**Snapshot: How US aid cuts are impacting people worldwide**

**Malnutrition**

US funding cuts are severely impacting people in areas of Somalia affected by chronic drought, food insecurity, and displacement due to conflict. In the Baidoa and Mudug regions, the scaling down of operations by aid organizations—driven by US funding cuts and a broader lack of humanitarian aid—is making a shortage of health services and nutrition programs even more critical. For example, the closure of maternal and child health clinics and a therapeutic feeding center in Baidoa cut off monthly care to hundreds of malnourished children. MSF nutrition programs in Baidoa have reported an increase in severe acute malnutrition admissions since the funding cuts. The MSF-supported Bay Regional Hospital has received patients traveling as far as 120 miles for care due to facility closures elsewhere.

**HIV**

Cuts to PEPFAR and USAID have led to suspensions and closures of HIV programs in countries including South Africa, Uganda, and Zimbabwe—threatening the lives of people receiving antiretroviral (ARV) therapy. South Africa's pioneering Treatment Action Campaign—which helped transform the country’s response to HIV/AIDS—has had to drastically reduce its community-led monitoring system that helps ensure that people stay on treatment. The monitoring is now only happening at a small scale at clinics. In MSF’s program in San Pedro Sula, Honduras, there has been a 70 percent increase in pre-exposure prophylaxis (PrEP) tablet distribution from January to March compared to the previous quarter, as well as an increase of 30 percent in consultations for health services, including for HIV—highlighting the growing demand as USAID funding cuts reduce access to other HIV prevention services.

**Outbreaks**

In the border regions across South Sudan and Ethiopia, MSF teams are responding to a rampant cholera outbreak amid escalating violence, while other organisations have scaled down their presence. According to our teams, a number of organisations, including Save the Children, have suspended mobile clinic activities in South Sudan’s Akobo County due to US aid cuts. Save the Children reported earlier this month that at least five children and three adults with cholera died while making the long, hot trek to seek treatment in this part of South Sudan. With the withdrawal of these organisations, local health authorities are now facing significant limitations in their ability to respond effectively to the outbreak. MSF has warned that the disruption of mobile services, combined with the reduced capacity of other actors to support oral vaccination campaigns, increases the risk of preventable deaths and the continued spread of this highly infectious disease.

**Sexual and reproductive health care**

MSF teams in more than 20 countries have reported concerns with disrupted or suspended sexual and reproductive health (SRH) programs, which MSF relies on for referrals for medical emergencies, supplies, and technical partnerships. These include contexts with already high levels of maternal and infant mortality. In Cox’s Bazar, Bangladesh—home to one of the world’s largest refugee camps—MSF teams report that other implementers are not able to provide SRH supplies, like emergency birth kits and contraceptives. Referrals for medical emergencies, like post-abortion care, have also been disrupted, increasing urgent needs for SRH care in the region.

**Migration**

Essential protection services—including shelters for women and children, legal aid, and support for survivors of violence—have been shuttered or severely reduced as needs increase due to changes in US immigration policy. For patients and MSF teams in areas like Danlí, San Pedro Sula, Tapachula, and Ciudad de México, referral networks have all but disappeared. This has left many migrants without safe places to sleep, access to food, or legal and psychosocial support.

**Access to clean water**

Access to clean water: In the initial weeks following the aid freeze, our teams saw several organisations stop the distribution of drinking water for displaced people in conflict-affected areas, including in Sudan’s Darfur region, Ethiopia's Tigray region, and Haiti's capital, Port-au-Prince. In response to the crisis in Port-au-Prince, in March, MSF stepped in to run a water distribution system via tanker trucks to provide for more than 13,000 people living in four camps for communities displaced by violent clashes between armed groups and police. This was in addition to our regular activities focused on providing medical care for victims of violence. Ensuring access to clean drinking water is essential for health and preventing the spread of waterborne diseases like cholera.

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**Vaccination**

 The reported decision by the US to cut funding to Gavi, the Vaccine Alliance, could have disastrous consequences for children across the globe. The organisation estimated that the loss of US support is projected to deny approximately 75 million children routine vaccinations in the next five years, with more than 1.2 million children potentially dying as a result. Worldwide, more than half of the vaccines MSF uses come from local ministries of health and are procured through Gavi. We could see the impacts in places like the Democratic Republic of the Congo (DRC), where MSF vaccinates more children than anywhere else in the world. In 2023 alone, MSF vaccinated more than 2 million people in the DRC against diseases like measles and cholera.

**Mental health**

In Ethiopia’s Kule refugee camp, where MSF teams run a health centre for more than 50,000 South Sudanese refugees, a US-funded organisation abruptly halted mental health and social services for survivors of sexual violence and withdrew its staff. MSF teams provide other medical care but cannot currently cover the mental health and social services these patients need.

**Non-communicable diseases**

In Zimbabwe, US funding cuts have forced a local provider to stop its community outreach activities to identify women to be screened for cervical cancer. Cervical cancer is the leading cause of cancer-related death in Zimbabwe, even though it is preventable. Many women and girls, especially in rural areas, cannot afford or do not have access to diagnosis and treatment, which makes outreach, screening, and prevention activities vital.