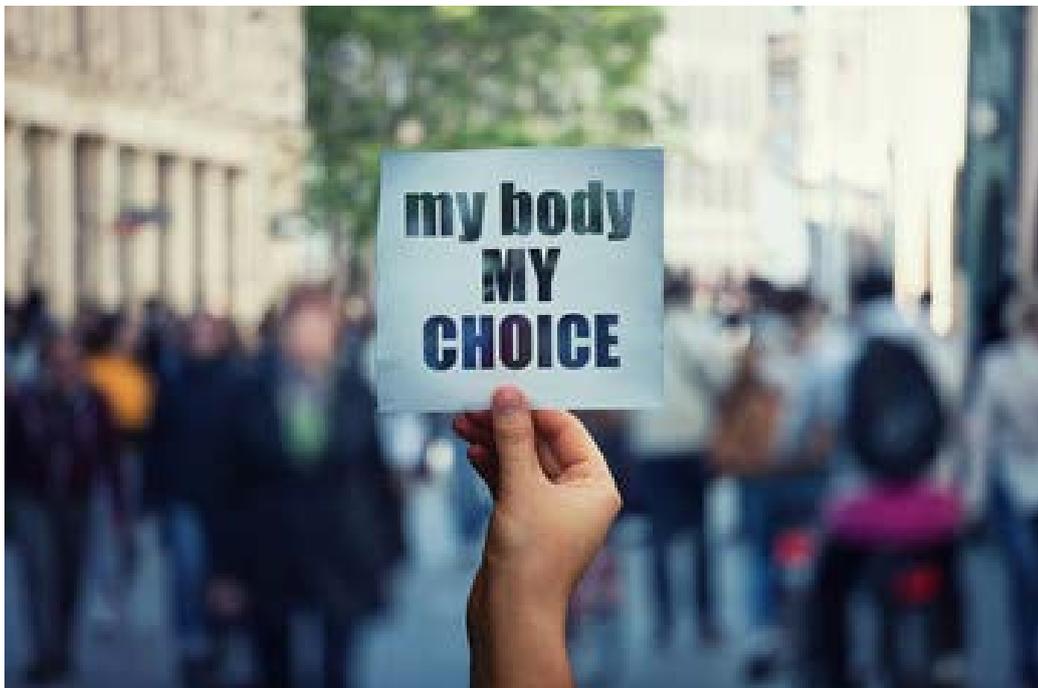
STUDY

Requested by the FEMM committee



Evaluating the EU's Response to the US Global Gag Rule

State of play and challenges ahead



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State of play and challenges ahead

Abstract

This study commissioned by the European Parliament's Policy Department for Citizens' Rights and Constitutional Affairs at the request of the FEMM Committee, maps out the challenges the European Union faces in promoting sexual and reproductive health and rights and the prevention of gender based violence in its external action, especially in providing aid to developing countries against the backdrop of US Global Gag Rules.

This document was requested by the European Parliament's Committee on Women's Rights and Gender Equality.

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LIST OF ABBREVIATIONS

| | |
|-----------------|--|
| ACP | African Caribbean Pacific |
| ALDE | Alliance of Liberals and Democrats for Europe |
| CPA | Cotonou Partnership Agreement |
| CSOs | Civil Society Organisations |
| CSO-LA | Civil Society Organisations-Local Authorities |
| DCI | Development Cooperation Instrument |
| DEVCO | Development Cooperation |
| DG DEVCO | Directorate-General for International Cooperation and Development |
| DG ECHO | Directorate-General for Civil Protection and Humanitarian Aid Operations |
| DG NEAR | Directorate-General for Neighbourhood and Enlargement Negotiations |
| ECHO | European Civil Protection and Humanitarian Aid Operations |
| EDF | European Development Fund |
| EEAS | European External Action Service |
| EIDHR | European Instrument for Democracy and Human Rights |
| EU | European Union |
| EFI | External Financing Instrument |
| FEMM | Committee on Women's Rights and Gender Equality of the European Parliament |
| FMG | Female Genital Mutilation |
| FP | Family Planning |
| FP2020 | Family Planning 2020 |
| GAP | European Union Gender Action Plan |
| GAG/GGR | Global Gag Rule |
| GAVI | Global Alliance Vaccine Initiative |
| GBV | Gender based Violence |
| GFATM | Global Fund to Fight AIDS, Tuberculosis and Malaria |

| | |
|---------------------|---|
| GPGC | Global Public Goods and Challenges Programme |
| GUE/NGL | European United Left - Nordic Green Left |
| HAI | Humanitarian Aid Instrument |
| ICPD | International Conference on Population and Development |
| IcSP | Instrument contributing to Stability and Peace |
| IPPF | International Planned Parenthood Federation |
| KFF | Kaiser Family Foundation |
| LGBTI/LGBTQI | Lesbian, Gay, Bisexual, Transgender, Queer, Intersexual |
| MCP | Mexico City Policy |
| MDG | Millennium Development Goals |
| MFF | Multiannual Financial Framework |
| MPoA | Maputo Plan of Action |
| NDICI | Neighbourhood, Development and International Cooperation Instrument |
| NGO | Non-governmental Organisations |
| PIs | Partnership instrument for cooperation with third countries |
| SDG | Sustainable Development Goals |
| SRH | Sexual and Reproductive Health |
| SRHR | Sexual and Reproductive Health and Rights |
| VAW | Violence against Women |
| UHC | Universal Health Coverage |
| UK | United Kingdom |
| UN | United Nations |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations International Children's Emergency Fund |
| US GAG | United States' Global Gag Rule |

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EXECUTIVE SUMMARY

Background

In 2019, the US announced a further expansion of the previous Mexico City Policy (MCP), also referred to as the Global Gag Rule (GAG/GGR), which blocks US aid funds for organizations or groups that perform abortion services, provide information about sexual and reproductive health rights, and advocate for abortion. According to this latest widening of the scope of the MCP, funds are also blocked to organizations that merely support other organizations engaged in the provision of abortion services or pro-abortion advocacy.

The promotion of sexual and reproductive health and rights has been one priority of EU's external action in the last few decades. To this aim, the European Union (EU) has increasingly integrated gender equality as a fundamental value in its external policy. In the context of the EU's gender policy framework, the EU has been unreservedly and progressively promoting a multi-dimensional agenda for sexual and reproductive health and rights including both the 'human development' aspect and 'rights' dimensions. This commitment also manifested in taking up a leading role in negotiating the 2030 UN Agenda for Sustainable Development, which today also serves as a guideline for designing and implementing EU external aid policies.

The present study seeks to contribute to a better comprehension of the impact of the expanded US Gag Rules on EU's external aid policies and actions and to evaluate the EU and the EU Member States' responses to counter the effects of the reinstated US policy.

The study firstly presents an overview of the historical developments of the US MCP in order to fully understand what the recent reinstatement of the policy really means and provides an analysis on its impact on organizations, communities and individuals globally.

The study then turns to see how the European Union and its Member States have responded to this very significant shift in US policy stance. In this regard the study provides an overall picture of existing and proposed EU development and humanitarian programmes, guidelines and actions at EU-level, related to violence against women in the world and sexual reproductive and health rights. In this context an analysis is made on EU development and humanitarian aid funds and the work of the foreign family planning organisations benefiting from EU funding are restricted by the change in US policy.

A short evaluation is made of whether, by increasing financial support for foreign family planning organisations, the EU can safeguard the sexual and reproductive health and rights of women and girls throughout the world. Lastly, the current state of the negotiations of the Multiannual Financial Framework is looked into with a view to see how development and humanitarian aid is proposed to be budgeted for prevention and response to gender based violence and the promotion of sexual reproductive and health rights.

Shifting focus from EU institutions to Member States, the study lists and assesses the development and implementation of pledges from EU governments and other donors who pledged to mitigate the effects of the US Global Gag Rule. The study also provides an update to what extent the commitment was made by the participating EU Member States to support sexual and reproductive health and rights in developing countries.

In light of recent regional and global developments, this study considers the challenges that the EU faces in advancing its leading role in SRHR, regionally and globally. We draw attention on the rise of conservative and right-wing populist views, which delegitimize the gender equality agenda in some EU Member States. We argue firstly that such political movements, and more broadly the incorporation of conservative views in domestic legal regimes might hinder progress towards promoting

comprehensive access to SRHR services, inside and outside the EU. Second, we argue that the way the issue of women's access to SRHR is framed in advocacy circles clashes with some EU governments' conservative systems and this division might challenge further progress towards the realization of a truly European-wide and comprehensive response to the GGR. Third, we argue that the success of EU external action largely depends on the ability to implement SRHR in contexts with different cultural and religious backgrounds. Finally, we focus on how recent political shifts – namely Brexit – and the global crisis – namely the COVID 19 health crisis also pose serious challenges to maintaining commitments to SRHR agendas.

While the present study chiefly focuses on the research questions assigned by the Committee on Women's Rights and Gender Equality (FEMM) of the European Parliament where necessary the research and analysis is extended to areas closely related to the subject. In this vein, the analysis also focuses on development aid as the bulk of EU external aid is administered under budget line. In the same manner our analysis goes beyond gender-based violence and encompasses issues related to sexual reproductive and health rights that is necessary to provide an overall picture.

The content of this paper is based on existing available data, studies and analysis from numerous sources and documents from national and international institutions. Most extensive use, however, is made of the euaidexplorer.ec.europa.eu the EU's platform providing the main figures related to the EU support and the different recipients, donors, sectors and channels of aid provided under EU external policies.

The aim of this study is to:

- Provide an inventory - including brief descriptions - of existing and proposed humanitarian programmes, guidelines or actions at EU-level related to violence against women in the world
- Evaluate the actual implementation of pledges from EU governments and other donors who have committed to help financially and draw conclusions on the extent to which these pledges have resulted in mitigating the effects of the US Global Gag Rule.
- Analyse whether the Global Gag Rule restricts the EU humanitarian aid funds or the work of the foreign family planning organisations that the EU is funding
- Analyse whether by increasing financial support for foreign family planning organisations, the EU can safeguard the sexual and reproductive health and rights of women and girls throughout the world
- The United Nations' International Conference on Population and Development (ICPD) was held in Nairobi in November 2019, co-sponsored by Denmark. Analyse to what extent the commitment was made by the participating EU Member States to support sexual and reproductive health and rights in developing countries
- Analyse the Commission's proposal on the future MFF from the perspective of humanitarian aid budget for prevention and response to gender-based violence

BRIEF OVERVIEW

The European Union is a leading actor in promoting sexual and reproductive health and rights (SRHR) worldwide. The recent restoration of the Mexico City Policy – also known as Global Gag Rule – by the US administration in 2017, and its further expansion in 2019 put a break on progress made in the field of SRHR globally.

In this context, the European Institutions and the EU Member States have mobilized political and financial resources to support SRHR programmes worldwide and contribute to the advancement of Sustainable Development Goals related to good health and well-being (SDG 3) and gender equality (SDG 5).

However, the EU and Member States' responses to the challenges brought about by the Mexico City Policy are still fragmented. In addition, political and cultural beliefs in EU and partner countries and the emerging political crisis (Brexit) and health crisis (Covid-19 pandemic) need to be taken into account when formulating future responses.

1. THE US MEXICO CITY POLICY: BRIEF HISTORY AND IMPACT ON WOMEN'S HEALTH AND BEYOND

1.1. The US Mexico City Policy: historical developments and content

Recently, in 2019, the US Secretary of State has announced the expansion of the Mexico City Policy (MCP), better known amongst its critics as the Global Gag Rule (GAG/GGR). This US policy had been reinstated by the US administration in 2017 to block US funds to organizations or groups that perform abortion services, provide information about abortion, or advocate for abortion rights. Through its latest amendments of 2019, the new policy also blocks funding to organizations that, though not directly involved in any of the three activities listed above, support other organizations engaged in the provision of abortion services or pro-abortion advocacy. This study opens by presenting a concise, yet comprehensive overview of the historical developments of the US MCP. In order to fully appreciate the context in which this has been reinstated (Sections 1.2) and its impact on organizations, communities and individuals globally (Sections 1.3), it is useful to first understand what the policy entails, how it is formulated and which organizations and groups it affects. Furthermore, as the negative impact of the MCP on the delivery of essential services was partly due to the vagueness of its formulation, this introduction hopefully clarifies some aspects of its content and applicability.

In January 2017, US President reinstated the Mexico City Policy (MCP), also referred to as the Global Gag Rule. The 2017 Gag is a policy that governs US foreign aid, by putting a ban on US funding to foreign organizations or groups that perform, support or advocate for abortion. In essence, the US GAG/GGR (re)directs US funding away from organizations involved in one, or more, of the following activities:

- Provide/perform abortion services;
- Provide advice and/or information about abortion services;
- Provide referrals for abortion;
- Lobby or advocate for the liberalization and non-criminalization of abortion;
- Campaign for abortion as a method for family planning;
- Perform or support coercive abortion or involuntary sterilization.

In practice, the policy prevents the United States Agency for International Development (USAID) from providing foreign aid funds to international organizations and groups providing abortion related services and information.¹ The policy admits exceptions to funds provisions in the following cases:

- When abortion services are offered to women whose pregnancy results from sexual violence or family incest;
- When the pregnancy puts the mother's life at risk;
- When the service is provided to treat injuries or illness caused by illegal abortion;
- When a pregnant woman has decided to have a legal abortion and the family planning counsellor believes that, following the code of ethics of the medical profession of his/her country, they should provide the woman with information on where to access legal and safe abortion services.

¹ Presidential Document by the Executive Office of the President on 03/29/2001, available at <https://www.federalregister.gov/documents/2001/03/29/01-8011/restoration-of-the-mexico-city-policy>

The provision of financial support to organizations that perform abortion services has been illegal in the US since 1973, when the Helms amendment was enacted. However, over the years and particularly under the current US administration, the policy's scope and applicability have been considerably expanded. As shown more in details in the overview below, when first instated under the Reagan's administration, the policy applied only to US foreign aid for family planning. In 2017, the US President extended its application to all global health assistance funding.

- I. In 1984, following the International Conference on Population, held in Mexico City, the then US President instituted the Mexico City Policy. The policy takes its name after the Mexico City Conference, which was organized to review the World Population Plan of Action, introduced 10 years earlier, to address issues related to population and development, including also human rights, family rights, health and well-being, economic development and education. One of the topics of the Conference was the design and implementation of family planning policies. On this occasion, the then U.S. Delegate to the Conference released a statement in which it affirmed the US commitment to family planning assistance in other countries. However, appealing to the UN Declaration on the Rights of the Child (1959), which ensures the protection of children before birth, the US representative clarified that US family planning abroad would align with the principles of the UN Declaration and reject abortion as a method of family planning. In practical terms, US funds for family planning abroad would not be released to organizations that performed abortion services as a method for family planning. Prior the Conference, the US did not allow population assistance contributions to fund abortion services, as per the 1973 Helms amendment. However, the new policy introduced by President Reagan further tightened these restrictions in three ways:
 - a. Where US population assistance contributions went to countries where abortion is legal, US funds would be frozen for abortion, meaning that they could not be used to support or provide abortion services.
 - b. US funds would not go to non-governmental organizations that promote or perform abortion as a method of family planning. This policy requires non-governmental organizations (NGOs) to declare that they 'will not perform or actively promote abortion as a method for family planning' if they want to be recipient of US funding.
 - c. The US would only contribute to the United Nations Fund for Population Activities if the UNFPA does not support abortion services.
- II. 1984– 2017. Every Democratic administration rescinded the MCP (Clinton 1993-1999, 2000-2001 and Obama 2009-2017), while every Republican administration reinstated it (Reagan, 1985-1989, Bush 1989-1993 and 2001-2009).² The principle which was put forward in support of the policy reinstatement was that "taxpayer funds appropriated pursuant to the Foreign Assistance Act should not be given to foreign nongovernmental organizations that perform abortions or actively promote abortion as a method of family planning in other nations",³ as explained in the Memorandum for the Administrator of the United States Agency for International Development⁴.
- III. In 2017, via presidential memorandum, the US administration reinstated the MCP, now renamed 'Protecting Life in Global Health Assistance'. The amended policy has a broader scope

² The Mexico City Policy: an explainer, available at <https://www.kff.org/global-health-policy/fact-sheet/mexico-city-policy-explainer/>

³ Memorandum for the Administrator of the United States Agency for International Development of March 28, 2001, available at <https://www.federalregister.gov/documents/2001/03/29/01-8011/restoration-of-the-mexico-city-policy>

⁴ Ibid.

than its previous formulations, in that it applies to funding provided for global health assistance, as well as family planning. This means that, in its extended version, GGR of 2017 prohibits US funding for family planning and global health assistance to reach organizations that perform, counsel on or lobby for abortion. Crucially, **the policy applies regardless of whether organizations use their own, rather than US funds to perform such services.** In summary, any organization providing these services, will be subjected to the amended policy, notwithstanding how the services were funded.

- IV. 2019, under US administration, the policy has been further broadened in scope to restrict foreign aid to any NGOs that provides financial support to any other organization performing or promoting abortion services, no matter whether these are managing or delivering a programme in family planning, global health assistance or other. The table below provides a quick visual overview of the funding areas affected by the MCP. Over the years, the major amendments to the policy have concerned its expansion of its applicability in funding streams other than population assistance and family planning, including global health assistance or any US funding recipient.

Table 1: The GGR from Reagan to Trump

| Year, Administration | Global Family Planning Assistance | Global Health Assistance | Other funding areas |
|----------------------|-----------------------------------|--------------------------|---------------------|
| 1984, Reagan | Yes | No | No |
| 2017, Trump | Yes | Yes | No |
| 2019, Trump | Yes | Yes | Yes |

Hence, the extended MCP has a direct as well as an indirect impact, which will be explored in section 1.3. Those NGOs that do not comply with the policy cannot receive US funding and those NGOs that do comply with the policy cannot cooperate with other NGOs whose activities clash with the policy's requirements.⁵

1.2. The context

The expansion of the MCP in 2019 came at a time when abortion was a very sensitive topic, both in US politics and the media. In the summer of 2019, several US states signed anti-abortion bills, also known as 'heartbeat bills', which restricted women's access to abortion. Accordingly, abortion became illegal as soon as the foetus' heartbeat is detectable, an outcome celebrated as a success by anti-abortion activists.

The previous year, the election of a judge to the Supreme Court, despite allegations of sexual assault, had reignited the discussion on the issues of women's rights and equality. These discussions dominated headlines across the country. As a result, women's interest groups began a series of protests for their rights, including access to abortion. In this context, according to our interviewee Hani Serag, expansion of the Gag Rule has been interpreted as a strategy aimed at attracting support from anti-abortionist lobby groups, which represent a key constituency, at a time when his actions were very

⁵ Starrs, A.M., 2017. The Trump global gag rule: An attack on US family planning and global health aid. *The Lancet*, 389(10068), pp.485-486.

unpopular with some sections of society.⁶ The US president's recent participation to an anti-abortion rally, might also be motivated by the desire to secure key votes in the 2020 elections.

1.3. Protecting life in global health assistance? A critical review of the US extended Gag Rule's impact on women's health and beyond

Having provided an overview of the historical development of the MCP, a second objective of this study is to highlight its impact on women's rights, reproductive health, and beyond. The overview of the MCP's impact presented here draws on reports produced by governmental and non-governmental stakeholders and on qualitative, semi-structured interviews with stakeholders from governmental departments and non-governmental organizations. Key contributions have been provided by representatives of Marie Stopes International, Global Fund for Women and Open Society Foundations.

Based on the information collected through interviews and desk research, we identify two main stakeholders and eleven main areas impacted by the MCP. The MCP has a negative impact on the service delivery of civil society organizations, including NGOs and, ultimately on the final beneficiaries of their services. The impact of the MCP on NGOs can be assessed in financial terms, that is in terms of financial loss; or, it can be weighed against the loss of opportunities to offer a range of diverse, life-saving and essential services to less advantaged groups. Since the 1980s, qualitative and quantitative studies have attempted at estimating the financial loss that the different versions of the MCP have caused. An often-quoted estimate is the one carried out by the Kaiser Family Foundation. That study counted the number of NGOs that received US global health assistance funds between 2013 and 2015 and estimated that, had the MCP been in force during that period, it would have caused a loss \$2.2 billion for 1,275 foreign NGOs.⁷

Such figures prove valuable in proposing financial estimates, but there is another side of the coin which needs to be considered when providing a more complete picture of the MCP's impact. Our extensive interviews representatives of Marie Stopes International revealed an '**opportunity cost**' faced with a loss of funding, NGOs are obliged to divert funding originally planned to different programmes to fill-in the financial gap. The diversion of funding means that there is a cut in the programmes and services delivered. As a consequence, a less diverse range of services can be provided for disadvantaged groups, and this service loss, as we shall see in greater details, affect several areas in addition to sexual and reproductive health and family planning.

A second area impacted is that of **partnerships**, exchanges and collaborations between governmental and non-governmental organizations, as well as between NGOs. The CHANGE 2018 report refers to a 'chilling effect' of the MPC on partnership between NGOs.⁸ Accordingly, the vague formulation of the policy combined with a disorganized and unclear communication by the US government on the applicability of the GGR has frozen communication and collaborations between NGOs. One of our interviewees, from the Global Fund for Women and Open Society Foundations comment that the policy has created a climate of 'pervasive fear and confusion':

⁶ For further reference, see also <https://blogs.bmj.com/bmj/2019/08/19/domestic-political-alliances-with-conservative-forces-in-the-us-is-costing-women-their-health-at-home-and-abroad/>

⁷ Kellie Moss and Jen Kates, Kaiser Family Foundation, How Many Foreign NGOs Are Subject to the Expanded Mexico City Policy? 1 (2017), available at <http://files.kff.org/attachment/Issue-Brief-How-Many-Foreign-NGOs-Are-Subject-to-the-Expanded-Mexico-City-Policy> [hereinafter Kaiser Family Foundation, How Many Foreign NGOs Are Subject to the Expanded Mexico City Policy?].

⁸ CHANGE. Prescribing Chaos in Global Health: The Global Gag Rule from 1984-2019, available Online at <http://www.genderhealth.org/files/uploads>

Pervasive fear and confusion is a nearly universal response to the GGR. Yet, many organizations still do not fully understand the breadth and applicability of the GGR and its expansions. The most recent expansion is particularly vague, very likely deliberately, in order to ward off attempts to challenge the policy in courts. CSOs are afraid to speak about the policy, and are scared to accept any U.S. government money, in part because it is so difficult to ascertain which funding streams are implicated by the GGR—particularly as there is often a mix of funding streams from donor governments, the Global Fund, and PEPFAR [President's Emergency Plan for AIDS Relief]. There is a fear among CSOs about the impact of either refusing U.S. government money and retaining the ability to provide comprehensive SRH⁹ services, or accepting the funds, and losing the ability to provide comprehensive services, including safe abortion—a catch 22. Fear of the policy has led to its overly strict interpretation by U.S. global health funding prime recipients. Rather than U.S. government compliance officers, it is in fact prime partners who are often weaponized as enforcers of the policy with their sub-grantees—as funding and policy requirements are passed down from prime partners to their subgrantees—putting the funding of the prime partners on the line.

(Officer from the Global Fund for Women and Open Society Foundations)

Beyond organised and direct collaborations, miscommunication around the content of the MCP and its applicability has also led CSOs to avoid formal networks and technical working group meetings or similar key events for fear to be associated with pro-abortion supporters. Therefore, the implementation of the MCP has severely debilitated the collaboration between 'gagged' and 'non gagged' organizations, fed a climate of fear and mistrust and weakened opportunities for inter-organizational exchange. In addition, another important point of impact concerns the abortion advocacy efforts. According to the Global Fund for Women's representative, some newly developed guidelines for Sexual and Reproductive Health leave abortion out because of fear around engaging in public discussions on abortion.

As mentioned at the beginning of this section, the MCP's impact can also be gauged by looking at the areas of intervention affected. The 2017 amendment to the MCP has expanded its scope, diverting US funding for global family planning, as well as those that reached organization delivering global health assistance, water and sanitation and gender equality programmes.¹⁰ The amendment impacts programmes in the following areas:

- I. Family planning
- II. Sexual and reproductive health
- III. Maternal, newborn and child health and care
- IV. HIV, under the PEPFAR funding¹¹
- V. Tuberculosis, Malaria and Tropical Disease
- VI. Zika
- VII. Global Health Security
- VIII. Nutrition
- IX. Water, Sanitation and Hygiene
- X. Research activities in certain areas
- XI. Partnership opportunities (NGO-NGO/NGO-Government)

The MCP impacts US funds to organizations that run family planning programmes. Such programmes often include a sexual and reproductive health component, in the form of sexual and reproductive health education or services. Reproductive health services include the provision of methods (hormonal

¹⁰ The last version of the study will provide in Annex a list of such organizations, highlighting those funded also by the EU.

¹¹ The Effect of the Expanded Mexico City Policy on HIV/AIDS Programming: Evidence from the PEPFAR Implementing Partners Survey (2019).

and non-hormonal) for the prevention of unwanted pregnancies. Therefore, the loss of funding impacts on programmes which aim at preventing unwanted pregnancies in the first place. In addition, from the perspective of policy impact, when looking at the impact of the MCP on women's reproductive health, studies have found a correlation between funding cuts in this area and a rise in unsafe abortions and women's mortality. A Stanford University study on the impact of this policy has found that unsafe abortion rate rose following cuts to family planning funding.¹² By not having access to birth control methods and safe abortion, women turn to unsafe methods to interrupt their pregnancies.¹³

But the impact of the MCP goes beyond sexual and reproductive health and rights and family planning. Most of the organizations hit by the US fund cuts provides a wide range of services, including vaccination and health care for cases of tuberculosis, malaria and tropical diseases, emergency care, water and sanitation services and services for minority and persecuted groups and communities. This means that, the implementation of this policy has effects beyond sexual and reproductive health of women. From a global perspective, the GGR affects access to basic health assistance. It hinders progress towards the SDGs, namely Goal 3 on Global health and wellbeing, Goal 5 on gender equality and Goal 6 on clean water and sanitation. Our interview with Global Fund for Women highlights the impact on service loss:

*CSOs report that there was a **loss of services** in their countries as a result of the GGR—**not just for abortion but for other services as well impacting sex workers and LGBTQI communities the most.** Organizations that have built a reputation for providing high quality, comprehensive services are being forced to make a choice. They can either break their promises to the communities they serve and limit the quality and range of services provided or they can refuse U.S. government funding and continue to provide the full spectrum of services, but likely on a much smaller scale with significantly reduced funding. In addition to the loss of services, after decades of working to integrate services, implementers are being forced to re-silo many services, disproportionately impacting individuals and communities most at risk.*

(Officer from Global Fund for Women and Open Society Foundations)

Therefore, in addition to the loss of funding and the provision of services, another important loss concerns the relationship between NGOs and their communities and the resulting sense of helplessness that in some vulnerable groups and communities derive from changes in the provision of services. The sudden discontinuation of a range of health-related services may create a sense of distance between NGOs and their ultimate beneficiaries, who might feel frustration, suffer from further marginalization and increased vulnerability.

¹² Bendavid, E., Avila, P., & Miller, G. (2011). United States aid policy and induced abortion in sub-Saharan Africa. *Bulletin of the World Health Organization*, 89(12), pp 873-880.

¹³ Another example of the effects of the MCP can be found in the previously cited 2018 report 'Prescribing Chaos in Global Health: The Global Gag Rule from 1984 to 2018' which provides a country specific overview of the effects of the GGR on civil society organizations and health systems, in Mozambique and Zimbabwe, highlighting the harmful impact of the policy on women's health and rights.

2. EU EXTERNAL POLICY ACTION TO COMBAT VIOLENCE AGAINST WOMEN AND PROMOTE SEXUAL AND REPRODUCTIVE HEALTH RIGHTS

The European Union is committed to take action against gender-based violence/violence against women (GBV/VAW) and to promote sexual and reproductive health rights (SRHR) in its international cooperation and development policy. These commitments are widely reflected in various major policy documents, a central one being the current European Consensus on Development revised in 2017,¹⁴ which reinstates a strong commitment to SRHR and GBV/VAW in line with the 2030 UN Agenda for Sustainable Development. The key stance taken by the EU is the following:

"The EU remains committed to the promotion, protection and fulfilment of all human rights and to the full and effective implementation of the Beijing Platform for Action and the Programme of Action of the International Conference on Population and Development (ICPD) and the outcomes of their review conferences and remains committed to sexual and reproductive health and rights (SRHR), in this context. Having that in mind, the EU reaffirms its commitment to the promotion, protection and fulfilment of the right of every individual to have full control over, and decide freely and responsibly on matters related to their sexuality and sexual and reproductive health, free from discrimination, coercion and violence. The EU further stresses the need for universal access to quality and affordable comprehensive sexual and reproductive health information, education, including comprehensive sexuality education, and health-care services."¹⁵

These EU commitments are also articulated in development policies, chiefly the EU's Gender Action Plan II (GAP II), the framework of which the European Commission, the European External Action Services and the EU Member States streamline their approach to gender equality through external action. GAP II focuses on gender mainstreaming, and to make progress regarding (1) stopping violence against women and girls (2) improving women and girls' socioeconomic rights and (3) increasing women participation in decision-making processes at all levels. The new GAP III for the period between 2021-2025 is currently under discussion and its adoption is expected by the end of 2020. The new initiative builds on the Commission's two previous gender action plans in reaffirming gender equality/women's rights as a key strand of EU foreign policy. It would also align EU action with international commitments taken by the bloc, especially under the 2030 UN Agenda for Sustainable Development, the UN Convention on the elimination of all forms of discrimination against women, the UN Beijing Declaration and Platform for Action for advancing women's rights and the UN women, peace and security agenda.

Being committed to the implementation of the 2030 UN Agenda for Sustainable Development, both in its internal and external policies, the EU promotes Goal 5 on gender equality to achieve gender equality by ending all forms of discrimination, violence and any harmful practices against women and girls in the public and private spheres in its external actions.¹⁶ In this direction, the EU has adopted, in December 2018 and the corresponding Action Plan for 2019-2024.¹⁷ In addition, the relationship

¹⁴ The New European Consensus on Development 'Our World, Our Dignity, Our Future' – Joint Statement by the Council and the Representatives of the Governments of the Member States Meeting Within the Council, the European Parliament and the European Commission, https://ec.europa.eu/international-partnerships/system/files/european-consensus-on-development-final-20170626_en.pdf See paras 33 and 34.

¹⁵ Ibid. para 34.

¹⁶ Crowley, N. and Sansonetti, S., 2019. New visions for Gender Equality 2019.

¹⁷ Council conclusions on Women, Peace and Security as adopted at the 3662nd meeting of the Council on 10 December 2018 15086/18 and EU Action Plan on Women, Peace and Security (WPS) 2019-2024 EEAS(2019) 747 respectively.

between gender equality and sustainable development has been highlighted by different EU Parliamentary groups.

2.1. EU's Action on violence against women in the world

EU's responses to the impact of the US Gag Rule have been financial as well as political. At the political level, in addition to the Recommendation cited above, the former Vice-President Mogherini, on behalf of the Commission commented on the policy by saying that:

*In the area of humanitarian aid, the provision of sexual and reproductive health services is mainly mainstreamed through projects delivering primary healthcare. Over the past decade the Commission has allocated, through the EU's humanitarian aid budget, around EUR 200 million annually to healthcare, including sexual and reproductive health. And in 2016, the Commission allocated EUR 18.4 million, through the EU's humanitarian aid budget, to the United Nations Population Fund for targeted actions in the area of sexual and reproductive health.*¹⁸

Some of these initiatives have seen involved individual and groups of Member States, for example the She Decides campaign which we shall see shortly. Others have seen the EU's involvement in global networks of partners, such as in, the Spotlight Initiative. The Spotlight Initiative¹⁹ was launched in 2017 in the framework of a partnership between the EU, the United Nations (UN) and civil society actors. The initiative comprises a series of activities to eliminate gender-based violence and advance the Agenda 2030, which aims at improving gender equality and women's empowerment. The initiative, endowed with a contribution of EUR 500 million by the EU, seeks to provide relevant support to dedicated national and regional programmes in Asia, Africa, Latin America, the Pacific and the Caribbean on a variety of topics related to violence against women and girls, and particularly aims to build on existing processes and actions. The initiative has specific institutional arrangements to allow for the inclusion of relevant civil society organizations.

Several initiatives have been made in order to monitor the progress of the EU and Member States towards advancing the gender equality agenda, promoting SRHR and FP abroad. One noteworthy initiative is Europe Countdown 2030 Europe, a Consortium of 15 leading European non-governmental organizations working to ensure advancement of human rights and investment in family planning. Countdown 2030 tracks donations by EU institutions and Member States towards reproductive health and family planning programmes. Importantly, the initiative aims at strengthening the accountability of donors relatively to their commitments towards achieving greater gender equality and universal access to comprehensive sexual and reproductive health. Complementing the work already done to describe trends, objectives and achievements at the EU and Member States' levels, this chapter looks at the actions of EU institutions (Section 2.2) and Member States (Section 2.3), considering both the financial and political commitments made in the context of the 2019 Nairobi Summit (Section 2.4) and with a view to the 2021-2027 MFF (Section 2.5.). In presenting our summary findings here below, we would like to emphasise the methodological difficulties related to tracking EU and Member States' donations, funds and pledges in this area and acknowledge the usefulness of the resources provided, among others, by Countdown 2030, the European Union's Financial Transparency System (FTS) and the European Commission's Directorate-General for the Budget's input.

¹⁸ https://www.europarl.europa.eu/doceo/document/E-8-2017-000404-ASW_EN.html

¹⁹ <https://spotlightinitiative.org/>

2.2. EU's External Action in relation to Sexual and Reproductive Health Rights

2.2.1. EU policy, instruments and funding

To start with, we would like to provide an overview of the financial instruments which support EU's external action in the fields of women's rights, gender equality and SRHR. While Annex III lists all programmes funded by the EU in these areas, in the period between 2017 and 2019, we provide here a brief overview of the main funding streams.

For the last two decades, the European Union (EU) has increasingly integrated gender equality as a fundamental value in its external policy which is well reflected in its policy documents, partnership agreements, and support programs. It is in this broader gender policy framework that the EU has tried to promote a **multi-dimensional agenda for sexual and reproductive health and rights (SRHR)**²⁰ **including both the 'human development' and 'rights' dimensions.**²¹ The EU has been praised as *"one of the strongest supporters of SRHR overall, and family planning in particular"*.²² The EU has been defined by its leading role in negotiating the 2030 UN Agenda for Sustainable Development, as well as that of specific Member States' in championing SRHR policy progress.

Various EU policy instruments reflect the commitment to SRHR in the context of development policy, gender equality and human rights. The key policy documents being:

- **2017 European Consensus on Development**

As noted above, the new 2017 version of European Consensus explicitly takes into account the *International Conference on Population and Development Programme of Action* which sets out to empower women and girls for their sake, and for the benefit of their families, communities and nations. The European Consensus on Development also reaffirms the EU's commitments to SRHR and underlines the need for comprehensive information on sexual and reproductive health. Chiefly it sets forth the EU's commitment to spend a minimum of 20% on social inclusion and human development from the EU's budget.²³

- **2016 EU Gender Action Plan**

The second Gender Action Plan (GAP II), as noted above, provides a key framework to the gender mainstreaming of EU external policy in the context of which SRHR are priority areas for support. GAP II specifically attaches two SRHR related thematic objectives: access to relevant health services (sexual and reproductive health) and related rights.²⁴ Under GAP II, EU reporting on SRHR became mandatory

²⁰ The term 'Sexual and Reproductive Health Rights' or SRHR is used according to the Gutmacher-Lancet Commission's comprehensive definition, SRHR is an umbrella term for four distinct areas of interest: sexual rights, sexual health, reproductive rights and reproductive health. Gutmacher-Lancet Commission (2018) *Accelerate progress – sexual and reproductive health and rights for all: report of the Gutmacher-Lancet Commission*. Available at, <https://www.thelancet.com/commissions/sexual-and-reproductive-health-and-rights>

²¹ Sanne Thijssen, Jean Bossuyt and Sophie Desmidt *Sexual and reproductive health and rights: opportunities in EU external action beyond 2020* ECDPM Discussion Paper No. 254, p 1.

²² Countdown 2030 European donor support to sexual & reproductive health & family planning: Trends analysis 2018-2019. January 2020. p 6.

²³ European Commission (2011) *Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions, "Increasing the impact of the EU Development Policy: an Agenda for Change"*. COM(2011) 637 final. Brussels: European Commission

²⁴ Thematic objective 10 seeks to provide "equal access to quality preventive, curative and rehabilitative physical and mental health care services for girls and women". Thematic objective 11 states: "Promoted, protected and fulfilled right of every individual to have full control over, and decide freely and responsibly on matters related to their sexuality and sexual and reproductive health, free from discrimination, coercion and violence."

since 2016. This ensures that 85% of the newly funded programs have gender equality as a “significant or principal objective”.

- **EU External Financing Instruments (EFIs)**

Under the outgoing Multiannual Financial Framework (2014-2020) support for SRHR, including family planning, is also mapped out in the regulations of various EU External Financing Instruments (EFIs). Out of these instruments the most important are:

- **European Development Fund (EDF)** – SRHR is part of the health related objectives of the 11th EDF (2014-2020) and the intra-ACP funds for 2014-2020 also target SRHR²⁵.
 - The EDF funds the African Caribbean Pacific (ACP) strategy 2014-2020, which highlights SRHR under its health objectives.²⁶ The revised strategy also recognises SRHR and includes commitments to family planning, youth programmes, population issues and the fight against HIV/AIDS.²⁷ In 2018, EUR 227 million was committed to support reproductive health programmes yet only EUR 7 million was disbursed.²⁸
 - EDF funds the Millennium Development Goals (MDGs) initiative launched in 2010 by the EU, which focused on the ten ACP countries lagging on the MDGs. The initiative focused on developing and implementing national health policies to strengthen health systems, improving access to maternal health services and bettering access to quality and affordable SRH services and information between the 2007-2013 funding period. This was financed with funds of EUR 255.4 million.
- **Development Cooperation Instrument (DCI)** – instrument financed by the EU, but channelled through the United Nations Population Fund. Besides the geographic programmes, there are three relevant budget lines in MFF under the DCI. .
 - (i) the Global Public Goods and Challenges Programme (GPGC) focusing on providing SRH services, fostering gender equality and addressing issues such as child marriage, female genital mutilation (FGM) and gender-based violence (GBV). Altogether EUR 20 million was provided for the programme between 2016-2017;²⁹
 - (ii) the funding line for Civil Society Organisations (CSOs) and Local Authorities can be used for improving governance, gender youth rights and HIV/AIDS under the Multiannual Indicative Programme;

25 The 11th intra-Africa Caribbean Pacific (ACP) Strategy 2014-2020, 26, November 2015.

26 See Article 25 and 31. of the revised text of the Agreement aiming to ensure “the protection of sexual and reproductive health and rights of women” and to “encourage the adoption of specific positive measures in favour of women such as [...] access to basic social services, especially to education and training, health care and family planning”. Commentators observe however that the text is still limited to HIV/AIDS rather than the broader spectrum of reproductive rights and health and there are no sexual orientation provisions see Sanne Thijssen, Jean Bossuyt and Sophie Desmidt Sexual and reproductive health and rights: opportunities in EU external action beyond 2020 ECDPM Discussion Paper No. 254, p 8

27 The objective ‘to strengthen the capacity of health systems in ACP countries to deliver basic universally available healthcare’ along with the goal of ‘improving access to prevention, treatment, and care for reproductive health, and universal access to affordable contraceptives and commodities’ are highlighted under EU-ACP Multi-Country Cooperation on Health Strategy (DG DEVCO).

28 Annual Report 2019 On the implementation of the European Union’s instruments for financing external actions in 2018 The Staff Working Document. p 308 and 312.

29 The EU funded UN initiatives such as the UNFPA ‘Global programme to address son preference in selected countries’ (€4 million), the UNICEF ‘Towards universal birth registration’ programme (€4 million), the joint UNFPA and UNICEF programme to tackle FGM and end child marriage (respectively €11 million and €5 million) between 2016-2019.

- (iii) the Pan-African Programme, providing funding to a civil-society driven initiative which encourages the national implementation of the Maputo Plan of Action on Universal Access to Comprehensive Sexual and Reproductive Health Services in Africa.
- **European Instrument for Democracy and Human Rights (EIDHR)** provides financing for the advancement of women's and girls' rights and LGBTI rights
- **Humanitarian Aid Instrument (HAI)** – provides an **annual budget of EUR 200 million** for humanitarian health programmes, of which approximately EUR 34 million was provided for the provision of SRH services and prevention and protection services for sexual violence and GBV between 2017-2019.
- **EU Trust Funds:** since 2015, the European Commission has been setting up different Trust Funds as new pooled funding mechanisms. While the EU Emergency Trust Fund for Africa mostly focused on migration, it has some indicators that refer directly to SRH/FP, but SRH/FP is often only one of the sub-objectives, without earmarked allocations.³⁰
- **Global Initiatives:** A number of global initiatives targeting various components of SRHR have been funded through EU External Financial Instruments, chiefly the EDF and the DCI. Such initiatives are the Global Alliance Vaccine Initiative (GAVI) in the EU pledged to contribute EUR 200 million for the 2016-20 period, which is an increase of EUR 15 million with respect to previous pledge for the same period. This comprises EUR 70 million from the DCI and EUR 130 million from the EDF instruments. The EU also funds the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Since its inception in 2002, EUR 1.5 billion of funding has been provided from both the EDF and DCI budget, making the EU one of its largest donors. At the Global Fund's Fifth Replenishment on 16-17 September 2016, the EU pledged an additional EUR 475 million for the period 2017-2019, which is an increase of 27% with respect to the previous contribution.³¹

2.2.2. Facts and figures

The overview provided above should give a clear overview of the complexities related to providing an exhaustive list, including figures of EU action in the field of SRHR and FP. This is because, taking a multi-disciplinary approach to the issue, the EU mobilizes funding under different instruments and schemes.

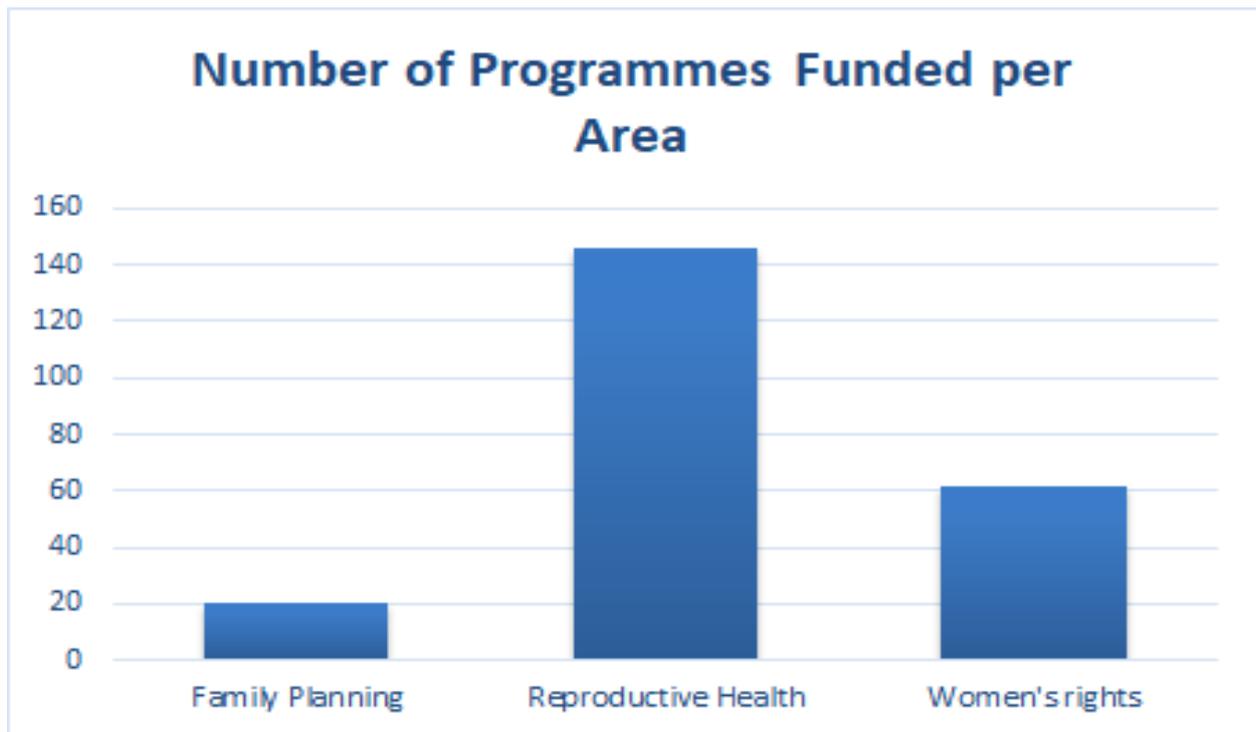
Between 2007 and 2019 the EU has funded 270 programmes abroad in the fields of Reproductive Health, Family Planning and Women's Rights. Triangulating information available on the European Union's Financial Transparency System (FTS),³² with input of the European Commission's Directorate-General for the Budget and desk-based research on EU funding streams and programmes, the table here below provides an overview of the sub-division of EU funding in the three areas.

³⁰ <https://countdown2030europe.org/index.php/country-profiles/european-institutions>

³¹ EU Gender Action Plan II, Annual Implementation Report 2017, p 161.

³² Please note that the FTS portal contains information on funding from the EU budget. The EU Budget funding can be implemented either directly by the European Commission, through the so-called 'direct management', or can it be implemented by national authorities (within or outside the EU), international and non-governmental organizations, development agencies of EU member states, through the so-called 'indirect management'. Up to 80% of the EU budget expenditure is managed by both the European Commission and Member States ('shared management'), or implemented indirectly by national authorities either inside or outside the EU, international organizations, or development agencies of EU countries ('indirect management').

Figure 1: EU's fund to counter gender inequality and women's access to comprehensive reproductive health care



The GAP II prescribes reporting obligations for the EU on how it addresses gender mainstreaming and SRHR. Having said that, obtaining a clear understanding on the size and channels of EU funding towards SRHR remains a complex exercise.³³ This complexity is due to the various methodologies used in budgeting codes, the intertwining issues between gender equality and SRHR support, and the fact that specific SRHR objectives can be framed under various budget lines i.e. education, health, population policies.³⁴ Below an attempt will be made to provide a non-exhaustive list of EU external aid towards SRHR in 2017 and 2018.

EU financing for SRHR in principle takes the form of direct bilateral support to the health sector at the country level through the EDF and DCI. In the period between 2014 and 2020 EU contribution through these channels amounted to EUR 1.5 billion³⁵ and supported efforts to strengthen health systems and ensure universal access to an essential package of health services, including family planning, maternal health and reproductive and sexual health services.³⁶ In the context of global initiatives, the EU continued to fund several SRHR initiatives implemented through UN agencies between 2016-2019. It is estimated that 50% of the health aid is allocated to global initiatives, while the other 50 % is implemented through bilateral and joint EU actions in 17 countries (19), aimed at strengthening country health systems and supporting countries to reach their SDG 3 targets, including universal health coverage.³⁷

³³ This difficulty is openly admitted in EU Gender Action Plan II, Annual Implementation Report 2018, p 259. describing the new approaches to find a common methodology, yet stating that the EU itself uses different methodologies to track its commitments and disbursements for SRHR,

³⁴ Sanne Thijssen, Jean Bossuyt and Sophie Desmidt Sexual and reproductive health and rights: opportunities in EU external action beyond 2020 ECDPM Discussion Paper No. 254, p11

³⁵ EU Gender Action Plan II, Annual Implementation Report 2018, p 259.

³⁶ Ibid.

³⁷ Ibid. Such as the UNFPA-led global programme to address its priorities in selected countries (EUR 4 million), the UNICEF-led programme 'Towards universal birth registration' (EUR 4 million), and the joint UNFPA-UNICEF programme to curb female genital

Looking more closely at the EU's funding applying to the period after the reinstatement of the MCP, in total, the **EU's financial disbursement for maternal, newborn and child health** in 2018 was EUR 350.8 million, being considerably lower than EUR 469.4 million in 2017 and EUR 477 million in 2016. Disbursements totalled EUR 29.6 million, compared to EUR 58.9 million in 2017 and EUR 43.1 million in 2016.³⁸In November 2018 a pledge of EUR 26.5 million was made to support of the **World Bank Global Financing Facility**, which will contribute to innovative measures that bridge the financing gap and improve health outcomes for women, children and adolescents.³⁹

The EU also provided a grant of EUR 28 million to WHO for 2016-2018 to support the **Universal Health Coverage (UHC) Partnership programme**, undertaken in collaboration with Luxembourg and Ireland. The programme contributed to improving donor coordination and aid effectiveness, while strengthening health systems in 28 partner countries and supported countries to reach their universal health coverage targets, including targets related to SRHR. An extension of this programme is foreseen especially including other ACP countries, encompassing EUR 118.5 million for the 2019-2023 period.⁴⁰The European Commission services also contributed two grants to the **UNFPA Supplies Trust Fund**, worth a total of EUR 45 million for the 2016-2020 period. These contributions helped to improve access to SRHR, including family planning, in 46 largely low-income countries by financing efforts to strengthen national capacities and systems, including internal supply chains.⁴¹

2.2.3. Assessment

From the above analysis on the funding structure and figures of the EU's external action towards SRHR, the following considerations can be made to answer whether by increasing financial support for foreign family planning organisations, the EU can safeguard the sexual and reproductive health and rights of women and girls throughout the world.

Despite the regular in-depth reporting and efforts to use concise methodology, information available on the variety of EU funds, programmes and contributions still make it difficult to get a clear overview of where commitments are being disbursed in relation to external aid made towards SRHR. This makes any assessment of the role of foreign family planning organizations difficult, either through providing a channel for funding or by being beneficiaries themselves. With a view to the unreserved and continuous commitment to promote SRHR and the myriad of instruments through which EU external aid is provided to contribute to the advancement of SRHR in the context of universal access to health including family planning some observations need to be made. Moving now onto describing EU funds in relevant areas, the European budget for European Civil Protection and Humanitarian Aid Operations (ECHO) is set-up within the Multi-Annual Financial Framework (MFF). The previous MFF (2014-2020) allocated EUR 1 billion per year approximately for EU civil protection and humanitarian action, for a total of EUR 7.1 billion during the seven years period. The Development Cooperation Instrument counted EUR 19 661.64 million. Programmes in external action, development and humanitarian aid fall under the heading 'Global Europe' of the 2014-2020 MFF. These include programmes for global health assistance, reproductive health and women's rights and violence against women. A breakdown of the Global Europe budget per area is not currently published.

mutilation (EUR 11 million) and end child marriage (EUR 5 million). The EU supported the Panzi Foundation's '*Programme intégré d'appui holistique aux survivants des violences sexuelles et femmes souffrant des pathologies gynécologiques à l'hôpital général de référence de Panzi et autres vulnérables*' (EUR 3.9 million) in the Democratic Republic of the Congo in 2018.

³⁸ EU Gender Action Plan II, Annual Implementation Report 2018, p 260.

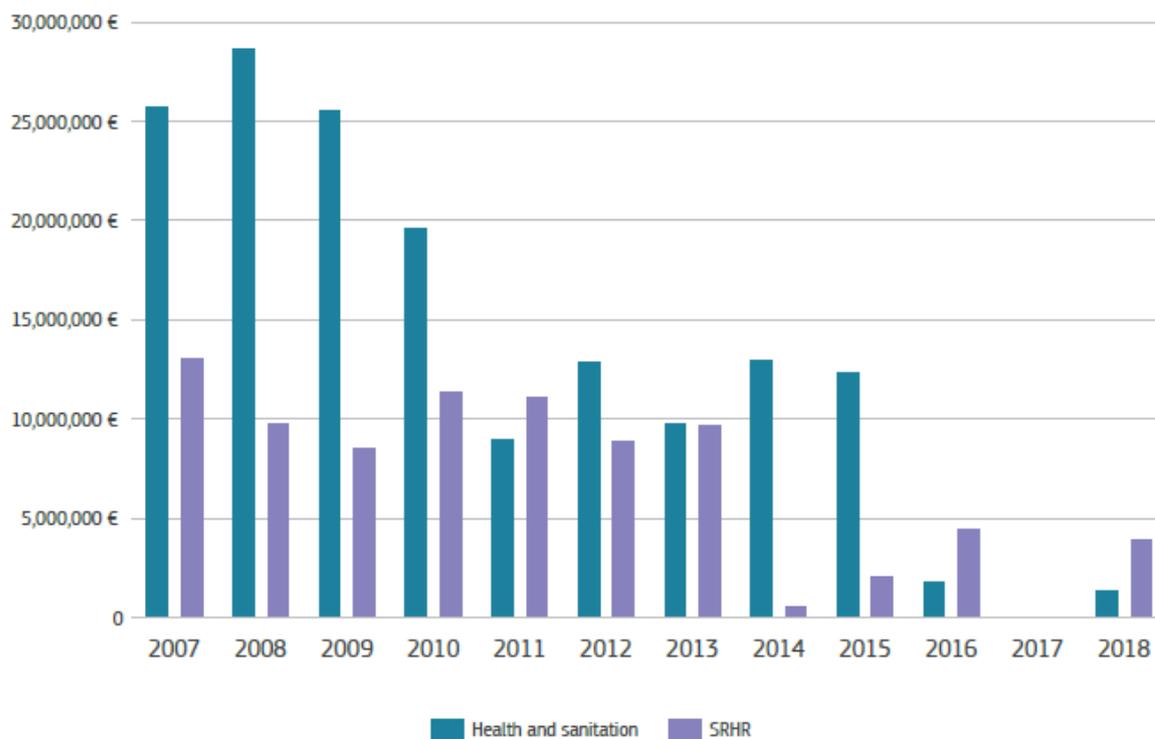
³⁹ Ibid

⁴⁰ Ibid

⁴¹ Ibid.

According to the European Commission an estimated 30% of EU health aid was spent on reproductive, maternal, neonatal, child and adolescent health amounting to EUR 469 million in 2017. In 2018 DG DEVCO together with EDF committed EUR 293 million to reproductive health yet only EUR 20 million was disbursed.⁴² Under the DCI a gradual decline can be observed in relation to the total amount devoted to EU CSO-LA programmes connected to health and SRHR. Under this financial instrument the European Commission funded six programmes from civil society organisations in 2018, with a total budget of EUR 3.87 million only.

Figure 2: EU CSO-LA programmes towards health and SRHR



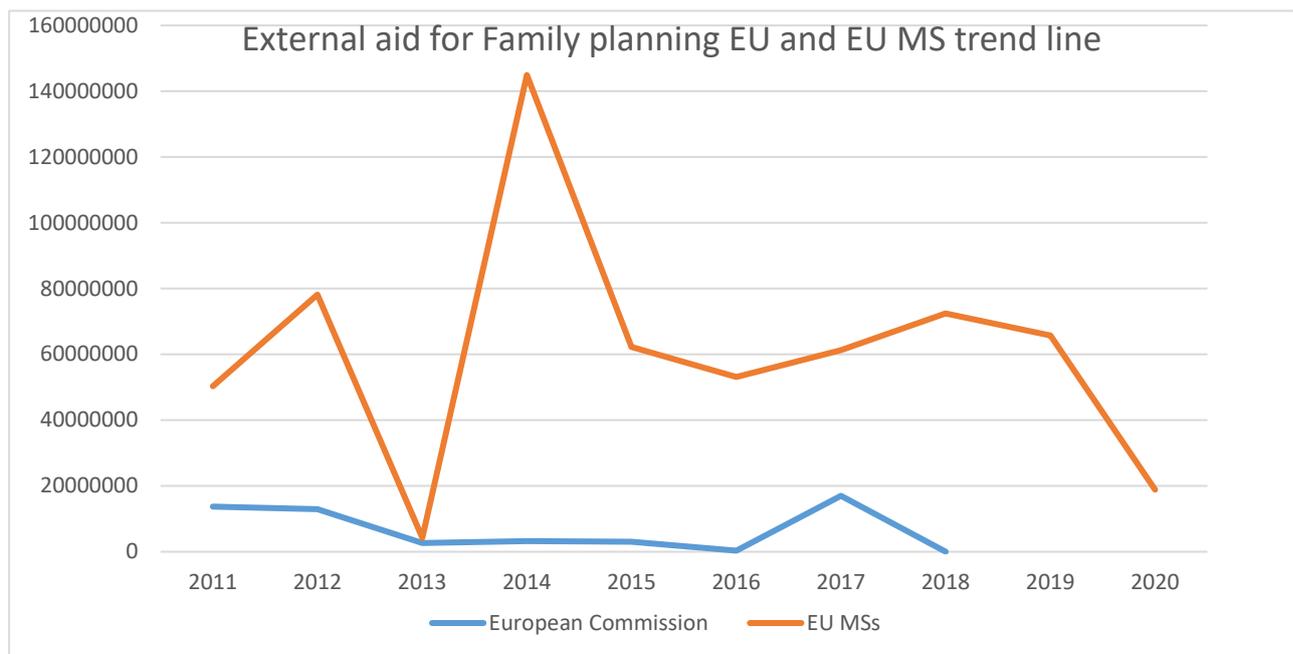
EU CSO-LA programmes – Total amount contracted for health and SRHR by decision and year, 2007-2018⁴³

EU funding towards both SRHR and family planning have significantly decreased, and in the last two years European commitments are largely, if not exclusively, are made by the EU Member States themselves. Principal donor EU MSs are the Netherlands, Denmark, Sweden, Germany, Finland, Belgium, Spain, Italy, France, and during its EU membership the United Kingdom was a major donor.

⁴² DG DECVO EUR 7 million EDF EUR 7 million DG NEAR EUR 6 million respectively Ibid.

⁴³ EU Gender Action Plan II, Annual Implementation Report 2018 p 263.

Figure 3: External aid for Family planning EU and EU MS trend line 2011-2020



Source: https://euaidexplorer.ec.europa.eu/content/explore/recipients_en last visited 30.8.2020

Regarding aid financing family planning in developing countries, the EU through the European Commission via the United Nations Population Fund has contributed approximately EUR52 million in the period between 2011 and 2018.⁴⁴ EU MS contributions were dominantly made through the International Planned Parenthood Federation, donor country based or other NGOs and civil society.⁴⁵

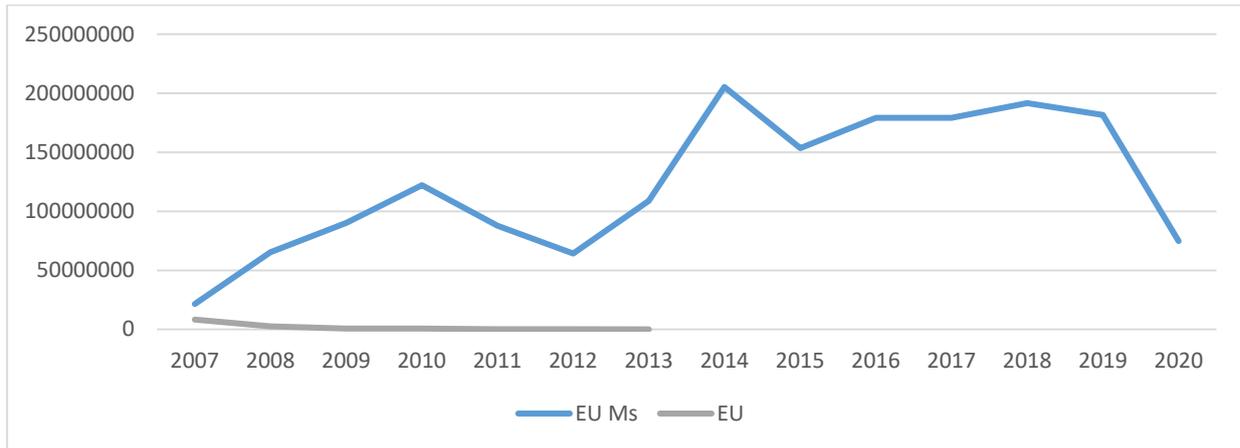
With regard to reproductive health care between 2007 and 2020 the EU and EU MSs have together provided EUR 1 725 037 502 to developing countries, however contributions from EU MSs made the majority of this amount.⁴⁶ In 2019, Libya received funding of EUR 2,32 million for reproductive health care from the EU Trust Fund Africa through the UN Population Fund. Similarly, to family planning aid, reproductive health care is also an area where EU MS donorship remains predominant. This is reflected by the below chart based on EUaidexplorer but also supported by the estimates of the Kaiser Family Foundation (KFF). The major European donors (Denmark, France, Germany, Netherlands, Norway, Sweden and the UK) contributed a total of US\$593m in 2016, with a reduction in bilateral support for family planning from these donors of 7% between 2015 and 2016. According to the KFF tracking, the largest European bilateral family planning donors were the UK (US\$203m), the Netherlands (US\$183m) and Sweden (US\$93m).⁴⁷

⁴⁴ The biggest recipients of this were Burkina Faso EUR 3075105.93 , the Philippines EUR 2 450 029.82, Zimbabwe EUR 1 787 730.48, Burundi EUR 1 735 107.91 , Afghanistan EUR 98 2971 and Bolivia EUR 982 971. EU MS have contributed significantly more to family planning the total amount being EUR 637,5 million between 2007 and 2020 the major recipients are Ethiopia EUR 191 147 437 Pakistan EUR 113 263 577 , Bangladesh EUR 85 298 640.23, Tanzania EUR 82 462 093.19, India EUR 81 641 023.86, Nigeria EUR 70 886 184.29 and Malawi EUR 61 791 213.15.

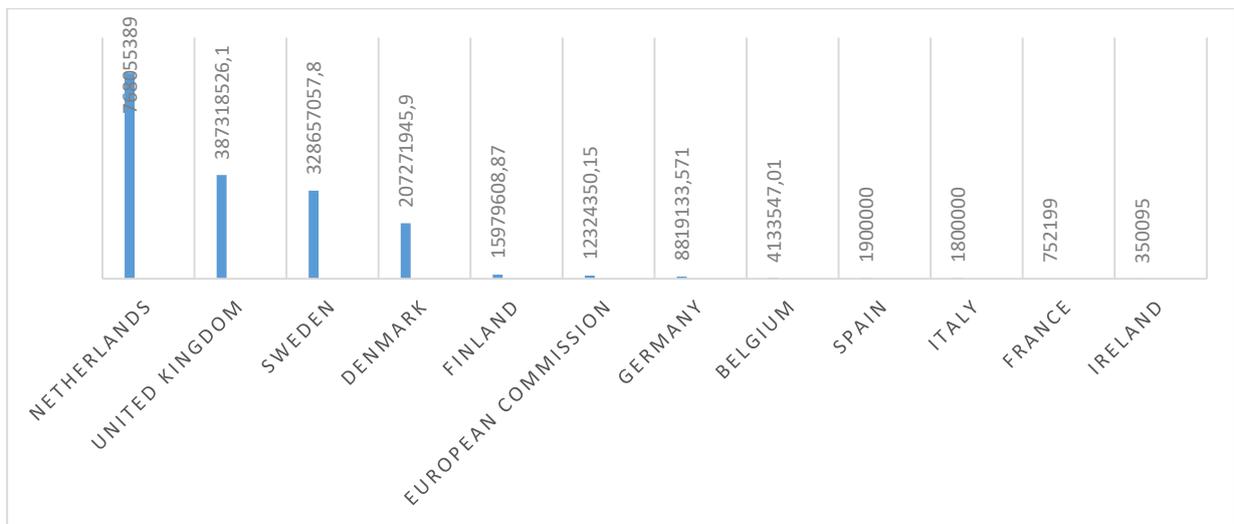
⁴⁵ https://euaidexplorer.ec.europa.eu/content/explore/recipients_en last visited 30.8.2020

⁴⁶ The biggest recipients are Ethiopia EUR 410 736 483.8 , India EUR 335 409 558 , Bangladesh EUR 212 174 334.7 , Pakistan EUR 195 826 898.9 , Zimbabwe EUR 185 895 525.9 , Nigeria EUR 173 951 922.6 , Kenya EUR 168 386 684.5 , Sierra Leone EUR 163 949 555.9, Somalia EUR 145 420 285.4 and Tanzania EUR 102 290 032.7.

⁴⁷ Kaiser Family Foundation Donor Government Funding for Family Planning in 2016, December 2017. Available at: <https://www.unfpa.org/sites/default/files/pub-pdf/Annual-Report-2016.pdf>; UNFPA (2017) UNFPA Supplies Annual Report 2016

Figure 4: EU and EU MS External Aid for Reproductive Health Care tend line 2007-2020

Source: https://euaidexplorer.ec.europa.eu/content/explore/recipients_en last visited 30.8.2020

Figure 5: EU and EU MS Donors Regarding Reproductive Health Care

Source: https://euaidexplorer.ec.europa.eu/content/explore/recipients_en last visited 30.8.2020

According to EUaidexplorer, EU funding in relation to family planning targeting developing countries went exclusively via the United Nations Population Fund and amounted to approximately EUR 52 million in the period between 2011 and 2018. Hence the EU has exclusively used this channel and so far, has not made use of foreign family planning organizations, governmental or non-governmental.

Based on interviews held with EU Delegation, mostly in Africa, it was also suggested that external aid should drive towards adopting more comprehensive approaches going beyond funding isolated projects, involving among other components the provision of strategic support to specialised CSOs by using different financing instruments.⁴⁸

In the meantime, the political climate for high level political support for SRHR has somewhat changed. Gender priorities have gradually come to the front, which created an environment to address more sensitive SHRH issues within the EU MS, for example the transformative change triggered by the Irish abortion referendum in 2018. Hence the robust high-level political support provided by the

⁴⁸ Sanne Thijssen, Jean Bossuyt and Sophie Desmidt Sexual and reproductive health and rights: opportunities in EU external action beyond 2020 ECDPM Discussion Paper No. 254, p 14.

'traditionally committed' major donor EU MS such as, Germany, Sweden, and the Netherlands, is now backed by other previously more resilient EU MSs. This has become evident in the response to the US administration's reintroduction of the so-called 'Global Gag Rule' (or Mexico City Policy) in January 2017, analysed below. On the other hand, however, the growing influence of populist political parties in several EU Member States⁴⁹ and within the EU institutions, particularly the European Parliament, has been evident, as they push back on the EU's objectives for a progressive agenda on SRHR and gender.⁵⁰ In this environment it may prove more difficult for the EU to uphold the agreed language on SRHR and determine the future direction, channels and nature of its external engagements on SRHR.⁵¹ It has been highlighted that the ongoing renegotiations on the post-Cotonou agreement would prove to be a test case to see if the rights-based approach could be maintained, or it will become diluted.⁵² This more sensitive environment will be a factor in entrusting foreign family planning organizations to channel and implement EU funds.

The alignment of EU policy objectives in relation to SRHR, with that of the beneficiary's domestic policy is crucial to make any EU external aid effective. For African countries, being the biggest beneficiary of EU external aid in relation to SRHR, it is quintessential to align regional/national policy on SRHR with that of the EU. Hence the revised Maputo Plan of Action (MPoA) 2016-2030 "Universal Access to Comprehensive Sexual and Reproductive Health Services in Africa" adopted by the African Union Commission in 2016 which sets forth a comprehensive agenda with ten strategic action areas in relation to SRHR serves to be a key guarantee that EU funds are spent according to their objectives.⁵³ Hence if increased EU funds are spent through the channels of foreign family planning organizations, the policy alignment and domesticating SRHR policy aspect needs to be considered, in identifying the respective organization whether governmental or non-governmental, international or national. This may be a challenge in preserving a comprehensive SRHR agenda.

It also needs to be taken into account that the funding provided to ACP countries for example in the currently renegotiated framework of the Cotonou Agreement maintains the basis of the **co-management principle**, which means that decisions on how to spend EU funding for ACP countries and regions is done jointly and requires the formal approval of ACP authorities.⁵⁴ It is argued that this often keeps ambitions lower when it comes to programmes that focus on the sexual and reproductive 'rights' component. One may add that the co-management principle will also have repercussions on the channels in which aid is implemented, hence will be relevant to any decision to increase funding disbursed through family planning organisations. Increasing financial support to foreign family planning organisations is obviously only one factor among others to make external aid targeting SRHR and family planning more effective. Other widely acknowledged factors include factors include

⁴⁹ Neil Datta Restoring the natural order: the religious extremists' vision to mobilize European societies against human rights on sexuality and reproduction, European Parliamentary Forum on Population & Development, Brussels 2018. Countdown 2030 European donor support to sexual & reproductive health & family planning: Trends analysis 2018-2019. January 2020. p 3.

⁵⁰ Sanne Thijssen, Jean Bossuyt and Sophie Desmidt Sexual and reproductive health and rights: opportunities in EU external action beyond 2020 ECDPM Discussion Paper No. 254, p 10 Contraceptive supplies financing: what role for donors? A Guide for Advocacy Countdown Europe 2030 2018, p 19.

⁵¹ It has been pointed that the 2017 June communication on the revised Africa-EU Partnership does not replicate the language on SRHR set forth by Joint Africa-EU Strategy adopted at the Africa-EU summit in Lisbon in 2007 and makes only reference to universal access to health, and, in particular, maternal and newborn health.

⁵² Sanne Thijssen, Jean Bossuyt and Sophie Desmidt Sexual and reproductive health and rights: opportunities in EU external action beyond 2020 ECDPM Discussion Paper No. 254, p 10 Contraceptive supplies financing: what role for donors? A Guide for Advocacy Countdown Europe 2030 2018, p 17.

⁵³ Sanne Thijssen, Jean Bossuyt and Sophie Desmidt Sexual and reproductive health and rights: opportunities in EU external action beyond 2020 ECDPM Discussion Paper No. 254, p 7.

⁵⁴ Contraceptive supplies financing: what role for donors? A Guide for Advocacy Countdown Europe 2030 2018, p 50.

domestic basis for SRHR and family planning, context-specificity, gradualism and pragmatism, strategic alliances with a variety of domestic actors.⁵⁵

Effective policy intervention also requires capacity to understand the societal drivers and obstacles related to SRHR in their various – religious, cultural, socio-economic – in order to perceive the full scale of the gender and SRHR challenges in a given country.

2.3. Countering the impact of the US GGR: EU Member States' responses

After US President's reinstatement of the GGR, the European Parliament has adopted a Recommendation⁵⁶ in which it reiterates the EU's commitment to the *Beijing Platform for Action* to 'Ensure universal access to sexual and reproductive health care and reproductive rights as agreed in the Programme of Action of the International Conference on Population and Development'. The Recommendation's text is clear and direct in condemning the content and impact of the US GGR. It reads that the EP:

Strongly condemn the 'global gag' rule, which prohibits international organisations from receiving US family planning funding if they provide, counsel for, refer to or lobby for abortion services

Though non-legally binding, the text calls member states for action:

.. as a matter of urgency, on the EU and its Member States to counter the impact of the gag rule by significantly increasing sexual and reproductive health and rights funding and launching an international fund to finance access to birth control and safe and legal abortion, using both national as well as EU development funding, in order to fill the financing gap left after the US administration's moves to cease funding all overseas aid organisations that provide sexual and reproductive health and rights services.

In this section, we present the result of desk-based research and interviews with governmental and non-governmental officials on the actions taken at the Member States' levels to mitigate the financial and health impact of the US GGR. After a general overview of Member States' responses, we focus on the commitments made at through the She Decides campaign, the Nairobi Summit and by Family Planning 2020.

Immediately after the US President's reintroduction and expansion of the GGR, a group of European governments formed a coalition, the *She Decides* movement, with two objectives: (1) to raise awareness about the global consequences of the MCP and (2) to raise funds to mitigate its financial and health impact. The initiative started the day after the Gag Rule's newest amendment (23 January 2017), when in a public speech, the then Dutch *Minister for Foreign Trade and Development Cooperation*, framed the issue as one of global health and women's rights. Together with the governments of Belgium, Netherlands, Denmark and Sweden, they launched the She Decides campaign. In our interview, praised the role the campaign had to formulate a clear response and kickstart a counter-Gag Rule movement.

To accompany the She Decides campaign, the governments of Belgium, Netherlands, Denmark and Sweden decided to host a conference in Brussels, in March 2017. The conference, titled 'She Decides' was moderated by Kate Gilmore, the UN Deputy High Commissioner on Human Rights and saw the active participation of 50 governments and 450 people. In addition to raising awareness on the US MCP's impact, the conference raised nearly EUR 180 million. By July 2017, the SheDecides campaign

⁵⁵ Sanne Thijssen, Jean Bossuyt and Sophie Desmidt Sexual and reproductive health and rights: opportunities in EU external action beyond 2020 ECDPM Discussion Paper No. 254, p 10.

⁵⁶ European Parliament recommendation of 14 February 2017 to the Council on the EU priorities for the 61st session of the UN Commission on the Status of Women (2017/2001(INI))

had raised a total of EUR 460 million from governments, non-governmental organizations and private donors.

The table below provides a visual overview of the pledges made by EU governments in the framework of the SheDecides campaign and their follow-up.

Table 2: The contribution of EU Member States within the She Decides campaign

| EU Member State | Sum | Period |
|-----------------|-----------------|---------|
| EU Member State | Sum | Period |
| Belgium | 20 935 000 EUR | 2017-8 |
| Cyprus | 10 000 EUR | 2017-8 |
| Denmark | 683 000 000 DK | 2017-8 |
| Finland | 40 000 000 EUR | 2017-9 |
| France | 11 500 000 EUR | 2017-20 |
| Luxembourg | 2 000 000 EUR | 2017-8 |
| Netherlands | 29 000 000 EUR | 2017-8 |
| Slovenia | 10 000 EUR | 2017-8 |
| Sweden | 314 000 000 SEK | 2017-8 |

In addition, EU governments have made commitments towards SRHR beyond the She Decides campaign. At the 2012 London Summit on Family Planning, EU governments of Denmark, France, Germany, Netherlands, Sweden and UK made commitments to support the objective of Family Planning 2020⁵⁷ 'to enable 120 million more women and girls to use contraceptives by 2020.'⁵⁸ EU governments have renewed commitments in the framework of *Family Planning 2020 (FP2020)*, a global platform of governments, civil society, international organizations, private actors and researchers who work to make contraception available to all women. Among the EU FP2020 supporters is Belgium, whose government has committed EUR 55 million to support the work of UNFPA and the Central Emergency Response Fund (CERF).⁵⁹

2.4. Nairobi Summit 12-14 November 2019

The commitment of EU governments to women's reproductive health does not take place only in the framework of the She Decides campaign and Family Planning 2020. Following on the initiatives that EU Member States have taken beyond the She Decided campaign, commitments have been made also during the United Nations' International Conference on Population and Development (UN ICPD). In this section, we look more closely at the commitments made by Member States during the Nairobi Summit (2019). In consulting our overview, the reader should take into account that only less than one year has

⁵⁷https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/67328/london-summit-family-planning-commitments.pdf

⁵⁸<https://www.familyplanning2020.org/aboutus#:~:text=Family%20Planning%202020%20aims%20to,world's%20poorest%20countries%20by%202020.>

⁵⁹ <http://www.familyplanning2020.org/belgium>

passed since the Nairobi Summit and, therefore, more time is needed to appreciate and evaluate the extent to which pledges have been kept.

The governments of Kenya and Denmark and the United Nations Population Fund co-convened the Nairobi Summit in follow up to the 25th anniversary of the International Conference on Population and Development (ICPD), from 12-14 November 2019. Among the government sponsors to the event were Finland, Germany, Ireland, Italy, Luxembourg, Netherlands and Sweden. The summit was a high-level conference which aimed to mobilize the political will and financial commitments urgently needed to complete the unfinished business of the ICPD programme of action.⁶⁰ It also represented a chance to commit to a forward-looking SRHR⁶¹ agenda to meet the Sustainable Development Goals (SDGs) and its targets.

These commitments were centred around achieving a level of zero unmet needs for family planning information and services, zero preventable maternal deaths, and zero cases of sexual and gender-based violence (GBV) and harmful practices against women and girls. Supporting sexual and reproductive health and rights (SRHR) in developing countries was one of the central themes at the summit. The commitment to these goals was secured by in the Key Actions identified by the resulting Nairobi Statement.⁶²

The Nairobi Statement identified in the context of the ICPD Programme of Action, the Key Actions for the Further Implementation of the Programme of Action of the ICPD, and the outcomes of its reviews, and the 2030 Agenda for Sustainable Development which are the following:

- Achieve universal access to sexual and reproductive health and rights as a part of universal health coverage (UHC);
- Address sexual and gender-based violence and harmful practices, in particular child marriages, early marriages and forced marriages and female genital mutilation;
- Mobilize the required financing to finish the ICPD Programme of Action and sustain the gains already made.
- Draw on demographic diversity to drive economic growth and achieve sustainable development;
- Uphold the right to sexual and reproductive health services in humanitarian and fragile contexts.

In order to achieve the Key Actions of the Nairobi Statement, both governmental and non-governmental entities are called upon to pledge to the following commitments:

Commitment 1 - "Intensify efforts to achieve universal access to sexual and reproductive health and rights as a part of universal health coverage",

Commitment 2 - "Zero unmet needs for family planning information and services, and universal availability of quality, accessible, affordable and safe modern contraceptives",

⁶⁰ ICDP Sexual and reproductive Health and rights: An Essential Element of Universal Health Coverage Background document for the Nairobi summit on ICPD25 – Accelerating the promise, November 2019 p 16.

⁶¹ The term 'Sexual and Reproductive Health Rights' or SRHR is used according to the Guttmacher-Lancet Commission's comprehensive definition, SRHR is an umbrella term for four distinct areas of interest: sexual rights, sexual health, reproductive rights and reproductive health. Guttmacher-Lancet Commission (2018) *Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission*. Available: <https://www.thelancet.com/commissions/sexual-and-reproductive-health-and-rights>

⁶² Nairobi Statement on ICPD25: Accelerating the Promise. <http://www.nairobisummiticpd.org/content/icpd25-commitments>

Commitment 3 “Zero preventable maternal deaths and maternal morbidities, by, inter alia, integrating a comprehensive package of sexual and reproductive health interventions, including access to safe abortion”,

Commitment 4 - “Access for all adolescents and youth, especially girls, to comprehensive and age-responsive information, education and adolescent-friendly comprehensive, quality and timely services”,

Commitment 5a - “Zero sexual and gender-based violence and harmful practices, including zero child, early and forced marriage, as well as zero female genital mutilation”,

Commitment 5b - “Elimination of all forms of discrimination against all women and girls, in order to realize all individuals’ full socio-economic potential”,

Commitment 7 - “Increasing international financing for the full, effective and accelerated implementation of the ICPD Programme of Action, to complement and catalyse domestic financing, in particular of sexual and reproductive health programmes, and other supportive measures and interventions that promote gender equality and girls’ and women’s empowerment”,

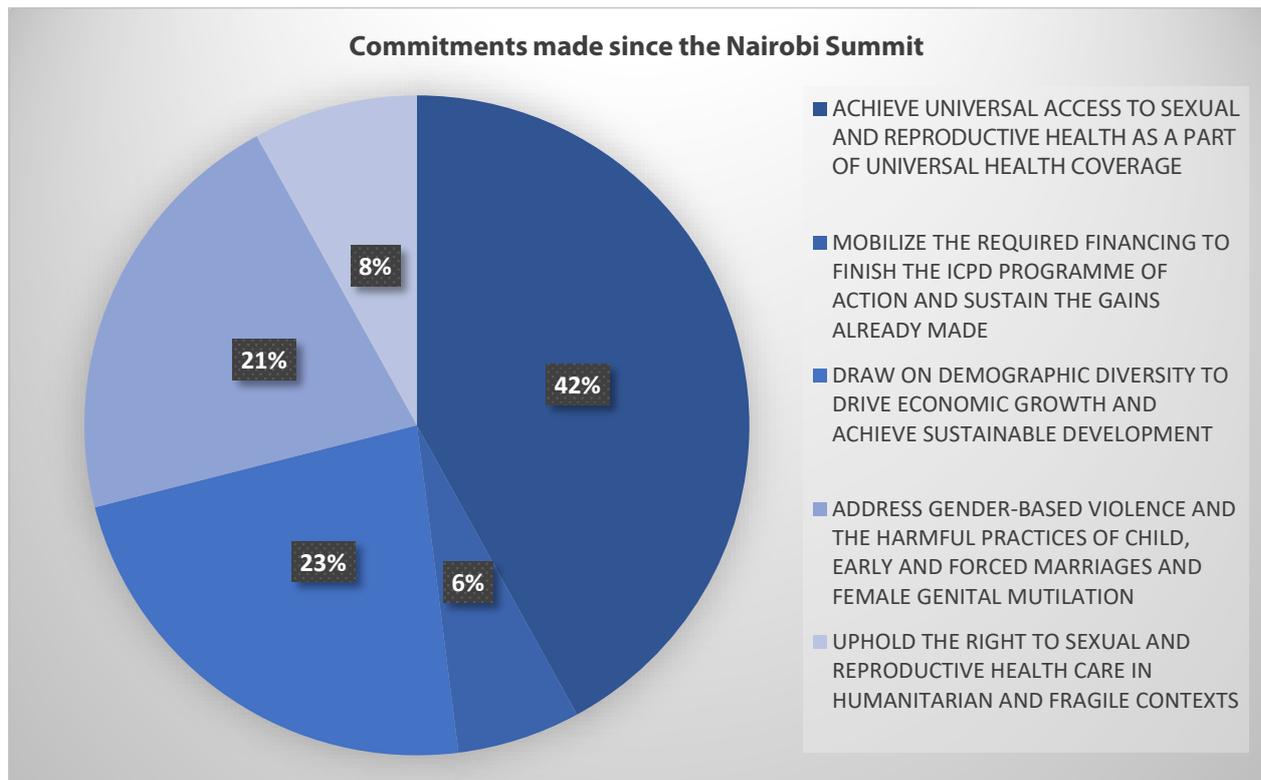
Commitment 12 - “Ensuring that the basic humanitarian needs and rights of affected populations, especially that of girls and women, are addressed as critical components of responses to humanitarian and environmental crises, as well as fragile and post-crisis reconstruction contexts, through the provision of access to comprehensive sexual and reproductive health information, education and services, including access to safe abortion services to the full extent of the law, and post-abortion care, to significantly reduce maternal mortality and morbidity, sexual and gender-based violence and unplanned pregnancies under these conditions”.

The statement also encouraged stakeholders to periodically report via the ICPD Programme of Action and the 2030 Agenda for Sustainable Development reporting ecosystem about the fulfilment of the concrete commitments made.

The Nairobi Summit reenergized the global community, breathing new life into the ICPD agenda, and sustained and amplified the gains made since 1994. It was a springboard for governments and other organizations to announce voluntary, global commitments – including financial ones – to accelerate progress. Innovative financial models and far more resources—from governments, international financial institutions and even private sector partners—are required to finish the ICPD agenda by 2030. In doing so the Nairobi Summit has not only managed to obtain political reaffirmation of the ICPD Programme of Action, within the context of the 2030 Agenda for Sustainable Development and the SDGs but also to build financial momentum, reinvigorate and expand the community of people necessary to push forward the ICPD agenda on all fronts.

In the specific context of sexual and reproductive rights the summit particularly emphasised that universal health coverage requires a comprehensive approach to sexual and reproductive health and rights, across the lifecycle, and embedded into national plans. All stakeholders agreed that the essential package of sexual and reproductive health and rights interventions is the basis for transformative change. It is imperative to complete the ICPD Programme and achieve the SDGs, which should be progressively realized in both new and existing universal health coverage plans.

The below Chart demonstrates the breakdown of commitments made targeting the five Key Actions identified in the Nairobi Statement, Where the Key Action triggering most commitments is the achievement of universal access to sexual and reproductive health, as a part of universal health coverage (42%), while 8% of the commitments spearhead to uphold the right to sexual and reproductive health care in humanitarian and fragile situations.

Figure 6: Commitments made since the Nairobi Summit 2019.

The table below provides an overview of the pledges made by EU governments.

Table 3: EU Member States' commitments made at the Nairobi Summit 2019⁶³

| EU Member State | Commitment Title & description | Mode of engagement | Timeline |
|-----------------|---|---|---|
| Belgium | 1) Implementation of SRHR programmes through bilateral cooperation in 5 partner countries. Commitment category 1 | 1) Programmatic actions. Benin, Burkina Faso and Guinea | 1) until 2023 and Rwanda and Senegal up until 2024. |
| | 2) Contribution to the objective of zero sexual and gender-based violence. Commitment category 1. | 2) Programmatic Action. Congo, | 2) The program is set to run up until the end of 2020 |

⁶³ For a more detailed description of the commitments see Annex II.

| EU Member State | Commitment Title & description | Mode of engagement | Timeline |
|-----------------|---|---|--|
| | 3) Promoting the rights of women and girls by participation in the She Decides Movement. Commitment to keep on working with the SheDecides movement, advocate strongly for women and girls to decide for themselves Commitment category 1 | 3) Policy and Guidance – Advocacy to change the rules | No date set |
| | 4) Ending child marriage Commitment category 1 | 4) Financial Support – 2 million/year | 4) 2020 and 2021 |
| | 5) Predictable, unearmarked support to UNFPA. Continuity policy of support as before to the Cairo Programme of Action and particularly support to UNFPA as main partner. Commitment category 1 | 5) Predictable and multiyear funding | 5) No date set |
| Finland | Gender equality and SRHR is a central priority and commitment in our foreign policy both multilaterally and bilaterally. Finland intends to increase UNFPA core funding significantly in 2020. | (7) Budgetary and financial - Increasing international financing Global | Particularly 2020 |
| Italy | Ministry of Foreign Affairs and International Cooperation Harness the promise of the demographic dividend in West Africa Commitment category 8 ⁶⁴ | Programmatic action Africa | |
| Slovenia | Guidelines on the promotion of gender equality. Commitment category 1. | Policy Guidance – | Guidelines to be published by 2021 and then implementation of specific actions that are in the guidelines. |
| Sweden | National commitments of the government of Sweden on the occasion of the 25 th anniversary of the international conference on Population and Development (ICPD) and the adoption of the programme action. Commitment from category 1 | Financial support to SHRH programs and creation of a national SHRH program. | No time frame. |

⁶⁴ Investing in the education, employment opportunities, health, including family planning and sexual and reproductive health services, of adolescents and youth, especially girls, so as to fully harness the promises of the demographic dividend.

| EU Member State | Commitment Title & description | Mode of engagement | Timeline |
|-----------------|---|--|----------------|
| Spain | From Regional commitments to global achievements. Basque government is committed to fulfil unfinished tasks of the ICPD programme. Commitment category 12 | Budgetary and Financial support. 120 000 euro in the Joint programme and start to contribute to the WE decide program in Bosnia. | No time frame. |
| Germany | Investing in health, rights and choices for all. Work with partners to eradicate unwanted pregnancy and unsafe birth and have access to SHR. Renewal of the commitment taken in Cairo. Commitment category 1 | Method of engaging is not specified but "investing" seems to hint towards a financial investment. | No time frame. |

Source: <http://www.nairobisummiticpd.org/commitments>

While the Nairobi summit only recently took place and the global COVID 19 pandemic shifted political attention to other areas of public health, at this stage only 7 EU Member States – Belgium, Finland, Germany, Italy, Slovenia, Spain and Sweden - have made global commitments since November 2019 to meet the Key Actions in developing countries outside the EU. In parallel to governmental commitments a number of EU Member State based non-governmental organisations in Bulgaria Denmark and the Netherlands have also made global commitments, the remaining EU Member States, namely Austria, Croatia, Cyprus, Czech Republic, Estonia, France, Greece, Hungary, Ireland, Latvia, Lithuania, Malta, Poland, Portugal, Romania and Slovakia have not made commitments towards developing countries since the summit took place. A few EU Member States made national and Europe-wide commitments under the auspices of the Nairobi summit.

At this stage it is still early to assess to what extent the commitments made by EU Member States have been met for the following reasons. Firstly, the summit took place less than year ago and some commitments involve actions which, by definition, need more time to implement. Second the COVID 19 pandemic obviously diverted both resources and attention in the donor countries away from the issues of SRHR. Finally, some commitments were pledged regarding a multiannual time span, hence it is too early to contemplate their respective completion.

According to the 2018/2019 trends analysis of Countdown 2030 Europe⁶⁵ most European donors have either increased or maintained their net development aid regarding to funding to SRH/FP, which include commitments made at the Nairobi Summit 2019. According to their estimate only Belgium and Denmark did not increase funding to SRH/FP. They also observe a slight increase of 4% in overall SRH/FP funding and the overall funding to UNFPA being sustained.

⁶⁵ Countdown 2030 European donor support to sexual & reproductive health & family planning: Trends analysis 2018-2019. January 2020. p 5-7.

Table 4: EU Member States based non-governmental organisations' commitments made at the Nairobi Summit 2019⁶⁶

| EU Member State/ organisation | Commitment & description | Mode of engagement | Timeline |
|--|--|--|-----------------------------|
| Bulgaria - The International Foundation for Y-PEER Development | To equip 100 young activists and 50 young professionals to act as trainers in CSE and to be able to engage at best 50 000 adolescents and young people in improving their knowledge and skills on SRHR and gender equality | <i>Global Commitment category 4</i> | 2025 |
| Denmark 1) Danish Red Cross | 1) Danish Red Cross commits to integrate Sexual and Reproductive Health and GBV care components including mental health and psychosocial support in humanitarian programming. | <i>Global Commitment 12</i> | |
| Denmark 2) The Danish Family Planning Society - | SRHR as a strategy to climate change adaptation. | Africa Commitment 1 | No mention of the duration, |
| Denmark - 3) Danish Youth | 4) Danish Youth for comprehensive sexuality education and youth-led sexual and reproductive health and rights projects. | Partnership, programmatic action Global Commitment category 4 | No specified date |
| The Netherlands | Midwives reaffirm their commitments for equitable quality Sexual, Reproductive Maternal, Newborn and Child and Adolescent health outcomes | Global Commitment category 3 | |

2.5. Future Multiannual Financial Framework and humanitarian aid for the prevention and response to gender-based violence

2.5.1. State of Play

According to budgetary procedure, it is the European Commission which proposes the draft budget and thus frames the negotiations that take place between the European Parliament and the Council. Subsequently the MFF is adopted in accordance with a special legislative procedure, securing unanimous support to the Council after having obtained the consent of Parliament.⁶⁷

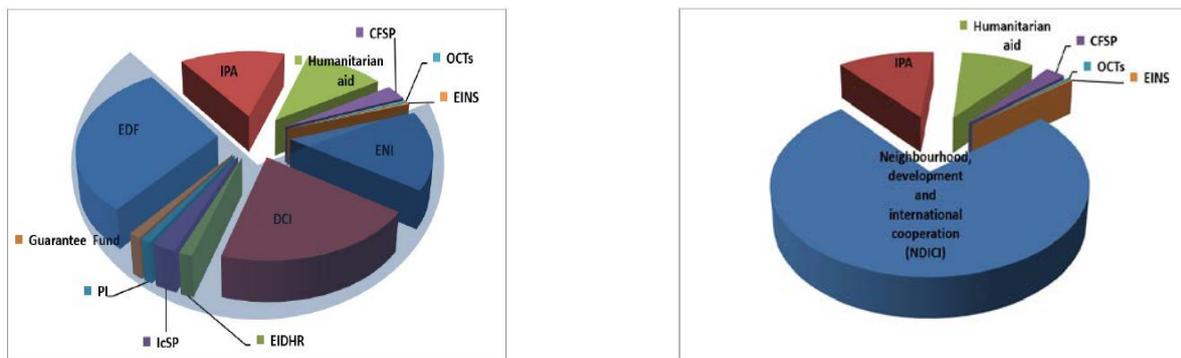
In its proposal for the new MFF for 2021-2027, the European Commission tabled a major restructuring of its external financial architecture in order to make it simpler, more efficient and flexible as well as

⁶⁷ Article 312 of the Treaty on the Functioning of the European Union.

better aligned with EU interests and values. In its proposal the Commission suggested raising the overall budget for EU external action by 13% in real terms. The most visible change in the proposal is the establishment of a **Neighbourhood, Development and International Cooperation Instrument (NDICI)**, endowed with a financial envelope of EUR 89,2 billion. The various currently existing External Financial Instruments (EFIs), including the European Development Fund (EDF) would be integrated and streamlined under this 'single' instrument.⁶⁸ A 75% share of the overall envelope would be allocated to the **geographic component** of the NDICI, to work with partner countries and regions.

According to the proposal the proposal EU's external action funding under the new MFF would be much less fragmented than as it is currently the situation.

Figure 7: External aid under the current and the proposed MFF



External aid under the current MFF 2014-2020

External aid under the proposed MFF 2021-2027⁶⁹

The main text of the European Commission's proposal does not explicitly mention gender-based violence and SRHR. It is only the annexes to the proposal on the NDICI which quote the previously agreed language of the New European Consensus on Development on SRHR and preventing sexual and gender-based violence in all forms.⁷⁰ SRHR and GBV are specifically mentioned as areas of cooperation for all geographic programmes in all geographic regions.⁷¹ SRHR is further mentioned in the context of thematic programmes in relation to areas of intervention for global challenges to ensure access to health services and sexual and reproductive health rights.⁷² GBV is particularly underlined in Annex IV as an area of intervention for rapid response actions protecting security and safety of individuals, in particular those exposed to gender-based violence in situations of instability.⁷³ **20% of the NDICI instrument** is to contribute to social inclusion and human development, including gender equality and women's empowerment, thematic funding for SRHR and GBV is expected to fall under the commitments for gender equality and women's empowerment.

⁶⁸ The new broad Neighbourhood, Development and International Cooperation Instrument (NDICI) would integrate the following instruments from the previous MFF: the European Development Fund (EDF) which is currently outside the budget, the European Neighbourhood Instrument (ENI), the Development Cooperation Instrument (DCI), the European Instrument for Democracy and Human Rights (EIDHR), the Instrument contributing to Stability and Peace (IcSP), the Partnership instrument for cooperation with third countries (PI), the Guarantee Fund for External Actions.

⁶⁹ Charts adapted from Questions and answers: the EU budget for external action in the next Multiannual Financial Framework Brussels, 2 June 2020.

⁷⁰ Proposal for a REGULATION OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL establishing the Neighbourhood, Development and International Cooperation Instrument COM/2018/460 final Annex II A. 2.c

⁷¹ Ibid Annex II A. 2.c.

⁷² Ibid Annex III 4. A 1.

⁷³ Ibid Annex IV 1.b.

The **European Parliament's (EP) resolution adopted on 27 May 2019 on the NDICI⁷⁴ significantly strengthens the language used in relation to SRHR and gender equality, including GBV.** The EP proposes stronger commitments to SRHR, women's empowerment and gender equality and altogether reflects a rights-based approach in development assistance towards SRHR,⁷⁵ a call for EU support towards comprehensive SRHR information and sexuality education, as well as research promotion for new and better SRH and family planning tools.⁷⁶ Regarding GBV the EP reaffirms the commitment to ensure rapid reaction to situation posing a threat to the safety of individuals, in particular those exposed to gender-based violence in situations of instability and to ensure that the specific needs of women and children in crisis and conflict situations, including preventing their exposure to gender-based violence, are adequately met.⁷⁷

At the end of the day, due to the nature of the budgetary procedure the **level of ambition that the MFF will reflect regarding SRHR and GBV** will depend on the compromise found by the Member States sitting in the Council to which the consent of the EP can be secured. Hence despite that the EP's resolution has set the bar higher than the initial MFF proposal by the EC, it will ultimately be for the Member States to decide what **position SRHR and GBV will have in the next MFF.** The 21 July 2020 European Council conclusions, nailing the EU Member States' position regarding the MFF, merely refer to the 2030 Agenda for Sustainable Development, to the EU Global Strategy and to the European Consensus on Development without going into any detail on SRHR or GBV. The Member States agreed on an overall cutback of the NDICI envelop, yet without changing the ratio among the various components of it. The reduction of the NDICI was received with major criticism by the key stakeholder NGOs in relation to development and relief. In their view the amount foreseen by the Council simply does not ensure the meeting of the goals of the 2030 Agenda for Sustainable Development which is only ten years away.⁷⁸

⁷⁴ European Parliament legislative resolution of 27 March 2019 on the proposal for a regulation of the European Parliament and of the Council establishing the Neighbourhood, Development and International Cooperation Instrument (COM(2018)0460 – C8-0275/2018 – 2018/0243(COD)).

⁷⁵ Ibid proposed amendment to Article 8.

⁷⁶ Ibid proposed amendments to Annex II A. 2. (c) € and (i).

⁷⁷ Ibid. proposed amended text to Annex IV 1. (b) and (l).

⁷⁸ CONCORD statement on the final MFF 2021-2027 negotiations outcome. <https://concordeurope.org/resource/statement-mff-2021-2027/>

Table 5: Neighbourhood, Development and International Cooperation Instrument with a total financial envelope in the MFF 2021-2027

| Million EUR | COM | EP | Council |
|--|--|--|--|
| Total | 89 200 | 93 154 | 70 800 |
| Geographic programmes | 68 000 At least 32 000 for Sub-Saharan Africa | 71 954 At least 34 711 for Sub-Saharan Africa | 53 805 At least 26 000 for Sub-Saharan Africa |
| Thematic programmes | 7 000 | 10 700 | 5 665 |
| Rapid response- total | 4 000 | 3 500 | 2 835 |
| Stability and conflict prevention in situations of urgency, emerging crisis, crisis and post-crisis | | 2000 | |
| – Strengthening resilience of states, societies, communities and individuals and linking humanitarian aid and development action | | 1500 | |
| Merging challenges and priorities cushion to address unforeseen circumstances | 10 200 | 7 000 | 8 495 |

Source: Proposal for a Regulation establishing the Neighbourhood, Development and International Cooperation Instrument COM/2018/460 final, European Parliament legislative resolution of 27 March 2019 on the proposal for a regulation of the European Parliament and of the Council establishing the Neighbourhood, Development and International Cooperation Instrument (COM(2018)0460 – C8-0275/2018 – 2018/0243(COD)), European Council Conclusions – 21 July 2020 Brussels, 21 July 2020 (OR. en) EUCO 10/20

In its proposal the European Commission seeks to complement the new NDICI with other funding, including the Humanitarian Aid Instrument which would not be integrated in the NDICI. The EU Humanitarian Aid Instrument will be used, to respond to humanitarian crises outside the EU and be based exclusively on needs providing relief to people in need, irrespective of their nationality, religion, gender, ethnic origin or political affiliation. There is no specific mention either in the proposal nor in the Annexes to GBV under the heading on humanitarian aid related to 'Actions contributing to strengthening resilience and linking humanitarian aid and development action'.⁷⁹ GBV features in the context of rapid response actions as discussed above.

The European Parliament has not yet adopted a legislative resolution on the matter as the European Commission published a proposal to amend the underlying regulation concerning humanitarian aid and the Humanitarian Aid Instrument in order to allow resources from the proposed EU (Covid) to be used to 'reinforce EU humanitarian assistance and support capacity building to enhance future crisis prevention and preparedness' on 25 May 2020. The Member States agreed on an approx. 12% decrease of the EU Humanitarian Aid Instrument on 21 July 2020.⁸⁰

⁷⁹ Proposal for a REGULATION OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL establishing the Neighbourhood, Development and International Cooperation Instrument COM/2018/460 final Annex IV. 2.

⁸⁰ European Council Conclusions – 21 July 2020 Brussels, 21 July 2020

Table 6: Humanitarian Aid Instrument in the MFF 2021-2027

| Million EUR | COM | EP | Council |
|-------------------------------|--------|----|---------|
| Humanitarian Aid Instrument I | 11 000 | Na | 9 760 |

Source: Proposal for a Regulation establishing the Neighbourhood, Development and International Cooperation Instrument COM/2018/460 final, Proposal for a regulation of the European Parliament and of the Council amending Regulation (EC) N° 1257/96 of 20 June 1996 concerning Humanitarian Aid, COM/2020/461 final European Parliament legislative resolution of 27 March 2019, European Council Conclusions – 21 July 2020.

2.5.2. Assessment

The final political agreement on the MFF is expected to be concluded by the end of 2020, and corresponding thematic specifics and sectoral legislation is to be finalized by Autumn 2020.

Based on the current state of negotiations the following observations can be made:

- the draft MFF is consistent with the European Commission's approach **to reduce the weight of thematic lines** and shift even more weight on the geographical programmes,
- in **principle the inclusion of the EDF into the NDICI would not affect the overall allocation to sub-Saharan Africa**, the biggest beneficiary of EU external aid regarding SRHR and GBV, it will rather depend on the outcomes of the post-Cotonou negotiations how EU funds are programmed and managed.⁸¹
- **Humanitarian aid stream** of the MFF is composed primarily of the Humanitarian Aid Instrument, which is complemented with the NDICI's rapid response pillar creating a linkage to humanitarian aid to will allow the EU to rapidly and effectively intervene for conflict prevention and to respond to situations of crisis or instability.
- **besides the final figures, programming will also be decisive** when the EU will have to define its strategic priorities regarding the geographic programmes. The EEAS, DG NEAR and DG DEVCO are currently devising 'strategic framework documents' that will define priorities, certainly affecting SRHR.⁸²
- **the governance of the NDICI instrument will be key**, as the Council, the European Parliament and the European Commission will seek to preserve and/or expand their influence over the instrument where the right balance will need to be found between flexibility and accountability. So that while the instrument remains interest driven and responsive it is evaluated in a transparent manner whether the EU effectively pursues stated priorities, such as SRHR and GBV.⁸³
- **throughout the process of developing the next MFF, CSOs have been advocating against decreasing funding for SRHR and GBV under the next MFF** seen as limiting their autonomous action on partner countries.⁸⁴ The other concern for CSOs was to ensure a separate guaranteed funding for gender equality rather than having SRHR and GBV become

⁸¹ Negotiations may lead to a stronger role of the African Union or Regional Economic Communities in country programming, which together with a revision of the co-management principle could generally result in national governments being the gatekeepers especially regarding politically sensitive areas including SRHR and GBV. See Bossuyt, J., Keijzer, N., Medinilla, A. and De Tollenaere, M. 2016. *The future of ACP-EU relations: A political economy analysis*. ECDPM Policy Management Report 21, p.71. Maastricht: ECDPM.

⁸² See Herrero et al. (2018). How to spend Euro 89.2 billion: Early developments in international cooperation programming. ECDPM, Discussion paper, No 235. Maastricht: ECDPM.

⁸³ On the creation of new mechanisms for strategic steering of the instrument driven by the European External Action Service (EEAS) in close dialogue with Member States see Jones, A. et al. (2018). *Governing a broad instrument for EU external action. The ins and outs of the institutional power struggles*. Briefing Note No 107. Maastricht: ECDPM.

⁸⁴ CONCORD, *Making the EU commitments a reality through smart programming*. November 2018.

mainstreamed across the NDICI pillars, as it is feared that in this was SRHR will only loose relevance and actual funding. CSOs hence called increased funding for thematic programmes and safeguarding measures in the programming to ensure “*sensitive issues*” are included in the geographic programmes through “**smart programming**”.⁸⁵ In turn CSOs would rather see earmarked funding for SRHR and GBV as **a separate budget line** or if this is not possible as a specific budget item as a way of.⁸⁶ The counterargument being is that ring-fencing dedicated budget lines reduce the flexibility envisaged by the NDICI.

While it remains to be seen to whether there will be dedicated funds for SRHR and GBV as priority areas under the MFF, the programming process will determine the extent to which the EU will translate its commitments to SRHR and GBV into concrete funding. Observers of the process also noted that how the refinement of the MFF seen together with the post-Cotonou negotiations is may also be regarded as a test case on the EU's ability to promote its own values while respecting country ownership, particularly in partner countries with opposing views on SRHR.⁸⁷

⁸⁵ Ibid.

⁸⁶ Countdown 2030 Europe, EU Development Funding. Ensuring EU Support for Sexual and Reproductive Health and Family Planning (SHR/FP)- Factsheet 2018.

⁸⁷ Sanne Thijssen, Jean Bossuyt and Sophie Desmidt Sexual and reproductive health and rights: opportunities in EU external action beyond 2020 ECDPM Discussion Paper No. 254, p 19-20.

3. KEEPING UP WITH COMMITMENTS: EU CHALLENGES AND RECOMMENDATIONS FOR THE WAY FORWARD

In this chapter, we analyse some of the challenges and limitations of EU and EU Member States' responses. The EU is considered a leading actor in promoting SRHR globally. At the same time, EU attempts to foster SRHR inside the Union and in partner countries can be at times a challenging task, as the topic touches on traditions, beliefs, norms and prevailing power relations.

The EU' action in this field has encountered a number of external and internal challenges. We identify and discuss three main sets of challenges:

A) Challenges related to traditional, cultural and religious beliefs which hinder the implementation of EU SRHR-related programmes in partner countries (Section 3.1)

B) Political views, policy framings of the issue and major shifts: the rise of right-wing and populist views in the EU, the clash between SRHR agendas and conservative legal systems and Britain's exit from the EU might jeopardise the EU's leading role in promoting gender equality and SRHR abroad (Section 3.2)

C) Political and financial challenges brought up by the COVID-19 pandemic (Section 3.3)

Finally, we provide recommendations (Section 3.4) to push forward the EU's response to the US MCP and the Union's leading role in SRHR.

3.1. EU's external action in SRHR in challenging contexts

In its new Gender Equality Strategy (2020-2025), the Commission committed to advancing the gender equality agenda, internally and in external action:

"Gender equality and women's empowerment is a core objective of EU external action. It is important that the EU's internal and external actions in this field are coherent and mutually reinforce each other. The EU promotes gender equality and women's empowerment in its international partnerships, political and human rights dialogues with third countries, EU trade policy as well as in the EU's neighbourhood and enlargement policies, including in the context of accession negotiations and the Stabilisation and Association Process. Moreover, gender-related actions are included in the EU's actions in fragile, conflict and emergency situations"

One of the major obstacles to implementing action promoting access to sexual and reproductive health services is ensuring the collaboration of governments and community leaders in partner countries.⁸⁸ We explore here three major challenges, often interwoven with one another in implementing for SRHR in partner countries and implementing related programmes. The first challenge consists of challenging leaderships in partner countries, due to their authority role in advancing - or obstructing - a gender agenda and empowering their communities.⁸⁹ A 2019 study on the provision of sexual and reproductive health care services in the Democratic Republic of Congo shows that the support and engagement of community leaders is essential to expand contraceptive and post-abortion care, given the power these personalities have in changing beliefs and habits in their

⁸⁸ Ackerson, K. and Zielinski, R., 2017. Factors influencing use of family planning in women living in crisis affected areas of Sub-Saharan Africa: A review of the literature. *Midwifery*, 54, pp.35-60.

⁸⁹ *Ibid.*

communities.⁹⁰ However, the same study shows that leaders' actions can be limited and limiting, particularly when these operate in communities characterized by patriarchal power structures and well-rooted taboos on women's sexuality and equality. In such contexts, the promotion of reproductive health and abortion services can be challenging. Therefore, though the power of leaders is essential, it can also be extremely limiting in advancing a gender equality agenda in certain cultural contexts.

This point leads us to a second challenge, namely the cultural beliefs and negative stigmas surrounding women's sexuality and their reproductive health rights. Cultural and religious beliefs can pose considerable barriers to the EU's promotion of SRHR. In certain contexts, induced abortion and family planning methods clash with men's desire for large families⁹¹ and with beliefs that women should fulfil that aspiration. Husbands' beliefs and expectations/demands can be prohibitive also towards the operationalization of family planning services: in contexts where husbands hold the financial means and decisional power in the household, they can control women's access to SRHR related services.⁹² In addition to being denied access to such services, women (married and unmarried) who want to use childbirth prevention methods, and particularly induced abortion, can face criminal action, social exclusion,⁹³ or harmful practices such as female genitalia mutilation. The system of cultural beliefs leading to the stigmatization of women is sometimes hard to challenge where there are well-rooted in religious beliefs in place on roles and behaviours of women.⁹⁴

These challenges making it more difficult for the EU to introduce policy and operational changes related to women's SRHR. The implementation of SRHR programmes is more challenging in contexts where the cultural framework is hostile to the promotion of abortion as a method for birth prevention.

3.2. Promoting SRHR inside the EU: agenda framing and the threats of conservative and populist views

Moving onto EU's internal challenges to promote a comprehensive SRHR and FP agenda, at home and abroad, within the EU there is a split between Member States who advocate for SRHR and those that oppose the EU's pro-abortion stance in external action. The former group includes EU those EU states which decided to adopt more pro-abortion policies and laws, and support advocacy initiatives, vis-a-vis EU institutions and international organizations, for example through the She Decides and FP2020 initiatives. Pro-abortion views, however, are not common to all EU Member States. Traditions, cultural and religious beliefs, political views may clash with the development of a European SRHR agenda. In this section we explore three political challenges related to strengthening the EU response to the MCP:

1) *The rise of conservative and right-wing populist views, which do not support gender equality agendas;*

⁹⁰ Steven, V.J., Deitch, J., Dumas, E.F., Gallagher, M.C., Nzau, J., Paluku, A. and Casey, S.E., 2019. "Provide care for everyone please": engaging community leaders as sexual and reproductive health advocates in North and South Kivu, Democratic Republic of the Congo. *Reproductive health*, 16(1), p.98.

⁹¹ Muanda, M.F., Ndongo, G.P., Messina, L.J. and Bertrand, J.T., 2017. Barriers to modern contraceptive use in rural areas in DRC. *Culture, health & sexuality*, 19(9), pp.1011-1023.

⁹² Malarcher, S. and World Health Organization, 2010. Social determinants of sexual and reproductive health: Informing future research and programme implementation.

⁹³ Steven, V.J., Deitch, J., Dumas, E.F., Gallagher, M.C., Nzau, J., Paluku, A. and Casey, S.E., 2019. "Provide care for everyone please": engaging community leaders as sexual and reproductive health advocates in North and South Kivu, Democratic Republic of the Congo. *Reproductive health*, 16(1), p.98.

⁹⁴ Pinter, B., Hakim, M., Seidman, D.S., Kubba, A., Kishen, M. and Di Carlo, C., 2016. Religion and family planning. *The European Journal of Contraception & Reproductive Health Care*, 21(6), pp.486-495

The rise of nationalism and right-wing populism have endangered the progress made by the 'health and human rights' movement⁹⁵ and often portrayed SRHR as threat to national security and religious values.⁹⁶ Conservative and populist views often discard gender ideologies as expressive of liberal policies and institutions. For this reason, conservative and right-wing populist movements are known as being anti-gender movements.⁹⁷ The last decade has seen a steady rise of populist waves in several EU countries, including Austria, Croatia, France, Germany, Hungary, Poland, Slovenia and Slovakia,⁹⁸ whose adoption of anti-gender views might undermine the EU's role as gender equality and sexual and reproductive rights defender, inside and outside Europe. Taking Hungary as a case study, Vida (2019) observed how right-wing and Christian Democrat-led governments have used nationalist and conservative views to attack access to SRHR.⁹⁹

2) Some EU Member States' anti-abortion traditions, as incorporated in domestic legal regimes, which complicates the reception of policy issues formulated in 'pro-abortion' terms;

A related limitation in Member States' response is represented by the way the issue of SRHR is formulated and how this clash with traditional domestic regimes. The participation of Member States to the She Decides campaign and Family Planning 2020 initiatives have confirmed the split between EU governments the fragmentation in EU responses. In order to enact a truly EU-wide response and implement actions that are financially stronger and long-term sustainable, it would help to increase the number of Member States' willing to get involved and contributing financially.

Having a larger poll of Member States is made difficult by the way in which the problem is currently formulated in the initiatives considered and in political debates. As a matter of illustration, the SheDecides campaign – as suggested by the campaign name itself – frames the issue as one of women's rights: every woman and girl should be able to 'decide what to do with her life, her body and her future'. By stressing the woman's right to abortion, the campaign focuses mostly on the link between the GGR and the denial to access abortion services.

While this formulation certainly brings to the fore one part of the problem, it overlooks at the wider impact of the GGR. In our discussion on the impact of the GGR, we have emphasised the impact of such a policy beyond women's rights to abortion. In particular, we have contextualised the MCP's impact on women's rights and health in the broader framework of the sustainable development goals: the GGR affects access to basic health assistance, it hinders progress towards SDG Goal 3 on Global health and well-being, Goal 5 on gender equality and Goal 6 on clean water and sanitation.

Some conservative-led, some EU national governments may reject the position of the She Decides campaign because their political tradition and legal outlook are more aligned with the GGR, than with the political stand represented by the She Decides campaign. In such cases, having governments' commitments in internal and external action might be challenging. The risk, as expressed by the Council of Europe Commissioner for Human Rights, Nils Muižnieks is that 'women in Europe still have these rights denied or restricted as a result of laws, policies and practices that ultimately reflect continuing gender stereotypes and inequalities'.¹⁰⁰ The same risk applies to women all around the

⁹⁵ Gostin, L.O., Constantin, A. and Meier, B.M., 2020. Global health and human rights in the age of populism. *Foundations of Global Health & Human Rights*, p.439.

⁹⁶ *Ibid.*, p. 446

⁹⁷ Kováts, E., 2018. Questioning consensus: Right-wing populism, anti-populism, and the threat of 'gender ideology'. *Sociological Research Online*, 23(2), pp.528-538.

⁹⁸ *Ibid.*

⁹⁹ Vida, B., 2019. New waves of anti-sexual and reproductive health and rights strategies in the European Union: the anti-gender discourse in Hungary. *Sexual and reproductive health matters*, 27(2), pp.13-16.

¹⁰⁰ <https://www.coe.int/en/web/commissioner/women-s-sexual-and-reproductive-rights-in-europe>

world who benefit from services provided through EU funded programmes. Taking the case of Poland as a case study, we showcase how domestic legal regimes in EU countries can disadvantage women access to comprehensive health and reproductive care and services. We argue that, where the political outlook and legal regimes of member states do not provide fertile ground for pushing forward a SRHR agenda, ensuring involvement of the member state is challenging.

In Poland, issues surrounding the topics of violence against women (gender violence), reproductive health, including of girls and women, sexual education has been the subject of heated political debates since the EU political transformation in 1989. Poland has one of the most stringent abortion laws in Europe.¹⁰¹ The main piece of legislation on this matter, the *Act on family planning, protection of the human foetus and conditions for the termination of pregnancy*, frames the issues by focusing on fundamental rights to life – from the moment of conception.¹⁰² Moreover, Polish criminal law foresees penal sanctions for conducting illegal abortions (art 152).

The issue of reproductive rights does not feature among the priorities of the Ministry of Family, Labour and Social Policy and Polish NGOs are focusing on the improvement of the situation of women in local communities. In our research, we have not identified relevant funding streams in the area of women's reproductive rights for organizations and programmes abroad. One step forward in this direction has been the recent vote of the Polish Parliament for obliging health facilities that object to provide abortion services to provide patients with information on alternative health facilities.

The case of Poland, which shares a similar context with other EU countries allows us to assume that, the way in which the problem posed by the GGR is currently formulated, for example in the She Decides campaign can create divisions and limit Member States' engagement, thus hindering a unified, EU-wide response. The formulation of the problem chiefly as one of women's rights to abortion risks creating divisions, because the issue raises legal and ethical dilemmas in different legislative and cultural contexts.

As we have mentioned in our summary on the impact of the GGR, the impact of this policy goes beyond reproductive rights. Its impact is enormous on global health assistance, access to basic rights (including water, sanitation, health) and on development. For this reason, reframing the issue by focusing on common grounds, namely on the impact of such policy on a wide range of issues by more disadvantaged groups could help attracting further support.

3) The political disruption brought about by Brexit, which will leave the UK without a major donor and political supporter of the SRHR agenda.

Finally, a third factor which might affect the EU's development of SRHR action is the leave of Britain. The United Kingdom has been one major donor and political supporter of progressive and liberal views on abortion. Particularly after the introduction of the GGR, the UK increased its funding for SRHR and FP in 2017.¹⁰³ The state of fragmentation in the EU Member States' involvement combined with the loss of important donors and advocates also presents risk to consider.

¹⁰¹ <https://www.usnews.com/news/best-countries/articles/2018-05-24/these-countries-in-europe-have-the-strictest-abortion-laws>

¹⁰² See Polish Constitution Preamble and Article 1.1.

¹⁰³ [Tracking report by Countdown 2030 Europe](https://www.countdown2030europe.org/storage/app/media/uploaded-files/Annual%20Tracking%20Report%20-%20web.pdf), accessible at <https://www.countdown2030europe.org/storage/app/media/uploaded-files/Annual%20Tracking%20Report%20-%20web.pdf>

3.3. The impact of the current COVID-19 crisis on EU Member States' commitments

In this section, we look at the impact of the COVID-19 crisis on the EU's and member states' foreign aid funds. We look at the policies of foreign aid funds in order to explain how a new wave or the recovery period might affect foreign aid budgets at the EU and Member State levels. The European Union budget for European Civil Protection and Humanitarian Aid Operations (ECHO) is set-up in the Multi-Annual Financial Framework (MFF). The previous MFF (2014-2020) allocated EUR 1 billion per year for EU civil protection and humanitarian action, for a total of EUR 7.1 during the seven years period. The new MFF (2021-2027), which is currently under negotiation, initially foresaw EUR 89.500 for Neighbourhood, Development and International Cooperation programmes and EUR 11.000 for Humanitarian Aid, as per European Commission's Communication.¹⁰⁴ The new budget introduces a new instrument for reinforcing the humanitarian aid budget, called 'Next Generation EU',¹⁰⁵ which amounts to EUR750 billion. Compared to the previous EU budget (2014-2020) which allocated EUR 10.9 billion to humanitarian aid, the new EU budget (2021-2027) allocates EUR14.8 billion, bringing a 36% increase. However, it is important to follow-up in the next weeks how negotiations develop to understand whether there will be changes in the budget, based on the COVID-CRISIS Resilience plan. We intend to emphasise that the budget allocated for humanitarian aid and international development can fluctuate as a result of major internal and external crises, including the current COVID-19 pandemic. The EU commitment to increase humanitarian and development aid of 15.5 billion euros in the next MFF, through the Next Generation EU, however, might be challenging, due to some Member States' opposition to the increase proposed by the European Commission. In addition, there have been discussions to decrease the budget for development aid in the new MFF, this despite the increased need for the provision of health services, including SRHR, arising from the current pandemic.¹⁰⁶

According to SheDecides Founder, the funding situation at the EU level will be mirrored in Member States, whose international aid and development budget allocation will also be influenced by developments resulting from the pandemic. This information is confirmed by other informants at Countdown 2030, who are able to access reliably budgeting data in Member States. It is a concrete possibility that the next Belgian government will need to proceed with extensive budget cuts to mitigate the financial impact of the current pandemic. The situation is not the same in all EU countries, though, and some EU governments, including Finland, Spain and Ireland are currently planning on maintaining their budget commitments or raise funds for UNFP and SRH programmes. However, it is still early to draw conclusions on how budgeted will be affected given that the full impact of the pandemic is still unknown.

3.4. The way forward: recommendations

In this study, we have discussed some major past and upcoming challenges related to supporting SRHR worldwide and countering the impact of the US MCP. For the EU, allocating funds to SRHR programmes and ensuring the financial and political support of a broader poll of Member States are made difficult by the way the issue is often framed in political debates, by rising concerns over the financial impact of the current COVID 19 pandemic, as well as by the way EU programmes abroad are sometimes

¹⁰⁴ COM(2018) 322 final

¹⁰⁵ Ibid

¹⁰⁶ <https://www.countdown2030europe.org/index.php/news/covid-19-will-impact-long-term-european-official-development-assistance-oda-sexual-and-reproductive-health-and-rights-srhr>

implemented. Considering the challenges identified, in this section we wish to make recommendations on how the EU might approach them.

1. **Elaborate a strategic plan to formulate an EU-wide response.** It appears clear that efforts to counter the impact of the US Gag Rule and promote comprehensive SRHR cannot rely on a few member states only. EU's efforts in this field would be enhanced by a broader involvement and cooperation of Member States. For this reason, the EU should take action to **widen the participation of the EU Member States** in actions to counter the impact of the MCP worldwide and advance the SRHR agenda. Larger support by MS would strengthen the EU's response to the US MCP as well as the EU's action for SRHR. Broadening participation needs to be a gradual and inclusive process. In line with the EU's principles of democratic governance, MSs decide on their level of participation and involvement in different EU actions and objectives. The question, therefore, is how can the EU engage additional Member States, respecting their individual decisions on the issue of SRHR? We suggest here that an approach to this challenge is that the EU emphasises the impact of the MCP on EU's values and external action. Ensuring undiscriminated access to SRHR is in line with EU fundamental values, including ensuring 'a high level of human health protection', as stated in Article 35 of the EU Charter of Fundamental Rights, which is common to all Member States. Furthermore, the EU's contribution towards the Sustainable Development Goals is also diminished by fragmented participation: the EU should stress the role of SRHR campaigns and programmes in advancing the Sustainable Development Agenda, including SD Goal 3 on good health and wellbeing, SD Goal 4 on quality education, SD Goal 5 on gender equality and SD Goal 6 on clean water and sanitation.
2. Closely connected to our first recommendation, is the second suggestion that the EU shall contribute to **formulating a more comprehensive framing of the issue** of SRHR and MCP's impact. As we have seen, ensuring MSs' participation to EU's action for SRHR might be challenging as a result of how the issue is presented in political and policy debates, due to the sensitive nature of this topic. SRHR is often politicized and causes division within and between Member States. By emphasising values and objectives common to the Union, EU institutions could more easily include a larger pool of supporting Member States. As we have seen, compensatory measures for the loss of US funding would contribute to the continuation of critical services in the fields of health, education, gender equality and water and sanitation, contributing to the overall wellbeing of less advantaged communities. By expanding participation of Member States, the EU will be better placed **to fill in the fund gap** created by the US MCP and reduce the health and well-being risks associated to it.
3. **Promote the incorporation of participatory approaches and dialogue processes in EU's external action programmes on SRHR.** As we have seen, gender norms affect women's access to comprehensive SRHR and FP related services. Religious, cultural and social constructs about women's health and rights can affect how actions in these policy areas are perceived in partner countries and, in turn, it can affect the efficacy of implementation of EU programmes. Where direct beneficiaries and relevant stakeholders are not acceptant of SRHR and FP services, or oppose action in these areas, implementation can be rather problematic. By not having the acceptance and engagement of relevant communities, EU's action risks to be in vain. In light of this, promoting the exchange of views on women's health and gender rights and ensuring the participation of leaders and communities in EU's external partners is of utmost importance to advance EU action in this field. The promotion and deepening of **dialogue processes** with communities and community leaders in partner countries should be incorporated in EU's external action programmes, in order to build a more sustainable engagement on issues

related to SRHR, FP and gender equality. Leaders of beneficiaries' communities should access clear information on programmes' objectives, their views should be discussed and questions answered. Consulting community leaders and ensuring their cooperation is essential to enhance the long-term impact of EU's action in this area. Achieving good results in promoting access to SRHR and FP services, in addition, can be facilitated by including the broader community which surrounds direct beneficiaries, through informational campaigns and open consultations and meetings.

4. Incorporate SRHR and FP as one objective of EU International cooperation partnerships, including the EU-Africa strategy and **empower national governments to support domestic NGOs affected by the GGR**. The recent development of a closer cooperation between the EU and African countries should represent an opportunity to promote gender equality and health rights across the African continent. The recent Joint Communication 'Towards a comprehensive Strategy with Africa' is an important step in this direction, recognizing that the EU and Africa have a mutual interest and commitment in working together 'to seize the opportunities and address these challenges and develop actions that ensure stability, peace, security, human rights, democracy, gender equality, sustainable livelihoods, sustainable economic growth based on healthy ecosystems, social cohesion and good governance'.¹⁰⁷ This commitment should be followed-up on and maintained by continuing to identify common objectives in the area of SRHR and FP. Moreover, the same commitments should be also incorporated in other international cooperation agreements and strategies between the EU and third countries.
5. Finally, one last recommendation has emerged from our conversations with the Countdown 2030 partners and concerns the sustainability of efforts across time. Following our consultations, it has emerged that donor countries and institutions could consider to **prolong the terms of their funding cycles**, make them longer term, e.g. with a minimum of 3 years, in order to ensure a structural and lasting change.

¹⁰⁷Joint Communication to the European Parliament and the Council 'Towards a comprehensive Strategy with Africa', Brussels, 9.3.2020 JOIN(2020) 4

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ANNEX I LIST OF GOVERNMENTS AND OTHER ENTITIES REPRESENTED IN OUR INTERVIEWS

List of governments and representations represented in our interviews

- Bethan Cobley, Director, External Affairs - Marie Stopes International
- Several inputs came from Countdown 2030 Europe, a Consortium of European NGOs working on SRHR'
- Dr Kathryn Church, Evidence to Action Director - Marie Stopes International
- Erin Williams, Program Director, Sexual and Reproductive Health and Rights - Global Fund for Women
- Heather Benjamin, Program Officer - Open Society Foundations' Public Health Program
- Lilianne Ploumen, SheDecides Founder and Co-Chair; Dutch Member of Parliament, Labour Party (PvdA)
- Hani Serag, Health System Research Fellow, Center to Eliminate Health Disparities, University of Texas Medical Branch (UTMB)

ANNEX II NAIROBI SUMMIT ICPD25 COMMITMENTS

Table 7: EU Member States' commitments made at the Nairobi Summit 2019

| EU Member State | Commitment Title & description | Mode of engagement | Timeline |
|-----------------|--|--|---|
| Belgium | 1) Implementation of SRHR programmes through bilateral cooperation in 5 partner countries. Belgium committed to continue their engagement in reaching the zero unmet needs. The programs (Benin, Burkina Faso, Guinea, Rwanda, Senegal) focus mainly on SRHR and GBV Commitment category 2 | Programmatic actions. Implementation of the programmes that contributes to the ICPD programme of Action and focus on reducing maternal mortality, promoting family planning, promoting family planning, promoting adolescent sexual and reproductive health and combating sexual and gender-based violence in 5 countries, namely Benin, Burkina Faso, Guinea, Rwanda and Senegal. | Benin, Burkina Faso and Guinea until 2023 and Rwanda and Senegal up until 2024. |
| | 2) Contribution to the objective of 0 sexual and gender based violence. Belgian government commits to keep on supporting a programme existing in Democratic Republic of Congo implementing a multi-sectoral (medical, legal, socio-economic and psychosocial care) approach to combat sexual violence. | 2) Programmatic Action. Keep on supporting the programme already existing for one more year. | 2) The program is set to run up until the end of 2020 |
| | 3) Promoting the rights of women and girls by participation in the She Decides Movement. Commitment to keep on working with the SheDecides movement, advocate strongly for women and girls to decide for themselves | 3) Policy and Guidance – Advocacy to change the rules | 3) Policy and Guidance – Advocacy to change the rules |
| | 4) Ending child marriage Continue with the Financial support Belgium brings to the joint UNICEF/UNFPPA programme “Ending Child Marriage” Commitment category 1 | 4) Financial Support – 2 million/year | 4) 2020 and 2021 |
| | 5) Predictable, unearmarked support to UNFPA. Continuity policy of support as before to the Cairo Programme of Action and particularly support to UNFPA as main partner. Commitment category 1 | 5) Predictable and multiyear funding | %) No date set |

| EU Member State | Commitment Title & description | Mode of engagement | Timeline |
|-----------------|---|---|--|
| Finland | Gender equality and SRHR is a central priority and commitment in our foreign policy both multilaterally and bilaterally. Finland intends to increase UNFPA core funding significantly in 2020. | (7) Budgetary and financial Increasing international financing Global | Particularly 2020 |
| Germany | Investing in health, rights and choices for all. Work with partners to eradicate unwanted pregnancy and unsafe birth and have access to SHRH. Renewal of the commitment taken in Cairo. Commitment category 1 | Method of engaging is not specified but "investing" seems to hint towards a financial investment. | No time frame. |
| Italy | Ministry of Foreign Affairs and International Cooperation Harness the promise of the demographic dividend in West Africa In West Africa, Italy will support the improvement of youth access and quality to health care and services, the building and strengthening of mechanisms for the youth empowering as well as promote campaigns for the social and behavioral change of adolescents.(8) ¹⁰⁸ | Programmatic action Africa | |
| Slovenia | Guidelines on the promotion of gender equality. Slovenia commits to adopt by the end of 2021 guidelines on the promotion of gender equality through development cooperation and humanitarian aid. Special attention to SHRH. The guidelines will also specify different type of humanitarian actions Slovenia plans on undertaking. Interest in the intersectionality/intertwinement between SHRH and sustainable development. Commitment category 1. | Policy Guidance – Slovenia will take the appropriate measures (awareness raising, building capacity, learning, and communication) | Guidelines to be published by 2021 and then implementation of specific actions that are in the guidelines. |
| Sweden | National commitments of the government of Sweden on the occasion of the 25 th anniversary of | Financial support to SHRH programs and creation of a national SHRH program. | No time frame. |

¹⁰⁸ Investing in the education, employment opportunities, health, including family planning and sexual and reproductive health services, of adolescents and youth, especially girls, so as to fully harness the promises of the demographic dividend.

| EU Member State | Commitment Title & description | Mode of engagement | Timeline |
|-----------------|---|--|-----------------------|
| | <p>the international conference on Population and Development (ICPD) and the adoption of the programme action.</p> <p>Sweden reiterates its support in the objective of the ICPD and commit to go further and quicker as the Nairobi Summit added to the original ICPD objectives.</p> <p>Commitment from category 1</p> | | |
| Spain – | <p>From Regional commitments to global achievements. Basque government is committed to fulfil unfinished tasks of the ICPD programme. Continue to support joint programme on essential services for GBV and will start to contribute to WE decide program as well as to humanitarian setting in Bosnia focusing in refugees and migration. Commitment category 12</p> | <p>Budgetary and Financial support. 120 000 euro in the Joint programme and start to contribute to the WWE decide program in Bosnia.</p> | <p>No time frame.</p> |

Source: <http://www.nairobisummiticpd.org/commitments>

Table 8: EU Member States based non-governmental organisations' commitments made at the Nairobi Summit 2019

| EU Member State | Commitment Title & description | Mode of engagement | Timeline |
|-----------------|--|--|---|
| Bulgaria | The International Foundation for Y-PEER Development, working in partnership with the International Institute for Youth development PETRI - to equip 100 young activists and 50 young professionals to act as trainers in CSE and to be able to engage at best 50 000 adolescents and young people in improving their knowledge and skills on SRHR and gender equality | Global Commitment category 4 | 2025 |
| Denmark | 1) Danish Red Cross commits to integrate Sexual and Reproductive Health and GBV care components including mental health and psychosocial support in humanitarian programming in general, and with a particular focus on basic service packages for displaced populations in East and West Africa. | Global Commitment 12 | |
| | 2) The Danish Family Planning Society - SRHR as a strategy to climate change adaptation. Building capacity of civil society in the African commitment to hold governments accountable for the HR and climate change obligations as well as promoting SRHR as strategies to increase climate adaptation capacities and build resilience in vulnerable communities. | Africa Commitment 1 | No mention of the duration, nor of any practical steps undertaken to build resilience |
| | 3) Danish Youth for comprehensive sexuality education and youth-led sexual and reproductive health and rights projects. On global level, continue to fight for sexual and reproductive health and rights through youth-led partnerships projects with a focus on access to | Partnership, programmatic action Global Commitment category 4 | No specified date |

| EU Member State | Commitment Title & description | Mode of engagement | Timeline |
|-----------------|---|---------------------------------|----------|
| | modern contraception and safe abortion for all. | | |
| The Netherlands | Midwives reaffirm their commitments for equitable quality Sexual, Reproductive Maternal, Newborn and Child and Adolescent health outcomes | Global Commitment category 3 | |

Source: <http://www.nairobisummiticpd.org/commitments>

ANNEX III

Table 9: EU Funded programmes focusing on family planning, women's rights and reproductive health between 2017 and 2019

| Field of Funding | Year | Subject of grant or contract | Commitment contracted amount (EUR) | Responsible Department |
|------------------|------|--|------------------------------------|--|
| Family Planning | 2018 | MFPWA ADDRESSING DEMOGRAPHIC CHALLENGES THROUGH SAFE MOTHERHOOD AND FAMILY PLANNING FOR SUSTAINABLE DEVELOPMENT | 592,016 | DEVCO Directorate-General for International Cooperation and Development |
| Women's rights | 2019 | WOMEN'S RIGHTS : "MAKING INROADS TOWARDS GENDER EQUALITY, PARTICIPATION AND EQUAL REPRESENTATION IN ESWATINI" | 465,000 | DEVCO Directorate-General for International Cooperation and Development |
| Women's rights | 2019 | WOMEN'S RIGHTS : "MAKING INROADS TOWARDS GENDER EQUALITY, PARTICIPATION AND EQUAL REPRESENTATION IN ESWATINI" | 465,000 | DEVCO Directorate-General for International Cooperation and Development |
| Women's rights | 2019 | WOMEN'S RIGHTS : "MAKING INROADS TOWARDS GENDER EQUALITY, PARTICIPATION AND EQUAL REPRESENTATION IN ESWATINI" | 465,000 | DEVCO Directorate-General for International Cooperation and Development |
| Women's rights | 2018 | ENHANCING WOMEN'S RIGHTS AND GENDER EQUALITY IN LIBYA | 500,000 | DEVCO Directorate-General for International Cooperation and Development |
| Women's rights | 2018 | ACTIVE INCLUSION AND WOMEN'S RIGHTS AGENDA FOR POSITIVE CHANGE | 174,977 | DEVCO Directorate-General for International Cooperation and Development |
| Women's rights | 2018 | ACTIVE INCLUSION AND WOMEN'S RIGHTS AGENDA FOR POSITIVE CHANGE | 174,977 | DEVCO Directorate-General for International Cooperation and Development |
| Women's rights | 2018 | DEPLOYMENT OF EU AID VOLUNTEERS : EU AID VOLUNTEERS: MPDL DEPLOYMENT OF VOLUNTEERS FOR PEACE-BUILDING AND WOMEN'S RIGHTS | 629,297 | EACEA - Education, Audiovisual and Culture Executive Agency |
| Women's rights | 2018 | DEPLOYMENT OF EU AID VOLUNTEERS : EU AID VOLUNTEERS: MPDL | 629,297 | EACEA - Education, Audiovisual and Culture Executive Agency |

| Field of Funding | Year | Subject of grant or contract | Commitment contracted amount (EUR) | Responsible Department |
|-------------------------|-------------|--|---|--|
| | | DEPLOYMENT OF VOLUNTEERS FOR PEACE-BUILDING AND WOMEN'S RIGHTS | | |
| Women's rights | 2018 | DEPLOYMENT OF EU AID VOLUNTEERS : EU AID VOLUNTEERS: MPDL DEPLOYMENT OF VOLUNTEERS FOR PEACE-BUILDING AND WOMEN'S RIGHTS | 629,297 | EACEA Education, Audiovisual and Culture Executive Agency |
| Women's rights | 2018 | DEPLOYMENT OF EU AID VOLUNTEERS : EU AID VOLUNTEERS: MPDL DEPLOYMENT OF VOLUNTEERS FOR PEACE-BUILDING AND WOMEN'S RIGHTS | 629,297 | EACEA Education, Audiovisual and Culture Executive Agency |
| Women's rights | 2018 | 847231 - LEF - MOBILISING WOMEN FOR EUROPE AND EUROPE FOR WOMEN'S RIGHTS AND GENDER EQUALITY : INCREASING AWARENESS, IMPROVING KNOWLEDGE; STRENGTHENING THE VOICE OF EUROPEAN WOMEN AND WOMEN'S RIGHTS ORGANISATIONS | 1,071,004 | JUST Directorate-General for Justice and Consumers |
| Women's rights | 2018 | 801537 - EWL - ADVANCING GENDER EQUALITY AND WOMEN'S RIGHTS IN EUROPE | 1,031,783 | JUST Directorate-General for Justice and Consumers |
| Women's rights | 2017 | ADVANCING WOMEN'S RIGHTS THROUGH ENHANCED PROTECTION AND SELF-EMPLOYMENT | 399,730 | DEVCO Directorate-General for International Cooperation and Development |
| Women's rights | 2017 | STRENGTHENED CIVIL SOCIETY PROTECTS AND PROMOTES WOMEN'S RIGHTS | 900,000 | DEVCO Directorate-General for International Cooperation and Development |
| Women's rights | 2017 | AL-NISA', ARTAQAUU! WOMEN, RISE UP! EMPOWERING SUDANESE WOMEN IN SOUTH KORDOFAN TO ADVANCE WOMEN'S RIGHTS | 240,000 | DEVCO Directorate-General for International Cooperation and Development |
| Women's rights | 2017 | MEDIA OUTREACH FOR ANNUAL COLLOQUIUM ON FUNDAMENTAL RIGHTS - WOMEN'S RIGHTS IN TURBULENT TIMES | 99,870 | JUST Directorate-General for Justice and Consumers |

| Field of Funding | Year | Subject of grant or contract | Commitment contracted amount (EUR) | Responsible Department |
|-------------------------|-------------|---|---|--|
| Reproductive Health | 2019 | COMPREHENSIVE SUPPORT TO SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) AND SOCIAL WELLBEING OF VULNERABLE ADOLESCENTS | 500,000 | NEAR Directorate-General for Neighbourhood and Enlargement Negotiations |
| Reproductive Health | 2019 | COMPREHENSIVE SUPPORT TO SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) AND SOCIAL WELLBEING OF VULNERABLE ADOLESCENTS | 500,000 | NEAR Directorate-General for Neighbourhood and Enlargement Negotiations |
| Reproductive Health | 2019 | COMPREHENSIVE SUPPORT TO SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) AND SOCIAL WELLBEING OF VULNERABLE ADOLESCENTS | 500,000 | NEAR Directorate-General for Neighbourhood and Enlargement Negotiations |
| Reproductive Health | 2019 | 825813 - MUMVIP - METABOLIC PROFILING OF THE VAGINAL MICROBIOME FOR REPRODUCTIVE HEALTH | 149,633 | ERC European Research Council Executive Agency |
| Reproductive Health | 2018 | SUSTAINING ACCESS TO PRIMARY HEALTHCARE, MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT, SEXUAL AND REPRODUCTIVE HEALTH, INCLUDING TREATMENT AND CARE FOR VICTIMS OF GENDER-BASED VIOLENCE IN NORTHERN UGANDA - HEALTH RESPONSE TO THE IMPACT OF THE PROTRACTED SOUTH S | 1,800,000 | ECHO Directorate-General for European Civil and Humanitarian Aid Operations |
| Reproductive Health | 2018 | SUSTAINING ACCESS TO PRIMARY HEALTHCARE, MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT, SEXUAL AND REPRODUCTIVE HEALTH, INCLUDING TREATMENT AND CARE FOR VICTIMS OF GENDER-BASED VIOLENCE IN NORTHERN UGANDA - HEALTH RESPONSE TO THE IMPACT OF THE PROTRACTED SOUTH S | 600,000 | ECHO Directorate-General for European Civil and Humanitarian Aid Operations |
| Reproductive Health | 2018 | PROVISION OF AN INTEGRATED PACKAGE OF SERVICES INCLUDING REPRODUCTIVE HEALTH CARE, PSYCHOSOCIAL SUPPORT AND CHILD PROTECTION CASE MANAGEMENT SERVICES FOR | 1,500,000 | ECHO Directorate-General for European Civil and Humanitarian Aid Operations |

| Field of Funding | Year | Subject of grant or contract | Commitment contracted amount (EUR) | Responsible Department |
|-------------------------|-------------|---|---|--|
| | | DISPLACED ROHINGYA AND HOST COMMUNITIES IN HIGHLY UNDER SERVED AREAS OF TEKNAF UNION, COX'S BAZAR. | | |
| Reproductive Health | 2017 | CIVIL SOCIETY-LED PROMOTION OF REPRODUCTIVE HEALTHCARE SERVICES | 600,000 | DEVCO Directorate-General for International Cooperation and Development |
| Reproductive Health | 2017 | A FINANCIAL AND SYSTEMS AUDIT OF PROMOTING SEXUAL AND REPRODUCTIVE HEALTH SERVICES AND RIGHTS (SRH/R) IN THE AMHARA REGION, ETHIOPIA. DCI-SANTE/2010/257-555 | 19,700 | DEVCO Directorate-General for International Cooperation and Development |
| Reproductive Health | 2017 | AUDIT OF CSO LA 2013/287085 - IPPF - STRENGTHENING MDG 5A AND 5B IN SOUTH ASIA: CREATING CHAMPIONS AND MOMENTUM FOR PROGRESS IN SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS | 26,974 | DEVCO Directorate-General for International Cooperation and Development |
| Reproductive Health | 2017 | CAPACITY BUILDING : 590046 SEXUAL AND REPRODUCTIVE HEALTH - KNOWLEDGE BEATS TABOOS | 130,446 | EACEA - Education, Audiovisual and Culture Executive Agency |
| Reproductive Health | 2017 | CAPACITY BUILDING : 590046 SEXUAL AND REPRODUCTIVE HEALTH - KNOWLEDGE BEATS TABOOS | 130,446 | EACEA - Education, Audiovisual and Culture Executive Agency |
| Reproductive Health | 2017 | CAPACITY BUILDING : 590046 SEXUAL AND REPRODUCTIVE HEALTH - KNOWLEDGE BEATS TABOOS | 130,446 | EACEA - Education, Audiovisual and Culture Executive Agency |
| Reproductive Health | 2017 | CAPACITY BUILDING : 590046 SEXUAL AND REPRODUCTIVE HEALTH - KNOWLEDGE BEATS TABOOS | 130,446 | EACEA - Education, Audiovisual and Culture Executive Agency |
| Reproductive Health | 2017 | CAPACITY BUILDING : 590046 SEXUAL AND REPRODUCTIVE HEALTH - KNOWLEDGE BEATS TABOOS | 130,446 | EACEA - Education, Audiovisual and Culture Executive Agency |
| Reproductive Health | 2017 | CAPACITY BUILDING : 590046 SEXUAL AND REPRODUCTIVE HEALTH - KNOWLEDGE BEATS TABOOS | 130,446 | EACEA - Education, Audiovisual and Culture Executive Agency |

| Field of Funding | Year | Subject of grant or contract | Commitment contracted amount (EUR) | Responsible Department |
|-------------------------|-------------|---|---|--|
| Reproductive Health | 2017 | CAPACITY BUILDING : 590046 SEXUAL AND REPRODUCTIVE HEALTH - KNOWLEDGE BEATS TABOOS | 130,446 | EACEA - Education, Audiovisual and Culture Executive Agency |
| Reproductive Health | 2017 | CAPACITY BUILDING : 590046 SEXUAL AND REPRODUCTIVE HEALTH - KNOWLEDGE BEATS TABOOS | 130,446 | EACEA - Education, Audiovisual and Culture Executive Agency |
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| Reproductive Health | 2017 | CAPACITY BUILDING : 590046 SEXUAL AND REPRODUCTIVE HEALTH - KNOWLEDGE BEATS TABOOS | 130,446 | EACEA - Education, Audiovisual and Culture Executive Agency |
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| Reproductive Health | 2017 | CAPACITY BUILDING : 590046 SEXUAL AND REPRODUCTIVE HEALTH - KNOWLEDGE BEATS TABOOS | 130,446 | EACEA - Education, Audiovisual and Culture Executive Agency |
| Reproductive Health | 2017 | CAPACITY BUILDING : 590046 SEXUAL AND REPRODUCTIVE HEALTH - KNOWLEDGE BEATS TABOOS | 130,446 | EACEA - Education, Audiovisual and Culture Executive Agency |
| Reproductive Health | 2017 | PROVISION OF REPRODUCTIVE HEALTH CARE SERVICES THROUGH SUPPORT TO THE AZRAQ CAMP HOSPITAL | 2,500,000 | ECHO Directorate-General for European Civil Protection and Humanitarian Aid Operations |

This study commissioned by the European Parliament's Policy Department for Citizens' Rights and Constitutional Affairs at the request of the FEMM Committee, maps out the challenges the European Union faces in promoting sexual and reproductive health and rights and the prevention of gender based violence in its external action, especially in providing aid to developing countries against the backdrop of US Global Gag Rule.

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