



## **Background**

Several studies have already demonstrated the **profound impact of Humanitarian and Development Assistance on health**:

- 1. Vaccinations, mostly in LMICs and greatly supported by foreign aid, have **saved 154 million lives** since 1974
- 2. President's Emergency Plan for AIDS Relief (PEPFAR) have saved more than **25 million lives** over the last two decades
- 3. President's malaria initiative (PMI) has saved **12 million lives** and prevented 1.1 billion malaria cases since 2000
- 4. Back-of-the-envelope estimates suggest that USAID could have prevented **3.3 million deaths annually**



## THE LANCET

Evaluating the impact of two decades of USAID interventions and projecting the effects of defunding on mortality up to 2030: a retrospective impact evaluation and forecasting analysis

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- 133 countries over **30 years**
- Representing **6.6 billion people**
- c) Integration:
- **Retrospective impact evaluation** over the last two decades providing data and parameters for the
- Forecasting up to 2030
- d) Robust statistical modelling with multiple sensitivity, triangulation, and validation analyses
- e) Collaboration of 15 multidisciplinary researchers from 10 scientific institutions in 4 different countries.

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#### **Retrospective Analyses**

#### High levels of USAID funding were reducing:

- 15% overall mortality
- 32% for under-five mortality

	Overall (ASMR)	Childhood school age			
		Infancy (0–1 year)	Preschool (2–4 years)	Child (<5 years)	School age (5–9 years)
USAID per capita					
Baseline (mean \$ 0.45, 0-1.96)	1 (ref)	1 (ref)	1 (ref)	1 (ref)	1 (ref)
Low (mean \$2.88, 1.97–3.96)	0·94 (0·89–0·99; p=0·029)	0·90 (0·83–0·98; p=0·0058)	0·79 (0·69–0·90; p=0·00028)	0·86 (0·78-0·96; p=0·0019)	0·91 (0·83–0·98; p=0·012)
Intermediate (mean \$5·36, 3·97–7·09)	0·91 (0·85–0·97; p=0·0063)	0·84 (0·73–0·97; p=0·021)	0·72 (0·60–0·87; p=0·00063)	0·80 (0·68–0·93; p=0·0043)	0.88 (0.79–0.99; p=0.034)
High (mean \$20·45, 7·10 or more)	0.85 (0.78-0.93; p=0.0014)	0·74 (0·626–0·88; p=0·0028)	0·56 (0·449–0·69; p<0·0001)	0·68 (0·566–0·81; p<0·0001)	0·80 (0·692–0·93; p=0·014)
Time trend control	Yes	Yes	Yes	Yes	Yes
Total number of deaths prevented by USAID (2001–21)*	91 839 663 (85 690 135-98 291 626)	13 286 197 (11 536 769–15 287 795)	8 665 606 (7 203 360-10 415 507)	30391980 (26023132-35482636)	1047777 (936488-1173273)
Percentage of deaths averted relative to total deaths (2001–21)*	7.0%	11.5%	27.4%	17.6%	9.0%
Number of observations	2793	2793	2793	2793	2793
Number of countries	133	133	133	133	133

Data are rate ratio coefficients (95% CI). In the row headers, data are mean (lowest value to highest value). Time shocks are controls for specific years of economic or health crisis (2007–08, 2015, 2020, and 2021). ASMR=age-standardised mortality rate. USAID=US Agency for International Development. \*To estimate the number of deaths averted by USAID between 2001 and 2021, we simulated a counterfactual scenario in which USAID funding was set to zero, while keeping all other variables constant. We predicted coefficient  $E(Y_n \mid X)$ , where X represents the set of covariates including the interventions, and  $Y_n$  are the mortality rate at country i, in year t. Thus, 100 000 Monte Carlo simulations were used to get a more accurate CI (appendix pp 31–32).

Table 2: Adjusted rate ratios from multivariable fixed-effects Poisson models for the association between age-standardized mortality and annual USAID funding per capita

#### **ISGlobal**

#### **Retrospective Analyses**

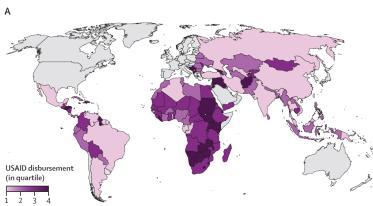
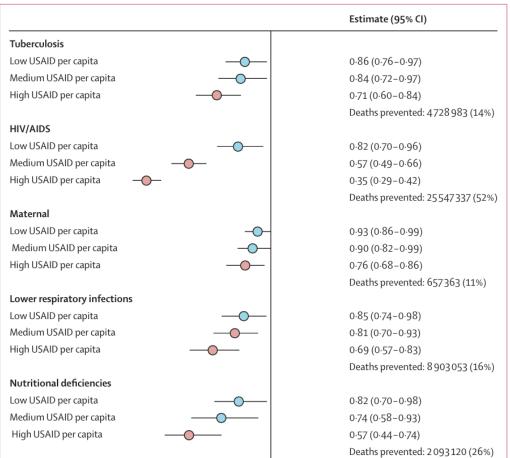


Figure 2: Average per capita USAID disbursement from 2001 to 2021, by quartile, across 133 low-income, lower-income and middle-income, and upper-middle-income countries and territories (A), and deaths (all ages) prevented by USAID implementation as a percentage of the total over the study period 2001–21 USAID disbursement (in quartiles; A) and deaths prevented by USAID, 2001–21 as a percentage (B). USAID=US Agency for International Development.



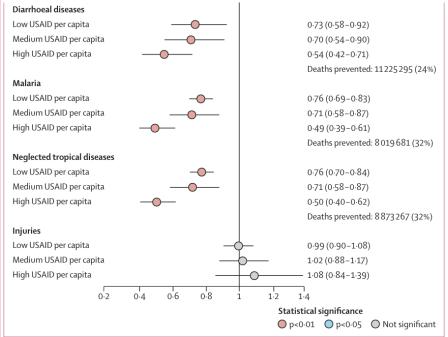


Figure 1: Rate ratios from the fixed-effect Poisson models for the association between specific causes of death related to USAID focus areas and USAID funding per capita per year



## **Forecasting**

- Integration of retrospective impact evaluations with **validated country-level microsimulation models** to project the health effects of current USAID defunding and its progressive phase-out until 2030.
- Simulated two USAID scenarios:
- 1) business-as-usual scenario, keeping USAID funding at the levels of 2023
- 2) the prospected 83% funding cuts for 2025, and the potential termination of USAID funding from 2026 to 2030

The complete defunding of USAID would cause:

**2.5 million deaths annually** Up to 2030:

14 million overall deaths4.5 million child deaths

	Number of deaths at all ages	Number of deaths in children younger than 5 years		
2025	1776 539 (967 604-2 496 308)	689 900 (436 368 - 911 004)		
2026	2499525 (1521410-3490070)	828 970 (575 089-1 078 316)		
2027	2 477 031 (1 507 936-3 458 985)	798 188 (553 276-1039 475)		
2028	2 454 816 (1 494 286-3 428 201)	768 294 (531 228–1 003 073)		
2029	2 432 809 (1 480 850-3 396 272)	739719 (513 316-962 867)		
2030	2411030 (1467499-3366678)	712 098 (494 694-926 596)		
2025-30	14051750 (8475990-19662191)	4537157 (3124796-5910791)		
Data are number of deaths (95% uncertainty intervals) TISAID=US Agency for International Development				

Table 3: Mortality rate ratios and numbers of avoidable deaths from the comparison of the forecast

scenario of USAID defunding versus baseline from 2025 to 2030



#### Limitations

- 1) **Causal interpretation** of the statistical associations: despite sensitivity and triangulation analyses, and application of Bradford Hill criteria, support a high degree of confidence in a causal interpretation, the study design has limits.
- 2) **Aggregate-level analysis**, which is subject to ecological fallacy. However, design allows for the inclusion of potential spillover effects.
- 3) Not possible to disentangle the specific interventions or causal mechanisms through which USAID per capita funding produces its effects.

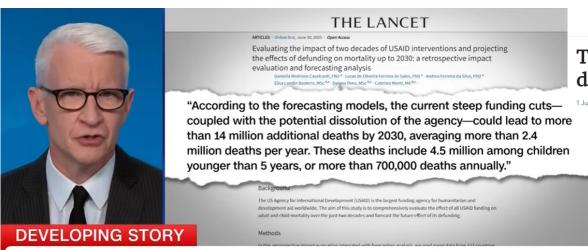
#### **Conclusions**

This study shows the crucial role that USAID funding has had in reducing mortality rates across LMICs over the past two decades, and the profound effect that the recent funding cuts could have on adult and child mortality.

### **ISGIobal**

#### **Dissemination**

>1,200 articles and media outlets worldwide cited the study



STUDY: USAID FUNDING CUTS COULD LEAD TO MORE THAN 14 MILLION DEATHS BY 2030

## The Washington Post

USAID cuts may cause 14 million more deaths in next five years, study says

Le Monde

Les coupes américaines dans l'aide internationale pourraient causer plus de 14 millions de morts d'ici à 2030

la Repubblica

The Lancet: i tagli di Trump agli aiuti come una guerra o una pandemia, rischio 14 milioni di morti

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**NBC NEWS** 

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Funding is plummeting as no A study published in the Lancet predicted that Donald Trump's aid cuts

**EL PAIS** 

La disolución de USAID podría provocar 14 millones de muertes adicionales de aquí a 2030



# Thanks!

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