



Action Canada
for Sexual Health & Rights

Policy Brief:

**Global Health at Risk: The
Far-Reaching Impact of
the Global Gag Rule and
Canada's Role in
Mitigating Harm**

February 2025

The re-election of Donald J. Trump as President of the United States marks a decisive shift in international assistance and multilateralism, raising urgent concerns about the expansion of the Global Gag Rule (GGR) and its far-reaching consequences for sexual and reproductive health and rights (SRHR) worldwide. However, this moment signals more than just the return of the GGR—it represents a fundamental restructuring of U.S. foreign aid that will have life-threatening consequences across global health systems. The Trump administration has already frozen critical foreign aid, withdrawn from key global health institutions, and disengaged from multilateral cooperation.

While this briefing note is to help key actors understand the GGR, we cannot emphasize enough that this moment is about much more than one policy; it is a complete reorientation of the U.S. system of foreign that will jeopardize the lives of millions of people. Global health and human rights are shared responsibilities among all countries. The international community has a moral and political duty to act in solidarity with those most affected by regressive policies, recognizing that the consequences of neglect reverberate far beyond national borders.

What is the Global Gag Rule?

The GGR, also known as the Mexico City Policy, is a U.S. foreign policy that prohibits foreign non-governmental organizations (NGOs) receiving U.S. funding from using their own non-U.S. funds to provide, advocate for, or counsel on abortion services. First introduced in 1984 under the Ronald Reagan administration under the guise of preventing aid from indirectly supporting abortion, the GGR has since been reinstated by every Republican president and rescinded by each Democratic one, creating cycles of instability in national and global health systems. Rooted in [ideology rather than evidence](#), the United States draws on its position as the largest global health donor by conditioning critical funding on compliance with abortion-related restrictions through the GGR, penalizing NGOs that refuse to adhere. Beyond prohibiting local NGOs from providing abortion services, the GGR actively silences advocacy efforts for safe abortion, even in countries where abortion is legal, blocking essential public health discussions and legislative progress.

Reinstated in January 2017 under the rebranded title “Protecting Life in Global Health Assistance” (PLGHA), the Trump administration radically expanded the policy far beyond family planning assistance¹ to encompass nearly all U.S. global health programs, including those addressing maternal and child health, HIV/AIDS, malaria, tuberculosis, and nutrition. By 2019, the restrictions intensified further, prohibiting foreign NGOs that complied with the GGR as direct recipients or sub-recipients from providing financial support to any other NGO engaged in activities deemed prohibited. This dramatic

Helms Amendment

PAI emphasizes that “The Global Gag Rule is not – and has never been – about U.S. taxpayer funding for abortion,” as the Helms Amendment of 1973 already prohibits the use of U.S. foreign aid for abortion as a method of family planning. The GGR extends far beyond this restriction by dictating how NGOs utilize their own non-U.S. funds, effectively imposing U.S. ideological positions on global health systems. While the policy exempts U.S.-based organizations and multilateral or public international entities, it mandates compliance from local, in-country partners, substantially increasing their administrative burden and operational challenges.¹

¹ This is not the first time the policy was expanded. President George W. Bush expanded the GGR beyond USAID family planning and reproductive health programs to the U.S. State Department’s “voluntary population planning activities” under the Bureau of Population, Refugees, and Migration, including in humanitarian relief, but excluded HIV/AIDS assistance (PAI 2019).

expansion transformed the GGR from a policy affecting \$600 million in U.S. funding to one restricting nearly \$12 billion, impacting thousands of organizations across more than 70 countries.ⁱ

Now, in 2025, the reinstatement of the GGR is unfolding alongside a broader, more sweeping transformation of U.S. foreign policy. The Trump administration has not only reimposed the GGR but has also frozen critical foreign aid, slashed global health funding, and dismissed thousands of USAID employees without legal notice. These actions do not just restrict SRHR. They destabilize entire health and security systems, disrupt supply chains, and dismantle the infrastructure necessary for effective global health responses. Beyond health, they erode the full range of human rights by deepening gender inequality, weakening civil society, and limiting access to essential services, disproportionately impacting marginalized communities.

Who does the GGR impact?

Globally, the need for sustainable SRH services remains overwhelming. Every day, 800 women die from pregnancy-related causes,ⁱⁱ 160 million women and girls have an unmet need for contraception, and 1 in 3 women worldwide are subjected to gender-based violence, including sexual violence.ⁱⁱⁱ As the largest global health donor, the United States significantly influences international health systems. By imposing severe restrictions on organizations reliant on U.S. funding, the GGR entrenches systemic inequalities and actively reverses progress in SRHR and equitable healthcare delivery. NGOs are left with two untenable options: comply with the GGR, often over-implementing its restrictions to avoid penalties, or reject U.S. funding and risk more significant widespread service disruptions, clinic closures and reduced outreach capacity. This “global chilling effect” persists long after the policy is rescinded, as fear and self-censorship weaken advocacy and diminish service quality. Organizations that remain compliant often struggle to absorb the heightened demand caused by the collapse of non-compliant providers. This fragmentation weakens health systems, fractures advocacy coalitions, undermines collective action, and emboldens anti-rights actors to advance restrictive agendas under moral or religious pretenses. Meanwhile, other donor countries often attempt to fill the funding gaps, but not always at a scale sufficient to mitigate the damage. Recent trends in bilateral funding for gender equality show a concerning decline, as many of the leading SRHR donors have recently elected far-right governments.^{iv}

The effects of the GGR disproportionately fall on already marginalized groups, including women, adolescents, LGBTQ+ individuals, and rural communities, depriving them of their fundamental human rights such as healthcare, privacy, and freedom from discrimination.^v The policy claims to “protect life,” but in reality, it produces the opposite effect. Research consistently shows that restricting access to abortion does not reduce abortion rates. Instead, it increases unsafe abortions, maternal mortality, and sexually transmitted infections by cutting off access to contraception and reproductive healthcare.^{vi} For instance, in Mozambique’s Gaza Province, where HIV prevalence reaches 24.4%, the previous reinstatement of the GGR eliminated two-thirds of AMODEFA’s financial support. As a result, over three months, the number of individuals tested for HIV dropped precipitously from 5,981 to just 67.^{vii} Similarly, Marie Stopes International estimated that during Trump’s first administration alone, U.S. funding restrictions prevented service to 8 million people, resulting in 6 million unintended pregnancies, 1.8 million unsafe abortions, and 20,000 maternal deaths.^{viii} Another study estimates that between 2017

and 2021, the GGR led to approximately 108,000 maternal and child deaths and 360,000 new HIV infections.^{ix}

Beyond its immediate health consequences, the GGR actively weakens healthcare systems, worsens poverty, and obstructs national policy progress toward development goals. Countries that depend on U.S. foreign aid experience extreme disruptions in SRHR services when the GGR is in place. For example, in Madagascar, where abortion laws are strict, U.S. funding historically covered 85% of the country's support for SRH and contraceptive services. The last time the GGR was in effect, it forced Madagascar's Ministry of Health's primary partner for contraception to lose funding, drastically reducing access to contraception. This led to fewer service delivery points, increased stockouts, and higher client fees, further exacerbating unintended pregnancies, unsafe abortions, and discontinuation of contraceptive use. In a country where contraceptive prevalence is only 40% and the unmet need for contraception stands at 18.4%, such disruptions have a devastating effect on public health and national development.^x

The consequences of USAID restrictions extend beyond healthcare as they actively undermine democratic systems. These restrictions disproportionately target rights-based CSOs, which are essential for ensuring accountability, transparency, and good governance. The financial strain imposed by the GGR diminishes CSOs' ability to perform vital democratic functions unmet by the state, such as holding governments accountable to their human rights obligations, advocating for evidence-based policy changes, and providing accurate public information and services to underserved communities. By dismantling these oversight mechanisms, the GGR and broader U.S. aid freezes create environments where human rights violations and poor governance go unchecked.

The ripple effects of the GGR also impacts the operations of many allied countries NGOs, including Canadian NGOs, working internationally, particularly those reliant on partnerships with U.S.-funded organizations. Programs requiring coordinated efforts, such as comprehensive sexuality education, contraceptive access, and maternal health services, often experience severe disruptions when U.S.-funded partners scale back or cease operations. These interruptions force Canadian NGOs to divert resources from long-term development goals to address immediate crises and service gaps, straining their capacity and weakening healthcare systems in regions where Canada has made significant investments.²

To avoid funding cuts, some CSOs may attempt to covertly continue offering critical services, resulting in a lack of transparency about their operations. These measures damage monitoring and evaluation processes, stifle innovation, and obstruct knowledge-sharing on best practices in healthcare. The absence of reliable data weakens accountability within global health institutions, depriving decision-makers of the evidence needed to develop effective, comprehensive healthcare policies.

The GGR has shown us the catastrophic impact of U.S. foreign aid restrictions and how harmful policy decisions actively dismantle healthcare infrastructure and civil society organizations. If the GGR alone can undermine entire health networks, the complete freezing of USAID will trigger catastrophic disruptions worldwide.

Evolving impacts of the GGR: 2025 and beyond

A second Trump administration, backed by the "triple threat" of a Republican majority in both the House and Senate, has the power to promote even more extreme restrictions on SRHR. The trajectory

is not hypothetical—it is already in motion, and Trump’s return to power confirms that threats to global health and human rights go far beyond the GGR. Trump’s economic approach, marked by threats of tariffs and an “America First” approach, has already begun destabilizing global efforts to sustain SRHR initiatives by defunding and disengaging from key multilateral agencies. This protectionist agenda undermines global accountability systems and creates openings for alternative systems that disregard human rights and health standards to emerge. Beyond reinstating the GGR in January 2025, Trump has frozen large portions of U.S. foreign aid, severed ties with the World Health Organization (WHO), exited the UN Human Rights Council, and signalled his intent to re-join the Geneva Consensus Declaration (GCD), which institutionalized anti-SRHR ideologies on a global level.² These decisions form part of a broader, strategic dismantling of multilateral institutions that undermine global health and rights.

When reinforced by the broader ideological objectives of [Project 2025](#), the GCD creates a powerful feedback loop, advancing and being advanced by the global anti-rights movement.^{xi} This dynamic empowers authoritarian governments, fuels legislative hostility toward SRHR, and expands efforts to restrict gender equality and reproductive rights under the guise of cultural and national sovereignty. Authoritarian governments are drawn to such efforts due to their broader goals of consolidating power, suppressing dissent, and enforcing rigid social and cultural norms. Trump’s recent actions are part of a deliberate strategy to entrench regressive policies, formalize alliances with anti-rights actors, and construct an international framework designed to obstruct progress on SRHR and gender justice.

The United States is the largest donor to the World Health Organization (WHO), the second-largest donor to the United Nations Population Fund (UNFPA), and a critical funder of key global health organizations. However, the Trump administration’s policy shifts threaten the programs that provide SRHR services to millions worldwide. The USAID funding freeze has already led to the closure of clinics in Afghanistan, Bangladesh, Malawi, and the Philippines, creating barriers for millions of women and girls to access essential reproductive health services. In Afghanistan alone, over 30 family health houses and mobile health clinics, often the only accessible healthcare for women in remote areas, have been forced to shut down.^{xii} The International Planned Parenthood Federation (IPPF) projects that U.S. funding cuts will result in a \$61 million shortfall, disrupting essential SRHR programs that support millions of women and youth, affecting lifesaving

The Geneva Consensus Declaration

The GCD introduced by the Trump/Pence administration in collaboration with Brazil, Egypt, Hungary, Indonesia, and Uganda, was launched on October 22, 2020. The declaration explicitly rejects abortion as a human right and opposes the global promotion of SRHR and LGBTQ+ rights, framing its approach in "family values" and national sovereignty. The GCD's anti-abortion and anti-SRHR agenda is operationalized through "Protego", a project of the Institute of Women's Health (IHW) initiated by former Trump official Valerie Huber. Protego was piloted in Guatemala in 2023 and officially launched in Uganda in February 2024.

In 2023, Uganda passed one of the world’s harshest anti-LGBTQ+ laws, causing an immediate and drastic reduction in access to HIV services. During its initial implementation, the estimated number of clients visiting drop-in centers for HIV prevention and treatment among key populations, such as men who have sex with men, dropped from an average of 40 per week to just two.³ Alarmingly, Uganda’s actions earned it the 2024 Distinguished International Award of Meritorious Honour from the IHW for its implementation of Protego, positioning the country as a "model nation" and a blueprint for others.⁴ While the U.S. withdrew from the Geneva Consensus Declaration under the Biden administration, the Trump administration reinstated its membership on

² Trump has previously withdrawn the U.S. from the UN Human Rights Council, proposed cutting most or all funding to UNFPA, and gave notice to withdraw from the WHO while at the same time setting up anti-science and anti-rights initiatives such as [Protego](#) to operationalize the Geneva Consensus Declaration at the country level.

services in 16 healthcare projects and 13 countries.^{xiii} At the same time, multilateral institutions where the U.S. continues to wield influence, the U.S. will increasingly act as an obstructionist force, leveraging its position to stall or reverse normative gains to global health and human rights.

The urgency for proactive leadership and bold advocacy has never been greater. SRHR is a cornerstone of global health, and its erosion will have cascading effects on humanitarian aid, human rights, gender equality, economic development, and broader health initiatives. The international community, including Canadian NGOs and policymakers, must act now! Advocacy must be proactive, coordinated, and unrelenting to counteract expanded restrictions under a second Trump administration.

What does this mean for Canada?

In 2017, as Trump took office and reinstated the GGR, Canada joined the Netherlands, Sweden, Denmark and Belgium to launch [SheDecides](#). This coalition of governments and civil society stepped up to fill global funding and programmatic gaps created by the U.S. government, ensuring that all people, no matter where they live, their economic situation, or their circumstances, can access lifesaving SRH services. However, in 2025, challenges to SRHR will extend beyond the GGR. The Trump administration's direct attack on foreign aid processes is a deliberate effort to disrupt health, humanitarian, and development programs and block the most vulnerable populations from exercising their rights. At the same time, right-wing populist governments across Europe are aggressively slashing development aid budgets^{xiv} and abandoning their commitments to gender equality.^{xv} With this, Canada's leadership on SRHR is more vital than ever to counter anti-rights efforts to divide societies and undermine global commitments to human rights, gender equality, and sustainable development.

However, Canada must navigate complex domestic and geopolitical challenges that make a strong response difficult. The prorogation of Parliament until March 24, 2025, the resignation of Prime Minister Trudeau, and the likelihood of a spring federal election all create instability around Canada's foreign aid commitments. Meanwhile, Canadian government officials are preoccupied with navigating unpredictable trade negotiations and tariff threats from the Trump administration, stifling political and diplomatic space to mobilize allies to counter the U.S. retreat from global health and development initiatives.

Despite these challenges, Canada has built its reputation on fostering global stability through international cooperation and responsible global citizenship. As stated by Results Canada,^{xvi}

Muskoka Initiative and Anti-Abortion

The Muskoka Initiative, introduced in 2010 during Canada's G8 presidency under Prime Minister Stephen Harper, committed significant funding to maternal, newborn, and child health (MNCH). While Canada committed \$2.85 billion over five years and addressed key issues such as healthcare infrastructure and workforce training, the initiative faced significant criticism for initially excluding family planning and continuing to omit abortion services.⁶ Abortion was deemed too divisive of an issue to fund abroad, despite it being legal in Canada. The omission ignored key reproductive rights and perpetuated gender inequities, as unsafe abortions contribute significantly to maternal mortality in the Global South, where 13% of maternal deaths are linked to this issue.⁷

For Canadian CSOs and international NGOs, the exclusion created operational challenges. Organizations such as the International Planned Parenthood Federation (IPPF), which champion access to safe abortion, faced funding cuts during this period from both U.S. and Canadian governments, undermining their ability to provide comprehensive care.⁸ Furthermore, the Muskoka Initiative's limited focus on immediate health services, rather than addressing systemic barriers such as gender inequality and the social determinants of health, meant that women were often returned to environments that perpetuated their vulnerabilities.⁹ The current Conservative leadership's position of reimplementing the Muskoka Initiative would exacerbate gaps in funding for comprehensive SRHR programs that Canada helped to fill during the Global Gag Rule, further entrenching inequities and limiting progress.

Canada must invest in international development because it fosters global stability, economic growth, and humanitarian progress, which ultimately benefits everyone. By addressing poverty, health crises, and inequality in low- and middle-income countries, high-income nations help create stronger trading partners, reduce the risk of conflict and migration, and promote a more prosperous and secure world [...] ensuring that basic human rights and opportunities are accessible to all, regardless of where people are born.

Canada's current investments in SRHR under the 10-Year Commitment for Global Health and Right (10YC), \$700 million annually within the broader \$1.4 billion commitment to global health, have saved lives, strengthened health systems, and empowered grassroots movements advocating for sexual and reproductive rights. However, anti-rights leaders are targeting these gains, making them fragile and dependent on sustained, predictable funding. With our closest allies scaling back their commitments, any weakening of the Canadian government's 10YC funding would have catastrophic consequences. Such reductions would amplify the harm caused by the GGR and deprive countries, NGOs, and UN agencies, such as the World Health Organization (WHO), of critical resources, directly endangering countless lives. If left unsupported by international assistance commitments, fragile health systems could collapse and unravel decades of political, social and economic progress. The result would be further political destabilization, weakening governance and human rights accountability, and deepening economic hardships. These conditions fuel forced migration, humanitarian crises, and conflict, creating challenges that reverberate far beyond the affected regions.

With a federal election approaching and a new paradigm of geopolitics taking shape, Canadians must make a pivotal choice about the role we want Canada to play in the world. Canadians must also understand what is at risk during this time of polycrises, manufactured chaos and acts of unimaginable cruelty by people in positions of power. People's access to health care, including sexual and reproductive health transcends politics; it is a fundamental human right. By maintaining a firm commitment to health equity and gender equality, Canada can build on the past decade's progress and reaffirm its leadership in advancing global health and rights, regardless of who is in power. Parliamentarians and the public must recognize Canada's critical role in global health and the devastating consequences of any retrenchment. Canada's investment in international assistance including SRHR saves lives, strengthens its reputation as a trusted global partner and bolsters the resilience of global health systems, which are critical for shaping a stable, equitable, and prosperous future where every person has the right to access the care they need, no matter where they live.

The upcoming federal election is a decisive moment for **all** political parties to strengthen their global leadership in SRHR, multilateralism and international cooperation. Political parties must commit to sustaining and expanding the 10YC, ensuring that comprehensive SRHR, including safe access to abortion, remains central to Canada's international engagement. Canada's leadership in SRHR is a matter of global solidarity and reflects its values. Polling consistently shows that Canadians overwhelmingly support prioritizing SRHR in ODA, reinforcing Canada's responsibility to take a positive leadership role as anti-rights leaders escalate their attacks.³ Failing to uphold this commitment would

³ A poll conducted by Ipsos and Action Canada for Sexual Health and Rights found that 77% of respondents believe Canada should take an influential international and diplomatic role in promoting SRHR. Moreover, they feel Canada should be bold and vocal in defending SRHR

not only come at an unacceptable human and moral cost but would severely undermine Canada's global standing. Canada, alongside other donor nations, must reaffirm its role in ensuring that all people, regardless of nationality, socioeconomic status, or political climate, can access their fundamental rights. As coalition-building becomes increasingly critical amid the retreat of Canada's largest economic partner, Canada must send a clear message to the international community: its leadership in human rights, healthcare, and SRHR is unwavering.

What can Canada do?

Canadians have been clear that they will not support any attempts by any political party to restrict access to abortion. Canadians will not support a return of policies that use Canadian taxpayer funds to reduce or restrict funding for SRHR, especially for abortion, within Canada's international development assistance. Future parliamentarians must understand that this principled commitment to our values applies within Canada and globally. Now is the time to raise our collective voices. Canada must not deepen the harm caused by the GGR and broader USAID shifts. We must stand firm in our commitment to remove barriers created by anti-rights actors for all women, girls, and marginalized communities to exercise their rights.

Political Parties:

- Publicly affirm support for Canada's 10-year commitment to global health and rights in election platforms and public statements, ensuring no reductions in funding or restrictions on safe abortion care
- Challenge all political parties to unite in support of global health, human rights, multilateralism and international cooperation in the face of attacks from authoritarian regimes and actors
- End support of neocolonial and extractive global policies that restrict the majority world from achieving independence from international assistance and from mobilizing domestic resources for health systems

Civil Society Organizations:

- Demand that our governments end support of neocolonial and extractive global policies that restrict the majority world from achieving independence from international assistance and from mobilizing domestic resources for health systems
- Join hundreds of civil society organizations from around the world in calling for the end of the harmful global gag rule and condemning the cruel dismantling USAID.
- Document and widely share the impact of the GGR and USAID changes on Canadian international development assistance efforts.
- Engage policymakers and political parties on the harmful impact of the USA's Executive Orders on global health and rights and seek commitments to maintain the 10YC.
- Be bold and unapologetic in advocating for comprehensive SRHR, including abortion, and standing in solidarity with abortion rights advocates around the world.
- Nurture national and international coalitions that recognize abortion as an essential component of public healthcare.

amidst growing global backlash. However, the poll also revealed that most Canadians are unaware of Canada's efforts to promote and advocate for SRHR internationally. As a nation that values comprehensive and universal healthcare, Canada's contributions in this area need to be communicated more effectively to the public.

Voters:

- Make your support for SRHR, both in Canada and globally, clear to candidates in your riding.
- Share evidence-based information from trusted sources on the harmful impacts of the GGR, the cruel dismantling of USAID and the urgency of Canada's continued leadership on multilateralism, SRHR, and global health.

Journalists:

- Seek clear answers from all political parties on their position regarding the maintenance of funding for SRHR, including abortion, within international assistance.
- Report on and publish the harms caused by the GGR, the abrupt dismantling of USAID and other countries' development aid cuts, and the widespread impacts on health systems, human rights and gender equality.

Text Box Sources

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