



One year on:

USAID dismantled – impacts on global reproductive rights

In January 2025, Donald Trump was inaugurated as the President of the United States and his administration swiftly cut off funding to global health and development programmes.

The US has historically been the world's largest funder of family planning programmes. As USAID was dismantled, women and girls in communities worldwide were stripped of essential healthcare and their reproductive choices, even as demand was higher than ever and continues to grow.

One year on, we're sharing examples of the impact we've witnessed as frontline reproductive health providers.

Global health aid declined by 21% in 2025, driven largely by the US government slashing \$9 billion. Most low-income countries have not had the financial capacity to fill these sudden gaps – leaving millions without healthcare.

MSI Reproductive Choices provides and advocates for reproductive healthcare, including contraception and abortion, across six continents. Our frontline teams have seen the chaos, confusion and harm caused by these aid cuts first-hand. It has emphasised the need to reshape the global health system and reduce reliance on aid, but the immediacy of these cuts has had profound impacts.

Supply chain distribution networks are collapsing. People are being turned away from the care they need. Many of our partner organisations have been forced to close. With 50% of our income being self-generated, and having moved away from a heavy dependence on USAID, MSI has been in a strong position to plug gaps, continue

providing services and supporting governments to do the same. But the shockwaves have been felt around the world.

31 MSI country programmes have reported a significant impact on their national health system and on people's access to reproductive healthcare.

USAID provided 35% of the contraceptives within global family planning supply chains and supplied commodities to 23 countries. Now, people are struggling to access the products they need.

17 MSI country programmes report that the most impacted aspect of their health system is a compromised contraceptive supply chain.

“I noticed our contraceptive supplies dwindling, and there was a lot of confusion – women kept asking us what's happening. We had to tell them the US have cut everything. Some days we can only offer certain contraceptive methods, and other days there's nothing we can give them. 'But please, I don't want to get pregnant,' they say. All I can respond with is, 'I'm so sorry.'”

– Lilian, public health provider in Ghana



A snapshot from Africa – real impacts on communities

Kenya: Contraceptives in short supply

Dr Walter Obita, MSI Kenya country director

“USAID funding has been instrumental in strengthening Kenya’s health system and supply chains. But the Trump administration’s decision to revoke aid has resulted in Kenyan health workers contracts being terminated, supplies going out of stock, and services being reduced.

A particular challenge has been keeping family planning supply chains running so stocks of contraceptives can continue to be available.

USAID provided approximately KES 24.9 billion (USD \$123 million) annually to procure and distribute essential healthcare commodities. Now there is a huge gap in funding. Supplies are diminishing. The current supply of contraceptive commodities will last less than five months – well below the required 16-month minimum.

There are still USAID commodities here that are not being used because the US hasn’t granted a waiver for their continued distribution. Meanwhile, Kenya was one of the countries earmarked to receive some of the \$10 million worth of USAID-procured contraceptives that, in another ruthless decision, are stranded in Belgium, intended to be destroyed instead of distributed.

We’re also facing the likelihood of contraceptive prices being raised, because if demand dips (due to a lack of funding and purchasing) manufacturers will increase prices and prioritise the production of other products. Funding cuts are not just about bottom lines – they are upending our systems and supply chains, affecting real people, and depleting hope and healthcare in our communities.

MSI and our local partners are meeting this moment with resilience and finding ways to protect access to supplies and services.”

Ethiopia: Humanitarian neglect

Dr Abebe Shibru, MSI Ethiopia country director

“If we were told a year ago what 2025 would be like, we wouldn’t have believed it.

Ethiopians have been living in the wake of the decision to “feed USAID into the woodchipper”, as Elon Musk put it. In other words, we were cut off with no warning.

Ethiopia used to receive the most US assistance in sub-Saharan Africa. This included \$30.4 million for family planning and \$830 million of humanitarian funding.

MSI used the funding we were allocated to deliver reproductive health services to areas affected by conflict – including for internally displaced people in Afar, Amhara, Oromia and Tigray. Here, people are dealing with unimaginable violence, war and the loss of their homes. By denying reproductive care, it strips them of another crucial element of their control and dignity. But without funding, we have not been able to continue these services.

Across the nation, healthcare providers including MSI have been forced to scale back mobile health services for young people and remote communities. People are finding their local clinics are closed or operating at reduced hours. Survivors of sexual violence and HIV-positive women are discovering they can’t access reproductive health and mental health services.

The most impacted people here are among the most marginalised in the world. It’s not just devastating – it’s dehumanising.

Our teams are pivoting and working through this with boundless persistence. Many people across Ethiopia have been affected by these cuts, and we’re doing everything in our power to reach them with the reproductive healthcare they need.”

Zimbabwe: A quiet erasure of reproductive care

Pester Siraha, country director of Population Services Zimbabwe, MSI's local affiliate

“Our teams travel into remote communities to offer free contraceptive services. Many women give birth upwards of seven times without breaks, which can lock them into poverty and a future they wouldn't have chosen. But with education and progress, demand for reproductive choices in these communities has been growing.

In 2023, USAID awarded us a five-year grant of \$9 million to create a network of reproductive health support across these rural communities.

In January 2025, we were delivering family planning with our mobile health teams and supporting 100 public health facilities and 120 private healthcare operators. We were serving people with disabilities, and people who'd never before had access to contraception. We were working closely with churches to dispel myths, and reaching young people with sexual health information.

When the Trump administration came in, the speed at which this programme ended meant that we weren't able to give communities and clients any warning. Vehicles were confiscated and staff contracts ended. Services stopped.

In communities where women had to negotiate with partners to access contraception, many have felt betrayed by the sudden cessation of care, undermining the trust that our teams have built over years.

The funding that we lost would have enabled 1.3 million women and girls to access reproductive health services, averting an estimated 1,400 maternal deaths.

This past year has been crushing. Trust and hope have been eroded. Despite our best efforts and until we can mobilise more funding, people in our rural communities who want contraception are being left behind.

But we've also seen support, with private donors stepping in to fund MSI's training of 150 public health providers, who will go on to deliver dignity, care and reproductive choice. We're getting the message out far and wide so donors can step in to help – a lot of people care about women's choices and lives.”

Rapid response, long-term concern

African countries have been making strides towards health sovereignty and universal health coverage, bolstered by aid from wealthier nations like the US. Many countries including Kenya, Ethiopia and Uganda have hugely reduced maternal mortality and increased access to family planning, advancing global sustainable development goals like gender equality.

In response to USAID being dismantled, governments across Africa have taken urgent action to increase health budgets, restructure and try to build capacity and resilience. Nigeria, Zambia, Zimbabwe, Madagascar, and DRC's governments have all increased their expenditure to support reproductive healthcare.

Yet because there was no time for governments to transition or brace themselves, the gaps in healthcare provision are being felt every day by people who cannot access the healthcare they need. By 2030, there's an **expected loss of up to 100 million** users of contraception across 41 countries due to these cuts. That means more families in poverty, more women driven towards unsafe abortions, and more women losing their lives.

The US is now negotiating bilateral agreements with countries to resume some elements of international aid, but reproductive healthcare and maternal health are no longer funded.

This concern is further compounded by other governments diverting funding from global health and development – the US cuts were closely followed by the UK, France, and other government donors reducing their commitments to global aid.

At the same time, the influence and visibility of the anti-choice movement has become more hostile and brazen since Trump's inauguration. MSI programmes have seen a notable rise in anti-choice activity across Africa, with these groups feeling emboldened and legitimised by the actions of anti-choice governments.

One year on, the true impact is yet to be realised. MSI will continue to monitor and report the effects that we're seeing, but it will likely be felt for a generation.



An urgent, unprecedented need to protect reproductive health and rights

As we navigate seismic shifts in the global health landscape and rebuild a more resilient system, our short-term efforts are focused on meeting the ever-increasing demand for contraception and abortion, and maintaining people's access to reproductive healthcare.

This past year has required tremendous innovation, support and resilience. Thousands of healthcare providers on the frontline – MSI providers, public providers and our partners – are working day in and day out to give people the reproductive care they want.

To protect hard-won progress, **women and girls need long-term champions who will prioritise sexual and reproductive health and rights** within the development and foreign policy agenda at the global and national level. This is a critical moment for the world to recommit to sexual and reproductive health and rights, as so many powerful parties try to erase them.

With increased political will and the leadership and support of governments and donors, we can change the trajectory – to ensure everyone has the right to decide what happens to their body, life and future.