

## VIEWPOINT

# The US Administration's Assault on Global Reproductive Health and Autonomy

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Shortly after President Donald Trump's second inauguration on January 20, 2025, he issued an executive order halting nearly all foreign assistance for at least 90 days.<sup>1</sup> Almost immediately, the US State Department sent "stop-work" orders to organizations receiving US funds, forcing clinics to close.<sup>2</sup> Shipments of essential supplies were suspended, and health programs ranging from malaria control to maternal care were disrupted.<sup>3</sup> Simultaneously, the administration not only reinstated but also expanded the so-called Global Gag Rule, a policy that forbids nongovernmental organizations receiving US health assistance from providing or even discussing abortion.<sup>4</sup> Just days later, Secretary of State Marco Rubio instructed US diplomats to rejoin the Geneva Consensus Declaration, an international anti-abortion pact that proclaims "there is no international right to abortion."<sup>5</sup>

These actions constitute a profound attack on reproductive rights. By abruptly freezing aid and restricting speech about abortion, the United States endangers both immediate health services and the broader principle of bodily autonomy, resulting in particularly harmful repercussions for women, girls, and other marginalized groups worldwide.

## Undermining bodily autonomy and the right to health

Access to reproductive health care underpins an individual's ability to make decisions about their body, family, and future. Within days of the freeze, more than 900,000 women and girls had already lost their usual supply of contraceptives; by the tenth day, more than 1.3 million had been denied care.<sup>6</sup> The Guttmacher Institute estimates that a full 90-day pause would leave approximately 11.7 million people without family planning services, thereby triggering an estimated 4.2 million unintended pregnancies and thousands of preventable maternal deaths in 2025 alone.<sup>7</sup>

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This funding freeze constitutes a clear violation of bodily autonomy and the right to health. Under international standards, such as the International Covenant on Economic, Social and Cultural Rights and the Convention on the Elimination of All Forms of Discrimination Against Women, governments are required to promote equitable access to reproductive health care.<sup>8</sup> When the United States, a major funder of such programs, abruptly suspends or places conditions on foreign assistance, communities with the fewest resources experience the most severe impact. Furthermore, sudden interruptions in contraceptive distribution, obstetric care, and other essential health services directly compromise the right of individuals to decide whether, when, and how to have children.<sup>9</sup>

### Disproportionate impact on marginalized communities

Refugees, displaced persons, and individuals living in conflict zones often rely heavily on foreign-funded clinics for prenatal care, gender-based violence response, and emergency obstetric interventions.<sup>10</sup> When these clinics lose funding, services collapse swiftly. Providers must suspend staff, halt deliveries of medical supplies, and close their doors—sometimes with little or no warning. Human Rights Watch warns that President Trump’s abrupt suspension of foreign aid endangers “the health, safety, and livelihoods of millions of people.”<sup>11</sup> It specifically mentions the halting of the President’s Emergency Plan for AIDS Relief (PEPFAR), which is providing support to more than 750,000 pregnant and HIV-positive people to prevent mother-to-child transmission of HIV, as well as preventative care for approximately 850,000 newborns.<sup>12</sup> Disrupting these services violates recipients’ right to health and can be life-threatening, particularly for pregnant individuals, whose compromised immune systems leave them vulnerable to opportunistic infections. According to UNAIDS, more than 2,800 additional HIV infections have already occurred worldwide as a result of the PEPFAR shutdown, underscoring the urgent and far-reaching consequences of this policy decision.<sup>13</sup>

In Uganda, bed-net distribution to pregnant women, a critical component of malaria prevention, has stopped.<sup>14</sup> Pregnant women are particularly vulnerable to the disease, which can lead to preventable adverse complications such as miscarriage, low birth weight, and premature birth.<sup>15</sup> In Zambia, hemorrhage-preventing medications for pregnant women remain stalled in storage.<sup>16</sup> Meanwhile, in South Africa, a 22-year-old participant in a trial testing a vaginal ring to prevent both HIV infection and pregnancy saw her care abruptly halted, exposing an alarming breach of reproductive health protections and bodily autonomy.<sup>17</sup> Public records that might have clarified the scope of these shutdowns have been wiped from the United States Agency for International Development website, compounding a grim history of exploiting communities and other marginalized groups in medical research. Already facing heightened threats to their health and safety, crisis-affected populations lose vital reproductive health care, further perpetuating cycles of poverty. As the Women’s Refugee Commission warns, “This is not about the next 90 days; it’s about a lifetime of consequences for millions of people.”<sup>18</sup>

### The chilling effect of the Global Gag Rule

Although US law (under the Helms Amendment) already bars direct foreign aid for abortions, the expanded Global Gag Rule goes further by restricting even discussion or referrals for legal abortion.<sup>19</sup> If nongovernmental organizations accept US health funds, they must then censor their own services or advocacy. Originally introduced in 1984, the policy has repeatedly proven to reduce access not only to abortion-related care but also to broader health services, because many organizations opt to give up US funding altogether rather than withhold information from their patients.<sup>20</sup>

This chilling effect extends far beyond abortion. Providers worry that discussing post-abortion care or even referring a hemorrhaging patient to the nearest safe facility could jeopardize their funding.<sup>21</sup> Consequently, women are often denied vital medical information, including how to seek

safe care in countries where abortion is legal under specific circumstances. This climate of self-censorship erodes the fundamental principle of informed consent and violates guidelines by the World Health Organization, both of which emphasize patients' right to comprehensive, accurate information about their medical options.<sup>22</sup>

## Rejoining the Geneva Consensus Declaration

Rejoining the Geneva Consensus Declaration further solidifies the administration's alignment with an international bloc that actively seeks to deny reproductive rights. Although nonbinding, the declaration's core assertion—namely that “there is no international right to abortion”—runs counter to established human rights norms affirming the autonomy of women and girls.<sup>23</sup> By positioning the United States alongside countries with restrictive laws on reproductive health, this move may embolden other governments to challenge or weaken existing protections within various United Nations bodies, where the United States has previously threatened to veto resolutions referencing sexual and reproductive health.<sup>24</sup>

Critics argue that this stance undermines the global consensus that reproductive health care, including abortion in certain contexts, is a vital element of the right to health. Countries with fragile health care systems may feel pressured to adopt similar positions in order to preserve future US assistance.

## Eroding decades of progress in global health

For decades, US foreign aid has supported integrated programs focusing on HIV, malaria, tuberculosis, maternal health, and family planning.<sup>25</sup> The sudden mass layoffs triggered by the freeze threaten to reverse these gains. In many settings, skilled local providers who were trained through US-funded programs are forced to find new work elsewhere, fragmenting health care networks that took years to build. Supply chains are similarly affected. Clin-

ical trials on new contraceptive methods or HIV prevention tools remain in limbo, jeopardizing both participants and researchers. Even if funding eventually resumes, it could take months or years to rebuild partnerships, regain community trust and stability, and restore the logistics of medical supply distribution. Overall, these disruptions violate the principle of nondiscrimination in health care by disproportionately affecting populations who can least withstand funding fluctuations. As Doctors Without Borders has warned, “attacks on reproductive health will have devastating consequences worldwide,” especially where alternatives are scarce.<sup>26</sup>

## Call to action

To ensure respect for the human rights of women and girls, and to mediate the harms described above, the following coordinated steps are needed urgently from the administration, Congress, donors, civil society, and private actors. By lifting restrictive policies and investing in locally led solutions, health care systems that have been compromised by harmful regulations can be restored and strengthened.

- First, the administration and Congress should rescind stop-work orders and immediately release congressionally approved funds for reproductive and other health services. Just as important, permanently ending the Global Gag Rule through legislation like the Global Health, Empowerment, and Rights Act will allow continuous access to a full range of reproductive health services and unbiased information.<sup>27</sup> Withdrawing from the Geneva Consensus Declaration is another critical step, since it reaffirms the commitment of the United States to international norms that protect women's autonomy and recognize their right to sexual and reproductive health care.
- Donors, civil society, and private actors can play a transformative role by rebuilding local capacity and reinvesting in health care staffing, supply chains, and comprehensive service delivery. By providing support for locally led organizations

and culturally informed care, community-level health care resources can be restored and enhanced.

- It is important to document the harms caused by both the funding freeze and gag rules, and to seek appropriate avenues of legal and human rights recourse. Through domestic courts and international human rights bodies, advocates can uphold the right to health and the free flow of information. Combining these efforts and sharing responsibility can strengthen health care systems, champion women's autonomy, and protect fundamental human rights.

On both the domestic and international level, President Trump's actions amount to an aggressive campaign against reproductive freedom, dismantling protections and emboldening restrictive policies across populations.<sup>28</sup> The people most in need of care, whether low-income patients at home or marginalized communities abroad, are bearing the brunt of these restrictions. Although advocacy groups have won some early legal battles to stall the onslaught, the administration's trajectory remains uncompromisingly hostile to reproductive autonomy.<sup>29</sup>

As of four months later, the fallout has not abated; the administration has already moved to rescind even fundamental safeguards such as emergency abortion protections in hospitals, a sign that Trump's assault on reproductive health and bodily autonomy is only intensifying.<sup>30</sup>

The repercussions of halting foreign assistance and expanding abortion restrictions are immediate and intergenerational, placing millions at risk of unintended pregnancy, maternal mortality, and diminished bodily autonomy. As overlapping crises such as pandemics, climate change, and ongoing armed conflicts stretch health care systems to their limits, it is urgent that policies reinforce rather than dismantle access to essential care.

Reproductive rights are human rights.<sup>31</sup> Protecting and expanding them now is critical to ensuring the health, dignity, and well-being of women, girls, and marginalized communities around the world.

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