After the Cut: Rebuilding Trust, Systems, and Sovereignty in Global Health

Elsie Kiguli-Malwadde et al give an insight into how sudden policy reversals disrupted life-saving programs, undermined decades of scientific and diplomatic progress, and eroded trust in the U.S. This is based on a CUGH white paper.

The 2025 Consortium of Universities for Global Health (CUGH) white paper, Unraveling Trust: The Human Impact of Shifting U.S. Global Health Priorities draws on global survey data and reveals how sudden policy reversals disrupted life-saving programs, undermined decades of scientific and diplomatic progress, and eroded trust in the U.S. The report concludes that stability, transparency, and long-term investment are strategic imperatives, not only for humanitarian outcomes, but also for U.S. national security and global health protection.

Background: A Legacy of Leadership at Risk

For decades, U.S. global health assistance, representing less than 2% of the federal budget, has been a cornerstone of international development and global security. Programs, such as the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), have demonstrated American leadership in science, capacity building, and evidence-based humanitarian action. These investments saved millions of lives, strengthened health systems, advanced research, and enhanced global cooperation.

The sweeping 2025 executive orders suspending U.S. foreign assistance abruptly halted this progress. Life-saving programs such as HIV prevention and treatment, malaria control, reproductive and maternal health programs, nutritional interventions, emergency services, and numerous research partnerships were ceased.

CUGH white paper survey methods

CUGH collected quantitative and qualitative data from 97 global health professionals across 47 countries and all six World Health Organization regions through an online, cross-sectional survey conducted from April to June 2025. Respondents were individuals involved in U.S.-funded global health projects. The partnerships encompass all six World Health Organization (WHO) regions: Africa (21 countries), Americas (11), South-East Asia (4), Europe (3), Eastern Mediterranean (3), and Western Pacific (5). The detailed methods are published in the original paper which can be found on the CUGH website.

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The majority of initiatives described by respondents were categorized under research, health systems strengthening, and service delivery, with many emphasizing interdisciplinary approaches and the integration of community engagement, implementation science, and policy reform. This thematic complexity underscores the multifaceted nature of global health work and the essential role of long-term, stable funding in sustaining progress in health systems and research.

Projects spanned multiple domains. Nearly half (n=47, 48.5%) of respondents categorized their projects under Infectious Diseases & Emerging Health Threats. Approximately 16.5% of projects addressed HIV/AIDS prevention and clinical care (several initiatives centered on pre-exposure prophylaxis [PrEP] and long-acting anti-retroviral [ARV] drug delivery). The projects highlighted a mix of implementation science, training and leadership development, machine learning innovation, and service delivery models across diverse settings and populations, including vulnerable communities, adolescents, and women living with HIV. Respondents commented on the importance of investment in leadership within the health workforce as well as the importance of trust within a partnership:

"We have been working with communities to set up innovative ways to deliver PrEP to youth. Communities are excited about the project. The funding disruption and potential need to terminate the funding breaks trust between researchers and community members and could increase barriers to HIV prevention. If we stop at this stage of the project, we would need to start all over building community relationships and developing strategies."

The second most common category of projects affected was Reproductive, Maternal, Newborn, Child & Adolescent Health (n=35, 36.1%). These projects comprised community-based interventions, health systems strengthening, clinical research, and innovative tools to improve outcomes in neonatal care, maternal mortality, adolescent sexual and reproductive health (ASRH), and vulnerable child populations across diverse global contexts.

The third most common category, Non-Communicable Diseases (NCDs), Mental Health, & Trauma, was chosen by 26 respondents (26.8%). Several initiatives targeted cervical cancer prevention, screening, and education—some linking HPV and HIV care through vaccine outreach and research on disease progression. Mental



Donations

health and psychosocial support projects frequently intersected with HIV, displacement, and gender-based violence, emphasizing peer and community-based care models for vulnerable populations, including refugees and peripartum women. Collectively, these projects encompassed a broad spectrum of clinical and behavioral services and implementation research, spanning mental health, trauma, addiction, chronic disease prevention, surgery, and cervical cancer.

Projects addressing Nutrition, Food Security, and Metabolic Health comprised approximately 23% of all initiatives (n=22). These efforts targeted nutritional deficiencies, obesity, food systems, and metabolic health through interventions such as preventing environmental enteric dysfunction, improving outcomes for children with severe acute malnutrition, and promoting climate-smart agricultural practices. Together these projects demonstrated integrated, innovative approaches aimed at reducing health disparities and supporting vulnerable populations across global and domestic settings.

Global Health Funding Benefits

Beyond technical and service achievements, respondents highlighted substantial mutual benefits generated by global health funding. The most commonly cited benefit was Scientific and Research Advancements (n=63, 64.9%), followed by the creation of Job Opportunities (n=45, 46.4%). Other frequently noted benefits included Enhanced Global Health Security (n=41, 42.3%), Talent Exchange and Capacity Building (n=41, 42.3%), and Strengthened Diplomatic Relations (n=25, 25.8%). Additional benefits included National Security Enhancements (n=18, 18.6%) and Economic and Trade Benefits (n=14, 14.4%). The survey findings affirm that global health funding extends far beyond transactional development aid—it catalyzes long-lasting infrastructure development, knowledge sharing, and mutual trust and cooperation between nations.

Cascading Effects of Abrupt Funding Disruption

These collaborative gains are now under serious threat. The abrupt suspension or withdrawal of funding has had wide-ranging downstream effects to individuals, vulnerable communities and local leaders who had come to know the U.S. as a consistent, respectful and reliable partner in development. The most frequently cited consequences were diminished local workforce training and disrupted health services resulting in increased morbidity and mortality (n=58 each, 59.8%), followed closely by the loss of local expertise (n=56, 57.7%). Nearly half of respondents also noted strained international partnerships (n=45, 46.4%) and the erosion of donor credibility (n=44, 45.4%) as major concerns.

"An effective prevention intervention is stalled, local staff have lost their jobs, and trust has been lost with the community agencies and individuals which had built up over 9 years."

Additional commonly reported effects included an increased global epidemic risk (n=36, 37.1%), economic

downturn in communities (n=32, 33.0%), lowered crisis response capacity (n=30, 30.9%), and increased vulnerability to extremist narratives and heightened risk of extremist recruitment (n=22, 22.7%). A smaller number cited heightened security threats (n=16, 16.5%). These findings highlight not only the immediate programmatic and health-related harms of disrupted funding but also the broader geopolitical, scientific, and social ripple effects that can undermine trust, partnerships, global security, and stability.

"The funding disruption put the lives of more than 12 million people at risk in a context where Haiti is facing one of the most critical security situations in its history, where people desperately need such support."

The emotional and relational toll of funding disruptions was profound. Respondents described a widespread loss of trust in U.S. donor agencies, emphasizing how years of relationship-building were upended in moments. This breakdown in trust extends from local health workers and communities to national ministries, governments, and international academic partners. Respondents emphasized that such abrupt reversals not only harmed immediate program beneficiaries but also damaged the United States' credibility as a global health leader. Many called for alternative, more reliable international structures for health funding and coordination to reduce future volatility.

"Develop a broad international global health entity that is not dependent on the United States, perhaps run from the UN (like a dramatically strengthened WHO with a strong research component the size of NIH) that can operate totally independently of the United States. Never, ever trust the U.S. again to lead this effort."

One of the consequences of U.S. disengagement from global health may indicate waning U.S. leadership on the global stage. Respondents warned that weakened global health systems reduce the capacity to detect and respond to infectious disease threats, increasing the risk of cross-border outbreaks. Additionally, the sudden withdrawal of U.S. support was seen as damaging to America's global influence, creating openings for geopolitical rivals to fill the void and eroding trust in U.S. leadership on the world stage.

"Nothing can help the damage. Foreign governments and collaborators lost trust in the U.S. and the damage will be felt for decades to come."

Additionally, the funding cuts have had a significant impact on the partnerships themselves, including an erosion of established infrastructure and a direct impact on the lives of program staff and leadership. This sort of disruption has implications beyond the immediate project, considerably affecting institutional memory and the ability for agencies to nimbly respond to future challenges in real time. Many partnerships that have been affected are longstanding and have developed significant mutual understanding and trust over the course of decades, allowing them to partner with local ministries, work within the health system, and respond timely and appropriately to address local priorities as well as crisis situations that may arise quickly.

"The disruption will lead to increased unemployment rates in Egypt, loss of trust in the U.S., and cut of funding and jobs at the U.S. partnering U.S. universities."

Beyond the immediate humanitarian and diplomatic implications, the funding disruptions also threaten global scientific ecosystems that depend heavily on stable, long-term U.S. collaboration. Many partner institutions noted that U.S.-supported research platforms—including data repositories, surveillance architectures, laboratory networks, and training programs for early-career investigators—serve as foundational infrastructure for global scientific advancement. Interruptions risk a loss of longitudinal data, weakened laboratory capacity, and the dismantling of regional Centers of Excellence that have taken decades to build. The erosion of these scientific assets has cascading effects: it slows discovery, reduces innovation in vaccine and therapeutic development, and delays critical progress on antimicrobial resistance, emerging pathogens, climate-linked health threats, and maternal and child health research.

"The objective was to build a global health security architecture for early detection, response and mitigation of emerging infectious disease and antimicrobial [resistance]. Withdrawal of funding will heavily impact [country capacity to] detect and mitigate outbreaks and [transboundary] spread of disease putting millions at death and disease risk."

Finally, the data reveal that these funding disruptions have implications far beyond health outcomes. Respondents warned that weakened global health systems can lead to broader geopolitical instability, increased vulnerability to extremist recruitment, and diminished global epidemic preparedness. From a national security perspective, the U.S. stands to lose strategic influence and soft power if funding instability continues.

"The decision from the U.S. government to cut funding poses a real threat to U.S. security, leaving a gap to be filled by others who do not share U.S. values and interests. This will lead to a diminished U.S. influence globally, which is a negative outcome, as America is the leader of the world."

Health Security, Trust, and the Costs of Disengagement

Disengagement decreases U.S. knowledge of emerging health threats and changing disease patterns. The ability to respond timely will be diminished as the U.S. stance moves from being proactive to reactive. The findings offer a compelling case for rethinking how donor countries structure and sustain their global health commitments. New alliances will likely emerge from this crisis as well as local strategies to reduce the vulnerability and damage to health systems that many now face because of the U.S.'s abrupt changes. Stability, transparency, and long-term investment in health are not only ethical imperatives—they are strategic necessities for global security and human advancement. U.S. disengagement alongside weakening health systems, surveillance networks, and infrastructures that prevent the spread of infectious diseases ultimately increases threats to U.S. health security and global trade. The humanitarian gains, soft-power benefits, and protection of U.S. and global interests far outweigh the relatively small costs.

In addition, trust was repeatedly described as an operational requirement—not an abstract value. Respondents emphasized that trust enables access to communities, improves adherence to treatment, strengthens reporting in surveillance systems, and accelerates emergency response during outbreaks. Funding instability undermines governance structures, disrupts national planning cycles, and reduces confidence in international partnerships. Several respondents noted that abrupt reversals jeopardize multi-year health security agreements and risk eroding the credibility of evidence-based decision making within ministries of health.

A Call to Action

While the suddenness of cuts causes the most damage, this moment can also be a call for LMICs to assume greater local leadership and sustainability through responsible, non-disruptive transitions that restore funding in a measured, strategic way, honor commitments, provide bridge financing to offset the shortfall from U.S. disengagement, and invest over the next five years in documenting evidence and scaling what works.

The findings point toward a clear path forward: global health partnerships must be designed with built-in resilience. This includes diversified funding streams, transition plans aligned with national health strategies, contingency mechanisms to prevent service disruptions, and a commitment to protecting the health workforce. Evidence-based programs require predictable multi-year support, transparent communication, and shared governance structures that elevate local leadership while preserving continuity of essential services.

The current funding cuts highlight the urgent need for LMICs to reassess their level of dependence on foreign aid and take greater responsibility for financing and safeguarding the resilience of their own health systems. Rather than viewing the funding cuts solely as a setback, this moment can be reframed as an opportunity, an opportunity for LMICs to look more closely and honestly at their national health priorities, resource allocation practices, and funding responsibilities. It is a chance for governments, policymakers, and national stakeholders to evaluate which essential services must be sustained domestically, to identify inefficiencies in spending, and to explore domestic revenue mobilization mechanisms that can generate predictable and sustainable financing for health. This may include reforms in taxation, innovative financing models, greater engagement of the private sector, and more efficient pooling and allocation of national health insurance schemes.

For LMICs, responding effectively to this challenge will require determination, long-term vision, and strong political leadership. Policymakers must be ready to make bold decisions and commit to placing health at the centre of national development agendas. Health cannot be viewed as a consumption expense but rather as an investment that drives productivity, strengthens human capital, and supports economic growth. Governments should also adopt strategic planning approaches that promote efficiency, accountability, and equity. This includes implementing robust public financial management systems, prioritising primary healthcare, diversifying funding models, strengthening local manufacturing of essential medicines and supplies, and eliminating corruption or leakages that undermine service delivery.

Creativity and innovation will also be key. LMICs have the opportunity to leverage digital health technologies, community-led solutions, and locally developed innovations to improve service delivery at lower cost. Regional collaboration can also play an important role. By pooling resources, negotiating jointly for essential commodities, and sharing expertise, LMICs can reduce costs and enhance bargaining power. Furthermore, academic institutions, civil society organisations, private corporations, governments, and communities should be engaged as co-creators in designing sustainable health financing strategies.

Conclusion

The history of Global Health Partnerships is long and storied, steeped with humanitarianism and filled with a collaborative spirit, though, among some, this global perspective carries some controversy. The recent architecture consisted of a wide array of independent actors collaborating in meaningful ways across sectors and domains and, ultimately, with a singular objective: to advance the health of individuals in a complex world. In a landscape shaped by historical power imbalances and donor-driven agendas, funding mechanisms are largely controlled by national governments, international bodies, and private entities where resources are centralized. Debates persist regarding the role of the U.S. in funding development, humanitarian assistance, and health systems strengthening outside of its own borders. Whether for altruistic purposes, to advance social justice, as a global diplomatic strategy, or to curb global health issues that could impact the U.S., one thing is certain: the abrupt withdrawal of U.S. funding has had severe consequences at all levels, in all settings, and across all domains. The CUGH survey has documented immediate reactions of stakeholders (anger and loss of trust) and repercussions (individual harm and death, health systems disruptions, and risk to international security). The survey has also identified priorities and strategies to inform how we, as a global community, respond to these profound disruptions. Ultimately, while external funding will continue to be important, LMICs must avoid over-dependence and instead build health systems that are resilient, self-sustaining, and aligned with national priorities. The disruption in U.S. funding is therefore not just a financial challenge but a call to action, a moment for LMICs to embrace responsibility, strengthen health sovereignty, and work towards long-term sustainability. With commitment, innovation, and strategic leadership, LMICs can transform this disruption into a catalyst for a stronger, more independent, and more resilient health future.