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BUSH'S GLOBAL GAG RULE AND AFRICA: IMPACT ON REPRODUCTIVE HEALTH.

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ABSTRACT

Throughout most of the 20th century, multilateral development partnership in the area of reproductive health was one of the few success stories in public health. Globally, by 1998, 58 percent of all married women had access to modern contraceptives and other

Table 1

U.S. Contributions to Health-Sector Under the Development Assistance Committee (DAC)

Period	Total Development Assistance Committee (DAC) Funding	U.S. Share	Percent of U.S. Share
1990-1992	\$1,286 billion	\$383 Million	29.5
1993-1995	\$1,841 billion	\$800 Million	43.4
1996-1998	\$2,185 billion	\$733 Million	33.5

family planning services. This represented 67 percent of married women in developed countries and 54 percent in developing countries. Since taking office in 2001, President George W. Bush has sought to undo these achievements through the global gag rule. On January 20, 2001, President Bush reinstated the 1984 Reagan Mexico City Policy or global gag rule. The global gag rule bars U.S. family planning assistance to foreign NGOs that use funding from any other source to provide abortion services. Non-compliance with the global gag rule results in the loss of funding from the U.S. Agency for International Development (USAID). In January 2003, President Bush proposed the President's Emergency Plan for AIDS Relief (PEPFAR). This study briefly reviews the President's Emergency Plan for AIDS Relief (PEPFAR). It then examines in detail the impact of the global gag rule on multilateral health partnerships, the work of global health institutions and non-governmental organizations (NGOs), and on reproductive health in Africa. Drawing upon the last four years, this study concludes by exploring possible implications of Bush's second term (January 20, 2005 to January 20, 2009) on global reproductive health.

INTRODUCTION

Throughout most of the 20th century, multilateral development partnership in the area of reproductive health was one of the few success stories of public health. From the 1960s to the early 1980s, Sub Saharan Africa (SSA) received enormous economic and social assistance in the areas of family planning, population and immunization (1). This assistance led to dramatic progress in maternal and child health indicators (2). Globally, by 1998, 58 percent of all married women had access to modern contraceptives and other family planning services. This represented 67 percent of married women in developed

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countries and 54 percent in developing countries (3). By 1998, 40 percent of married women in Botswana, Kenya, Zimbabwe and South Africa were using modern contraceptives. Today, these countries have low national birthrates and small family sizes. In Kenya, the number of children per woman fell from eight children in 1970 to 5.4 children in 1998 (4) and 4.3 in 2000 (5), while in Tanzania, the 1974 National Health Policy with its emphasis on public health and maternal and child health gave women enormous access to reproductive health and family planning services (6).

Developing countries like those in Africa “rely heavily on donor funds to provide services for family planning, reproductive health, and HIV/AIDS, and to build data sets and craft needed policies.” (7) In 1995, United States Agency for International Development (USAID) was the largest donor of Ghana's family planning programs. USAID provided a total of \$45 million to Ghana's family planning services. In 1998, donor aid accounted for 50 percent and 40 percent of public health expenditures in Zambia and Ghana respectively. In 1997-1998, donors provided 74 percent of Kenya's public health expenditures (8). In addition, USAID is the largest donor of reproductive health in Kenya (9). According to the official publication of the Development Assistance Committee (DAC)* 2001 report, the U.S. was the single largest donor of net bilateral aid in public health and health-related infrastructure development for the period 1990-1998 (see Table 1).

Source: Organization for Economic Cooperation and Development (OECD) 2001: Development Cooperation Report of 2001, Accessed <http://www.oecd.org/dataoecd/22/31/25503059.pdf> (p. 143).

However, since taking office on January 20, 2001, President George W. Bush has restricted the availability of U.S. funds for Africa's reproductive health programs. The restrictions on the use of U.S. funds will undo the successes of the 20th century. On January 20, 2001, President Bush reinstated the 1984 Reagan Mexico City Policy or global gag rule at the international level. The global gag rule bars U.S. family planning assistance to foreign NGOs that use funding from any other source to provide abortion services or lobby to make abortion legal or more available in their countries of operation, and any non-compliance with the global gag rule results in the loss of funding from the U.S. Agency for International Development (USAID) (10). On January 28, 2003, President Bush used his State of the Union address to propose the President's Emergency Plan for AIDS Relief (PEPFAR) (11). The following section reviews the President's Emergency Plan for AIDS Relief (PEPFAR). Thereafter, the study will examine in detail the impact of the global gag rule on multilateral health partnerships, the work of global health institutions and non-governmental organizations and on reproductive health in Africa. Drawing upon the last four years, this study concludes by exploring possible implications of Bush's second term (January 20, 2005 to January 20, 2009) on global reproductive health.

PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR)

Several domestic constituencies have played a significant role in shaping the president's international HIV/AIDS policy. In essence, domestic politics, power relations and the donor's national and international interests have shaped the funding for sexual and reproductive health (12). Recent research in international relations (IR) argues that domestic groups/constituencies play a significant role in the crafting of U.S. foreign policy (13). For example, in February 2002, Franklin Graham, the son of evangelist Billy Graham, invited "more than 800 evangelical Protestant and Catholic leaders" for a conference in Washington, DC. The conference drew up an action plan that called for U.S. leadership in the global fight against HIV/AIDS (14). On January 28, 2003, President Bush requested Congress to provide \$15 billion over the next five years, which includes \$10 billion in new money to help combat HIV/AIDS in 15 of the most afflicted countries in Africa and the Caribbean (15). The breakdown of the \$15 billion is as follows: \$5 billion is devoted to existing programs, treatment, prevention and research in HIV/AIDS in 50 countries around the world; \$9 billion is dedicated to the 15 most afflicted countries in Africa, Asia and the Caribbean; and \$1 billion is devoted to the UN Global Fund to Fight AIDS, tuberculosis and malaria (16). The 108th U.S. Congress passed H.R. 1298 United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria (17). In May 2003, President Bush signed into law H.R. 1298 (now Public Law 108-25) or more appropriately the President's Emergency Plan for AIDS Relief (PEPFAR) (18).

The President's Emergency Plan for AIDS Relief (PEPFAR) encompasses more than 75 countries with particular focus on 15 of the most afflicted countries in Africa, Asia and the Caribbean, namely Botswana, Cote d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Zambia and Vietnam (19).

PEPFAR consists of three main goals:

- Prevent some seven million new infections,
- Provide anti-retroviral treatments for two million HIV-infected people,
- Provide care to 10 million who are either infected or affected by the social and economic impacts of the pandemic including millions of AIDS orphans and vulnerable children (20).

Under Public Law 108-25, 55 percent of the annual Congressional appropriation would be used for treatment of HIV/AIDS, 20 percent for educational efforts and HIV/AIDS prevention, 15 percent for palliative care and 10 percent to support orphans and vulnerable children. Public Law 108-25: Sec. 104A 3(B) specifies that prevention programs should focus on "delaying sexual debut, abstinence, fidelity and monogamy, reduction of casual sex partnering, and where appropriate, use of condoms." The U.S. Congress appropriated \$2.4 billion for PEPFAR in FY 2004, \$2.9 billion in FY 2005 (21), and the allocation is likely to rise to \$3.2 billion in FY 2006. In February 2005, the White House announced that PEPFAR was providing treatment for 155,000 AIDS patients. In its February 2, 2005 press release, Physicians for Human Rights (PHR) commended the Bush administration for its "unprecedented amount of foreign assistance to

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address urgent health needs in the poorest countries of the world.” (22) PEPFAR has not only brought billions of dollars for HIV/AIDS treatment, prevention, education, research and training, but it has also elevated HIV/AIDS to the highest levels of U.S. administration with the creation of the Office of U.S. Global AIDS Coordinator at the State Department under Ambassador Randall Tobias (23).

While the president's HIV/AIDS initiative is welcome, it is also worth noting that President Bush's Executive Order of January 20, 2001 has undermined American leadership on international reproductive health, in that it hampers other health programs, agency operations and the work of NGOs. According to Gayle Smith (an adviser to USAID and former senior director for African Affairs at the National Security Council under the Clinton administration), a reproductive health strategy that “delivers dollars but closes clinics is unlikely to bolster Africa's ability to fight HIV/AIDS or future epidemics” (24) and overcome routine maternal health problems that define Africa's reproductive health. Under the president's emergency plan, PEPFAR funds are exempt from the global gag rule.

The executive order reinstated the 1984 Reagan Mexico City Policy or global gag rule. President Bush stated, “it is my conviction that taxpayer funds should not be used to pay for abortions or advocate or actively promote abortion, either here or abroad. It is therefore my belief that the Mexico City Policy should be restored.” (25) By signing the executive order, the President insulated himself from the rising public opposition, the Democratic Party, and moderate Republicans, because executive orders are not subject to Congressional review. Under the Executive Order,

No U.S. family planning assistance can be provided to foreign NGOs that use funding from any other source to: perform abortions in cases other than a threat to the life of the woman, rape or incest; provide counseling and referral for abortion; or lobby to make abortion legal or more available in their country. Non-compliance will result in loss of funding from the U.S. Agency for International Development (USAID) (26).

GLOBAL GAG RULE AND AFRICA'S REPRODUCTIVE HEALTH

It has been previously mentioned that throughout the mid-20th century, many countries in Africa made dramatic achievements in public health, health indicators and life expectancy (27). These achievements resulted from multilateral development partnerships and other collaborations (28). The United Nations and its agencies (UNDP, WHO, UNICEF, UNESCO, FAO), the World Bank, the International Monetary Fund (IMF), the European Union, Overseas Development Assistance (ODA), and several international governmental and non-governmental organizations played a huge role in this collaboration. This collaborative assistance led to “technological advances, the introduction of primary health care, increased literacy, access to safe water, sanitation and housing, and better understanding of social behavior.” (29) However, by re-instating the global gag rule, the U.S. government is isolating itself from other western governments that fund comprehensive reproductive health and development programs. Many international development agencies see the task of “advancing the cause of health in this complex, interdependent, and global society” as one that requires mutual commitment and multi-sectoral integrative partnerships between the private, governmental and nonprofit

sectors (30). It is unfortunate that the U.S. government has chosen to isolate itself from other western donors at a time when multilateral development cooperation is of the essence.

By subjecting NGOs to ideological “red tape” and de-funding those that use funding from any other donor to perform abortions, referrals for abortion, counseling, post-abortion care or advocate and lobby for the legalization of abortion in their home or host countries, President Bush has made it increasingly difficult for the international community to engage in collaborative and integrated reproductive health programs. The global gag rule is forcing NGOs, the key implementers of reproductive health programs, to choose between donors at this critical hour of need. The European Union has severely criticized the Bush administration for withholding federal funds from global reproductive health programs and for isolating NGOs from other western donors (31). In September 2003, the Council of Europe voted 89 to 8 in expressing its disappointment with the Bush administration for reinstating the global gag rule. The Council of Europe parliamentary assembly further called for an “enlightened debate with the United States on the harmful effects of the re-establishment of the Mexico City Policy.” (32)

The global gag rule is unrealistic in a world in which more than half a million women die annually from pregnancy-related hemorrhages, infections, obstructed labor and unsafe abortion (33). Furthermore, 99 percent of these deaths occur in developing countries (34). It is estimated that 90 percent of these deaths could be “prevented if women had access to trained health care providers or emergency obstetric services.” (35) Women in developing countries and patriarchal societies lack access to education and economic resources and face serious maternal and child health problems, sexual violence, poverty and powerlessness, and lack of control over their reproductive system. These factors lead to increased poverty, maternal illness, and maternal and infant mortality (36).

In Africa, one out of every 15 women has a lifetime chance of dying from complications of pregnancy, childbirth or unsafe abortion. In Ethiopia, one out of every seven women will die from these complications (37). Nigeria ranks among the highest in the world in maternal mortality rate with 800 to 1,500 deaths per 100,000 live births (38). According to the United Nations Fund for Population Activities (UNFPA) and the Alan Guttmacher Institute, comprehensive reproductive health and women's empowerment would prevent 23 million unplanned pregnancies, 1.4 million infant deaths, 22 million unplanned births, 142,000 pregnancy related deaths that include 53,000 deaths from unsafe abortions, and 505,000 orphans due to maternal pregnancy related deaths (39). It has been documented elsewhere that comprehensive reproductive health services would create healthier societies, increase social and economic productivity, food security and family stability because women play a significant role in Africa's development (40).

The global gag rule is also impeding the attainment of internationally negotiated development principles emanating from the 1987 International Safe Motherhood Conference (Nairobi, Kenya), the 1992 Rio Earth Summit, the 1994 International Conference on Population and Development (Cairo, Egypt), the 1995 Women's Conference (Beijing, China), and the UN Millennium Development Goals of 2000. The goals of these conferences include universal education, reduction in infant and child mortality, reduction in maternal mortality, universal access to reproductive and sexual health

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services including family planning, eradicate the burden of poverty on women, enhance women's full participation in public life and decision making, eliminate all forms of violence against women, and ensure equal access for girl children and women to education and health (41). By imposing a "litmus test" on the work of international organizations, the Bush administration is not only hindering international and multilateral partnerships on health and development, but also contributing to underdevelopment in Africa.

It is worth mentioning that the period 1984-1992 (Ronald Reagan to George Bush Sr.) represented an upsurge in unsafe abortions in developing countries (42). President Clinton reversed the global gag rule, (43) however; its reinstatement by President Bush will cause more damage for the following reasons:

The global gag rule adds insult to the injury caused by the structural adjustment policies (SAPs) of the 1990s. In the early 1990s, the World Bank and the International Monetary Fund forced African governments to implement market led neo-liberal economic policies that cut government expenditure on social services such as health, education, nutrition and housing and froze the hiring of medical doctors and nurses. African governments were required to introduce health cost sharing measures through user-fees and competition in the health sector. SAPs have undermined Africa's public health especially in the poorest communities that lack the required income to access private sector health care (44).

The global gag rule undermines the operations of several NGOs; when in actual sense NGOs do more work in mother and child health issues than many African governments. The lack of resources and pressure from the World Bank and IMF has forced the African state to retreat from funding public health services. Currently, NGOs are the key providers of public health education, community health and HIV/AIDS services in the rural areas and the urban poor.

The global gag rule does not take into consideration the role of constructive national debates and dialogue on the question of abortion. In Africa, there is an increasing acceptance on the need to provide safe abortions and counseling services as a way of preventing unwanted pregnancies, maternal health complications and the increasing problems of maternal deaths from botched abortions (45).

The upsurge in HIV/AIDS prevalence rates requires comprehensive reproductive health programs and not those that discriminate against certain practices as envisioned in the global gag rule. Secondly, many NGOs have integrated HIV/AIDS into their family planning and reproductive health programs in order to increase their effectiveness in reproductive health and reach more clients. Furthermore, the global gag rule imposes unnecessary compliance costs on NGOs who have to keep monitoring their own activities for fear of losing U.S. funding. President Bush has opted to play "politics" with the lives of millions of poor women in order to appease conservatives and other domestic anti-choice groups (46).

On July 22, 2003 President Bush withdrew U.S. support for the United Nations Fund for Population Activities (UNFPA) reproductive health projects by withholding \$34 million. This action cut UNFPA's budget by 10 percent (47) and deprived it of much needed funds for maternal and child health, HIV/AIDS prevention, and birth control programs (48). The United States also "stripped funding from organizations affiliat-

ed with UNFPA, cutting off essential health services in Angola, Congo and Rwanda.” (49) In October 2002, President Bush froze \$3 million in funding to the World Health Organization (WHO) (50). UNFPA estimates that the withdrawal of U.S. funds could lead to some two million unwanted pregnancies, about 800,000 crude abortions, and at least 81,000 deaths (51). While unsafe abortions remain a fundamental threat to public health (52), it is beyond doubt that the global gag rule will lead to an increase in unsafe abortions (53). The global gag rule has also impeded and isolated non-governmental organizations from USAID, and restricted NGO partnerships and collaborations in many African countries (54).

Globally, the shortfall in U.S. funding for comprehensive reproductive health programs from 1995 to 2002 resulted in 300 million unintended pregnancies and more than one million deaths from women obtaining botched abortions, pregnancy-related complications and other reproductive health problems (55). The global gag rule has shut down and dismantled NGO led reproductive health programs in many developing countries (56). Many NGOs find the global gag rule unacceptable (57) and have therefore refused to sign a pledge to enforce it (58). These events are taking place at a time when history has shown that the U.S. has been the leading overseas donor for reproductive health and family planning programs in Africa. Furthermore, when experienced and reputable NGOs like the Family Planning Association of Kenya and the Family Guidance Association of Ethiopia are de-funded, opportunistic and newly formed and inexperienced NGOs, who are solely driven by the appearance of lucrative USAID contracts, will sign the global gag rule and simply provide inferior services to millions of poor women.

The global gag rule is also a double burden for Africa's poverty stricken and pregnant women with HIV/AIDS. If they opt for treatment and pregnancy care and counseling at USAID funded NGO clinics and referral centers, they cannot access abortion and vice versa. At the same time, many HIV positive women may not want to continue their pregnancies for fear of giving birth to a HIV positive child (59). Research shows that the global gag rule has inhibited access to family planning, stalled emergency contraceptive initiatives and curtailed education on post-abortion care in Kenya, Uganda, Ethiopia and other African countries (60). Furthermore, it can be argued that the global gag rule adversely impacts HIV/AIDS prevention efforts, because HIV/AIDS has become a central pillar in reproductive health programs. The same family planning providers and NGOs that refuse to adhere to the Bush policy lose funding and close their clinics. These NGOs are at the frontline in the battle against the spread of HIV/AIDS, and de-funding them is counter-productive to the war against HIV/AIDS (61).

In Zambia, due its ties to the International Planned Parenthood Federation (IPPF), the Planned Parenthood Association of Zambia (PPAZ) lost “24 percent of its core grant” for refusing to sign a pledge to enforce the global gag rule. (62) PPAZ further lost \$137,092 in contraceptive supplies (63). The loss of funds has disrupted family planning services and hindered the design and production of training materials. In order to prevent de-funding, a media organization was forced to delete a chapter on emergency contraception from its brochure (64). The global gag rule has also cut off many youth related programs and services such as condom distribution and comprehensive reproductive health education (65). This scenario is also evident in Ghana.

In September 2003, the Planned Parenthood Association of Ghana (PPAG) refused to sign a pledge to enforce the global gag rule and lost more than \$200,000. This led to cutbacks in PPAG's family planning programs. The loss of funding is more troubling in Ghana's peri-urban and rural areas where "PPAG is the primary provider of community-based clinic and outreach services." PPAG provides desperately needed family planning services, HIV/AIDS prevention education, and other basic reproductive health services in very remote communities (66). The loss of funding from USAID has shattered rural outreach programs by reducing nursing staff by more than 40 percent, thus severely limiting the number of clients served (67).

In Ethiopia, the global gag rule requirements forced the Family Guidance Association of Ethiopia (FGAE) to sever its ties with Pathfinder International, a sub-grantee of USAID. USAID responded by de-funding FGAE. With the de-funding, FGAE no longer services some 300,000 clients, who desperately need reproductive health care services that the Ethiopian government cannot provide (68). These developments are taking place at a time when data shows that in Ethiopia, one out of every seven women dies from maternal health complications (69). In addition, the Family Planning Association of Ethiopia lost \$56,000; money that would have been used to procure and distribute much needed contraceptives (70).

Over the last two decades, USAID has given huge financial, commodity and technical assistance to Kenya's national family planning programs. "USAID is the leading donor to Kenya's population and health programs." In FY 2001, it was projected that USAID would disburse \$5.8 million in development assistance funds for population related activities in Kenya; however, family planning programs would incorporate and implement the 2001 Mexico City Policy directives or global gag rule. (71) Prior to FY2001, USAID/Kenya partnerships incorporated fully integrated reproductive health and family planning services, NGO partnerships, logistics, support for reproductive health training and social marketing of hormonal contraceptives (72). With the implementation of the global gag rule directives, USAID/Kenya-NGO partnerships have broken down and several NGO run reproductive health clinics have been gutted. The global gag rule has "curtailed family planning and maternal and child health care services, and weakened the collective Kenyan NGO response to HIV/AIDS." (73) This is a serious development, especially in Nairobi where 60 percent of life-threatening gynecological hospital admissions are complications from unsafe abortions and perforation of the uterus due to non-sterilized surgical equipments (74).

The global gag rule has also forced the Family Planning Association of Kenya (FPAK) and Marie Stopes Clinic (MSI) to close down their major urban clinics and service centers. In one of the most densely populated slums of Nairobi, MSI was forced to discontinue its services at Mathare Valley Clinic, which from 1987 to 1998 had provided services to more than 300,000 people in programs such as "pap smears, family planning, STI screening and treatment, HIV testing and counseling, and post-abortion care." (75) FPAK lost more than \$580,000 and consequently closed three clinics that served more than 56,000 poor and underserved clients (76). Similar results have been recorded in Senegal and Zimbabwe (77).

THE POSTSCRIPT

Clearly, President Bush's domestic and international reproductive health agenda results from domestic groups/constituencies, especially conservative political ideology, right wing Republicans, and evangelical Christians, and the selective use (misuse) of science (78). The politics of the global gag rule emanate from "domestic political struggles over abortion, played out between anti-abortion and pro-choice factions of the Republican Party, between Republicans and Democrats, and between the executive [branch] and Congress." (79) President Bush's global gag rule has had negative impacts on reproductive health, and consequently on HIV/AIDS education and prevention programs. Even though, the global gag rule does not "technically apply to HIV/AIDS funds from USAID . . . it is hampering HIV prevention efforts. When family planning organizations refuse to accept the terms of the gag rule, STI prevention services (including HIV) and condom supplies that they routinely provide are undermined because of the loss of USAID family planning assistance." (80)

The Bush global gag rule is being implemented at a time when 29 million people in Africa are HIV positive (81) and women are increasingly the victims of Africa's new HIV infections. In Sub-Saharan Africa, 57 percent of adults infected with HIV are women and 75 percent of the infected youth are girls (82). Sub Saharan Africa contains just over 10 percent of the world's population, yet the region accounts for 71 percent of global HIV/AIDS cases (83). As earlier discussed, President Bush deserves credit for showing leadership and for prioritizing the fight against HIV/AIDS through the President's Emergency Plan for AIDS Relief (PEPFAR). Notwithstanding the President's HIV/AIDS initiative, there is increasing disquiet within the reproductive health community on Bush's second term (January 20, 2005 to January 20, 2009). What are the likely implications of a Bush second term on global reproductive health and HIV/AIDS programs?

BUSH JANUARY 20, 2005 TO JANUARY 20, 2009: POSSIBLE IMPLICATIONS

Critics of the Bush global gag rule see the president's November 7, 2004, re-election as an unfortunate extension of the hard line conservative agenda on domestic and international reproductive health. "It is certain that the Bush administration will retain the gag rule as it applies to other development assistance, and possible that the State Department will opt for elective compliance with the gag rule as it allocates new AIDS funding." (84) The president's critics fear that he will appoint more people who share his principles and policies on contraceptives, teen pregnancy, teen sexuality and sexual health education, HIV/AIDS and abortion. Critics of the global gag rule contend that the enforcement of the global gag rule would most likely contribute to an increase in millions of unsafe and botched abortions, inadequate counseling and treatment services and a shortage of contraceptive services (85). These developments will undermine the welfare of millions of poor women throughout Africa.

In addition, the loss of U.S. funds for comprehensive sex education, comprehensive HIV/AIDS prevention programs and other bottlenecks arising from the global gag rule will exacerbate reproductive health problems in Africa, and further undo the achievements of the 1960s and 1980s. The global gag rule combined with the disastrous effects

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of the World Bank engineered structural adjustment programs of the 1990s, poverty and the HIV/AIDS scourge will wipe out the success stories of post-independent Africa's public health system. Africa had made great strides in reducing women fertility rates, maternal and infant mortality rates, unwanted pregnancies and botched abortions. However, because of the global gag rule, many African countries will see an increase in botched abortions and other reproductive health problems. In many cases, "where safe, legal abortions are unavailable, the perils of illegal or botched abortions are faced by women alone; those forced to seek back street abortions face the risk of death" far greater and dangerous than those faced by women who have access to trained medical personnel (86).

By withholding funds from NGOs, the global gag rule will undermine UN Millennium Development Goals and other internationally agreed development principles including the 1987 Nairobi Conference on International Safe Motherhood, the 1994 ICPD Cairo Call for Action, and the 1995 Beijing Platform. The global gag rule joins a long list of isolationist or "go-it-alone" policies of the Bush administration; policies that continue to isolate the United States, erode its international standing and undermine U.S. global leadership.

CONCLUSION

From the above discussion, it is evident that President Bush has implemented major international reproductive health policies. It is also evident that at both the domestic and international levels, the Bush policies are a product of bad politics, in essence "the triumph of ideology over facts." (87) The emphasis on "abstinence-only" sex education, the many restrictions on the use of contraceptives, and the global gag rule on U.S. funds attest to the enormous influence of conservatives, evangelical Christians and the use or misuse of science (88). The Bush administration selectively uses science that suits its political agenda, while abandoning and dissociating itself from any science that is at odds with the right-wing conservative agenda (89). The global gag rule has created many constraints for international reproductive health and HIV/AIDS programs in Africa (90). It is worth noting that, both here in America and in places like Africa and the Caribbean, "the threat of HIV/AIDS, sexually transmitted diseases, unsafe abortions, denial of basic female reproductive choice, rejection of comprehensive sex education and the misuse of scientific data does not bode well for America's global leadership." (91)

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