



Position Paper | 24 September 2025

## Roundtable discussion on the impact of the funding cuts USAID

This position paper presents the data collected and analysis written by Médecins Sans Frontières. MSF is an international, independent medical humanitarian organisation. In more than 70 countries, Médecins Sans Frontières provides medical humanitarian assistance to save lives and ease the suffering of people in crisis situations. MSF does not receive government funding to ensure its independence. The work of MSF is funded by 7.3 million private donors worldwide.

### **Funding cuts and harmful policy shifts threaten global health and international solidarity:**

Drastic cuts to humanitarian and global health funding, led by the United States and followed by other major donors, including the Netherlands, are driving millions of people towards preventable illness and death. Life-saving programmes are being shut down, leaving critical gaps in food, vaccination, maternal care and essential medicines. Although Médecins Sans Frontières (MSF) does not rely on government funding, our teams already witness the human cost for the communities we serve in fragile settings.

**As members of the Dutch Parliament, you can decide to prevent further harm: strong political, diplomatic and financial leadership of the Netherlands can save lives and protect decades of progress in global health.**

Massive cuts to humanitarian aid and global health by the United States (90%), the United Kingdom (40%), France (35%), Belgium (30%) and the Netherlands (over 33%) are already having severe consequences. MSF teams are witnessing the fallout first-hand: shortages of therapeutic food and supplements, disruption of vaccinations and sexual and reproductive health services, interruptions in water supply, and declining access to treatment for HIV, TB and malaria.

Programmes have closed and activities stopped – even some that were deemed lifesaving by the US administration and were technically allowed to continue. Many programmes have either ground to a halt due to staffing problems, issues with payment systems or have otherwise been subsequently terminated without any reason given. This will have disproportionate consequences for millions of people in conflict zones, areas of outbreaks and regions facing dramatic food insecurity.

**People's lives are at risk due to these cuts to aid; [14 million preventable deaths](#) including 4,5 million preventable deaths of children under the age of 5, could happen if the Trump administration's cuts continue through 2030.**

**Hyper-prioritization in the humanitarian sector:** As the humanitarian community adapts to the change in donor resourcing, the UN has led country and regional operations in rapidly reviewing funding plans and appeals, resulting in the release of a new [“hyper-prioritized” Global Humanitarian Overview](#). The update calls for \$29.1B to assist approximately 114.4 million people facing the most life-threatening needs globally, reducing the target population by 36% from original planning figures. The reduction does not reflect a decrease in need or significant new needs data, but rather, the impact of the reduction in resources realistically available in 2025.

In response to the massive budget cuts to humanitarian and global health assistance, **MSF expects to see the impact on its work** from several perspectives: 1) an increase in patient health needs, 2) strain on MSF service delivery as a result, 3) increased costs, stockouts, and shortages of crucial supplies (especially in contexts where MSF depends on US government-funded actors for supplies), and 4) lack of complementary activities for referrals, technical partnerships, and information-sharing with partners.

**The funding cuts are just one part of extremely harmful policy choices, which undermine humanitarian principles, decrease humanitarian space, and increase risks.** Some examples:

- [Privatization and securitization of humanitarian](#) aid can lead to politicization of humanitarian work
- Policies which do harm, such as [strict migration policies, lead to increased humanitarian and health needs](#), and create an environment where criminalization of aid is normalized.
- The absence of accountability for the deliberate targeting of civilians, aid and [health workers](#), leads to a sharp increase in attacks, and to normalization of these war crimes and violations of International Humanitarian Law.
- Humanitarian needs are [exacerbated by the impact of climate change](#).

#### **Huge setback expected in nutrition, water and sexual and reproductive health:**

**HIV, TB, Malaria:** MSF is specifically concerned with the worldwide response to [HIV](#), [tuberculosis](#), and [malaria](#). Shrinking donor support can lead to [deadly gaps](#). Without sufficient funding there will be antiretroviral, antimalarial and tuberculosis drug stockouts. These challenges are not confined to ‘fragile’ settings; also, countries with functioning health systems will feel the impact. Ending tuberculosis programs could lead to an estimated **2.2 million additional deaths and cause 10 million new infections** in the next 5 years. These concerns exist in Kenya, Pakistan and Poland, among others.

The malaria programs benefiting 53 million people are suspended. Forecasts predict **18 million new infections and 166,000 more deaths in 2025** alone. In the case of malaria, these fatalities are mainly among young children. MSF already witnessed the distribution of bed nets distribution in parts of Nigeria, Ethiopia and the Central African Republic.

**Food, nutrition and water:** The US government financed 71% of food security programmes, 75% of nutrition programmes and 61% of water and sanitation programmes worldwide. Hence, MSF is specifically concerned with access to food and safe drinking water. Of major concern are the urgent seasonal (predictable) hunger gaps, which in many areas of the Sahel belt (running across Africa from Senegal/Mauritania to Somalia) is from May/June through September/October. Most severe malnutrition enrolments are recorded during this period, amongst young children and pregnant or lactating women. Food security programs in Nigeria are suspended, whilst **in Nigeria 3.5 million children under five already suffer from life threatening severe acute malnutrition (SAM)** in the country this year, according to the Nigerian government and the UN. In MSF programs, since June, more than 400 severely malnourished children are hospitalised each week in Kebbi. **These numbers are staggering—and they’re still rising.** The situation is so dire that MSF had to stop treating children with moderate acute malnutrition, as many others are in a more critical condition.

**Sexual and reproductive health (SRH):** SRH is of great concern, especially in countries with already high maternal and infant mortality. Our teams often rely on UNFPA’s reproductive health kits in crisis settings, which include supplies for obstetric emergencies, contraceptive services, and care for survivors of sexual violence. Cuts to UNFPA jeopardize these services: in Bangladesh, 600,000 women and children are losing access to maternal and childcare; support for [409 midwives in Afghanistan](#) will be lost, cutting skilled care for an estimated 500,000 women; and several organisations preventing sexual violence in Nairobi are closing down. These cuts threaten to reverse decades of progress: a 60% drop in maternal health gains is expected, while currently over [700 women die daily](#) from preventable pregnancy- and childbirth-related causes. **More unsafe abortions, rising HIV transmission and worsening maternal health are expected, especially in fragile and conflict-affected contexts.**

## Recommendations to the Dutch government:

1) **Deliver on your leading role and efforts in sexual and reproductive health and rights.**

A strong SRH ecosystem is essential in humanitarian settings for the communities affected. The Netherlands has the expertise and the international reputation to champion sexual and reproductive health and rights. With the current backlash on gender and reproductive rights, we need the Dutch government to fight for the care and dignity of women and girls.

2) **Embed the strong triangle of water management, food security and health.**

The Netherlands prioritizes food and nutritional programmes, access to safe drinking water, sanitation and healthcare in its global health and development cooperation policies.

This is a life-saving triangle; MSF witnesses the importance of interlinking these 3 sectors into a life-saving response, especially in fragile and conflict situations. Ensure a strong coherence of the political, diplomatic and programmatic efforts of this life-saving triangle. Enhance a diplomatic contribution to prevention (water and nutrition), as well as outbreak response and access to healthcare for communities most at risk.

3) **Lead humanitarian diplomacy efforts: protect humanitarian and health workers, stop the criminalization and politicization of humanitarian aid, and ensure migration policies do not lead to increased humanitarian and health needs.**

The Netherlands has prioritized humanitarian diplomacy and [protection of humanitarian and health workers](#), as well as [global health](#). In the MENA region, West Africa and on the Mediterranean Sea we witness the contradictory implications of, on the one hand, the restrictive (EU) migration policies leading to increased humanitarian and health needs and human rights violations, and on the other hand the support for humanitarian efforts, trying to respond to those needs. Ensure true policy coherence, especially between migration, human rights and humanitarian policies – let accountability, dignity and humanity guide your decisions.

We witness deadly gaps. Don't turn away from saving lives.