



Testimony on the Impacts of USAID Cuts in the DRC and Ethiopia

Physicians for Human Rights

+1.646.564.3720
phr.org

March 21, 2025

Physicians for Human Rights (PHR) works at the intersection of science, medicine, and the law, to advocate for the right to health and dignity for individuals in situations of conflict and crisis, with a focus on attacks on health, sexual violence in conflict, reproductive justice, and freedom from torture.

Democratic Republic of the Congo: “The Quadruple Crisis”

PHR has worked for over a decade in eastern Democratic Republic of the Congo (DRC), where we are currently seeing a “quadruple crisis” of conflict and conflict-driven gender-based violence, mass displacement, unchecked spread of infectious diseases, and U.S. government funding freezes resulting in the shuttering of critical services and support.

What we are seeing in the DRC:

- Since 2023, 7 million people have been displaced by armed groups in eastern DRC especially in North and South Kivu. And there has been a surge in cases of sexual violence with 123,000 rapes [reported](#) in 2023 alone. Research undertaken by PHR confirms that health workers have documented a “[massive influx of cases](#)” there in recent months.
- This year the security situation in eastern DRC has deteriorated even more due to the aggressive expansion of the M23 militia. By mid-February, M23 captured Goma, the capital of North Kivu, leading to more than 3,000 deaths within days, before advancing to Bukavu in South Kivu.
- During the last two weeks of February alone, more than 895 cases of rape were reported to humanitarian actors, which averages to more than 60 rapes a day.
- The occupation has resulted in widespread looting, including looting of hospitals, civilian casualties, and mass displacement, with M23 forcibly evacuating internally displaced persons (IDP) camps, and thousands fleeing to neighboring countries, further exacerbating the spread of infectious diseases.
- Recently M23 raided two hospitals in North Kivu, including a center that specializes in treating survivors of sexual violence. Rebels reportedly abducted 130 patients with gunshot wounds on the suspicion that these patients were Congolese army soldiers or members of the pro-Government Wazalendo militia – yet another major violation of international humanitarian law (IHL).
- Compounding this crisis, the United States aid funding freeze imposed in January jeopardized 70 percent of DRC’s humanitarian aid and hindered hospitals’ ability to provide critical services, including services for sexual and gender-based violence (SGBV) survivors or track and respond to infectious diseases, including mpox.

For PHR, these orders caused an immediate pause in programming to document sexual violence and support child survivors in the DRC. The impacts of the funding freeze were specifically compounded by the Trump administration’s explicit refusal to consider sexual and reproductive health care such as abortion care and contraception as “life-saving humanitarian assistance.”

Together, this quadruple crisis has both fomented conditions of grave health risks including gender-based violence and sexual and reproductive health harm. These crises also fundamentally undermine the system for delivery of essential sexual and reproductive health care and specifically post-rape care in DRC.

Through evidence, change is possible.



As Sofia Calltorp, Chief of Humanitarian Action at UN Women, stated in her remarks on the situation in DRC, *“as the clashes unfold in a country that has endured prolonged instability, women and girls are bearing the brunt of both direct and indirect consequences, with their rights, safety, and dignity increasingly under threat.”*

There is a critical need for greater international action to provide a coordinated response to the health risks triggered by this quadruple crisis. Many governments [have responded](#) to this moment by turning inwards, focusing on defense and military spending in an attempt to bolster security. However, it would be a grave mistake to believe that allowing the rollbacks in rights and health that are occurring in countries like DRC will not have impacts beyond its borders.

These crises create the risk of spread of diseases such as mpox, Ebola, or even drug-resistant tuberculosis, which know no borders.

Further, impunity and failure to respond to the uptick in gender-based violence in DRC also perpetuates the normalization of such violence, which is recognized as a global public health pandemic by the WHO.

Following the Trump Administration’s announcement of U.S. Agency for International Development (USAID) funding freezes, PHR’s Payal Shah wrote an opinion piece for [The Hill](#) last month:

“For my organization, Physicians for Human Rights, these orders caused an immediate pause in programming to document sexual violence and support child survivors in the Democratic Republic of the Congo. Health workers have documented a [“massive influx of cases”](#) there in recent months. The U.S. aid stop work order couldn’t have come at a worse moment — since January, fighting has escalated dramatically in that central African country’s east, leading to [fresh waves](#) of deaths, sexual violence and displacement of over [500,000 individuals](#). [Seventy percent](#) of humanitarian aid to the Democratic Republic of the Congo comes from the U.S.”

Ethiopia: “Everything That Was Done Will Be Lost”

The United States Agency for International Development (USAID) support was critical to support the health system across Ethiopia, as well as providing food aid for displaced and vulnerable populations. In the Tigray region, and other conflict affected regions, the instability introduced by these cuts is raising legitimate concerns about conflict escalation.

PHR’s partner, the Organization for Justice and Accountability in the Horn of Africa (OJAH), shared the following information about the impact of USAID cuts on health care and particularly access to services for survivors of conflict-related sexual violence (CRSV).

- In the Tigray region USAID was directly involved in supporting implementing partners and working directly with the regional health bureau to provide programming that responds to sexual and gender-based violence (SGBV) and CRSV. One key area of support was funding for One Stop Centers which provide services to survivors of CRSV and SGBV.
- USAID supported the salaries for clinicians and clinical managers who were providing services to survivors. USAID cuts mean that these staff members will be suspended, terminated, or otherwise forced to leave. Funding cuts mean clinics will lose valuable experience and access to trained staff for SGBV/CRSV response. This will impact the service delivery in One Stop Centers and the documentation of CRSV/SGBV.
- Services at One Stop Centers in Tigray were relatively free because the supplies, medication, and other resources necessary for care were funded by USAID. The cut in funding means that services

Through evidence, change is possible.



at One Stop Centers for survivors of sexual violence can no longer be available at free or nominal cost. This limits survivors' access to services as many are not able to pay.

- Because of commitments made by USAID to improve the infrastructure at One Stop Centers in Tigray, these centers had declined funding support from other donors and now have missed out on the opportunity to have these improvements made.
- Safe houses in Tigray have also been impacted as USAID funding was supporting meals and other shelter services for survivors. Some donor support for safe houses still remains through European Union donors but OJAH and partners do not believe the funding will be able to cover the network of safe houses.
- USAID was also critical in supporting the water, sanitation, food, and health care needs of internally displaced populations (IDPs) which includes a large number of CRSV survivors who not only have lost access to health services but also now face substantial food shortages.
 - As one partner said, *"the USAID cuts are holistic and will ruin the system that has been built to support survivors, everything that was done will be lost."*
- OJAH shared that it is not just CRSV services but all health services that are impacted in all regions of Ethiopia, there is a very real possibility that the health system in Ethiopia could collapse.
- The loss of support for the health care system provided by USAID means that the out-of-pocket costs for individual patients will surely increase, making it likely that patients will not be able to access services.
- 5,000 health care workers were furloughed by the Ethiopian Ministry of Health. Beneficiaries across Ethiopia are not able to receive services that are critical including tuberculosis, malaria, and HIV medications as well as contraceptives.
- For example, it is currently very hard to find condoms in Ethiopia, while they were previously readily available at low or no cost, they are now very hard to find at all. Support for HIV prevention and family planning will be heavily affected with a lack of condom availability and the health care system will be overwhelmed with these new patients.
- HIV rates have increased in Tigray because of the conflict. Now losing access to HIV medications and support provided by PEPFAR will be devastating for this population. A partner said that it is *"quite scary when I think of it."*

Another of PHR's Ethiopian partner organizations, Health Professionals Network for Tigray (HPN4T), reinforces the reality of these concerns and challenges.

- The services, jobs, and programs that have been fully stopped in Ethiopia are impacting everyone across the country. HPN4T also shared that the current tension in Tigray is making other donors wary of engaging and questioning whether they can continue to support work in Tigray in any of their programs. The withdrawal of other donors will have a compounding and increasingly devastating impact.
- HPN4T has also shared that even when medications are available, there is not the funding to support the necessary infrastructure (transportation, storage, etc.) to secure and distribute these medications –making it difficult or impossible to effectively manage these supplies.
- HPN4T also shared that the lack of full implementation of the Cessations of Hostility Agreement between the Government of Ethiopia and Tigray regional government, particularly the continued presence of Eritrean and non-Ethiopian National Defense Forces in areas in western and northern Tigray, means that IDPs who are reliant on U.S.-funded aid are unable to return home and sustain themselves. Additionally, the escalating tensions between Ethiopia and Eritrea and reports of both governments mobilizing troops has the potential to further exacerbate the humanitarian crisis in Ethiopia, as well as risk destabilizing the broader Horn of Africa, including Somalia, Sudan, and South Sudan, where conflicts are also present or escalating and there are also profound needs for humanitarian support.

Through evidence, change is possible.