Mitigating the effects of funding cuts in the Eastern Mediterranean Region

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Donor funding cuts are not new. The development sector has witnessed several funding reductions in the past due to changing priorities. However, the recent funding cuts are unprecedented in scale and carry profound consequences for health systems, particularly in low- and middle-income (LMIC) countries that rely heavily on external funding.

In early 2025, the United States of America reduced its development funding through the United States Agency for International Development by 83%, amounting to approximately US$ 60 billion—in addition to withdrawing funding for WHO, Gavi and some other public health initiatives, including health research (*1*). The United Kingdom reduced its Overseas Development Assistance budget by 40% (£ 6 billion reduction), Netherlands by EUR 2.4 billion, and Switzerland by US$ 282 million (*2–4*). France proposed an 18% reduction in its development funding, Sweden US$ 291 million by 2026, and the European Union EUR 2 billion (*5–7*).

The human toll

The consequences of these large funding cuts are still unfolding, but early projections are stark. Mortality and morbidity due to ill-health will increase, reversing decades of progress made in health and socioeconomic development in low and middle-income countries, and taking us further from achieving Universal Health Coverage and the Sustainable Development Goals. Estimates suggest that the funding cuts could cause more than 14 million additional deaths by 2030, including 4.5 million deaths among under-5 children (*8*).

We have seen this before. In 2021, when the United Kingdom reduced its support to the United Nations Population Fund family planning supplies by approximately 85%, there were significant reductions in access to reproductive health services in many low and middle-income countries, including those in the Eastern Mediterranean Region (EMR) (*9*). A similar pattern is now emerging across all aspects of healthcare.

A rapid assessment conducted in March/April 2025 by WHO across 108 low- and lower-middle-income countries revealed alarming impacts: a 70% reduction in health emergency preparedness and response, 66% in public health surveillance, 58% in service provision, 56% in humanitarian aid, and 54% in healthcare workforce (*10*). Critical shortages in medicines and health products have emerged, health workers supported through foreign aid have lost their jobs, and key health data management systems have been disrupted. Many United Nations entities and partners have significantly reduced their health-related interventions, unable to provide fund-intensive services in some settings. Malaria, HIV, tuberculosis, sexually transmitted infections, family planning, and maternal and child health services have been seriously affected (*10*).

A region in crisis

The Eastern Mediterranean Region bears the highest burden of health emergencies due to emerging and protracted conflicts. Funding cuts are already limiting access to life-saving interventions and disproportionately affecting vulnerable populations. Nutritional support and food aid to migrant and displaced populations in Afghanistan, Lebanon, Libya, the Occupied Palestinian Territory, Somalia, Sudan, and Yemen, have been reduced significantly.

Pakistan and Somalia—2 countries with high tuberculosis, HIV-associated tuberculosis and multidrug-resistant/rifampicin-resistant tuberculosis burdens—are among several countries now experiencing substantial disruptions, and in some cases complete cessation, of HIV testing, prevention and treatment services (*10,18*).

Pregnant women in Afghanistan and Somalia—2 of the 5 countries with the highest maternal health risks—now face elevated mortality and morbidity risks as maternal and child care services are reduced (*10*). Access to family planning and early childhood care, including immunization, has declined, and more women now give birth in unsafe circumstances. The recent increase in outbreaks of vaccine-preventable diseases such as cholera, measles, meningitis, and yellow fever will only accelerate as immunization coverage decreases further in the region (*11*).

Health systems in Afghanistan, the Occupied Palestinian Territory, Sudan, Syria and Yemen have deteriorated rapidly. More than 450 clinics have closed in Afghanistan, Sudan and Syria alone, leaving 2.5 million people in need of medical treatments at risk, including 45 000 children in Sudan who will miss acute malnutrition

treatment (*12*). In Syria, diphtheria-tetanus-pertussis immunization coverage has dropped below 60%.

Mobile healthcare services in many hard-to-reach and conflict-affected communities are no longer viable. Patients must now travel longer distances—where possible—to access HIV and tuberculosis services, which they must pay for out of pocket, increasing the financial burden for services that were previously free (*13*). This further reduces household ability to meet other needs, including food, pushing families deeper below the poverty line. Critical health research to validate new medicines, treatments and diagnostics has been paused in some cases, increasing the threat of drug resistance and disease spread (*11*).

Turning crisis into opportunity

The sudden funding cuts represent both a wake-up call and an opportunity for Eastern Mediterranean countries to transition towards sustainable health financing, as already highlighted in the WHO Transformation Agenda for the Eastern Mediterranean Region (*14*). This transition will make health systems less reliant on foreign aid, more resilient, and more responsive to population needs rather than being shaped by the policies of donor countries.

WHO has begun supporting countries through this transition, but success will require bold action across multiple fronts. The path forward demands conventional reforms and creative solutions that reflect the region's unique circumstances. A guidance document released by WHO recently calls on policymakers to make health a political and fiscal priority in government budgets even during times of crisis, and to see health spending as not merely a cost to be contained but an investment in social stability, human dignity and economic resilience (*15*).

The foundation lies in strengthening domestic resource mobilization. Countries must harness taxation strategies on tobacco, sugar-sweetened products, and alcohol—measures that simultaneously generate healthcare revenue while improving population health outcomes (*16*,*18*). Health insurance systems require urgent overhaul to become genuinely functional and inclusive. Meanwhile, the digital revolution offers unprecedented opportunities: health technology can extend the reach, reduce costs and improve quality in ways unimaginable a generation ago.

But revenue generation extends beyond taxation. Countries are haemorrhaging resources through illicit financial flows that could fund entire health programmes. Better external debt management, strategic use of remittances and rigorous public finance management can unlock substantial additional funding. These are not technical adjustments—they represent fundamental shifts in how countries steward their resources (*17*).

National health strategies must break free from siloed planning. Realignment with the global and regional priorities will ensure that limited resources flow towards interventions with proven impact. This requires partnerships across all sectors. The private sector brings innovation and efficiency; philanthropies offer flexibility and risk tolerance that governments often lack. Together, they can achieve what no sector could accomplish alone.

Perhaps the most promising innovations lie in regional solidarity. Imagine a health humanitarian endowment, funded by high-income Eastern Mediterranean countries, that provides sustainable support to resource-poor and conflict-affected neighbours or to specific health programmes. Countries with robust technical capacity can second experts to nations in need, creating networks of expertise that strengthen the entire region while countries with fragile health systems build their own capabilities (*12*).

The mathematics of collective action are compelling: pooled resources stretch further, shared expertise multiplies impact, and coordinated strategies help avoid duplication. Through such creative collaboration at regional and country levels, we will not only mitigate the immediate effects of the funding cuts but fundamentally transform how our health systems operate—less dependent on the vagaries of external funding, more resilient in the face of crisis, and ultimately more capable of serving the populations they exist to protect.

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