

How U.S. Foreign Policy BLOCKS Women's Access to Safe Abortion Overseas



THE WORLD'S MOST VULNERABLE WOMEN are harmed by a U.S. law that restricts funding for safe abortion services—the Helms Amendment. This amendment bars U.S. foreign assistance funds from being used for abortion services. The way that the law is interpreted and implemented denies women their reproductive rights and deprives them of the care they want and need. It reduces the availability of safe, legal abortion, denies health-care providers life-saving equipment and training and censors critical health information. **The Helms Amendment should be repealed to address this major cause of maternal mortality and morbidity. U.S. assistance programs should provide access to quality, comprehensive sexual and reproductive health care services for all people, including access to safe, legal and accessible abortion care.**

THE HARM

Unsafe abortion is a global health crisis driven by criminalization of the procedure and an inability to access safe abortion care. Annually, there are more than 25 million unsafe abortions worldwide that lead to millions of injuries and tens of thousands of preventable maternal deaths.¹ The majority of these women live in developing countries where access to safe abortion and other reproductive health services is often limited. The **Helms Amendment** exacerbates this crisis, and it is long past time for the United States to support safe abortion services. Over the last two decades, many countries have liberalized their abortion laws, magnifying the impact of the Helms Amendment as a significant barrier to patients receiving the care they want and need and to which they are legally entitled. In the past two years alone, the Democratic Republic of the Congo has lifted restrictions on abortion and the Rwandan government has expanded the legal grounds for abortion and pardoned 367 women and girls who had been jailed for abortion.²

The Helms Amendment bans the use of U.S. foreign assistance funds for “the performance of abortion as a method of family planning.” This amendment to the Foreign Assistance Act was introduced by its namesake, the late Senator Jesse Helms (R-NC), and enacted by Congress in 1973, becoming a permanent statute. The provision is also included in the annual Department of State and Foreign Operations appropriations bill.³

The Helms Amendment prevents U.S. development assistance from being used to help the most vulnerable women in the poorest countries from accessing the care that they want and need. The United States is the largest bi-lateral donor for reproductive health and family planning. Tens of millions of women around the world rely on U.S.-funded programs for their reproductive health care but are denied access to legal abortion information and services within these programs, because of the Helms Amendment. When women cannot have a safe abortion through a U.S.-funded program, they may feel that they have no option but to seek an unsafe abortion, which could mean dire consequences for their health, lives and families. Women who are poor, young, or victims of sexual violence suffer the most under Helms restrictions.

The Helms Amendment restricts the ability of individuals to make their own personal medical decisions and undermines U.S. goals to advance gender equity and address maternal health and gender-based violence around the world. As written, the Helms Amendment allows for the provision of abortion counseling and referrals, postabortion care and abortion in cases of rape, incest and if a woman's life is in danger. However, the lack of clarity surrounding the restrictions has led to overinterpretation of the policy as **a total ban** on abortion-related services and information. This means that U.S. foreign assistance funds are not even

being used to meet the needs of some of the world's most vulnerable women, including those who are survivors of rape. Globally, one in three women will experience violence in her lifetime—a rate that is often higher in humanitarian crisis and conflict settings, where rape and other forms of sexual violence are used as tools of war and where displaced communities are particularly vulnerable.⁴

The Helms Amendment endangers women's health and exacerbates the **stigma around abortion** by causing fear amongst providers and health system managers who worry that even associating with abortion services will jeopardize their U.S. funding. This, in turn, forces inefficiencies in resource-constrained settings, imposing an artificial separation of services. The United States continues to stand alone among major donor governments in maintaining a law that prohibits funding for safe abortion. U.S. restrictions must not stand in the way of access to legal health care.

As the largest government funder of family planning and reproductive health services, the United States plays a vital role in improving public health around the world. The United States should use its foreign assistance to provide access to quality, comprehensive sexual and reproductive health care services for all people; this includes safe, legal and accessible abortion. **Congress should repeal the Helms Amendment and replace it with a policy supporting U.S. funding for safe abortion services worldwide targeted at saving women's lives.**



Global Gag Rule vs. Helms Amendment:

The Helms Amendment is sometimes conflated with another U.S. restriction on international reproductive health funding, the Global Gag Rule. While these policies are different, they both restrict U.S. funding for grantees that work on abortion and the collective effect of *both policies together* is a complete denial of abortion care for millions of people. The Helms Amendment prohibits organizations from using any U.S. foreign assistance funds to provide abortions, while the Global Gag Rule requires foreign organizations to give up their right to use their own non-U.S. funds to provide information, referrals or services for legal abortion or advocate for the legalization of abortion in their countries as a condition of receiving U.S. global health assistance. Another key distinction is that the Helms Amendment exists in law and remains in effect until a change in the statute is enacted by Congress, while the Global Gag Rule is an executive branch policy imposed under presidential authority.



Harm in Ghana: Ghana has one of the most liberal abortion laws in Africa. However, unsafe abortion contributes to nearly one-third of maternal deaths. While social, cultural, and religious stigma remain a challenge, the Ministry of Health of Ghana has committed to increasing abortion access. Yet the Helms Amendment is a stubborn obstacle to progress, undermining the government's commitment to expanding abortion services and information countrywide. Key U.S.-funded reproductive health stakeholders, confused about U.S. policy, censor information on abortion and fail to provide abortion counseling and referral.

"Unsafe abortion has eaten into our society, gradually destroying the lives of young women, as people have closed their eyes at the issue hoping it would disappear." — **Young woman, Nigeria**

"The impact [of these restrictions is that] services are delayed for the woman...women are not getting the information they need when and how they need it, and at points where they need it...It's a great shame. Personally, I don't think it fosters the comprehensive approach to reproductive health that I would love to give every single one of our clients, which is what they deserve. But I can't do that." — **Program Director of an international reproductive health organization in Ghana, where abortion is legal**

"This one client [first came to get comprehensive abortion care and I had to refer her to the hospital which is very far]. She came back after two weeks to seek postabortion care. She was bleeding and had an infection. She had inserted sticks inside her. She was 23 years old, married and had two children. She had no money and she couldn't travel. Her husband was in India, she was illiterate, a housewife...[If we cannot provide comprehensive abortion care and only postabortion care then] it will lead to more unsafe abortions and maternal deaths." — **A provider in Nepal**

- 1 Ganatra, B et al., Global, regional, and subregional classification of abortions by safety, 2010–14: estimates from a Bayesian hierarchical model, *The Lancet*, 2017.
- 2 See Blueprint for Sexual and Reproductive Health, Rights, and Justice (Pg.36-37) <https://reproblueprint.org/wp-content/uploads/2019/07/BlueprintPolicyAgenda-v14-PR-All-1.pdf>
- 3 PAI. (2015). *No Exceptions: How the Helms Amendment Hurts Women and Endangers Lives*. Retrieved from <https://pai.org/wp-content/uploads/2014/07/PAI-Helms-PIB.pdf>
- 4 World Health Organization. (2013) Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence. Retrieved from http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf?ua=1



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