Bill Gates Testimony to the United States Senate Committee on Appropriations

June 25, 2025

Over the past 25 years—the same span of time I spent leading Microsoft—I have immersed myself in global health: building knowledge, deepening expertise, and working to save lives from deadly diseases and preventable causes. During that time, I have built teams of world-class scientists and public health experts at the Gates Foundation, studied health systems across continents, and worked in close partnership with national and local leaders to strengthen the delivery of lifesaving care. I have visited hundreds of clinics, listened to frontline health workers, and spoken with people who rely on these programs. Earlier this month, I traveled to Ethiopia and Nigeria, where I witnessed firsthand the impact that recent disruptions to U.S. global health funding are having on lives and communities.

Global health aid saves lives. And when that aid is withdrawn—abruptly and without a plan— lives are lost.

Yet, in recent months, some have questioned whether the foreign assistance pause has caused harm. Concerns about the human impact of these disruptions have been dismissed as overstated. Some people have even claimed that no one is dying as a result.

I wish that were true. But it is not.

It is important to note that while this hearing is about the Trump Administration's $9 billion recission package, what is really at stake is tens of billions of dollars in critical aid and health research that has been frozen by DOGE with complete disregard for the Congress and its Constitutional power of the purse.

In the early weeks of implementing the foreign aid freeze, DOGE directives resulted in the dismissal of nearly all United States Agency for International Development (USAID) staff and many personnel at the Centers for Disease Control and Prevention (CDC). Some funding was later restored to allow for the continuation of what has been categorized as "lifesaving" programs. However, to date that designation has been applied narrowly and with limited transparency, in an inconsistent manner, often prioritizing emergency interventions when a patient is already in critical condition over essential preventative or supportive care.

For example, providing a child with a preventive antimalarial treatment, ensuring access to nutrition so that HIV/AIDS medications can be properly administered, testing pregnant women for HIV to see if they are eligible for treatment to prevent transmission to their children or identifying and treating tuberculosis cases early have not consistently qualified for exemption. As a result, many of the programs delivering these services have been suspended, delayed, or scaled back.

Recent reporting from the *New York Times* has shed light on the devastating human cost of the abrupt aid cuts. One especially tragic example is Peter Donde, a 10-year-old orphan in South Sudan, born with HIV, who died in February after losing his access to life-saving medication when USAID operations were suspended. His story is one of many.

During my recent visit to Nigeria, I met with leaders from local nonprofit organizations previously funded by the United States. One group shared the remarkable progress they had made in tuberculosis detection and treatment. In just a few years, case identification increased from 25 percent to 80 percent, a critical step toward breaking transmission and reducing the overall disease burden. That progress has now stalled. The grants that enabled this work were tied to USAID staff who have been dismissed, and with their departure, the funding ended, and the work stopped.

The broader effects of these sudden shifts are difficult to overstate. For example, funding for polio eradication has been preserved in the State Department budget but cut from the CDC— even though the two agencies collaborate

closely on the program. This type of fragmented decision-making has left implementing organizations uncertain about staffing and operations. Many no longer feel confident that promised U.S. funds will materialize, even when awards have been announced. In some cases, staff continue to work without pay. Some organizations are approaching insolvency.

Meanwhile, in warehouses across the globe, food aid and medical supplies sourced from American producers are sitting idle—spoiling or approaching expiration—because the systems that once distributed them have been disrupted. Clinics are closing. Health workers are being laid off. HIV/AIDS patients are missing critical doses of medication. Malaria prevention campaigns, including bed net distributions and indoor spraying, have been delayed or canceled, leaving hundreds of millions of people unprotected at the peak of transmission season.

Efforts to track data that would illustrate the severity of this worsening crisis have also been severely compromised. Many of the people responsible for collecting and reporting health information—health workers, statisticians, and program managers—have been laid off or placed on leave. The systems that once monitored health outcomes are shutting down, and the offices where that data was once analyzed now sit empty. As a result, the true scope of the harm is becoming harder to measure, just as the need for information is most urgent.

The situation we face is not about political ideology, and it is not a debate over fiscal responsibility. U.S. government spending on global health accounts for just 0.2 percent of the federal budget. Shutting down USAID did nothing to reduce the deficit. In fact, the deficit has grown in the months since.

Furthermore, many of the allegations regarding waste, fraud, and abuse have proven to be unsubstantiated. For example, the widely circulated claim that USAID sent millions of dollars' worth of condoms to the Gaza Strip is inaccurate. In fact, the Wall Street Journal reported that the program allocated approximately $27,000 for condoms as part of an HIV transmission prevention initiative—not in the Middle East, but in Gaza Province, Mozambique.

What we are witnessing because of the rapid dismantling of America's global health infrastructure is a preventable, human-caused humanitarian crisis—one that is growing more severe by the day. DOGE made a deadly mistake by cutting health aid and laying off so many people. But it is not too late to undo some of the damage.

A Record of Progress—and What is at Risk

Since 2000, child mortality worldwide has been cut in half. Deaths from HIV/AIDS, tuberculosis, and malaria have declined significantly. And we are on the verge of eradicating only the second human disease in history: polio. These are not abstract statistics; they represent tens of millions of lives saved. None of this progress would have been possible without consistent, bipartisan U.S. leadership and investment.

Over the past several decades, the United States has built one of its most strategic global assets: a respected and robust public health presence. This leadership is not just a humanitarian achievement—it is a core pillar of American soft power and security. For example, a Stanford study analyzing 258 global surveys across 45 countries found that U.S. health aid is strongly linked to improved public opinion of the United States. In countries and years where U.S. health aid was highest, the probability of people having a very favorable view of the United States was 19 percentage points higher. Other forms of aid—like military or governance—did not have the same effect. Another example is the 2014 Ebola outbreak in West Africa. The rapid deployment of U.S. scientists, health workers, and CDC teams helped contain the virus before it could spread globally. Their presence allowed the U.S. to help shape the response strategy, speed up containment, and prevent a wider outbreak. Many African countries are facing the dual burden of rising debt and pressing health needs, forcing painful choices between repaying creditors, and protecting their

citizens. Helping them navigate this challenge is not just the right thing to do—it is a strategic imperative. If the United States retreats, others will fill the gap, and not all of them will bring our values, our priorities, or our interests to the table. Preserving American global influence will require restoring the staff, systems, and resources that underpin it—before the damage becomes irreversible.

I understand the fiscal pressures facing Congress. I recognize the need to prioritize spending and to hold programs accountable for results. I also share the Trump Administration's commitment to promoting efficiency and encouraging country-led solutions. But I believe those goals can—and must—be pursued while still protecting the programs that deliver the highest return on investment and the greatest impact on human lives.

The United States' support for Gavi, the Vaccine Alliance; the Global Fund to Fight AIDS, Tuberculosis, and Malaria; the President's Emergency Plan for AIDS Relief (PEPFAR); and the Global Polio Eradication Initiative (GPEI) represent some of the smartest, most effective investments our country has ever made. These initiatives are proven, strategically aligned with American interests, and cost-effective on a scale few other government programs can match.

Together, Gavi and the Global Fund have helped save more than 82 million lives. Gavi has helped halve childhood deaths in the world's poorest countries and returns an estimated $54 for every $1 invested. The Global Fund has contributed to a 61% reduction in deaths from HIV/AIDS, TB, and malaria. PEPFAR has saved over 26 million lives and helped millions of children be born HIV-free. GPEI has brought us closer than ever to the eradication of polio. Pulling back now would not only jeopardize these historic gains—it would invite a resurgence of preventable disease, deepen global instability, and undermine decades of bipartisan American leadership.

This is not a forever funding stream for the U.S. Government. These programs set out clear pathways for countries to "graduate" from aid, which many have already done. For example, nineteen countries, including Viet Nam and Indonesia, have successfully graduated from Gavi support and now fully finance their own immunization programs. Others—from Bangladesh to Cote d'Ivoire — are on track to do the same. This is how U.S. development policy should work: catalytic, cost effective, and designed to help countries become self-reliant and drive their own progress. I agree that aid funding should have an end date, but not overnight. The most effective path to that end date is innovation. By investing in the development and delivery of new medical tools and treatments, we can drive down the cost of care, and in some cases, make diseases that were once a death sentence treatable, or even curable. Advances in therapies for chronic conditions like sickle cell disease, HIV, or certain types of cancers could transform lives and health systems. American innovation offers a sustainable exit strategy—one that reduces long-term costs, allows the United States to responsibly step back, and builds lasting trust and good will that far exceed the original investment.

Over the past 25 years, the Gates Foundation has invested nearly $16 billion in global health partnerships like Gavi, the Global Fund, and GPEI. We will continue to invest, through innovation, research, and close coordination with partners. But no private institution—or coalition of them—can replace the scale, reach, or authority of the U.S. government in delivering lifesaving impact at the global level.

The decisions made in the coming weeks will shape not only the lives saved in the near term— but the legacy of American leadership for generations to come.

Attached for your further information are appendices that include reflections from Gates Foundation staff in Africa on the impact of the U.S. aid cuts; analytical projections from respected organizations; and a selection of first-hand reporting from reputable news organizations and journalists.

Appendix I: Reflections from Gates Foundation in Africa

Gates Foundation teams based in Africa have been working with partners across the continent to assess and understand how U.S. global health leadership changes are impacting health systems and essential service delivery in countries across Africa. Examples of early observations include:

- **Data systems are fracturing.** Reliable health data is becoming harder to collect and use due to two significant issues:
    - **Workforce cuts** – Many health workers responsible for collecting, entering, and reporting data, such as community health workers, have lost their jobs.
    - **System breakdowns** – National data platforms are going offline or losing technical support. For example:
        - Kenya's national health information system, KHIS, was down from February to April 2025.
        - In Malawi and Ethiopia, contracts supporting logistics and supply chain tracking systems (eLMIS) were terminated.
        - Even in countries where systems still function, technical forecasting support for key family planning and maternal and child health (MNCH) commodities has been discontinued. Forecasting HIV/AIDS, TB, and malaria treatment and supplies are expected to end in several countries later this year in September.

- **Medicine supply chains are under strain.** While central warehouses in many countries still have health commodities in stock, gaps in supply are expected later this year and into early 2026. For example:
    - **HIVU. Treatments** – The WHO recommends a pediatric HIV treatment known as DTG. Kenya currently has 14 months' worth of pediatric HIV tablets from a mix of USAID and Global Fund sources in stock. Zambia has only 2 months of supply on hand, although an additional 10 months is in the pipeline. Efforts to switch to this more effective treatment have stalled in South Africa, Kenya, Zambia, and Zimbabwe—all countries with high HIV burdens.
    - **Tuberculosis:** Mozambique only has a 10-month supply left of its preferred TB drugs. Zambia has only a 5-month supply remaining of key medications Rifapentine and Isoniazid.
    - Malaria: Stocks of first-line malaria treatments (Artemether and Lumefantrine) vary. Mozambique has 11-17 months remaining, Malawi has 12-15 months, and Uganda has 9-11 months, depending on the drug formulations chosen.

- **Frontline health services are breaking down.** The impact of funding disruptions has gone beyond medical supplies—basic health services and the workforce that delivers are breaking down as well. For example:
    - **Nigeria:** Services for 1.7 million people on HIV/AIDS treatment have been disrupted. 8 million women lost access to contraception. 19,000 community health workers were suspended.
    - **Mozambique:** 1.3 million people saw HIV/AIDS treatment interrupted. Family planning services were suspended. The disruption of 5 million mosquito nets was delayed. 20,000 health workers were affected.

- **Ethiopia:** Over 500,000 people living with HIV/AIDS lost access to support services. Malaria spraying for 1.4 million people was halted. 6 million people lost access to maternal and child health or family planning services. More than 8,000 health workers were suspended.
- **Uganda:** HIV/AIDS treatment and home follow-up for over 400,000 people are at risk. Services in 72 districts were suspended, impacting 1.6 million children who rely on nutritional support. Over 12,000 community health workers were affected.
- **Tanzania:** National services shut down for 2-6 weeks. Insecticide spraying and mosquito net distribution were paused. A 35% drop in family planning coverage was reported. Over 58,000 health workers were temporarily removed from service.
- **Zimbabwe:** 200,000 people on HIV/AIDS treatment lost access until emergency waivers were issued. Malaria prevention tools for 3.3 million people were delayed. 80% of women using long-acting contraception experienced disruptions. Nearly 15,000 community health workers were suspended.

Appendix II: Expert modeling and projections

Public health researchers and organizations are tracking data and making projections to understand the impact of cuts to U.S. global health aid. Collectively, this work suggests a future where childhood deaths, polio, malaria, AIDS, disease outbreaks, and more are all on the rise.

- **Updated Frequently| Boston University:** Impact Counter - Tracking Anticipated Deaths from USAID Funding Cuts
  Boston University School of Public Health launched online tracking tools that capture estimated increases in mortality and disease spread from HIV/AIDS, tuberculosis, malaria, and other diseases because of the near-total freeze in US foreign aid funding and programming. These estimates are listed on Impact Counter, a real-time digital tracking website that Nichols utilizes to quantify the real-world human impact of the recent US policy changes on humanitarian aid.

- **April 8 | The Lancet:** The Effects of Reductions in United States Foreign Assistance on Global Health
  A study published in The Lancet examined the long-term global health consequences of potential reductions in U.S. foreign assistance across four critical areas: HIV/AIDS, tuberculosis, family planning, and maternal and child health. The study modeled a scenario in which U.S. funding is completely withdrawn without replacement by other sources and projected devastating effects over the 2025–2040 period. Key Findings:
  - An estimated 15.2 million additional deaths from AIDS.
  - Approximately 2.2 million additional TB-related deaths.
  - An estimated 7.9 million additional deaths among children under five from other causes.
  - Between 40–55 million additional unplanned pregnancies.
  - An estimated 12–16 million additional unsafe abortions.

- **April 2025 | UNAIDS:** Estimating the Potential Impact of HIV Response Disruptions
  UNAIDS analysis suggests that the permanent discontinuation of HIV programs previously supported by PEPFAR, including treatment and prevention, would, between 2025 and 2029, lead to an additional 6.6 million new HIV infections, an additional 4.2 million AIDS-related deaths, and 3 million additional children orphaned by AIDS.

- **April 2025 | CHAI and Unitaid:** HIV Market Impact Memo
  This brief highlights the significant risks facing global HIV markets and the broader implications for HIV service delivery in low- and middle-income countries (LMICs) following disruptions and withdrawal of U.S. funding and uncertainty about the future funding landscape. Data presented is from a CHAI request to 14 countries and is valid as of March 2025.

- **April 2025 | Malaria Atlas Project:** Malaria Funding Cuts Worry Experts
  An analysis done by the Malaria Atlas Project for the Gates Foundation found that a 90-day freeze of the President's Malaria Initiative, a U.S. program, will result in 1.7 million new cases and 17,000 additional deaths.

- **March 27 | BBC:** One million children could die if US cuts funding, Gavi warns
  The loss of U.S. funds will set back the organization's ability to continue to provide its basic range of services — such as immunization for measles and polio — to a growing population of children in the poorest countries, let alone expand to include new vaccines. By Gavi's own estimate, the loss of U.S. support may mean 75 million children do not receive routine vaccinations in the next five years, with more than 1.2 million children dying as a result.

- **March 27, 2025 | Business Insider:** Experts warned USAID's gutting would give China room to replace the US. Now, it's happening.
  The article reports that China is rapidly stepping in to replace U.S. development programs in countries like Cambodia and Nepal following massive USAID cuts, launching targeted efforts in health, nutrition, and sanitation. Citing experts like Professor Tai Wei Lim and Eurasia Group's Jeremy Chan, the piece underscores that while China's aid footprint remains smaller, its swift, strategic interventions could diminish U.S. soft power and reshape influence in key regions.

- **March 20 | Africa CDC:** Aid Cuts will Result in Millions More African Deaths
  Two to four million additional Africans are likely to die annually because of the shock aid cuts by the United States and other key donors, according to Dr Jean Kaseya, who heads the Africa Centre for Disease Control and Prevention. Africa CDC projects an additional 39 million people will be pushed into poverty as part of the ODA cuts. The calculations are based on CDC modeling.

- **March 5, 2025 | MedRXiv:** A Deadly Equation: The Global Toll of US TB Funding Cuts
  This modeling study found that U.S. TB program cuts could result in as many as 10.7 million new TB cases and 2.2 million additional TB deaths in 26 high-burden countries by 2030. Researchers concluded that the "loss of U.S. funding endangers global TB control."

- **February 25 | Journal of the International Aids Society:** The likely deadly consequences associated with a 90-day pause in PEPFAR funding
  A 90-day PEPFAR funding pause and associated service disruptions could result in over 100,000 excess HIV-related deaths over a year in sub-Saharan Africa.

- **February 11 | Annals of Internal Medicine:** Potential Clinical and Economic Impacts of Cutbacks in the President's Emergency Plan for AIDS Relief Program in South Africa
  This modeling analysis found that abrupt PEPFAR cutbacks would have immediate and long-term detrimental effects on epidemiologic and clinical HIV outcomes in South Africa. In sub-Saharan Africa, ending PEPFAR funding could result in 565,000 new HIV infections over 10 years and reduced life expectancy of people living with HIV by 3.71 life-years.

Appendix III: Firsthand Media Accounts

Journalists and field-based organizations have documented the real-time consequences of aid disruptions across multiple countries. These firsthand accounts—from clinics, families, and frontline workers—offer evidence of how funding cuts are affecting health systems, threatening lives, and destabilizing progress on the ground.

- **June 22 | New York Times:** What Remains of U.S.A.I.D.
  Following the termination of most foreign aid staff and the cancellation of nearly all USAID awards, some programs have since been restored. However, what remains is a fragmented collection of initiatives with no clear plan for how their work will move forward. The article offers a snapshot of the current situation. Aid workers and advocates interviewed for the story described a rushed and disjointed process in which different departments scrambled to draft their own lists of programs to save, with little coordination or attention to the interdependence of various efforts.

- **June 21 | New York Times:** The Waste Musk Created
  Nicholas Kristof reflects on the health workers and families he met on a recent trip to Sierra Leone and Liberia, who are grappling with the devastating consequences of abrupt U.S. foreign aid cuts. Clinics have run out of basic medicines, children are dying of preventable causes, and once-functioning health systems are unraveling as shipments of U.S.-funded treatments sit idle in warehouses.

- **June 17 | New York Times:** South Africa built a medical research powerhouse. Trump cuts have demolished it.
  New York Times investigation reports that abrupt cuts in U.S. aid have critically undermined medical research capacity in South Africa. The dismantling of funding—most notably through USAID and the National Institutes of Health—has led to significant disruptions: clinical trials for HIV vaccines, trials to prevent cervical cancer and diabetes care integrations, and major public health research projects have either been paused or terminated. Researchers warn that vital infrastructure is crumbling, experienced staff are leaving, and the long-term consequences include stalling scientific progress, diminished public health advances, and weakened global disease surveillance. One lab technician described it as "building something and then having it wiped away."

- **June 13 | New York Times**: Mpox Surges in Sierra Leone as Health Officials Appeal for U.S. Support
  Health officials in Sierra Leone are struggling to isolate and treat patients during a nationwide mpox outbreak, and mpox infections across Africa are surpassing last year's levels. The government has set up multiple centers to treat patients, but they are running out of beds and only have a fraction of the necessary vaccines. Dr. Austin Demby, appointed Minister of Health in Sierra Leone in 2021, has appealed to the U.S. for help but is unable to mobilize significant support. "The U.S. was a very, very strong partner in

these spaces, especially in vaccine deployment, vaccine use, especially with the biomedical interventions labs," Dr. Demby said. "But we're really missing the presence of the U.S., and it's hurting."

- **June 6 | ABC News:** Aid workers say USAID cuts are putting the lives of children with HIV at risk
  The termination of several foreign aid contracts has upended facilities and organizations that provide critical care for HIV-positive children in Africa. The Light the Future Foundation in Uganda used to have a month's supply of medication, but now it must ration the medication since it only has a week's supply after the USAID cuts. None of the children at the center have died, but their 28-year-old teacher passed away when she could not access her antiretrovirals because of the cuts. The Bright Star Orphanage in Uganda used to provide free medication to eight HIV-positive children, but it ran out after the cuts when the founder was told to turn to the private sector where he could not afford to pay for all the children's medication. One of the eight children quickly fell ill and passed away in February.

- **May 31 | New York Times:** Really, Secretary Rubio? I'm lying about the kids dying under Trump?
  NYT highlights personal stories of children—like Evan Anzoo, a five year old boy in South Sudan born with HIV, and Achol Deng, an eight year old—who both lost their lives after being cut off from treatment when aid froze.

- **May 28 | NPR:** Marco Rubio said no one has died due to U.S. aid cuts. This mom disagrees.
  NPR reported the story of Mariam Mohammed, a widow in Bama, Nigeria, whose son Babagana—age 7 and born with sickle cell disease—died in early February. She rushed him to a USAID-funded clinic that had been shuttered due to a stop-work order. With no alternative, the boy passed away that night. His doctor, Edifre Jacob, expressed confidence that "something [could have been done] to save the patient" had the clinic been open.

- **May 27 | Associated Press:** US aid kept many hungry Somali children alive. Now that money is disappearing
  AP reporting documents that families in Somalia are losing children to hunger-related illnesses as U.S. aid cuts force life-saving nutrition centers to shut down. USAID once funded 65% of Somalia's foreign aid, and its withdrawal has left over 55,000 children at risk. Malnourished children are flooding hospitals, while millions more face growing food insecurity. Aid groups warn of devastating consequences as Somalia's fragile health system crumbles without support.

- **May 18 | Washington Post:** U.S. Funding halted Africa's HIV crisis. Trump's cuts have forced a reckoning.
  In-depth reporting reveals how abrupt U.S. funding cuts have dismantled vital HIV/AIDS infrastructure in Eswatini—one of the most severely affected countries—despite years of progress under PEPFAR. The article highlights the closure of the "Miracle Campus," which provided care to a quarter of the nation's patients, leading to staff layoffs, medicine shortages, and interruptions in critical services. UNAIDS reports a "significant decline" in HIV case identification following the withdrawal, with stockout concerns projected in the coming months.

- **May 16 | Reuters:** US Aid Cuts Leave Food for Millions Moldering in Storage
  U.S. aid cuts in early 2025 have left over 60,000 metric tons of food—enough to feed approximately 3.5 million people for a month—stuck in USAID-run warehouses in Djibouti, South Africa, Dubai, and Houston, with many stocks nearing expiry and at risk of being destroyed rather than reaching communities in crisis. Humanitarian organizations report these delays are already costing lives: in Nigeria, clinics that relied on the shipments have seen malnourished children dying as therapeutic feeding programs come to a standstill. UNICEF warns that 2.4 million severely malnourished childrenworldwide could miss critical nutrition aid due to the shortage of ready-to-use therapeutic foods.

- **May 15 | Devex:** Following PEPFAR cuts, vulnerable Ugandans are dying, providers say
  This Devex article shares a story about Lydia Nabirye, a 28-year-old in eastern Uganda whose life unraveled after a U.S.-supported mental health and HIV adherence program was cut. With daily visits from a caseworker stopped, she stopped her antiretroviral medication and died outside Kamuli on March 26, just weeks after aid was suspended. The article emphasizes that Lydia was just one of the most vulnerable being cared for—not only HIV patients, but also people who inject drugs, orphans, and individuals with mental health conditions—who are now falling through the cracks due to halted PPFAR-funded support.

- **March 15 | New York Times:** Musk Said No One Has Died Since Aid Was Cut. That Is not True.
  This investigative piece, authored by Nicholas Kristof and published March 15, 2025, provides a stark look at the human cost of abrupt U.S. foreign aid reductions, focusing on South Sudan. On the ground, Kristof encountered families who have lost access to lifesaving services. One community health worker reported that several children died in villages once the centers began shutting down.

- **March 13 | NPR:** 'You can now die': The human cost of America's foreign aid cuts in Africa
  The NPR article illustrates the toll of halted USAID funding through personal stories from across Africa. In Ethiopia's Tigray region, Dr. Ayoda Werede has seen maternal and newborn deaths spike as clinics lose resources. In Zambia, 62-year-old Carol Nyirenda, a TB survivor, fears a resurgence of drug-resistant disease as her community volunteer network collapses. In Chad, midwife Ernestine Nedjoumbaye worries women like Fatmeh—who fled conflict while pregnant—will no longer survive childbirth without aid. And in Tanzania, Dr. Peter Bujari describes a failing health system, with vaccines spoiling and TB testing stalling. Together, these accounts reveal how the funding freeze is not just a policy change—it is a daily crisis for those on the frontlines.

- **March 12 | Associated Press:** 'We will just die in silence': US aid cuts hit Ethiopia's fragile Tigray region.
  An Associated Press report details the worsening humanitarian crisis in Ethiopia's Tigray region following the suspension of U.S. food aid. The article describes how more than 2.4 million displaced people are now facing severe hunger after USAID dismantled key operational systems, leaving warehouses full of undelivered grain while people go without food. Over 5,000 metric tons of U.S.-provided sorghum intended to feed 300,000 people for a month has gone unused, as distribution networks collapsed. The AP documents the consequences of this breakdown, including rising malnutrition, untreated illness, and growing despair in communities already traumatized by years of conflict. Local health centers have closed, critical programs like vaccinations and HIV care have

been suspended, and residents told the AP they feel abandoned by the international community.

- **March 11 | Reuters:** Kenya HIV Patients Live in Fear as US Aid Freeze Strands Drugs in Warehouse
  Reuters documents that in Kenya, people living with HIV—like Alice Okwirry, a widowed mother caring for her HIV-positive 15-year-old daughter—are facing a terrifying shortage of lifesaving medication as U.S. aid cuts freeze the distribution of millions of antiretroviral doses sitting in warehouses. Alice used to receive six months of medicine at a time; now she gets just one month, forcing repeated trips to overcrowded clinics and fueling anxiety about what happens when the drugs run out. Clinics are overwhelmed, children's homes fear rising illness and death, and the disruption threatens to reverse decades of hard-won progress in HIV treatment across the country.

- **March 8 | Associated Press:** No disease is deadlier in Africa than malaria. Trump's US aid cuts weaken the fight against it.
  AP News report documents how sweeping cuts to USAID funding have severely disrupted malaria prevention programs across Africa, with particularly acute effects in countries like Uganda and Nigeria. The article features accounts from frontline health workers who describe halting indoor insecticide spraying, delaying distribution of mosquito nets, and closing data monitoring systems that were once central to malaria control. In Uganda, Dr. Jimmy Opigo, who has overseen the country's malaria program for years, warned that the cuts could reverse hard-won progress and trigger a "wave of resurgence." Insecticide purchases have stopped, staff have been laid off, and essential campaigns have been put on indefinite hold. The piece emphasizes that these disruptions come at a time when malaria season is peaking—leaving millions of people, especially children, unprotected. Without intervention, officials estimate a dramatic rise in both infections and deaths.

- **March 8 | New York Times:** How Foreign Aid Cuts Are Setting the Stage for Disease Outbreaks
  The article details how sweeping cuts to USAID's disease-outbreak funding are dismantling critical health programs across the globe, with direct and devastating consequences for individuals and communities. It highlights stories like that of Dr. Abdinasir Yusuf Osman in Somalia, who warns that ending livestock disease surveillance could lead to catastrophic outbreaks, and Franklin Wanyama, a 29-year-old in Nairobi whose HIV treatment was abruptly halted due to frozen aid. With clinics shutting down, staff laid off, and surveillance systems going dark, the piece underscores how these funding decisions are not abstract—they are endangering lives and threatening to reverse decades of global health progress.

- **February 27 | New York Times**: U.S. Terminates Funding for Polio, H.I.V., Malaria, and Nutrition Programs Round the World – Here are some of the 5,800 Contracts Canceled
  New York Times reporting documents how the abrupt termination of most USAID foreign aid contracts left tens of thousands of vulnerable people without critical health services, including HIV treatment, maternal care, and emergency nutrition. Programs in refugee camps and rural communities shut down overnight, cutting off access to food, water, and medicine for families already in crisis.

- **January 31 | Wall Street Journal:** Trump Aid Wiplash Hits Refugees, AIDS Patients Worldwide
  After President Trump ordered a sudden 90day freeze on most U.S. foreign aid on January 20, vital health and refugee services around the world teetered on the brink of collapse—including critical HIV programs. In Myanmar, elderly refugee patients were turned away from hospitals shuttered by funding cuts. In South Africa, HIV-positive patients like Samkelo—a young man who had never used public clinics—are now surviving off a dwindling two-month supply of antiretrovirals, even sharing pills with friends just to stretch their treatment. "This has been three weeks in hell," he says, as he watches global gains in HIV care unravel. Clinics in Uganda, Mozambique, Zimbabwe, and the DRC abruptly closed, while U.S.-funded aid withdrawals shut vital water, sanitation, and disease-control efforts in refugee camps. Though a waiver later restored some lifesaving funding, confusion and bureaucratic limbo meant many programs never resumed.