

# Abandoned Leadership

## The End of U.S. Foreign Aid for Family Planning, and What Could Come Next

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**For six decades the United States government pioneered, honed, and successfully implemented a relatively inexpensive program that saved women's and children's lives, prevented abortions, raised the status and prospects of women and girls, and decreased poverty in the world's poorest countries. Arguably one of the most beneficial foreign policy programs in history, the family planning and reproductive health assistance program of the U.S. Agency for International Development (USAID) directly or indirectly spurred improvements over its 64-year run in the lives of hundreds of millions of people around the world. Among its accomplishments was advancing reproductive autonomy—the ability of each person to make their own reproductive decisions—and its contribution to slowing population growth in places where rapid growth most threatened good governance and human well-being.**

While it's true that some countries' population programs have been guilty of coercion and violations of human rights, those that USAID assisted were consistently marked by insistence on voluntarism, a focus on client needs, and integration with services aimed at assuring healthy lives, pregnancies, and births, as women and couples made their own decisions about having children.

All of that progress and program success ended with the Trump administration. The administration's thorough destruction of U.S. foreign assistance for family planning was abetted by incoming Republican majorities in both houses of the U.S. Congress. Seemingly, virtually all of these legislators proved willing to acquiesce to the new president's executive co-opting of power constitutionally granted to the federal legislative branch.

Immediately after taking office in 2025, the Trump administration issued a series of executive orders to freeze all foreign aid payments, fire almost all USAID staff and contractors, and cancel foreign

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assistance awards not covered by a waiver to allow “life-saving” humanitarian assistance.<sup>1</sup> These actions were taken in spite of a fiscal year 2025 congressional continuing resolution that included level funding for family planning and reproductive health (FP/RH) activities at \$607.5 million.<sup>2</sup> The result could be that every day an estimated 130,000 women in low- and middle-income countries (LMICs) lose access to contraceptive services; over one year this could mean that 47.6 million women and couples will be denied modern contraceptives, resulting in an estimated 17.1 million unintended pregnancies and about 34,000 preventable pregnancy-related deaths.<sup>3</sup>



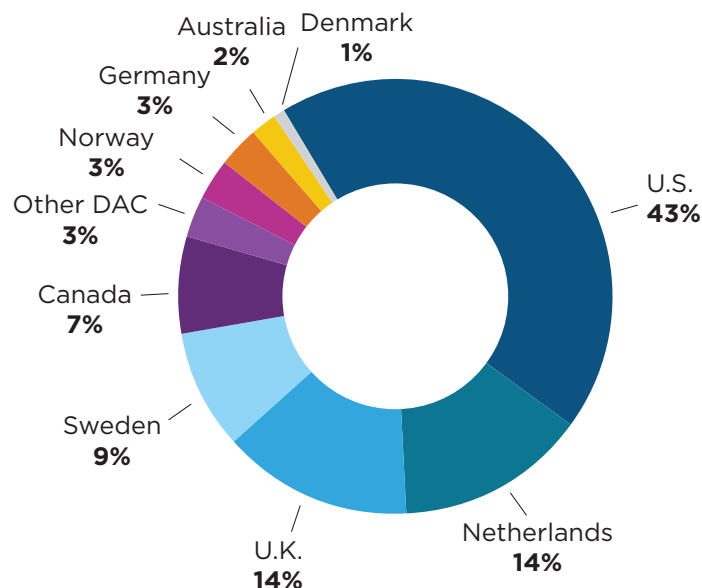
Prior to 2025 the U.S. was the leading international donor funding the services that assure sexual and reproductive health and the exercise of peoples' rights to those services. Collectively known as sexual and reproductive health and rights (SRHR), this concept builds on the foundation of contraceptive services, known commonly as family planning or birth control, that allow people of reproductive age to determine for themselves whether, when, how often and with whom to have children. The USAID program terminated by the Trump administration generally combined family planning technical and financial assistance with broader related services designed to enable prevention of unwanted pregnancies, but also healthy childbearing and prevention of sexually transmitted infection. The expertise that U.S. civil servants, foreign service officers, and contractors applied to the work of family planning and reproductive health—known by the acronym FP/RH within the agency—now appears to be almost completely eliminated.

The destruction of USAID's FP/RH program opens an important question: Can substitutes be found for this lost funding and technical assistance? USAID's in-country partners and most of the large array of contractors assisting the implementation of family planning programs are still at work but their budgets have been slashed. What they need is adequate funding. From a financial perspective, recovering the \$607.5 million of lost U.S. international family planning assistance would take an increase of only one cent beyond every \$10 of current U.S. charitable giving.<sup>4</sup> This solution could provide a short-term boost to meet the immediate needs of women and girls and ensure that reproductive autonomy remains a priority.

## U.S. History as Leading Family Planning Donor Was Unmatched

To consider this question, it's critical to understand how much has been lost. This assistance is tracked differently by different donor countries and falls into the following overlapping categories: family planning (FP), sexual and reproductive health and rights (SRHR), and reproductive, maternal, newborn and child health (RMNCH). As noted, USAID listed its support for contraceptive information and services, i.e. family planning, as family planning/reproductive health (FP/RH).

**Figure 1. Until Recently, U.S. Led All Countries in Funding for Family Planning**



**Source:** Adam Wexler, Jennifer Kates, and Eric Lief, "Donor Government Funding for Family Planning in 2024," KFF, Nov. 3, 2025.

For the last few decades, the U.S. government has provided the largest amount of funds for international FP/RH and SRHR services among donor nations. KFF estimates that donor funding for family planning from all governments was \$1.36 billion in 2024.<sup>5</sup> Of this total, the U.S. accounted for 43 percent (\$579.6 million) (see Figure 1). When you consider the broader SRHR category that includes the President's Emergency Plan for AIDS Relief (PEPFAR) funding, the U.S. accounted for 54 percent of funding for SRHR services in 2023.<sup>6</sup> According to KFF, the Netherlands was the second largest family planning donor at (\$194.7 million or 14 percent), followed by the U.K. (\$190.0 million or 14 percent), Sweden (\$116.1 million or 9 percent) and Canada (\$101.7 million or 7 percent).<sup>7</sup> Even if these donor nations manage to maintain future support at past levels—an increasingly unlikely prospect—there's no doubt that in the absence of any U.S. participation, the scope and quality of these services for those who need them will be greatly diminished; they will be much less available (and for many, not available at all) and with fewer choices offered for counseling and contraceptive methods.

The historic role of the U.S. government in funding family planning and reproductive health services in less-wealthy countries (often called the Global South), while little known to most Americans, marks one of the most worthwhile accomplishments of U.S. foreign policy since the end of World War II. Under U.S. leadership, billions of dollars have effectively and efficiently enabled health-care systems of these countries to reach their citizens with client-based, voluntary family planning and reproductive health services. The funding has also supported the efforts of non-governmental organizations (NGOs) to supply family planning and reproductive health services that fill the inevitable gaps in governmental reach. U.S. funding has been based on requests from these governments and NGOs. It has enabled billions of women and couples over the past few decades to decide for themselves if and when to have children, and to do so safely, in good health, and at reasonable personal cost. Millions of lives of women and children have been saved, millions of unintended pregnancies averted, and the need for millions of abortions prevented. Women's status has risen, in large part because of greater personal control of their fertility, and this greater autonomy for girls and women fosters their ability to participate in education, the workforce, and political decision-making—all of which are important foundations for health, well-being, and sustainable development.<sup>8</sup>

USAID personnel have long interacted with European colleagues in comparable foreign assistance agencies to coordinate and improve FP/RH funding provision and technical assistance. That interaction, of course, is gone. Fortunately, some European governments have maintained or even modestly increased their support for FP and SRHR. Over the past few years, however, European donors have decreased their commitments. The war in Ukraine and rising immigration concerns have contributed to a rightward shift in European politics. At the same time, defense spending has increased in several countries, which has coincided with reductions in overseas development assistance, including funding for SRHR.

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The KFF analysis found that overall donor funding for family planning declined from \$1.47 billion in 2023 to \$1.37 billion in 2024.<sup>9</sup> Further, in addition to the U.S., several other major donors to family planning, including the United Kingdom and Canada, have signaled major reductions in their 2025 development assistance budgets that may include declines in donor assistance for family planning.<sup>10</sup>

## Elimination of U.S. Support for International Family Planning Was Systematic and Comprehensive

Starting on their first day in office in 2025, the Trump administration issued a series of executive orders that mandated a freeze on all foreign aid payments; dissolution of USAID; firing almost all USAID staff and contractors without required due process; cancellation of foreign assistance awards not covered by a waiver to allow “life-saving” humanitarian assistance; and plans to shift any remaining portion of USAID’s work to the State Department.<sup>11</sup>

Recently the Trump administration floated the idea of reprogramming USAID funds for unspecified programs that put “America first.” All of these actions violate Congress’s constitutional responsibility to allocate federal spending and likely represent illegal impoundment of appropriated funds. But so far, the U.S. Supreme Court, dominated by conservative justices, has gone along with the president’s co-option of Congress’s role. The final determination of the constitutional legality of this expanded presidential power awaits full review by the court, but it’s reasonable to assume that the majority of justices will not reverse their support.

With the dismantling of USAID, remaining global health activities were integrated into the State Department’s Bureau of Global Health Security and Diplomacy, which oversees PEPFAR. Since USAID was the main government implementing agency for PEPFAR, obligating 60 percent of its bilateral assistance in FY 2023, the dissolution of USAID and most of its staff will seriously compromise PEPFAR’s implementation capacity.<sup>12</sup>

Although a FY 2025 continuing resolution included level funding for FP/RH activities at USAID of \$607.5 million of which \$32.5 million was for the United Nations Population Fund (UNFPA), virtually all support for family planning including the \$32.5 million slated for UNFPA has been eliminated.<sup>13</sup> And on party line votes, the U.S. Congress passed the Rescissions Act of 2025, which mandates the clawing back of about \$9.4 billion in previously approved funds.

Within this, there is a targeted rescission of \$500 million from the USAID budget specifically aimed at family planning and reproductive health programs that reverses Congress's previous approval of the funds appropriated for FP/RH.<sup>14</sup> The fate of U.S. funds provided to UNFPA from other U.S. government accounts is uncertain but likely at risk.

Dismantling USAID has resulted in firing the overwhelming majority of its 10,000 employees and terminating some 5,200 contracts. According to KFF, the administration has canceled 86 percent of all USAID awards, and of the 770 global health awards KFF was able to identify, 233 included FP/RH activities, 85 percent of which were terminated.<sup>15</sup>

The Trump administration also reinstated the Kemp-Kasten Amendment, which states that no funds can go to any organization or program that supports “coercive abortion or involuntary sterilization,” as determined by the U.S. president. This amendment has been invoked by previous Republican administrations and undoubtedly will be used to prohibit funding for UNFPA despite UNFPA's explicit and longstanding commitment to rights-based approaches and its clear rejection of any non-rights-based practices. The Trump administration also reinstated the expanded Mexico City Policy, which prohibits support of organizations providing abortion-related services.<sup>16</sup>

The termination of USAID has resulted in the loss of support for thousands of employees of NGOs and developing country agencies and the disruption of family planning and SRHR programs. USAID served as the lead U.S. implementing agency for FP/RH activities, working in 41 countries, with a focused effort in 29 high-need countries. Two-thirds of the 29 countries are in sub-Saharan Africa. The U.S. Centers for Disease Control and Prevention (CDC) has also supported some global FP/RH activities primarily through research, surveillance, and technical assistance. Recent announcements of staff reductions at CDC could further impair global FP/RH efforts.<sup>17</sup> According to a 2025 KFF report, a recent rapid assessment survey of 108 World Health Organization (WHO) country offices found more than four in 10 reported moderate or severe disruptions to family planning and contraception services, with 38 percent reporting such disruptions for commodities

specifically, due to the U.S. foreign aid freeze and other shortages.<sup>18</sup>

Several studies have tried to quantify the potential health impacts of these funding and institutional cuts. While they differ in scope and methodology, they consistently point to substantial and far-reaching costs for women's health and reproductive autonomy.

A recent study looking at a 15-year horizon found that cessation of U.S. FP/RH funding for contraceptives alone could result in an additional 40-55 million unintended pregnancies and an additional 12 to 16 million unsafe abortions between 2025 and 2030.<sup>19</sup>

The new administration's hostility to family planning was demonstrated with performative drama by the announcement that it was considering the destruction of nearly \$10 million worth of U.S.-funded contraceptives—even though several NGOs and international organizations, including the Gates Foundation and the Children's Investment Fund Foundation, offered to buy or accept a donation of the contraceptives. The contraceptives—primarily birth control pills, IUDs, and implants—were falsely deemed “not lifesaving” or “abortifacients.”<sup>20</sup> As of mid-November 2025, the USAID-funded contraceptives in Belgium are still in storage and have not been destroyed. Delay and improper storage, however, may be having the same effect: The Belgian government has deemed many or most of the supplies unusable, even for donation, though there remains some confusion about what proportion of the USAID contraceptives that may represent.

The level of U.S. support for broader SRHR programs also remains uncertain. In 2023 this support totaled \$5.8 billion.<sup>21</sup> Although the FY 2025 continuing resolution included level funding for PEPFAR and related global health efforts, the Rescissions Act eliminated \$400 million of PEPFAR funding, and the flow of funds has been partially suspended, with only about half of congressional appropriation released and the rest held under ambiguous budget controls. Core life-saving activities like HIV treatment and care have a waiver to continue, but most prevention, SRHR (including family planning), and vulnerable group programs (including pre-exposure prophylaxis to prevent HIV infection for non-pregnant adults and orphan support) remain unfunded or canceled.<sup>22</sup>

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## With the Loss of Funds from the U.S. Government, UNFPA Faces a Major Decline in Funding

The U.S. has supported UNFPA since its founding in 1969. UNFPA's vision is of a world where every pregnancy is wanted, every childbirth is safe, and every individual's potential is fulfilled. The organization works to promote reproductive health services, gender equality, and the rights of women and young people. It also helps countries address population-related issues and build capacity to respond to needs in population and family planning.

The Trump administration's reinstatement of the expanded anti-abortion Mexico City Policy, which blocks funding to foreign organizations that provide or promote abortion as a method of family planning, even with their own non-U.S. money, and the Kemp-Kasten Amendment, which allows cutting off funding to any foreign organization the president decides is involved with "coercive abortion or involuntary sterilization," provides its justification for prohibiting funding for UNFPA.<sup>23</sup> The probable withholding of all U.S. government support, beyond the \$32.5 million from USAID, would result in a total loss to UNFPA of \$286.4 million, based on the funds that the U.S. provided in 2024.<sup>24</sup> This suggests that overall funding for UNFPA could decline from \$1.658 billion to about \$1.371 billion in 2025, or 17 percent.

In addition to the loss of funds, the closure of USAID has disrupted several joint USAID/UNFPA programs relating to contraceptive supplies and other activities. UNFPA reports that the loss of U.S. support has required cancellation of more than 40 projects, totaling approximately \$377 million.<sup>25</sup>

## The Future of U.S. Support for Family Planning Remains Uncertain

In addition to withholding appropriated funds, the Trump administration proposed rescissions of more than \$1 billion of FY 2025 funds to claw back funding for global health. Congress voted to amend the package, reducing that amount to \$500 million, and while it exempted some program areas from the rescission, almost all of the funding rescinded

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will come from family planning.<sup>26</sup> According to a PAI analysis, "Combined with the rescissions package decimating the Economic Support Fund, which has furnished \$51 million annually in recent years to support FP/RH activities in a small number of strategically important countries, it would not be unreasonable to assume that only about \$24 million of FY 2025 funding may remain to be potentially obligated to FP/RH programs during the current fiscal year."<sup>27</sup>

The administration's FY 2026 budget request featured significant reductions in funding for global health and no funding for bilateral family planning or UNFPA. However, the House Appropriations Committee proposed funding for international FP/RH with a 24 percent reduction, slashing \$146.5 million from the current level of \$607.5 million. The proposed cuts include a \$114 million reduction to bilateral programs and a complete elimination of the U.S. contribution to UNFPA. However, it is likely that the Trump administration will withhold any funds Congress designates for international family planning in a final FY 2026 funding bill.

On September 18, 2025, the U.S. State Department released its *America First Global Health Strategy*.<sup>28</sup> It does cite the accomplishments of PEPFAR but fails to consider the need to address unintended pregnancies with family planning or high maternal mortality. A follow-on to the new strategy is an aid agreement template that would require countries to share vast amounts of health data, including on abortion, to receive funds to combat HIV and other infectious diseases and ensure that U.S. funds are prevented from being used to provide abortion care.<sup>29</sup>

## USAID's Successful Legacy of Family Planning Leadership Deserves Support

USAID FP/RH programs were effective. Since 1965 USAID has provided technical assistance, funds, and contraceptive commodities that helped multiple countries initiate successful family planning programs. Improved family planning services reduced unintended pregnancies and fostered the basic right to choose the number and timing of childbearing in a supportive environment. Informed voluntary family planning improved the status and health of women and children, and decreased the need for abortion, thus enhancing the economic prospects of individuals and nations, and helping to reduce population pressure on natural resources.

In 1965, there were fewer than 20 million modern contraceptive method users across the 84 current and past USAID partner countries in Africa, the Middle East, South and East Asia, and Latin America and the Caribbean. Today, women, children, and families in these countries have greatly improved health and economic well-being thanks to access to voluntary family planning serving approximately 435 million modern method users, representing over half of all users worldwide.<sup>30</sup> And the average lifetime number of children born per woman (total fertility rate, or TFR) in the Global South has declined remarkably, from 6.1 in 1965 to 2.8 in 2020.<sup>31</sup>

Many countries initially supported by USAID have transitioned from needing donor support to self-sufficiency in family planning. And in the wake of the recent reductions in donor assistance for family planning, three African governments announced that they would be increasing their own domestic budgets for family planning—in the case of the Democratic Republic of the Congo, funding the service directly for the first time. Such efforts can scarcely make up for the loss in donor funding—the total new funding from the three African governments amounted to only a few million dollars—but it demonstrates how those governments are prioritizing family planning and how deserving of international assistance they are.

In the 41 countries USAID prioritized not long before its demise, better access to voluntary rights-based contraceptive information and services has markedly improved and the health and wellbeing of women, children and families. In these 41 countries, the prevalence of use of effective modern contraceptives increased from less than 10 percent in 1965 to 34 percent in 2023 and the average number of births per woman in these countries fell from more than 6 to 3.9. KFF estimated that if the USAID FP/RH program had not been eliminated, it would have reached up to 24 million women and couples with contraceptive services and supplies, helping to prevent 14,000 maternal deaths and 8.1 million unintended pregnancies a year.<sup>32</sup>

### Potential Impact of U.S. “Fair Share” of International Donor Support Persists

Each year, about 260,000 women die from complications during pregnancy and childbirth, almost all in LMICs; almost one-third of these deaths could be prevented with greater access to contraception.<sup>33</sup> These facts alone justify U.S. government help in addressing the unmet need for family planning and reproductive health services in LMICs.

**A study by the Guttmacher Institute estimated that as of 2024, \$14 billion annually is needed to fully support contraceptive services in LMICs.<sup>34</sup> Guttmacher found that:**

- It cost \$9.25 billion to provide contraceptive care in LMICs, including \$4.61 billion in direct costs (commodities, drug supplies and personnel costs).
- To meet all unmet demand for contraceptive care in LMICs, \$4.80 billion in additional investment is needed.
- It would cost \$2.09 per capita annually to meet all contraceptive need across 128 LMICs by providing services to current users and those with an unmet demand.
- Every additional \$1 spent on contraceptive services saves \$2.48 in maternal, newborn and abortion care costs.

The 1994 International Conference on Population and Development (ICPD) Programme of Action called for donors to provide one-third of the funds required for family planning. Although the ICPD stated that two-thirds of the annual costs should be borne by developing countries themselves, it noted that the poorest countries would need a higher proportion of funds to come from donors.<sup>35</sup>

One-third of the \$14 billion annual funding needed for family planning would set the donor share at \$4.7 billion annually. This figure can be compared to the KFF figure of \$1.37 billion of donor funding for family planning in 2024, illustrating a shortfall of \$3.33 billion. If donors were to increase their funding by \$3.33 billion it would close nearly 70 percent of the 2024 total \$4.8 billion funding shortfall for contraceptive services.

Guttmacher research, based on a previous estimate of a funding gap of \$12.6 billion, found that a U.S. investment of \$1.74 billion for international bilateral and multilateral family planning and reproductive health programs, including \$116 million for UNFPA, is the annual sum needed for the U.S. to contribute its “fair share” of the ICPD’s one-third funding goal for donors to fully address family planning needs in LMICs. Fair share is based on the relative size of each donor nation’s economy. A U.S. fair share contribution to family planning at this level would

serve an additional 31.4 million women and couples, the estimated number of unintended pregnancies prevented would increase from 17.1 million to 27.1 million, and the number of maternal deaths averted would increase from 34,000 to 42,000.<sup>36</sup> Using the updated estimate of the family planning funding gap for LMICs set at \$14 billion, the U.S. fair share would increase to \$1.93 billion annually.

### **U.S. Philanthropy Could Make Up the Lost Funding for Family Planning**

Under President Trump, the current congressional majorities, and a 6-to-3 conservative majority on the Supreme Court, there is effectively no possibility the U.S. government will restore funding for international family planning and reproductive health in the near term. Filling the gap even partially with increased funding from non-U.S. governments seems equally unlikely. Consequently, given the importance of international funding for these services in many countries, new sources are needed. The most promising source is the international philanthropic community, which each year allocates hundreds of billions of dollars to charitable causes. An increase in U.S. charitable giving could easily restore the \$600 million cut from international family planning assistance. In 2024 individuals, bequests, foundations, and corporations gave an estimated \$592.5 billion to U.S. charities.<sup>37</sup> The affinity group Funders for Reproductive Equity could increase funding.<sup>38</sup> This group comprises major U.S. foundations including Ford Foundation, Susan Thompson Buffett Foundation, William and Flora Hewlett Foundation, and David and Lucile Packard Foundation. It would take an increase of only one cent beyond every \$10 of current U.S. charitable giving to provide the missing \$600 million for family planning. To reach the \$1.93 billion U.S. fair share goal for FP/RH would require only a little more than three cents more than every \$10 of current U.S. charitable giving.

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### **Family Planning and Reproductive Health Have Sustained Major Losses, But There Is a Way Forward**

Allowing U.S. government financial support to FP/RH to end places an irreparable stain not only on the current U.S. administration, Congress, and Supreme Court, but on the entire post-World War II legacy of the United States and its citizens. More importantly, it threatens the progress that has been made in family planning and reproductive health since USAID was founded in the 1960s. And all of this comes at a critical time: World population is headed for 10 billion people and the number of women of reproductive age is projected to rise from 2 billion to 2.2 billion in this century amidst an already troubled and ecologically wounded world.<sup>39</sup> And the desires of most women and couples around the world to have smaller families or no children is patently manifest.

Countries that combined government-supported and private family planning and reproductive health information, advocacy, and service programs have had the best record of supporting the family planning needs of women and men. Paradoxically, the destruction of U.S. assistance for family planning and reproductive health offers us an opportunity: to build a movement that renews support for self-determined, safe, and healthy reproduction for all people everywhere in the world, universally accessible at a reasonable cost at all income levels. The best we can hope to do, at least for the next few years, is to identify and inspire private foundations and citizens to step up and commit to rebuild what governmental leaders have destroyed.

A former leader of USAID's FP/RH program has suggested "...this imperative should go beyond merely funding to the programmatic values that USAID and the U.S. government espoused and advocated for: informed choice, voluntarism, access to a wide range of methods, true partnership with government and NGOs, support for quality of care and capacity building, and strengthening health systems to deliver high quality, integrated services. Philanthropy cannot only make up the funding but can also support these important principles that were championed by USAID through our investments and our voices at the global table, that we sadly are no longer able to advocate for."<sup>40</sup>

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