medmissio
Institute for Global Health

# Consequences of the US budget cuts and the dissolution of USAID:

# An analysis and recommendations for action for stakeholders in international development cooperation

May 2025

*Authors: Laura Liebau, Tilman Rüppel, Kristina Schottmayer*

On 20 January 2025, the US government under President Trump issued an executive order imposing a 90-day review of all forms of foreign aid. This was accompanied by a decision to completely pause all of these global activities. This was the beginning of a massive reorganisation and weakening of US-funded development cooperation. While around 40% of programmes at the State Department were cancelled in February, 86% of all USAID programmes were discontinued. At least 36 million people lost urgently needed humanitarian aid as a result. However, further cuts were made within USAID in March and April and the review of foreign aid was extended by a further 30 days, which is why it remains unclear whether, when and to what extent further cuts in the area of US development cooperation will be decided. In addition, almost all USAID employees are to be laid off and all foreign representations closed by September 2025. As USAID was active in over 100 countries and the USA was the largest donor of financial resources for development cooperation in 2024 with USD 63.3 billion and 30% of the total, a global funding crisis is emerging in this area.

**Physician and director of a health facility in the southern Democratic Republic of Congo:**
*'The impact of the US government's decision to suspend USAID's foreign assistance for 90 days is catastrophic for the future of health services in our area of operation and the rest of the country. [...] We would like to reiterate that USAID assistance has always been a significant part of the over 40% of external funding that keeps our health system running. According to several sources, the DRC has benefited from substantial investments in critical sectors such as health, education, agriculture and governance, with an estimated $1 billion in annual USAID support.'*

**Leader of an Indian national organisation:**
*'The cancellation of USAID funding to India has a significant impact on various sectors, especially health, education and climate resilience. Health programmes, especially those addressing tuberculosis, HIV/AIDS and maternal health, have been affected by disruptions and potential setbacks in fighting diseases and improving maternal health. USAID-supported initiatives have focused on providing technical assistance to the government at all levels - district, state, and national - to improve the quality and scope of health services. These technical assistance activities were designed to build and strengthen the capacity of the health workforce, facilitate public-private partnerships, leverage technology, support data management, research, and communication to improve the quality and coverage of health services.'*

Early February, US President Trump also signed an executive order calling for a 180-day review of international organisations, leading to much poorer funding prospects for these organisations. Cuts to these programmes - or a US withdrawal from multilateral development organisations - will have a significant impact on the ability of these organisations to deliver on their mandates. In particular UN organisations where US contributions make up a significant proportion of the overall budget, are likely to experience drastic disruptions at the country level.

---

**A physician from Central African Republic:**
*'Outside the health sector, friends of mine work for NGOs (like DRC, whose contracts have been cancelled). Others work at the UNHCR and the US embassy and have been told that their staff will be reduced by half!'*

**Physician and project coordinator in Chad, works mainly with people living with HIV:**
*'First, the budget of the SILC (Savings and Internal Lending Communities) project funded by the CRS (Catholic Relief Service) was cut. The association of young people and adolescents living with HIV, which is supported by UNAIDS, is finding it difficult to carry out its activities due to a lack of funding.'*

**Indonesian physician in a leading position at an international NGO, Indonesia:**
*'We work with refugees in Indonesia. So far, IOM and UNHCR have always taken care of these people. And they were funded by the USA (either the government or through USAID), so activities in this area were cancelled. This is where we have helped out. Although what we can do to fill the gap is still very limited.'*

---

In order to respond to these changes, the following text analyses the effects on health-specific development cooperation and, based on this, discusses recommendations for action for stakeholders. In this context, however, it must also be noted that the cuts in US development cooperation affect many other sectors in addition to health, such as education, humanitarian aid, water and sanitation, which in turn has a negative impact on health-specific issues.

# Global health consequences of the US cuts - A thematic analysis

It is to be feared that the Trump administration's dismantling of USAID will be a disaster for global health, the consequences of which will be felt for generations. Despite spending less than 0.1% of the US federal budget on global health co-operation in 2024, its impact has been felt worldwide. In the health sector in particular, the US has played a leading role for decades: in terms of genuine grants for health-specific development co-operation, the US provided almost 41% of the funding of all DAC countries. It is estimated that US development co-operation saved approximately 3.3 million lives annually.

Without USAID, however, there is a risk of drastic setbacks in public health in the global South, which could undo much of this progress. The WHO is talking about the biggest disruption to global health funding in living memory and has already reported disruptions to health services in almost three quarters of over 100 countries surveyed and numerous layoffs of health workers. Due to the withdrawal of the USA from the organisation, the WHO itself is facing an acute funding crisis, forcing it to cut its budget by at least 25%. Epidemic control programmes, laboratory networks and surveillance systems are on the brink of collapse. The global infrastructure for early disease detection has thus been considerably weakened. According to the Africa CDC, the massive US-led cuts to international development cooperation could cause up to 4 million additional preventable deaths per year on the African continent, plunge more than 39 million people into poverty by 2030, lead to an increased risk of pandemics and pose a fundamental threat to the achievement of the Sustainable Development Goals.

In order to be able to give a more accurate impression of the problems that have arisen, we will focus on key health sectors below. For this reason, topics such as neglected tropical diseases and pandemic preparedness are not mentioned, although these sectors have also suffered severe cuts due to the US withdrawal.

**Physician and director of a health centre in southern Democratic Republic of Congo:**
*'Since the announcement of the aid cancellation, all staff working for the USAID agency in the DRC, as well as in our region, became unemployed. Some activities at the provincial level of health work such as supervision, procurement of supplies, data collection, training, etc. have been suspended. [...] Of all the support that USAID provides [...] the lack of diagnostic testing, patient care and prevention, and data collection tools is the worst.'*

## Effects of the cuts on key health areas

**Setbacks in the fight against HIV/AIDS:**

PEPFAR alone - by far the world's largest bilateral HIV programme - is estimated to have saved more than 26 million lives since 2003, prevented over 7.8 million newborn HIV transmissions and provided 20.6 million people with antiretroviral (ARV) therapy. Approximately 60% of PEPFAR grants have been channelled through USAID. Therefore, the 90-day suspension of US foreign aid and the dismantling of USAID has had a huge impact on HIV programmes worldwide and is predicted to cause a doubling of new HIV infections. Hundreds of thousands of people, including over 7,000 children every day, temporarily lost access to vital HIV medication. More than 71% of PEPFAR partners had to stop at least one category of activity altogether. Clinic closures, supply shortages of antiretroviral drugs, mass layoffs of specialist staff and disrupted supply chains have characterised the situation since then, which is why around 47,000 preventable deaths - including more than 4,500 children - are already expected by the end of April 2025 as a result of the disruptions in the PEPFAR programme.

**Two project managers in Cameroon:**

*'We had to lay off almost 20 staff members who were employed in an HIV project funded by the USA!'*

*'In the context of the withdrawal of USAID, we were carrying out activities for HIV-infected and affected people, especially for children (food aid, school aid, income-generating activities). Currently, everything has stopped, there are no activities and those affected are left to fend for themselves. [...] Treatment for HIV-infected people still seems to be free, but there are already shortages of medicines.'*

The Joint United Nations Programme on HIV/AIDS (UNAIDS) warns that interrupted testing and care services could lead to 350,000 additional new infections in children over the next four years. Overall, it is estimated that between 4.4 and 10.75 million additional HIV infections and up to 2.9 million AIDS-related deaths could occur by 2030. Furthermore, the risk of drug resistance is increasing rapidly. Decades of progress in the fight against HIV/AIDS could be lost - especially in sub-Saharan Africa. The future of important research projects to develop new drugs such as lenacapavir or HIV vaccines also remains completely open. The problems are also exacerbated by massive job cuts at the US Department of Health and Human Services, as this also affects teams of experts who are supposed to prevent newborn babies from being infected with HIV by their mothers worldwide. UNAIDS estimates that a permanent end to PEPFAR could lead to 4.2 million additional AIDS deaths and 6.6 million new infections by 2029. The global strategy to end AIDS as a health threat by 2030 would thus be condemned to failure.

To further complicate the situation, USAID was previously directly responsible for around 40% of the UNAIDS budget and the complete loss of this funding could destabilise the entire organisation.

In sub-Saharan Africa, the withdrawal of US support has led to significant shortfalls in the funding of HIV/AIDS programmes. South Africa, for example, is the country with the largest HIV-positive population in the world and was also one of the largest recipients of US aid under PEPFAR. Model calculations suggest that more than 500,000 deaths could occur in South Africa over the next ten years due to the interruption of care for orphans, pregnant women, transgender people and sex workers.

**Ukrainian woman, lives with HIV because of her antiretroviral therapy:**
*'Every day I look at my tin of medication and I am so grateful that I can live. I look at my baby, who exists thanks to this medication, and only the thought that the medication could run out tomorrow... This is about me thinking about my death; about my child becoming an orphan. [...] This is about my life, my family's life and many more global decision-makers need to know how to make the right decisions. I ask Germany, as a global power, in fact I ask the European authorities to increase their contributions just to save my family and my life. 150,000 Ukrainians, 40 million world citizens ... we just want to live. '*

In Uganda, ARVs were initially still available in local centres. Due to the withdrawal of distribution to local health facilities, the implementing partners were affected. Additionally, services to key populations, including sex workers and men who have sex with men, were severely impacted. Meanwhile, the suspension of US aid has largely disrupted ARV distribution, leaving many clinics unable to supply their patients with medicines. Pharmacists in Uganda are crushing the last of the HIV drugs for adults, as supplies for children have already been used up. Many community and NGO-run facilities have been forced to close, leaving vulnerable populations without essential services.

PEPFAR granted Tanzania 450 million dollars annually to fight HIV. With the sudden loss of funding, almost 1.2 million people no longer have access to free ARVs. Clinics are without medication, home care has been cancelled and patients are being turned away - HIV treatment in the country is on the verge of collapse.

In Mozambique, all health projects financed by the USA, including those aimed at fighting HIV, have been cancelled. With an HIV rate of 11.6%, the discontinuation of the annual 400 million dollar aid jeopardises the care of countless affected people.

In Lesotho, Eswatini and Tanzania, projects run by the Elizabeth Glaser Pediatric AIDS Foundation, which treated over 350,000 people with HIV, were terminated.

In Latin America and the Caribbean, the USA made a significant contribution to HIV programmes for key groups such as migrants, sex workers and LGBTQ+ people. Recent funding cuts have led to the suspension of transnational projects and are jeopardising services. Civil society organisations are fighting for the continued existence of the services. In Haiti and Venezuela, the lack of aid is intensifying existing crises and increasing the risk of exploitation and HIV infection among particularly vulnerable groups. The lack of support intensifies the structural vulnerability of migrants and other vulnerable populations and increases their risk of exploitation, trafficking and survival sex, which in turn increases their vulnerability to HIV.

**Employees of a church organisation, Guatemala:**
*[Summary of an interview] The dioceses that work in the field of HIV or in the humanitarian sector, especially with migrants and refugees, have been very badly affected. The bishops from the eastern regions told us that many employees had to be released from work from one day to the next. This has actually led to a significant increase in unemployment in some areas.*

**Cuts jeopardise success in tuberculosis:**

Over 79 million lives have been saved by USAID-funded TB services since 2000. However, with the freezing of US development cooperation and the subsequent cancellation of thousands of USAID programmes, TB diagnosis and treatment projects collapsed completely in many places. Staff were dismissed, laboratories closed, drugs were not distributed and monitoring systems collapsed. According to some estimates, the complete shutdown of USAID programmes for the prevention and control of tuberculosis would lead to an additional death every seven minutes. To make matters worse, not only infection rates are increasing, but the risk of multi-drug resistant forms of TB is also rising rapidly - even if there are only brief interruptions in drug treatment, which is currently happening very frequently worldwide due to the abrupt cuts. The WHO warns that US funding cuts are massively jeopardising tuberculosis programmes in Africa. In 18 high-burden countries, 89% of the expected US funding has been cut - with consequences such as a lack of medication, redundancies and the collapse of monitoring systems. As the largest bilateral donor, the 2025 cuts have undermined care in low-income countries. According to the WHO, any disruption could have devastating, sometimes fatal consequences and undo progress in the fight against TB.

**A physician from the Central African Republic:**
*'In terms of HIV and tuberculosis, the medical disciplines concerned are panicking and trying to look for alternatives to pre-empt the shortage of drugs.'*

*'At the moment, the situation is relatively well under control, as patients are still benefiting from the supplies kept in stock by the health centres. Although there have been isolated shortages of supplies for the treatment of tuberculosis patients, the provincial coordination of the programme has written to USAID to allow the regional distribution centre (CDR), which stores the supplies, to release them to the patients who receive them. [...] Other programmes with similar problems are encouraged to follow the approach of the Leprosy and Tuberculosis Coordination Programme. The problem that would arise if the inputs are still stored at the CDR would be transporting the inputs from the CDR to the centres.'*

**Cuts slow down the fight against malaria:**

Over the past 20 years, the US has been the largest bilateral donor in the fight against malaria, helping to prevent over 2.2 billion infections and save 12.7 million lives. However, funding for malaria work has been severely decimated in the course of the cuts. While large orders for mosquito nets and medicines were initially secured, many of the programmes designed to ensure their distribution in high-burden countries collapsed. Some organisations have not received any funding for months and have ceased operations - without them, life-saving treatments are not reaching clinics or children. Of 64 countries surveyed with endemic malaria, more than half reported moderate or severe disruptions to malaria services to the WHO. Forecasts predict 15 million additional cases of malaria and over 100,000 deaths in 2025 alone. WHO Director-General Tedros warned that this could undo 15 years of progress.

A WHO survey from 2025 shows that malaria care is one of the most affected services worldwide. In over 70% of countries, there were significant disruptions to supply. Especially in the Sahel region, for example in Burkina Faso, Mali and Chad. In a third of the countries, the availability of medicines worsened drastically, and some early warning systems were destroyed. In Uganda, spraying campaigns were cancelled, which is why an increase in malaria cases during the rainy season is expected.

**Medical team leader of an international NGO, Myanmar:**
*'The malaria programmes are also in a bad situation. Everything is affected: Medicines, tests and staff.'*

**Physician and project manager, appeal for support, Western Democratic Republic of Congo:**
*'Supporting technical and financial partners in the fight against these three diseases (HIV, tuberculosis, malaria) concerns the supply of medicines, provision of relief items, technical support for relief activities, nutritional support for patients with multi-drug resistant tuberculosis, strengthening the community system, reducing the stigmatisation of people living with HIV/AIDS and holistic care for survivors of sexual violence.'*

**Mothers and children are paying the price - maternal and child health as well as reproductive health:**

The cuts affect key UN institutions such as WHO, UNFPA, UNICEF and UNAIDS, which coordinate life-saving sexual and reproductive health (SRHR) programmes. According to forecasts, the cuts will make life-saving interventions less available - with potentially pandemic-like effects. Every year, 8.5 million mothers, newborns and children already die from mostly preventable diseases and the provision of life-saving services in many countries will be severely affected by the cuts, making morbidity and mortality more frequent. The Demographic and Health Surveys (DHS), the only source of data on maternal and child health in many countries, have also been cancelled. With the immediate stop, contracts and subcontracts were eliminated, which has serious consequences for global monitoring systems. These drastic cuts at USAID have led to a massive funding gap of around USD 12 billion in the African health sector alone, where they also affect reproductive health programmes in particular.

**GIZ employee, Nepal:**
*'There were consequences in daily work - especially in the fields of nutrition, gender equality and social inclusion, mother-child health and climate change, which USAID has supported with large sums of money.'*

**Medical team leader of an international NGO, Myanmar:**
*[Summary]: The sectors most affected are HIV, tuberculosis, sexual and reproductive health as well as education projects, especially the work outside the health facilities in the villages and communities.*

The cuts in aid are also affecting programmes to protect women and girls from violence and to provide access to reproductive healthcare.

In Zambia, women are at increased risk of exploitation, including being forced into transactional sex in order to survive, which increases their risk of contracting HIV and other sexually transmitted infections. In the Democratic Republic of Congo, Médecins Sans Frontières (MSF) is treating up to 119 cases of sexual violence in IDP camps every day, a situation that has been aggravated by the withdrawal of US aid.

**Global vaccine equity at risk:**

As a result of the financial cuts, almost half of the 108 countries surveyed reported interruptions to immunisation campaigns, routine vaccinations and access to vaccines. The drastic budget cuts are particularly affecting measles vaccinations, the WHO's own surveillance and laboratory networks and the ability to respond to outbreaks. WHO has warned of an imminent shutdown of its global measles-rubella network, which was previously supported exclusively by US funds. WHO vaccination chief Dr Kate O'Brien described the cuts as 'life-threatening' - but the dramatic effects could only become apparent years later.

The announced complete funding freeze by the USA for the global immunisation alliance Gavi is also problematic. Gavi, to which the USA currently contributes around 12% of the budget, has immunised over one billion children since it was founded 25 years ago, saving the lives of 19 million children since its foundation. However, the loss of US pledges totalling 2.6 billion US dollars means that up to 75 million children will not be vaccinated in the coming years and more than 1.2 million children could die from preventable diseases.

**A physician from the Central African Republic:**
*'The Gavi Alliance has held numerous meetings with the Ministry of Health since the announcement of the cancellation of US aid for routine immunisation, as it is of the opinion that it cannot continue to support immunisation in the country, which would be suicidal.'*

**Physician and head of a health centre in the southern Democratic Republic of the Congo:**
*'Most affected are patients with HIV/AIDS, tuberculosis and children under five due to lack of vaccines.'*

According to WHO's April 2025 survey, over 50% of country offices reported significant interruptions in routine and clinic-based immunisation - especially in low-income countries that rely heavily on international aid. Campaigns against measles, polio and diphtheria have been suspended in many regions of Africa, South-East Asia and the Eastern Mediterranean. WHO warns of a new wave of vaccine-preventable outbreaks. There is a shortage of vaccines in over a third of countries, in some cases including shortages of paediatric vaccines and cold chains.

**Cuts jeopardise the fight against malnutrition:**

The loss of US funding for severe acute malnutrition means that vital treatment for over one million children is being denied. Forecasts predict at least 163,500 additional deaths per year. Programmes in agriculture, school feeding, water and sanitation are also collapsing. As a result, many millions more children around the world could soon be suffering from malnutrition, failure to grow and micronutrient deficiencies. Furthermore, the cancellation of life-saving emergency food aid in 14 countries could be a death sentence for millions of people. In addition, the collapse of USAID is paralysing key famine monitoring systems, which analysts say is making early detection of food crises more difficult and weakening international aid responses.

**GIZ employee, Nepal:**
*'For example, we had this huge project 'integrated nutrition' [massively supported by USAID] in 44 of 77 districts in Nepal - the project was abruptly terminated and there was a lot of insecurity and chaos.'*

The cuts in US development cooperation are also having a serious impact on the United Nations World Food Programme (WFP). The WFP's total budget in 2025 will only be half of the previous year's level, meaning that 25-30% of staff will lose their jobs. Due to these drastic financial reductions, the World Food Programme can no longer implement numerous activities and warns of a 'death sentence for millions'. The funding freeze announced for the Food and Agriculture Organisation of the United Nations (FAO) further aggravates the problem.

In East Africa and the Sahel region, US cuts to food aid by USAID and WFP have had dramatic consequences - especially for children. In countries such as Ethiopia, Somalia and Afghanistan, millions have been cut from emergency programmes. Clinics are recording an increase in cases of malnutrition, especially among children, pregnant women and breastfeeding mothers. The result: weakened immune systems, increased susceptibility to disease and rising infant and maternal mortality rates.

# Recommendations for stakeholders in medical development organisations

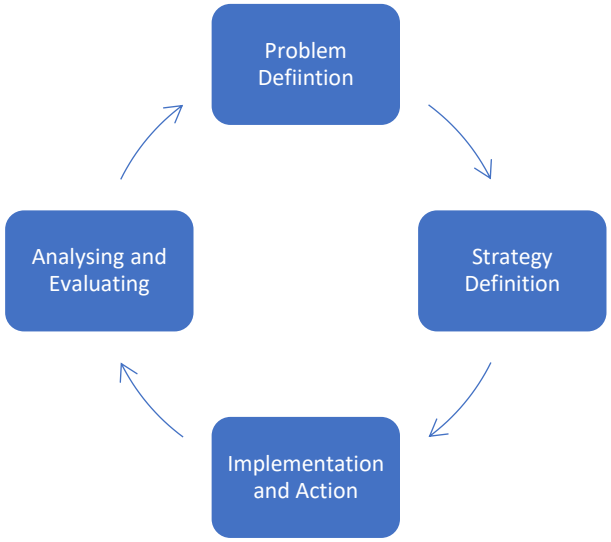
These figures as well as many effects and horror scenarios can easily lead to despair and a feeling of stunned helplessness. What can we as 'small players' or national organisations do in this situation? However, it is not true that there is nothing we can do. If we take a step back and try to look at the situation soberly, we are dealing with a humanitarian disaster, a global emergency. This time it's not a pandemic or a war, but another form of man-made disaster. But we don't have to start from zero. There are lessons learnt, guidelines and tools to respond to such situations.

**Medical team leader of an international NGO, Myanmar:**
*'We don't really know in which field we should provide support. We are also waiting for decisions from the other players.'*

We know that in disasters of any kind, the direct victims are affected first. Applied to the current case, this could be people with HIV who no longer receive their medication or starving people who no longer have access to food. A little later, we see the consequences or complications of these 'traumas': increased opportunistic infections or resistance to HIV and tuberculosis, more premature babies or increased maternal mortality because prenatal care can no longer be carried out properly. Finally, problems that affect large parts of the population are becoming apparent: Epidemics of diseases that could have been prevented by immunisation, a rising incidence of tuberculosis and HIV.

We know that in the first few months, immediate direct aid and relief for the local system are particularly necessary; it is about keeping people alive by providing food, water, a roof over their heads and medication. It is important to work together with the actors who are already there and to fill the gaps. Some countries and health systems are better equipped to respond to such 'shocks' and need less or at least less prolonged support, while others need more because the situation was already unstable before the disaster. The next step is a kind of stabilisation - the early phase of recovery begins on the way back to a functioning healthcare system. Basic needs are ensured again, it is no longer just about saving lives but about getting back to a functioning healthcare system. Finally comes the reconstruction phase and with it the opportunity to not just repair what has been broken, but to build something better than it was in the beginning. In our case, this could mean not making international development aid so dependent on individual global forces or integrating vertical programmes into basic health care. There is also an established principle for this: **LRRD - linking relief to rehabilitation to development.**

How can we become active? Many players carry out several different projects or deal with different topics within one project. A systematic approach is therefore particularly important. Here we can stick to a tried and tested principle: the action cycle in four steps.




Public Health Action Cycle (based on Rosenbrock 1995, P. 140)

1. **Problem Definition:**

The first step in the current phase is to identify the problem together with the project partners. You have already received a lot of background information in this document, but now it is time to analyse the effects and the local situation with your partners. What is the current situation? Is it still about acutely saving lives or are we already in a phase of reconstruction?

First of all, we need to gather information - not perfect, but good enough to act wisely and in good time. It's about striking a balance between thorough analysis and pragmatic instinct. Because every lost hour can cost lives. No matter what health problem we want to take care of, the following information is key:

- How large is the population affected and what is its composition (children, women, men, sex workers, LGBTQIA+, ...)
- Are there particular risk factors in this specific context?
- What are the consequences of the funding gaps in this context?
- What interventions and services are still working and what problems have already been solved?

Another important step at this point is to get to know the other local players in order to complement each other and avoid wasting resources - for example, if help services are duplicated.

# Who does What, Where and When?

If you get stuck when analysing the problem, tools such as the fishbone or Ishikawa diagram or the problem tree can help. The problems are sorted according to causes and consequences in order to find the most effective starting point.

If larger interventions or investments are possible, modified versions of HeRAMS (Health Resources and Services Availability Monitoring System) or SARA (Service Availability and Readiness Assessment) can also be used, which are usually used to analyse a healthcare system in an emergency situation. It also makes sense to take a closer look at the supply chains and logistics. Are these interrupted at any point and can they be restored?

### 2. Strategy Definition

First, we need to ask ourselves a few questions. Do our priorities match the priorities on the ground? Is it within our competences to address these problems or can we draw on other competences for implementation? What is our financial framework, can we still acquire funds if necessary? Even if neither financial resources nor expertise are available, we can perhaps act as a mouthpiece and publicise the concerns of the partners or pass them on to other stakeholders. A SWOT analysis, for example, can help with these considerations.

The following principles should be considered when developing a strategy:

- There is no general blueprint, our starting point is the local context and our interventions should be focussed on local and locally defined priorities.
- Prevention should be prioritised.
- Pragmatic (co-)coordination should be agreed from the outset.
- (Additional) marginalisation and (additional) harm must be prevented (do-no-harm approach)

Questions about which medicines are required in 'first aid' to ensure basic healthcare - including individual areas - can be answered using the WHO list of essential medicines (WHO essential drugs) or various interagency health kits, which even include information on calculating the necessary material and the scope of delivery (Minimum Standards IEHK, WHO Standard emergency health kits). There are also special kits, for example for reproductive health (Emergency reproductive health kits).

Strategy development is a central element and should be carried out carefully. However, it is also important not to waste too much time here and to make implementation and subsequent monitoring as easy as possible. Strategic planning can also take place in Germany independently of direct project work. Possible strategies could be:

- **Establishing a solidarity fund - take joint responsibility** These funds are intended to provide flexible and rapid support to particularly affected partner organisations in critical areas such as HIV/AIDS, mother and child health or vaccine supply. Again, the process should be as simple and targeted as possible in order to be able to provide local partners with prompt assistance on the one hand and to avoid tying up the few human resources on the ground in bureaucratic processes on the other.
- **Strengthening local structures - build resilience** There is a global lack of investment in sustainable local healthcare systems. This includes, for example, the promotion of local medicine production, further training for specialist staff, strengthening community-based healthcare work and technological innovations such as telemedicine.
- **Strengthening political advocacy - raise your voice for global health justice** A coordinated advocacy strategy should be developed at national and EU level to remind political decision-makers of their responsibility for global health. This also includes campaigning for binding funding commitments within German and European development policy.
- **Forming new alliances - diversifying cooperation** In times of geopolitical shifts, we should examine new partnerships beyond the traditional Western donor structures. Cooperation with civil society actors in the Global South, with diaspora organisations, universities or African health initiatives could open up new resources and perspectives.

## 3. Implementation and Action

Implementation of the strategy is based on guidelines such as the Sphere Standards, which are designed to help us maintain quality, and the Core Humanitarian Standards, which include ethical aspects, but in their latest version also emphasise the involvement of the population and communities. During implementation in contexts where the situation can change rapidly, it is important to stay informed and share information. In conflict areas, so-called health clusters (health cluster guide) are often formed: Regular meetings in which representatives of stakeholders in the health sector can exchange information and discuss issues. Another important question is: Who does what and where? We should not forget that one mission is to ‘make reality visible’ and ‘bear witness against forgetting’. You can act as a guardian of justice not only in the local project, but also as a representative of organisations and church aid organisations in Germany: You have a special credibility to draw public attention to the humanitarian consequences of the US cuts. You should systematically document reports and voices from affected countries and make them visible on national and international platforms - including church networks.

## 4. Analysing and Evaluating

Monitoring and evaluation should be central elements in every project. Monitoring refers to the constant observation of one's own activities and their consequences. An evaluation is a special stocktaking, for example at the end of a project, in order to measure success and determine the intended and unintended effects. The OECD criteria are a common yardstick here:

Projects are measured by their relevance, coherence, effectiveness, efficiency, overarching developmental effects (impact) and sustainability.

One of the aims of the evaluation is to uncover weaknesses and learn from mistakes so that - now that we are back at the beginning of the cycle - we can incorporate this experience into the new project phase.

In an unstable situation like the current one, it is important to keep checking whether the situation as a whole has changed, whether the problems need to be reassessed and whether there are new groups of people who are particularly in need.

Selection of existing resources for adaptation of individual steps:

1. **Problem Definition**
   - Ishikawa Diagramm
   - Problem tree
   - HeRAMS
   - SARA
   - Who does What, Where and When
2. **Strategy Definition**
   - SWOT Analyse
   - LRRD
   - Minimum Standards IEHK
   - WHO Standard emergency health kits
   - Emergency reproductive health kits
   - WHO essential drugs
3. **Implementation and Action**
   - Sphere Standards
   - Core humanitarian standards
   - Health cluster guide
4. **Analysing and Evaluating**
   - OECD Criteria

In such a challenging and dynamic situation, it is important to regularly check whether priorities have shifted or new, particularly vulnerable groups have emerged. Such decisions are not easy - and no one has to do them alone. If you need support, whether in categorising, prioritising or taking the next steps: We will be happy to advise you - competently, sympathetically and on an equal footing.

**Physician and project lead, appeal for support, Western Democratic Republic of Congo:**
*'We are facing an emergency situation that is all the more alarming given that this brutal US withdrawal is taking place against the backdrop of a general decline in public funding for humanitarian aid. For this reason, we feel compelled today to make an extraordinary appeal for public generosity:*
*In situations like these, you, the donors, and our partners give us the means to act and ensure that the vital needs of the most vulnerable populations, we mention here HIV-positive and tuberculosis sufferers, are met. Every donation, every gesture of support counts in this race against time.'*

# Imprint

Consequences of the US budget cuts and the dissolution of USAID:

An analysis and recommendations for action for stakeholders in international development cooperation

V.i.S.d.P. : Michael Kuhnert

Authors: Laura Liebau, Tilman Rüppel, Kristina Schottmayer

Design: Laura Liebau, Tilman Rüppel, Kristina Schottmayer

9th of May 2025

medmissio – Institute for Global Health
Hermann-Schell-Straße 7
97074 Würzburg
Tel. +0931-80 48 539
Fax +0931-80 48 530
E-Mail: gf@medmissio.de
LIGA Bank eG
IBAN DE 58 7509 0300 0003 0065 65
BIC GENO DE F1 M05

Visit our website:
**www.medmissio.de**