



Maternal Health at Risk Amid a Global Funding Crisis

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Policy Brief

A Global Wake-Up Call

In 2025, the global maternal health landscape faces a profound crisis. A confluence of foreign aid reductions, multilateral funding constraints, and increasing domestic debt burdens has upended health financing, affecting maternal health services in low- and middle-income countries. Despite declines in mortality over the last several decades, every day more than 700 women are dying from preventable causes related to pregnancy and childbirth. The number of these deaths risks increasing again as critical services erode and systemic support collapses. The magnitude of the crisis could reflect what we saw during the COVID-19 pandemic, but unlike a virus, there is no vaccine or rapid fix.

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 diminishing partly due to health worker layoffs.
- **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.

The Funding Collapse

The funding shifts began with an Executive Order from the United States government in January 2025, pausing all foreign aid from USAID – an estimated \$12.3 billion in annual funding. Around the same time, other donor countries such as the United Kingdom and members of the European Union started redirecting resources to domestic priorities, including defense budgets due to the war in Ukraine. The resulting 40% cut in official development assistance for health severely impacted low- and middle-income countries while leaving institutions like WHO, UNICEF, UNFPA, GAVI and the Global Fund and implementing partners navigating the rapid changes. Concurrently, many countries are burdened by unsustainable debt service payments, consuming up to 20% of national revenues and preventing meaningful domestic investment in health.

A System Under Strain

Maternal health has been hard hit, both directly and indirectly. Significant reductions to other health programmes such as reproductive health, primary health care, HIV, and nutrition also impact maternal health. In many fragile and humanitarian settings, where over 60 percent of maternal deaths occur, access to maternal services is declining as facilities close, supply chains break down, and staff are laid off. Community health workers, a vital link to maternal and newborn services in rural and underserved areas, have been lost in large numbers as their programmatic costs were largely externally funded. Health providers who remain face deteriorating working conditions, salary suspensions, and increased risks to their mental and physical well-being.

Declining Quality

The quality of maternal care is likely to decline. Essential maternal health drugs such as oxytocin and misoprostol are increasingly unavailable. Emergency obstetric care is being deprioritized, and many women are avoiding facilities altogether due to cost, distance, or fear of poor treatment. In some

countries, stockpiles of critical drugs sit unused in national warehouses due to broken procurement and distribution mechanisms. The consolidation of services into fewer, larger facilities may improve efficiencies on paper, but in reality it leads to dangerous delays in care for women experiencing complications during childbirth.

Flying Blind

Simultaneously, the disruption of data systems has left policymakers and program managers unable to measure changing needs. The USAID-funded Demographic and Health Surveys (DHS), which served as a backbone for maternal mortality estimates and health system planning in over 90 countries, have been halted. Routine data collection and health facility assessments have also been impacted, with some stakeholders describing the situation as “flying blind.” This loss of data undermines not only program monitoring but also accountability and strategic resource allocation.

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

- Stakeholder

Opportunities in Crisis

Yet amid these challenges lie important opportunities. Countries are recognizing the need for greater sovereignty and leadership over their health agendas. Stakeholders from Ministries of Health are calling for localized priority setting and technical assistance aligned with national strategies. Regional collaboration is on the rise, including initiatives led by the African Union and Africa CDC. The Lusaka Agenda, launched in late 2023, offers a strategic framework to reimagine global health partnerships with a focus on strengthening health systems, advancing primary care, and supporting country-led planning.

Shifting the Model

New funding models are emerging. Countries such as India, Ethiopia, and Guatemala are leveraging domestic taxation and corporate social responsibility mandates to fund health initiatives. Regionally funded maternal health mechanisms are being floated in Africa and the Middle East. While these efforts cannot immediately replace the scale of previous donor support, they signal a shift toward more sustainable and accountable systems. Philanthropy, though not a complete substitute for bilateral funding, can also play a catalytic role if coordinated effectively and targeted toward systems-strengthening efforts in addition to innovations.

There is also increasing recognition of the need to shift funding and implementation power to local organizations. International NGOs are downsizing or closing offices, opening space for national NGOs and government agencies to lead. To make this transition successful, local NGOs need multi-year, flexible funding with simplified reporting requirements. Capacity building should accompany funding flows to ensure that local actors can design, implement, and evaluate programs in ways that reflect community priorities.

"This is a pandemic-scale interruption for services and systems."

- Stakeholder

Making the Most of What Remains

Efforts to improve efficiencies across procurement, supply chain, and data systems offer additional promise. Streamlining parallel mechanisms and investing in regional pooled procurement could lower costs and improve availability of essential maternal health commodities. Digitizing health information systems and linking them with civil registration and social protection databases could help fill the data void left by the loss of DHS. Cross-sectoral planning, linking maternal health to education, water, sanitation, and infrastructure, may help protect and advance outcomes despite constrained resources.

What Needs to Happen

Ultimately, this moment provides a clarion call. If governments, donors, and civil society act decisively and collaboratively, it is possible not only to stem the losses but to build more resilient, equitable systems that address maternal health. This will require prioritizing high-impact interventions, redesigning service delivery from the perspective of providers and service users, investing in the health workforce, and fostering a culture of continuous learning and adaptation. Research must be leveraged not just to evaluate, but to inform action, what works, for whom, and in what context.

Maternal health is a bellwether for societal wellbeing. Letting it slip further would mean conceding decades of progress in global health and development. But embracing this moment as a pivotal inflection point could lay the foundation for more just and enduring systems. Every actor, government, donor, civil society, and community, has a role to play in ensuring that no woman dies giving life, regardless of shifting political winds or economic instability.

Recommendations:

- **Prioritize integration of essential services**, especially in fragile and underserved settings.
- **Shift power to countries and local actors** through direct, flexible, and long-term funding.
- **Strengthen core systems** - procurement, supply chains, data, and health workforce support.
- **Invest in regional solutions** for financing, procurement, and knowledge-sharing.
- **Align global partners** behind country-led plans and coordinated technical support.