Fears that US global health deals harm reproductive health

Countries have begun to sign new bilateral agreements with the USA on global health, but advocates warn of the harm they may do to maternal and child health. Andrew Green reports.

As the USA begins operationalising the bilateral health compacts it has struck with more than a dozen African countries, maternal and child health advocates warn the agreements could have significant consequences for sexual and reproductive health (SRH) services.

Since taking office in January, 2025, the Trump administration has reintroduced the Mexico City policy prohibiting any non-US non-governmental organisation (NGO) from receiving US funding if it provides, counsels, or advocates for abortion services. Last week, the administration broadened that policy, also known the Global Gag Rule, extending the abortion-related prohibitions to US organisations working abroad, as well as international organisations, while also prohibiting any groups that receive US aid from supporting diversity, equity, and inclusion or gender ideology initiatives. These new additions are expected to affect an additional $30 billion in foreign assistance. Officials have also terminated support to family planning services, including funding for the UN Population Fund (UNFPA), which advocates estimate could result in 17·1 million unintended pregnancies and 34 000 preventable pregnancy-related deaths. With the new bilateral agreements signed with 15 countries in sub-Saharan Africa, global health experts worry that US officials could extend and codify prohibitions against additional SRH services, further reduce family planning programmes, and generally channel financing away from maternal and child health services.

The USA's retreat from financing these services comes as other major donors, particularly the UK, are also reducing their support. With global reductions in maternal deaths already slowing, advocates warn that the US cuts could further disrupt maternal health services broadly and potentially contribute to a reversal of the gains of the past decades. The US State Department did not respond to *The Lancet*'s request for comment.

"This year is going to see a lot of loss of access to health, especially for women and girls", said JE Musoba Kitui, the Country Director of Ipas Africa Alliance in Kenya, "access to health services, privacy rights, but also just those foundational rights around autonomy and on making decisions for your health."

When the USA began negotiating the bilateral agreements in November, 2025, countries were still contending with significant cuts in US support to their health programmes—including maternal and child health programmes—that began as soon as President Trump took office in January, 2025.

Trump's administration pushed US lawmakers to rescind roughly US$500 million that had already been allocated towards global family planning programmes, even as Trump reinstated the Mexico City policy, blocking funding to any organisation that offers abortion services, regardless of whether US funds are explicitly used for those services or not.

In countries that were benefiting from that support, "it created such a vast well of need, that" by the time discussions began, "they're now in a position where you can basically force [countries] to do whatever it is that you're asking them to do", said Beth Schlachter, MSI Reproductive Choices' Senior Director of US External Relations.

Given the efforts the administration has already made to restrict SRH services, advocates suspect that Washington will push countries to introduce even sharper restrictions although the secrecy that has surrounded the negotiating and signing of the 5-year agreements has left experts uncertain of what those demands might be.

In the documents that have been released or leaked, there is limited discussion of maternal and child health. The Cooperation Framework with Kenya, which was made public by the Kenyan Government, lays out specific indicators for reducing maternal and neonatal deaths in facilities and for increasing antenatal visits for pregnant women, alongside a handful of disease-specific targets for women and newborns. However, it does not detail how these targets will be achieved.

The framework also requires compliance with all US laws, including the Helms Amendment, which prohibits organisations to use US assistance to fund abortion as a family planning method or to coerce a person to have an abortion, although it is often applied much more broadly. The agreement also obliges the Kenyan Government to provide Washington with the information required to ensure the amendment is being followed.

"Governments may sign up to the compact thinking we understand the Helms language and we're not going to use any of this money for our abortion work", Schlachter said. "We're going to use our own money generated through taxes." However, subsequent changes in US law, including the latest expansion of the Mexico City policy, could change a country's obligations, she said, resulting in a situation where the funding is much more restrictive.

For the **America First Global Health Strategy** see https://www.state.gov/wp-content/uploads/2025/09/America-First-Global-Health-Strategy-Report.pdf

For the **Cooperation Framework** see https://health.go.ke/sites/default/files/2025-12/Cooperation%20Framework-%20Kenya-%20U.S.pdf

For more on the **US withdrawal from organisations including UNFPA** see **World Report** *Lancet* 2026; **407:** 209

Indeed, advocates are still waiting to see if the Trump administration will try to enforce the new restrictions of funding to foreign governments. Even without any change, Kitui said that governments can read Washington's intent to restrict SRH programming into its actions.

Alongside its cuts to bilateral services, the administration denied any future funding to UNFPA, claiming that the agency violated the Kemp–Kasten amendment, which prohibits US tax dollars to go to any group that has participated in coercive abortions or forced sterilisations. There is no evidence that UNFPA has done either. The US Government also terminated grants that the agency was already implementing worth $335 million and, earlier this year, announced it was withdrawing from UNFPA as well as 65 other international organisations.

These actions broadly disrupted health systems relying on US support, including SRH services. MSI Reproductive Choices estimates that the US Agency for International Development was responsible for supplying 35% of contraceptives within the global supply chain.

"Everything just got stuck in the supply chain, wherever it was at that point in time", said Sarah Shaw, Associate Director of Advocacy at MSI Reproductive Choices.

Even if the bilateral agreements do not appear to prohibit governments from offering SRH services, Kitui warns of overcompliance by policy makers and providers worried about losing US funding, even in countries that have some legal protections for abortion services or post-abortion care. This could affect maternal health services more broadly as providers restrict their services.

"The catastrophic nature of this memorandum of understanding is that the Government is basically getting arm-twisted to stop providing abortion care and the private actors who provide these services, as well", he said. "The Government is being taught that you are ineligible or I can withdraw this money if you use any other money to provide these services."

If clients recognise that they can no longer access a full suite of SRH services, they might abandon facilities. Kitui also worries that as patients learn of the explicit data sharing requirements in the agreements, including obligations to share information on outcomes of US-funded programmes, they could also turn away from public facilities and seek out informal services for which the quality of care is uncertain but their health information is kept confidential.

Other aspects of the agreements have also raised concerns, including the prioritisation of surveillance for and responding to outbreaks and building laboratory systems. The agreements are guided by the America First Global Health Strategy the Trump administration released in September, 2025, which emphasises protecting the USA from outbreaks and preventing pandemics. In addition to financing these priorities, the USA is obliging bilateral partners to commit their own resources. Many of these countries have limited budgets and spending money on disease surveillance or laboratory construction could divert resources from maternal and child health.

"Where bilateral approaches operate alongside multilateral systems, it is important that they complement rather than fragment existing health architecture", a spokesperson from UNFPA wrote in an email to *The Lancet*. "Services related to sexual and reproductive health and rights are integrated across maternal health, HIV prevention, gender-based violence response, and humanitarian action. Gaps or disruptions in one area can have cascading effects across the system."

Although the bilateral agreements largely exclude direct funding to most non-governmental organisations, opting to channel money directly to governments, they make an exception for faith-based organisations. For ideological reasons, many of these organisations might also be more restrictive of SRH services than is required under US law.

The Cooperation Frameworks are only a preliminary step ahead of more granular implementation plans. The partners then have a 3-month period after they are signed to operationalise them. But after being excluded from initial negotiations, civil society groups and SRH advocates are still not sure what role they will play in the 90-day implementation planning that was set to begin as soon as the deals were signed.

Kenneth Mwehonge, Executive Director of Uganda's Coalition for Health Promotion and Social Development, said the discussions remain so secretive in his country that most law makers are still in the dark. "The communities, civil society, some key government departments were not involved", he said. "Even Parliament was not involved, even though that bilateral agreement commits our government to some funding annually and they are the ones to appropriate that money."

In Zambia, where negotiations are still ongoing, US officials called the leaders of local organisations to a meeting at the end of 2025 to inform them that if they wanted to have any influence on the discussions, they would need to petition domestic officials. Michael Gwaba, National Coordinator of the Civil Society Self Coordinating Mechanism, said the Ministry of Health has been receptive to their request for a meeting but has not committed to involving anyone from civil society in the planning process.

"Women's rights to life-saving care and to privacy while seeking these health services should not depend on diplomatic negotiations or political settlements", Kitui said.

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