

# Press Releases: Background Briefing: Senior Administration Officials on Protecting Life in Global Health Assistance

Special Briefing  
Senior State Department Officials  
Via Teleconference  
May 15, 2017

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**MODERATOR:** Thank you very much, and thanks to all those who have joined us for this afternoon's call. This will be an on-background conference call on Protecting Life in Global Health Assistance. I'll introduce our participants this afternoon, but as a reminder, for attribution they will be senior administration officials, and the rules for this call will be on background.

Today we are joined by [Senior Administration Official One]. We are also joined by [Senior Administration Official Two], and finally, by [Senior Administration Official Three].

As a reminder, one last ground rule: This call will be embargoed until the conclusion of the call. And I'll now turn it over to our first speaker, [Senior Administration Official One].

**SENIOR ADMINISTRATION OFFICIAL ONE:** Thank you, [Moderator], and good afternoon.

On January 23rd, 2017, President Trump issued a presidential memorandum reinstating the 2001 presidential memorandum on the Mexico City policy, and directed the Secretary of State to implement a plan to extend to the extent allowable by law the Mexico City policy to global health assistance furnished by all departments or agencies.

Secretary Tillerson has approved a plan to implement the manner in which U.S. Government departments and agencies will apply the provisions of the Mexico City policy to foreign nongovernmental organizations that receive U.S. funding for global health assistance. The policy, now known as Protecting Life in Global Health Assistance, implements what the President has made very clear: U.S. taxpayer money should not be used to 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 funding for international health programs, such as those for HIV/AIDS, maternal and child health, malaria, global health security, 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 sub-award with such assistance funds.

Global health assistance to national or local governments, public international organizations, and other similar multilateral entities is not subject to this policy. Also excluded is humanitarian assistance, including State Department migration and refugee assistance activities, USAID disaster and humanitarian relief activities, and U.S. Department of Defense disaster and humanitarian relief. At any time, in consultation with the Secretary of Health and Human Services, the Secretary of State may authorize additional case-by-case exemptions to the policy.

Once all appropriate steps have been taken, the policy will apply to all new funding agreements, grants, cooperative agreements, and contracts, and gradually to existing agreements when they are amended to add funding.

Protecting Life in Global Health Assistance applies to approximately \$8.8 billion in funds appropriated to the Department of State, the U.S. Agency for International Development, and the Department of Defense. Previously, the policy applied only to family planning assistance provided by USAID and the Department of State.

Each organization will have the opportunity to indicate its agreement to abide by the terms of the new policy by accepting the provisions in its award. Foreign NGOs that agree not to perform or actively promote abortion as a method of family planning, or provide financial support to any other foreign nongovernmental organization that conducts such activities, will remain eligible for global health assistance funding through the standard U.S. Government processes that govern the award of federal funds.

The United States remains deeply committed to supporting health programs around the world. This change will have no impact on the total amount of U.S. Government funding for health programs around the world. Departments and agencies will reprogram to other organizations any funding they would have awarded to NGOs that do not agree to the terms of Protecting Life in Global Health Assistance.

Pursuant to this plan, the State Department is working with an interagency group to adapt USAID's March 2017 standard provision for family planning assistance to reflect changes needed to extend the provision to global health assistance provided by all departments and agencies.

As of May 15th, 2017, the affected departments and agencies will either start required processes for approving a new standard provision or, where possible, include the provision immediately 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 such agreements are amended to add new funding, to the extent allowable by law.

Affected departments and agencies are also taking the necessary steps to include a similar provision in certain types of contracts for global health assistance.

Given the expansive nature of the new policy, the department will undertake a thorough and comprehensive review of the effectiveness and impact of the policy's application over the next six months, which could include identifying implementation issues and any other new information affecting implementation going forward. Newly covered programs, including PEPFAR, the President's Malaria Initiative, and other global health programs, will be given special attention under this review.

Thank you very much.

**MODERATOR:** And with that, we'll open this up for questions. Thank you.

**OPERATOR:** Ladies and gentlemen, once again, it's \*1 for questions. And our first question will come from the line of Yeganeh Torbati of Reuters. Please, go ahead.

**QUESTION:** Thanks so much. A couple quick questions: Can you – you said that now it applies to \$8.8 billion in funding. Other – some critics have said and I've seen the wording that previously it applied to \$600 million in funding. Can you confirm that? And also, you mentioned that PEPFAR and the malaria – the President's Malaria Initiative are new programs that will be added to this or newly covered under this. Can you name a few other specific programs that weren't covered before and now will be? Thank you.

**SENIOR ADMINISTRATION OFFICIAL ONE:** Okay, thank you very much. Yes, the \$8.8 billion includes primarily the PEPFAR program, which is approximately \$6 billion. Additional funding included in this \$8.8 billion is USAID family planning, reproductive health, maternal health, and other types of programs.

The \$600 million figure that you mentioned was approximately the amount of money that was covered under the previous Mexico City policy that only affected USAID's and State Department's family planning program.

**SENIOR ADMINISTRATION OFFICIAL THREE:** Just to add on, the other programs affected also would include exactly as [Senior Administration Official One] said – the maternal child health programs, malaria, PEPFAR, as well as other infectious disease programs and the full array of global health assistance provided through USAID.

**QUESTION:** Thank you. Could I get a follow-up?

**SENIOR ADMINISTRATION OFFICIAL ONE:** Sure.

**QUESTION:** What do you say to critics – and we're getting the statements kind of as you all are speaking – what do you say to critics that say that this really – this move to drastically expand this policy really limits access to family planning services to people around the world, especially kind of women and children in the most vulnerable populations? What's the U.S. State Department response to that criticism?

**SENIOR ADMINISTRATION OFFICIAL ONE:** Well, it applies to those organizations who are not able to certify to this new policy. It's too soon to say which organizations that will be. Obviously, when the program gets rolled out, we'll know more, but until that time, we won't have any information in terms of the organizations affected.

**OPERATOR:** Thank you. And our next question will come from the line of Catherine Lucey of AP.

**QUESTION:** Hi, thanks for taking the question. Two things: One, can you go over the timeframe for this, what groups will have to provide, when they'll have to do it, how they will have to show that they're compliant? And also, what's your response to critics who say that this could potentially defund organizations working on global health concerns like malaria, like Zika, issues like that around the world?

**SENIOR ADMINISTRATION OFFICIAL ONE:** Okay. Well, as I said in my opening statement, as of today, May 15th, all the affected departments and agencies will either start requiring processes for approving a new standard provision or, where possible, include the provision immediately in all new grants and cooperative agreements, including those that additional funding is being provided to. Maybe I'll turn it over to my colleagues from USAID and the Global AIDS office in terms of more specifically how this might be rolled out in your agreement.

**SENIOR ADMINISTRATION OFFICIAL TWO:** So as stated, all of the new agreements that will be instituted in 2017 will have this clause added. We will be writing a letter to our agencies. Our – most of our State Department funding for PEPFAR goes out through lead agencies of the CDC, USAID, Peace Corps, and Department of Defense. All of those agencies will see that notification and the clause to be included in the agreements moving forward for both adding money to those agreements as well as new agreements. So agencies will have that by this afternoon to begin to include.

**SENIOR ADMINISTRATION OFFICIAL THREE:** And just one further word on timing, it is, as [Senior Administration Official One] noted, it's a gradual piece about how, when programs – when new money is added to existing programs, that's when the clauses go in because the recipients need to sign and agree to, to implement the clauses.

We don't – we are – the U.S. is the largest bilateral donor to global health programs, and this does not affect that commitment to global health worldwide, and we do remain committed to helping women and children thrive, and that's certainly where our programs will go and we don't expect this to change that in any way, shape, or form.

**OPERATOR:** Thank you. And our next question will come from the line of Carol Morello of *The Washington Post*.

**QUESTION:** Hi, thank you for doing this. Just following on what you just said, what are some of the programs that you've lined up to redirect the money to? Do you already have a list, and which ones do you expect to be the biggest

beneficiaries?

**SENIOR ADMINISTRATION OFFICIAL THREE:** So we don't have a list of all of the programs to redirect money to because it is up to the recipients to decide whether or not they would – are willing to sign the clauses and implement these clauses. So it is only at that point in time that we – if they decide they do not want to sign, that for that particular program, we would look for other partners to continue the services or continue the programs that we're implementing. So there's certainly not a a priori decision on our part. It's up to the recipients to decide whether or not they want to sign.

**OPERATOR:** Thank you. And our next question will come from the line of Felicia Schwartz of *The Wall Street Journal*.

**QUESTION:** Thanks so much for doing this. So just a follow-on on that, it would be – if there were some money sort of appropriated for a certain kind of program, if one organization says that they don't want to take the money under the new conditions, would that – it would be still funding for, like, the same kind of program but a different organization would receive it?

And then secondly, just to make sure I understand sort of the – some of the technical stuff about the timing. So current contracts, when they get new money it would apply to them? And then new contracts, in some instances right away and then other instances once the agencies draw up the correct language to insert?

**SENIOR ADMINISTRATION OFFICIAL ONE:** Essentially, yes to both your questions. You have understood correctly.

**SENIOR ADMINISTRATION OFFICIAL TWO:** And I think it's important to note that we're not talking about decreasing any of the programmatic funding to any of these elements. So the programmatic funding will continue – may have a different provider, because what the – the commitment is to providing consistent and quality services as all of our programs are committed to, whether it's malaria, tuberculosis, or HIV/AIDS programs. So – and I think all of those programs, both PEPFAR and PMI, have very mature partner balances in the field both at the county, the communities, and the country levels, and so we have a diversity of partners who are providing services and that would be available to continue those services.

**QUESTION:** If I could ask one follow-up, which is: Could you explain why broaden this policy out to \$8 billion, or 8.8, what benefit that has?

**SENIOR ADMINISTRATION OFFICIAL ONE:** Well, as I said at the outset of my remarks, that this is implementing what the President has made very clear, that no U.S. taxpayer money should be used to support foreign organizations to perform or actively promote abortion as a method of family planning in other nations. So this policy is to ensure that that is indeed not the case. So I thought maybe I could turn it over to our AID colleague to make one correction on the contract.

**SENIOR ADMINISTRATION OFFICIAL THREE:** And this is going back to your question

about the – how it would be rolled out. Initially, at least for USAID, and actually for all agencies, it only applies to cooperative agreements and grants. It does not yet apply to contracts because there is a – an ongoing process that needs to take place over the coming months to make it apply to contracts. So going forward, anytime an existing cooperative agreement or grant is amended to add new money, that's when we would put the clauses in and ask the recipient to decide whether or not they would like to sign or are willing to sign or not sign. And any new grants or cooperative agreements that we sign from now on will include these clauses in contracts in time after that process is completed.

**SENIOR ADMINISTRATION OFFICIAL ONE:** And just to emphasize, this is all happening gradually over time, over the next months as this gets implemented.

**OPERATOR:** Thank you. Next we'll go to the line of Rachel Oswald of the Congressional Quarter. Please, go ahead. Rachel, your line is open. Do you have your mute button on? Rachel Oswald?

Okay. Next, we'll go to the line of Jina Moore of BuzzFeed.

**QUESTION:** Hi. Thanks for taking the question. Thanks for making time for the call. I just wanted to zero back to the language that you just read and ask about the phrase "abortion as a method of family planning." Is there – it's almost epistemological, but is there any kind of abortion in the view of this policy that is not an abortion for means of family planning? Is there any kind of abortion that exists outside of that purview?

**SENIOR ADMINISTRATION OFFICIAL ONE:** 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 the termination of a pregnancy in cases of rape, incest, or endangerment of the life of the woman are not prohibited under this policy.

**QUESTION:** And just a quick follow-up. I know this came up a little earlier, but can you talk a little bit more specifically about how you will measure compliance?

**SENIOR ADMINISTRATION OFFICIAL THREE:** So compliance is measured by the ongoing monitoring of programs, right. We do – typically we do visits to our partners on a regular basis, and [Senior Administration Official Two] can talk about this more specifically with regard to PEPFAR. But it is certainly routine visits, if you will, routine monitoring of what the programs are doing, paying attention to what kinds of information they – the partners put out in the general press and those kinds of things. So it really is part of the routine monitoring.

**SENIOR ADMINISTRATION OFFICIAL TWO:** Just to pick up on that, and this is talking from the PEPFAR standpoint, we've extended our monitoring very much down to the site of where we deliver services. We think that's absolutely critical. So our – both our U.S. Government personnel who are in country as well as our large implementing partners and host governments actually go to the sites. And we require quarterly reporting from the sites so we know

exactly what's being provided at the site, the gender of the person receiving those services, and the age band that they're in so that we can monitor the quality of our services. So this would be one more element of monitoring. So I just want to really make it clear that this is not new to us about ensuring quality global health assistance services provisions, whether it's for TB, HIV, malaria, or immunizations. So that's a standard component of our program, to ensure high quality of services that the U.S. Government funds.

**OPERATOR:** Thank you. And now we have Rachel Oswald of the Congressional Quarter.

**QUESTION:** Hi. I hope you can hear me this time. Can you comment a little bit

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**MODERATOR:** Sure can.

**QUESTION:** Can you hear me?

**MODERATOR:** Yes, loud and clear. Thank you.

**QUESTION:** Okay, great. What, if any, outreach was had with PEPFAR receiver countries, the governments there, like Uganda, about the expansion of the Mexico City policy? And what feedback did those foreign governments give to you about any concerns they may have about the new policy?

**SENIOR ADMINISTRATION OFFICIAL TWO:** Yeah, thank you. So we're in dialogue with our countries all along about implementation of PEPFAR, because obviously this is done in cooperation with host governments but also civil society. So I think we were waiting for the guidance from the Secretary; so now that we have guidance on the implementation, we will circle back to all of our countries.

And we have, of course, people in all of our countries well-represented by the ambassadors that are in that country from the U.S. State Department, who are poised to talk immediately to our host countries but also to our communities and civil society, because we implement all of our programs in conjunction both with the host government but also the communities that we're serving.

**MODERATOR:** All right. If there are no further questions, as one final reminder, attribution for today's call is on background to senior administration officials. And now that this call has concluded, the embargo is lifted. Thanks very much, everyone. Have a nice day.

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