

The Trump Administration's Foreign Aid Review: Status of U.S. Global Maternal and Child Health Efforts

July 2025

Starting on the first day of his second term, President Trump issued several [executive actions](#) that have fundamentally changed foreign assistance. These included: an executive order which called for a 90-day review of foreign aid; a subsequent “stop-work order” that froze all payments and services for work already underway; the dissolution of USAID, including the reduction of most staff and contractors; and the cancellation of most foreign assistance awards. Although a waiver to allow life-saving humanitarian assistance was issued, it has been limited to certain services only and difficult for program implementers to obtain. In addition, while there have been several legal challenges to these actions, there has been limited legal remedy to date. As a result, U.S. global health programs have been disrupted and, in some cases, ended. Recent changes to the Department of Health and Human Services, including proposed cuts and reorganization, are also likely to affect these programs. This fact sheet is part of a series on the status of U.S. global health programs.

Background on U.S. Global Maternal and Child Health (MCH) Efforts

- The U.S. government [has been involved in supporting](#) global maternal and child health (MCH) efforts for more than 50 years, helping to contribute to worldwide success in reducing maternal and child mortality.
- Still, in 2023, [4.8 million children](#) under the age of 5 (more than 13,000 every day) died, with the highest rates of under-5 mortality in sub-Saharan Africa. About [260,000 women](#) (or nearly one every two minutes) died during and following pregnancy and childbirth in 2023 – 92% of them in low- and middle-income countries. The majority of these deaths are preventable with proper interventions and access to care.
- Recent decades have seen major gains in preventing maternal and child mortality. Both the number and the rate of children dying before age 5 have fallen by [more than half](#) since 1990, and over 90 countries have cut under-five mortality rates by at least two-thirds. From 2000 to 2023, the annual number of maternal deaths worldwide fell by [40%](#). The U.S. government has contributed significantly to these gains, reporting that it [helped to save the lives](#) of more than 9.3 million children and 340,000 women over the past decade alone.
- The [FY 2025 Continuing Resolution](#) that passed in March included level funding for bilateral MCH activities at USAID and CDC of \$845 million (and level funding for multilateral contributions to Gavi and UNICEF). The U.S. has been the [top donor government](#) to MCH activities in the world. The administration's [FY 2026 budget request](#) does not include any funding for bilateral maternal and child efforts (final appropriation levels are determined by Congress).
- USAID has served as the lead U.S. implementing agency for MCH activities, reaching more than 40 countries, including 25 “high priority” countries, primarily in Africa and southern Asia. The CDC also supports global MCH activities, primarily through immunization and technical assistance to build in-country capacity.

Current Status of U.S. MCH Programs

The following administration actions have had a significant impact on MCH program operations:

- **Funding freeze/stop-work order:** The stop-work order initially froze all MCH programming and services, [halting USAID's MCH programming](#), including [pre- and post-natal health services and lifesaving maternal health care](#). Because the order halted payments, many implementers had to let go of thousands of staff and end some services.
- **Limited waiver:** Maternal and child health activities were included in a [limited waiver](#) issued by the State Department on February 4 allowing “life-saving services” to continue, defined as essential services related to the prevention, diagnosis and treatment of severe illnesses and conditions which--

if not addressed--lead to mortality in women, newborns, and children under five. Listed in the waiver were antenatal care and post-partum services, essential newborn care, essential immunizations and treatment of acute child illness. [Even with the waiver, services remain disrupted](#) and implementers have faced challenges in getting permission to resume programming and difficulties in getting paid.

- **Dissolution of USAID:** As the [main government implementer](#) of MCH efforts, the dissolution of USAID and loss of most staff have significantly affected MCH implementation capacity and operations. In addition, recent announcements of [reductions](#) at CDC could further affect global MCH efforts.
- **Canceled awards:** It was recently [reported](#) that the administration has canceled 86% of all USAID awards. KFF [analysis](#) finds that of the 770 global health awards identified, 266 included MCH activities, 86% of which were terminated.
- **Legal actions:** In response to two lawsuits filed against the administration's actions, a federal judge issued a [preliminary injunction](#) ordering the government to pay for work completed by February 13, 2025, although not all payments have been made and the court has not stopped the government from canceling awards.
- **Reorganization:** The administration [notified](#) Congress on March 28, 2025 of its intent to permanently dissolve USAID and that any remaining USAID operations would be absorbed by the State Department with remaining global health activities to be integrated into its Bureau of Global Health Security and Diplomacy (GHSD) which oversees PEPFAR. On May 29, 2025, the State Department further [notified](#) Congress of its proposed reorganization plan.

Impact on MCH Services and Outcomes

- An internal [USAID memo](#) reported that the cessation of USAID programming for MCH would affect services for 16.8 million pregnant women annually, eliminate postnatal care for 11.3 million newborns within the first two days of life, and prevent 14.8 million children under 5 from receiving treatment for pneumonia and diarrhea.
- A recent rapid assessment [survey](#) of 108 WHO country offices found that almost half reported moderate or severe disruptions to MCH services, including for medicines and health products, due to the U.S. foreign aid freeze and other shortages. WHO has also [said](#) that funding cuts have "led to facility closures and loss of health workers, while also disrupting supply chains for lifesaving supplies and medicines such as treatments for haemorrhage, pre-eclampsia and malaria – all leading causes of maternal deaths."
- A recent [modeling study](#) found that cessation of U.S. MCH funding would reverse the long trend of decline in maternal and child deaths and stillbirths, with the maternal mortality ratio, under 5 mortality rate, and stillbirth rate increasing by 29%, 23%, and 13% respectively by 2040. This would result in an additional 7.9 million child deaths, 510,000 maternal deaths and 1.8 million additional stillbirths.

What to Watch

- **Foreign aid review results:** The administration could soon release results of its 90-day foreign aid review (which has already been extended by 30 days), including for MCH. It is unknown whether it will recommend any further changes to MCH efforts, including further reductions, and how or if Congress will respond to its recommendations.
- **Reorganization.** The proposed permanent dissolution of USAID and integration of any remaining USAID global health activities, including for MCH, into GHSD, raises several questions, including whether additional capacities will be provided to allow for the management and implementation of MCH and these other health programs at the State Department.
- **Funding/Budget Request:** The administration's [FY 2026 budget request](#) includes significant reductions in funding for global health, and does not include funding for bilateral maternal and child health efforts. Final appropriation amounts for FY 2026 will be determined by Congress. The administration also submitted its first [rescission package](#) to Congress, including proposed rescissions of more than \$1 billion in FY 2025 funding for global health. Congress voted to amend the package, reducing that amount to \$500 million and exempting some program areas, including maternal and child health, from the rescission.

