

Kenya's Health System in Crisis:

The Fallout of the U.S. Foreign Aid Freeze

Background

Announced on January 20, 2025 as a 90-day pause for “assessment of programmatic efficiencies and consistency with the United States foreign policy”, the Trump Administration’s aid freeze morphed into a permanent shutdown of USAID on March 10. This move has discontinued 83% of programs supported by the US government, rolling back decades of hard work by development professionals worldwide.

Kenya has been heavily affected by USAID’s closure which cut an estimated \$225 million in health-related assistance. This has led to over 40,000 people being put on unpaid leave, many of them working on HIV/AIDS prevention programs, and the halt of free drug treatment programs. Forecasts by the Ministry of Health in Kenya estimate that if drugs are not available for free, HIV infection rates could increase by as much as 60,000 per year and more than 23,000 deaths from tuberculosis could be expected.

Interviews conducted in February and March 2025 with frontline health workers, NGO leaders, and community advocates reveal the profound and multifaceted impact of this policy on Kenya's most vulnerable populations and the broader health system. Emergent themes include the **collapse of critical health services**, the **impact of cuts on communities**, and the **crippling of the health workforce** in Kenya.

Collapse of critical health services

- Many health facilities have closed or are severely understaffed.
- Disrupted HIV screening, treatment and prevention has left patients without pre-exposure prophylaxis (PrEP) or lifesaving antiretrovirals, risking resistance and serious health setbacks.

“On the first Monday of February, 17 pregnant and lactating mothers went without ARVs because the staff funded by USAID couldn’t report to work. The office was locked, and no one could dispense drugs, even though they were physically there.”

- SRH programs scaled back or discontinued, especially for youth. NGOs report shortages of contraceptives and safe abortion commodities.
- Antenatal, safe delivery and post-natal care services have been reduced, including PMTCT services.
- Closure of safe houses and support services increases risk to gender-based violence (GBV) survivors.

“[Adolescents] lose access to family planning and SRH services. We’ve tried for years to reduce unplanned pregnancies, keep girls in school, but now contraceptive supplies are limited or nonexistent. That will affect their livelihoods and education.”

Impact on communities

- Decades of community trust and relationship building eroded due to abrupt closures and gaps in care.
- Coordination and partnerships disrupted.

"Several private clinics that collaborated with us—especially on sensitive SRHR areas—have pulled out... This is a big gap; we invested in training and capacity-building for those clinics, and many youth relied on them. Now they're unwilling to offer certain services (like comprehensive sex education) due to fear of losing U.S. funding. Our workload for referrals is high, but we have fewer willing providers."

- Marginalized groups—LGBTQ+ individuals, sex workers, adolescent girls—lost access to essential, targeted services like PrEP, contraception, and sex education. These groups are also facing increased stigma when seeking care.

"Services became limited to HIV testing and care for pregnant and breastfeeding women only. There was no provision for PrEP, which many sex workers rely on to remain HIV negative...Many have lost hope."

- People resorting to asset sales, school dropouts, and migration to cope with the breakdown of local health support and increased cost of care.
- Patients left to guess where they will next obtain their medication. This acute survival stress has negative impacts on individual health, compounding the issue.

"It was mostly the children [we] were supporting. If you go back to the facilities right now, many of them are still calling and asking what will happen and wondering if they are safe and for now, we are telling them they are safe, but we don't know about tomorrow. Facilities are still trying to reassure patients, but they can only do so for as long as their medicine stocks last. The real concern is, what happens next?"

"I want policymakers in the U.S. to see that although this might be a political decision on their side, it's a matter of life and death here. A child missing immunizations because of funding cuts can end up with a preventable disease; a pregnant woman without healthcare can lose her baby; an HIV-positive patient missing treatment faces severe complications...The impact of this freeze will be felt for years unless urgent action is taken."

Crippling health workforce

- Massive layoffs among health workers and increased workloads for remaining staff have led to testimonies of mental health crises among health workers.
- Health workers facing increased frustration from clients

"Even those who kept their jobs are facing salary cuts, increased workloads, and immense emotional strain."

"Just yesterday, I received a message from someone whose brother worked on a USAID program and now wants to commit suicide."

- Community health workers (CHWs), an integral link between community and health facilities for screening and care programs, cannot do their work without funding. Lack of CHW-supported services increases health risks.

"Community health promoters are often the first or only link between pregnant mothers and skilled healthcare. Without resources, many mothers cannot access antenatal care, increasing risks of complications and maternal death."

Implications

- Core public health programming that the Kenyan Government has been building in partnership with the US over decades is in peril.
- In addition to the immediate direct impacts on health, hard-fought progress towards meeting health goals is at risk.

Recommendations

- ✓ Invest in strengthening a resilient health system
- ✓ Prioritize health service integration (HIV, SRH, maternal health, primary health care)
- ✓ Mobilize diverse funding streams

For more information, please contact

✉ julia.kosgei@policystrategy.group

✉ GHAE@cumc.columbia.edu

View other country case studies at:

<https://www.publichealth.columbia.edu/ghae/cuts-country-cases>