

What You Need to Know About Restrictions on U.S. Global Health Assistance:

The Protecting Life in Global
Health Assistance Policy

An Unofficial Guide

About PAI

PAI advocates with policymakers in Washington, D.C. and our international network of partners and grantees to advance sexual and reproductive health and rights by removing policy and funding barriers. Founded in 1965, PAI is a private, nonprofit group and accepts no government funds.

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The contents of this guide are intended to convey general information only and do not constitute legal advice. Pro bono legal advice is available. Please contact PAI to be connected with attorneys willing to advise organizations on the Protecting Life in Global Health Assistance policy.

To access copies of the documents quoted or referenced in this guide, request assistance with understanding current U.S. government policies or share organizational experiences implementing the Protecting Life in Global Health Assistance policy, please contact PAI by email at PLGHA@pai.org or by phone at +1 (202) 557-3400. For more information, visit www.pai.org.



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Acronyms and Abbreviations

DOD	Department of Defense	PMI	President’s Malaria Initiative
DOS	Department of State	<i>the policy</i>	Protecting Life in Global Health Assistance
FP	Family planning	USAID	U.S. Agency for International Development
NGO	Nongovernmental organization	USG	U.S. government
PEPFAR	President’s Emergency Plan for AIDS Relief	WASH	Water, sanitation and hygiene

Introduction

On January 23, 2017, President Trump signed a presidential memorandum reimposing the Mexico City Policy. During prior Republican administrations, this policy only restricted U.S. government (USG) assistance for family planning and reproductive health programs. The 2017 memorandum directed the secretary of state, in coordination with the secretary of health and human services, “to implement a plan to extend the [policy’s] requirements ... to global health assistance furnished by all departments and agencies” (see *Appendix A*).

The new, broader Mexico City Policy restrictions were renamed Protecting Life in Global Health Assistance (*the policy*), also known by critics as the expanded Global Gag Rule.

Non-U.S. nongovernmental organizations (NGOs), defined as for-profit and not-for-profit NGOs that are not organized under the laws of the United States, must agree to comply with *the policy* as a condition of receiving virtually any U.S. global health assistance. *The policy* prohibits these non-U.S. NGOs from performing or actively promoting abortion as a method of family planning (FP), even with funding from other, non-USG sources. The restricted activities under *the policy* include, but are not limited to: abortion care in cases other than life endangerment, rape or incest; counseling, including advice or information and/or referral for abortion; and lobbying to make abortion legal or more available in an NGO’s own country.

In addition, non-U.S. NGOs that agree to comply with *the policy* as either direct recipients or subrecipients of U.S. global health assistance are not permitted to provide any financial support to any other non-U.S. NGO that conducts these activities.

Non-U.S. NGOs can engage in certain types of abortion-related activities and still remain eligible for U.S. global health assistance. This guide seeks to clarify the specific restrictions imposed by *the policy* in order to protect and preserve critical lifesaving health care from an unnecessarily broad interpretation of what *the policy* does and does not require.



Snapshot of *the Policy*

Effective May 15, 2017, *the policy* requires that non-U.S. NGOs agree to accept and comply with its terms as a condition of receiving U.S. global health assistance to address the following urgent public health challenges:

- Family planning and reproductive health;
- Health system strengthening;
- HIV/AIDS, including the President’s Emergency Plan for AIDS Relief (PEPFAR);
- Household- and community-level water, sanitation and hygiene (WASH) activities;
- Malaria, including the President’s Malaria Initiative (PMI);
- Maternal, newborn and child health;
- Neglected tropical diseases and other infectious diseases;
- Noncommunicable diseases;
- Nutrition;
- Pandemic influenza and other emerging threats, including global health security; and
- Tuberculosis.

Organizations and entities to which *the policy* does not apply include (see *Not Subject to the Policy* under the *Organizations and Entities* section in this guide for further details):

- Multilateral organizations;
- Non-U.S. governments, though they may be impacted indirectly (see the *May 2019 Interpretation* section in this guide for further details);
- Other multilateral entities in which sovereign nations participate, such as The Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as Gavi, the Vaccine Alliance; and
- U.S. NGOs.

Activities to which *the policy* does not apply include (see the *Performing Abortion, Counseling and Referral for Abortion* and *Post-Abortion Care* sections in this guide for further details):

- Abortion care in cases of life endangerment, rape or incest;
- Counseling and referral for abortion in cases of life endangerment, rape or incest; and
- Post-abortion care, including “treatment of injuries or illnesses caused by legal or illegal abortions.”

Other USG assistance programs to which *the policy* does not apply include (see the *Scope of the Policy* section in this guide for further details):

- American Schools and Hospitals Abroad program;
- Basic health research;
- Development Assistance;
- Food for Peace P.L. 480 programs, including food assistance for both emergency relief and development purposes;
- Humanitarian assistance, including migration and refugee assistance from the Department of State (DOS) and disaster and humanitarian relief activities from the U.S. Agency for International Development (USAID) and Department of Defense (DOD); and
- WASH infrastructure spending for some household settings, schools, health facilities and industrial and commercial use, as well as national policy development and governance activities.

Note that there are also long-standing statutory regulations that limit NGO use of USG assistance for abortion-related activities, including the 1973 Helms amendment and the 1981 Siljander amendment (see *Appendix B*). Please refer to Figure 1 for an overview of permissible abortion-related activities under *the policy*. For each type of activity, there are corresponding sections in this guide that describe the scope of *the policy* and its restrictions in greater detail.



Figure 1: Permissible Abortion-Related Activities Under the Policy

Type of Activity	Non-U.S. NGO		U.S. NGO	
	USG Assistance	Non-USG Assistance	USG Assistance	Non-USG Assistance
Performing Abortion				
Perform abortion in cases of life endangerment, rape or incest	✓	✓	★	★
Perform abortion for other indications, including broad health grounds (physical and mental), “fetal abnormalities,” socioeconomic reasons or on request				★
Counseling and Referral for Abortion				
Refer on abortion, if legal	⚙️	⚙️	✓	✓
Provide counseling on abortion			✓	✓
Provide post-abortion contraceptive counseling, referral and care	✓	✓	✓	✓
Lobbying on Abortion				
Lobby a non-U.S. government to legalize or to “continue the legality” of abortion for reasons other than life endangerment, rape or incest				✓
Conduct a “public information campaign ... regarding the benefits and/or the availability of abortion” for reasons other than life endangerment, rape or incest				✓
Post-Abortion Care				
Purchase or distribute manual vacuum aspiration kits		✓		✓
Train medical personnel in the treatment of post-abortion complications (e.g., septic or incomplete abortions)	✓	✓	✓	✓
Provide assistance to strengthen logistics systems that include manual vacuum aspiration kits for post-abortion care	✓	✓	✓	✓
Research on Abortion				
Conduct biomedical research on abortion		+		✓
Engage in demographic, epidemiological or social science research on abortion	✓	✓	✓	✓

Key

- ✓ Activity permitted under either the 1973 Helms amendment, the policy or other applicable statutory or policy restrictions.
- ★ Activity permitted under current law and policy, but it remains unclear whether or how often, if ever, a U.S. NGO would directly provide care to patients without relying on a non-U.S. NGO as an intermediary.
- ⚙️ Activity permitted only under certain, highly specific conditions, which together constitute a passive referral (see the *Counseling and Referral for Abortion* section in this guide for further details).

- + Research of any type is not specifically mentioned in the standard provisions implementing the policy. However, the definition of “actively promote abortion” in the provisions is illustrative, not exhaustive (i.e., “includes, but it is not limited to, the following activities”). There are indications that the USG views biomedical research on abortion conducted by a non-U.S. NGO, regardless of the source of funds, as rendering the NGO ineligible for U.S. global health assistance (see *Programmatic and Operations Research* under the *Research on Abortion* section in this guide for further details).

Legal Language of *the Policy*

USG departments and agencies, including USAID, DOS, National Institutes of Health, the Centers for Disease Control and Prevention and DOD, are guided by standard provisions implementing *the policy*.

This legal language requires non-U.S. NGOs to agree that they will not “perform or actively promote abortion as a method of family planning” or “provide financial support to any non-U.S. NGO that conducts such activities” while receiving U.S. global health assistance.

Abortion as a Method of FP

According to USAID, “Abortion is a method of family planning when it is for the purpose of spacing births.” This includes, but is not limited to, abortions for the physical or mental health of the patient and those performed for fetal abnormalities. “Active promotion” of abortion as a method of FP includes, for example, abortion counseling; referrals, with the exception of passive referrals (see the *Counseling and Referral for Abortion* section in this guide for further details); lobbying; and public information campaigns.

The standard provisions of *the policy* are included in grants, cooperative agreements, subgrants and grants under contract. On September 14, 2020, the Trump administration announced a proposed rule to extend *the policy* to contracts. The comment period closes on November 13, 2020. When the rule is finalized, contracts with non-U.S. NGOs will be subject to *the policy*.

Long-standing prohibitions, such as the 1973 Helms amendment and other statutory regulations, on the direct use of USG assistance for most abortion-related activities remain in effect.

“Six-Month Review”

In February 2018, the DOS released its “six-month review” of *the policy*, which recommended three technical updates clarifying the standard provisions:

1. The meaning of “provide financial support” to any other non-U.S. NGO that conducts abortion-related activities: A compliant non-U.S. NGO cannot fund another organization to perform activities that would violate *the policy* if undertaken by the non-U.S. NGO itself;
2. The termination provision: The USG has discretion to remediate and institute corrective action for an “honest mistake” when a recipient is found in violation of *the policy*, as opposed to immediately terminating the U.S. global health assistance agreement; and
3. The application of *the policy* to in-kind support, such as training and technical assistance: *The policy* does not apply to recipients and beneficiaries of in-kind support if they are non-U.S. NGOs that have not received an award or subaward of U.S. global health assistance (see *Appendix C*).

Over a year later in March 2019, the Trump administration announced it would not adopt this recommendation regarding financial support and instead, reinterpreted the clause to expand the scope of *the policy* once more. While the administration maintains that “there is no change to the ‘financial-support’ requirement in the standard provision,” as emphasized in a May 29, 2019 letter from USAID, this is only true insofar as the text itself was not revised (see *Appendix D*). However, in practice, this is a new interpretation that impacts any and all funding that flows through a non-U.S. NGO complying with *the policy*.

Revised Standard Provisions

In May 2019, the standard provisions language was revised to reflect the latter two recommendations made in the “six-month review.” These changes are in effect for new awards and subawards. The amended standard provisions language will be included in existing agreements when non-U.S. NGOs face a new funding action occurring on or after May 29, 2019. U.S. NGOs must flow down *the policy* to non-U.S. NGO subrecipients. NGOs may request that the standard provisions be amended in their agreements at any time, as opposed to waiting for a new funding action.

With respect to the “financial support” clause, the Trump administration has interpreted this language to mean a non-U.S. NGO complying with *the policy* — as either a direct recipient or subrecipient of U.S. global health assistance — is prohibited from providing any financial support, regardless of source or activity, to any other non-U.S. NGO that conducts activities prohibited under *the policy* (see *Appendix E*). If the non-U.S. NGO were to provide “financial support” to another non-U.S. NGO engaged in prohibited abortion-related activities, it would render itself ineligible to receive U.S. global health assistance. As of May 2019, the requirement applies to non-U.S. NGOs’ existing financial arrangements, unless the NGO is legally obligated to provide additional funding under the arrangement.

Timing of Implementation

Non-U.S. NGOs receiving U.S. global health assistance must ensure compliance with *the policy* once they accept the standard provisions in awards or subawards (grants, cooperative agreements, subgrants and grants under contract) to receive USG assistance.

This will happen when a non-U.S. NGO faces a new funding action on or after May 15, 2017, either through a new award or when an existing grant, cooperative agreement, subgrant or grant under contract is amended “to add incremental funding” or “to add new funding.” The restrictions do not apply to funding already obligated to a non-U.S. NGO — as a recipient or a subrecipient — under an existing grant, cooperative agreement, subgrant or grant under contract until said organization agrees to comply with *the policy*, at which point it applies to all funding on hand.

A U.S. NGO does not have to flow down *the policy* to its non-U.S. NGO subrecipients until the U.S. NGO accepts the standard provisions in its own agreements with the USG. As with non-U.S. NGOs, this will occur when the U.S. NGO faces a new funding action, either in the negotiation of a new award or when an existing grant, cooperative agreement, subgrant or grant under contract is amended “to add incremental funding” or “to add new funding.”

NGOs indicate their agreement to abide by the terms of *the policy* by accepting the standard provisions in their awards. No separate certification is required.

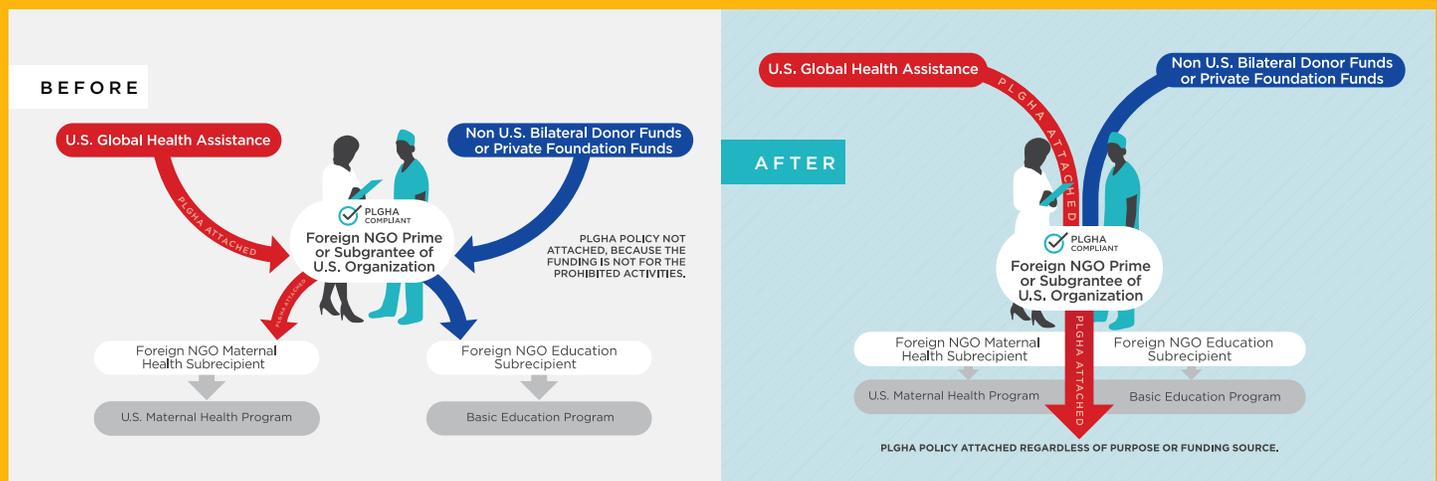
May 2019 Interpretation

After May 2019, non-U.S. NGOs that comply with *the policy* must ensure their subrecipients are also in compliance before providing financial support using their own funding separate from their U.S. global health assistance awards.

The May 2019 interpretation impacts non-U.S. global health assistance and non-USG funding sources, including funding from other non-U.S. bilateral donors, private foundations and other USG funding streams outside of global health. Non-U.S. NGOs complying with *the policy* must now perform “due diligence” on any and all of their subrecipients, regardless of source of funding and source of activity, to ensure they are not engaging in any of the activities prohibited by *the policy*.

Compliant non-U.S. NGOs should recognize the interpretation applies to “financial support” starting after May 2019. Irrespective of this interpretation, non-U.S. NGOs may find themselves legally bound by existing agreements to continue providing “financial support” or face legal or monetary consequences.

Figure 2: The Technical Interpretation That Extended *the Policy*



The policy is also known as PLGHA, or the Protecting Life in Global Health Assistance Policy.

“Foreign NGO” refers to a non-U.S. NGO.

Scope of the Policy

Figure 3: Do the Policy Restrictions Apply?

YES	NO
Organizations and Entities	
<ul style="list-style-type: none"> • Non-U.S. NGOs, both for-profit and not-for-profit • Non-U.S. NGOs that are subrecipients of a non-U.S. NGO complying with the policy (regardless of source or activity) 	<ul style="list-style-type: none"> • Gavi, the Vaccine Alliance • Multilateral organizations • Non-U.S. governments • The Global Fund to Fight AIDS, Tuberculosis and Malaria • U.S. NGOs
Budget or Appropriations Accounts	
<ul style="list-style-type: none"> • Assistance for Eastern Europe, Eurasia and Central Asia • Economic Support Fund • Global Health Programs • PEPFAR 	<ul style="list-style-type: none"> • Development Assistance • Food for Peace P.L. 480 Title II Grants • International Disaster Assistance • Migration and Refugee Assistance • U.S. Emergency Migration and Refugee Assistance Fund
Assistance Instruments	
<ul style="list-style-type: none"> • Contracts (pending the finalization of proposed rule) • Cooperative agreements • Grants and subgrants • Grants under contracts 	<ul style="list-style-type: none"> • Subgrants from a non-U.S. government • Purchase orders for tangible goods or services not directly related to the provision of global health assistance (e.g., shipping)
Assistance Programs*	
<ul style="list-style-type: none"> • Family planning and reproductive health • HIV/AIDS, including PEPFAR • Malaria, including PMI • Maternal and child health, including WASH at the community and household levels • Nutrition • Other public health threats, including neglected tropical diseases and other infectious diseases, noncommunicable diseases and health system strengthening • Pandemic influenza and other emerging threats, including global health security • Tuberculosis 	<ul style="list-style-type: none"> • American Schools and Hospitals Abroad program • Development Assistance, including water and sanitation infrastructure and services • Humanitarian assistance, including DOS migration and refugee assistance as well as USAID and DOD disaster and humanitarian relief • Food assistance P.L. 480
Types of Assistance and Support	
<ul style="list-style-type: none"> • Commodities • Equipment • Fellowships • Funding • Technical assistance • Training (most — particularly if it builds organizational capacity) 	<ul style="list-style-type: none"> • Loans • Minimal contacts of limited duration (e.g., consultations, interviews, data collection or publications) • Purchased goods or services (e.g., computer, management or office supplies)
Individual Recipients of Support	
<ul style="list-style-type: none"> • NGO-affiliated individual acting in the name of the NGO • NGO-affiliated individuals participating in customized training 	<ul style="list-style-type: none"> • NGO-affiliated individuals acting in their private capacities • NGO-affiliated individuals participating in a “general training program”

* See U.S. Department of State, Bureau of Administration, Office of Procurement Executive (2017), *Protecting Life in Global Health Assistance, Federal Assistance Management Advisory Number 2017-01*, and the health category under the Foreign Assistance Standardized Program Structure at <https://www.state.gov/f/releases/other/255986.htm#HL>.

Organizations and Entities

Subject to the Policy

A non-U.S. NGO receiving U.S. global health assistance — through a USG country mission, U.S. cooperating agency, U.S. NGO or a non-U.S. NGO that provides funding to non-U.S. NGO recipients — should closely review any grant, cooperative agreement, subgrant or grant under contract to determine whether *the policy* is a term or condition of that funding. If so, the non-U.S. NGO will be obliged to abide by the restrictions of *the policy* in all of its programs, regardless of funding source. Assistance is defined to include not just funds, but the provision of commodities and equipment.

On September 14, 2020, the Trump administration announced a proposed rule to extend *the policy* to contracts. The comment period closes on November 13, 2020. When the rule is finalized, contracts with non-U.S. NGOs will be subject to *the policy* and non-U.S. NGOs will need to begin closely reviewing their contractual agreements to determine whether *the policy* is a term or condition of that funding.

The policy contains a flow-down requirement only. A non-U.S. NGO — even one that has agreed to comply with *the policy* — does not endanger its own eligibility for U.S. global health assistance by being a subrecipient of funding from another non-U.S. NGO that has chosen not to be bound by *the policy*, provided the subrecipient is not using the funding to engage in any of the activities prohibited by *the policy*.



Not Subject to the Policy

Organizations

A non-U.S. NGO is not required to accept *the policy* if it only receives U.S. global health assistance as a vendor of goods or services (e.g., computer support, management or office supplies) to a prime recipient or subrecipient of that USG funding.

U.S. NGOs can continue to perform, counsel, refer or advocate on abortion with funds from non-USG sources without risking their eligibility to receive U.S. global health assistance. The only requirement imposed on these U.S. NGOs is the responsibility to flow down *the policy* to non-U.S. NGOs, which are subrecipients of U.S. global health assistance.

Organizational Staff

The policy restrictions apply to organizations, not individuals. An individual associated with a non-U.S. NGO subject to *the policy* may engage in activities in their private capacity that would be prohibited if carried out by the organization itself. An individual may engage in such otherwise restricted activities as long as they are “neither on duty nor acting on the organization’s premises,” the organization does not endorse or fund the action and “reasonable steps” are taken to ensure that the individual does not “improperly represent” that they are acting on behalf of the organization (see *Training and Equipment* under the *Post-Abortion Care* and the *Technical Assistance* section in this guide for further details).

Non-U.S. Governments

Health services provided under the auspices of non-U.S. national and subnational governments and public international organizations, including health care provided in the public sector, are not subject to *the policy*. If public sector programs provide abortion as a method of FP or engage in other prohibited abortion-related activities, governments and parastatals are required to keep U.S. global health assistance in a separate account to ensure that no USG funds are used for these prohibited activities. Medical equipment purchased with and facilities supported by USG funding cannot be used to provide induced abortion care. A non-U.S. NGO furnishing assistance to the public sector is not exempt from *the policy* if they receive U.S. global health assistance.

The exemption for non-U.S. governments also applies to government-operated universities and hospitals, including medical schools and teaching hospitals that provide abortion care as part of comprehensive health services or engage in abortion-related research.

The exemption also applies to government-sponsored health advisory councils, which are free to engage in research; disseminate public information about the incidence, causes or consequences of unsafe abortion; and participate in the development of local policies related to abortion.

Following the May 2019 interpretation, a non-U.S. NGO complying with *the policy* must conduct due diligence on its subrecipients to ensure the same compliance before providing any financial support that the NGO has received from non-U.S. governments. However, non-U.S. NGOs may find themselves legally bound by existing agreements to continue providing “financial support” or face legal or monetary consequences.

Multilaterals

Multilateral or public international organizations like the World Health Organization, the Joint United Nations Programme on HIV/AIDS and UNICEF, as well as “other multilateral entities in which sovereign nations participate (such as The Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as Gavi, the Vaccine Alliance),” are exempt from *the policy*.

As of May 2019, a non-U.S. NGO complying with *the policy* must conduct due diligence on its subrecipients to ensure the same compliance before providing any financial support that the NGO has received from multilateral or public international organizations.

Activities

Performing Abortion

Non-U.S. NGOs remain eligible for U.S. global health assistance if they perform abortion in cases where “the life of the mother would be endangered if the fetus were carried to term” or “following rape or incest.” Under the terms of *the policy*, abortions performed for any other reason or circumstance would be prohibited, including “physical and mental health of the mother and abortions performed for fetal abnormalities.”

However, if and when a non-U.S. NGO receiving U.S. global health assistance performs an abortion in the case of life endangerment, rape or incest — even though expressly permitted by *the policy* — the NGO may wish to consider documenting the circumstances and rationale for the procedure to clearly demonstrate compliance with *the policy* and the requirements of local laws for its own records.

A non-U.S. NGO is not disqualified from U.S. global health assistance if it possesses vacuum aspiration equipment; dilation and curettage instruments; and/or menses-inducing drugs, either for cases of life endangerment, rape or incest or to treat complications of miscarriage or abortion. However, no U.S. global health assistance may be used to procure or distribute such equipment.

Counseling and Referral for Abortion

Counseling and referral for abortion are permissible in cases of life endangerment, rape or incest.

In countries where abortion is legal for reasons broader than life endangerment, rape or incest, open communication between patients and their health care providers is severely restricted by *the policy*. A passive referral for abortion is permitted in those countries only if all four of the following conditions are met:

- The patient is already pregnant;
- The patient “clearly states that she has already decided” to have an abortion;
- The patient “specifically asks” where a safe, legal abortion may be obtained; and
- The health care provider has reason to believe that the country’s medical ethics require the referral for a safe, legal abortion.

The policy includes one additional exception to the restrictions on counseling and referral for abortion. A non-U.S. NGO does not risk its eligibility for U.S. global health assistance if there is an “affirmative duty of a health care provider” requiring the provider under local law to offer counseling and referral for abortion for reasons other than life endangerment, rape or incest. The wide applicability and utility of this exception appears to be questionable and dependent on the provisions that may currently exist in local laws. However, non-U.S. NGOs are encouraged to consult directly with the USG department or agency furnishing the assistance and/or other USG implementing partners in that country to determine if this exception is applicable to their local setting.

Lobbying on Abortion

Non-U.S. NGOs receiving U.S. global health assistance may not lobby their government to legalize or to “continue the legality” of abortion for reasons other than life endangerment, rape or incest.

In addition, non-U.S. NGOs receiving U.S. global health assistance may not conduct “a public information campaign ... regarding the benefits and/or availability of abortion” except in cases of life endangerment, rape or incest. However, *the policy* does not preclude the use of demographic and health research on abortion by certain NGOs — such as a U.S. NGO or a non-U.S. NGO that does not receive U.S. global health assistance — to lobby non-U.S. governments to legalize abortion.

Note that the use of USG assistance to “lobby for or against” abortion is prohibited under the 1981 Siljander amendment.

Post-Abortion Care

Training and Equipment

The policy explicitly permits non-U.S. NGOs to provide “treatment of injuries or illnesses caused by legal or illegal abortions, for example, post-abortion care.” Organizations are urged to provide treatment for post-abortion complications (e.g., septic or incomplete abortions) themselves or to assist patients in getting treatment (e.g., by accompanying a patient to a hospital).

USAID assistance may be used to support the training of health workers in post-abortion care, the treatment itself and other related technical assistance. But as a matter of agency policy, USAID funds may not be used to purchase manual vacuum aspiration kits or other medications for the provision of post-abortion care. However, there are no restrictions on NGO use of non-USG funds to satisfy USAID cost-sharing requirements for purchasing manual vacuum aspiration kits or other supplies for the purpose of post-abortion care.

Contraceptive Counseling and Services

NGOs may receive and use U.S. global health assistance to provide contraceptive counseling and services to patients who have had spontaneous or induced abortions, including illegal abortions. Organizations may communicate and coordinate activities with any other non-U.S. NGO, including abortion providers, in order to facilitate post-abortion contraceptive or reproductive health care.

Provision of Contraception

The policy does not prohibit non-U.S. NGOs from providing any available method of contraception approved by the U.S. Food and Drug Administration, including emergency contraception. All NGOs receiving U.S. global health assistance may provide contraceptive counseling, dispense contraceptive supplies and promote awareness of contraceptive methods in accordance with local laws and policies.

Research on Abortion

Biomedical Research

Under a 1981 legislative prohibition enacted by Congress, organizations — both U.S. and non-U.S. NGOs — may not use USG funds to engage in biomedical research on abortion. U.S. NGOs, however, may use funds obtained from other sources to do such research.

Research of any type is not specifically mentioned in the standard provisions implementing *the policy*. However, the definition of “actively promote abortion” in the provisions is illustrative, not exhaustive (i.e., “includes, but it is not limited to, the above activities”). There are indications that the USG views biomedical research on abortion conducted by a non-U.S. NGO, regardless of the source of funds, as rendering the NGO ineligible for U.S. global health assistance.

Demographic and Health Research

Non-U.S. NGOs do not risk their eligibility for U.S. global health assistance if they engage in certain types of abortion research. In addition to keeping routine information on patients’ abortion histories, organizations may collect information on the general incidence of abortion and its causes; the health impacts of illegal abortion, including related deaths and injuries; and its cost to the health care delivery system. These types of epidemiological or descriptive research can be supported with USG funds.

A non-U.S. NGO receiving U.S. global health assistance may not use the results of this research — regardless of whether the research is funded by the USG — or any other research to lobby or conduct a public information campaign for the legalization of abortion or continuation of abortion laws with exceptions broader than life endangerment, rape or incest. But the non-U.S. NGO’s eligibility for U.S. global health assistance is not jeopardized by merely participating in research that others may use in advancing abortion law reform. In addition, the non-U.S. NGO is permitted to publicly disseminate demographic and health research on abortion so long as it does not use the findings to propose or recommend the liberalization of abortion laws (e.g., in journal articles or other publications that the non-U.S. NGO may itself produce and distribute).

Programmatic and Operations Research

Although programmatic and operations research on abortion is not explicitly incorporated or defined in the standard provisions included in *the policy*, the DOS has released press guidance on this research. The guidance states a non-U.S. NGO that engages in “implementation science research, operational or programmatic research, surveys, needs assessments and related capacity building conducted for the purpose of making improvements to global health assistance programs funded by the U.S. government” must accept the provision in their agreements in order to receive U.S. global health assistance.

Technical Assistance

In May 2019, the standard provisions were revised to clarify that *the policy* requirements do not apply to recipients of in-kind training and technical assistance if they are non-U.S. NGOs that have not received an award or subaward of U.S. global health assistance.



Compliance and Monitoring Responsibilities

If a U.S. NGO receiving U.S. global health assistance provides funding to non-U.S. NGOs, it is responsible for flowing down *the policy* and monitoring their compliance. Not only is a non-U.S. NGO responsible for ensuring its own compliance when receiving U.S. global health assistance directly from the USG, but it must also flow down *the policy* and monitor compliance with other non-U.S. NGO partners that receive U.S. global health assistance from said organization as subrecipients. USAID's (2019) frequently asked questions and answers document states:

Non-U.S. NGOs may take a variety of steps to ensure compliance with the “financial support” requirement. This due diligence could include, for example, meeting with funding recipients and reviewing publicly available information about their activities. Recipients are responsible for determining the steps needed to ensure compliance with the standard provision (see *Appendix F*).

Action steps to ensure compliance could include:

- Development of procedures for screening non-U.S. NGOs during the preliminary proposal development stage;
- Confirmation of eligibility for U.S. global health assistance by non-U.S. NGOs and agreement to comply with *the policy* by the inclusion of the standard provisions implementing *the policy* in the final, signed assistance agreement;
- Implementation of due diligence reviews to ensure that non-U.S. NGOs are in compliance with *the policy*;
- Inspection for compliance on a continuous basis once a project is underway, including through activities such as field visits by in-country, regional or headquarters staff, the use of compliance checklists and/or the reporting of compliance in project progress reports;
- Education and training of staff about *the policy*, including production of manuals and other informational materials; and
- Creation of organizational protocols for identifying suspected violations and taking corrective action.

For official clarification of *the policy* restrictions affecting U.S. global health assistance, NGOs should consult directly with the USG department or agency furnishing the assistance. This includes staff contacts in field missions and the Washington, D.C. headquarters. To determine the applicability of *the policy* to their non-USG funded activities, NGOs should consult their non-USG donors and funding agreements.

Further Information

For the initial announcement of *the policy* and communications from the USG, visit:

- Trump, D. (2017, January 23). Presidential Memorandum Regarding the Mexico City Policy. *The White House*. <https://www.whitehouse.gov/presidential-actions/presidential-memorandum-regarding-mexico-city-policy>
- U.S. Department of State, Bureau for Population, Refugees, and Migration. (2017, May 15). Implementation of Protecting Life in Global Health Assistance (Formerly known as the ‘Mexico City Policy’). https://pai.org/wp-content/uploads/2017/09/FINAL-MCP-Press-Guidance_2017-05-14.pdf

For the full text of the standard provisions to be included in U.S. global health assistance agreements between NGOs and other relevant USG departments and agencies, visit:

- U.S. Agency for International Development. (2019, May). Protecting Life in Global Health Assistance (May 2019). In Standard Provisions for U.S. Nongovernmental Organizations (pp. 77–87). <https://www.usaid.gov/sites/default/files/documents/1868/303maa.pdf>
- U.S. Agency for International Development. (2019, May). Protecting Life in Global Health Assistance (May 2019). In Standard Provisions for Non-U.S. Nongovernmental Organizations (pp. 87–98). <https://www.usaid.gov/sites/default/files/documents/303mab.pdf>
- U.S. Department of State. (2019, April). Protecting Life in Global Health Assistance (April 2019). <https://www.state.gov/wp-content/uploads/2019/05/Protecting-Life-in-Global-Health-Assistance-Award-Provision.pdf>
- National Institutes of Health. (2019, February 20). Protecting Life in Global Health Assistance. <https://grants.nih.gov/policy/protecting-life-global-health-assistance.htm>
- Centers for Disease Control and Prevention. (2017, May). HHS Standard Provision: Protecting Life in Global Health Assistance (May 2017). <https://www.cdc.gov/grants/additionalrequirements/ar-35.html>

For internal messages from the USG on implementation of *the policy*, visit:

- U.S. Department of State, Bureau of Administration, Office of the Procurement Executive. (2017, May 15). Protecting Life in Global Health Assistance. Federal Assistance Management Advisory Number 2017–01. https://pai.org/wp-content/uploads/2017/09/FAMA-2017_01-Protecting-Life-in-Global-Health-Assistance.pdf
- U.S. Agency for International Development. (2017, May 15). Implementation of Protecting Life in Global Health Assistance (formerly known as the Mexico City Policy). USAID/General Notice. https://pai.org/wp-content/uploads/2017/09/Implementation-of-Protecting-Life-in-Global-Health-Assistance_USAIDGeneral-Notice.pdf
- U.S. Agency for International Development. (2019, May 29). Letter to implementing partners. <https://pai.org/wp-content/uploads/2020/09/PLGHA-Partner-Letter-May-2019.pdf>

For each of the updates to *the policy*, including the USG reviews, visit:

- U.S. Department of State. (2018, February 6). Protecting Life in Global Health Assistance Six-Month Review. <https://www.state.gov/protecting-life-in-global-health-assistance-six-month-review>
- U.S. Department of State. (2019, March 26). Remarks to the Press. Michael R. Pompeo, Secretary of State. <https://www.state.gov/remarks-to-the-press-7>
- U.S. Agency for International Development. (2019, October). Protecting Life in Global Health Assistance Frequently Asked Questions and Answers. https://www.usaid.gov/sites/default/files/documents/1864/FINAL_Protecting_Life_in_Global_Health_Assistance_FAQs_Oct_2019_USAID.pdf
- U.S. Department of State. (2020, August 18). Review of the Implementation of the Protecting Life in Global Health Assistance Policy. <https://www.state.gov/wp-content/uploads/2020/08/PLGHA-2019-Review-Final-8.17.2020-508.pdf>
- U.S. Department of Defense, General Services Administration, & National Aeronautics and Space Administration. (2020, September 14). Federal Acquisition Regulation: Protecting Life in Global Health Assistance. *Federal Register*. <https://www.federalregister.gov/documents/2020/09/14/2020-17551/federal-acquisition-regulation-protecting-life-in-global-health-assistance>

For current legislative and policy restrictions on USG assistance related to abortion, visit:

- U.S. Agency for International Development. (2020, September 9). Global Health Legislative & Policy Requirements: Restrictions on Support for Abortions. <https://www.usaid.gov/global-health/legislative-policy-requirements>

For voluntarism and informed choice protections, visit:

- U.S. Agency for International Development. (2019, June 2). Voluntarism and Informed Choice. <https://www.usaid.gov/global-health/health-areas/family-planning/voluntarism-and-informed-choice>

For the Global Health eLearning Center Certification on the policy, visit:

- Global Health eLearning Center. (2020, January 6). Protecting Life in Global Health Assistance and Statutory Abortion Restrictions – 2020. <https://www.globalhealthlearning.org/course/protecting-life-global-health-assistance-and-statutory>
- Global Health eLearning Center. (2020, January 6). US Abortion and FP Requirements – 2020. <https://www.globalhealthlearning.org/course/us-abortion-and-fp-requirements-2020>
- Global Health eLearning Center. (2020, January 6). HIV/AIDS Legal and Policy Requirements. <https://www.globalhealthlearning.org/course/hiv-aids-legal-and-policy-requirements>



Appendices

Appendix A: Presidential Memorandum Regarding the Mexico City Policy

MEMORANDUM FOR THE SECRETARY OF STATE
THE SECRETARY OF HEALTH AND HUMAN SERVICES
THE ADMINISTRATOR OF THE UNITED STATES AGENCY FOR
INTERNATIONAL DEVELOPMENT

SUBJECT: The Mexico City Policy

I hereby revoke the Presidential Memorandum of January 23, 2009, for the Secretary of State and the Administrator of the United States Agency for International Development (Mexico City Policy and Assistance for Voluntary Population Planning), and reinstate the Presidential Memorandum of January 22, 2001, for the Administrator of the United States Agency for International Development (Restoration of the Mexico City Policy).

I direct the Secretary of State, in coordination with the Secretary of Health and Human Services, to the extent allowable by law, to implement a plan to extend the requirements of the reinstated Memorandum to global health assistance furnished by all departments or agencies.

I further direct the Secretary of State to take all necessary actions, to the extent permitted by law, to ensure that U.S. taxpayer dollars do not fund organizations or programs that support or participate in the management of a program of coercive abortion or involuntary sterilization.

This memorandum is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

The Secretary of State is authorized and directed to publish this memorandum in the *Federal Register*.

DONALD J. TRUMP

Appendix B: Global Health Legislative & Policy Requirements

Restrictions on Support for Abortions

There are several legislative and policy restrictions relating to abortions. USAID takes these restrictions very seriously and works with Missions and partners to ensure compliance in their programs. Additional information about these restrictions, including the link to a publicly available online training course, can be found in the Resources section of this page.

Policy Restrictions

Protecting Life in Global Health Assistance

(Formerly known as the Mexico City Policy)

On January 23, 2017, President Trump issued a Presidential Memorandum (<https://www.whitehouse.gov/the-press-office/2017/01/23/presidential-memorandum-regarding-mexico-city-policy>) reinstating the 2001 Presidential Memorandum on the Mexico City Policy for USAID family planning assistance and directing the Secretary of State to implement a plan to extend the requirements of the Mexico City Policy to “global health assistance furnished by all Departments or Agencies.”

On May 9, 2017, Secretary Tillerson approved a plan, called “Protecting Life in Global Health Assistance,” under which U.S. Government Departments and Agencies will apply the provisions of the Mexico City Policy to grants, cooperative agreements, and contracts with foreign non-governmental organizations (NGOs) that receive global health assistance. For grants and cooperative agreements, on May 22, 2019, USAID issued a new standard provision entitled, “Protecting Life in Global Health Assistance (May 2019).” The provision will be included in:

- all new grants and cooperative agreements that provide global health assistance;
- all existing grants and cooperative agreements that provide global health assistance when such agreements are amended to add new funding;
- all existing agreements that previously received USAID’s March 2017 Mexico City Policy standard provision when such agreements are next modified, or as soon as reasonably practicable.

The policy requires foreign NGOs to agree, as a condition of receiving global health assistance, that they will not perform or actively promote abortion as a method of family planning. Under this expanded policy, “global health assistance,” as it applies to USAID, encompasses all global health programs, including HIV/AIDS, maternal and child health, infectious diseases including malaria, tuberculosis, and neglected tropical

diseases, global health security, and family planning and reproductive health. The policy does not apply to humanitarian assistance. Pursuant to the plan, the policy also does not apply to national or sub-national governments, public international organizations, and other multilateral entities in which sovereign nations participate.

Legislative Restrictions

Since the enactment of legislation in 1973, there have been restrictions on using U.S. foreign assistance funds for abortion-related activities.

The Helms Amendment

No foreign assistance funds may be used to pay for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions.

Spanish: https://www.usaid.gov/sites/default/files/documents/1864/restrictions_sp.pdf [PDF, 19KB]

French: https://www.usaid.gov/sites/default/files/documents/1864/restrictions_fr.pdf [PDF, 19KB]

Under the Helms Amendment, post-abortion care is permitted. USAID post-abortion care programs include emergency treatment for complications of induced or spontaneous abortion, counseling on and provision of family planning options, and community mobilization.

Read the Memo on USAID PAC Programming: https://www.usaid.gov/sites/default/files/documents/1864/duff_memo.pdf [PDF, 14KB]

Spanish: https://www.usaid.gov/sites/default/files/documents/1864/duff_sp.pdf [PDF, 18KB]

French: https://www.usaid.gov/sites/default/files/documents/1864/duff_fr.pdf [PDF, 18KB]

Sources: Section 104(f) of the Foreign Assistance Act of 1961, as amended; Annual Foreign Operations Appropriations Acts.

The Leahy Amendment

The term “motivate,” as it relates to family planning assistance, shall not be construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options.

Spanish: https://www.usaid.gov/sites/default/files/documents/1864/restrictions_sp.pdf [PDF, 19KB]

French: https://www.usaid.gov/sites/default/files/documents/1864/restrictions_fr.pdf [PDF, 19KB]

Source: Annual Foreign Operations Appropriations Acts.

The Siljander Amendment

No foreign assistance funds may be used to lobby for or against abortion.

Read the USAID Guidance for Implementing the Siljander Amendment: <https://www.usaid.gov/documents/1864/usaaid-guidance-implementing-siljander-amendment> [PDF, 512KB]

Source: Annual Foreign Operations Appropriations Acts.

The Biden Amendment

No foreign assistance funds may be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilization as a means of family planning.

Sources: Section 104(f) of the Foreign Assistance Act of 1961, as amended; Annual Foreign Operations Appropriations Acts.

Additional Resources

For Assistance Awards (Cooperative Agreements and Grants):

- Standard Provisions for U.S. NGO Recipients: <https://www.usaid.gov/sites/default/files/documents/1868/303maa.pdf> [PDF, 762KB]
- Standard Provisions for non-U.S. NGO Recipients: <https://www.usaid.gov/sites/default/files/documents/303mab.pdf> [PDF, 803KB]

For Contracts:

- Acquisition & Assistance Policy Directive (AAPD 08-01): https://www.usaid.gov/sites/default/files/documents/1864/aapdo8_01.pdf [PDF, 59KB]

Other resources:

- Family Planning Guiding Principles and U.S. Legislative and Policy Requirements: <https://www.usaid.gov/global-health/about-us/policy-requirements>
- HIV and AIDS Legal Policy Requirements: <https://www.usaid.gov/global-health/health-areas/hiv-and-aids/legal-and-policy-requirements>
- Media Inquiries: press@usaid.gov

Appendix C: Protecting Life in Global Health Assistance Six-Month Review

The information below summarizes the implementation of the Protecting Life in Global Health Assistance (PLGHA) policy through the end of fiscal year 2017, and identifies implementation challenges that have arisen, along with actions to address them.

I. Background on Protecting Life in Global Health Assistance

On January 23, 2017, President Trump issued a Presidential memorandum reinstating the January 22, 2001, Presidential memorandum on the “Mexico City Policy” for family-planning assistance awarded by USAID, and directing the Secretary of State, in coordination with the Secretary of Health and Human Services, to implement a plan to extend the Mexico City Policy to “global health assistance furnished by all departments or agencies” to the extent allowable by law. The expanded policy is referred to as “Protecting Life in Global Health Assistance (PLGHA).”

On May 9, 2017, the Secretary of State, in coordination with Secretary of Health and Human Services, approved the implementation plan for the PLGHA policy. State, working with USAID, HHS, and DoD, committed to conduct a comprehensive review of progress in extending the policy to global health assistance, identify any implementation challenges, and recommend solutions to them. State has worked closely with USAID, HHS, and DoD to implement the policy consistently, examine progress in carrying it out, and monitor its effects.

With less than six months of policy implementation, it is too early to assess the full range of benefits and challenges of the PLGHA policy for global health assistance. State, HHS, DoD, and USAID have been adding a standard provision implementing the policy in new grants and cooperative agreements for global health assistance, and in existing global health assistance grants and cooperative agreements when they receive new funding. Departments and agencies obligated much of the global health assistance funding subject to the policy toward the end of the fiscal year, and not all existing agreements have received new funding, so the picture on progress and challenges is still developing.

The content of this report reflects both internal and external feedback. Each implementing department and agency conducted focus groups or structured conversations with selected internal operating units. USAID spoke with seven management teams at headquarters, as well as four field Missions. HHS spoke with four of its operating divisions that conduct programs to which the policy applies (the Centers for Disease Control and Prevention, the National Institutes of Health, the Health Resources and Services Administration, and the Substance Abuse and Mental Health Services Administration), and conducted focus groups with field staff

in two countries. DoD focused its discussions at headquarters, where it awards and manages the majority of its agreements. In addition, in the course of implementing the policy, the Department of State and relevant departments and agencies conducted numerous calls and meetings with operating units, implementing partners, and other stakeholders that contributed to our analysis.

The Department of State requested stakeholder comments on the implementation of the policy to date. Thirty-one stakeholder groups, including three foreign governments as well as non-governmental entities, provided written comments. Of those stakeholder groups, several submitted comments in support of the policy. For example, the United States Conference of Catholic Bishops lauded PLGHA as “one of the most significant policy initiatives on abortion ever taken by the United States in an area of foreign assistance.” Others expressed the need for guidance on aspects of the policy, concerns about the continuity of healthcare services, and a potential chilling effect of the policy on global health services in situations in which the application of the policy is unclear.

II. Implementation by U.S. Government Departments and Agencies

As of September 30, 2017, the Department of State (including the Office of the U.S. Global AIDS Coordinator and Health Diplomacy (S/GAC)), USAID, HHS, and DoD have taken multiple steps to implement the PLGHA policy. The interagency developed a common PLGHA standard provision for relevant agreements with minor department- or agency-specific variations. Departments and agencies are including the standard provision in grants and cooperative agreements for global health assistance, and are conducting numerous trainings to ensure the U.S. government workforce is appropriately applying the policy. In addition, the interagency is taking steps to develop a standard PLGHA clause in contracts for global health assistance at multiple departments and agencies.

Department of State

S/GAC directed the U.S. government departments and agencies that implement the President’s Emergency Plan for AIDS Relief (PEPFAR) to include the PLGHA standard provision in all PEPFAR grant agreements for global health assistance. S/GAC included the standard provision in all centrally funded PEPFAR global health assistance awards completed by September 30; many awards had not been made as of that date. S/GAC facilitated web-based training across U.S. government implementing departments and agencies in over 60 countries to ensure the maximum number of staff could receive training on the policy. S/GAC has also conducted training of trainers, to allow the information to cascade to increasing numbers of U.S. government personnel around the world. For those activities managed through Department of State mechanisms, the standard provision will continue to be a part of all future

global health assistance awards, and existing awards modified with new funding. The new standard provision is available on the Department of State website (<https://www.state.gov/bureaus-offices/under-secretary-for-management/bureau-of-administration/office-of-the-procurement-executive/>).

U.S. Agency for International Development

USAID began implementing the policy on May 15, 2017. USAID has included the new PLGHA standard provision in all new grants and cooperative agreements that provide global health assistance, and in all existing grants and cooperative agreements that provide global health assistance when it amends such agreements to add incremental funding. USAID also is including the provision in all existing agreements that previously received the “Mexico City Policy (March 2017)” standard provision when such agreements are next modified, or as soon as reasonably practicable. The new standard provision, “Protecting Life in Global Health Assistance (May 2017),” is publicly available on the USAID website in the Agency’s Automated Directives System (ADS) Chapter 303 (<https://www.usaid.gov/ads/policy/300/303>).

After the announcement of the PLGHA policy, USAID/Washington conducted extensive outreach to, and training for, its staff in the field and at headquarters. In addition, USAID established a team in Washington with representatives from across the Agency to oversee the proper implementation of the policy. USAID/Washington’s outreach also included meetings with implementing partners to discuss the standard provision and its application.

USAID/Washington continually works with USAID’s field missions to review programs, monitor compliance with the PLGHA policy and other requirements, and develop stronger, more-systematic procedures for monitoring and reporting. USAID has developed training materials and compliance tools to assist its staff and implementing partners in understanding and applying the policy, including a publicly available e-learning course that has been very well received. USAID/Washington continues to design additional tools to facilitate the policy’s implementation, including a matrix to help staff review their programs to assess compliance risk related to the policy. This tool supports staff to identify potential vulnerabilities and develop effective monitoring strategies to ensure compliance with the policy. USAID shared the risk assessment matrix with all its missions that are implementing global health programs.

Department of Health and Human Services

Early in March 2017, HHS began to establish parameters for the implementation of the PLGHA policy across HHS. The HHS-specific standard provision was finalized and distributed for inclusion in all applicable grant awards as of May 31, 2017. The standard provision with explanatory language is published on grants management internet sites HHS-wide, and standard

language appears in all Notices of Funding Opportunities (NOFOs) that expect to award global health assistance funds appropriated to State, USAID, and/or DoD and transferred to HHS.

HHS has integrated its compliance activities into grant award processes prior to the notice of award (NOA) via several methods of communication with the awardees, including through site visits, conference calls, emails, in-person conversations, official letters of notification, and postings on the websites of its operating divisions. At the time of issuance of an NOA, the relevant grants management and program staff review with the awardee the details of the policies and regulations that govern the acceptance of the PLGHA conditions. Official acceptance by the awardee of the provision occurs once the awardee draws down funds. Because the majority of these awards are cooperative agreements (which denote close working coordination and collaboration between HHS and an awardee), site visits, project oversight, monitoring calls, grant management meetings and other communications with the awardees occur on a frequent basis.

HHS has developed monitoring tools that implementing partners can use to monitor their programs for compliance with the PLGHA standard provision. Technical assistance from HHS is available to assist partners to use these standardized tools. To assist HHS staff, frequently asked questions (FAQs) specific to HHS grants management and partners are published on the HHS grants management Intranet site, accompanied by relevant background material, and updated as needed.

Department of Defense

All active DoD grants for global health assistance will include the provision by the end of FY 2018. DoD informed implementing partners regarding the provision prior to making an award. For all future awards, DoD will notify the implementing partner prior to its submission of a full proposal.

Contract Provision

Consistent with the PLGHA implementation plan, the Department of State and USAID initiated the process of developing, through rule-making, a PLGHA contract clause. It is expected that the requirements of the contract clause would be similar to those included in the standard provision for grants and cooperative agreements. The clause would be included in contracts for supplies or services for global health assistance except for the procurement of commercial items and services as defined in FAR 2.101, such as pharmaceuticals, medical supplies, logistics support, data management, and freight-forwarding. It would apply to foreign NGOs that receive global health assistance funding, either as prime contractors or as subcontractors of U.S. or foreign NGOs. The PLGHA policy will not apply to contracts for global health assistance until the rule-making process is completed.

Grants and Cooperative Agreements

The table below provides information about the number of affected agreements with prime implementing partners, i.e., those organizations that have a direct agreement with a U.S. department or agency. Information on sub-awards under these prime agreements is limited because U.S. departments and agencies only have a legal relationship with prime recipients.

Agency	Agency Implementation Date	Number of Grants and Cooperative Agreements with Global Health Assistance Funding	Number of Grants and Cooperative Agreements with Global Health Assistance Funding That Received New Funding from the Implementation Date through 9/30/2017 and are subject to the PLGHA policy
State ¹	15-May-17	142	108
USAID	15-May-17	580	419
HHS	15-May-17	499	160
DoD	15-May-17	77	42

[¹This reflects PEPFAR funding implemented through the Department of State. (Other departments and agencies implement the majority of PEPFAR funding.)]

The table above demonstrates that a majority of global health assistance agreements have already received new funding, and therefore are subject to the PLGHA policy. Nearly all prime partners that have had the opportunity to accept the policy have done so; prime partners declined to sign in only four instances out of 733 awards. All four affected departments and agencies have existing assistance agreements that had not yet received their additional funding by September 30, 2017, which means implementers of those agreements had not yet received the PLGHA standard provision. The difference between the number of total agreements and the agreements that have received funding since the effective date of the PLGHA policy reflects this; this number will decrease over the coming year as departments and agencies provide more funding to implementing partners.

As of September 30, 2017, USAID is aware of three centrally funded prime partners, and 12 sub-awardee implementing partners, that refused to agree to the PLGHA terms in their awards. USAID is working to transition the activities of those organizations that have not agreed to the PLGHA standard provision to other partners, while minimizing disruption of services. One DoD partner, a U.S. NGO, declined to agree in one country but accepted the PLGHA standard provision in other countries. No HHS partners declined as of September 30. It is too early to analyze systematically what effect, if any, this will have on programming. When a partner declines to agree to the policy and the department or agency reprograms funds to other organizations, the amount of funding directed to respective recipient countries will remain the same.

Training

Implementing departments and agencies have conducted numerous trainings on the PLGHA policy, and used standardized joint training materials developed by an interagency working group. In addition, USAID developed a free public e-learning course that, as of September 30, 2017, 4,572 people had taken, including staff, partners, and the general public. As of September 30, 2017, USAID/Washington has conducted nine in-person trainings at headquarters, two webinars, and two mission-level trainings. In total, USAID provided live training to approximately 453 staff at headquarters and in the field. S/GAC, with support from USAID, conducted an interagency train-the-trainer, and then a subsequent interagency webinar for over 60 countries that included 78 office connections. HHS conducted four webinar trainings across its operating divisions, with 254 staff participating. For CDC within HHS, training on the PLGHA policy is mandatory for regional associate directors, country directors, deputy directors, project officers, cooperative agreement officers, and extramural staff. DoD conducted one headquarters training, which all relevant staff were required to attend. In addition, all relevant DoD field staff participated in the S/GAC web-based training. In total, U.S. government training reached approximately 5,357 U.S. government employees, implementing partners, and other stakeholders through September 30, 2017.

USAID E-Learning Training (through 9/30/17)

Trainee Organization	International NGO	National/Local NGO	Non-U.S.-Based University	Multilateral	National Gov't	U.S. Agency (CDC)	U.S. Agency (Other)	U.S. Agency (State)	U.S. Agency (USAID)	Other	No Response
Number Trained	2374	934	10	6	27	86	24	5	633	418	55
										TOTAL	4572

III. Findings and Actions

While partners presented with the standard provision have largely accepted the policy, stakeholder feedback and discussions with U.S. government staff indicate areas where further guidance is needed. Keeping in mind that the primary goal of the policy is to stop U.S. taxpayer funding from flowing to entities that promote or provide abortions as a method of family planning, several issues emerged as areas that could be clarified or improved. These include providing guidance around implementation, clarifying terms of the standard provision, strengthening monitoring, and continuing to review the policy.

Steps to Improve Understanding and Implementation of the PLGHA Policy

The information gathered to date demonstrates the need for further guidance regarding the PLGHA policy to improve a common understanding of its intent, implementation, compliance, and oversight. For example, organizations shared questions about what work falls within the provisions of the policy, including activities beyond direct services (such as referrals). Stakeholder input also indicates that some organizations are seeking additional guidance regarding what relationships are allowed with organizations that choose not to comply. Additional guidance would help increase clarity and address these concerns.

Action: Upon completion of additional review of policy guidance, U.S. government departments and agencies should provide harmonized, updated central and field-based training, tools for compliance and oversight, and publicly available frequently asked questions (FAQs) for the PLGHA policy that are translated into appropriate languages.

Application to U.S. State and Local Governmental Entities

As described in the PLGHA fact sheet, “[g]lobal health assistance to national or local governments, public international organizations, and other similar multilateral entities is not subject to [the PLGHA] policy.” There was a question whether the standard provision on the PLGHA policy should be part of global health assistance awards to public universities, hospitals, or other state/local government entities in the United States.

Action: Clarify, including through the development of appropriate FAQs, that U.S. government departments and agencies must include the PLGHA standard provision in awards to U.S. state or local governmental entities, including state universities, in the same manner as they include it in awards to U.S. NGOs.

Guidance on the Terms of the Standard Provision for the Protecting Life in Global Health Assistance Policy

Based on the input received, stakeholders seek further guidance on three aspects of the standard provision: (1) the meaning of “provide financial support to any other foreign organization that conducts such activities”; (2) the termination provision; and (3) the application of the policy to in-kind assistance, such as training and technical assistance (TA).

1. “Financial Support” Provision

The standard provision states that foreign NGOs (FNGOs) that receive U.S. global health assistance will not “perform or actively promote abortion as a method of family planning in foreign countries or *provide financial support to any other foreign non-governmental organization that conducts such activities*” (italics added). The policy prohibits FNGOs from providing a sub-award to another FNGO that performs or actively promotes abortion as a method of family planning under a global health assistance award from the U.S. government. The standard provision clearly articulates what it means to perform or actively promote abortion as a method of family planning. The standard provision does not, however, specifically define the “financial support” requirement.

Large NGOs with multiple activities across health and development express the need for guidance regarding the application of the language on “financial support.”

Organizations do not share a common understanding of this language, and several interpretations have emerged. Some NGOs interpret the requirement to mean that an FNGO subject to the PLGHA policy may not, with any source of funds, provide funding to any other FNGO for the purpose of performing or actively promoting abortion as a method of family planning. Others interpret the requirement to mean that an FNGO subject to the PLGHA policy would be prohibited from providing funding, with any source of funds, to another FNGO that performs or actively promotes abortion as a method of family planning. This latter interpretation would mean that the FNGO awardee would need to ensure that each of what could be a very large number of sub-recipients to which it provides its own funding does not perform or actively promote abortion as a method of family planning. This would require that awardees conduct extensive due diligence on their own partners' finances, even when those organizations receive from them no U.S. government funds. Awardees would also assume significant risk under their U.S. government award, including termination, for the sub-recipients' activities that the awardees do not themselves fund.

Therefore, the “financial support” provision needs clarification. An approach that places the appropriate level of due diligence on implementing partners for their U.S. global health assistance funds will ensure that the U.S. government is able to work with capable organizations while preventing U.S. taxpayer dollars from funding the promotion or performance of abortion as a method of family planning abroad. (The clarification would not change the standard provision requirement that an FNGO subject to the policy cannot provide U.S. global health assistance to any other FNGO unless such sub-recipient agrees to the PLGHA policy.)

Action: Revise the PLGHA standard provision to clarify that FNGOs subject to the policy may not provide any financial support, no matter the source of funds, to any other FNGO for the purpose of performing or actively promoting abortion as a method of family planning.

2. Termination Provision

The PLGHA standard provision states that “health assistance furnished to the recipient under this award must be terminated if the recipient violates any undertaking required by this [provision]...” (italics added). This is more prescriptive than other U.S. government awards, which generally make termination an option as opposed to a mandatory action following a violation of a condition of the funding. In the event of a violation, the standard provision offers no discretion to U.S. government departments and agencies to continue assistance to FNGOs that might, in good faith, have attempted to abide by the policy's terms. Given the number of FNGOs now subject to the expanded policy that might not have historical experience with implementation of the Mexico City Policy, inadvertent or unintended violations are a possibility. Some discretion in the application of the termination provision would be prudent.

An analogue is USAID's approach to implementation of the Tiahrt Amendment, which requires that family-planning programs financed by USAID are entirely voluntary, and do not, among other things, assign targets or quotas to service-providers, or offer incentives for women to accept family planning. To implement the Amendment, USAID investigates alleged violations, and imposes corrective action in the event it can prove a violation has occurred; this process permits USAID the discretion to direct implementers to remediate the violation and put in place mitigation plans to prevent future missteps instead of automatically proceeding to termination.

With respect to enforcement of the PLGHA standard provision, discretion regarding remediation or termination on the part of the U.S. government could provide opportunities to train and monitor FNGOs that are providing critical services in some parts of the world if they make an honest mistake under the new policy, while still assuring ultimate compliance with the requirements of the PLGHA. In practice, immediate termination would remain the presumptive sanction for egregious or recurrent violation of the PLGHA.

Action: Maintain immediate termination as the presumptive sanction for egregious or recurrent violations of the PLGHA policy, but revise the PLGHA standard provision to clarify that if an FNGO fails to comply with the PLGHA policy, the U.S. government has discretion to require the implementer to remediate and institute corrective action, instead of terminating the award immediately.

3. Application to Training and Technical Assistance

The PLGHA standard provision applies to U.S. global health assistance, whether delivered in the form of funds or in-kind assistance. Specifically, the provision states that “[f]urnishing health assistance to a[n] FNGO includes the transfer of funds made available under this award or goods or services financed with such funds, but does not include the purchase of goods or services from an organization or the participation of an individual in the general training programs of the recipient or sub-recipient” (italics added). Some organizations are not clear when the provision of a service, such as training or technical assistance (TA), funded under a global health assistance award would require application of PLGHA to an FNGO. For example, the question has been raised whether, in the case of an implementer that receives U.S. government funds and provides limited training to service providers at private-sector clinics, such clinics need to comply with the PLGHA policy, and, if so, for how long, given that they receive no support beyond initial training and additional follow-up? Similar examples are numerous across USAID's health portfolio. There is also uncertainty about when partners must apply the policy to FNGOs that receive no funding but receive TA, often with no formal sub-agreement. Frequently, USAID implementers provide training and TA to beneficiaries, such as private-sector nurses or doctors, without a written agreement, which further

complicates application of the PLGHA requirements to such recipients.

In a similar vein, USAID has identified challenges in applying the policy to programming that hinges on continued partnership with private-sector entities in some settings. It is a major aim of the U.S. government's global health assistance to improve stewardship by foreign governments of their healthcare marketplace, increase private-sector delivery of healthcare, and ensure higher quality in both public and private healthcare provision.

USAID often engages a range of types of private-sector providers through the provision of TA or training only. These include small private health facilities, local pharmacies, insurance companies, international consulting firms, private universities and hospitals, and local entrepreneurs and innovators. Particularly with providers who are at a lower, or community, level in the health system (for example, pharmacists or village doctors), the engagement models used by USAID and its partners often consist of offering light-touch guidance on certain technical areas or tasks, without concluding an agreement to provide financing to an organization. In this context, some private providers have been uncomfortable in signing on to the policy with its due diligence requirements when they only receive TA or training from USAID on a specific health intervention, not financing.

Clarifying that the PLGHA policy does not apply to beneficiaries of training and TA that are not FNGO awardees or sub-awardees would allow U.S. government departments and agencies to better focus their compliance resources, and provide clarity that could further our ability to reach the front lines of healthcare, including through private-sector providers.

Action: Revise the standard provision and create corresponding publicly available materials to clarify that the PLGHA requirements apply to recipients/beneficiaries of training and technical assistance only if they are FNGOs that receive an award or sub-award of U.S. government global health assistance funds.

Monitoring through the President's Emergency Plan For AIDS Relief

The interagency has taken important steps to monitor the implementation of the policy, as noted above. To assess the impact of the PLGHA policy on HIV/AIDS services, PEPFAR will continue its routine capture, monitoring, and use of age- and sex- disaggregated data, by partner and by site, to track precisely whether and to what extent the PLGHA policy has affected life-saving activities related to HIV/AIDS. In addition, S/GAC will develop guidance for U.S. government departments and agencies on how to use PEPFAR's routine Site Improvement and Monitoring Systems (SIMS) visits as an ongoing opportunity to track site-level impacts of the policy and monitor compliance with it. S/GAC will also include instructions on the PLGHA provisions in its Country Operational Plan guidance for 2018 to help ensure partners are clear about the policy.

Action: Task S/GAC, working with the interagency, to develop guidance for PEPFAR implementing agencies on how to better use SIMS visits to track, monitor, and ensure compliance with the PLGHA policy in PEPFAR programs.

Additional Review

This six-month review takes place early in the policy's implementation, when affected U.S. government departments and agencies have added a significant portion of the funding affected by the policy to grants and cooperative agreements only recently. A follow-on analysis would allow an opportunity to address one of the primary concerns presented in feedback from third-party stakeholder organizations, namely that six months is insufficient time to gauge the impacts of the PLGHA policy.

Action: Conduct a further review of implementation of the policy by December 15, 2018, when more extensive experience will enable a more thorough examination of the benefits and challenges.

Appendix D: Internal USAID Letter to Implementing Partners

May 29, 2019

Dear Implementing Partner,

We are sending this letter to address recent developments relating to the standard provision entitled “Protecting Life in Global Health Assistance (May 2017)” in your award. This letter applies to USAID recipients who are subject to the PLGHA standard provision and provides important information to ensure your organization knows what complying with the Policy entails.

Background

The Protecting Life in Global Health Assistance (PLGHA) Policy requires that foreign non-governmental organizations (NGOs) must agree, as a condition of receiving an award or sub-award of U.S. funding for global health assistance, that they will not perform, or actively promote, abortion as a method of family planning, or provide financial support to any other foreign NGO that conducts such activities. To implement this policy, USAID issued a standard provision in May 2017 for cooperative agreements and grants that include global health assistance.

On May 22, 2019, USAID issued an update to the PLGHA standard provision, entitled “Protecting Life in Global Health Assistance (May 2019).” As discussed further below, the changes to the standard provision result from several announcements. First, on February 6, 2018, the Department of State released a “Six-Month Review” of the PLGHA policy, which summarized the U.S. Government’s efforts to implement the Policy. The review identified follow-up actions, including three intended clarifications to the standard provision included in awards. Second, on March 26, 2019, the Secretary of State made an announcement relating to one of these intended clarifications. We are providing below more information about each of these three intended clarifications, as well as on the process for updating the standard provision in your award.

“Financial-Support” Requirement

One of the intended clarifications in the Six-Month Review related to the “financial-support” requirement in the PLGHA standard provision. On March 26, 2019, Secretary Pompeo made an announcement (<https://www.state.gov/remarks-to-the-press-7/>) regarding the PLGHA policy and his decision that the Department of State would not amend the requirement regarding “financial support” as outlined in the Six-Month Review approved by Secretary Tillerson in February 2018. As a result, there is no change to the “financial-support” requirement in the standard provision. Consistent with Secretary Pompeo’s announcement and the language of the standard provision, foreign NGO implementing partners that receive global health assistance from USAID should take steps to ensure that they are not providing financial support, with any source of funds and for any purpose, to any foreign NGO that performs, or actively promotes, abortion as a method of family planning.

This requirement applies to financial support that a foreign NGO provides under new financial arrangements. It also applies to a foreign NGO’s existing financial arrangements, unless the foreign NGO partner is legally obligated to provide additional funding under the arrangement.

Partners may take a variety of steps to ensure compliance with the “financial-support” requirement. This due diligence could include, for example, meeting with funding recipients and reviewing publicly available information about their activities. USAID implementing partners are responsible for determining the steps needed to ensure compliance with the standard provision.

Clarifications in the Revised PLGHA Standard Provision

The revised PLGHA standard provision reflects two other clarifications identified in the Six-Month Review:

- Violations of the standard provision will result in the termination of awards or sub-awards unless the U.S. Government determines that other corrective action is appropriate; and
- The PLGHA requirements do not apply to recipients/beneficiaries of in-kind training and technical assistance if they are foreign NGOs that have not received an award or sub-award of U.S. global-health assistance funds.

USAID will include the revised “Protecting Life in Global Health Assistance (May 2019)” provision in the following:

- All new USAID grants and cooperative agreements that provide global health assistance; and
- All existing USAID grants and cooperative agreements that include the “Protecting Life in Global Health Assistance (May 2017)” provision when the Agency amends such agreements to add incremental funding, or as soon as practicable.

Your staff should reach out to the relevant USAID Agreement Officer (AO) or Agreement Officer’s Representative (AOR) if your organization wishes to incorporate the revised provision in advance of the next incremental funding action for your award(s), a step we encourage.

Further Guidance

We recognize that you likely have many questions, and encourage you to refer to the answers to Frequently Asked Questions on the public USAID website (<https://www.usaid.gov/global-health/legislative-policy-requirements>) for additional information. For award-specific questions, please contact the USAID AO or AOR for your award.

Appendix E: Remarks to the Press, Michael R. Pompeo, Secretary of State

SECRETARY POMPEO: Good morning, everyone. Today I'm making two announcements about the State Department's ongoing efforts to ensure that U.S. taxpayer dollars are not used to subsidize or promote abortions. The first announcement concerns the so-called "Mexico City Policy."

This Reagan-era directive ensures U.S. taxpayer dollars aren't used to support foreign nongovernmental organizations that perform or actively promote abortion as a method of family planning.

President Trump boldly expanded the Mexico City Policy in 2017. It now protects every human life impacted by the nearly \$9 billion of foreign aid we spend on global health programs each year, and in turn protects more unborn babies around the world than ever before. This is decent; this is right. And I'm proud to serve in an administration that protects the least amongst us.

Now, two years into our administration, the vast majority of our implementing partners have agreed to comply with the policy, and they continue to work with us. This administration has shown that we can continue to meet our critical global health goals, including providing healthcare for women, while refusing to subsidize the killing of unborn babies.

As Secretary of State, I have directed our team to take all appropriate action to implement this policy to the broadest extent possible. Today I'm announcing further refinements to advance our efforts to protect the least amongst us.

As before, we will continue to refuse to provide assistance to foreign NGOs who perform or actively promote abortion as a method of family planning.

Now, as a result of my decision today, we are also making clear we will refuse to provide assistance to foreign NGOs that give financial support to other foreign groups in the global abortion industry.

We will enforce a strict prohibition on backdoor funding schemes and end-runs around our policy. American taxpayer dollars will not be used to underwrite abortions.

This brings me to my second announcement. We are also fully enforcing federal law prohibiting the use of U.S. funds, including foreign assistance, to lobby for or against abortion, otherwise known as the Siljander Amendment.

In light of recent evidence of abortion-related advocacy by an organ of the Organization of American States, I directed my team to include a provision in foreign assistance agreements with the OAS that explicitly prohibits the use of funds to lobby for or against abortion.

The institutions of the OAS should be focused on addressing crises in Cuba, Nicaragua, and in Venezuela, not on advancing the pro-abortion cause.

And to ensure that our message is heard loud and clear, we will reduce our contributions to the OAS. Our reduction equals the estimated U.S. share of possible OAS expenditures on these abortion-related activities.

The American people should rest assured that this administration – and this State Department, and our USAID – will do all we can to safeguard U.S. taxpayer dollars and protect and respect the sanctity of life for people all around the globe.

Happy to take a couple questions.

MR PALLADINO: Any questions on —

QUESTION: Yes.

MR PALLADINO: EWTN. (Inaudible), go ahead.

QUESTION: Thank you. Mr. Secretary, some people have called the Mexico City Policy Trump's global gag rule. What is the problem with describing it as this? And do you take exception to that description?

SECRETARY POMPEO: Yeah, I mean, that's silly. This is a policy that is designed fundamentally to protect human beings. It's not the policy we're arguing about, we're talking about human lives. And our mission statement is very clear. We can achieve – as I talked about, all the global health objectives that are so important, so imperative – the great work that many of these foreign NGOs do without running the risk that they'll be used to perform abortions or advocate for abortions. This is important. It's deeply consistent with the most moral behavior of governments, and we're determined to make sure that we don't allow taxpayers' dollars to get to these places.

MR PALLADINO: Follow-up on this?

QUESTION: Yes.

MR PALLADINO: Matt, please, go ahead.

QUESTION: Hi, sir. Can you be a little bit more explicit about which organ of the OAS? Is it PAHO? And if – and how much it is that —

SECRETARY POMPEO: We'll get you a set – we have a sheet. We're happy to provide you some more details on that.

QUESTION: Okay, and then just secondly, on a different – well, not slightly different, a lot different. Are you disappointed at all that – of the reaction from the UN chief, from Canada, from Turkey and the Gulf states about the – reject – in essence, saying they're not going to sign on to the Golan recognition,

and they don't – and they are going to uphold the Security Council resolution that found the annexation null and void?

SECRETARY POMPEO: Well, I'm saddened by that but not surprised. I remember the move to Jerusalem of our embassy as well. In each case, we're simply recognizing facts on the ground and the reality and doing the right thing. We hope those nations will join us to understand how important that is, how right it is, and we are continuing to have conversations with – you mentioned a handful of countries – with each of them about this issue, about our decision and why we believe this is fundamentally the right decision as well.

MR PALLADINO: Al-Arabiya. Go ahead, Nadia.

QUESTION: Thank you.

SECRETARY POMPEO: Hi.

QUESTION: Hi, Mr. Secretary. Just to follow up on the Golan, yesterday Prime Minister Netanyahu said that basically he is entitled to keep it because they won it by war. Are you setting a precedent that powerful countries can actually overtake land over international law?

SECRETARY POMPEO: Yes, ma'am, that's a good question. The answer is absolutely not. This is an incredibly unique situation. Israel was fighting a defensive battle to save its nation, and it cannot be the case that a UN resolution is a suicide pact. It simply can't be, and that's the reality that President Trump recognized in his executive order yesterday.

MR PALLADINO: *Washington Post*, Carol Morello.

QUESTION: Mr. Secretary —

SECRETARY POMPEO: Yes, ma'am.

QUESTION: — many of the NGOs that provide healthcare on the ground, particularly in Africa and some Asian countries, tell a totally different story than what you do. They say that this is particularly hurtful to healthcare to women in the rural areas and, in fact, it will lead to greater pregnancy, more pregnancies and inevitably to more abortions. Is there – what do you – how do you respond to this and is there —

SECRETARY POMPEO: Yeah, they're just wrong.

QUESTION: — anything you're doing or can do?

SECRETARY POMPEO: They're just – they're just wrong, Carol. They're just wrong about that. This argument has been presented for an awfully long time, and they're just factually wrong about that. The moneys that this administration is providing for global health remain. We are working hard. We're working alongside those NGOs that do some phenomenal work,

and the theory that somehow not protecting every human life is destroying human life is perverse on its face.

MR PALLADINO: Reuters. Lesley, on —

QUESTION: Mr. Secretary, I'm going to follow up on that. So if you're cutting back on funding for this, would you expand it in any other areas connected to what Carol was saying on social development, gender equality, and anything on women's maternal health in developing countries?

SECRETARY POMPEO: Yeah. I mean, we've made – I think the Trump administration has made clear since the beginning of the administration that the total dollars allocated for women's health issues and global health issues – it remains unchanged. We're just ensuring that those dollars aren't used to underwrite abortion, something that's required in the Siljander case – the Siljander Amendment, in federal law.

MR PALLADINO: Last question, CBS. Please.

QUESTION: Mr. Secretary, one more on this topic. You said that it's important to protect the sanctity of life, and talking about some of these NGOs on the ground, they have to make the choice now whether to get those federal funds or keep providing things like HIV and tuberculosis funding. Last year, 940,000 people died of HIV and AIDS, 1.6 million died of tuberculosis. Are you prioritizing preventing abortions over services that could be provided to save those lives and how does that fit in with the sanctity of life?

SECRETARY POMPEO: I'm not sure I understand your question. We – PEPFAR, the United States provides an enormous set of resources to prevent death from HIV. America is the most generous nation in the history of the world with respect to the particular instance you cite. These two don't run at cross purposes. We need – one need not perform abortions in order to protect people from HIV. They're fundamentally disconnected and so there's —

QUESTION: But are you saying —

SECRETARY POMPEO: — no prioritization there. We still consider PEPFAR and all the activities – the global health initiatives that the United States Government and the State Department in particular underwrite – to be central to achieving objectives that are important for the world and important for the United States.

QUESTION: But are you forcing these NGOs to make a choice between providing this women's health service and receiving U.S. funds?

SECRETARY POMPEO: No, they simply are prohibited from doing these things that run counter to the United States policy, which is not to use U.S. taxpayer dollars to underwrite abortion.

That's all.

I'll take one more.

MR PALLADINO: One more?

SECRETARY POMPEO: Yeah.

MR PALLADINO: Okay. Kim Dozier, (inaudible).

QUESTION: Yes.

SECRETARY POMPEO: Hi. Yes, ma'am.

QUESTION: Mr. Secretary, what is the U.S. asking for from China with regards to the people of Tibet and Uighur Muslims, protecting their rights?

SECRETARY POMPEO: Yeah, we've been very vocal about that, and – publicly – and had long conversations with them privately as well. What's taking place with respect to the Uighurs is tragic. The numbers are in the certainly hundreds of thousands. This is – I think we use the words – words “historic human rights abuse,” and we're working to convince the Chinese that this practice is abhorrent and ought to be stopped.

Great. Thank you all very much. Have a great day.

Appendix F: Protecting Life in Global Health Assistance Frequently Asked Questions and Answers

- On January 23, 2017, President Trump issued a Presidential Memorandum to reinstate the January 22, 2001 Presidential Memorandum on the “Mexico City Policy” and direct the Secretary of State, in coordination with the Secretary of Health and Human Services, to implement a plan to extend the Mexico City Policy to “global health assistance furnished by all departments or agencies.” <https://www.whitehouse.gov/the-press-office/2017/01/23/presidential-memorandum-regarding-mexico-city-policy>.
- On May 15, 2017, after a thorough process involving senior-level staff from all relevant U.S. government agencies, former Secretary Rex Tillerson announced a plan that outlined the manner in which U.S. government departments and agencies would apply the provisions of the Mexico City Policy to all foreign non-governmental organizations (NGOs) that receive U.S. funding for global health assistance.
- The policy, known as “Protecting Life in Global Health Assistance” (PLGHA), went into effect on May 15, 2017, consistent with the President’s directive that no U.S. taxpayer money should support foreign organizations that perform or actively promote abortion as a method of family planning in other nations.
- Under this policy, “global health assistance” includes U.S. funding for international health programs, such as those for HIV/AIDS, maternal and child health, malaria, other infectious diseases, global health security, and voluntary family planning and reproductive health. Protecting Life in Global Health Assistance applies to global health assistance to, or implemented by, foreign NGOs, including those to which a U.S. NGO makes a subaward with global health assistance funds.
- Global health assistance to national or sub-national governments, public international organizations, and other multilateral entities in which sovereign nations participate is not subject to this policy. For example, this includes funding to the Global Fund to Fight AIDS, Tuberculosis and Malaria; GAVI, the Vaccine Alliance; and United Nations organizations such as the Joint United Nations Programme on HIV/AIDS and the World Health Organization. Also excluded is humanitarian assistance, including Department of State migration and refugee-assistance programs, USAID disaster and humanitarian-relief programs, and U.S. Department of Defense disaster and humanitarian relief.
- All foreign NGOs will have the opportunity to receive global health assistance awards if they indicate their agreement to abide by the terms of Protecting Life in Global Health Assistance by accepting the provisions in their award.
- The U.S. government remains committed to supporting health programs around the world. Protecting Life in Global Health Assistance does not reduce the amount of global health assistance the U.S. government makes

available. U.S. government departments and agencies will reprogram to other organizations any funding they would have awarded to NGOs that do not agree to the conditions set on the acceptance of U.S. funding under Protecting Life in Global Health Assistance.

- On February 7, 2018, the Department of State released the Six-Month Review of the PLGHA policy, which summarizes the efforts of U.S. government departments and agencies to implement the PLGHA policy, and identifies implementation challenges that have arisen. The Six-Month Review, including follow-on actions, is available at <https://www.state.gov/protecting-life-in-global-health-assistance-six-month-review/>. The Six-Month Review identified several actions related to implementation, compliance, and oversight. In particular, departments and agencies worked to clarify certain aspects of the policy, including through revision to the PLGHA standard provision inserted in all covered grants and cooperative agreements, and provide updated training and tools to implement it.
- On March 26, 2019, Secretary Pompeo made an announcement (<https://www.state.gov/remarks-to-the-press-7/>) regarding the PLGHA policy and his decision that the Department of State would not amend the requirement regarding “financial support” as outlined in the Six-Month Review approved by Secretary Tillerson.
- In May 2019, based on the Six-Month Review and Secretary Pompeo’s March 26, 2019 announcement, U.S. government departments and agencies issued a revised PLGHA standard provision for grants and cooperative agreements and further guidance for implementing partners, including revisions to these Frequently Asked Questions (FAQs). More information on the revision to the standard provision is below, at questions 33–37.

1. What is Protecting Life in Global Health Assistance? How does it differ from the Mexico City Policy that was in effect from 1984–1993 and 2001–2008?

In 1984, President Ronald Reagan introduced the “Mexico City Policy,” which required foreign NGOs to agree that they would not “perform or actively promote abortion as a method of family planning” as a condition of receiving family planning assistance from the U.S. Agency for International Development (USAID). President Donald Trump signed a Presidential Memorandum on January 23, 2017, that directed the Secretary of State, in coordination with the Secretary of Health and Human Services, to implement a plan to reinstate the Mexico City Policy and extend its requirements to all global health assistance provided by any U.S. government department or agency, to the extent allowable by law. In furtherance of the Presidential Memorandum, former Secretary of State Rex Tillerson approved a plan to implement the new policy, which is called “Protecting Life in Global Health Assistance” (PLGHA).

President Trump’s initiative applies, to the extent allowable by law, to “global health assistance furnished by all departments or agencies,” while the previous “Mexico City Policy” applied only to voluntary family planning assistance funded by USAID and assistance for certain voluntary population planning furnished by the Department of State.

2. Does this mean that U.S. NGOs that implement global health programs are prohibited from providing Federal global health assistance funding to any foreign NGOs that perform or actively promote abortion as a method of family planning, even if the foreign NGOs conduct such activities with non-Federal funding?

Yes. U.S. NGOs that receive global health assistance may not provide such global health assistance to any foreign NGO that performs or actively promotes abortion as a method of family planning or that provides financial support to any other foreign NGO that conducts such activities. (FAQ #17 defines “actively” promoting an abortion. FAQ #27 lists exceptions to the policy.)

3. What is the “global health assistance” covered by Protecting Life in Global Health Assistance?

Under this policy, “global health assistance” includes funding for international health programs, such as those for HIV/AIDS; maternal and child health; nutrition; infectious diseases, including malaria and tuberculosis; global health security; and voluntary family planning and reproductive health.

For the Department of State and USAID, this means the policy applies to awards with health funding from the Global Health Programs (GHP), Economic Support Fund (ESF), and Assistance for Europe, Eurasia, and Central Asia (AEECA) or successor accounts that are reported on under the “Health” category of the Foreign Assistance Standardized Program Structure, except:

- Water activities reported under program area HL.8, “Water Supply and Sanitation;”
- The American Schools and Hospitals Abroad Program; or
- The Food for Peace program.

The policy does not apply to any activities programmed under categories other than the Health category of the Foreign Assistance Standardized Program Structure.

4. Does the Protecting Life in Global Health Assistance standard provision have to be included in an integrated award where the primary source of funding is not global health assistance?

Yes. The standard provision must be included in integrated awards that include any funding for global health assistance.

5. Will Protecting Life in Global Health Assistance affect programs like the President’s Malaria Initiative (PMI) or the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR)?

Yes. This policy applies to awards for PEPFAR and PMI.

PEPFAR and PMI will continue to implement their life-saving activities through NGO partners around the world that comply with the Protecting Life in Global Health Assistance policy.

6. What types of assistance does Protecting Life in Global Health Assistance cover?

Protecting Life in Global Health Assistance covers the provision of funds, commodities, or equipment to a foreign NGO. At this time, the policy covers global health assistance provided through grants and cooperative agreements. The policy will not cover contracts until the completion of a rule-making process, which is underway. However, the policy does cover grants under contracts at this time. (See FAQ #37 regarding certain forms of in-kind assistance, such as training and technical assistance).

7. When does the Protecting Life in Global Health Assistance standard provision need to be included in an award?

(a) For USAID assistance awards, USAID originally issued its PLGHA standard provision in May 2017. In May 2019, USAID issued a revised standard provision to reflect intended actions from the Six-Month Review and Secretary Pompeo’s March 26, 2019 announcement, as discussed above and in FAQs #s 33–37. The revised May 2019 PLGHA standard provision must be included as follows:

- (i) in all new grants and cooperative agreements that provide global health assistance;
- (ii) for any existing grants and cooperative agreements that provide global health assistance that have not yet received any version of the PLGHA standard provision, when such agreements are amended to add new funding; and
- (iii) for any existing grants and cooperative agreements that provide global health assistance that have previously received the May 2017 PLGHA standard provision, when such agreements are amended to add new funding, or as soon as practicable.

(b) For contracts, the Administration is developing a corresponding clause for all U.S. government departments and agencies to include in certain types of contracts for global health assistance. Until the rule-making process is complete, no clause will be included in contracts awarded by any department or agency that provide global health assistance. However, the policy covers grants made under contracts at this time.

8. Who must comply with Protecting Life in Global Health Assistance?

Protecting Life in Global Health Assistance applies to global health assistance to, or implemented by, *foreign NGOs*. This includes global health assistance that a U.S. NGO provides to a foreign NGO through a subaward.

9. What is a foreign NGO for purposes of Protecting Life in Global Health Assistance?

For purposes of the policy, a foreign NGO is a for-profit or not-for-profit non-governmental organization not organized under the laws of the United States, any U.S. State or Territory, the District of Columbia, or the Commonwealth of Puerto Rico. Please note that this definition of a foreign NGO for Protecting Life in Global Health Assistance is different from the definition of a “foreign organization” in 2 CFR 200.47 and the definition above applies specifically for the purposes of this policy.

10. Does Protecting Life in Global Health Assistance apply to foreign governments or public international organizations?

No. Protecting Life in Global Health Assistance *does not* apply to agreements with national or sub-national foreign governments, public international organizations, or other multilateral entities in which sovereign nations participate. For example, this includes funding to The Global Fund to Fight AIDS, Tuberculosis, and Malaria; GAVI, the Vaccine Alliance; and United Nations organizations, such as the Joint United Nations Programme on HIV/AIDS and the World Health Organization. Therefore, the standard provision does not need to be included in agreements with host governments (e.g., government-to-government agreements, Development Objective Agreements [DOAGs], or other agreements with host governments), agreements with bilateral governmental donors, or agreements with public international organizations.

11. Does Protecting Life in Global Health Assistance apply to parastatals?

No. Parastatals are not subject to the policy. A parastatal is an entity owned (in whole or in part), or controlled by, a foreign government. Whether an entity is a parastatal is a fact-specific determination on which recipients should consult with their legal counsel, and with the Agreement/Grants Officer at the relevant U.S. government department or agency.

12. Does Protecting Life in Global Health Assistance apply to U.S. NGOs?

No. U.S. NGOs are not required to agree that they will not perform or actively promote abortion as a method of family planning as a condition of receiving global health assistance funds. However, the policy requires U.S. NGOs to agree not to make a subaward of global health assistance to a foreign NGO unless that foreign NGO agrees to abide by the terms of Protecting Life in Global Health Assistance. For purposes of the policy, a U.S. NGO is a for-profit or not-for-profit

non-governmental organization that is organized under the laws of the United States, any U.S. State or Territory, the District of Columbia, or the Commonwealth of Puerto Rico.

13. What does the standard provision require for a U.S. NGO that issues a subaward to a foreign NGO?

U.S. NGOs that receive global health assistance may not provide such assistance to a foreign NGO unless that foreign NGO agrees to the policy by accepting the standard provision into its subaward. Implementing partners that have agreed to the PLGHA standard provision are responsible for ensuring compliance with its terms.

14. What does a foreign NGO that accepts the Protecting Life in Global Health Assistance standard provision agree to do?

A foreign NGO that accepts the Protecting Life in Global Health Assistance standard provision, whether as a prime or subrecipient, agrees that it will not, with funding from any source, “perform or actively promote abortion as a method of family planning in foreign countries or provide financial support to any other foreign NGO that conducts such activities.” Each organization will have the opportunity to indicate its agreement to abide by the terms of Protecting Life in Global Health Assistance by accepting the standard provision in its award.

15. How does Protecting Life in Global Health Assistance apply to subawards?

- (a) **In General:** Foreign and U.S. NGOs that are prime recipients of grants and cooperative agreements are required to include the Protecting Life in Global Health Assistance standard provision in agreements with subrecipients in accordance with the terms of the provision.
- (b) **Procurements under assistance awards:** Recipients of grants and cooperative agreements that procure goods or services under their awards are not required to apply the standard provision to such procurements at this time. (See also FAQs #6 and #7.)
- (c) **Grants under contract:** Contractors are required to include the Protecting Life in Global Health Assistance standard provision in grants made under contracts. [For USAID: in accordance with the guidance in Automated Directives System (ADS) Chapter 302.3.5.6(b)(1), because USAID must ensure the requirements that apply to USAID-executed grants also apply to grants that a USAID contractor executes.]

16. Are implementing partners required to flow down the Protecting Life in Global Health Assistance standard provision to foreign NGOs under their award immediately or whenever they provide funding under a subaward to an NGO?

The standard provision requires that, prior to entering into an agreement to furnish global health assistance to a foreign NGO subrecipient, a recipient of U.S. global health assistance

must ensure such agreement with the foreign NGO subrecipient includes the standard provision. At a minimum, the following scenarios are agreements to furnish global health assistance between a recipient and its subrecipient:

- (a) A new subaward that provides global health assistance; and
- (b) An amendment of an existing subaward to add any new U.S. government global health assistance funding.

17. What constitutes “actively promoting” abortion?

“Active promotion” of abortion as a method of family planning includes, for example, abortion counseling, referrals (except for passive referrals), lobbying, and public-information campaigns. Referrals for abortion in cases of rape, incest, or endangerment of the life of the mother are not prohibited.

18. What is a “passive referral”?

Providers are permitted to respond to a question regarding where a safe, legal abortion may be obtained if a woman who is already pregnant specifically asks the question, she clearly states that she has already decided to have a legal abortion, **and** the healthcare provider reasonably believes that the ethics of the medical profession in the host country require a response regarding where the procedure is available safely and legally. A passive referral is allowed when **all** of these conditions are met.

19. Are post-abortion care (PAC) activities allowed?

Yes. Protecting Life in Global Health Assistance **does not prohibit** foreign NGOs from treating injuries or illnesses caused by illegal or legal abortions (i.e., post-abortion care), such as emergency treatment for complications from spontaneous or induced abortion, with U.S. government or other funds.

20. Are healthcare providers permitted to provide counseling about and referrals for abortion, where they are required to do so under local law?

Yes. If a healthcare provider has an affirmative duty (i.e., he or she is *required*) under local law to provide counseling about and referrals for abortion as a method of family planning, the policy does not prohibit compliance with such law. Implementing partners should consult with their legal counsel before relying on this exception.

21. Are existing agreements for global health assistance that do not receive further U.S. government funds (after May 15, 2017) required to comply with the policy?

No. If no U.S. government global health assistance is provided after the implementation of the policy, then the recipient will not be asked to accept the Protecting Life in Global Health Assistance standard provision in its award. In this situation, funding previously obligated will not be affected as a result of the policy.

However, if additional U.S. government funds are added to an existing agreement providing global health assistance,

then the recipient must accept the Protecting Life in Global Health Assistance standard provision in its award. Once the new provision is accepted by a foreign NGO, the foreign NGO will be expected to abide by the conditions in the provision on an organization-wide basis with respect to all of its funding during the course of the award.

22. Do organizations need to sign a separate certification that they agree to abide by Protecting Life in Global Health Assistance?

No. [For State/USAID: Organizations agree to the conditions of the policy by signing their award (or amendment to their award) with the standard provision included.] [For HHS: Organizations agree to the conditions of the policy by drawing down funds in their award.]

23. What happens if a foreign NGO with an existing award chooses not to agree to the Protecting Life in Global Health Assistance standard provision?

If a foreign NGO chooses not to agree to the Protecting Life in Global Health Assistance standard provision, no additional U.S. government global health assistance will be provided to that organization. In that case, funding previously obligated will not be affected as a result of the policy, and partners may spend down existing or previously obligated funding while the U.S. government department or agency works to reprogram future funding to other organizations. The awarding department or agency may need to take steps to terminate an award partially or fully, which could include working with the partner to develop a close-out plan that would allow for programmatic continuity and the orderly wind-down of activities. U.S. government staff should work closely with their cognizant Agreement/Grants Officer and legal counsel on this process.

For integrated awards that include global health assistance as well as other development assistance, the award could need a modification to indicate the recipient will submit a plan for closing out the global health assistance portion of the award and a corresponding adjustment of the award's work plan.

For subawards that include global health assistance, the recipient may not furnish any additional global health assistance to a foreign NGO subrecipient that does not agree to the standard provision.

24. How can I get a greater understanding of the policy and what is required?

For U.S. government and implementing partner staff, the most important way to learn about what the policy requires is to read the Protecting Life in Global Health Assistance standard provision. In addition, U.S. government departments and agencies are engaging staff and partners about the policy and its implementing procedures to ensure compliance. This effort will include the training of staff and partners and the periodic monitoring of compliance. A course, entitled,

“Protecting Life in Global Health Assistance and Statutory Abortion Restrictions,” is publicly available through the USAID-supported Global Health E-Learning Center: <https://www.globalhealthlearning.org/course/protecting-life-global-health-assistance-and-statutory>

25. Is research included under Protecting Life in Global Health Assistance?

The policy covers implementation-science research, operational or programmatic research, surveys, needs assessments and related capacity-building conducted for the purpose of making improvements to global health programs funded by the U.S. government and implemented through a foreign NGO with a primary purpose and effect of benefiting a foreign country. The policy excludes basic research studies and in vitro studies that use human tissues. [Agency-specific clarification: USAID expects that the policy covers most, if not all, of USAID global health research.]

26. When the terms and conditions of a grant or cooperative agreement require approval of subawards, or when the approval of subawards is required by 2 CFR 200.308(c)(vi), what due diligence must the recipient perform on subrecipients pursuant to paragraph I(7) of the Protecting Life in Global Health Assistance standard provision before furnishing health assistance under the subaward?

Every recipient of U.S. government global health assistance should have in place a process for conducting due diligence on its applicable subrecipients. Recipients are responsible for determining the steps needed to ensure compliance with the standard provision. The awarding U.S. government department or agency may consider factors such as the following when considering whether a recipient has conducted adequate due diligence:

- (a) Whether the subrecipient has agreed to accept the Protecting Life in Global Health Assistance standard provision;
- (b) The quality of the subrecipient's management systems and ability to meet the requirements prescribed in the Protecting Life in Global Health Assistance standard provision; and
- (c) The subrecipient's ability to effectively implement statutory, regulatory, or other requirements imposed on it.

27. Does Protecting Life in Global Health Assistance provide for any exemptions?

Yes.

Agreements with national and subnational Governments, public international organizations, and other multilateral entities in which sovereign nations participate are not subject to the requirements of Protecting Life in Global Health Assistance. For example, this includes funding to the Global

Fund to Fight AIDS, Tuberculosis and Malaria; GAVI, the Vaccine Alliance; and United Nations organizations such as the Joint United Nations Programme on HIV/AIDS and the World Health Organization.

In addition, the Protecting Life in Global Health Assistance policy excludes humanitarian assistance, including Department of State migration and refugee-assistance programs, USAID disaster and humanitarian-relief programs, and DoD disaster and humanitarian relief. Recipients should confer with their awarding agency to determine if this exemption applies.

This policy does not limit foreign NGOs from using U.S. government or other funds to treat injuries or illnesses caused by illegal or legal abortions, such as emergency treatment for complications from spontaneous or induced abortion, with U.S. government or other funds, nor does it prohibit post-abortion care.

Protecting Life in Global Health Assistance also does not apply with respect to cases of rape, incest, or where the life of the mother is endangered. As such, it does not prohibit foreign NGOs from performing, or referring women for, the termination of pregnancies in cases of rape, incest, or endangerment of the life of the mother.

There is also an exception for passive referrals. (See Question #18 for a definition of passive referral.)

In consultation with the Secretary of HHS, the Secretary of State may authorize additional, case-by-case exemptions to the policy.

28. Does the policy apply to Development Credit Authority agreements?

No, the expanded policy does not apply to Development Credit Authority agreements.

Monitoring

29. What kinds of steps might be taken to ensure compliance with Protecting Life in Global Health Assistance?

U.S. government departments and agencies are engaging funding recipients about Protecting Life in Global Health Assistance and developing procedures regarding compliance with it, which includes the training of U.S. government staff and funding recipients and the periodic monitoring of compliance.

Six-Month Review

30. Why was the Six-Month Review undertaken?

On May 9, 2017, the Secretary of State, in coordination with the Secretary of HHS, approved the implementation plan for the Protecting Life in Global Health Assistance policy.

The Department of State, working with USAID, DoD and HHS, committed to conduct a comprehensive review of the effectiveness and impact of the policy's application. The Department of State has worked closely with USAID, HHS, and DoD to implement the policy consistently, examine progress in carrying it out, and monitor its effects.

31. What are the recommendations of the Six-Month Review?

The February 7, 2018 review identified several actions to provide further guidance regarding aspects of the Protecting Life in Global Health Assistance policy related to implementation, compliance and oversight. In particular, we worked to clarify certain aspects of the policy, and provide updated training and tools to implement the policy.

The Six-Month Review released in February 2018 called for further analysis when more experience would enable a more thorough examination. The interagency is working to complete that review.

32. What steps has the U.S. government taken to address the intended actions in the Six-Month Review?

First, affected departments and agencies have revised the standard provision included in awards to implement the policy and issued further guidance for implementing partners.

In addition, affected departments and agencies have developed additional training and compliance tools to help facilitate the policy's implementation. These answers to FAQs are one action to address this recommendation.

Changes to the Standard Provision as a Result of the Six-Month Review, Effective May 2019

As a result of the review, the U.S. government revised the standard provision that implements the Protecting Life in Global Health policy. The following questions and answers #33-37 provide additional information on these changes:

33. Are any changes being made to the “financial support” requirement under the PLGHA standard provision in grants and cooperative agreements?

The PLGHA standard provision requires that foreign non-governmental organizations (NGOs) that receive U.S. global health assistance will not “perform or actively promote abortion as a method of family planning in foreign countries *or provide financial support to any other foreign non-governmental organization that conducts such activities*” (italics added). The review of the PLGHA policy issued on

February 7, 2018 noted that recipients of U.S. global health assistance did not share a common understanding of the “financial support” requirement and proposed a clarification to this term of the standard provision in grants and cooperative agreements.

Secretary Pompeo had the opportunity to review the actions identified in the Six-Month Review carefully, and also the benefit of additional experience in implementing the policy. The Secretary was confident that the language regarding financial support in the standard provision strikes the right balance between ensuring that the U.S. government is able to work with capable organizations while preventing U.S. taxpayer dollars from funding organizations that perform, or actively promote, abortion as a method of family planning abroad. As a result, the language regarding financial support in the standard provision in grants and cooperative agreements that receive U.S. global health assistance has remained unchanged.

34. What does the “financial support” language in the PLGHA standard provision mean for foreign NGOs that receive U.S. global health assistance?

Foreign NGOs that receive U.S. global health assistance should take steps to ensure that they are not providing financial support, *with any source of funds and for any purpose*, to another foreign NGO that performs, or actively promotes, abortion as a method of family planning.

This requirement applies to financial support that a foreign NGO implementing partner provides under new financial arrangements. It also applies to a foreign NGO’s existing financial arrangements, unless the partner is legally obligated to provide additional funding under the arrangement.

We expect our partners to comply with this new guidance, and will actively monitor their compliance. Foreign NGOs may take a variety of steps to ensure compliance with the “financial support” requirement. This due diligence could include, for example, meeting with funding recipients and reviewing publicly available information about their activities. Recipients are responsible for determining the steps needed to ensure compliance with the standard provision.

35. What changes were made to the termination provision under the PLGHA standard provision?

Consistent with the Six-Month Review, U.S. government departments and agencies have modified the termination language in the May 2019 PLGHA standard provision for grants and cooperative agreements. Under the new language, violations of the standard provision will result in termination unless the U.S. government department or agency that issued the award determines that other corrective action is warranted.

36. When might the U.S. government determine that other corrective action might be warranted?

Immediate termination remains the presumptive action in the event of a violation of the PLGHA requirements, including for egregious or recurrent violations of the policy. Nevertheless, other corrective action might be appropriate in some cases – for example, when there has been an inadvertent or unintended violation by a foreign NGO that, in good faith, has attempted to abide by the policy’s terms. The clear expectation is that, in such cases, the implementing partner will work closely and transparently with the U.S. government to attempt to address the situation.

37. What changes were made to the PLGHA standard provision relating to its applicability to in-kind training and technical assistance activities?

Consistent with the Six-Month Review, U.S. government departments and agencies have modified the language in the PLGHA standard provision in grants and cooperative agreements related to in-kind training and technical assistance. As of May 2019, the standard provision clarifies that the PLGHA requirements do not apply to recipients/beneficiaries of in-kind training and technical assistance if they are foreign NGOs that are **not** recipients of an award or sub-award of U.S. global-health assistance funds.

Under the May 2019 language, foreign NGOs that receive only in-kind training and technical assistance will not be required to agree to the terms of the PLGHA policy. However, the policy will continue to apply to foreign NGOs that receive an award or sub-award (grant or cooperative agreement) of global health assistance funds, or goods financed with such funds.

38. Does the Protecting Life in Global Health Assistance policy apply to foreign NGO sub-recipients under prime agreements with U.S. state or local governmental entities, including state universities?

Yes. Foreign NGOs that are sub-recipients of U.S. global health assistance under grants and cooperative agreements with U.S. state or local governmental entities, including state universities, are subject to the PLGHA policy. Therefore, U.S. government departments and agencies will include the PLGHA standard provision in grants and cooperative agreements to U.S. state or local governmental entities, including state universities, in the same manner as with U.S. NGOs that receive global health assistance under such awards. This means U.S.-based public and private universities may not issue a sub-award to a foreign NGO unless that foreign NGO agrees to abide by the terms of the PLGHA policy.

PEPFAR-Specific Questions

39. Is PEPFAR prepared to implement the Protecting Life in Global Health Assistance policy without any interruption in HIV/AIDS service provision?

PEPFAR is well-positioned to implement the policy through U.S. government departments and agencies that implement PEPFAR. PEPFAR's sizable partnership base has helped it to maintain the provision of HIV/AIDS prevention, care and treatment services while the policy is implemented.

PEPFAR has implemented layered, intensive monitoring during the implementation of the policy to identify and minimize disruption in its provision of life-saving HIV prevention, care and treatment services.

40. How might implementation of Protecting Life in Global Health Assistance affect PEPFAR's DREAMS partnership, which focuses on adolescent girls and young women?

PEPFAR is well-positioned to implement the policy.

All foreign NGOs involved in the implementation of the DREAMS program will have the opportunity to receive global health assistance awards if they indicate their agreement to abide by the terms of the Protecting Life in Global Health Assistance policy by accepting the standard provision in their awards. U.S. government departments and agencies will reprogram to other organizations any funding they would have awarded to NGOs that do not agree to the conditions set on the acceptance of U.S. funding under the Protecting Life in Global Health Assistance policy.

PEPFAR will continue the routine collection of quarterly data on its programs, and will closely monitor these data for any impact of the policy on the DREAMS partnership.



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