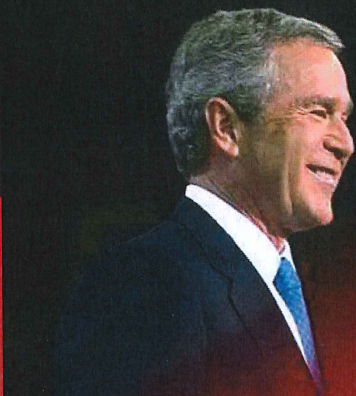


BUSH AND THE GLOBAL GAG RULE: **TRICK OR TREAT**



On 22 January 2001, as one of his first actions in office, United States President, George W Bush reinstated the Mexico City Policy – more commonly known as the Global Gag Rule. **ELIZABETH DOGGETT** explains how this could affect HIV/AIDS services in South Africa.



The loss of funding for health services has serious implications, not only for reproductive health, but also for HIV/AIDS in South Africa

The Global Gag Rule stipulates that no foreign non-governmental organisation (NGO) which performs abortions, provides information or referrals to abortion services, or lobbies to make abortions legal or more easily accessible (except in cases of rape, incest, or threat to the life of the woman), may receive family planning funding from the United States Agency for International Development (USAID).

As a result, international reproductive health care providers and educators such as Marie Stopes, the International Planned Parenthood Federation (IPPF), and the United Nations Population Fund (UNFPA) lost large percentages of their funding. IPPF has lost an estimated \$18 million a year, and UNFPA \$34 million in the first 18 months after the Rule was reinstated.

The loss of funding for health services has serious implications, not only for reproductive health, but also for HIV/AIDS in South Africa and other countries straining

under the impact of the pandemic. And women stand to suffer most, as they are most vulnerable to the virus because of social inequalities, sexual abuse, domestic violence, limited access to education and financial resources, and limited autonomy in reproductive and sexual decision-making.

It is unlikely that the funding cuts do much to prevent abortions. UNFPA estimates that the loss of its US funding will result in two million unwanted pregnancies, 800 000 abortions, and more than 81 000 deaths.

Even though the Bush administration backed down from extending the restrictions to HIV/AIDS programmes under the President's Emergency Plan for AIDS Relief (PEPFAR), no measures were taken to ensure that this does not happen in the future.

The PEPFAR funds were introduced in President Bush's 2003 State of the Union Address. It entailed a plan to authorise \$15 billion over five years to be spent fighting AIDS in 14 developing countries, including South Africa. But this seemingly generous

gesture, the "largest international health initiative ever to target a single disease", carries restrictions which may bring about more damage than relief.

Although the Bush administration explicitly stated that groups receiving HIV/AIDS funds were not subject to the restrictions, the indistinct (and sometimes nonexistent) boundaries between family planning and HIV/AIDS interventions make it impossible to separate the two. The Mexico City Policy diminishes the effectiveness of the PEPFAR funds in ways that should have been anticipated.

Firstly, there are probably NGOs that qualify for PEPFAR funding but are unaware of the fact that the Gag Rule applies only to family planning funds. Secondly, the most easily visible NGOs that lost funding for refusing the terms of the Policy (such as IPPF, Marie Stopes, and UNFPA) use comprehensive approaches to provide health care, family planning services and information, as well as sexually transmitted (STI)

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Court application challenging the validity of his 1977 expropriation. His case was dismissed but he was given leave to appeal. Instead, the landowners decided to test the land claims route, which was then under discussion at the constitutional negotiations. They were reassured that the new land reform institutions would be staffed by progressive officials from the land-rights sector after the elections.

In 1995 the Commission on Restitution of Land Rights opened its office in KwaZulu-Natal, with the minimum of resources and a huge caseload. The Cremin claimants were in a particularly favourable position as they were supported by AFRA and had relatively well-resourced leaders to push their claim.

Theirs was also a relatively straightforward claim. The former tenants never laid claim to their rights, although both the Cremin land-

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owners and the Land Claims Commission encouraged them to lodge a separate claim for restitution, in the form of either alternative land or money. The farm owner had also died and his heirs, who were not living on the farm, were ready to sell for the right price. Negotiations with the state were successful and in 1996 the executors of the estate approved the sale of Cremin to the state, for restoration to the claimants.

This agreement was signed in June 1996. The community packed into a plain cement-floored church in Ezakheni in tense anticipation, to watch “that white man” sign the document. The spontaneous reaction of one elderly woman symbolised the momentousness of the occasion – she hobbled forward with her walking stick and hugged and kissed him.

Today the reconstruction of Cremin is proceeding slowly. What has contributed to its relative success? The limited contribution of the state has probably been less significant than the nature of the community, who have demonstrated the importance of social cohesion (strong leadership and social networks) and enough material resources to invest in the

land and institutions independently of the state.

Although the larger community of landowners sometimes thought their Association was “blooming mad” in the struggle phase, there were no debilitating power struggles within the leadership, competing visions for the outcome, or any doubts about the moral authority of their claim.

The current leadership is also determined that sub-letting should not be allowed on the land again. Thus the resettlement of Cremin has not followed the path of some other historically prominent “black spot” claims, including Roosboom and Alcockspruit (in KwaZulu-Natal) and Doornkop (in Mpumalanga). Here tenants have moved onto the land in substantial numbers, making for tensions between different categories of rights holders.

Yet the Cremin community faces many challenges. Only 17 out of a possible 85 households had returned by 2004, and most are “straddling” farming and formal employment or running small businesses for a living. The likelihood of informal occupation or tenancy relationships developing on non-utilised plots is real.

Most landowners are still in Ezakheni. They attribute this to the absence of piped water and electricity at Cremin. This lack of services has been a major bone of contention with state officials responsible for “post-settlement support”. For the younger generation at Ezakheni, Cremin is valued as a place of “traditional” rural values, a place to visit, but for most, not a place to make their permanent home. This means that the prospects for recreating the agrarian community aspired to by the first generation of Cremin landowners look less certain for following generations.

The land claims programme has a dual purpose: redress and poverty reduction. At Cremin, whatever economic benefits have accrued to the claimants from their restored land have been essentially of their own making. Nevertheless, to the chairman of the Cremin Trust, the community is “victorious”.

What does that mean to him? His reply is wonderfully suggestive of the multi-faceted nature of restitution: “It does not mean that we are back on our feet, but we are consoled.” •

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and HIV education, testing, and treatment.

It makes sense to integrate family planning and HIV in South Africa for many reasons. The most obvious of these are to provide those women who have limited resources and access to clinics, with family planning and HIV support services in the same settings.

The daily, intimate contact NGOs have with the communities they serve, also make them better equipped to identify the multiple experiences of their clients. An NGO serving abused women and children must focus not only on abuse, but also on poverty, lack of access to health care, discrimination, and the lack of education clients may experience. Similarly, many NGOs that provide education on women's health care, STI and HIV, and other family planning services, cannot afford to refuse women information on and access to safe abortion services.

The effectiveness of the NGOs' work is usually limited by a lack of adequate funding in South Africa. During the last year, both the Women's Health Project and the Reproductive and Sexual Health division of the Gender Advocacy Programme – and presumably other NGOs – were forced to dissolve because of severe funding restrictions.

Countless others inevitably limit the extent to which their programmes operate because of a lack of adequate staff and resources. It is important for the government and international community to recognise the role that NGOs play – as “bridges to at-risk communities” and as agents capable of addressing the specific needs of communities – and for them to help NGOs work to their fullest capacities.

The Mexico City Policy poses misguided and counterproductive restrictions on the groups that need the most support. As the Bush administration enters a second term, it is important to recognise the negative impact of policies based on partisan ideals and not on facts. •

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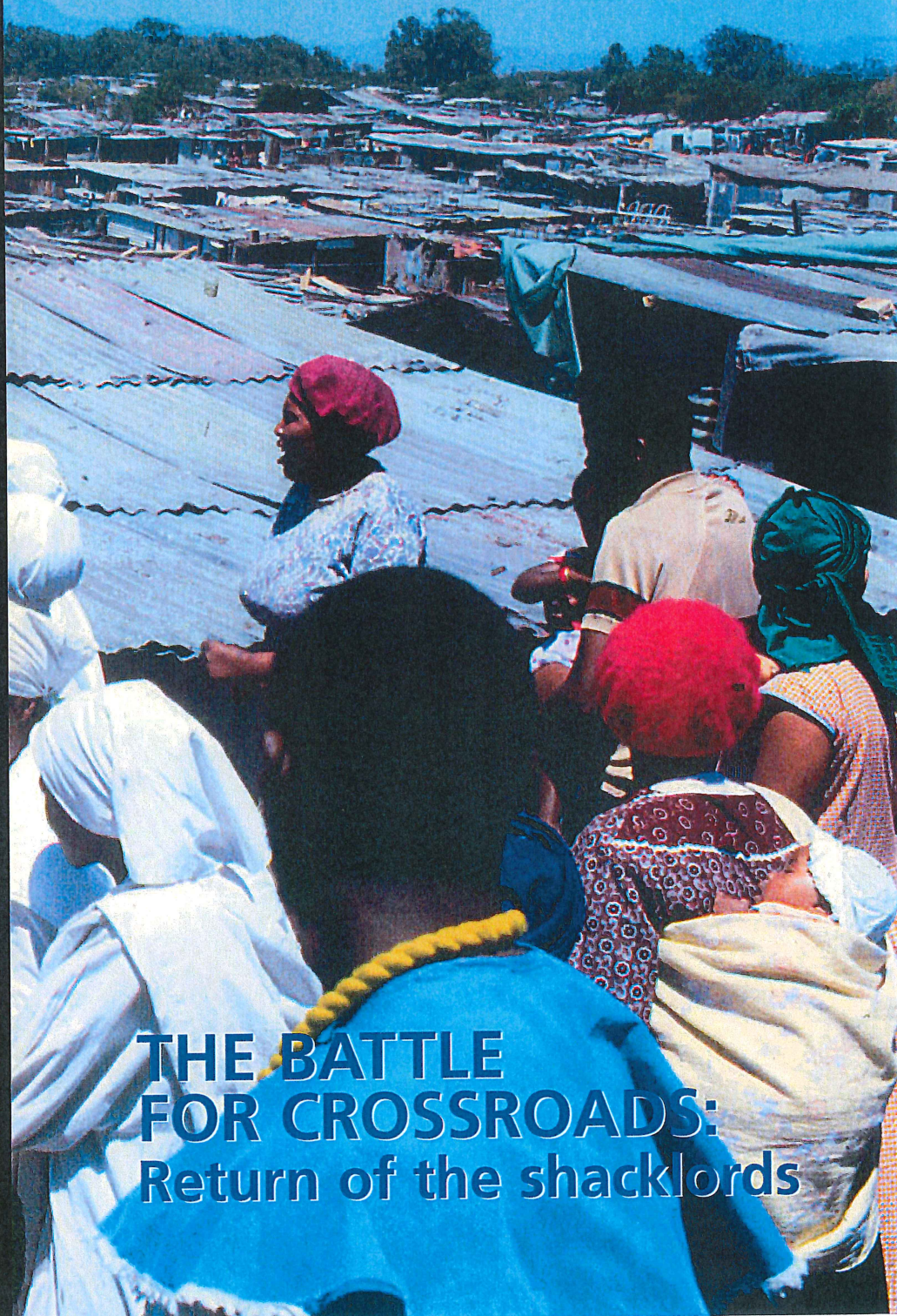


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