

Global Health

Gag Rule May Increase Abortions

Abortion rates in some sub-Saharan African countries increased by 40% when a US policy that pulled federal funding from overseas organizations that performed or discussed abortion was in effect, according to a study in *The Lancet Global Health*.

The Mexico City Policy, also called the global gag rule, was first adopted during the Reagan administration in 1984. It prohibits international organizations from using any funds, even those from sources outside the United States, to perform or counsel women on abortion. The policy has been repealed each time a Democrat has been elected president and reinstated during each Republican administration.

To better understand the policy's effects, the authors compared the numbers of pregnancies and abortions and modern contraceptive use in 26 countries in sub-Saharan Africa based on how much US aid they received for family planning between 1995 and 2014.

In countries that relied heavily on US aid, the abortion rate increased by 40%, or 4.8 per 10 000 women, during 2001 to 2008 when the Mexico City Policy was in effect compared with years when the policy had been rescinded. Contraceptive use in these countries also decreased by 13.5% and the number of pregnancies increased by 12% during the period. These trends reversed when the policy was withdrawn in 2009.

Many organizations that provide abortions or abortion counseling also provide contraceptives, so withholding funds for abortion or related services may inadvertently reduce contraceptive access, the authors wrote. They noted that the policy's cumulative effects may also contribute to increased maternal mortality, although the study didn't assess maternal death rates.

"We have shown how a US policy that aims to restrict federal funding for abortion services can lead, unintentionally, to more—and potentially riskier—abortions in poor countries," the authors wrote. "Regardless of one's political preferences or beliefs about the ethics of abortion, these results represent undesirable and unintended—but reversible—consequences of the Mexico City Policy."

Viruses Drive Children's Pneumonia

Respiratory syncytial virus and other viruses have replaced bacteria as the leading cause of severe childhood pneumonia in low- and middle-income countries, according to a study in *The Lancet* that examined childhood pneumonia in 7 Asian and African countries.

The Pneumonia Etiology Research for Child Health study collected and tested samples from 4232 children younger than 5 years who were hospitalized with severe pneumonia at sites in Bangladesh, Gambia, Kenya, Mali, South Africa, Thailand, and Zambia over the course of 2 years. The researchers also collected and tested samples from 5119 children without pneumonia who lived nearby. The sites were chosen, in part, to assess the pathogens causing serious pneumonia in areas with a high uptake of the *Haemophilus influenzae* type B and pneumococcal conjugate vaccines.

Viruses were identified as the likely cause of 61.4% of severe pneumonia cases across all the study sites, while bacteria were linked with 27.3% of cases. *Mycobacterium tuberculosis* accounted for 5.9% of cases. The remainder were attributed to unknown causes or fungal infections. Respiratory syncytial virus accounted for 31.1% of cases, the largest proportion ascribed to a single pathogen.

"We now have a much better idea of which new vaccines would have the most impact in terms of reducing illness and mortality from childhood pneumonia in these countries," lead author Katherine O'Brien, MD, currently the director of Immunizations, Vaccines and Biologicals at the World Health Organization, said in a news release.

Fighting Epilepsy Stigma

Greater efforts are needed worldwide to combat stigma and discrimination against patients with epilepsy, according to a World Health Organization report.

Epilepsy affects 50 million people worldwide. Despite the availability of inexpensive medications, which can cost as little as \$5 a year, more than 75% of people with epilepsy living in low-income



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countries and 50% of those in middle-income countries do not receive treatment, due in part to stigma.

"The stigma of epilepsy can discourage people from seeking treatment and has consequences for quality of life and social inclusion," the authors wrote.

Misconceptions drive the stigma. For example, people with epilepsy may be viewed as contagious, insane, possessed by demons, or cursed by deities or witches. These views make individuals with epilepsy the target of discrimination or human rights abuses. They may be socially isolated, denied jobs or education, and barred from marriage, all of which may contribute to poverty and poor mental health. People with epilepsy may try to hide their condition out of shame or fear, which could delay treatment. Some seek care from traditional healers who may use treatments that are dangerous or ineffective.

"Improving knowledge and raising awareness of epilepsy in schools, work places, and communities is needed to reduce stigma," the authors noted. They also urged countries to adopt legislation "based on internationally accepted human rights standards" that may help prevent discrimination, improve access to care, and the quality of life for people with epilepsy. — **Bridget Kuehn, MSJ**

Note: Source references are available through embedded hyperlinks in the article text online.