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From Hope to Hardship: The Impact of U.S. Aid Cuts on Mothers and Children in Pakistan

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ABSTRACT

The present U.S. foreign aid restrictions have negatively affected maternal and child health programs in Pakistan and exacerbated healthcare disparity throughout the country. Healthcare programs in the country continue to rely on international grants to fund immunization activities together with prenatal services and nutrition-based programs. Without sufficient external funding the death rates for mothers and infants increased together with increasing malnutrition rates as important healthcare institutions lost their accessibility. This editorial points out the negative effects of decreased U.S. assistance and calls for the adoption of concerted policy actions to continue support and safeguard vulnerable groups. Urgent action must be taken to address current healthcare gaps because it will safeguard the recent improvements in maternal and child health which protect numerous people from deteriorating situations.

Keywords: healthcare institutions, foreign aid restrictions, deteriorating situations

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HIGHLIGHTS

- ·USAID supported health initiative Doctors in Pakistan lost many essential medical services because the United States reduced its health funding support.

The birth rate increases Birth rate increase may be a manifestation of lower availability of contraceptives/Family planning services alongside maternal and infant mortality because Pakistan suffers from shortages of properly trained birth attendants in addition to inadequate prenatal care and immediate obstetric services.

- The removal of financial resources caused children to face higher risks of malnutrition because funds ran out for nutrition supplement programs and supplemental food security programs.
- Preventable diseases like measles together with polio significantly increase in numbers because immunization initiatives face interruptions.
- The proper funding of healthcare relies on local contributions together with foreign collaboration as an approach to alleviate setbacks from reduced international financial assistance.
- Local programs that join forces with private and public organizations will serve as quick solutions to keep essential maternal and child healthcare accessible.

INTRODUCTION

International aid has strengthened healthcare systems of developing nations Since the early 2000s through specific support from United States organizations including Pakistan. The received funds enabled both maternal healthcare and child care facilities while supporting routine immunization and nutritional programs and enhancing the skills of healthcare staff members. Since 2022, following the reallocation of U.S. foreign aid U.S. aid reductions create extensive pressure on Pakistan's healthcare system while endangering the health outcomes for millions of mothers and children. The shortage of resources affects hospital and clinical facilities' ability to provide proper care which results in deaths of mothers during childbirth as well as deteriorating child health metrics. The paper studies the extensive effects of decreased foreign aid while presenting possible remedies to manage the worsening healthcare situation.

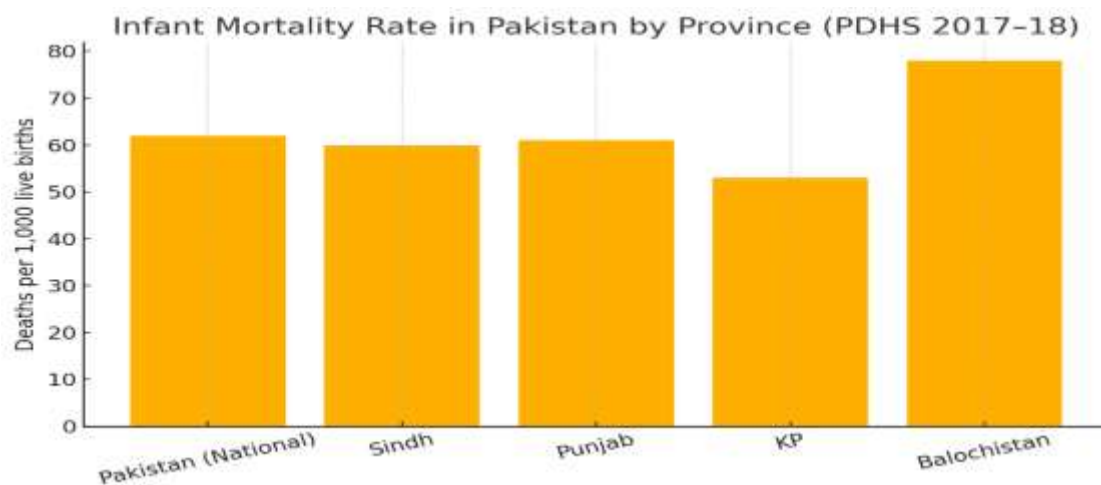
The Role of the U.S. Aid in Maternal and Child Health

The public health endeavors in Pakistan gained their USAID and other donor funding accounts for less than 1-2% of the total financing in the health sector in Pakistan Significant health outcomes resulted from execution of two major healthcare programs by USAID MCHIP together with the Global Polio Eradication Initiative. Through USAID programs midwives received training to create emergency obstetric care units as the programs simultaneously fueled enhanced population-level immunization rates. The available finances have reached a critical level thus family planning and reproductive health services currently deliver crucial medical support to a restricted number of expectant mothers and newborns [2]. The reduction in funding caused public education about safe childbirth methods as well as breastfeeding promotion to decline [3].

Impact of Aid Cuts on Maternal and Infant Mortality

U.S. foreign aid reductions, coupled with climate-related crises, have greatly interrupted maternal and child health services in Pakistan. Based on the Pakistan Maternal Mortality Survey 2019, the maternal mortality ratio (MMR) declined from 276 to 186 deaths per 100,000 live births in a span of ten years. Nevertheless, this reduction has been unequal: rural locations continue to have a higher MMR of 199 as opposed to 158 for urban locations, and provinces such as Sindh (224) and Balochistan (298) are still well above the national level. These locations, which are highly dependent on donor-funded maternal care programs, have been particularly vulnerable to interruptions in services.

Likewise, the Pakistan Demographic and Health Survey (PDHS) 2017–18 documented an infant mortality rate (IMR) of 62 deaths per 1,000 live births, with provincial rates like 60 per 1,000 in Sindh demonstrating ongoing inequities in neonatal and postnatal care access. The decline in assistance has also put additional pressure on Pakistan's already under-resourced health system, restricting access to basic services including skilled birth attendance, emergency obstetric care, and newborn interventions—especially among underserved rural populations. [4,5]





Cuts in foreign aid, combined with climate-related disasters, have fueled increases in maternal and child mortality rates in Pakistan. The UNICEF Pakistan Humanitarian Situation Report (2023) reports that more than 2,000 health facilities were partially or destroyed by the floods, and 349 vaccine cold chain points were lost, severely impacting maternal and child health services. The report also states that such disruptions thwarted access to antenatal care, emergency obstetric care, and life-saving drugs in rural settings, thus leading to increased preventable maternal and neonatal deaths [4].

Malnutrition and Food Insecurity

The reduction of U.S. foreign aid has aggravated Pakistan's already weak attempts to counter malnutrition and food insecurity—particularly in provinces hit hard by the 2022 floods. The IPC Acute Malnutrition Analysis (2023–24) indicates that more than 2.14 million children under five are acutely malnourished in 32 districts of Sindh, Balochistan, and Khyber Pakhtunkhwa, with 598,800 being severely acutely malnourished (SAM) and 1.54 million with moderate acute malnutrition (MAM).

Almost two-thirds of the districts under consideration are in IPC Phase 4 (Critical) for acute malnutrition, such as Tharparkar, Khairpur, Dadu, Quetta, and Umerkot—districts heavily dependent on donor-supported nutrition and food security interventions. This crisis in nutrition is driven by reinforcing drivers: increased food production after the floods, compromised dietary diversity, compromised access to health care, unsafe water and sanitation, high prevalence of diarrheal illness, and low rates of breastfeeding. Loss of foreign nutrition funding, such as suspension of food supplementation and maternal support programs, has further undermined an already strained public health system.

Unless scaled up with immediate interventions, these trends could result in long-term developmental losses, high child mortality, and irreversible loss of Pakistan's human capital potential. [6]

Table 1. Current Health Expenditure per Capita in Pakistan (2016–2022) [1]

Year	Per Capita Expenditure (USD)
2016	36.47
2017	42.07
2018	40.10
2019	36.01
2020	36.91
2022	38.77

Table 2: Summary of Acute Malnutrition Burden

Indicator	Value (Mar 2023 – Jan 2024)
Children under 5 acutely malnourished	2,143,712
Moderate Acute Malnutrition (MAM)	1,544,910
Severe Acute Malnutrition (SAM)	598,802
Most affected provinces	Sindh, Balochistan, KP
Most affected districts	Tharparkar, Quetta, Khairpur, Dadu, Umerkot

Summary of Acute Malnutrition Burden N Programs

The interruption of U.S. health aid, combined with natural disasters and systemic challenges, has significantly undermined Pakistan’s immunization coverage—placing millions of children at increased risk of vaccine-preventable diseases. According to the WHO SEAR EPI Factsheet 2023, Pakistan’s national immunization coverage for DTP3 declined from 83% in 2021 to 77% in 2022, with even lower coverage in conflict-affected and flood-impacted regions. Essential programs such as cold chain maintenance, outreach immunization sessions, and community mobilization—often supported by U.S. funding through Gavi and USAID—have faced cutbacks or suspension, especially in rural Sindh and Balochistan.

The most alarming impact has been the resurgence of wild poliovirus (WPV): after recording 0 cases in 2021, Pakistan reported 23 WPV cases in 2023 and 4 cases in the first quarter of 2024, with the majority emerging from high-risk districts in Khyber Pakhtunkhwa. These areas have experienced reduced campaign intensity, vaccine refusals, and growing operational challenges due to reduced resources and public distrust—all magnified by reduced donor support.

If not addressed, this backslide could undo decades of progress in Pakistan’s Expanded Program on Immunization (EPI), resulting in widespread outbreaks of polio, measles, and other preventable childhood illnesses. [8]

The termination of foreign assistance has caused major problems for Pakistan’s vaccination programs. The country has experienced rising cases of life-threatening diseases, particularly polio and measles, following disruptions in outreach and immunization coverage. Official records show that wild poliovirus (WPV) cases, which had dropped to just 1 case in 2021, surged to 20 in 2022 and further escalated to 74 cases in 2024—a worrying reversal in progress. Khyber Pakhtunkhwa and Sindh provinces suffered the most, indicating critical gaps in sustained vaccination outreach and funding. These trends reflect how diseases previously near elimination have re-emerged as public health threats due to inadequate support and shrinking resources [9].

Table 3:Cases and Trend

Year	Total WPV Cases	Notable Trend
2021	1	Near elimination
2022	20	Re-emergence begins
2023	6	Slight decline
2024	74	Major resurgence
2025	12 (ongoing)	Continuing threat

Policy Recommendations and Strategic Interventions

The crisis of funding in healthcare necessitates the use of several strategic interventions immediately. The government of Pakistan must increase its own funding for maternal and child health care to be able to maintain vital programs. Funding gaps need to be bridged by strengthening partnerships between public health institutions, international donors, NGOs, and the private sector. Studies indicate that community-oriented healthcare approaches, such as the use of Lady Health Workers (LHWs) and

mobile medical units, have considerably enhanced access to maternal and child health care in Pakistan's most disadvantaged rural regions. This is essential for countering the negative impacts of decreasing U.S. aid[10].

CONCLUSION

The United States' decision to withdraw financial assistance has placed substantial strain on Pakistan's already fragile maternal and child health system. This shift threatens to reverse decades of progress in reducing maternal mortality, improving child survival, and expanding immunization coverage—particularly in underserved and disaster-affected regions. Immediate and coordinated interventions are essential to prevent further deterioration. These include increasing domestic health financing, fostering sustainable public-private partnerships, and reinforcing community-based healthcare delivery systems. While foreign aid can never substitute for long-term national commitment, its responsible and targeted use has historically filled critical gaps. Protecting maternal and child health is not only an ethical imperative—it is a strategic investment in Pakistan's socioeconomic stability and human development. Without prompt and sustained action, the health and future of millions remain at risk.

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