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Why the expanded global gag rule is a deadly triple tripwire for recipients of US foreign aid

Restrictions now reach beyond abortion to target gender and diversity programming, strip provider protections, and threaten humanitarian aid. Frank Burkybile reports

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On 27 January 2026 the US Department of State announced three new rules under the title Promoting Human Flourishing in Foreign Assistance.[1]

Together they expand the Mexico City policy—also known as the global gag rule, a policy restricting foreign non-governmental organisations (NGOs) from receiving funding from the US government if they provide family planning assistance—well beyond abortion access.

"We're going to see facilities shut or lose staff or services, which means we're going to see things like maternal mortality and unsafe abortions increase," says Sara Casey, associate professor at the Columbia University Mailman School of Public Health. "Service networks that break apart do not come back together easily."

One new rule, Protecting Life in Foreign Assistance (PLFA), tightens abortion related restrictions. A second, Combating Gender Ideology in Foreign Assistance (CGIFA), prohibits "gender ideology" activity. A third, Combating Discriminatory Equity Ideology in Foreign Assistance (CDEIFA), bars diversity, equity, and inclusion (DEI) programming. All three took effect on 26 February 2026.

The rules function as a triple tripwire: a recipient organisation can lose all funding by violating any one of them. Each applies to foreign NGOs, international organisations including UN entities, US NGOs, and foreign governments. Previous iterations applied only to foreign NGOs.

The scope is vast. Analysis by KFF, an NGO that conducts research on healthcare policy, estimates $39.8bn (£29.87bn; €34.58bn) in 2024 US foreign assistance obligations across more than 160 countries now fall under the new conditions, up from $7.3bn in 2020 under the first Trump administration's expansion.[2]

The implications extend beyond aid delivery to clinical practice and medical research. A clinician who answers a patient's question about where to obtain an abortion or a researcher whose protocol captures gender identity data could each trigger a violation that strips their entire organisation of all US funding—not just the programme in question.

What's changed

Previous versions of the Mexico City policy allowed a provider to respond passively when a woman had already decided to seek an abortion. The new PLFA rule has amended the definition of "promote abortion" to include "providing advice that abortion as a method of family planning is an available option, or referring for, or encouraging women to consider abortion." A doctor who answers a direct question about where to obtain an abortion could trigger a violation.

The rules also remove a protection specifically relevant to clinicians. During the first Trump administration, the policy shielded providers who had an affirmative duty under local law to provide abortion related counselling or referrals. That automatic protection is gone. Both the PLFA and CGIFA rules replace it with a petition process: if local law conflicts with the award terms, "an exemption may be sought from the Department of State." There is no guaranteed outcome.

Humanitarian assistance exposed

KFF's analysis identifies humanitarian assistance as the sector likely to be most affected by the new rules: $11.5bn, or 29% of the total of US foreign aid affected by the rule change, compared with $10.5bn (26%) for health.

Crisis settings rely on a small pool of organisations that can deploy quickly, and the rules will affect sub-recipients, constraining activity even when organisations also use non-US funds. When a prime recipient agrees to the terms of the funding, every partner in its chain is bound by it.

"Sometimes there are very few organisations that are able to respond to a crisis, based on where it is and its complexity," says Jen Kates, senior vice president and director of global health and HIV policy at KFF. "If this policy leads to fewer organisations being available, that could be challenging."

The CGIFA rule compounds the problem. It prohibits "gender ideology" programming but draws no operational line between prohibited activities and permissible gender based violence prevention or HIV outreach to key populations.

"Any gender equity or violence against women programmes—people aren't going to touch them with a 10 foot pole," Casey says.

Multiple sources told *The BMJ* that the ambiguity will drive more self-censorship than explicit prohibitions. The CDEIFA rule, which bans programming aimed at achieving differential outcomes for different groups, leaves health equity initiatives and programmes targeting marginalised populations in the same ambiguous territory.

Overcompliance

A review of the 2017-18 implementation of the Mexico City policy by the US Government Accountability Office documented 54 instances where organisations declined the policy terms, leaving $153m in planned funding unspent. More than two thirds of that money was earmarked for Africa.[3] The larger problem was what happened inside organisations that agreed to the terms.

Terry McGovern, professor at the Columbia University Mailman School of Public Health, tracked these patterns in 2019 research. She found "erasure of anything that could fall under the global gag rule, beyond what the rule actually said." The current expansion, she says, will produce a wider chilling effect because DEI and gender ideology restrictions are "broader and vaguer" than abortion restrictions.

Casey has seen organisations that have stopped offering family planning and post-abortion care, avoided coalitions with non-certifying organisations, and changed HIV referral pathways.

"Overcompliance, or the chilling effect, is very real," Casey says. "I also don't think we're going to see any data collected on LGBTQ populations because organisations won't want those data to be found if they're audited," she added.

Asia Russell, executive director of Health GAP, says that implementers had already begun cancelling subawards for organisations working with key population before the rules took effect. She said the President's Emergency Plan for AIDS Relief has "buried its own 2025 programme data" with "no intention of tracking programme outcomes."

Kenya

Kenya's constitution permits abortion when a trained health professional determines emergency treatment is needed, when the mother's life or health is endangered, or as permitted by other written law.[4]

Under the Trump administration's Mexico City policy, providers meeting those legal obligations were automatically protected by the duty-of-care provision. Under the new rules, however, their employers must petition the US state department for an exemption. A Kenyan provider who follows Kenyan law could now put their organisation's US funding at risk.

Kenya's Ministry of Health, citing the December 2025 US-Kenya health cooperation framework, stated that the agreement "expressly provides that its implementation shall be consistent with the constitution and laws of Kenya."

Whether that holds against the new terms has not been tested.

According to the documentation accompanying the rule changes, the state department estimates each rule "will impose one time familiarisation costs of $16,035,000, and annual costs related to training and compliance monitoring of $114,052,700." The department also estimates that "2500 recipients and grantees (including foreign NGOs, US NGOs, international organisations, and foreign governments and parastatals) will be impacted by this rule." It also acknowledges service disruptions and costs to beneficiaries that it "is not able to quantitatively assess." The government's own regulatory analysis concedes harm it cannot measure.

The rules attach to new awards and funding modifications, not retroactively. Effects will roll in as funding cycles turn over. Kates noted that reduced United States Agency for International Development staffing may limit the administration's own ability to monitor compliance, meaning the rules may produce disruption that the government cannot track.

Experience suggests the damage outlasts the policy. A 2019 study looking at the effects of past iterations of this rule[5] found the first term expansion was associated with increases in induced abortions in sub-Saharan Africa, a consequence opposite to the policy's stated aim.

Researchers say the expanded rules could reach far beyond abortion programming, affecting gender based violence work, HIV outreach, and research involving women and LGBTQ populations.

"This on top of ending USAID and lots of important global work by the US is simply devastating," McGovern says.

"This policy changes how the US conditions its support," says Kates. "The administration has been explicit: it does not want these activities carried out and is using foreign aid as a way to stop them."

I have read and understood BMJ policy on declaration of interests and have no relevant interests to declare.

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