A Finger on the Pulse:

Rapid changes in the global health funding ecosystem and their implications for maternal health

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SCOPE IMPACT

Acknowledgements

This **Scope Impact** report has been authored by Lara Vaz and Kate Ramsey, drawing on their extensive expertise in maternal health, health systems, and evidence-informed policymaking. Their analysis and recommendations are grounded in both professional experience and a deep understanding of the current global context.

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Executive Summary

In early 2025, the global health funding ecosystem was upended by the sudden suspension of all USAID foreign aid, amounting to $12.3 billion annually, as well as cascading cuts across the donor landscape. The United Kingdom and several European governments quickly followed suit, resulting in an estimated 40% decline in Official Development Assistance (ODA) for health. This contraction has left low- and middle-income countries struggling to fill gaps while also managing mounting debt burdens. Multilateral agencies such as WHO, UNFPA, and UNICEF now face severe budgetary shortfalls, leading to downsizing and restructuring that further diminish their capacity to support countries.

This mixed-methods assessment, drawing from virtual stakeholder interviews with experts around the globe, and a synthesis of recent analyses and publications through July 1, 2025, explores how the evolving funding landscape is affecting maternal health specifically. The consequences for maternal health have been profound. Over 80% of USAID-supported contracts were abruptly cancelled, destabilizing programs, shuttering local organizations, and forcing tens of thousands of health workers out of employment. Essential maternal health services, including antenatal care, safe delivery, postpartum care, and family planning, have been disrupted, with stockouts of critical medicines like oxytocin and misoprostol becoming more common. In fragile contexts such as Somalia, South Sudan, and refugee settings in Chad and

Thailand, the collapse of NGO-supported programs has left entire communities without reliable maternal care. Compounding these challenges, cuts to adjacent programs in HIV/AIDS, malaria, nutrition, and adolescent health have intensified risks for women and newborns, while the suspension of Demographic and Health Surveys and weakened routine data systems have made it harder to monitor outcomes and respond effectively.

Despite these setbacks, this crisis also presents a pivotal opportunity to reset the maternal health agenda. Stakeholders emphasized the need to recommit to essential maternal health services as core priorities that cannot be sacrificed, while strengthening national and regional ownership with a focus on primary health care and health systems, as promoted by the Lusaka Agenda. Protecting and supporting the health workforce must be a parallel priority, ensuring frontline and community health workers remain salaried, trained, and equipped to deliver care. Reinforcing data and accountability systems is critical to restoring visibility and transparency, while fostering coordination rather than competition among donors and implementers will help reduce fragmentation. At the same time, innovation should be pursued responsibly, balancing the adoption of new technologies with sustained investments in systems strengthening. Expanding and diversifying funding sources, through taxation, corporate social responsibility, private sector engagement, and regional mechanisms, will be essential to reducing dependence on traditional donors.

This moment marks a significant inflection point. The abrupt withdrawal of foreign aid has exposed long-standing vulnerabilities, but it has also created space for bold reforms. With urgent and coordinated action, governments, working with civil society, communities and donors can not only prevent backsliding but also chart a new course where maternal health is placed at the center of resilient, equitable and country-led health systems.

Key takeaways:

- Maternal health is in crisis due to steep aid cuts and rising debt burdens.
- Fragile settings and countries dependent on aid are hardest hit, with services disappearing and health workers laid off.
- Quality and data systems are collapsing, leaving women at risk and decision-makers without the necessary information to respond.
- Countries are stepping up, with stronger leadership, domestic financing, and regional action.
- Local actors need support through flexible funding, smarter systems, and more power to lead.

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Acronyms

Africa CDC	Africa Centres for Disease Control and Prevention
AI	Artificial intelligence
AIDS	Acquired immunodeficiency syndrome
BEmONC	Basic Emergency Obstetric and Newborn Care
CEmONC	Comprehensive emergency obstetric and newborn care
CHW	Community health worker
DHS	Demographic Health Surveys
EWENE	Every Woman, Every Newborn, Everywhere initiative
FCDO	Foreign, Commonwealth, and Development Office
GAVI	Global Alliance for Vaccines and Immunization
GFF	Global Financing Facility
HIV	Human immunodeficiency viruses
MNCH	Maternal and child health
NGO	Non-governmental organization
ODA	Official development assistance
PEPFAR	President's Emergency Plan for AIDS Relief
RMNCH	Reproductive, maternal, newborn, and child health
SRH	Sexual and Reproductive Health
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
USAID	US Agency for International Development
WHA	World Health Assembly
WHO	World Health Organization

Background

Maternal health refers to the health and well-being of women during pregnancy and in the immediate postnatal period. In 2023, an estimated 260 000 women died from causes related to pregnancy and childbirth, translating to over 700 deaths every day. Across the globe, substantial progress has been achieved in reducing maternal deaths since 1990, largely due to improvements in the quality of service delivery, along with new products and commodities. However, progress has slowed since 2016, and several countries are off track to meet the Sustainable Development Goal target of fewer than 70 maternal deaths per 100,000 live births by 2030.

The first half of 2025 has seen major shifts foreign aid and global health funding, threatening to decelerate or even reverse

How was this assessment completed?

Virtual conversations with stakeholders at global, regional, and national levels. We spoke with informed maternal health stakeholders at national and global levels, capturing a diversity of regional, policy, implementation, and research perspectives. We obtained oral consent of participants to record the interviews. Names and affiliations have been removed to maintain confidentiality. We conducted affinity mapping of the transcript data to organize information into meaningful themes.

Review and synthesis of emerging publications. We scanned for publications from reliable sources describing the changes, analyzing the impacts, and considering the future and synthesised the information for this audience. Materials available through July 1, 2025 were included.

decades of progress toward national and global health targets.

To understand these shifts and their implications for maternal health, we undertook a rapid assessment of the changing funding ecosystem and its current and potential impacts specifically for maternal health. The findings are intended for the maternal health community at-large.

Using a combination of purposive and convenience approaches, the information collected summarizes how the funding environment is changing, the implications these changes have for maternal health service delivery and research, and the opportunities that exist to innovate, mitigate, and positively shift maternal health outcomes within this contextual shift.

The Changing Landscape

Key takeaways:

- In January 2025, a U.S. Executive Order **paused all USAID funding**, halting an estimated **USD 12.3 billion annually** and triggering widespread disruptions.
- The U.S. cuts set off a **ripple effect**: the U.K. reduced its aid budget, other European donors followed, and overall **official development assistance (ODA) for health has dropped by around 40% since the start of 2025.**
- At the same time, **rising debt servicing costs** are constraining many low- and middle-income countries' ability to mobilize domestic health financing, leaving health systems more vulnerable to shocks.

Changes in bilateral health funding

Official development assistance (ODA) grew slowly but steadily between 2019 and 2023, then started to decline in 2024. On January 20, 2025, just days into the new administration, the United States President issued an Executive Order pausing all funding for the US Agency for International Development. (USAID) for a 90-day pause "for assessment of programmatic efficiencies and consistency with United States foreign policy." This Executive Order slammed the brakes on USD 12.3 billion in annual resources and programming impacting dozens of countries around the globe.

United States government cuts in foreign aid were preceded and followed by cuts by other governments. The United Kingdom's Foreign, Commonwealth, and Development Office (FCDO) reduced its foreign aid budget from 0.5% percent to 0.3% of national income, diverting funds to bolster the country's defense budget. Other European donors have followed suit. Overall, ODA has declined approximately 40 percent since the start of the calendar year.

Rising debt servicing burden

In February 2025, the UN Development Programme (UNDP) released a policy brief warning that while the debt burden of the world's poorest countries remains stable, the debt service burden, largely interest payments on the debts accrued, is the highest it has been in two decades. Debts are owed to bilateral donors, such as China, along with multilateral development banks and private financial groups. Debt service payments now range from 11 percent to nearly one fifth of national revenues in low and middle income economies, limiting their ability to mobilize domestic resources for public sector programs, including health.

The Impacts

Key takeaways:

- The pause in U.S. foreign aid led to the **cancellation of over 80% of USAID contracts**, debilitating many local organizations and putting tens of thousands of health workers, including community health workers, out of work.
- Donor funding streams are **interconnected**, and U.S. cuts triggered a **cascade of disruptions** across programs, partnerships, and multilateral initiatives.
- A WHO survey of **108 country offices** found **more than half reported moderate to severe health system disruptions**, affecting emergency response, public health surveillance, and basic service delivery.
- WHO reports **71% of country offices** are experiencing **interruptions in at least one essential service area**, including HIV, maternal and child health, and vaccinations.
- Major UN agencies, including UNICEF, WHO, UNAIDS, and UNFPA, are **downsizing budgets and staff**, reducing global technical support and coordination.

"This is a pandemic-scale interruption for services and systems. But it's not a virus which we can rapidly develop a vaccine, protect our populations, and get back to business"

- Bruce Aylward at WHA 78

Following the US Executive Order and subsequent review, over 80 percent of USAID contracts were cancelled. Stakeholders described the cancellations as abrupt and 'like the rug being pulled out,' leaving governments, local partners, and multilaterals struggling to adapt. Public sector systems strengthening initiatives halted suddenly, leaving governments uncertain about how to proceed. Many local organizations were forced to close down as a result of the lost funding, and tens of thousands of staff have lost employment.

While other countries are stepping in to fill gaps, such as China's contributions to the World Health Organization, the abrupt halt of US government funding support, the largest public donor, has created a cascade effect. Donor funding is often interlinked, with donors leveraging other donors' investments to maximize impact. Public-private partnerships, when public funds are matched by private resources, were also affected. Even if other funding continues, the absence of U.S. funding made many activities impossible to continue. For example, a stakeholder noted that in Ethiopia the loss of US support for the secretariat paralyzed Global Fund activities.

Governments are confronting their reliance on external funding and turning to WHO and partners to prioritize resources and find alternative sources.

Uneven country impacts

The impact of funding cuts varies significantly across countries, depending on the level of reliance on donor funding and the burden of debt servicing. While all countries are experiencing some level of disruption, stakeholders agreed that African nations and those in humanitarian settings are likely to feel the effects most acutely.

Health systems disruptions

Multiple groups have been exploring the impacts of the funding landscape changes on health systems; for example, WHO carried out a survey of its country offices between 7 March–2 April 2025 to assess the impacts on health programs. Of the 108 offices that responded, eight countries reported 50 percent or more of their ODA has been impacted. More than half of the countries noted moderate to severe disruptions in national health systems. Health system areas most severely affected included: humanitarian aid, health emergency preparedness and response, public health surveillance and service provision.

Information systems have also been significantly affected. More than 40 percent of WHO country offices reported information systems disruptions including surveillance and emergency management, health management information, and laboratory systems. Additional reported effects included reduced allocations for essential health programs, increased patient out-of-pocket expenditures at the point of care, delays in public budget disbursements, and interruptions in provider reimbursements.

Health workforce pressures

Funding led to health workforce downsizing, especially in humanitarian settings. In South Sudan and Somalia, for example, national and international partners report health facility closures due to staffing cuts. The cuts are worsening already existing health workforce shortages by reducing countries' ability to absorb and retain workers. In Africa, the health and care workforce shortage is projected to grow by 600,000 workers by 2030, exceeding earlier estimates.

Over half of WHO country offices reported job losses in national health services. In

some cases, staff have been placed on temporary leave, laid off, or furloughed and salaries have been suspended or reduced. In some extreme situations, staff are being asked to work as volunteers while salaries are either suspended or reduced. New staff hiring and recruitment for health positions have been halted in some places. Training, mentoring, and supportive supervision have also been scaled back or cancelled. In a small proportion of cases, governments have been able to at least partially, and in some countries fully, take over payment of salaries previously paid through external funds.

Community health worker (CHW) cadres have been particularly hard hit. In some countries, up to 50 percent of the CHW workforce was paid through donor funds. Task sharing, task shifting, and task redistributions is becoming a common strategy as workforces are reduced and consolidated. Some regions are reporting consolidation of workforces in fewer facilities in order to optimize service delivery.

The well-being of health care workers is increasingly at risk. Stressful working conditions, pay cuts, and limited supplies are taking a heavy toll on frontline staff, threatening the continuity and quality of health services.

Service interruptions

More than two-thirds (71%) of WHO country offices reported disruptions to at least one service area. The most severely impacted service areas, defined as a change in service volume of at least 50% or more, include malaria, neglected tropical diseases (such as trypanosomiasis), vaccination (both clinic-based and outreach), tuberculosis, maternal and child health, sexually transmitted infections, and family planning. In countries with high HIV/AIDS prevalence, such as Malawi and Tanzania, HIV services were heavily impacted by the pause in the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).

> *"...colleagues in Zambia, colleagues in South Africa, colleagues in Tanzania. ... HIV programs just stopped and so all that service delivery just stops. So now we have people who are living with HIV, people who are living with tuberculosis who just don't have access to the medication that is life sustaining."*
>
> - Stakeholder

Multiple sources report that some countries have responded by reducing or cancelling community-based, primary care and outpatient services. Facilities have closed or consolidated teams into larger centers, while others have shortened operating hours, and some pharmacies have shut down. Consequently, remaining facilities are experiencing higher patient volumes. Utilization of non-urgent services has declined, raising concerns about longer travel times, extended waits, and increased out-of-pocket costs for medicines and other essentials.

Impacts on global institutions

SThe United Nations system, already struggling to cover its costs in the last several years, was hit hard by US funding cuts. Historically, the US has been a major donor to institutions such as WHO, GAVI, the Global Fund, and UNAIDS. For example, in 2023, 14% of WHO's budget came from US funds. Multilateral institutions in turn provide financial, technical, and normative support to national governments.

UN agencies are predicting a reduced presence in countries. For example, UNICEF expects to lose at least 25 percent of its staff globally. UNAIDS may be completely absorbed into other agencies. UNFPA's lost all of its US support, over USD 375 million. WHO reduced its 2026-27 budget from USD 5.3 billion to USD 4.2 billion. Although member states approved a 20% increase in assessed contributions at the World Health Assembly in

May, the overall budget remains 22% below the original plan.

Replenishment discussions for GAVI, Global Fund, and the Global Financing Facility, have seen drastic cuts in funding from the US. For example, GAVI is anticipating a further 12 percent cut to its budget after already experiencing a 25 percent cut. The amount of replenishment to these global health initiatives may further trickle down to maternal health.

Reductions at the global level will affect countries' ability to receive timely technical guidance and support for implementing changes. Stakeholders repeatedly noted the important role of multilateral organizations and international implementation partners in knowledge sharing and information dissemination. Technical support to Ministries of Health will have to shift increasingly from global or international sources to more local ones.

Loss of networks, expertise, and trust

Over the past two decades, networks of advocates, professionals, researchers, implementers, and donors have played a critical role in advancing progress. The change in the funding ecosystem has shattered those networks, particularly - but not exclusively - at the global level. The change in the funding ecosystem has weakened these networks, particularly at the global level, though effects are also felt more broadly. Large numbers of individuals with deep technical expertise, strategic insight, and the ability to mobilize collective action rapidly have lost their jobs. Many local and international institutions are significantly downsizing, if not completely closing. The loss of undocumented knowledge and expertise from these individuals and organizations will be felt for years. While some suggested that governments could absorb this talent, it would require increased public sector funding and staffing capacity, a challenging prospect at this moment.

Alongside the loss of networks is a profound erosion of trust. The abrupt withdrawal of funds has shaken confidence, not only in funders such as the U.S. government, but also in the international NGOs forced to halt operations and the UN agencies now operating with insufficient staff. For all, the uncertainty makes it difficult to continue performing and planning effectively. Some noted that uncertainty contributes to poor organizational performance, inefficiencies, and possibly unethical practices.

Implications for Maternal Health

Key takeaways:

- Funding cuts are already **directly affecting maternal health services**, including antenatal care, safe delivery, postpartum services, and family planning.
- Cuts to adjacent programs, including HIV, malaria, nutrition, and SRH, are **compounding risks** for maternal and newborn outcomes.
- **Data gaps** from the loss of DHS surveys and weakened information systems are making it harder to track and respond to maternal health needs.
- Reduced staffing, stockouts of key commodities, and disrupted referral systems are **eroding the quality of care.**
- The impacts are **uneven across contexts**, with fragile and humanitarian settings facing the greatest challenges.

Over the last decade, development assistance for maternal health increased overall; however, between 2019 and 2024, funding for reproductive, maternal, newborn, and child health (RMNCH) was relatively steady at approximately USD 10 billion annually. The current funding pause is estimated to affect 56 percent of USAID funds for maternal and child health, and 87 percent of its funds for nutrition. While no analyses have been carried out specifically for maternal health, explorations of primary health care delivery, sexual and reproductive health services, and maternal and child health highlight serious concerns for maternal outcomes.

Traditionally, maternal health has received less external funding support than other health areas and therefore more government allocation. However, with the drastic cuts in health ODA, current government funding allocations may need to be redistributed to fill critical shortfalls.

Though estimates are still being developed and debated, there is broad consensus that maternal deaths will rise, echoing patterns seen during the COVID-19-related disruptions to essential services. The uncertainty lies in how widespread and prolonged the impact will be. Contributing factors include not only the abrupt cuts to maternal health services but also to family planning and adolescent sexual and reproductive health. Every unplanned pregnancy will bring on additional risks.

Reverberating effects

In addition to the direct cuts to maternal health programs, cuts to other programs, including HIV/AIDS (notably PEPFAR), sexual and reproductive health, malaria, and nutrition, will have important indirect effects on maternal health. In some situations, PEPFAR funds were paying for health worker salaries to ensure the delivery of prevention of mother-to-child transmission interventions. PEPFAR also provided health systems support, including supportive supervision and data systems strengthening. Malaria programs supported the delivery of maternal health interventions, such as the distribution of insecticide-treated bednets and intermittent preventive treatment in pregnancy. Nutrition programs, which have been heavily impacted, affect the status of women prior to and during pregnancy, adding to their vulnerability and risk.

> *"There's a lot of shrapnel."*
>
> - Stakeholder

The reduction or loss of these interconnected services impact maternal as well as neonatal morbidity and mortality. The distribution paralysis and now expiration of family planning commodities purchased through U.S. mechanisms is likely to lead to unintended pregnancies, including among adolescent girls.

Loss of data

One of the most significant impacts on maternal mortality is the loss of mechanisms to measure it. Funding reductions have included the abrupt pause of the Demographic Health Surveys (DHS) program, which for over 50 years has supported more than 90 countries in conducting large population-level surveys. These surveys provide essential information on intervention coverage, morbidity, and maternal mortality. Without DHS support, countries will need to establish alternative systems to capture and analyze this data.

> *"We had these tools, demographic health surveys. Toolkits that we had built for health facility assessment for understanding more about maternal newborn health. And again, those tools are just gone, stopped or paused."*
>
> - Stakeholder

The DHS program and other U.S.-funded programs also supported facility assessments, quality of care assessments, and the strengthening of routine data health information systems. These activities included efforts to increase the availability of data in routine information systems, to reduce reliance on population surveys, and to improve Maternal and Perinatal Death Surveillance and Response. The lack of data is acute and will impact the ability to plan and respond to changes.

Declining quality of maternal health care

Similar to the COVID-19 outbreak, many countries are focusing on the delivery of essential health services. This may be protective of maternal health services generally, but is already seen as affecting the expansion of basic and comprehensive emergency obstetric and newborn care (BEmONC and CEmONC). In Nigeria, for example, a national assessment of BEmONC and CEmONC services had been carried out with partner support, with the federal government intending to improve the quality of care at already designated facilities while expanding the availability of services to other sites. While the assessment has now been completed, the resources and technical support to implement these plans is now impacted.

As noted earlier, staffing has been cut or shifted to optimize service delivery. This is concerning particularly for emergency deliveries, as staff may be shifted to higher level facilities and not present at lower ones, increasing time between problem identification and resolution.

Breakdowns in commodity purchasing and distribution mechanisms pose a significant concern for maternal health care, leading to stockouts of misoprostol and oxytocin in some countries. One stakeholder indicated that active management of the third stage of labor will most certainly be affected. Another noted that they received reports of decreased facility deliveries and increased home births, with anecdotal reports that women would rather deliver at home if facilities cannot provide proper care.

> *"For example, in Cote d'Ivoire, [UNFPA] got [heat stable carbetocin] to their national warehouses and it's still there. … So great. We have heat stable carbetocin in the country and not a single woman is getting it."*
>
> - Stakeholder

Concerns were raised that efforts to consolidate or integrate essential services, such as immunization and maternal health, could compromise service quality. Several stakeholders noted that integration for the sake of efficiency, rather than improving the experiences of health providers or clients, has been shown to reduce the quality of services.

Essential vs. specialized services

Anecdotal reports from multiple sources indicate that several countries are experiencing disruptions in essential services. Similar to the COVID-19 pandemic, countries are responding by prioritizing the continuity of essential services versus improvements in service quality or expansion of care to include new interventions or innovations. Donors and global agencies are focusing on supporting countries to carry out rapid assessments to identify disruptions to mitigate their impact. In this context, pPrioritization will focus on reducing deaths rather than improving overall wellbeing of women. Services addressing maternal mental health, obstetric fistula, and other specialized needs may be deprioritized or defunded.

Addressing maternal deaths is a complex undertaking, requiring both direct and indirect interventions. Increasingly, the leading causes of maternal morbidity and mortality are related to conditions, such as cardiovascular disease, that must be managed across the lifecourse. Similarly,

pre-conception care, including nutrition and access to family planning, are important to ensure positive pregnancy outcomes. The focus on wellbeing prior to pregnancy, important in reducing vulnerabilities during the maternal period, will likely be affected as essential services around the time of birth are prioritized.

Within the Every Woman, Every Newborn, Everywhere initiative (EWENE), country acceleration plans are being reviewed and revised to emphasize prioritization over comprehensiveness. This will impact efforts to expand small and sick newborn care at secondary level facilities as well as the strengthening and expansion of BEmONC/CEmONC, as noted previously. The next AlignMNH conference, now scheduled for March 2026 in Nairobi, will be an opportunity to bring together MNH stakeholders and country programs to learn from one another and plan for the future.

Uneven maternal health impacts

Just as there were variations in ODA dependency, the impacts of funding reductions are playing out differently across regions and contexts. Some stakeholders reported that their national maternal health programs may not be affected, as the resources mobilized for maternal health were largely internal. Others noted that, while the funding envelope has not yet been drastically affected, the withdrawal of technical support to national governments will have a major impact on system functioning. As a region, Africa has been disproportionately affected, particularly countries experiencing conflict or other humanitarian crises.

Increasing Fragility in Humanitarian Settings

Current estimates place 60 percent of maternal deaths in fragile settings – the contexts most severely impacted by the global funding shift. Facilities have been closing in settings such as Somalia and South Sudan, while refugee camp services formerly run by NGOs in Chad and Thailand have been hard hit.

In the context of scarcity, investments may be redirected from health services to more basic needs such as water, shelter, food, and sanitation. Maternal health services – typically bundled within broader sexual and reproductive health (SRH) programming – have been particularly vulnerable, especially as SRH has been a direct target of recent U.S. funding cuts. This is particularly true for commodity purchasing and distribution. Disruptions in SRH procurement and distribution have led to stockouts of essential maternal health commodities, including delivery kits, oxytocin, and misoprostol.

Staffing has also been severely affected, particularly community health workers and midwives. These cadres, whose salaries have traditionally been supported through external funds, are facing acute shortages without donor support.

Humanitarian contexts typically also struggle with weak systems and local governance, coupled with restrictive laws and policies related to maternal health. In the absence of sustained investment in systems-building, the focus may remain on short-term crisis response rather than long-term resilience. This risks prolonging the impact of funding cuts and delaying recovery.

Staying Alert: Challenges and Barriers to Overcome

Key takeaways:

- The maternal health **funding landscape is highly uncertain**, with shifts across bilateral, multilateral, and philanthropic sources.
- **Governments face competing priorities**, often needing to address urgent needs that can reduce maternal health allocations.
- Fragmented supply and procurement systems **risk delays in getting essential commodities** to those who need them.
- While new innovations draw attention, **investment in strong health systems** remains critical for lasting impact.

Navigating uncertain terrain

> *"Nobody knows the endgame."*
>
> - Stakeholder

The current funding ecosystem is volatile, with rapid and frequent changes throughout this year. Many philanthropic organizations have adopted a "wait and see" status, gauging the trends before determining whether and how to respond. While some expect that philanthropy might help fill gaps, there is concern that this may send the wrong message about the importance of bilateral funding. Moreover, the entirety of the current philanthropic envelope cannot offset the losses caused by the US withdrawal of funds and subsequent pullback of European funds. Some US funds were restored through short-term waivers but end in 2025, adding to the uncertainty. Finally, the shift in European funds from development assistance to addressing the continued war in the Ukraine, and the potential for those shifts to continue, add more uncertainty to the future availability of development assistance.

In this unstable environment, some governments and partners have been reportedly slow to act on funding shortfalls, holding out hope that financing trends will reverse. Multilateral and development banks are among the largest financiers of this transition, but are also waiting on decisions by their members before determining the priorities for their allocation. Within the UN system, staff and organizations are waiting to see how WHO's reorganization and scale-back will look before taking action.

Competing priorities amid scarcity

The current uncertainty is also marked by intensifying competition for limited resources, within the maternal health portfolio, with other health priorities, and within domestic budgets overall. The funding reductions have impacted multiple sectors, including health, education, agriculture, water and sanitation, and more. In many settings, governments may need to prioritize the more essential and immediate, such as food security or emergency response, over health (see Box).

Within health, programs that have seen significant cuts, such as malaria, tuberculosis, immunizations, and HIV/AIDS, may require funding and personnel shifts from other programs in order to save lives. Financing for health systems needs, such as information systems and surveillance, may be deprioritized amidst multiple demands. As countries try to meet these competing demands, the proportion of funding for maternal health from domestic sources may see increasing declines

Fragmented supply chains

Supply deficits are being assessed programmatically, often based on existing verticalized procurement mechanisms. Many countries currently operate multiple, parallel purchasing mechanisms that are not integrated across health areas. The extent to which countries prioritize programs and commodities will affect how nonprioritized, yet still essential, commodities reach facilities and communities.

Balancing innovation and systems strengthening

While more money may become available through private or philanthropic sources, it will be unable to address all of the most critical gaps, particularly those affecting health systems. Stakeholders expressed concern that many of these funders will focus on funding innovations, such as new products and technologies, which will leave gaps in support systems for service delivery or the scale-up of existing interventions already.

> *"It's going to be a sector that's full of …random gizmos and gadgets, and no actual capacity building or sustainable support or health system strengthening."*
>
> - Stakeholder

In addition, stakeholders expressed concern about a "one size fits all" approach to addressing maternal health, rather than understanding and adapting to contextual realities. Finally, some stakeholders worried that rapid adoption of technological innovations, including artificial intelligence (AI), without ethical standards around privacy and appropriate use of data could cause more harm than good.

Collaboration in a scarce environment

The global health community is notable for collaboration and joint initiatives across funders and UN partners. However, the way funding has been structured has also created competition for visibility, resources, and influence within the sector. This blend of cooperation and competition between implementing partners, donors, and UN organizations, sometimes informally called "collabetition", can contribute to inefficiencies when efforts and systems are duplicated and priorities are not aligned. While reduced funding might lead to more coordination across partners, it is also likely to intensify competition for scarce resources.

Opportunities for Change and Innovation

Key takeaways:

- This period of change presents a **rare opportunity to pause, reflect**, and explore lasting innovations.
- Countries and communities can **take greater ownership, shape priorities, and lead** knowledge sharing, advancing decolonization and local solutions.
- New and **innovative funding approaches** from domestic revenue mobilization to private sector engagement can help fill gaps and strengthen accountability.
- Prioritizing **high-impact interventions, integrating services, and reducing duplication** can increase efficiency and strengthen health systems.
- **Continuous learning and evidence generation** will be essential to adapt strategies and improve maternal health outcomes.

Every challenge also presents an opportunity. This moment offers the global health community a chance to pause and reflect rather than simply react. Innovations in funding, governance, and service delivery could permanently transform global health for the better.

Local leadership decolonization

Many see the sudden withdrawal of a major funder as an opportunity for countries to set programmatic priorities, strengthen existing or forge new relationships with funders, and align technical support to achieve their goals. This was reiterated at the World Health Assembly, where Ministries of Health asked for assistance in conducting assessments to prioritize. Across the board, stakeholders believethat this moment can be a catalyst to reshape global health.

> *"We want to build back at our own pace, in our own way, on our own terms."*
>
> - Stakeholder

Communities and civil society can play a critical role in shaping maternal health going forward. By localizing accountability, they can help ensure that limited resources are used effectively and equitably. Centering communities in the design, implementation, and decision-making of maternal health programs strengthens responsiveness as well. Civil society can advocate for better access to quality care, while local media and community development councils can increase visibility, generate internal pressure for improvements, and support resource mobilization.

Decolonizing would means creating new ways of sharing knowledge and appreciating different types of knowledge. The change in the funding environment could reduce the footprint of international and global partners and shift the spotlight to country-led, country-owned knowledge sharing and translation.

More regional and South-to-South collaboration and experience sharing, driven by local needs rather than global priorities and perceived hierarchies, is seen as a real opportunity among several stakeholders.

The drastic changes in the funding world also provide an opening to move the Lusaka Agenda forward. Launched in late 2023, this initiative outlines five strategic shifts to guide global health toward greater strategic and operational coherence, with a focus on strengthening health systems, primary health care, financing, and partnerships. Its emphasis on supporting country-led efforts is particularly relevant in this era of resource scarcity.

Reimagining health financing

In the past, national governments diverted domestic resources to other sectors because of the high levels of ODA for health. With a decline in global support, governments must recommit to investing domestic resources for health. Alongside a renewed sense of ownership for the health of their constituents, governments are looking at new ways of mobilizing domestic resources for health. Some countries already have mechanisms to generate government revenues for health. Ethiopia is exploring a new tax scheme to fund health. Guatemala has a tax in place to support reproductive health. Although these mechanisms exist or are emerging, several stakeholders emphasized the need for stronger governance and increased community accountability to build and maintain public trust in how tax revenues are used.

Small increases in ODA are emerging from Japan, South Korea, and Italy. The Canadian government recently put out a call for proposals through its Grand Challenges mechanism. However, the size of these increases does not fill the gap created by the funding cuts. Some are wondering about the future role of Middle Eastern donors, including those that are part of the Beginning Fund.

> *"There is a reframe that needs to happen around what public health looks like going forward."*
>
> - Stakeholder

Engaging local private donors and funders presents another promising opportunity. As regional economies have grown, the number of successful corporations and individual billionaires have also increased. Corporate social responsibility can be expanded and mobilized for health in general, and maternal health in particular. Governments can also help support this growth. Since 2013, India has required certain corporations to spend at least two percent of their average net profits over the past three years on corporate social responsibility, including health.

At regional and global levels, changes are also underway. China has pledged increases to its funding of WHO. The Gates Foundation announcement of an accelerated end date of 2045, followed shortly thereafter by the announcement that 70 percent of its USD 200 billion will be spent in Africa, offers the region an opportunity to leverage its reprioritized agendas. Its commitment of $2.5 billion towards women's health research and development can also improve financing for maternal health The Africa CDC and others have floated the idea of a funding mechanism similar to the Global Financing Facility (GFF) but with funds from and for the African continent.

Existing financing models could be leveraged, including but not limited to insurance pool funds, community health insurance, and pharmacist insurance schemes. Changes in the funding ecosystem open the possibility to review the lessons learned from these models and apply them to local contexts. Whatever new opportunities emerge, there is a shared sentiment that funding models need to change to better support local organizations, provide efficient disbursement, and create true partnerships.

Forging new partnerships

Several years ago, the World Humanitarian Summit set a goal for 25 percent of global humanitarian aid to go directly to local organizations in affected countries. With declining international NGO presence, there is an opportunity for local NGOs to play larger roles as partners, and for more funding to make its way directly from donors to local coffers. Local expertise that was previously housed within international NGOs can be leveraged locally, either by absorbing them into government or within local organizations that serve as technical advisors to governments.

New and innovative partnerships with the private sector may be important ways to expand access to care and to innovate. For example, exploring how medications on the essential drug lists can be made available to private providers at reduced cost could help ensure proper treatment. Additionally, private sector partners could be engaged to provide management functions for public sector services in mutually accountable ways that enhance efficiency, effectiveness, and person-centered care. In some contexts, governments are already purchasing technical support, such as supply chain logistics, from private sector providers. Finally, continued conversations with private sector partners about how they have mobilized domestic financing might bring new, innovative ideas to the table.

Prioritization for impact

Prioritizing interventions with the greatest impact on mortality presents challenges but also significant advantages. Focusing limited resources on efficient delivery of high impact interventions creates opportunities for innovation. The transition framework created by the Exemplars in Global Health for maternal and newborn health is useful in identifying where a country sits in its mortality reduction trajectory. A pilot tool based on the framework is being tested to support country prioritization efforts.

"I think that we should see it as an opportunity to rethink, refocus, reprioritize what is really the most important."

- Stakeholder

Emphasizing health systems strengthening and primary health care is supportive of maternal health, especially regarding essential services. Several noted that service integration from a person-centered perspective, meaning from the experience of either the provider or the client, presents an avenue for improvements in the overall experience of care, an important element of quality of care. Some stakeholders suggested redesigning pre-professional and public health curricula to incorporate systems thinking, quality improvement, and team-based approaches. Other suggestions include building a workforce that can evaluate and use real-time literature as it is published. The Lusaka Agenda was also recognized as an opportunity to leverage resources towards service integration and strengthening primary health care.

Breaking down silos is important to create efficiencies and strengthen the overall health system. Streamlining and merging procurement systems to reduce duplication could reduce costs while increasing commodity availability. Regional pooled procurement systems might help with price negotiations around key commodities. Similarly, routine data collection and information systems can be further digitized, strengthened, and interlinked with other systems, such as civil registration, in novel ways, mitigating the loss of population-level surveys and supporting real-time, evidence-based decision-making.

"This is an opportunity for donors and everyone to stop parallel systems and to remove duplication."

- Stakeholder

Global level efficiencies are also needed. The ongoing UN Reform Initiative (UN80) has become even more urgent, with downsizing and mergers underway to reduce duplication and enhance coordination across UN agencies. Several stakeholders noted the need to streamline functions, responsibilities, and systems. For example, WHO and UNICEF are considering a joint monitoring report to reduce countries' reporting efforts for global initiatives. Also, there are discussions on how data previously collected through DHS can be incorporated into other population level surveys, such as those carried out with support from UNICEF, the World Bank, and the Gates Foundation. One stakeholder remarked on the opportunity to reduce the number of global initiatives, each of which comes with its own systems for measurement, coordination, and accountability.

Learning in real time

Monitoring both intended and unintended results of actions taken will provide important information for maternal health in the new environment. Mistakes will be made. But there will also be important successes. Academic institutions and implementation scientists will be important to capture lessons on financing, partnerships, systems strengthening, and health outcomes.

"This is an opportunity to rethink research as generating evidence that matters."

- Stakeholder

Conclusions and Recommendations

The global health funding ecosystem is undergoing a seismic shift, with deep and widespread consequences for maternal health. The abrupt reduction in foreign aid, especially from the United States, has exposed the fragility of systems and over reliance on external support. Disruptions to service delivery, supply chains, data systems, and the health workforce are already impacting maternal and newborn outcomes, particularly in low-income and humanitarian settings.

Yet amid this uncertainty lies opportunity. This moment demands not just reaction, but reflection and recalibration. It is a chance to rethink how global health is financed, governed, and delivered, with equity, sovereignty, and sustainability at its core. To safeguard progress in maternal health and catalyze transformation, action must be taken across multiple levels.

Recommendations

1. Recommit to Essential Maternal Health Services

- Promote maternal health as a key component of primary health care, applying integration models that center the needs of providers and clients.
- Prioritize the delivery of life-saving maternal and newborn care, especially in high-burden and fragile settings.
- Maintain continuity of core services such as emergency obstetric care, skilled birth attendance, and family planning, while also looking for opportunities to ensure that areas like mental health and maternal morbidities are not forgotten.

2. Strengthen Local Leadership and Ownership

- Support countries in defining and resourcing their maternal health priorities.
- Center communities to ensure resources address local needs effectively.
- Align with and invest in national and subnational plans to lead, implement, and monitor programs.
- Increase direct funding to local NGOs and technical experts to fill gaps left by declining international support.

3. Protect and invest in the Health Workforce

- Sustain salaries and employment for frontline health workers, especially community health workers and midwives.
- Invest in mental health support, training, and career development to retain skilled professionals as the backbone of the system.

4. Reinforce Data and Accountability Systems

- Rebuild disrupted data systems and prioritize investment in routine health information, maternal death surveillance, and locally-led implementation research.
- Promote transparency and accountability by engaging communities and civil society in monitoring service delivery.

5. Foster strategic support to countries

- Align global and regional partners around supporting national maternal health goals, minimizing duplicative efforts and reporting burdens.
- Use existing platforms, such as EWENE, AlignMNH and the Lusaka Agenda, to harmonize technical assistance and learning.

6. Balance system support and innovation investments

- Ensure that funding for innovation is balanced with investment in system strengthening.
- Promote context-sensitive, ethical use of digital tools, including artificial intelligence.

7. Reimagine health financing

- Encourage increased domestic financing, public-private partnerships, and regional funding mechanisms tailored to African and other LMIC contexts.
- Mobilize philanthropic and private sector actors while ensuring alignment with national priorities.

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