A Qualitative Assessment of the Impact of and Response to Disruptions of Global Health Assistance in Peru, Cameroon, Tanzania, and South Africa

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Abstract

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On January 20, 2025, President Trump signed an executive order to freeze all USAID funding for 90-days effective immediately. The abrupt loss of a major funding source resulted in chaos, confusion, extensive loss of jobs, and elimination of services. The aim of this study is to provide perspectives of individuals working in the healthcare sectors of impacted countries and compare the impacts of and response to these disruptions across countries. A multi-case study design was utilized to understand the impacts of the global health finance disruptions in Peru, Cameroon, Tanzania, and South Africa. Elite interviews were conducted with 12 participants from NGOs, research institutions, universities, and the government in target countries. Reflexive thematic analysis was used to develop four themes: the disruptions caused pervasive losses and shared feelings of uncertainty, the biggest threat to health of communities is the loss of jobs, responses varied across countries, and disadvantages heavily outweighed opportunities. This study highlighted the human cost that came with the abrupt removal of funding, and our hope is that partnerships can be reimagined in ways that are less transactional.

Abbreviations

United States Agency for International Development (USAID)

President's Emergency Plan for AIDS Relief (PEPFAR)

Non-governmental organizations (NGOs)

World Health Organization (WHO)

National Institutes of Health (NIH)

U.S. Centers for Disease Control and Prevention (CDC)

Memoranda of Understanding (MOU)

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Background

The nature in which American foreign aid has existed throughout the 20th and 21st centuries has shifted, but one driving force has remained consistent. Development, and ultimately modernization, was the primary driver for global foreign aid following World War I as quality-of-life expectations rose significantly[1]. In addition, humanitarian aid existed on a new scale following the creation of the League of Nations, establishing "technical missions" to places around the world experiencing high levels of extreme poverty. U.S. foreign aid was initially created as a tool to prevent Soviet influence and ultimately existed within the confines of spreading the "correct" idea of modernization into the Global South[1,2]. Post-World War II foreign aid became a foreign policy tool, and an indirect tool to improve opportunities for U.S. corporate profits oversees. President John F. Kennedy stated that the sixties would be the "decade of development" where he foresaw countries experiencing high degrees of poverty to have "self-sustaining growth."[1] In 1961, U.S. congress passed the Foreign Assistance Act and led to the birth of the United States Agency for International Development (USAID).

USAID was the largest donor in the world and was crucial in sustaining critical programs globally[3]. As of 2023, USAID had a budget of $42 billion that was spent on addressing global health challenges. The primary focus of USAID was poverty eradication, disease surveillance, and HIV prevention[4]. Major global campaigns were led by USAID, starting with the efforts in the sixties to eradicate smallpox and expanding later to fight polio. In 2003, the President's Emergency Plan for AIDS Relief (PEPFAR) was created to address the global HIV/AIDS crisis, in which USAID was a key implementation partner[1,4]. USAID had programs and influence in over one hundred countries and provided funding for many governments and non-governmental

organizations (NGOs). Healthcare sectors in the Global South were propped up by USAID funding and programs.

On January 20, 2025, the president of the United States signed an executive order implementing a 90-day freeze on USAID funding, effective immediately[1]. This order was accompanied with a statement that the United States' foreign aid industry is "antithetical to American values."[5] On January 24, 2025, a notice regarding the implementation of the executive order was issued by USAID, which called for stop-work orders for all projects[6]. This order resulted in an immediate freeze of 90% of USAID projects. The countries that have been most impacted reside in the Global South, predominantly in Africa. USAID was officially terminated on July 1, 2025[7]. On September 18, 2025, the U.S. Department of State released it's "America First Global Health Strategy" which, as the name suggests, established the Trump Administration's goals for restructuring American foreign aid[8]. In addition to the U.S. reducing global health assistance, the United Kingdom, France, and Germany have steadily reduced their global foreign aid[7].

We conducted a literature review on the impact of USAID cuts and freeze and found that most of the academic articles utilized computer modeling to provide estimates of deaths, morbidity, and economic impact. American perspectives have been the primary data point rather than the perspectives of those in countries impacted by the funding disruption and USAID dissolution. Additionally, due to the ongoing, constant changes that have occurred since January 2025, gray literature was the primary source of information. These documents included news articles, NGO reports, government reports, and policy documents. A visible gap in the literature was qualitatively understanding the lived experiences of those directly impacted by the funding disruptions. While utilizing predictive computer models are important for understanding the

overall landscape and possible impact scenarios, the concern with solely relying on computer models is the potential for the assumptions to overestimate impact[9]. For a comprehensive picture of the impact of the funding disruptions, it is important to include perspectives from those with lived experience navigating these global health aid disruptions. This study attempts to provide first-hand perspectives from individuals in the health sector of Peru, Cameroon, Tanzania, and South Africa who were impacted by the Trump Administration's decision to dissolve the world's largest donor for global health.

Aim

The disruption of global health assistance from a major donor like the United States was an inflection point for the field of global health. As we enter the phase of "America First," it is imperative to have first-hand accounts of how health sectors have been impacted and how they have navigated these changes. The goal of this thesis project is to provide narratives gathered via semi-structured interviews from individuals working in the health sector of Peru, Cameroon, Tanzania, and South Africa to add to the building body of work assessing the consequences of global health funding disruptions and restructuring. The two research questions that guided this project are:

1. What are the experiences of individuals within sectors impacted by global health funding disruptions?
2. How did the impact of and subsequent response to global health funding disruptions differ across Peru, Cameroon, Tanzania, and South Africa? How are they similar?

Methods

Research Design

Our research used the multi-case study design to assess and compare the perceived impact global health funding disruptions have had in Peru, Cameroon, Tanzania, and South Africa. Multi-case study research consists of intentional analysis of two or more single case reports with the goal of generating a comprehensive understanding of a phenomenon[10]. Conducting multi-case study research allowed for a deeper understanding of the impact of the global health funding disruption across multiple countries without losing the individuality of each country[10].

The selection criteria for the individual cases are outlined below in Table 1. Each case was a recipient of global health funding, specifically from the United States, and experienced wide-spread disruptions. These cases are not exact replications, as impacts and level of dependency varied. For this study, the varied level of dependence on foreign aid was necessary in understanding the context in which the country was impacted and the ability for their governments to respond.

Table 1. Selection criteria for individual cases

Country	Duration of USAID presence	Development assistance for health (DAH), in USD[11]	Total health spending (USD)[11]	% DAH *(DAH/total health spending)*	HIV Prevalence (Ages 15-49)	Programs USAID supports
Peru	1962-2025[12]	$230M	$14.9B	16	0.5% (2023)[13]	~ 1,500 programs to promote economic, social, and political development[12]
Cameroon	1961-2025[14]	$430M	$1.8B	34	2.6% (2023)[15]	Road and railway construction; education sector development; health promotion; environment and natural resource management; economic growth and trade; peace and governance; humanitarian assistance[14]
South Africa	1994-2025[16]	$1.5B	$33.9B	4	17.1% (2023)[17]	HIV-focused programs, education sector development, agricultural capacity building, climate change[16]
Tanzania	1960-2025[18]	$1.1B	$2.35B	43	4.4% (2023)[19]	Raising life expectancy, economic development, private-government partnership, education sector development, agricultural innovation[18]

Sampling

The countries selected for this study are subset from a larger study exploring the impacts across 15 countries. Through purposive sampling, 12 participants were selected for participation in interviews based on their connection to study members in the larger group. The population of interest for this study was individuals who work in sectors that have been impacted by the global health funding disruption, specifically NGOs, universities, Ministry of Health, and donor organizations. To be included, participants were required to reside within one of the 4 countries, able to speak English or French fluently, and been a recipient of U.S. government funding as of January 2025. All participants were defined as elite participants, which are individuals who wield influence, have specialized knowledge, and often are in positions of power[20,21]. Table 2 summarizes the health sector, country, and professional titles of the participants. To ensure all countries were represented equally in this study, the same number of participants were interviewed across countries.

Table 2. Demographics of participants.

Characteristic	N (%)
Health Sector Entity	
NGO	8 (66)
Research/University	3 (25)
Government	1 (9)
Country	
Peru	3 (25)
Tanzania	3 (25)
South Africa	3 (25)
Cameroon	3 (25)
Professional Title	
Chief Executive Officer (CEO)	2 (16)
Public Health Consultant	1 (9)
Executive Director	1 (9)
Director	2 (16)
Program Director	1 (9)
Associate Director	2 (16)
Professor	2 (16)
Program Implementer	1(9)

Data Collection

This study used a qualitative methodology called elite interviewing, which specifically engages individuals with specialized knowledge and hold a significant amount of influence[20,21]. To accomplish this, semi-structured interviews were conducted using an interview guide that had been designed by individuals in the larger group with qualitative research expertise and a mixture of Global North and Global South perspectives. Interviews began in December 2025 and concluded in May 2026. Each interview lasted between 30 and 60 minutes. The interviews were conducted primarily via Zoom, with a couple conducted in-person in Cameroon. To ensure interviews were culturally and contextually sensitive, interviews were conducted by researchers from these countries when possible. A researcher from Cameroon interviewed participants in both French and English. A researcher from South Africa interviewed two out of three interviews

were conducted in English. The participants from Peru and Tanzania were interviewed by an American and were conducted in English. All participants were asked via email for their consent to participate in these interviews and were asked verbally if they consented in being recorded for transcription purposes. The participants were allowed to decline and withdraw consent at any time.

Data Analysis

Every transcript was recorded and transcribed via ATLAS.ti. Transcripts were created through ATLAS.ti's AI transcription process. To ensure accuracy, transcripts were read through while listening to the audio and edited as necessary. A reflexive thematic analysis approach was used for the analysis of the transcript, which followed the six phases outlined by Braun and Clarke[22].

All transcripts were read several times to gain familiarity with the information collected. Following the familiarization with the data, each case was focused on separately to understand how each country was impacted. An initial deductive codebook with 22 codes and 3 categories was developed with codes that were derived from the literature review. These codes focused on the phases of impact, long-term impact, and future outlooks. Upon coding the data, the codebook expanded to include inductive codes that captured more specific experiences that were shared during the interviews. Additionally, in-vivo codes were used to pull out areas where personal opinions were shared such as "abrupt" and "reduce the dependence." The codebook was developed between two members of the study team, but coding was conducted by one individual.

Each country was analyzed as a single case prior to theme development. This process enabled us to understand how each country was impacted by the funding disruptions, which allowed for us to identify how they differed and compare their similarities. Using the "code-

document analysis" tool in ATLAS.ti, codes identified across all transcripts in each country were used to create a baseline report. Following this report, countries were compared against each other to identify themes that answered the research questions. Code frequencies and co-occurrences supported this process.

Results

Twelve interviews were conducted across the four countries. Following the analysis of the single cases, four themes were developed to answer the research questions. Across all four countries, participants described how the funding disruptions created pervasive losses and generated shared feelings of uncertainty about the future of global health programs within their respective countries. All participants identified job losses and subsequent loss of healthcare workers in the field as the primary threat to community well-being. Responses from the government varied across countries, and participants described their perspectives on these responses. While opportunities of the aid disruptions were identified across countries, participants primarily shared negative perceptions of these events and the subsequent uncertain future it has caused. The four themes are summarized below in Table 3.

Table 3. Themes and subthemes.

Theme	Subthemes
Theme 1: Disruptions in global health funding have generated pervasive losses across countries and have created shared feelings of uncertainty for the future	- Project disruption - Elimination of projects - Gaps in services - Loss of funding - Feelings of concern
Theme 2: The greatest threat to the health and well-being of communities is the job loss caused by funding disruptions	- Loss of healthcare providers - Lost services - Job loss - Unemployment - Mental Health issues - Displacement
Theme 3: Responses to this new funding landscape are varied across countries	- Abandonment of vulnerable populations, - Adoption of right-wing policies - Little to no government intervention - Diversifying funding streams - Bilateral agreement with U.S.

Theme 4: The immediate removal of global health funding has created more disadvantages than opportunities	- Disruptions
	  o Decreased enrollment in global health programs
	  o Long-term systematic impact
	  o Confusion
	  o European countries pulled funding
	  o Displacement due to decrease in salary
	- Opportunities
	  o Increased local government involvement
	  o Prioritizing local interests
	  o Expanding global partnerships
	  o Government autonomy

Theme 1: Disruptions in global health funding have generated pervasive losses across countries and have created shared feelings of uncertainty for the future

The most common impact that occurred across all four countries were project disruptions. This occurred in a spectrum of ways, spanning from requiring project plan rewrites, to the complete loss of funding and elimination of projects. The CEO of an NGO in Tanzania described how their organization received a stop work order, which led to the loss of a month's worth of

salary for all of their employees, but was described as a "blessing" in comparison to other NGOs. The CEO shared insight on the broader impact of these stop work orders:

> *"You have to give notice of one month notice for you to terminate the staff. If you don't, then you go through legal battle with the employee. That is the labor law of Tanzania. I hear stories of some who were taken to court by their employees because of that. An employer cannot send an employee to leave without pay." [NGO CEO, Tanzania]*

This in turn led to the many NGOs being shut down along with the projects they supported, leaving gaps in the community. Communities relied on these NGOs and projects to provide needed services and healthcare: "Those regions and the health facilities which were supported by them have not been able to receive that support." The director of a large NGO in Peru shared: "Close to 70% of our projects were impacted directly…We are at the moment maintaining 24 projects… so this list of projects can permit us to survive." Another participant in Tanzania shared their perspective on the burden that's been placed upon the health sector:

> *"The sustainability of trying to bridge the gap left behind while also, like, to maintain things, but then to continue growing is a difficult place to be in, especially with a hit to the health system." [Public Health Consultant, NGO]*

A professor at a University in South Africa described how the country is still not receiving PEPFAR funding, despite being one of the largest recipients of PEPFAR funds: "it's really decimated our programs here across the country and across the region." In Cameroon, a participant shared how these funding disruptions have impacted service delivery to hard-to-reach communities:

"Some of the health districts which are kind of [distant], it takes a lot to really get commodities to them, and of course, this led to untimely supplies of medications. The last mile deliveries have been so restrained that we end up borrowing from other sites to feed other sites in order not to have a kind of default in the treatment of the patients who are supposed to receive their care." [Regional Director of PEPFAR, Cameroon]

Additionally, a participant from South Africa shared their concern about what the loss of funding means for the HIV epidemic:

"I'm worried, you know, because if we don't know what's happening and my whole world is the HIV, TB, and other communicable disease epidemics….I am worried about the gap, the inevitable value we have to go through over the next little while. What is that gonna look like? How much debt is that gonna be? How much loss of services….And because we have the biggest epidemic in the world, because we have so much to lose, I'm worried what back sliding means for the epidemic. And for this country in particular." [NGO CEO, South Africa]

These concerns are rooted in the uncertainty of what the future holds. While the U.S. has begun their new strategy for global health funding, the opportunity has not been extended to all countries, as this participant from South Africa shares:

"It's now…coming back in its new iteration, which is these MOUs and the bilateral agreements between what is now U.S. state and African countries, or other PEPFAR countries, to reinstate some sort of international aid on very translational terms. But South Africa remains largely left out of these conversations." [NGO CEO, South Africa]

A participant in Tanzania shared their feelings regarding the uncertainty of the future, but also shared their takeaway from these funding disruptions:

> *"What is next is uncertain. A lot of things are uncertain at the moment, but we are also recovering and getting stronger. We, it's a wake up call also for, for many of us that these fundings will no longer be there forever." [CEO NGO, Tanzania]*

Theme 2: The greatest threat to the health and well-being of communities is the job loss caused by funding disruptions

Participants across all four countries identified the impact on human resources as the primary threat to the health and well-being of communities. A participant in South Africa described the connection between the loss of PEPFAR funding and the impact it had on the healthcare ecosystem:

> *"The biggest impact was really on human resources. So PEPFAR was supporting a lot of the pharmacists, the nurses, the HIV testing, and counseling people. And so even if the drugs were available, if you don't have pharmacists and nurses to prescribe it and to give it out, that was a barrier." [Professor, South Africa]*

In Tanzania, NGOs provided a lot of jobs within the communities that the services were intended for. While these communities and patients have lost these services, the communities have also lost employment opportunities which have long-term impacts on the health of communities:

> *"There are communities and patients who are receiving those services, but there a big pool of employees who have lost their work, and they are now in the streets, sometimes don't know even how to run their life or how, you know, pay the fees for their school for*

their children. It's not like in America. Here, you lose a job, you take years to get another job." [Director NGO, Tanzania]

In South Africa, a participant shared how the workforce is now oversaturated with people looking for jobs with no insight as to when more funding may arrive:

"Morale has been really, really low. The lowest I've seen. There's been a lot of depression, a lot of problems with getting new jobs. There's very few jobs on the market." [Professor, South Africa]

Similarly, a participant in Cameroon shared their observations of what they identified as "secondary effects" from the funding cuts:

"Some people have mentioned issues like mental health issues, anxiety, depression amongst the workers, [the] psychosocial agents and other workers who lost their sources of income around that time." [Regional Director of PEPPFAR, Cameroon]

<u>Theme 3: Responses to this new funding landscape are varied across countries</u>

The countries included in this study had varying degrees in which the health budget was composed of foreign aid. This resulted in varied responses from respective countries as they navigated a healthcare landscape without the support from U.S. government funding. In Peru, a country that had the least disruption, a participant identified an area of concern caused by lack of government response:

"The government [has] money, but it's not enough to cover different challenges. There are many vulnerable population…The government though doesn't concentrate effort." [Program Director NGO, Peru]

The vulnerable populations that have been left exposed in Peru are the transgender and indigenous communities. While one participant from Peru shared that the government has money, an Executive Director from a large NGO shared that, "the government system [does] not have the resources to absorb the sudden withdrawal." Additionally, another participant shared that in Peru the government has also leaned further into a conservative, right-wing agenda and has followed suit in restricting funds to NGOs that are deemed a threat to the state:

> *"It's this anti-woke agenda, it's being embraced by other conservative groups in Peru. They put a law so that organizations, NGOs cannot receive funding, or that the funding they receive cannot be used for fighting against the state." [Professor, Peru]*

In Tanzania, a participant described how the government responded when the stop work order came in:

> *"There was a session going on for the parliament, and they talked about ensuring that they are buffering the budget for the Ministry of Health to ensure that they cover the gap. But we we go in the ground to hear what happening, most of the work that we are being funded by the USAID or U.S. government funding, isn't really being done. So there is a currently a big impact, because it hasn't really complimented or covered as it was before." [Director NGO, Tanzania]*

The only country that has established a bilateral agreement with the United States is Cameroon. Most participants mentioned that their organization was looking to diversify their funding sources, if they had not already. In Peru, the Executive Director of a large NGO shared that their first strategy was to look locally and developed a fundraising department to support their efforts. Another organization in Peru was already receiving funds from Canada. In South

Africa, the Global Fund and The Gates foundation increased their funding to the government to support some HIV interventions. More emphasis on local funding pathways has occurred in South Africa, similar to Peru. The CEO of a local NGO in Tanzania shared that their project on global health surveillance is still supported by the U.S. Department of State in addition to the Takeda Foundation, a Japanese foundation. A participant in South Africa shared some uncertainty regarding the next step after diversifying funding:

> *"How do we get more efficient? We cannot rely on single sources of funding because that's not wise. Now how do we not only diversify funding, you know, in somewhat reliant on international funds, but how do we encourage our local research funding agencies to step up?" [CEO NGO, South Africa]*

<u>Theme 4: The immediate removal of global health funding has created more disadvantages than opportunities</u>

Participants used negative wording to describe their perspective of global health funding disruptions. Some of the words shared throughout the interviews include: "abrupt", "concerning", "devastating", "haphazard", "limping along", "patchy", "scarcity", "shock", "severe", and "too sudden." With the landscape flipped upside down, a participant in South Africa described how this new landscape has negatively impacted the future of global health:

> *"From a University perspective, I see fewer and fewer students wanting to go into global health because there's just fewer opportunities and fear about the future of global health… Is the US going to continue to collaborate and continue to fund research and implementation in the future or not?" [Professor, South Africa]*

A participant in Peru shared their perspective on the long-term problems the funding disruptions have created:

> *"This should not be [viewed] only as a budget cut. But this, for me, is part of the broader architecture of the U.S. international corporation because they affect priorities, funding mechanics, engagement models. No, the implications extend beyond individual programs. It is more about stability and effectiveness of global health partners." [Executive Director NGO, Peru]*

Even a participant in Tanzania who recognized where this desire to restructure global health funding came from, they identified why it has been a disadvantage for countries:

> *"I just thought it was maybe too sudden. Maybe there could have been some form of, you know, even maybe some form of…performance indicators, like, maybe if you don't do this, then we will cut off. But it just came all of a sudden. It was also patchy, and that caused a lot of confusion." [Public Health Consultant NGO, Tanzania]*

A participant in Tanzania shared that there were no opportunities that have come out of the funding disruptions due to their reliance on these U.S. funding:

> *"I don't really see those opportunities, because the thing is, even some of the European countries now also followed suit? So that…it adds the salts to the already paining wound. And for us as an organization, that being somewhat dependent on U.S. government funding, it puts us on the situation that you don't see an advantage. So it's all on the disadvantage side." [Director NGO, Tanzania]*

A participant in Cameroon shared how these funding disruptions have impacted them personally:

"It has really affected me mentally. Yeah, like, and even family-wise, because due to the kids, I have to redirect my life altogether…I'm thinking of moving out. I have to move out of my house by this month end because I cannot keep up with the bills based on what I'm receiving as salary. So, I had to readapt." [Program Implementer, Cameroon]

Participants identified quite a few disadvantages; however, at least one participant in each country identified potential opportunities. In South Africa, a participant shared how they viewed the funding disruptions in a positive light with less U.S. oversight:

"*The governments are starting to take more responsibility over the HIV programming, including, like the monitoring and evaluation, the data collection, and the ownership. Instead of being a U.S. government program, the government has really decided what is most important to us, what we can fund, what we can we support, and how can we do it, and the human resource side as well. And so it has created a lot more emphasis on local funding" [Professor, South Africa]*

Another participant in South Africa shared a similar opportunity related to more local government involvement:

"*There are some centers and institutions that have been very much dependent on the network. And that's, so that's the challenge there has been, maybe, what I would call an opportunity to focus on one of the questions you wanna ask and answer" [Associate Program Director, South Africa]*

In Tanzania, a participant that the government has identified tax collection as a possible pathway for supporting the HIV fund:

"*So when you, for example, if you register a new car, there's a certain amount that you will pay that goes to the fund of HIV supporting. So you see governments are already innovative, trying to collect money to support ourselves in the long run" [CEO, Tanzania]*

Diversifying funding has been noted as the primary response to the funding disruptions, but a participant in Peru shared their perspective on the opportunities this new landscape has created for them:

"*But in our case, again, this is an opportunity to look for another opportunities, another space. In our case, for example, the private donors, the private local donors...We concentrate for many year our effort mainly in U.S. But now we are working with different part of the world, of Europe, Asia" [Program Director, Peru]*

Participants in Cameroon shared their perspectives on government autonomy as an opportunity:

"*We cannot keep depending on partners for the healthcare of our own state and of our own people...We just hope the later days will be better perhaps with other partners while we are, of course, trying to create a more resilient system to take care of our own health. [Because] health is supposed to be the key thing. It's supposed to be the first, you know, responsibility of the state, and you and I, so that we don't depend on any foreign aid to take care of our own" [Regional Director of PEPFAR, Cameroon]*

"It's going to give more room for the government to be in control of what they can do with or without resources. Without the funding resources coming in" [Director of Research Unit NGO, Cameroon]

Discussion

This study examined the impact of the global health funding disruptions from the perspectives of health-sector workers in Peru, Cameroon, Tanzania, and South Africa. Through 12 semi-structured interviews with elite participants, we sought to gain a deeper understanding of what the impacts of the funding disruptions were like on the ground and how experiences compared across countries.

We summarized the data into four themes that centered the participants' voices and their perspectives. Overwhelmingly, we found a collective feeling of uncertainty about the future and described pervasive losses caused directly by the removal of U.S. government funding. Responses to the funding disruptions were varied across countries, and only Cameroon established a bilateral agreement with the U.S. While the interview questions focused on the impacts of loss of health-related services, we found that personnel loss was consistently identified as the biggest threat to the well-being of communities. Our findings indicate that the funding disruptions were primarily viewed negatively and many more disadvantages were identified than opportunities – though we found that each country had potential opportunities that could occur without widespread foreign involvement. These findings highlight that the sudden removal of U.S. government funding has impacted all the countries negatively and have caused long-term effects we are just beginning to see.

The focus of this project is intended to understand how health systems were affected by the loss of vast amounts of funding. While this was discussed, a consistent message continued to come through: the loss of jobs and personnel have wreaked havoc in communities and health systems. As of January 2026, over 258,000 jobs have been lost globally in connection with the dissolution of USAID[23]. In Tanzania, USAID employed over 20,000 workers with an additional

30,000 healthcare workers who received funding to do extraneous services[24,25]. South Africa lost over 8,000 jobs that were directly responsible for HIV response activities[26]. A single figure is not known for either Cameroon or Peru, but both countries have lost thousands of workers as well. A commonality of Peru, Cameroon, and Tanzania is the fact one salary funded by USAID covered more than one person's livelihood. One person may have lost their job, but a whole family system was uprooted with the loss of that job[24,27]. Community health workers, nurses, mental health specialists, and pharmacists are critical components of health systems; without them, life-saving services cannot be delivered to those who need them.

The conversation around job loss has primarily centered on the effect it has had on health systems and how that has impacted populations living with HIV and TB. Less attention has been on how the immediate removal of funding and job loss has impacted the workers themselves. We found that in South Africa, Cameroon, and Tanzania the people who lost their jobs in the community are experiencing depression, anxiety, homelessness, and upheaval of their home lives. An article in *The New Humanitarian* highlighted the risks former aid workers are facing in Cameroon amid the conflict[28]. Previous INGO workers have expressed concerns for their safety and fear of government persecution due to their interactions with separatist groups and working in defined "red zones."[28] The INGOs provided some protection against government accusations, but without their presence former aid workers are left exposed. Participants in a qualitative study conducted in South Africa shared their self-reported psychological effects of unemployment to be stress, anxiety, and substance use[29]. Additionally, participants shared that stress and anxiety from unemployment led to "social isolation and feelings of worthlessness and self-doubt."[29] While this study did not focus on the direct effect from the global health funding disruptions of 2025, it supports the information that was shared regarding the wide-spread mental health

concerns for people who are still unemployed in South Africa more than a year after these disruptions. These communities are not only losing quality of care and access to services, but they are also bearing the burden of pervasive unemployment and the associated human cost attached.

A primary health system concern participants brought up was the loss of patient monitoring. Patient monitoring is defined as "routine collection, compilation and analysis of data on patients at every visit over time."[30] We found that the aid disruptions eliminated essential staff who were responsible for monitoring when patients were due for clinic visits, particularly for those living with HIV. Our findings indicated shared concern about the inability to keep track of when patients are due for ARV or PrEP, testing, and general patient check-ups. We found that in South Africa that high-risk groups have lost programs that focused on outreach for these groups. In Tanzania, our findings showed that patient monitoring activities were not considered "lifesaving" and funding was directed towards projects that were directly involved with service delivery. The World Health Organization (WHO) defined HIV patient monitoring as "essential to ensure the quality and continuity of HIV care, as well as treatment for adults, pregnant and breastfeeding women, and infants and children."[31] A study published in The Lancet last July found that USAID funding was associated with a 65% reduction in mortality from HIV/AIDs[32]. Patient monitoring is not the primary reason for this reduction; however, it is a necessary component for ensuring medication adherence, continued connection with clinic staff, and creating effective intervention programs. This gap left behind in the wake of the funding disruptions has weakened health systems and has been unable to be addressed by local governments.

USAID was the largest donor in the world with a budget of $42 billion in 2023[1,3]. As shown in Table 1, the countries selected for this study were recipients of USAID funding for greater than 20 years. In addition to USAID, the U.S. government provided global health finance support through the National Institutes of Health (NIH), the U.S. Centers for Disease Control and Prevention (CDC) and PEPFAR[33]. Outside of the U.S., South Africa was the largest recipient of NIH funding due to the country's position as the "global center for HIV research" and the biggest HIV epidemic in the world[34]. On top of the executive order from the Trump administration, South Africa's funding from the U.S. was suspended based on claims that the Expropriation Act 13 of 2024 was "fueling disproportionate violence against racially disfavored landowners."[35] Additionally, the Trump Administration cited that South Africa's accusation of Israel committing genocide in the International Court of Justice was an "aggressive position" against the United States[35]. The U.S. is withholding funding for life-saving services in South Africa as retaliation for standing with Palestine.

Amidst the confusion of the funding disruptions, the U.S. Department of State published the new wave of global health funding: The America First Global Health Strategy. Released September 2025, this new strategy prioritizes global health diseases surveillance to protect American shores, requires co-investment from countries entering into the multi-year bilateral agreements, and decreasing dependency on foreign aid[8]. Of the four countries in this study, only Cameroon has signed the Memoranda of Understanding (MOUs) with the United States[36]. Cameroon will receive $849.3M in funding for the 5-year period (2026-2030) with a country co-investment of 53%[36] intended to support HIV/AIDs, TB, malaria, polio, and global health security programs. This new arrangement is 28% less funding than had been planned between 2021 and 2025[36]. The perceptions of the new MOUs are mixed. We found in Cameroon there

were shared positive perceptions of this new model as it provides a pathway towards independence and allows for the government to be in control rather than NGOs. In South Africa, we found that these agreements were described as "transactional" which appears to be shared by others in the country. In a report from Physicians for Human Rights, the authors described the MOUs as "extractive and centered on U.S. interests," but also acknowledged the benefit it could bring to support transition planning[33]. It is too early to understand the impact these new MOUs will have in reducing dependency on foreign aid and strengthening health systems. Future research will be required to assess whether this new strategy is better than the previous system.

Limitations

The initial intent of this study was to interview at least one person from an NGO, the Ministry of Health/government, a donor organization, and a university. The primary perspectives that are shared here are from NGO, as government-based individuals were trickier to connect with and were more reluctant to be interviewed. All individuals maintained their employment and funding in some capacity, which means perspectives of those who lost their job were not included. Additionally, only participants who were comfortable completing interviews in English or French were included which created a smaller pool of interview candidates.

Strengths

The use of Zoom for interviews enabled us to meet with people in various countries. It also allowed participants to choose where they took the interview, hopefully allowing for more comfortability during the interview. Additionally, the researchers who conducted interviews for Cameroon and South Africa were from the respective countries which ensured proper cultural context during the interviews and analysis. Those who were interviewed by me were familiar with the University of Washington and felt comfortable being interviewed by a student. One of

the researchers has also worked in global health for more than 30 years and provided expert-level guidance.

Ethical Considerations

UW Human Subjects Division approved STUDY00023599 on August 13, 2025, and determined the proposed activity is human subjects research that qualified for exempt status. Privacy and anonymity are important components of this project as we explore sensitive information and aim to establish trust with the elite interviewees. All documents and contact information are stored on a shared UW OneDrive that is limited access only to the study group. All recordings and transcripts are stored there as well. Transcripts have been de-identified and all descriptive demographic information shared in this paper has been generalized to the best of our ability.

Conclusion

This paper highlights the human cost that came with the abrupt removal of funding. These 12 individuals had an opportunity to share their lived experience, the personal toll of these disruptions, and their uncertainty for the future. As we enter a new phase of global health, our hope is that partnerships between the Global North and Global South can be reimagined in ways that are truly beneficial rather than transactional.

Reflexivity Statement

The participants of this project are from the countries impacted by the global health funding disruptions, while I am from the country that took away the funding. Prior to this project, I had believed eliminating U.S. foreign aid was a positive move to reduce the amount of power the U.S. maintains globally. However, I also thought this would require gradual reduction and long-term plans. I now hold the belief that the elimination and continued withholding of funds is

inhumane and cruel. With this belief, I had to take a step back to remove my feelings from these interviews and create as much neutrality as possible.

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