
The impact of suspensions and reductions in health official development assistance on health systems

Rapid WHO country office stock take

Summary of results from 108 WHO country offices, 7 March–2 April 2025

(10 April 2025 version)

The impact of suspensions and reductions in health official development assistance (ODA) on health systems: 7 March – 2 April 2025

OBJECTIVE | Rapidly gather insights from WHO country offices on the impact of health ODA suspensions & reductions on health systems

Scope

1. Snapshot of **disruptions across health system areas and programmes** through **108 WHO country offices**, primarily in low and lower-middle income countries, facing or expecting suspension or reductions in health ODA across all six WHO regions
2. Mitigation **measures** implemented
3. Critical bottlenecks & country **support needs**

Caveats (Limitations)

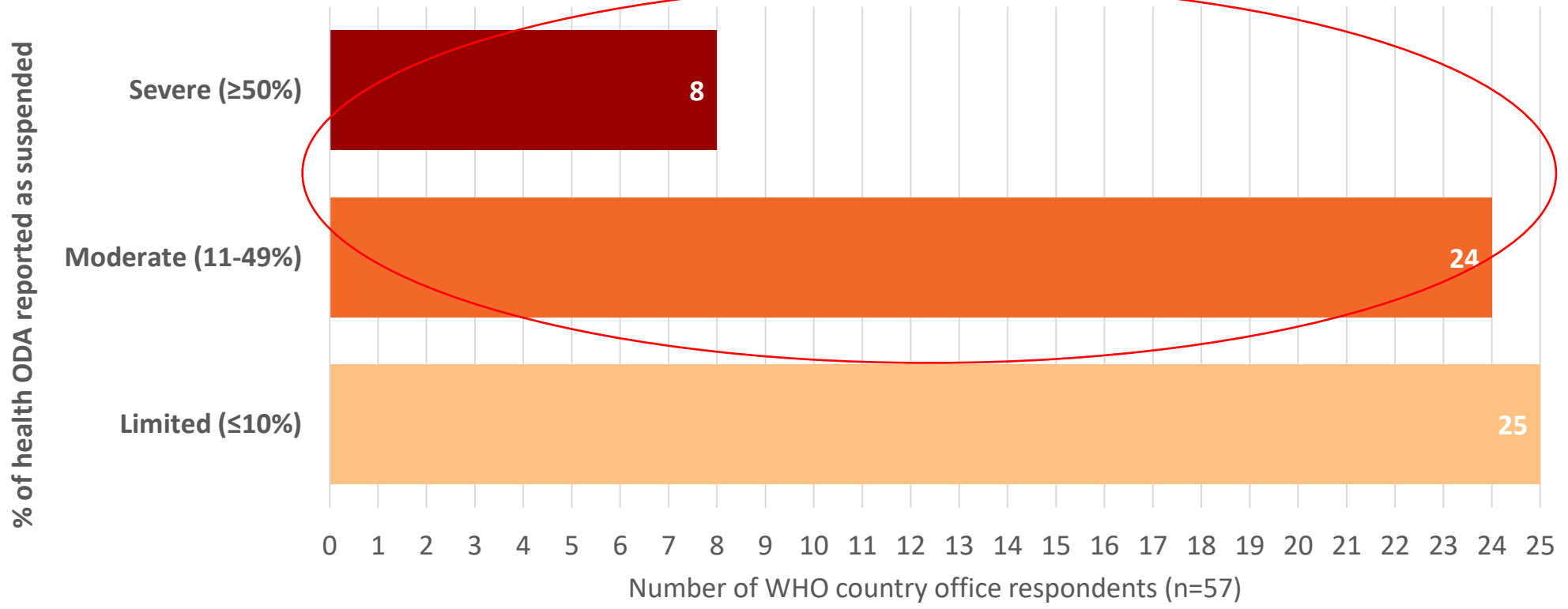
- **Key informant responses** – not verified by quantitative assessment
- Not **representative of government** reporting (WHO perspective)
- **Variable completion rates by question** (denominator varies)
- **A snapshot** at one **period in time**
- Not reflective of the **dynamic situation**

Key findings:

- Current extent of suspended/reduced health official development assistance (ODA)
- Impact on health systems & mitigation efforts

More than half (56%) of responding WHO country offices (n=57)* reported moderate or severe suspension of health ODA

% of health ODA reported as suspended by WHO country offices*

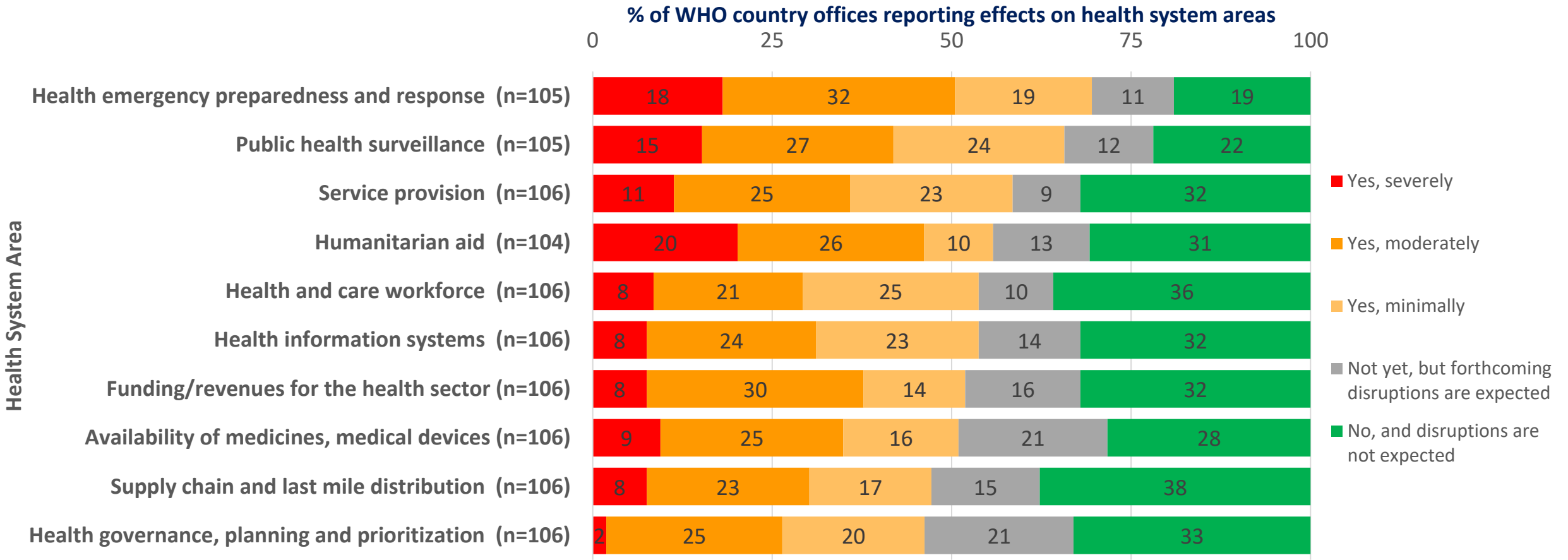


*57 WHO country offices responded to this question

⚠️ Effects of current ODA reductions & suspensions on health system areas

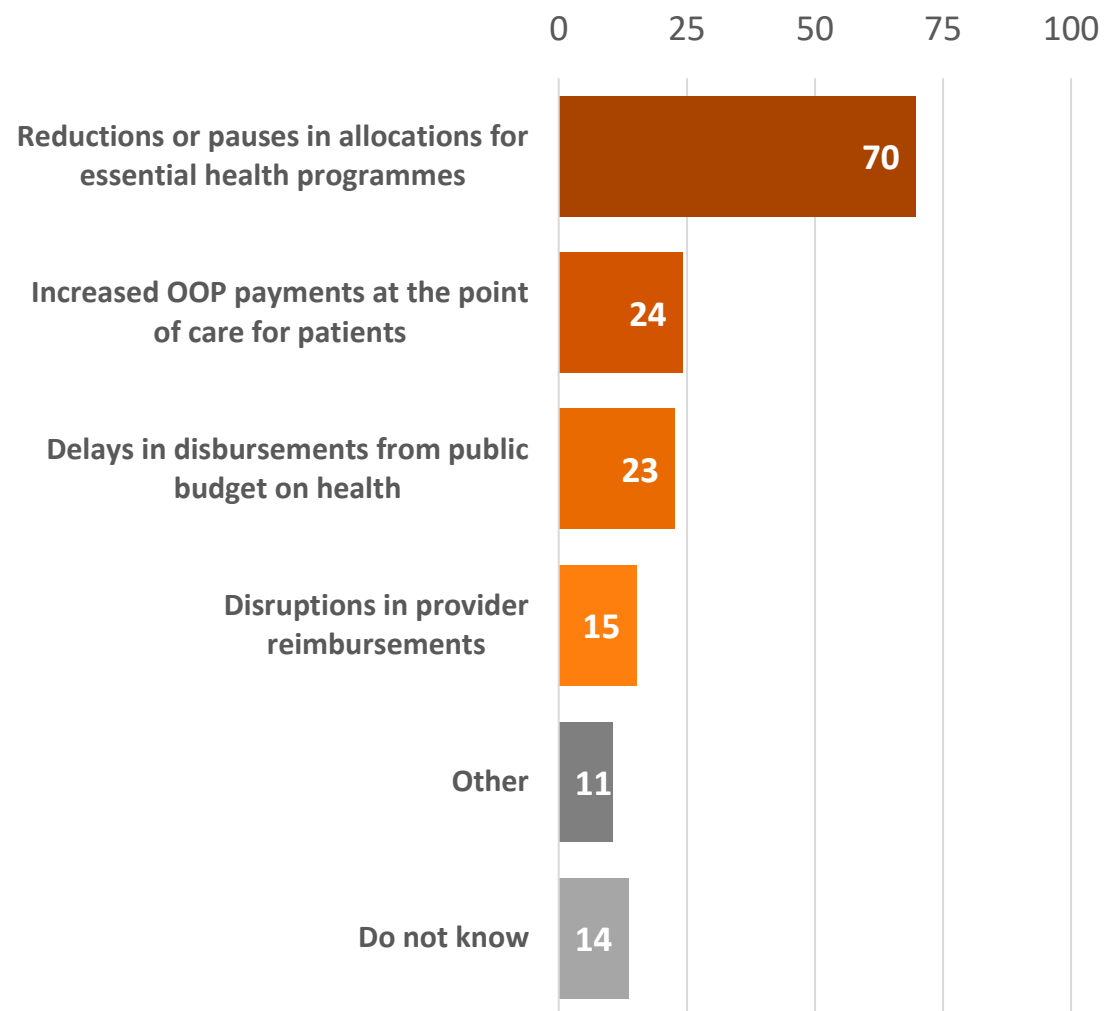


- 80% (85 of 106) of WHO country offices reported at least one health system area has been disrupted
- Health system areas most **severely** affected include: humanitarian aid, health emergency preparedness & response, public health surveillance & service provision

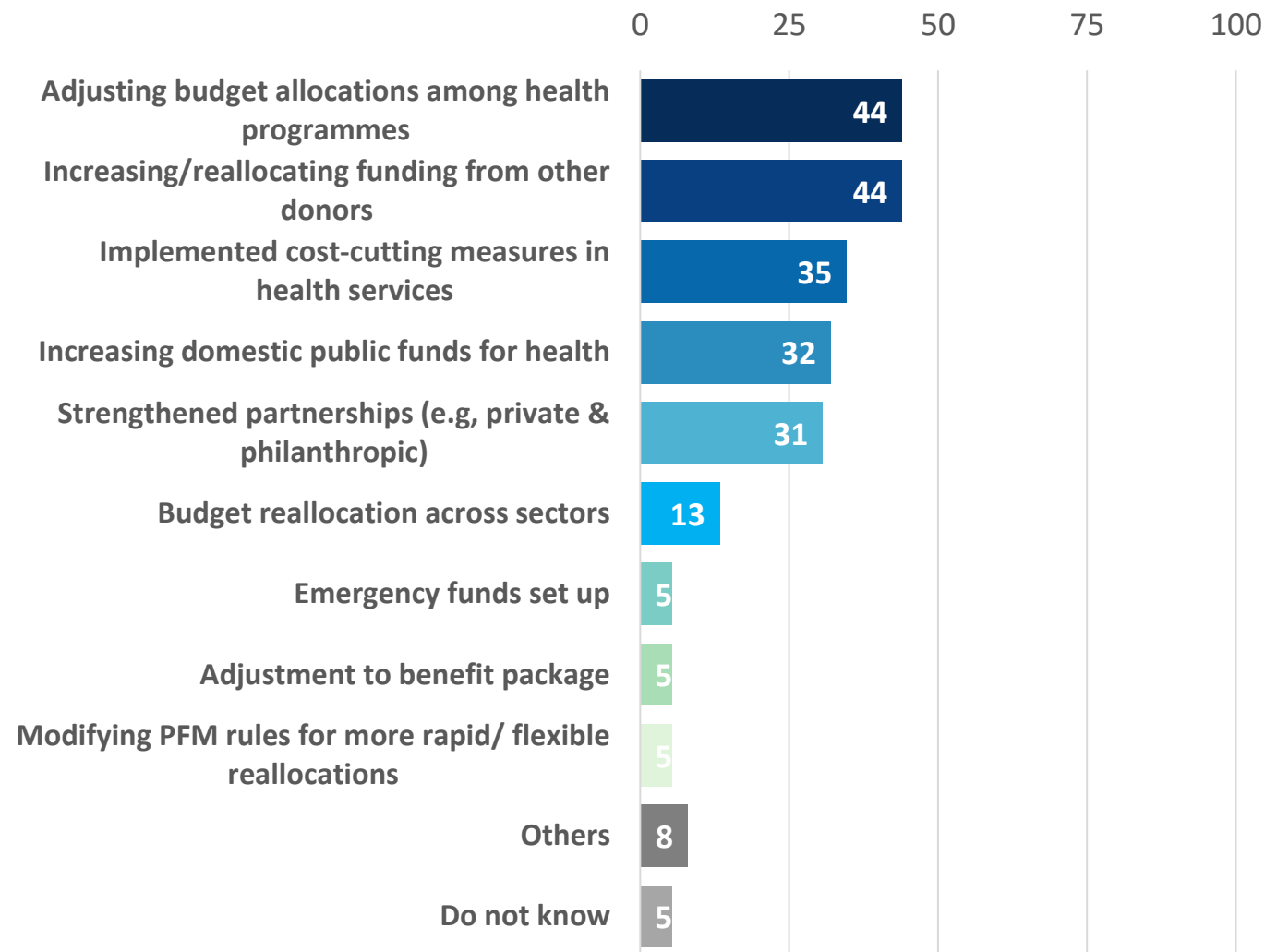


Note: health system areas are listed in descending order based on overall impact (severe + moderate + minimal)

% of WHO country offices reporting effects on health financing (n=66)



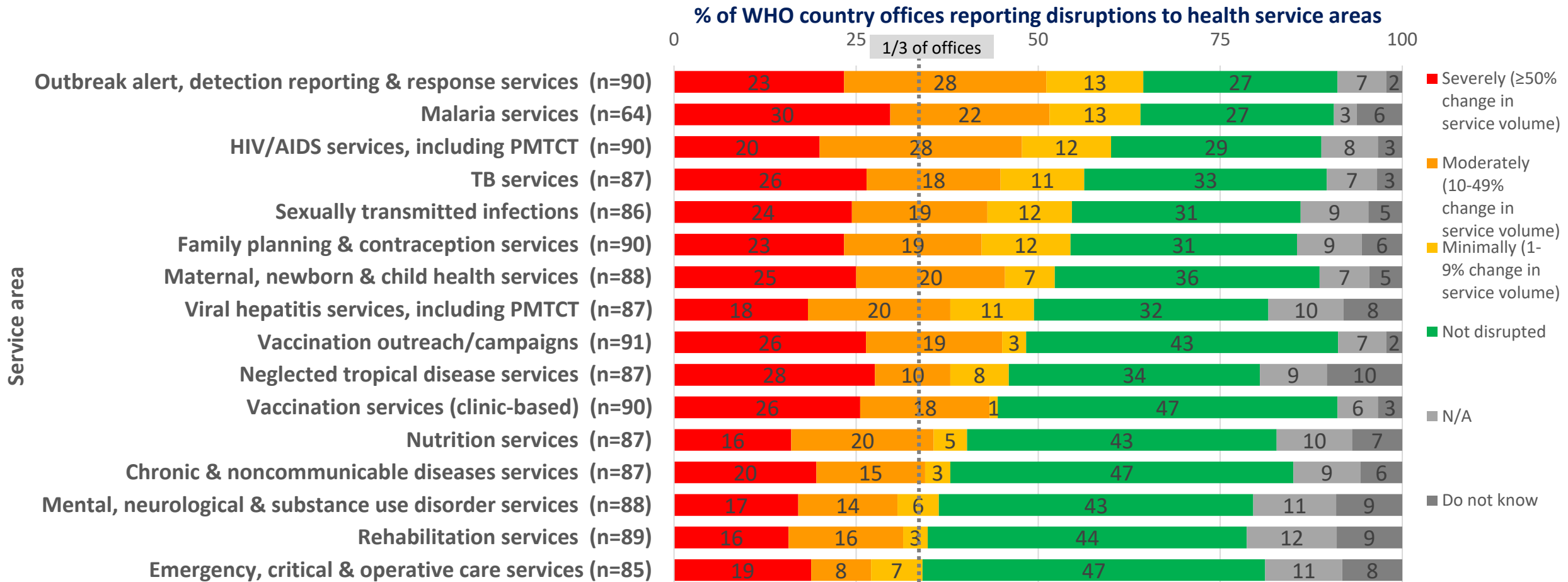
% of WHO country offices reporting mitigation measures for health financing (n=75)



*Examples of other effects: Scaled back operations by implementing partners; Halted clinical auditing processes

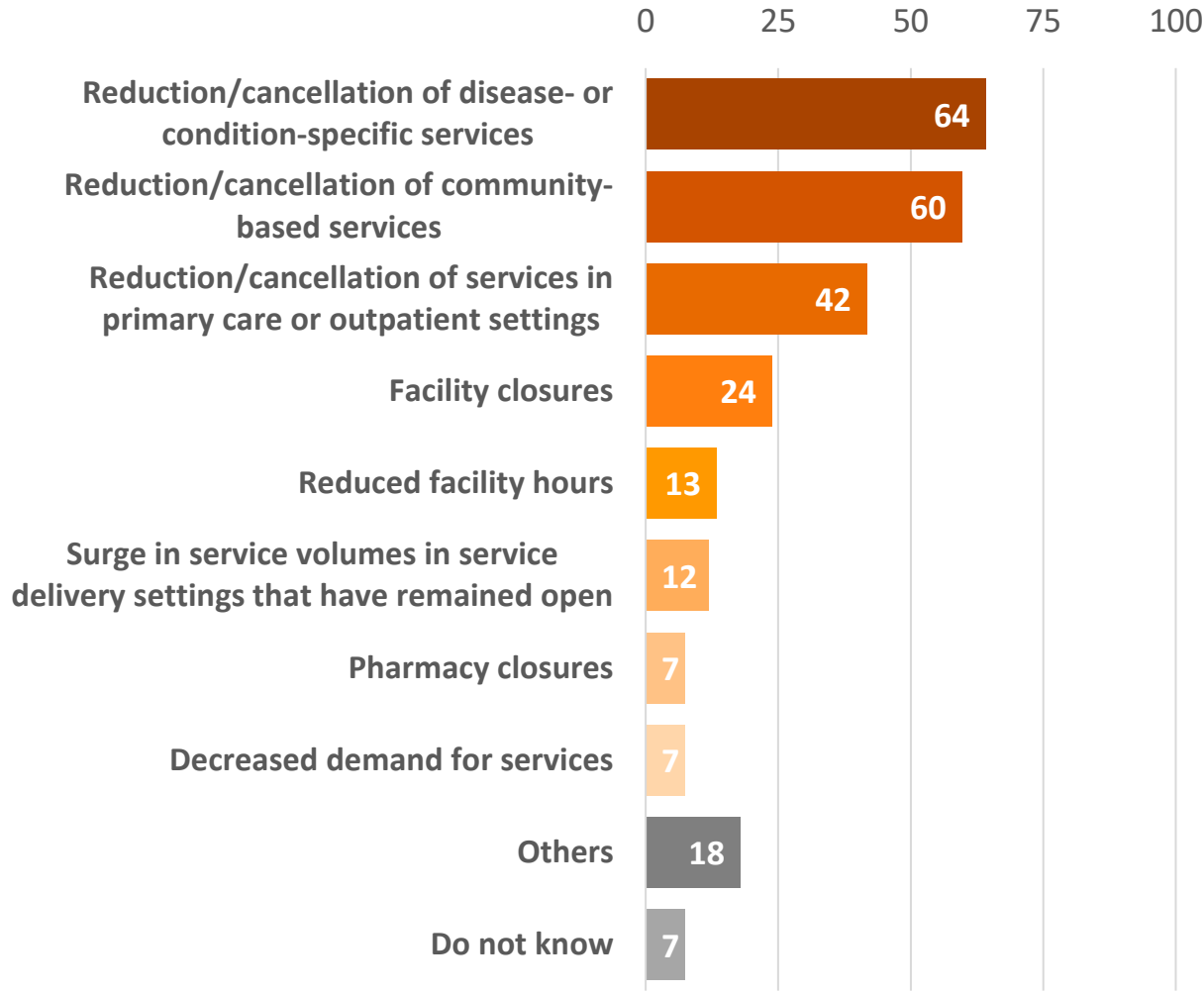
! Extent of service disruptions

- 71% (75 of 106) of WHO country offices reported disruptions to at least one service area
- Service areas most **severely** affected include: malaria, NTDs, vaccination (clinic-based & outreach), TB, and maternal and child health, sexually transmitted infections, family planning, outbreak detection & reporting
- Disruptions for potentially life-saving emergency, critical & operative care are particularly concerning

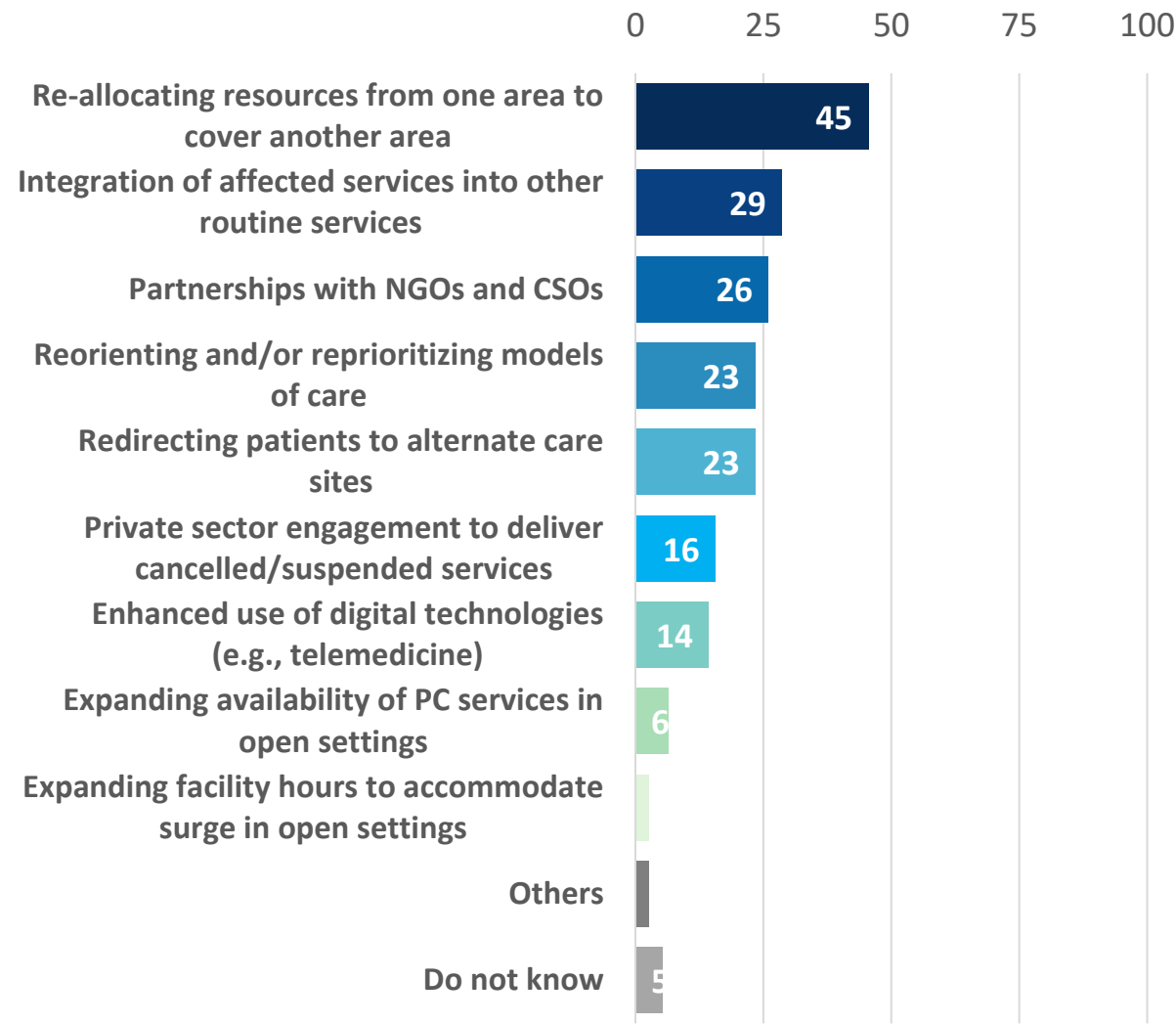


Note: Service areas are listed in descending order based on overall impact (severe + moderate + minimal)

% of WHO country offices reporting effects on service provision (n= 67)



% of WHO country offices reporting mitigation measures on service provision (n= 77)



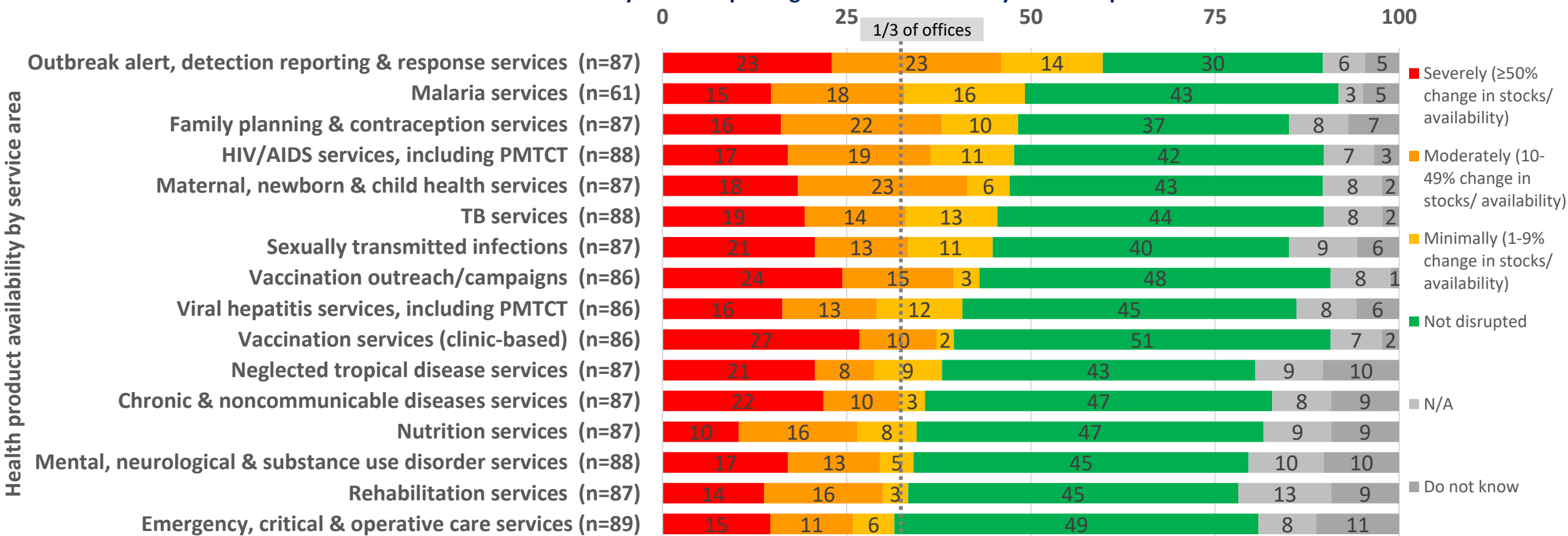
*Examples of other effects: Reduced services for refugees / in conflicted areas; Reduced availability of medicines & health products; Delayed implementation of models of care

Effects on health product availability

Including medicines, medical devices including diagnostics, vaccines, assistive products and other health products

- Over 1/3 of WHO country offices reported shortages of medicines and health products for key diseases and conditions
- Health product availability most **severely** affected for: vaccines (clinic-based & outreach), outbreak detection & reporting, noncommunicable diseases, sexually transmitted infections, and neglected tropical diseases
- Shortages of products for potentially lifesaving emergency, critical & operative care are reported for 32% of countries

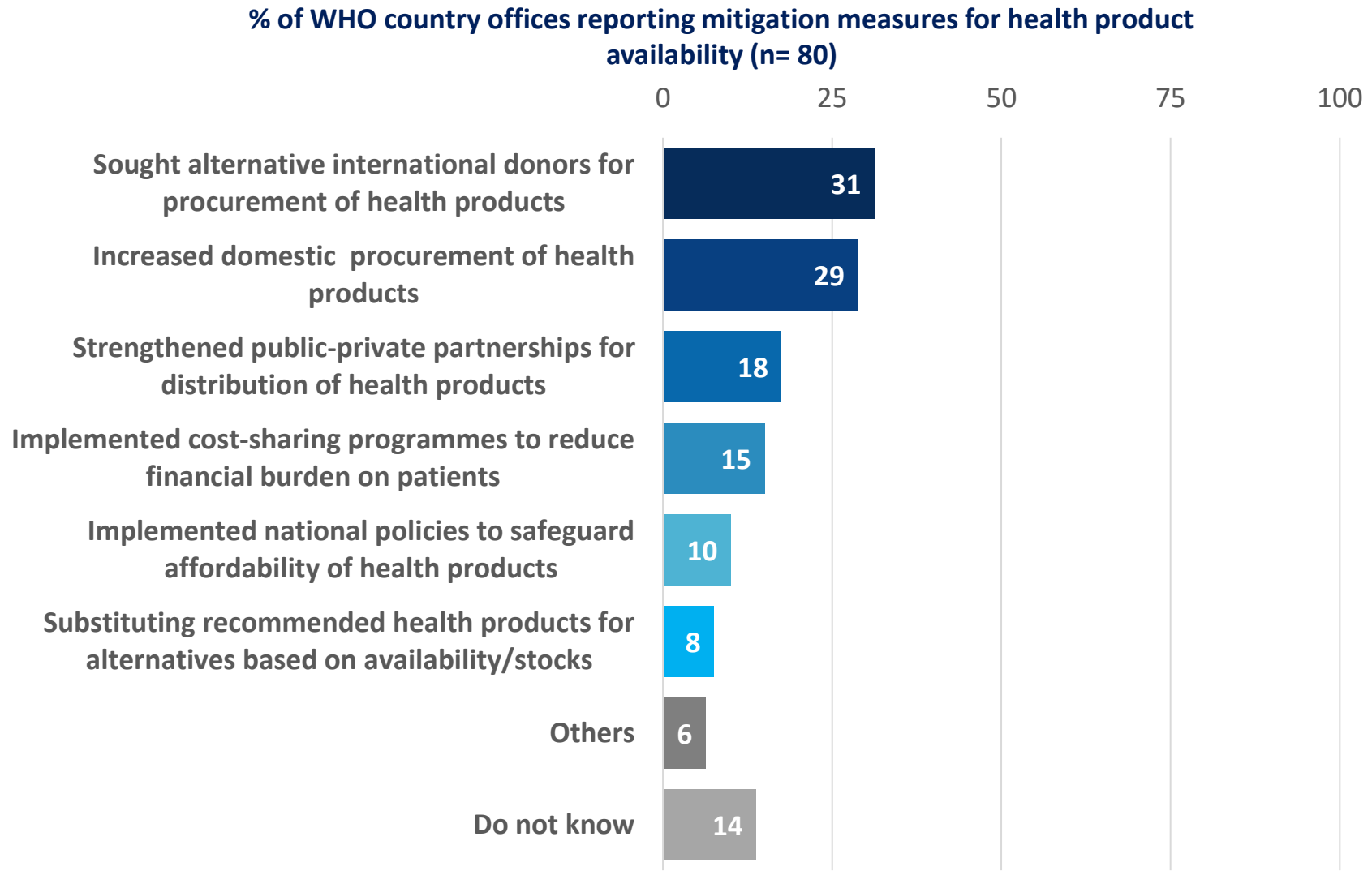
% of WHO country offices reporting effects on availability of health products



Note: Service areas are listed in descending order based on overall impact (severe + moderate + minimal)

Including medicines, medical devices including diagnostics, vaccines, assistive products and other health products

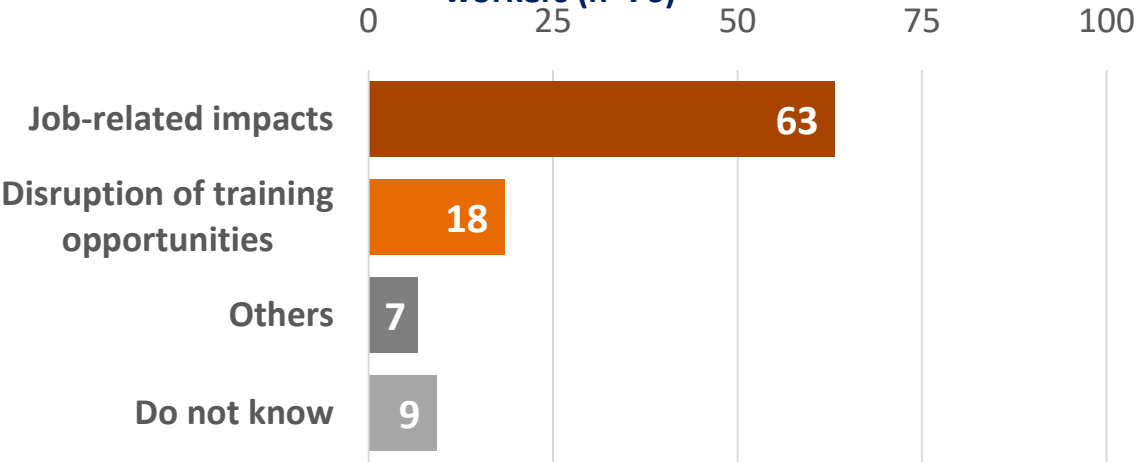
- Most common measures include:
- ✓ Seeking alternative donors to procure health products
 - ✓ Increasing domestic procurement of health products
 - ✓ Strengthened public-private partnerships



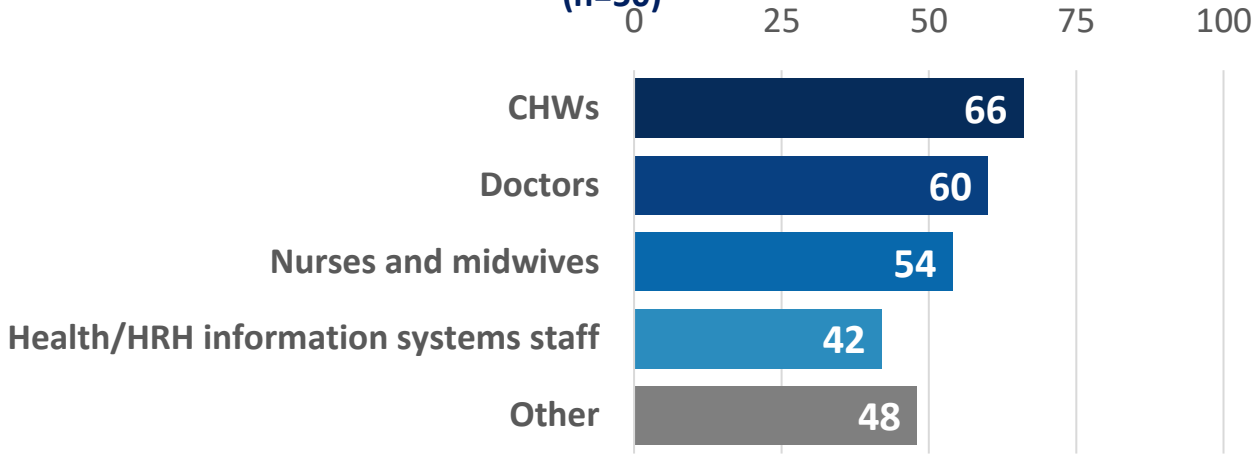
- Over half (63%) of WHO country offices reported job-related impacts on health & care workers in countries, including:
 - job losses (53%)
 - temporary leave (28%)
 - salary suspension (28%)
 - salary reduction (12%)
- The second most commonly reported effect was disruption in training* (18%)

- 47% of WHO country offices (50/106) reported that at least one health occupation has been affected by the current reductions in health ODA.
- Community health workers (CHWs), medical doctors and nursing and midwifery personnel are among the occupations most frequently affected (>50% of responding WHO country offices)

% of WHO country offices reporting effects on health & care workers (n=76)



% of WHO country offices reporting mainly affected occupations (n=50)



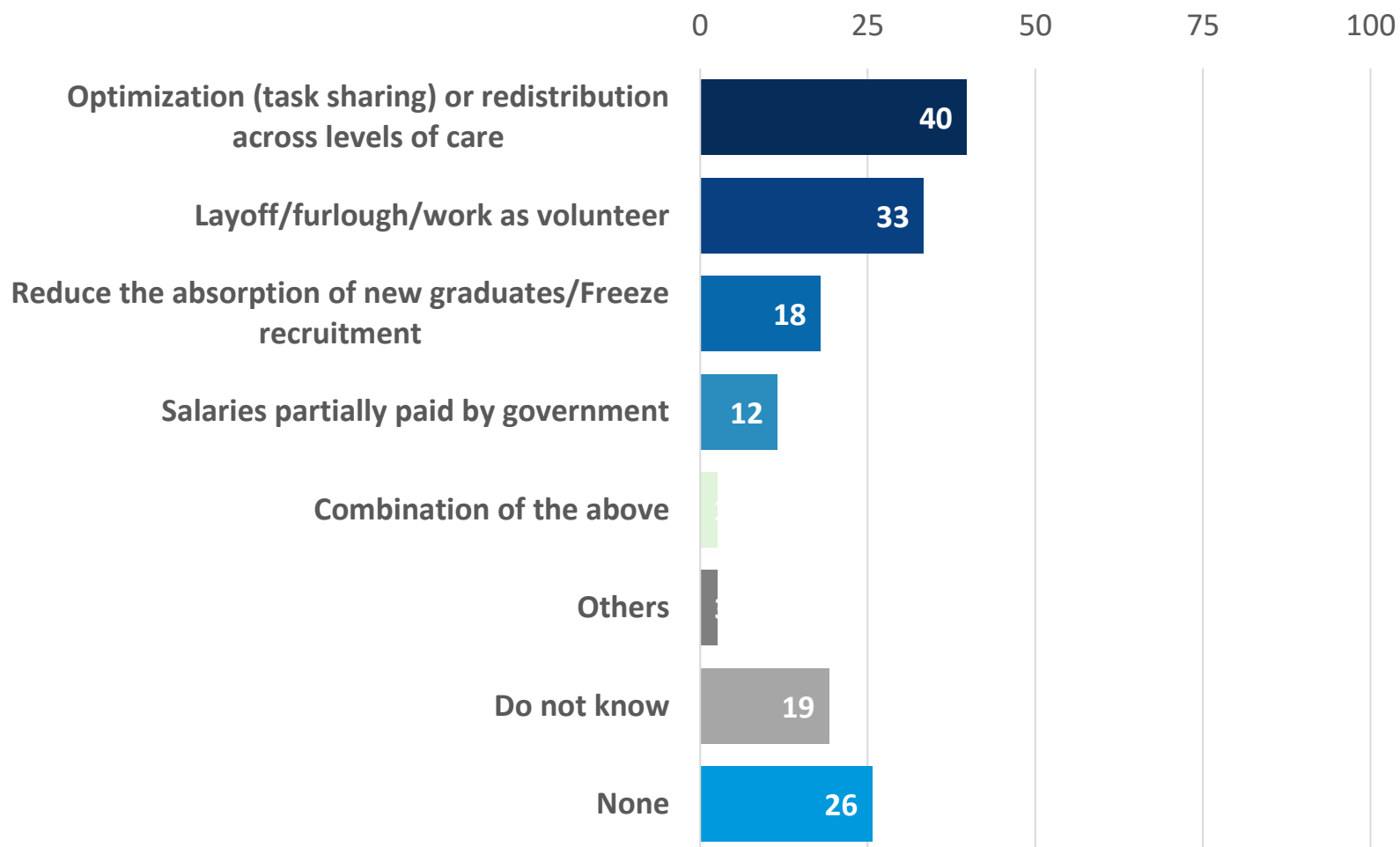
*35 countries reported both job-related impacts as well as disruptions to training opportunities. In these instances, the response was counted as job-related impact alone as it is considered the more severe effect.

*Examples of other affected occupations: Health promotion & prevention specialists; Social workers & psychosocial staff; Laboratory staff & other ancillary health workers; Public health professionals; NGO workers/consultants; Other admin, financial, programme management, transport & support staff

Most common measures include:

- ✓ Optimization of service (task sharing) or redistribution across levels of care (40%)
- ✓ Layoffs / furloughs/ asking health and care workers to work as volunteers (33%)
- ✓ Reduce absorption of new graduates/freeze recruitment (18%)
- ✓ Salaries fully/partially paid by governments (12%)

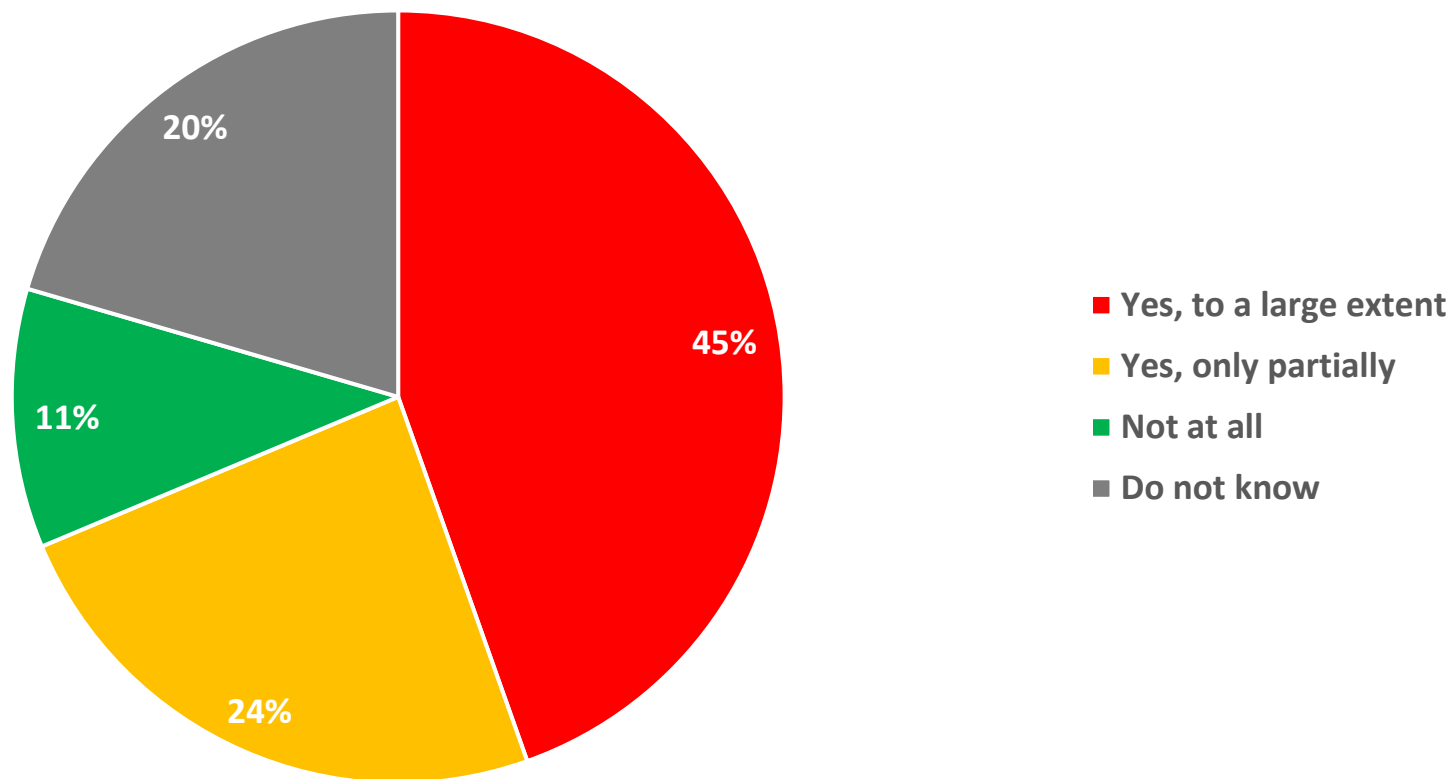
% of WHO country offices reporting mitigation measures for health & care workforce (n=78)





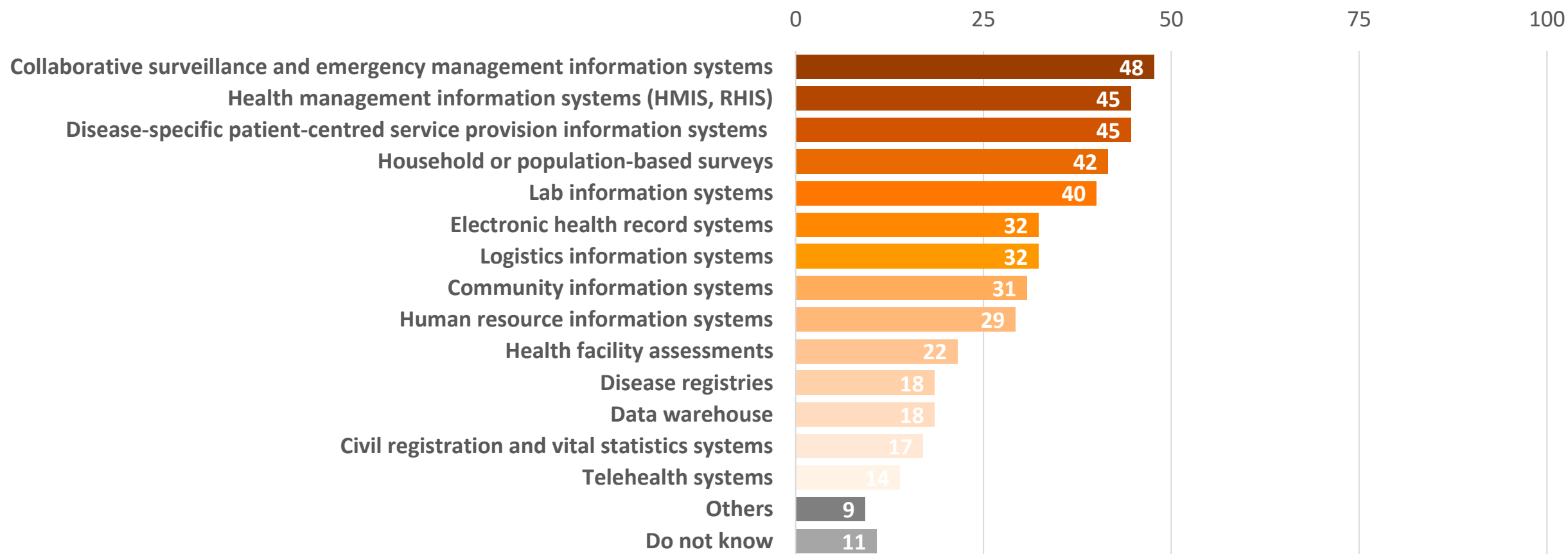
Most WHO country offices expect further impact on future health and care worker recruitment in countries (69% of 83)

% of WHO country offices expecting a likely impact on future health & care worker recruitments in country (n=83)



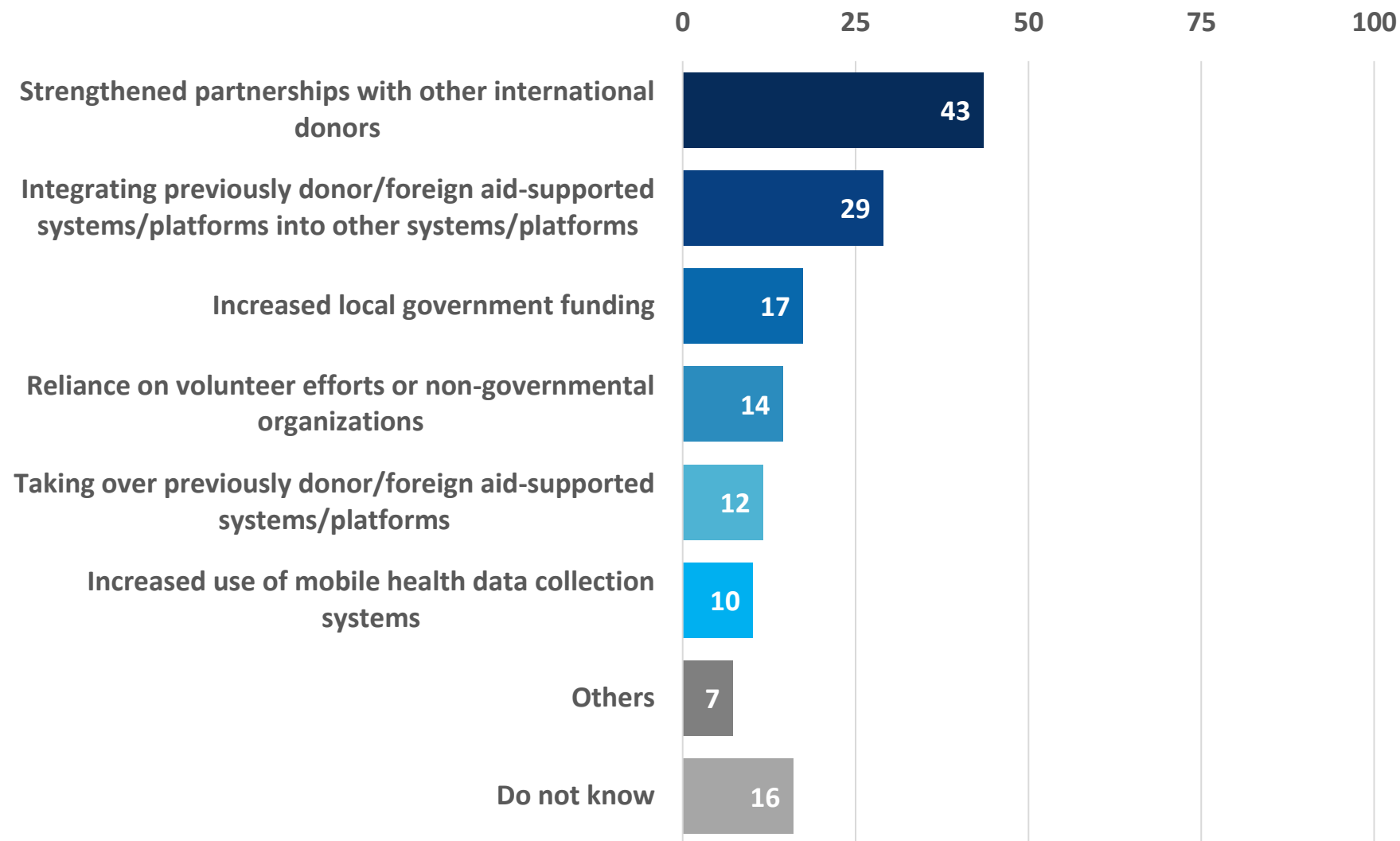
Over 40% of WHO country offices reported country disruptions to: collaborative surveillance & emergency management information systems, health management information systems, other disease-specific reporting systems, household/population surveys & lab information systems

% of WHO country offices reporting disruptions to data & digital systems (n= 65)

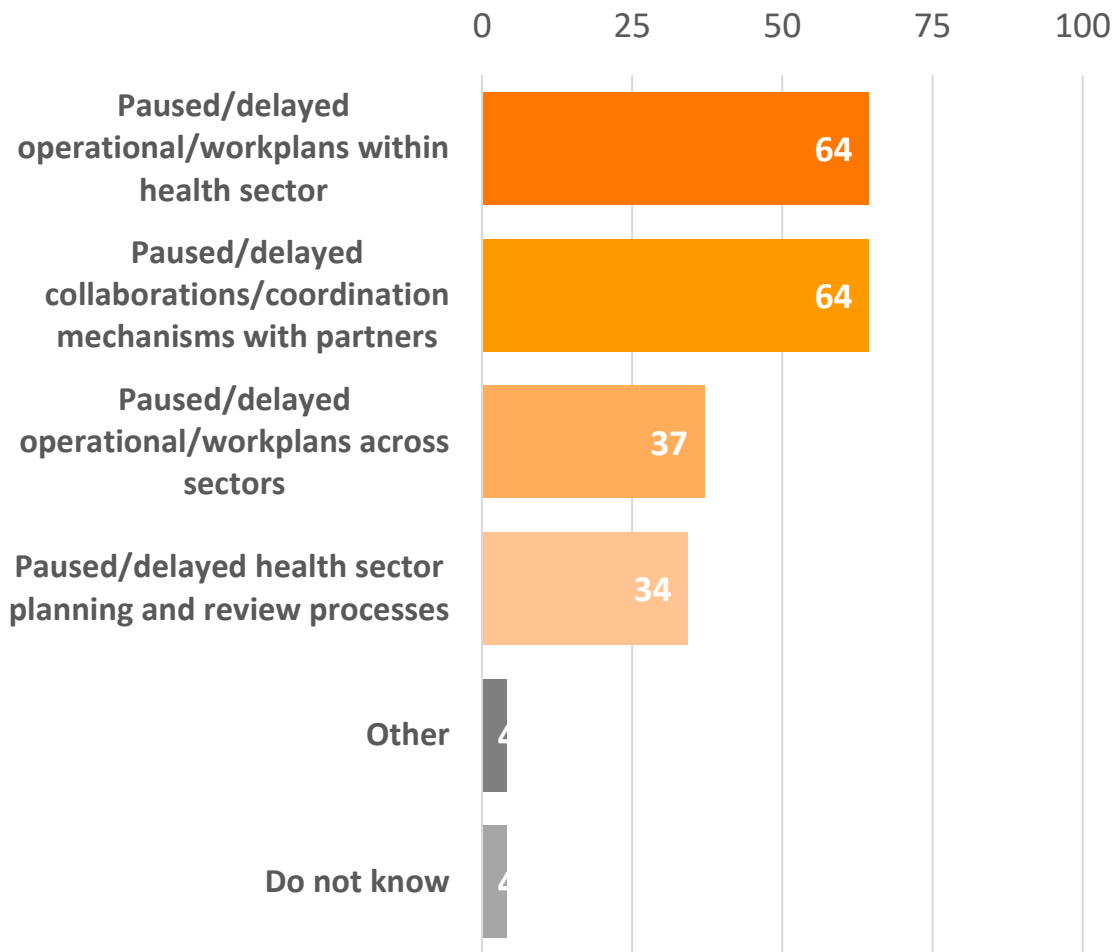


Over 40% of WHO country offices reported that countries have strengthened partnerships with international donors to mitigate the impact on health information

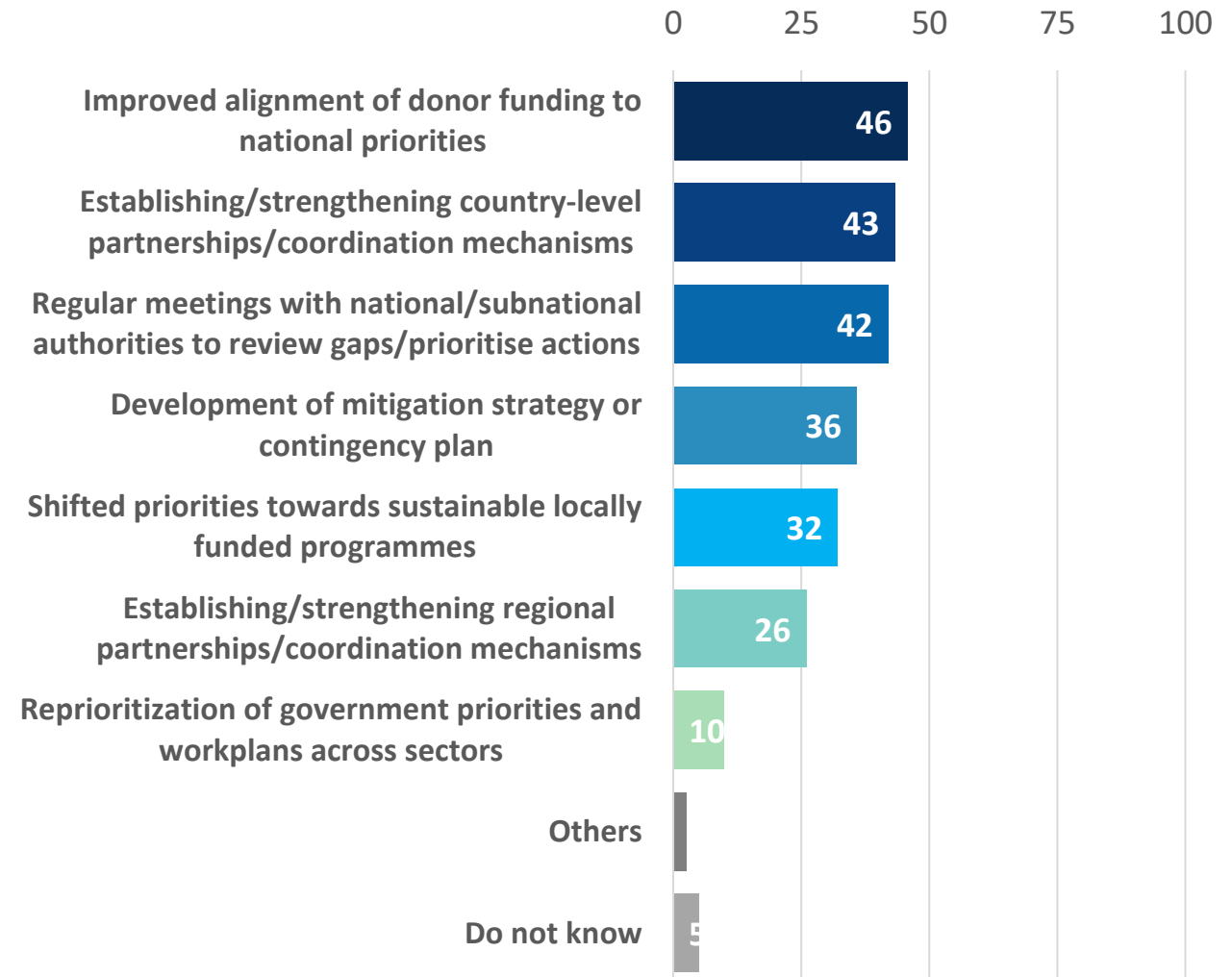
% of WHO country offices reporting mitigation measures for data sources & systems (n=69)



% of WHO country offices reporting effects on health governance, planning & prioritization (n= 73)



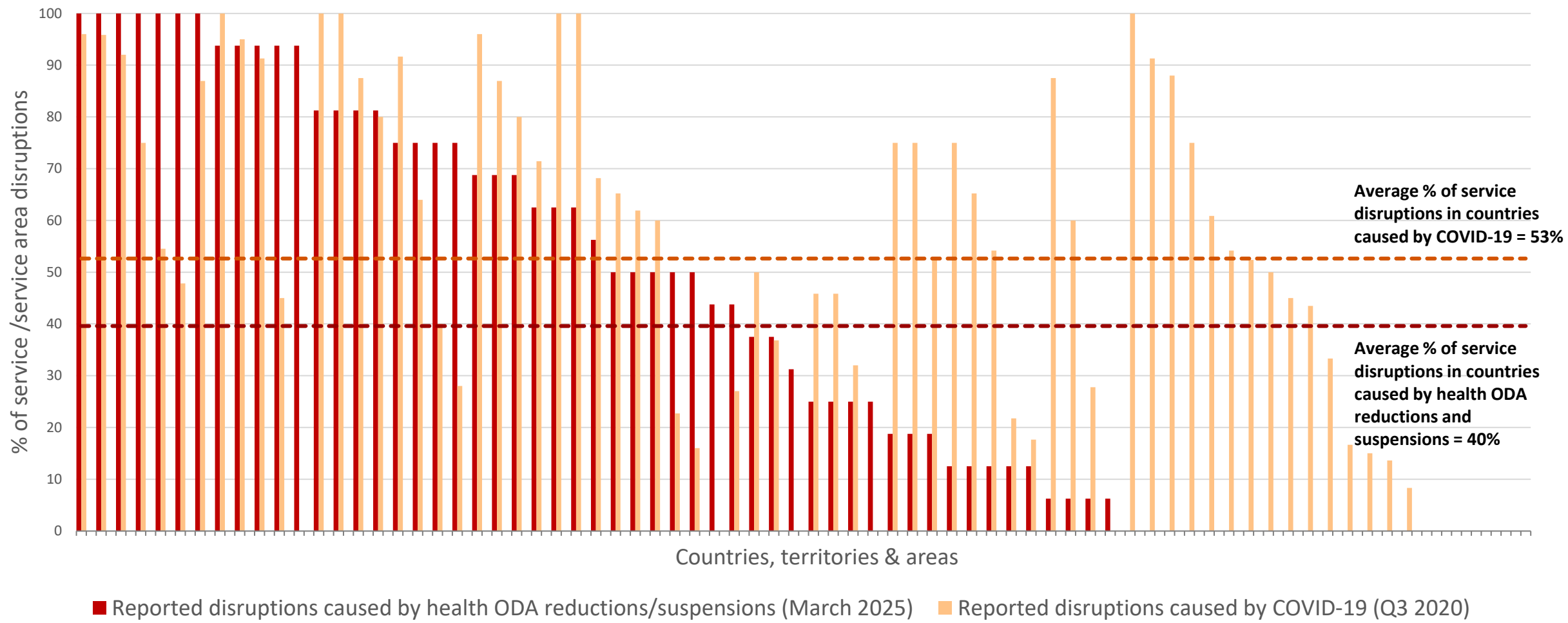
% of WHO country offices reporting mitigation measures for health governance, planning & prioritization (n=81)



*Example of other effects: Affected health system reform & transformation activities

⚠ Contextualizing magnitude of disruptions

Magnitude of service disruptions due to current health ODA suspensions and reductions is 3/4 of disruption level at COVID-19 peak (n=74)



Note: Figure includes findings from 74 countries for which information on service disruptions are available through both the March 2025 Rapid WHO country office stock take as well as the Q3 2020 [WHO EHS pulse survey during COVID-19](#)

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