Global impact of the health funding cuts by the United States of America

Babar Tasneem Shaikh[1] and Mariam Ashraf[1]

[1]Health Services Academy, Islamabad (Correspondence to Babar Shaikh: shaikh.babar@gmail.com).

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The exit of a major key player, the United States Agency for International Development (USAID) from WHO following the executive order of January 2025 presents a serious risk to global health (*1*). As the largest contributor to WHO, USAID donated US$ 1.284 billion (20% of its budget) in 2022–2023, exceeding contributions from the Gates Foundation (US$ 689 million), Gavi (US$ 500 million) and the European Union (US$ 412 million) (*2*). This withdrawal endangers WHO's financial stability, particularly threatening emergency preparedness and response, disease prevention and several other health initiatives. This situation indicates the need to strengthen health systems through global, regional and national solidarity.

For many years, the United States of America (USA) has been a major contributor of humanitarian assistance worldwide, helping non-government organizations to deliver food, shelter and health care to millions. The recent halt in the operations of USAID, along with cuts to other aid initiatives by the USA, may lead to a significant turmoil in the community's response to health threats globally, including HIV/AIDS, malaria and tuberculosis (TB) (*3*).

Foreign aid has played a significant role in shaping public health improvements over the past half century, particularly in the developing countries. Following the Second World War, United Nations agencies, such as WHO, UNICEF and UNAIDS, succeeded in implementing large-scale disease eradication programmes, including the elimination of smallpox globally in 1980 and polio from many countries in 1999. The United States enhanced its role in global development assistance after the establishment of USAID in 1961. The introduction of the Millennium Development Goals (MDGs) in the 2000s led to a significant increase in donor funding, marked by substantial financial support from Washington for major initiatives, including the Global Fund to Fight AIDS, Tuberculosis and Malaria GFATM and Gavi. American participation increased further with the launch of the President's Emergency Plan for AIDS Relief (PEPFAR) in 2003 (*4*). Since 2001, US funding for global health has increased nearly 10-fold, from approximately US$ 1.7 billion to US$ 12.3 billion by 2024. These investments have resulted in significant positive outcomes: one estimate suggests that between 2 and 6 million lives are saved every year through the USA health assistance (*5,6*). Threats to domestic institutions, such as the National Institutes of Health and the United States Centers for Disease Control and Prevention (US CDC), may also have global implications, given their roles in generating scientific knowledge and responding to health crises that affect everyone. This could be a significant setback considering the scale and nature of the threats ahead, from ageing populations to climate-related health risks, all areas in which USA assistance has traditionally played a vital role in the past and has helped achieve positive health outcomes (*7*).

Infectious disease programmes such as TB, polio and HIV/AIDS may also encounter significant setbacks. The abrupt termination of USAID funding risks reversing the progress made in recent years towards the EndTB targets. Just as the burden of TB is inequitably distributed, public health experts anticipate that the cessation of USAID funding will have the most significant impact on low-income countries, particularly those in Africa, which have been most reliant on international donor funding. Further potential reductions in funding, projected through possible cuts to The Global Fund, would likely exacerbate morbidity and mortality due to TB. These reductions would disproportionately affect low-income countries and some Eastern Mediterranean Region countries.

Modelling suggests that the termination of USAID funding could lead to 420 500 excess tuberculosis deaths by 2035. Additional reductions in funding, aligned with current announcements by the United States, France, the United Kingdom, and Germany, may result in an extra 699 200, 63 100, 50 500, and 30 500 TB deaths, respectively (*8*). The impact would be most pronounced in the low-income countries. The current scenario reflects a clear departure by the USA from multilateralism and its shared global responsibilities, particularly at a time when health and climate commitments are increasingly recognized as interconnected and mutually reinforcing (*9*).

The suspension of support for sexual and reproductive health services is concerning. Analysis from the Guttmacher Institute estimates that 130 000 women have been denied contraceptives each day of the funding freeze, totalling 3.4 million. They predict that 8340 women will die from complications during pregnancy and childbirth as a result (*10*).

For decades, WHO has served as a cornerstone of collaboration globally, coordinating outbreak responses, fostering scientific exchange, establishing international standards, and offering invaluable technical assistance. The COVID-19 pandemic revealed the significance of WHO's contributions to global health (*11*,*12*). Membership brings significant advantages, such as enhanced disease surveillance, stronger health systems and increased engagement in health diplomacy (*13*). The USA withdrawal poses a substantial setback for these health initiatives globally.

The international community must seize this opportunity to strengthen global health cooperation, address the impact of the USA withdrawal and ensure that the world is better equipped to withstand future pandemics and health emergencies. The urgency for unity and solidarity has never been greater (*14*). Governments, international and philanthropic organizations and the private sector partners must work together to establish strong and adaptable frameworks that emphasize prevention, research and equitable access to health care. Through collaboration, transparency and shared responsibility, the global health community can advance efforts to eradicate endemic tropical diseases, including malaria and dengue fever.

Since 1988, the number of wild poliovirus cases has plummeted by over 99%, from an estimated 350 000 cases across more than 125 endemic countries to just 6 reported cases in 2021. Among the 3 strains of wild poliovirus (types 1, 2 and 3), type 2 was eradicated in 1999, while type 3 was eradicated in 2020 (*15*). However, wild poliovirus type 1 continues to exist in Pakistan and Afghanistan and the current situation may result in resurgence and increased mortality rates among vulnerable populations (*16*).

In recent years, the largest countries receiving international health aid include Bangladesh, Pakistan, Ethiopia, Nigeria, Philippines, and South Africa. The health outcomes achieved in many of these countries would not have been attainable without external resources complementing domestic funding. For instance, in Pakistan, over 36 million children were vaccinated, thanks to Gavi support. Between 2000 and 2011, Pakistan received over US$ 316 million from the vaccine alliance to fund its immunisation programme (*17*).

The withdrawal of USA funding for health could have deep implications for Pakistan, for instance, as suspended USA-funded projects are worth over US$ 845 million in the country. These projects cover various sectors such as energy, economic development, agriculture, democracy, human rights and governance, education, health, and humanitarian assistance (*18*,*19*). Poverty has increased in the country due to the recent challenges, despite some signs of economic stabilization. The COVID-19 pandemic, the catastrophic 2022 floods, civil unrest, political instability, and macroeconomic instability have intensified poverty levels (*20*).

This fundamental challenge in the health sector indicates the need for urgent self-reliant, sustainable and locally driven solutions. There is a need to reprioritise the allocation of domestic resources in favour of the health sector. Alternative funding is imperative, including through partnerships with international donors, non-government organisations and the private sector. By revisiting domestic health policies and strengthening domestic health investment, we can bridge the funding gaps and improve the efficiency of funding allocations. Engaging local communities in health initiatives can improve programme sustainability and build resilience against unstable and unreliable funding. Public-private partnerships can promote innovation and improve health care service delivery.

Although the decrease in USA funding presents significant challenges, strategic planning and resource diversification can help developing countries navigate these difficult times. Decisive actions on the diversification of funding sources and increasing domestic financing for health care are needed to sustain and advance progress made so far in global health.

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