

US Foreign Aid Funding Pause

A Framework for Giving in Uncertain Times

Global Health and
Development Department

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The Global Health and Development Department of Rethink Priorities is a multidisciplinary research and consulting group that seeks to disseminate actionable insights and drive positive change in the fields of global health, international development, and climate change.

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About Rethink Priorities

Rethink Priorities is a research and implementation group that identifies pressing opportunities to make the world better. We act upon these opportunities by developing and implementing strategies, projects, and solutions to key issues. We do this work in close partnership with foundations and impact-focused nonprofits.

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Executive Summary

The Issue

In January 2025, the US government initiated a 90-day pause on new foreign aid. This pause was followed by a State Department memo halting all new obligations and existing work, leading to massive USAID staff reductions. Secretary Rubio subsequently announced the termination of most foreign aid programs, aiming to bring the remaining 12% under State Department control. These actions have resulted in immediate disruptions, including increased disease-related deaths, organizational shutdowns, and vital supplies being held up. In the last few months, we have had conversations with donors and foundations who wish to allocate funds in response to the US foreign aid cuts. This document is meant as a handy resource to help donors and foundations think through these issues. We provide two approaches below.

The Cause Approach

If you are a donor with attachments to a specific cause area (such as education, governance, or health) trying to decide whether you should give additional funding today, we suggest the following [approach](#):

1. *Evaluate the extent of the US's involvement in your chosen sector or cause before the cuts.*
 - a. Why? If the US has historically been a significant donor, there's a stronger case for increased need for funding today.
 - b. How? We've obtained and cleaned foreign aid data from the US government that shows the size of past investments [here](#). Talking to experts is another helpful strategy.
2. *Evaluate the likelihood of your cause area worsening in the very short term without immediate funding.*
 - a. Why? If you think things within your cause area will deteriorate very quickly, then there's a stronger case for increased funding today.
 - b. We suggest starting with your intuitions, and building these out through desk research (see our worked example [here](#), built in 3-4 hours), talking to experts, or hiring others to do this work for you (balancing against the size of your potential donation).
3. *Assess the likelihood of continued support from the US or other sources, including recipient or other governments.*
 - a. Why? If others are unlikely to fill this gap, then there is a stronger case for increased funding today.
 - b. How? Form opinions about what donors will fund using news resources, desk research, and tools like [The Budget Cuts Tracker](#).

We have identified, but not yet vetted, several funds designed to fill current gaps or adapt to the present challenge. More information is available in [Table 1](#).

- [Development Innovation Ventures \(DIV\) Emergency Fund](#)
- [Foreign Aid Bridge Fund](#)
- [GiveWell](#)
- [Keep the Lights On](#)
- [Rapid Response Fund](#)

The Funding Opportunity Approach

If you are a large donor trying to allocate your giving to a specific set of interventions and have access to resources to inform your decisions, here are [three things](#) we think are relatively important. Especially in the current crisis, donors should strive for a "good enough" level of research that allows them to make reasonably informed decisions without excessively depleting their giving capacity.

What is the total impact?

- Whatever outcomes you aim to achieve, we think it's important to prioritize those with the largest impact.
- We strongly recommend considering "local total impact," for example, keeping in mind that infrastructure from one organization may underpin other initiatives. The long-term sustainability of organizations you are supporting is key.

What is most neglected?

- While philanthropic efforts will not entirely fill the gap in USAID funding, it's still important to avoid donor coordination problems and support initiatives that receive less attention.
- It may be possible to identify neglected areas by recognizing signals of "crowded" funding landscapes, and considering opportunities other than direct delivery, such as the final stages of research.

Will my funding make a difference?

- Given the far reaching implications of the USAID foreign aid cuts, it's necessary to check whether a given opportunity is limited by non-financial constraints.
- Funding opportunities that aim to deliver "last-mile" interventions may be most feasible, but you should still check for issues such as unclear ownership of supplies or limited infrastructure.

We've identified, but not vetted, some lists of specific funding opportunities that may be helpful in combination with more general funds described above:

- [IPA research projects](#),
- [Project Resource Optimization](#) [available beginning March 28],
- [Ultra Philanthropy](#).

The Trump administration has taken steps to significantly reduce foreign aid

US foreign aid obligations have been paused for 90 days; USAID has been dismantled

On January 20, 2025, President Trump issued an executive order titled '[Reevaluating and Realigning United States Foreign Aid](#).' This order imposed a 90-day pause on new foreign development obligations and disbursements, during which the administration will evaluate each program's efficiency and alignment with US foreign policy. The Secretary of State retains the discretion to waive this pause for specific programs. On January 24, 2025, further [guidance from the State Department](#) placed an immediate hold on all new foreign assistance obligations and issued stop-work orders for existing awards, pending a review to determine which programs will continue, be modified, or be terminated.

The January 24th memo included waivers for programs such as emergency food assistance and administrative expenses.¹ A subsequent waiver [memo](#) from the Secretary addressed life-saving humanitarian assistance during the review period. While these waivers aimed to maintain certain critical programs, USAID's payment systems appear to have stalled, preventing approved funds from reaching contractors. Furthermore, significant staff reductions, with approximately [2,000](#) USAID employees and [400](#) contractors laid off and [4,200](#) placed on administrative leave, have left the agency with a skeleton crew of fewer than 700 employees (from approximately 10,000).²

On [March 10, 2025](#), following a review of USAID programs, Secretary Rubio stated that he has terminated a vast majority of foreign aid programs, and that he will go to Congress to bring any remaining programs (12%) under the direct control of the State Department. In short, as of this writing, most American foreign aid programs remain effectively paused and face an uncertain future.³

Both short-term pauses and long-term cuts to foreign aid are likely to result in significant harm to communities around the world

In 2023, the US spent roughly [\\$68](#) billion in foreign aid. While a small share of the US budget (at around [1%](#)), this figure is approximately 30% of *all* global official development assistance, in sectors including Economic Development, Humanitarian Assistance, Peace and Security,

¹ From [Devex](#): Friday's memo notes that the secretary of state has approved several waivers to the foreign aid pause. These relate to "foreign military financing for Israel and Egypt and administrative expenses, including salaries, necessary to administer foreign military financing;" "emergency food assistance and administrative expenses, including salaries, necessary to administer such assistance;" "on a temporary basis, salaries and related administrative expenses, including travel, for US direct hire employees, personal services contractors, and locally employed staff;" "legitimate expenses incurred prior to the date of this ALDAC under existing awards or legitimate expenses associated with stop-work orders;" and "exceptions to the pause approved by the Director of Foreign Assistance."

² Significant legal action to resume funding is underway, which may or may not alter the funding landscape in the short term. A series of organizations and interest groups have sued the administration to resume payments. On February 25, 2025, a judge [ordered](#) the administration to resume USAID funding by February 26, 2025. The administration appealed this order and the United States Supreme Court [granted](#) an administrative stay on the court order on February 26, 2025. On March 5, 2025, the Supreme Court [allowed](#) a lower judge to enforce an order to issue payments for a portion of the paused disbursements. It seems likely that legal action will continue, but even if it is resolved soon, the uncertainty surrounding government funding is likely to cause disruptions for foreign aid programs and contractors.

³ One of the international development experts we talked to suggested cuts in the 30-70% range.

Health, Program Support, Multi-sector, Democracy, Human Rights, and Governance, Environment, Education, and Social Services.⁴ No other country spends nearly as much across as many areas. As such, the withdrawal of this funding has caused significant disruption within the international development community, with effects both in the short and long run. Some of these disruptions include:

- *Possible increases in disease-related deaths:* An advocacy program tracker for the US President's Emergency Plan for AIDS Relief (PEPFAR) indicates that, as of March 7, 2025, there have been an estimated [20,000](#) additional deaths directly related to funding pauses. Nicholas Enrich, a former USAID staffer, estimates that without US-supported programs malaria-related deaths could increase by [71,000 to 166,000](#), a 40% rise, within the next year.
- *Organizational shutdowns:* According to an international development expert we spoke to, few organizations possess sufficient reserves to withstand a three-month funding pause. We have been told informally of small organizations reliant on USAID that have been forced to shut down programs entirely. Even large entities like RTI, Chemonics, and DAI Global, owed [tens of millions of dollars](#) for past work, have furloughed hundreds of staff, hindering their ability to deliver vital projects and threatening their sustainability.
- *Commodities in limbo:* Food, drugs, and other life-saving supplies are stuck in warehouses around the world. Confusing and contradictory notices from USAID have created uncertainty about whether organizations can use these supplies, which are US government property, even if they receive funding from other sources. This includes items like [soybeans and soy products](#) for severe malnutrition treatment in East Africa, [medical oxygen](#), and [HIV drugs](#). In a lawsuit against the US government, Chemonics stated it has [\\$240](#) million worth of medicine stalled at various points in the supply chain.
- *Infrastructure dismantled:* As argued in this [article](#), and confirmed in our interviews, many highly effective organizations (of all sizes) depend on the infrastructure provided by major donors like USAID, the Global Fund, and the World Bank. These large-scale organizations support supply chains, information systems, surveys/data collection, and other infrastructure that enable charities to maximize their impact and achieve cost-effective results. Without this support, costs will rise, organizations might close, and the ability to restart some of these programs will be severely compromised.

We developed a framework to help guide donors thinking about how to allocate their giving dollars

This framework is meant to inform how individuals and organizations concerned about the USAID cuts might approach the current crisis

Our intended audience

In the last few months, we have had conversations with donors and foundations who wish to allocate funds in response to the US foreign aid cuts. This guide is designed to inform such

⁴ One interviewer noted that something like \$10 billion goes to support Ukraine. We did a brief analysis of the available data and got to a number of \$17 billion going to Ukraine, almost 90% of which is going to economic development.

decision-making to improve grantmaking at the margin.⁵ While we aimed to make this framework useful to a variety of audiences, our focus has been on individual donors with additional funds (a few thousand to low hundred thousand dollars). We make no assumptions about their knowledge or expertise, though those familiar with cost-effective giving will recognize many points.⁶ Our intention is for this guide to be useful to donors with a range of values or priorities. We imagine these donors will find [The Cause Approach](#) framework most helpful. It will provide intuitions about whether it makes sense to give additional funds to their preferred cause(s) today.

In some scenarios, individuals may be selecting between concrete funding opportunities, either as an individual donor or by virtue of their role at a larger giving organization. These individuals are likely to find [The Funding Opportunity Approach](#) more helpful. This is a pared down approach that emphasizes three priorities we believe are important but may be overlooked by some funders. As such, we think it is likely to complement existing approaches. Indeed, based on our conversations with foundations developing internal strategies to meet the moment, we believe that some aspects of our framework likely overlap with existing practices, particularly in global health and development.⁷ Nevertheless, we hope our framework reaches beyond our immediate network, offering questions and insights that can assist larger organizations in refining their own approaches.

With regard to type of donation, we've approached this exercise from the perspective of a donor trying to provide *additional* philanthropic funding, by which we mean funding beyond what they currently allocate. However, we don't see a reason why this could not also inform decisions regarding reallocation, but we haven't deeply explored those trade-offs. If you're already giving according to a specific criteria or framework, we hope the insights gained here will help you assess your comfort level with potential adjustments.

What you will learn/do

Our framework frequently encourages donors to do additional work or research. We don't consider these exercises mandatory, partly because in times of considerable uncertainty, there's a tension between thoroughness and decision paralysis. We recommend that donors consider the questions we pose in this document, prioritize those most important to them, and then dedicate time to answering them, either personally or indirectly, by delegating to like-minded individuals or organizations. Throughout this framework, we point individuals to the types of organizations that are actively engaged in prioritizing funding in the current context. However, this list of organizations will be incomplete given the short amount of time we took to write this guide and the changing nature of efforts in this space. The approaches of these organizations are not vetted by us.

[We conducted interviews with key stakeholders involved in global health and development to help map existing efforts and develop and refine our own thinking on the matter](#)

Our approach is informed by discussions with key individuals who possess deep experience and insight into American foreign aid and international development. Due to the sensitive

⁵This isn't to say other approaches aren't helpful. There's a case for attempting to find the absolute best set of interventions, and other organizations are working on those issues.

⁶ Even in this case, we hope some of the framing and research helps donors think through their giving strategy.

⁷ And especially for those organizations within our corner of global health and international development.

nature of these discussions, we have chosen to withhold the specific names of the individuals consulted and their organizations. While we attempted to contact a broad range of individuals, we acknowledge that, due to our networks and timing, we may have overlooked certain dynamics, important considerations, or helpful perspectives. We would have particularly valued hearing perspectives from political appointees in the Trump administration, foreign aid officials from other countries, and decision-makers at international development organizations like the World Bank.

Our framework was developed in-house within two weeks, previous versions of which were shared with partners and interviewees for feedback. We are reasonably confident that we have captured some of the most important issues and considerations, though we are happy to update views on the basis of new information and feedback.

We outline two approaches to thinking about donations, one for those deciding between causes or sectors and one for those deciding between discrete funding opportunities

We've developed two approaches to thinking about philanthropic giving in response to the current emergency. Under the first, we imagine a donor with a preferred cause area (such as humanitarian aid or education, or work training support) thinking about allocating additional dollars today to their chosen cause. This involves understanding the previous role the USAID played, the likelihood things will get worse shortly, and the ability of others to fill in those gaps.

Under the second approach, we imagine a donor reviewing a pool of specific, unmet funding needs across various causes and projects. This approach involves prioritizing among available options and is particularly useful for organizations with access to a portfolio of unfunded projects or those deeply familiar with a few specific projects they wish to support. We believe this approach is much more resource intensive as it will require detailed information about each opportunity, and the time and resources to collect it.

These approaches can be complementary. For example, if your use of the framework, based on your values and your research, indicates that immediate support for HIV/AIDS initiatives is imperative, you might use the second approach to decide among organizations or interventions in that space. Conversely, you could begin with the second approach, perhaps given a list of potential organizations to donate to, and then explore broader cause area questions within that context. Under either approach, we hope to sharpen tradeoffs for donors considering funding any specific cause or project.

The Cause Approach

For those with a strong attachment to a given cause area

If you're a dedicated donor within a specific sector, the current US foreign aid situation might prompt some of the following questions: Should you adjust your giving strategy? Is it wise to wait and see, or should you make changes now? This section offers some guidance for navigating these decisions. Our aim isn't to alter your core giving preferences, but to provide a framework for considering additional support. For instance, if your focus is solely on education, how should you approach increasing your contributions within that realm? Should

you consider giving to something else instead? Below, we've outlined some key considerations to inform your choices.

1*Evaluate the extent of the US's involvement in your chosen sector or cause before the cuts.* We believe data and context are important for determining whether additional support for a given cause is warranted. If the US has historically been a significant donor, there's a stronger case for increased funding. We don't think this is always the case, but two reasons make it likely: First, a larger spending share suggests programs are more likely to depend on US funding for operation and impact. Loss of this funding could lead to reduced capacity or even complete shutdown of a service. Second, a larger spending share suggests the US may be supporting infrastructure that facilitates services beyond those directly funded. If that funding is lost, many programs will have a harder time reaching their targets.

In order to understand the size of US involvement we recommend donors consider these questions: Was the US role substantial in terms of funding or outcomes? What unique activities did they support? Speaking directly with experts on these matters should help sort these questions out. We also support reviewing data. We've restructured the American foreign aid funding [dataset](#) to make it easy for donors to examine the scale of US involvement across cause areas as a starting point. In terms of general intuitions, one of the largest cause areas funded is HIV/AIDS, suggesting that even small funding changes to this cause area would likely affect hundreds of thousands of lives (more on this [below](#)). Donors can use these data alongside other datasets and qualitative inputs to understand the US's role in sustaining operations for your chosen cause area.

2*Evaluate the likelihood of your cause area worsening in the very short term without immediate funding.* This is important to understand because it will dictate whether you should give today versus tomorrow. To evaluate the potential for your cause area to deteriorate rapidly without immediate funding, we suggest taking the following steps.

First, donors should determine if current USAID programs within a given cause area have demonstrable impact. The goal is to link funding to outcomes (e.g., "for every X dollars spent, we save one life"). With this information, it's possible to estimate the potential harm of withdrawing a reasonable portion of US funding from that cause. When conducting this analysis, consider the cost-effectiveness of these activities and any potential externalities. For instance, does giving to this cause indirectly support other beneficial efforts? For example, funding certain health initiatives can improve local capacity to address other issues. Conversely, could funding this cause inadvertently hinder efforts in other areas? By considering these factors, you can develop a comprehensive view of the likely overall impact of your current contributions. Using resources from reputable organizations like J-PAL, IPA, CEGA, or GiveWell can also provide valuable context both on impact and cost-effectiveness.

Once donors have assessed the likely total impact, they should turn to the question of urgency. Urgency is most apparent in emergencies, such as humanitarian disasters and pandemics, where funding delays have immediate consequences. However, urgency can also arise when even brief interruptions to an activity significantly impair our ability to address an impending challenge. For example, malaria prevention requires substantial preparation before distributing bed nets before the rainy season. Lack of organization today means likely harm tomorrow.

We think donors dedicated to a particular cause area probably have built intuitions or have some knowledge about what's at stake and when. For example, they might know when in a child's development a pause in schooling, via a shutdown, is most harmful. Or at what point it's

most crucial to continue strengthening governance institutions. Building these intuitions out through desk research, and plausibly with expert interviews, might help shape your thinking about whether funding today is truly urgent.⁸

③ *Assess the likelihood of continued support from the US or other sources, including recipient or other governments.* If funders believe the US will maintain its involvement, or that other donors will significantly compensate for funding gaps, the cause area may require less additional funding compared to those with uncertain support. To address this, consider:

1. Will this cause remain a priority for the US?
2. Are other countries or donors organizing to increase their funding in this area?
3. Do recipient or other governments have the capacity to step in and fill in some of these gaps?

Regarding the first point, we remain *highly* uncertain about the level of US support that will persist across cause areas, particularly because it seems unlikely that the Trump administration can act without Congress.⁹ However, our intuition is that popular, bipartisan causes will likely retain some funding. Still, during our discussions, some experts noted that even previously bipartisan causes, such as the fight against malaria (through the President's Malaria Initiative), are potentially facing cuts.

Although we haven't formed definitive opinions on the fate of various causes, we think two issues might help assess the likelihood each cause will remain funded at some level: the size of the cause area and the topic area. It's plausible that smaller programs will be easier for the administration to eliminate; conversely, larger ones will be harder to eliminate completely. Regarding topic area, the administration might make known their priorities either through explicitly signaling beforehand or doing. For example, in a recent [court filing](#) (see pages 4 and 5), the administration suggested that programs falling under Regime Change (including "Civic Society" or "Democracy Promotion" initiatives) and Sustainability and Climate Change have been targeted for elimination. In short, we should expect that cause areas within those categories are unlikely to resume in the short term.

The second point speaks to the likelihood of other funders stepping in.¹⁰ Considering official development assistance (ODA) from developed economies first, we don't anticipate this group will significantly increase their contributions in the absence of American aid. This is due to the current turbulent economic and geopolitical climate, where traditional large donors, such as the UK and other European countries, are prioritizing increased defense and domestic spending over foreign aid. For instance, the United Kingdom plans to decrease its foreign aid expenditure by 40% to [0.3%](#) of its GNI by 2027 in order to allocate more funds to defense. Recent developments in [Germany](#) and [France](#) suggest that cuts to foreign aid are incoming there as well. In short, it appears likely that ODA as a whole will be reduced in the short term. We don't have strong intuitions about which specific causes will remain priorities in these countries, though we would expect global health and humanitarian aid to remain among the most important. A good resource might be the Donor Tracker website, which has a dedicated [The Budget Cuts Tracker](#) following ODA cuts.

⁸The Global Health and Development Department at Rethink Priorities has expertise in the type of work required to answer these questions. Evaluating the cost of hiring us or another organization, in relation to your giving budget, will help determine if this approach makes sense for you.

⁹ It doesn't strike us like Congress has pushed back significantly against the administration at this point, and certainly has not picked a fight on foreign aid.

¹⁰ To be clear, we don't believe it's possible to fully replace the scale of USAID's foreign aid. However, we want to draw attention to areas that are likely to make up shortfalls, and identify areas that might remain neglected.

Table 1: Overview of existing funding opportunities to fill US foreign aid gaps

Organization Name	Approach	Focus Sectors	Organizers
Development Innovation Ventures (DIV) Emergency Fund	Managed by Open Road Impact, this fund offers 24-month, 0% convertible loans (expected to become grants) to high-priority, previously funded DIV projects. Investment decisions are made by a committee of experts specializing in cost-effective development, with a minimum contribution of \$100,000 required.	No specific sector focus, though they note that DIV portfolio supports rigorous research projects	Open Road Alliance
Foreign Aid Bridge Fund	This program identifies and provides rapid, grant-based funding to highly effective, frontline organizations addressing critical needs. A dedicated investment committee ensures grants are awarded to maximize immediate impact and program continuity. Any organization with a stop-work order can apply.	Health, water, agriculture and food security, sanitation, climate adaptation, livelihoods and economic prosperity, education, and humanitarian response	Unlock Aid, and other partners
GiveWell	While they have no specific emergency fund, GiveWell is currently prioritizing funding known, high-impact areas to address urgent needs while gathering information to adapt to potential shifts in the global funding landscape. They are prepared to adjust their strategy, potentially raising their funding bar or expanding into new areas like HIV/AIDS, based on evolving needs and funding availability.	Global Health	GiveWell
The Change Fund: Bridge Funding Window	This fund offers emergency support to NEAR members, prioritizing smaller organizations (under \$1M USD) and those whose operations are significantly impacted by the US government funding pause relative to their overall budget.	Humanitarian and lifesaving programs	NEAR (Network for Empowered Aid Response)
Keep the Lights On	This fund directly supports local TB community organizations, prioritizing those previously funded by CFCS and Stop TB Partnership grants. Allocation decisions are driven by the urgent need to sustain these frontline organizations.	Health (specifically TB)	Stop TB partnership
Rapid Response Fund	This fund provides urgent funding to high-impact organizations with unmet needs, focusing on disease prevention, evidence generation, and life-saving interventions not covered by US government waivers. Eligible organizations are those previously vetted by Founders Pledge and The Live You Can Save.	Explicit mention of: Global Health, Economic Development / Poverty Reduction, Education, Social Justice / Governance / Development	Founders Pledge, The Life You Can Save

There is significant activity among philanthropic donors to respond to the current crisis. While we don't have a comprehensive view of all activities, we have identified some large coordination activities, in which donors are trying to provide funds to cover immediate and emerging gaps. Table 1 describes some of the efforts we've identified that individuals can give

directly to, categorized by cause area.¹¹ The table can also give you a sense of what is missing from these efforts. For example, we note very few initiatives targeting governance initiatives, and fewer mentioning things like education and the environment. In prioritizing giving, we believe it's important to keep an eye out for causes that might fall through the cracks.

The third and final question relates to the ability of governments in recipient countries to take on some of the costs.¹² While it's plausible that some countries could offset reductions in USAID funding, this is more likely in upper-middle and middle-income nations. Lower-income countries would face significant budget shortfalls if USAID support was withdrawn that they are unlikely to make up. A report by the [Center for Global Development](#) identified 26 countries vulnerable to health aid cuts because they are fiscally constrained and highly exposed to US assistance withdrawal. This list can help assess a government's ability to fill these gaps. Clarifying whether this is true for your preferred cause area can help you make decisions about allocating additional funding.

A fundamental issue underpinning this entire analysis is determining when we'll know if the US or other donors will step up, and what the resulting funding gaps will be (both in terms of raw numbers and cause areas). Our best estimate is that the situation will become significantly clearer within 12-18 months. At some point during that period, we believe we'll have sufficient information to better understand the effects of potential legislation from the US Congress, commitments made by other governments (e.g., to the Global Fund replenishment, or to increased domestic spending to backfill USAID programs), and to assess the responses of other organizations and foundations. This will reveal more persistent funding gaps than are currently apparent. If you have a limited giving budget, you should carefully consider how donating today might impact your ability to address these future gaps. We believe some organizations are approaching this more rigorously than others. For example, [GiveWell](#) is seeking to fund opportunities today that they believe would still meet their investment criteria in a few months. And even for some of those opportunities, it is exploring more flexible investment mechanisms (such as repayable grants) that would allow for recoupment of funds if U.S. funding were to turn back on.

For those without a strong attachment – a sample examination of global health

This section provides an example of how to apply the framework above to analyze the implications of donating to a global health cause today. We focus on global health partly due to our intuition that it offers numerous promising opportunities. However, this does not preclude strong opportunities in other areas. We further narrow our analysis to HIV/AIDS, as it makes the examination more manageable. Throughout, we take as our outcome the number of lives saved today, since we think this is a straightforward way to carry this analysis.

We are not HIV/AIDS experts and have spent only 3-4 hours forming a view on giving to this sector, so it is likely that additional hours and interviews with experts could alter our view. In doing this test run, one of our aims was clarifying what was possible to do with an afternoon's worth of work. Our sense is that motivated individuals that care about making informed

¹¹ There are other ongoing efforts that might be helpful to understand what is happening more fully. For example, [Bloomberg Philanthropies](#) has pledged to bridge specific gaps in US commitments to support the UN Climate Change. If you are an environmental cause donor, this type of information might be helpful in considering whether to allocate additional funding to the environment in response to the USAID cuts. Likewise, [Global Aid Freeze](#) is an information mechanism that highlights opportunities and gaps, derived from a survey of international development experts.

¹² Not all aid within a recipient country goes to a country's government.

decisions can get pretty far in thinking through whether or not they should donate today to their chosen causes. In the current crisis, we think this is a good tradeoff.

Evaluate the extent of the US's involvement in your chosen sector before the cuts

The United States has historically been a major player in global health, making the sector highly vulnerable to potential US funding cuts. In 2023, US global health funding approached \$10 billion. According to [SEEK Development](#), the US was the leading single donor in global health, contributing nearly 40% of all official development assistance. Specifically regarding HIV/AIDS, US investments were approximately \$5 billion in 2023 (see Table 2). This represents roughly one-quarter of total global HIV/AIDS funding, and 62.7% of total global aid to that cause.¹³ To understand how sensitive global funding is to American efforts, consider that a 25% reduction in US funding for HIV/AIDS would result in a \$1.25 billion decrease, or a roughly 15.66% reduction in total global HIV/AIDS efforts.¹⁴ Such a cut would be a significant blow to the global HIV/AIDS response.

Table 2: US foreign aid obligations across health, 2023

SubSector Name	Obligation (2023)	Share
HIV/AIDS	\$5,088,255,947.00	51.66%
Maternal and Child Health	\$891,177,499.00	9.05%
Malaria	\$729,503,371.00	7.41%
Pandemic Influenza and Other Emerging Threats	\$685,384,158.00	6.96%
Family Planning and Reproductive Health	\$559,462,774.00	5.68%
Nutrition	\$541,447,347.00	5.50%
Water Supply and Sanitation	\$431,664,049.00	4.38%
Health - General	\$391,592,673.00	3.98%
Tuberculosis	\$333,115,566.00	3.38%
Other Public Health Threats	\$197,722,641.00	2.01%
Grand Total	\$9,849,326,025.00	100.00%

Note. Data from [ForeignAssistance.Gov](#).

Evaluate the likelihood of your cause area worsening without immediate funding in the very short term

The majority of United States support for the fight against HIV/AIDS is channeled through [PEPFAR](#). PEPFAR encompasses a collection of US-funded initiatives. Approximately half of its budget is allocated to purchasing and distributing antiretroviral drugs to people with HIV, while the remaining funds support HIV testing and prevention (including preventing mother-to-child transmission), and provide healthcare and other services to people living with

¹³ We calculated these numbers as follows. [UNAIDS](#) states that \$19.8 billion were allocated to HIV/AIDS response in low and middle-income countries. 59% was from domestic governments, meaning that foreign aid is roughly $(19.8 \times (1 - .59)) = \8.118 . If US spending is \$5.088, then this represents $(5.088 / 8.118) \times 100 = 62.675\%$ (this might be an overestimate because there PEPFAR does fund a few non-LMICs, though funding largely goes to LMICs). By contrast, [KEF](#) states that the US represents 73% of total bilateral government funding. Our intuition is that these numbers differ because the second excludes efforts by international and/or philanthropic organizations.

¹⁴ Calculated as $[(.25 \times 5.088) / 8.118] \times 100 = 15.66\%$.

HIV/AIDS. These programs are mostly evidence-based and have been scientifically linked to outcomes.

This funding also appears to be cost-effective. A [pro-PEPFAR group](#) estimates that the US saves one life for every [\\$3,600](#) spent on PEPFAR. Taken at face value, and assuming no cost reductions, a 25% funding cut (approximately \$1.272 billion) could lead to roughly 350,000¹⁵ additional deaths over the next year. While we haven't verified these calculations, even if the cost per life saved is off by an order of magnitude (\$36,000), a similar funding reduction would still result in 35,000 lives lost. Moreover, falling drug prices have made PEPFAR more cost-effective each year.

Considering the urgency of funding becomes more complex when focusing on immediate lives saved. HIV/AIDS is a progressive, non-seasonal condition. It is our intuition, therefore, that giving today to this cause area might seem less urgent than programs addressing severe malnutrition, where death can occur rapidly. However, PEPFAR's significant size and its support for developing health systems and infrastructure suggest that its removal could have more immediate and substantial effects on mortality than would otherwise be obvious. We have not done enough work to understand what these types of interventions might be, though we assume there would be many. As an example, US investment in the detection, prevention, and treatment of tuberculosis is relatively small, close to \$330 million. However, we think this number is probably an underestimate because a significant amount of funding for PEPFAR supports living with HIV/AIDS infected with TB. If true for other more urgent conditions, it may be likely that there is a stronger case for immediate HIV/AIDS funding.

Assess the likelihood of continued support from the US or other sources, including recipient governments

We believe the United States will likely remain a major contributor to the global fight against HIV/AIDS. Experts we interviewed often cited PEPFAR as an initiative likely to withstand foreign aid cuts, given its success and historical bipartisan support. However, we still anticipate some reductions in this area. The US termination of its agreement with [UNAIDS](#) on February 27, 2025, suggests a move to limit future contributions. We've considered two possibilities: first, the US might selectively cut PEPFAR funding to countries based on geopolitical considerations, similar to its approach with tariffs and aid support, as seen with [South Africa](#).¹⁶ Second, PEPFAR could eliminate programs deemed controversial, such as those that don't directly support access to HIV drugs, like broader contraception provision. We don't have a strong enough view on which is more likely, or which one will lead to steeper cuts.

Would others step in? As a cause area, HIV/AIDS commands significant attention. However, given how large of a role the US plays, we find it unlikely that global efforts would be able to fill this gap entirely. This is particularly true given that other major donors, including the UK, France, and Germany, have indicated aid reductions. Despite these challenges, there seem to be considerable global efforts afoot to address the shortfall.¹⁷

¹⁵ This may be an overestimate. In 2023, total HIV/AIDS deaths were [600,000](#), which would mean that we would increase deaths by more than 50% with a 25% cut to US AID.

¹⁶ As stated in the article, the Trump administration says that PEPFAR funding will not be impacted by the current suspension of foreign aid. However, we still believe it's plausible that, for political or other reasons, they might lower or cut it entirely.

¹⁷ For example, we know informally of some global organizing to help coordinate the flow of HIV/AIDS supplies in the medium term.

Finally, we find it likely that some recipient countries will be able to fill in some of the funding gaps resulting from a US withdrawal. We base this assessment on some very simple analysis: we identified the countries in which HIV/AIDS is most prevalent, according to the WHO, and compared these countries to [CGD](#)'s list of countries that are least able to adequately respond to the funding crisis. Of the ten countries with the highest absolute prevalence of HIV in the world, three show up in CGD's list of the most exposed. While we wouldn't recommend making decisions from a single set of data points, these data do suggest that many countries are likely to be well positioned to somewhat mitigate significant cuts to US HIV/AIDS funding.

Table 3: Countries by HIV/AIDS prevalence and USAID foreign aid funding cuts effect

Country	People Living with HIV/AIDS	Top 10 most exposed and fiscally constrained?
South Africa	7,700,000	No
India	2,500,000	No
Mozambique	2,400,000	Yes
Nigeria	2,000,000	No
United Republic of Tanzania	1,700,000	Yes
Uganda	1,500,000	Yes
Kenya	1,400,000	No
Zimbabwe	1,300,000	No
Zambia	1,300,000	No
Brazil	1,000,000	No

Note. Source data from [WHO](#) and [CGD](#).

We think that HIV/AIDS is likely a good cause to give today, though we can see the case for spending on other opportunities

To summarize our analysis above:

- The US is a major funder of HIV/AIDS initiatives. Even a partial funding reduction will significantly impact global prevention and treatment.
- US funding supports highly cost-effective activities, and addressing any funding gaps is likely to positively impact many lives (including through effects on non-directly related outcomes). However, we believe other, more urgent global health areas may require greater immediate support.
- We anticipate a reduction in US funding, and we find it unlikely that other bilateral donors or philanthropic organizations can fully make up for large gaps. However, there will likely be significant global efforts to mitigate these cuts, and some recipient countries will be able to make up the shortfall.

Taken together, our quick take on HIV/AIDS as a cause area is that it is likely filled with promising opportunities, and that money will be well spent if supporting this cause. Where

possible, it may be worth targeting donations towards those countries most unable to withstand cuts.

Our brief research, however, suggests that it is plausible that money might be better spent on other, more pressing issues. If you agree, you could:

- Give to a fund that supports multiple causes, possibly including HIV/AIDS.
- Research other potential areas to support.
- If you value current lives as much as future ones, consider waiting to donate until you better understand the funding needs.

The Funding Opportunity Approach

For donors selecting among specific interventions or funding opportunities, we've created a simple framework highlighting three issues that we think are among the most pressing in making these decisions. We assume throughout that donors would be willing to gather or request this type of information from the particular organization they are thinking of funding.¹⁸ Our framework relies largely on the same concepts that we've outlined above, and there is some overlap.

Before unpacking these issues we note that [Project Resource Optimization](#) specifically aims to identify impactful funding opportunities affected by foreign aid cuts, broadly in line with much of the principles outlined here. Their upcoming "good bets" library update will offer a curated list of these opportunities, which could be highly valuable for individuals looking to give to specific projects. Their approach seems roughly aligned with our thinking, though we have not vetted their list. Another list has been created by [Ultra Philanthropy](#).

What is the total impact?

A key initial question is whether the program can significantly impact the outcomes you prioritize (e.g., lives saved, children's education). Decades of data collection and evaluation in global health and international development provide valuable insights into program effectiveness. We believe that, among effective programs, prioritizing the most cost-effective initiatives is the optimal giving strategy.

However, in the current crisis where many different programs and entire cause areas are affected, we don't believe that thinking only about cost-effectiveness, without reference to context, is the appropriate lens. Concretely, when selecting among highly cost-effective interventions, what may be more important is to get a sense of an interventions' *local total impact*. The question is: What additional benefits might arise from investing in this cost-effective intervention in this location? For example, it may be that a schooling program provides the infrastructure to deliver nutritional programs. So investing in the schooling program actually supports a health intervention. Our pitch is that understanding these on-the-ground effects should lead funders to invest in opportunities that they might not otherwise have considered.

We think donors should layer intuitions about the urgency of the intervention into their decision-making as well. This may be done by estimating the number of lives affected/saved in the short run, as we described in the cause area discussion. Urgency can take other meanings

¹⁸ Otherwise we would argue for donating to one of the cause areas outlined above, perhaps through one of the funds outlined in Table 1.

however. For example, perhaps funding a particular project might enable that organization in a particularly crucial geographic space or to operate beyond a single funding cycle, leading to significant additional impact over the long run.

In short, we believe that forming a view on an intervention's total impact (considering what matters to you) can help narrow opportunities significantly.

What is most neglected?

As noted [above](#), there are significant efforts underway to identify good opportunities for investment. There will obviously be too many good opportunities to fund today, and organizations will prioritize according to different criteria. In this context, organizations should seek to avoid donor coordination problems, and give to those initiatives that haven't received as much attention or funding as others today; though we acknowledge that the overall needs are too high to be fully met.

A helpful starting point might be to think about the type of work that USAID did. Conceptually, we've identified six broad types of USAID programs: direct service delivery, research and development, capacity building, governance and supply-chain strengthening, economic development, and advocacy. From our conversations with experts, we imagine that programs falling under the direct service delivery category are most likely to receive urgent funding, to the exclusion of other types of programming.

What are some signals that a particular funding opportunity is crowded? First, while the presence of other committed funders might signal a project's viability and importance, it also suggests that it may not be as neglected as other interventions. Second, projects that have received funding in the past from multiple organizations are also most likely to be resilient in the presence of deep cuts. Interventions that depend entirely on, say, USAID funding, are more likely to fail sooner and plausibly less likely to receive funding at all, especially if they are small. In navigating these issues, donors should also talk directly with program managers to understand their fundraising strategy and the organizations' approach to coordinating with other potential donors.


For those who prioritize saving lives today, focusing on direct service delivery sounds right to us. However, we encourage donors to also seriously consider research opportunities. Numerous randomized controlled trials (RCTs) and other research projects are currently underway; some require funding only to complete endline surveys. Supporting these initiatives is important and could accelerate the generation of evidence about what works to solve many of the world's problems. We suspect this type of work will be relatively neglected, especially since the administration seems to be attempting to impose [cuts](#) to university funding as well, the scale and legality of which is to be seen. Therefore, while we endorse giving to urgent direct delivery causes, we suggest also considering supporting interventions like research, which may yield substantial payoffs in the medium term. IPA, as an example, has collected a [list](#) of high-impact projects currently under stop-work orders, which may serve as a valuable starting point for those seeking to fill the funding gap.

Will my funding make a difference?

A final point to consider is whether your funding will significantly impact the intervention's progress. Programs generally fall into three categories: those facing a "last-mile" problem,

ongoing initiatives, or those just beginning. We believe “last-mile” problems are particularly promising funding opportunities. This is because donors can potentially claim credit for successfully completing an intervention, and could theoretically finish or supplement several programs rather than just launching one. We assume that for most of these programs, all that remains is a final (funded) push.

However, money isn’t always the only constraint. Consider an ongoing program with funding to deliver malaria drugs, but which cannot access medication technically owned by the US government. Or imagine a program about to launch that realizes it is no longer viable without access to USAID’s supply chain or IT infrastructure. In both cases, donors might find it worthwhile to consider other giving opportunities (including those that address these specific issues in other ways) or saving additional giving for another time.



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