



Physicians for  
Human Rights

# Abandoned in Crisis:

The Impact of U.S. Global Health Funding Cuts  
in Democratic Republic of the Congo (DRC)

Physicians for Human Rights (PHR) Research Brief

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# About Physicians for Human Rights

Physicians for Human Rights (PHR) deploys scientific, medical, public health, and forensic technical expertise to document and seek justice for human rights and humanitarian violations and international crimes. Through advocacy and partnerships with affected communities, mobilization of the moral authority of medical and public health professionals, and collaboration with local and international organizations and associations, we empower our networks of health professionals to serve as human rights advocates. In parallel, we strengthen the methods by which clinicians, alongside law enforcement and legal sectors, gather and present evidence that documents cases of human rights violations and war crimes, crimes against humanity, and genocide.

*Cover: A USAID logo on a box amid scattered materials left behind following clashes at the World Food Programme (WFP) warehouse in Bukavu, DRC in February 2025.*

*(Photo by LUIS TATO/AFP via Getty Images)*

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# Background

The United States has historically been the largest provider of humanitarian assistance and bilateral support to the health sector in the Democratic Republic of the Congo (DRC), contributing billions of dollars annually through mechanisms such as United States Agency for International Development (USAID), the President's Emergency Plan for AIDS Relief (PEPFAR), the Global Health Security Program, and the President's Malaria Initiative to improve health outcomes.<sup>i</sup> In 2024, over 70 percent of humanitarian action in the DRC was funded by the U.S.<sup>ii</sup> The country, especially its eastern region, has endured decades of conflict that have profoundly weakened already fragile health facilities and overwhelmed hospitals, which have been tasked with caring for survivors of widespread conflict-related sexual violence, persistently high maternal and infant mortality rates, and emerging infectious diseases like mpox, a contagious virus causing fever, rash, and sores that spread through close contact.<sup>iii iv</sup> Humanitarian needs in the DRC have worsened sharply, especially since November 2021, when M23 reemerged engulfing eastern DRC in violence.<sup>v</sup> The North Kivu and South Kivu provinces alone host 4.6 million displaced people, making the DRC one of the world's largest centers of internal displacement.<sup>vi</sup>

In January 2025, U.S. President Donald Trump signed an executive order<sup>vii</sup> to pause U.S. foreign assistance for a 90-day review. That order was followed by a stop work order that froze almost all U.S. foreign assistance, except for limited waivers,<sup>viii</sup> that immediately and significantly reduced U.S. global health funding. In July 2025, the United States congress confirmed significant cuts to foreign assistance through a rescissions package.<sup>ix</sup> These actions severely impacted public health efforts in the DRC as the sudden cuts left no time to develop alternative plans to ensure continuity of services.<sup>x xi xii</sup>

This PHR research brief documents the effects of the cuts to U.S. global health aid in conflict-affected areas of the DRC.

## Methodology

This brief is based on the findings of a rapid qualitative research assessment conducted in May-July 2025 with 15 medical professionals, humanitarian actors, and staff implementing projects in the North Kivu, South Kivu and Kasai regions of the DRC. Respondents were selected based on their direct experience with health systems affected by U.S. foreign aid funding cuts impact the availability, accessibility, acceptability, and quality (AAAQ), the building blocks of the right to health.<sup>xiii</sup> Participants shared their perspectives through written statements, recorded interviews, voice memos, or other audio submissions. With informed consent, any audio submissions were recorded and transcribed, and the resulting data were analyzed to identify shared impacts and challenges. Participation was entirely voluntary, and all identifying information was removed to ensure participant confidentiality<sup>1</sup>

## Key Findings

PHR's documentation shows that the aid cuts have severely harmed diverse areas of public health and humanitarian responses in the DRC, including maternal health, infectious disease, and support for survivors of sexual violence.

### **Additional maternal deaths, uterine ruptures, and cervical cancer**

Health care workers informed PHR that pregnant women now must pay for previously free services and care, and as a result, clinicians report additional uterine ruptures, maternal deaths, and cervical cancer cases. Many patients must choose to pay for services out-of-pocket or leave health care facilities untreated, pushing a trend of delayed access to care. One clinician working in Kasai described:

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1 The study protocol was reviewed and received an exemption from the Physicians for Human Rights Ethical Review Board.

“Vaccination campaigns have been suspended, impacting efforts to combat certain preventable diseases. Health facilities have had to raise their fees, even though the population was accustomed to low-cost, or even free, care. Severe cases have been observed, including uterine ruptures and maternal deaths related to home births, due to lack of financial resources and lack of patient outreach. A resurgence of cervical cancer has also been reported, likely linked to the cessation of awareness and screening activities.”

*Doctor working at a health facility in Kasai*

Previously free treatment for obstetric fistula patients, including surgical care and hygiene kits, has been halted. One program manager in South Kivu said:

“With the US aid cuts, family planning services are almost non-existent for women who want them, even though family planning is one of the strategies to reduce maternal morbidity and mortality by 2030.”

*Health Program Manager working in South Kivu*

### **Threats of mpox, TB, and malaria following service and disease surveillance cuts**

Medical and public health experts interviewed by PHR report that surges of mpox, malaria, and tuberculosis have plagued DRC because of the suspension of vaccination campaigns and the loss of free treatment. A doctor in Kasai described the impact of the cuts:

“Antimalarial drugs and insecticide-treated mosquito nets are no longer distributed free of charge, particularly affecting pregnant women. The high price of quinine is forcing patients to turn to traditional treatments. Tuberculosis control programs have been halted, and epidemiological surveillance is no longer maintained.”

*Doctor working at a health facility in Kasai*

Multiple clinicians note that support for people living with HIV and tuberculosis have been particularly affected.

“For the treatment of people living with HIV, all supplies came from USAID; there is currently a huge gap. There is also difficulty accessing anti-tuberculosis drugs for the treatment of patients with tuberculosis. At the GBV sub-cluster level, many actors have seen their funding end.”

*Doctor working at a health facility in South Kivu*

“In the case of services for people with HIV, the same problem arises: apart antiretrovirals, they receive no other support.”

*Clinician working at a health facility in North Kivu*

A program manager at a public institution in North Kivu reported the lack of antiretrovirals used for treatment for people living with HIV.

“Antiretrovirals for people living with HIV are no longer regularly available.”

*Program manager at a public institution in North Kivu*

The same expert continued to share that mpox awareness activities are ending in areas that have been impacted by severe mpox outbreaks affecting children.<sup>xiv</sup>

“Mpox awareness workers, no longer paid, have ceased their activities.”

*Program manager at a public institution in North Kivu*

Clinicians shared concerns with PHR about the ability to continue to provide care for children. One clinician spoke of challenges in providing care for children with malaria.

"Quinine and ...artemisinin-based combination therapies... for young children are no longer available in sufficient quantities. Rapid screening tests, previously used for early diagnosis, have become scarce. Many parents turn first to traditional healers, delaying access to modern care and exposing children to severe forms of malaria, including severe anemia. Cases of poisoning linked to traditional treatments have also been reported."

*Government health official, Kasai*

## **Services ended for survivors of sexual violence; Post-rape care kit shortages**

Many health care workers told PHR that the cuts to USAID funding have particularly prevented clinicians from caring for survivors of sexual violence, in a region where PHR documentation shows a massive influx of cases of conflict-related sexual violence.<sup>xv</sup> Staff at local NGOs have told PHR that, due to funding cuts, survivors of sexual violence are not able to access the full suite of care, including access to post-exposure prophylaxis (PEP) kits, which contain emergency contraception, HIV medication to prevent infection within 72 hours, testing kits, treatment for sexually transmitted infections, and forensic documentation forms. One NGO worker in North Kivu told PHR:

"For survivors of sexual violence, only the PEP kit is distributed, sometimes accompanied by treatment for infections during the first consultation. In cases of pregnancy following rape, no care for termination or appropriate support is offered."

*Program manager at a public institution in North Kivu*

Clinicians told PHR that there is a crisis unfolding due to the lack of PEP kits in conflict-affected areas of eastern DRC. Two doctors who work to support survivors of sexual violence in Bukavu told PHR:

"American aid has had a direct and indirect impact. IMA [IMA World Health] provided PEP kits under USAID funding. With the freeze, the province risks not having access to PEP kits. Since April 2025, survivors (including internally displaced persons) have been coming to our facility, and in the coming days, if there are no PEP kit supply providers in the province, it could be complicated to manage."

*Doctor working at a health facility in South Kivu*

One clinician in Goma told PHR that they still had a few remaining PEP kits in May 2025, but supplies are dwindling and they are not sure how they would receive replacement supplies.

"[Sexual violence] cases are sporadic in our hospital... But for the few we receive, we give them PEP kits... We currently still have a stock of PEP kits, but this may be insufficient in the future if supply solutions are not found."

*Doctor working at a health facility in North Kivu*

The shortage of PEP kits was also reported by health officials in both North and South Kivu, who recognized the scarcity of PEP kits across the region:

"There is an increase in cases of gender-based violence in conflict-affected areas and meanwhile there is a scarcity of services related to the care of survivors of gender-based violence, there is a shortage of PEP kits in the region."

*Health Program Manager in South Kivu*

"The suspension of American aid has led to a significant weakening of ...[Non-governmental organizations].. NGOs, particularly in the health sector. There has been a shortage of medical supplies, particularly medications, and, even more worryingly, a shortage of PEP kits. Alerts to this effect have been reported in the Masisi health zone."

*Clinician working in reproductive health in North Kivu*

PHR's research confirms that multiple health facilities operating locally have run out of PEP kits have run out due to the sudden funding cuts.<sup>xvi</sup> In July 2025, it was reported that the U.S. government grants which provided this care were cancelled.<sup>xvii</sup> A program manager in DRC described the situation in July as being even worse:

"PEP kits are only effective if survivors can access them within 72 hours. That requires more than just having kits available somewhere. It requires a functioning network of health facilities where kits are consistently stocked, and staff are trained to respond. Right now, we know that many health structures across eastern DRC have completely run out. This breakdown defeats the entire purpose of the PEP system. Survivors should not have to travel from clinic to clinic in search of essential care. Restoring access to these kits isn't just about medicine, it's about rebuilding a system survivors can trust."

*Non-governmental organization program manager, South Kivu*

## Conclusion

The abrupt suspension and subsequent cuts to global health funding by the United States government have had immediate and devastating consequences for patients who need urgent care and for communities and health professionals trying to provide essential services to people affected by the violent conflict and humanitarian crisis across the eastern DRC. The cuts have disrupted maternal health services, halted infectious disease control efforts, and severely undermined care for survivors of sexual violence in areas already affected by conflict and crisis.

Health care workers in North Kivu, South Kivu, and Kasai have been left without the tools and resources they need to save lives. The cuts were not accompanied by meaningful transition plans to ensure continuity of services. The impacts of the funding cuts can already be seen in preventable deaths, untreated infections, and irreversible harm to survivors of sexual violence who are not able to access treatment for sexually transmitted infections and life-saving medicines to prevent HIV infection and pregnancy. These disruptions represent not only a humanitarian failure but a violation of the right to health, a core obligation under international human rights law.

All States share responsibility to ensure that everyone has the opportunity to achieve the highest attainable standard of health by, among other duties, establishing effective policies, allocating adequate resources, and ensuring equitable access to health care services. By abruptly cutting funding, the United States failed to meet its obligations, while the Democratic Republic of the Congo violated its own duties by consistently underfunding its health system. PHR's findings show that restoring and expanding global health funding is an ethical imperative and a life-saving necessity. Continued inaction will deepen the erosion of already deeply fragile health systems and violate the fundamental rights to health and life. Immediate investment in, preservation of, and recommitment to essential services are urgently needed to avert further loss and to begin rebuilding infrastructure and access to the most basic and critical care in the DRC.

## Key Recommendations

### To the United States Government

- The U.S. should immediately restore and prioritize funding for frontline health services in conflict zones by reinstating and preserving global health aid, with a specific focus on restoring essential services for maternal and child health, sexual and reproductive health care, HIV, and TB treatment, and post-rape clinical care services in conflict-affected areas such as North and South Kivu. Direct immediate support to reestablish programs to provide for life-saving health services and supplies to mitigate the further spread of infectious disease, in particular PEP kits, antiretrovirals, antimalarial drugs, and sexual and reproductive health medications to prevent further disruptions.

### **To the Government of the Democratic Republic of the Congo**

- The DRC government must act decisively to safeguard the health system with a focus on urgent gaps in infectious disease, sexual and gender-based violence, and immunization programs to meet its obligation to ensure the right to health.
- Develop a national mitigation plan for donor withdrawal scenarios through collaboration with civil society, donor governments, and regional actors to create a contingency plan that identifies priority services, maps critical supply needs, and seeks interim support and resources to maintain continuity of care and critical supply chains.

### **To Other Donor Governments and Philanthropic Actors**

- Where funding transitions are unavoidable, they must be conducted with care: gradually, transparently, and with full participation of local partners. Donors should honor existing commitments, support handover processes that protect and preserve health services, and provide flexible, gap-bridging resources that allow national systems to adapt without catastrophic disruption. Greater support for South-South technical and financial collaboration, backed by multilateral institutions, will also be essential to ensure sustainable and equitable progress in global health. Support local, regional, and international organizations through flexible, core support to Congolese NGOs and frontline health providers, enabling them to maintain live-saving health services and preserve access to critical medicines and supplies even amid shifts in international funding.
- Mobilize funding for high-impact interventions, such as funding for maternal health, infectious disease control, and post-rape care in areas most affected by conflict in the Democratic Republic of the Congo.
- Facilitate coordination between donors, including multilateral institutions, to track and publicly report on who is funding what services, to identify and address urgent coverage gaps.



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change is possible.



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