DevelopmentAid Dialogues

Season 2. Episode 10: The War on Global Health | Diagnosing the Impact of Aid Cuts with Lisa Hilmi

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Hisham Allam: Hello everyone. Welcome to DevelopmentAid Dialogues where we explore the key dynamics driving global development and humanitarian aid. I'm your host, Hisham Allam. Today we are tackling and unfolding a crisis that has gone largely unnoticed, the devastating impact of foreign aid cuts on global health. For decades, international funding has been a lifeline ensuring millions of children receive life-saving vaccines and frontline health workers have the resources to compare daily disease.

But now this progress is at risk of being undone. In countries like Uganda, Kenya, Somalia, and South Asia vaccination campaigns have been disturbed. Disease surveillance has weakened, and millions of children are once again at risk of available outbreaks. Health centers are closing, medical supplies are running out, and cross-border immunization efforts are collapsing.

All of that because donor priorities have shifted elsewhere. It adjusts a temporary setback, or we are witnessing the unraveling of the case long commitment to global health security. More importantly, what can still be done to reverse this trend before we face an unmanageable crisis? To help us navigate these urgent questions, I'm joined by Lisa M. Hilmi, executive Director of CORE Group, a leader in global health, who has spent decades shaping policy and frontline programs. Lisa has worked across Africa, south Asia, and beyond, collaborating with governments, UN agencies, and grassroots organizations to drive real change. Lisa, welcome to DevelopmentAid Dialogues.

Lisa Hilmi: Thank you so much Hisham for the invitation to speak on this important podcast. It really is so critical at this time. Thank you.

Hisham Allam: Thank you for being here with us. Lisa, I would like to start with the statement said by Elon Musk who claimed that no one has died since the aid was caught. Is that true?

Lisa Hilmi: Isn't it amazing how people can sometimes just spout misinformation and hope that policy can be informed by it. So, this is not true, unfortunately with the recent USAID cuts, which has had a rippling effect across the world there has been people that have died. We've heard of community health workers that have actually committed suicide because they have lost their jobs, and they have no access to medicine. We know from community health workers themselves in East Africa that there are stockouts in medicine. We have mothers that are traveling long distances to feed their children that are malnourished, and they

have died. These children have died due to food insecurity because the nutrition and feeding centers were closed. We know that people have died because we have testimony from the governments as well as from community health workers working very hard at the community level. When you cut medicine, when you cut access to healthcare, when you stop vital feeding programs, and when you stop humanitarian assistance, if you look at all of the conflicts and humanitarian response that was funded by the U.S. government and to have that stop. Yes, people have died in these humanitarian and conflict zones also as a direct result of this aid cut. So no, Elon Musk is wrong and he's spouting information for his own purposes.

Hisham Allam: I expected that. Over the years we have seen the global health sector build resilience against its crisis, whether pandemics, natural disasters, or conflicts. But with foreign aid cuts now hitting the critical programs, are we witnessing a slow-moving collapse rather than an immediate crisis?

Lisa Hilmi: I think it's a great question, Hisham. When we have an outbreak or a natural disaster, we find communities that come together and are resilient, and they find a way to shift and help others. But when you're doing a direct amputation and cutting off vital food and water and medicine as well as infrastructure and intellectual thought leadership, as well as the opportunities for collaboration, you will see a collapse, whether it be temporarily or sudden with a broader strategic goal of dismantling the system.

I think right now we're seeing a targeted war upon global health in the way that these cuts were implemented. We know that the U.S. government and our partners across the world, the governments that we work with are used to so many different challenges in their countries. They have experienced droughts, outbreaks, natural disasters, floods, and they have the ability to respond to those. But it also needs partnerships. It needs financing. It needs leadership. Right now, we are not seeing any of that from the U.S. government. So, this plan to target global health and humanitarian aid to dismantle it came fast and furious. I do, however, believe that after organizations and governments are over this initial shock there will be a coordinated response and really thinking about what can be done now. How do we restructure, how do we address this change, whether it be legal response or shifts. We've seen some governments already, such as Ethiopia say we cannot, forget about immunization for children, so we're going to take away funding from this program and we're going to put it toward immunization. Of course, the other program will then suffer. So, it is quite a unique time in history,

Hisham Allam: I feel that you are claiming only the U.S. government.

Lisa Hilmi: No, it's really interesting to see the trend, right. The U.S. started and then we had FCDO in Great Britain. We had France, we had Germany. And this hasn't happened since January. You know, we knew some of these cuts and these discussions have been happening since September, October 24. So, we see not only this conservatism toward approaching aid and assisting other countries in partnership.

If we look at the SDGs, the sustainable development goals of 2030, there was a broad commitment by many countries over the years. And for some reason over the past six months to a year, we've seen sort of a shift in thinking about that and how countries will channel their funds. I don't know if this is the rise in conservatism, the change in electoral and political parties, but it's not just the United States, but the U.S.

has, I think, 65% plus of the global aid and development, humanitarian budget. We are also seeing that countries are stepping up. Some countries Canada for one Saudi Arabia, who has pledged for immunization in polio. So we hope that more countries will not only look at internal financial shifts and how domestic financing can be streamlined and better, but also other countries recognize that it's no quick fix for some of these major problems that are escalating daily and annually, and so it's a long-term marathon that we have to address some of these needs together.

Hisham Allam: To what extent will USAID and European funding cuts stool polio eradication efforts and increase risk of new outbreaks.

Lisa Hilmi: Well, we're already seeing some of the polio eradication efforts stalled with stop work orders from USAID and other scaled down European cuts. There have been polio programs that had to stop.

They could no longer do community-based surveillance. They could no longer give immunization. They could no longer do education or outreach house to house, whether it be in the most rural areas, cross border populations or more, it just completely stopped. And that's a big risk because without that door-to-door monitoring and surveillance and the education for vaccine hesitant communities that might not know the value of immunization, we're going to see not only possible new outbreaks of polio, but outbreaks of other diseases. I think one of the most incredible things about polio eradication is it built an infrastructure, especially at the community level, in which, when COVID-19 pandemic happened, the trust of the community was with the polio workers. And they were able to discuss with that trust they had in the community about the value of COVID-19 social distancing.

They also play into the global health security infrastructure in which they have started to sometimes see zoonotic diseases. Because that surveillance network has been strengthened over the years through the polio program. So, it already is having an effect, and we do hope that governments reconsider the importance of, we have the power to eradicate polio, but it's just going to take a little bit longer and that we can't stop it.

Hisham Allam: Beyond polio, how do foreign aid cuts impact malaria control efforts, particularly in high-burdened regions like Africa?

Lisa Hilmi: Again, we've already seen and heard from community health workers and governments about lack of testing kits, lack of preventive materials such as nets. The educational component of early testing, early treatment.

There's been stock outs in some areas. Without these commodities and supplies as well as the education efforts, we're going to see a surge in malaria. One of the most affected populations for malaria are pregnant women because of a biological phenomenon in which mosquitoes are attracted to pregnant women and them more at risk. So, we're not only looking at possible maternal mortality due to lack of testing, prophylaxis treatment, but also the effects on their babies. So, we are already seeing it. And we're hoping that

governments at the country level as well as globally, really take to stock that this is going to have immediate effects and impact on infant and maternal mortality as well as in some of the poorest populations.

Hisham Allam: I have a tough question. Hit reductions are often framed as a shift toward efficiency or self-reliance, but in practical terms, do these budget cuts actually translate it into smarter spending, or are they just a polite way of justifying abundance?

Lisa Hilmi: That is a tough question. I really think that when we're looking at improving and strengthening any system, whether it be providing aid in development, providing humanitarian aid, or providing aid during conflict and post conflict. We have to look at spending and long-term strategy on several layers. Self-reliance is a great word, but self-reliance and local development, local ownership, whatever you might call it also involves complex financial analysis of how domestic funding needs to shift in order to cover some of the unexpected outbreaks, conflict, humanitarian aid, as well as meeting the goals of health in those countries. And with any efficiency or with any strengthening of a system, there should be regular review of what needs to be improved and how we can improve it so that a system is adapted and shifts and makes those adjustments. Unfortunately, governments change periodically and with each government shift you might have changes in philosophy and how to handle things instead of a long-term goal. One of the things that I really admire is stating back to the Bush era in which PEPFAR (President's Emergency Plan for AIDS Relief) was started, we had a program that had bipartisan support, which countries embraced, and it lasted for years with support, recognizing the need for HIV testing treatment in order to manage the thousands that were dying.

And so, with any of these shifts, we need to take it with a slower approach with adaptive management. Really looking at what needs to be shifted and to do it responsibly. We aren't talking about changing computer programs. We aren't talking about changing the M&E system. Right now, we're talking about massive changes that happened virtually overnight, which are impacting the lives of people, which seems really like it's violating every level of human rights and Geneva Convention possible. I think anything should be done responsibly and yes, aid is in need of reform as well as domestic funding needs to be looked at, at a greater level. We cannot abandon programs because they ultimately abandon people, and we have to be humane in the way we act and use our funding.

Hisham Allam: This answer leads me to my next question. If any of the nations that cut foreign aid are facing natural disasters or outbreaks, pandemics, shall they expect any kind of help?

Lisa Hilmi: I think this is probably the most heartbreaking thing for me. Having worked in community health all my life and what core group and hearing from health workers are very, very personal experiences. And I'm literally getting texts almost every day from them throughout African Asian. Here's some of the things that they're saying. They've lost their jobs. So right now, even community health workers have to choose between feeding their families or providing medicine for their family. Some of them have no ability now to pay school fees or get uniforms for their kids to go to school.

So, we're seeing this direct impact on even community health workers' families, that can't be paid, and it was done so suddenly it doesn't even allow people to build reserves or think of backup plans. We also hear from some community health workers that are actually sick themselves. They might have been HIV positive or have other chronic diseases which motivated them to get into the healthcare space, but they cannot get their medicine now.

One particular story that we heard from a community health worker in Kenya, she's an HIV positive woman, she told me that her children are asking her if she's going to die now because she cannot get her medicine. So, they're being affected on a very personal level. We held a meeting with about 30 to 40 community health workers a couple weeks ago, and they said not only their mental health is being affected, but the community is also really experiencing some severe mental health issues as a result of not knowing what's happening, not having food. Polio and nutrition programs are suddenly being stopped, as well as having to walk long distances for medicine or access to health services because those community resources aren't available. And so, they are frontline workers. They are there right in the beginning for every outbreak and go from house to house for immunization, as well as education. I think they are one of the groups that is being really impacted quite severely. And they also see the patients and children and mothers that are being impacted.

We know that community health workers are 80% women, and they're caregivers in their family, so if you think about that cascade effect, not only on community health systems and structures, but also to their families on the individual and household level, we're going to see long-term economic and health impacts of this. I really hope that very soon there is political pressure and a wake up that we must continue responsibly on how to redo aid but not the way that it's been done now, and that we start things up again very soon. And thanks for prioritizing them in your questions.

Hisham Allam: Shedding lights on the great efforts done by frontline health workers is amazing. My question was focusing mainly on countries like the US, Belgium, Germany, UK. If there's a kind of natural disaster supposedly, we're talking about the US, can they ask for help from the World Health Organization (WHO)? After they suspended the aid to them.

Lisa Hilmi: Unfortunately, the WHO is affected right now. Because the country that contributes one of the largest investments for WHO suddenly pulling out and stopping. Now they are going through an internal crisis of having to lay off workers, cut programs and trying to figure out how they're going to strategically shift.

So, can they turn to the WHO for help? I don't think at that moment that would be the possibility. I do think the WHO is trying to figure out how to work better with community health workers and civil society in this very unique time. So, I do think that there will be new models that evolve out of this, but we're looking at the world's most technical and utmost authority on health also being greatly affected by countries such as Germany, France, the U.S., et cetera pulling out and, and cutting funding for global health.

Hisham Allam: Cross border immunization programs are collapsing just as global mobility is increasing. What does this mean for disease outbreaks and how concerned should we be about the potential for regional health crisis spilling over into global ones?

Lisa Hilmi: This is probably one of most important questions, I think, because we are looking at not only cross border situations, but internally displaced and movement even in countries between urban undocumented settlements or markets to other areas of countries through trade. We know that with the USAID funding cuts like one for Anthrax alone, we estimate there'll be a 20 to 25% increase in incidents in both animals and humans, which is going to be estimated to be 300 to 400 human deaths per year. And this is just in the Horn of Africa. For Rift Valley Fever, we're looking at 18 to 20% increase in incident in both animals and humans, with over a thousand human deaths and rabies, which some people might not think of as an outbreak, but we're going to see a 35 to 40% increase with approximately 2000 deaths, and this is just in a small area in Africa. We also know that there's been recent Marburg, Ebola and hemorrhaging diseases that are still undefined in DRC. So, you will see this cross border not only in sub-Sahara Africa, but perhaps India. India shares borders where, in the north four to five countries in which they're seeing influx of populations, what that impact will be for disease and disease surveillance and how that will transfer to other global regions.

I can remember when the United States was worried about Ebola and built up two centers costing millions of dollars. I'm sure you know about Dr. Craig Spencer who's one of the only known U.S. doctors that contracted Ebola and luckily survived. However, we are going to see different diseases and animal human interface of diseases increase with zoonotic diseases. Here in the U.S., we're facing our own avian flu outbreak. Right now, there's a breakdown of response and non-scientific recommendations being suggested and how that will translate not only in the United States and globally with this cross-border activity, but I also think we need to be prepared. There is a global health security framework that has been in place over the years, and I think this is the time now to not forget about this, but have cross country collaboration, especially in a time when we know outbreaks are rising due to conflict cross border, and animal human interface. Let's hope that people are going to come to their senses soon and countries, scientists, politicians come together so that we can prevent future outbreaks and pandemics.

Hisham Allam: Lisa, if funding trends don't improve, what is the most realistic plan B for sustaining global immunization and disease surveillance, are we looking for a future of more regionalized solutions or if there is still hope for a global commitment?

Lisa Hilmi: I'm an emergency nurse as well as a humanitarian public health worker. So, one thing I've seen throughout my career, and I've been involved in the war in Somalia, the Rwanda genocide, tsunamis, is that that time of crisis we're going to see people come together and really try to go forward in collaboration and think of different plans.

This is already happening. Whether it be immunization: we saw in COVID-19 a real regional effort for manufacturing that Africa must start having regional manufacturing of vaccines and that has been growing over the years, which is great. We saw in India with the Serum Institute, which manages and manufactures vaccines how they became so strong.

So, we will see this regional collaboration as well as shifts on how to manage things whether it be immunization disease, surveillance, or even with HIV drugs and response. I think that for years we've been talking about shifts and collaboration in global health and a more regional approach that we've seen great strides in that.

Africa, CDC, during COVID, they really stepped up, and with the Lusaka agenda, there's been some great conversations about that. It's about implementing it now and thinking of different ways to handle this current situation. I do believe in the power of the people and great minds in these tough times, and when sometimes politicians are making bad decisions.

That's the hope out of all of this madness. That's the hope.

Hisham Allam: So, optimism. Yes, not madness. A recent assessment done by the Clinton Health Access Initiative revealed a critical lack of technical expertise. How can Sub-Saharan African governments navigate this shift without undermining essential healthcare services?

Lisa Hilmi: I think that you're going to see that there's a lot of great talent in countries and cross countries as well as regionally and globally. And so there, I believe over time there's going to have to be assessments of where you can bring your regional talent to different countries. I remember there used to be a lot of visits to Ethiopia to see their community health extension program as well as Rwanda and countries would go and see how it was run with these visits so that they could adapt it back in their own countries. So, I think you're going to see more of that and more collaboration even with researchers. There's also the global technical expertise from academics, from global health practitioners, and they'll have to really see where is the right fit for them to come in and how can we do things differently, working better together without a colonialist implementation plan, but really looking at the country level needs and offering what we can. We do hear this lack of technical expertise and requests for training from community health workers, from ministries of health and from others and some of the regional and global discussions and exchanges academically have been critical for that talent and for that technical expertise. So, I hope that we do not see too many more funding cuts where that is concerned with science, public health, academia, and research as well as that cross border and regional collaboration.

Hisham Allam: If you had the ears of policy makers right now, what is the single most urgent intervention or policy shift that could mitigate the damage of these cuts in the short term?

Lisa Hilmi: It's extremely challenging when you've cut 10,000 workers to suddenly turn the lights back on. But we know from other disasters, since this is a political disaster, that there are ways to mitigate complete failure. One of the things that has to happen is that the funding has to start for critical programs and the payments for past work that has been happening since October 2024. That has nothing to do with any of the shifts those payments have to be made. There have been local, regional, and global organizations that have not been paid for work that has been already done. I see this as a war tactic that was done to try to cripple these organizations and make them cease to exist. So that's the first thing. People have to be paid for the

work that they did even before January, and they have to be paid immediately. The second thing is starting these critical programs for life, nutrition, water aid, and humanitarian to prevent loss of life.

And then work very strategically and thoughtfully with nations on not only domestic resource shifts, but the preventative programs in universal healthcare, primary healthcare, maternal child health, et cetera. On how we can get these running again. There are different creative solutions that I think can be even tested if the money is not going to come and if these funding cuts.

So, the creativity and innovation part will be key, but there are some immediate things that have to happen right now, and those are in the hands of not only policymakers, lawmakers, but also the judicial system. So, I hope that in many countries those start to immediately act on some of these areas.

Hisham Allam: In South Africa, where are more than 7 million people are HIV positive the ending of PEPFAR (President's Emergency Plan for AIDS Relief) program, which is part of the USAID, would lead to more than 600,000 deaths over a decade in that country alone. How did we reach a point where thousands of lives hang in balance, and what would it take to stop this humanitarian catastrophe?

Lisa Hilmi: You're asking such great questions and really hitting the nail on the head of what people are going through. I started in the eighties as an HIV nurse, not only in the U.S. but globally. I remember some of those patients when HIV therapy was just getting started and some of the side effects patients that had carps, some sarcoma and herpes virus all over their face, bodies, babies that were born mothers, teenagers and I think of those patients when I think of what's happening right now and that we could backtrack on all of the investment, but I'm not going to be negative. I want to be positive about this because we cannot let us go back to the eighties.

We cannot let people die again. It's ironic, it's sinister, ironic that a South African is helping this mental and put so many lives at risk in South Africa alone amongst other countries. We have people living with HIV right now that health workers have functional jobs, and they are really scared about what is to come.

So there really has to be a push for PEPFAR. There has to be a push for access to medicine, and we cannot let this happen. This is a human rights issue and again, we have to rally our politicians at the regional country and global levels so that HIV access to medicine prevention and treatment must continue as well as testing.

We cannot go back to the eighties. So, people have to keep it in mind with all else going on. We have to come forward and make sure we don't go back.

Hisham Allam: Finally, on a more personal note, having spent years advocating for global health, what has this moment of uncertainty told you about resilience and the future of humanitarian work?

Lisa Hilmi: You know, my family's been personally affected by this my organization friends, the community health workers, I know my friends throughout Africa and Asia. And so, we sat home, and we went through I think a week of shock sorrow, anger and now it's like, okay, let's get this done.

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What are we going to do? How are we going to rethink? What are the different models? Who are the allies and how can we really convince the people that rallied around global health and HIV and polio and immunization in the past? How can we get them to come forth and not live in fear of certain politicians?

I see this as an opportunity unfortunately steered by these circumstances of sudden lack of thinking and lack of humanity. But I do believe that there are really good people out there that will stand up to this. And we will come together. We will have solidarity. We will think of new ways of doing things and working and hopefully prevent death of mothers and children and community health workers and people living with HIV. I really welcome your listeners as well as all the public and the health community to get out there and hold politicians accountable and think about how we can have community-based solutions in the temporary time and go bolder in the way that we address some of these pressing issues. We can't go back to whether it be World War II thinking and depos. We can't go back to the eighties with a lack of HIV access, and we can't go back to the COVID-19 pandemic where people are dying. So, we have to prevent this and come together, and I'm going to have a bit of optimism here in this tough time.

Hisham Allam: Thank you, Lisa, for your brave words and optimistic thoughts. The decisions being made today about foreign aid will define global health outcomes for years to come. Millions of lives depend on the choices of policymakers, donors, and international organizations. The impact of these cuts is not abstract. It's real, it's immediate, and it is already coasting lives. We cannot afford to wait until preventable diseases spiral out of control before taking action. As we have heard today, solutions exist but require urgency, coordination, and above all commitment. A huge thank you to Lisa Helmi for sharing her insights.

If this discussion resonates with you, share this episode, keep the conversation going, and most importantly, hold decision makers accountable. This has been DevelopmentAid Dialogues podcast. Until next time, I'm Hisham Allam, signing off. Stay informed. Stay engaged. Goodbye.