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Trump's aid cuts risk killing women around the world

The health of women and girls has been disproportionately affected by the United States' cuts to foreign aid, say health experts. Rebecca Root examines how and where healthcare has been dismantled—and the enormous permanent damage

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"Women's rights are human rights. Reproductive rights are human rights. Sexuality rights are human rights. We are seeing an erosion of the narrative around that."

Those are the words of JE Musoba Kitui, director of the Ipas Africa Alliance, a non-profit focused on advancing access to safe abortions and contraception, in reaction to the "hugely problematic" cuts to health aid. A huge proportion of the cuts are being made by the US, the biggest global health funder at the time.

On 20 January 2025, President Donald Trump ordered a 90 day pause on US foreign development assistance. By March, his administration said it had cancelled more than 80% of USAID programmes. Other health specific initiatives, including the President's Emergency Plan for AIDS Relief (PEPFAR) and the World Health Organization (WHO), also experienced major funding losses and disruption. US funding for Gavi, the vaccine alliance, was initially withheld before $600m allocated by Congress for 2025 and 2026 was finally released in July 2026.[1]

This has left a vacuum in global health funding that has translated into clinic closures. There are ramifications for all, but especially for women living in low and middle income countries.

"It's a political choice that the systems and the powers that be are deciding that women's lives are worthless," says Kitui. Decisions have been made to cut midwives and reduce access to contraceptives, maternal care, and abortion. "This harms women and girls in particular."

Sexual and reproductive rights slashed

Reproductive health has borne a large portion of the impact. An analysis by the Centre for Global Development estimated that 94% of US aid for family planning and reproductive health had been cut.[2] That includes the defunding of the United Nations agency for sexual and reproductive health, UNFPA, resulting in a $335m loss and closure of over 40 projects.[3] As a result UNFPA was able to deploy only half of the midwives it had intended to across eight countries in 2025.[4]

The Trump administration also reinstated and expanded the so called global gag rule,[5] which makes receipt of affected US foreign assistance conditional on organisations not providing or promoting abortion as a method of family planning, including certain counselling and referral activities. Members of the International Planned Parenthood Federation estimate collective losses of $87.2m to their organisations,[6] affecting over 100 projects, and an estimated $250m global contraceptive procurement funding gap in 2025.[7] The US had been the leading bilateral provider of international family planning assistance and, alongside UNFPA, one of the world's largest procurers of contraceptives.

In Kenya, Nelly Munyasia, executive director of the Reproductive Health Network Kenya, says some government clinics are running out of contraceptives. "We have shelves that are totally empty," she tells *The BMJ*.

Experts warn that the shortages will increase unintended pregnancies, while disruption to condoms and other HIV prevention services risks increasing HIV transmission.

But the effects go beyond healthcare. "It's women being able to go and earn a living. It's women knowing they can have children that they are able to take care of," Munyasia says, "A component of choice has been taken away because of the funding."

Guttmacher Institute modelling estimates that US family planning assistance previously provided contraceptive care to about 130 390 women and couples each day. Losing a full year of that support could result in an estimated 17.1 million additional unintended pregnancies.[8]

America first

Today, US government spending has to align with the America First global health strategy, which is reshaping foreign assistance around bilateral country agreements that prioritise American interests.

In this new approach to global health, the US state department has so far developed 35 memorandums of understanding with recipient countries.[9] Of the 18 that the non-profit Partners in Health has been able access and review, none has mentioned family planning and reproductive health, said Vincent Lin, the organisation's associate director of health policy and advocacy, at a recent event.

"That's on purpose," he says, explaining that the US secretary of state, Marco Rubio, has no intention of resuming funding in this area.

Meanwhile, in June 2026, $9.7m worth of US purchased contraceptives remained stranded in a warehouse in Belgium. USAID's inspector general said $8m worth had become unusable and the remaining $1.7m was nearing expiry and unable to be disbursed because the contracts to deliver them were cancelled when USAID shut.[10]

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Maternal health under fire

With unintended pregnancies comes higher numbers of unsafe abortions and maternal deaths. At the same time, projects pertaining to maternal health have also seen substantial cuts.

In a WHO survey of country offices affected by reductions in health aid, 52% of the 88 offices answering the question reported some disruption to maternal, newborn, and child health services.[11] An internal USAID assessment separately estimated that ending its maternal and child health programming would affect services for 16.8 million pregnant women each year.[12]

Clinics have also had to close, and although they may not have specialised in women's health, most would have provided basic care for women's needs. Across 20 crisis affected countries, over 2000 clinics have suspended operations or closed, according to Refugees International.[13]

In Sudan, which is experiencing the world's largest humanitarian crisis, people are now forced to travel further for care. For pregnant women, cost and travel time can be a deterrent for attending antenatal appointments, says Chiara Lodi, Sudan medical coordinator for Médecins Sans Frontières (MSF). This can contribute to miscarriages and maternal deaths if complications are not diagnosed.

However, the US isn't solely to blame. MSF says that the cuts from elsewhere, including the UK,[14] Sweden, and other European Union countries, are also contributing to the mass closures of clinics in Sudan. The Organisation for Economic Co-operation and Development projects that bilateral health aid will fall by 29%-46% between 2024 and 2026, equivalent to a reduction of $5bn-$8bn.[15]

Another concern is sexual violence. Lodi says, "If you don't have a clinic that is able to detect the cases and treat the cases [women] don't know where to go."

In a survey of 92 recipients of grants from the UN Trust Fund to End Violence against Women across 53 countries, 60% said they had been directly affected by funding cuts; among those affected, 78% reported reductions in services and 73% reported suspensions or closures of services.[16]

Disease spread exacerbates harm

Cuts to disease specific programmes are also affecting women's health. The Dreams programme (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe), for example, was launched in 2014 by PEPFAR, USAID, and others to reduce HIV infections among women and girls in 15 countries through sexual health education and economic empowerment as well as through access to testing and contraceptives.

In Haiti, Alain Casséus, infectious diseases division chief at the non-profit Zanmi Lasante, a sister organisation of Partners in Health, says the Dreams work supported by his organisation was cut completely, "which exposes these women and these children to a lot of different issues."

PEPFAR remains active, but a survey of implementing organisations found that spending on HIV prevention fell 51% between 2024 and 2025.[17] UNAIDS estimated that permanently ending PEPFAR supported treatment and prevention programmes could result in 6.6 million additional HIV infections between 2025 and 2029.[18]

The US was the largest international funder of cervical cancer screening, integrating screening into HIV programming. Women living with HIV are around six times more likely to develop cervical cancer than women without HIV, partly because HIV increases the risk that human papillomavirus (HPV) infection will persist and progress.

As an add-on to core HIV programming, cervical cancer work has been hit by some of the PEPFAR cuts, according to the non-profit Foundation for AIDS Research (amfAR), which means that late stage diagnosis is now more likely. Countries in which PEPFAR funded cervical screening in 2024 include Zambia, Eswatini, Lesotho, Uganda, and Nigeria.[19]

What is frustrating is that some of the money—$1.35bn earmarked for HIV as well as maternal and child health, tuberculosis, and malaria programmes[20]—was approved by the US Congress but has been withheld by the US Office of Management and Budget, which says it is required to fund USAID closures. An additional $2.3bn in committed funds is being withheld from PEPFAR, according to media website Health Policy Watch.[21] As of 6 October, the money was still being held, according to Lin.

"If that money is continuously withheld, that would cause tens of thousands of preventable deaths from infectious diseases, including TB, malaria, and HIV, and among [mothers] and babies from illness and childbirth and delivery, furthering this backsliding that we've already seen over the last two years," he says.

Many experts *The BMJ* spoke to say the true impact of that won't be seen until more time has passed and data can be collected on increases in deaths and disease cases.

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