

Position Paper

When Ideology Costs Lives: Why the Expansion of the Mexico City Policy (Global Gag Rule) Undermines Global Health



Figure 1 When Ideology Costs Lives © Action against AIDS Germany

In this position paper, we analyze the renewed expansion of the so-called Mexico City Policy (“Global Gag Rule”) and assess its implications for global health, human rights, and the effectiveness of international health programs. We demonstrate why recent developments under the Trump administration threaten evidence-based and integrated approaches to health care. This is particularly critical in the HIV response and in community-based programming, which plays a central role in delivering effective and sustainable health services. Against this background, this paper highlights the urgent need for a clear political commitment to reliable, human rights-based, and non-ideologically conditioned global health financing.

Background: What is the Mexico City Policy (Global Gag Rule)?

The Mexico City Policy is a U.S. foreign assistance policy [first introduced in 1984](#) that prohibits recipient organizations from providing, promoting, or counseling on abortion services, or engaging in related advocacy activities. Its repeated reinstatement and rescission along partisan political lines creates significant uncertainty and undermines planning security and program continuity in global health cooperation. The first Trump administration marked a qualitative turning point: it dramatically expanded the policy, renamed it [Protecting Life in Global Health Assistance](#), and extended its scope to all U.S. global health funding, affecting approximately USD [7.3 billion in fiscal year 2020](#). As a result, major implementing organizations working in HIV, maternal, newborn, and child health, and other sectors were forced either to comply with the policy or fundamentally restructure their operations. In his second term, the administration resumed this expansive approach. [Already in January 2025, President Trump reinstated the Mexico City Policy](#), restoring the broad scope introduced during his first administration.

On January 27, 2026, the policy was further significantly tightened under the banner of “human flourishing.” The new regulatory framework, [Promoting Human Flourishing in Foreign Assistance](#), represents the most comprehensive ideological conditioning of U.S. foreign assistance to date, both in scope and substance. It no longer applies only to global health but to nearly all non-military U.S. foreign assistance, affecting a substantially larger funding volume and a broader range of recipients, including international organizations and programs that were previously unaffected or only indirectly affected. In addition, funding restrictions have been expanded to include other policy areas, including issues related to gender identity, as well as diversity, equity, and inclusion.

Impacts of the Global Gag Rule on HIV, Integrated Care, and Global Health

1. Documented negative impacts on HIV incidence and mortality

The International AIDS Society (IAS) has highlighted that previous periods of the Global Gag Rule were associated with [increases in HIV infections](#), as well as higher maternal and child mortality. These developments are closely linked to the [fragmentation of integrated health services](#). Quantitative analyses have [estimated the scale of these impacts](#). Based on cross-country data, the reinstatement of the policy between 2017 and 2021 was associated with approximately 360,000 additional HIV infections and around 108,000 additional maternal and child deaths, with particularly severe impacts in countries highly dependent on U.S. funding.

2. Contradiction with global integration goals in the HIV response

While global health strategies have increasingly emphasized [the integration of HIV services into primary health care and public health systems](#), the Global Gag Rule systematically undermines this approach. The policy [forces organizations to separate services organizationally, financially, and operationally](#) to ensure formal compliance. This leads to costly parallel structures, increased administrative burdens, and reduced access to care. Programs that integrate HIV prevention and treatment with family planning, maternal health care, or community-based services are particularly affected, precisely those approaches that are widely recognized as effective, cost-efficient, and sustainable.

3. Disproportionate impact on key populations and marginalized groups

Restrictions and the outsourcing or closure of low-threshold services disproportionately affect populations that rely on integrated services. These include women and girls, young people, and [key populations](#) such as transgender people, men who have sex with men, sex workers, and other marginalized groups. [Evidence and documented experiences show](#) that under the Global Gag Rule, HIV prevention, testing, treatment, and psychosocial support for these groups have been reduced, outsourced, or discontinued entirely. This undermines access, continuity, and quality of care and exacerbates existing health inequalities.

4. Human rights implications and impacts on sexual and reproductive health

Beyond its systemic effects, [the Global Gag Rule constitutes an interference with the human right to health](#). Restricted access to modern contraception, information, and comprehensive care has been shown to increase unintended pregnancies and forces women and girls to carry pregnancies under unsafe or unwanted conditions. The policy thus undermines reproductive rights, endangers the health and lives of women, girls, and adolescents, and contradicts internationally recognized human rights obligations as well as national legal frameworks in many recipient countries.

5. Weakening of civil society and community-based responses

Evidence shows that the Global Gag Rule operates not only through its formal prohibitions but also through over-implementation, anticipatory compliance (“chilling effects”), and

broader deterrent effects. Several studies demonstrate that organizations restrict services beyond legal requirements in order to avoid compliance risks and potential loss of U.S. funding. This has been documented among [PEPFAR implementing partners](#) as well as in qualitative studies conducted in [Malawi](#) and [Nigeria](#). Moreover, [the policy creates structural uncertainty](#) that leads organizations to restrict or discontinue even legally permissible services, partnerships, or information activities. These dynamics weaken civil society actors, fragment partnerships, and undermine community-based HIV programs, which are essential for access, trust, and effectiveness. The resulting damage extends beyond individual projects and creates long-term structural disruptions in local health systems.

6. Risks for multilateral approaches

Although multilateral organizations are not formally bound by the Global Gag Rule, they face significant indirect pressure under the expanded policy architecture. Many implementing partners simultaneously receive U.S. funding and are forced to adapt their program approaches to ideological restrictions. [This threatens core principles of multilateral health responses](#), including evidence-based programming, prioritization of key populations, integrated service delivery, and community leadership. Ambitious global targets such as the 95-95-95 goals are particularly at risk, as they explicitly depend on targeted, differentiated, and inclusive approaches.

Our Call to Germany and the and states worldwide

The evidence is clear: the Global Gag Rule and its current expansion are not neutral funding instruments, but demonstrably harmful, ideologically driven interventions. What is needed are evidence-based, non-ideological policies and programs that promote integration, strengthen health systems, and expand access to health services rather than restricting them.

Germany and other international actors should therefore:

- Clearly oppose ideological conditionality in health financing and reject it as incompatible with evidence-based and human rights-based global health policy;
- Politically and financially strengthen multilateral institutions, particularly in their focus on integrated care, key populations, and community-led approaches;
- Actively protect integrated HIV, SRHR, and community-based programs, including in engagement with donors whose bilateral policies undermine these approaches;
- Defend human rights, including sexual and reproductive rights, as a non-negotiable foundation of global health cooperation, independent of ideologically driven policies of individual donors;
- Prioritize predictability and reliability in global health financing to prevent fragmentation, parallel systems, and uncertainty among implementing partners, which can lead to service disruptions;
- Provide targeted support and protection for civil society and community-based organizations, which are indispensable for the reach, effectiveness, and legitimacy of the HIV response.

Only through a clear rejection of ideologically motivated interference and a firm commitment to evidence-based, integrated, and human rights-centered global health policy can the progress achieved in the global HIV response be protected and sustained.

February 2026

Actions against AIDS Germany

Contact: info@aktionsbundnis-aids.de