

## **MSF Bilateral Briefing: Potential Impact of the UK Aid Cuts**

April 2025

Humanitarian crises are worsening in key regions where MSF works, including Sudan, Democratic Republic of Congo (DRC) and Gaza, where the vulnerability of populations is growing rapidly. Meanwhile, protracted crises in contexts such as Yemen, Bangladesh, Afghanistan and South Sudan have faded from the public eye, as well as from the priority lists of the UK government and in parliament.

The gap between urgent humanitarian needs and an effective response is widening rapidly, exacerbated by the US government's cuts to foreign aid. These cuts have been followed by reductions in aid from other donors, including the UK, which intends to reduce its ODA budget from 0.5% to 0.3% by 2027.

Previous cuts to the UK's aid budget in 2020/2021 had a devastating impact on the most vulnerable people. Further reductions will only worsen the situation for many people around the world. Instead of following other donors in this race to the bottom, the UK should be stepping up.

This paper aims to highlight key contexts where aid cuts are likely to have the most immediate and acute impact. We outline four case studies describing the current gaps seen by MSF, before analysing the potential impact of further cuts to the UK's humanitarian aid budget in these contexts. This analysis does not include all the countries which will be impacted nor the full range of impact which the cuts will have.

### **Contents**

Bangladesh: Reducing aid in the world's largest refugee camp .....	2
South Sudan: A fragile health system with high levels of displacement.....	4
Afghanistan: Escalating needs among children but fewer services .....	7
Yemen: Rising malnutrition amid long-term conflict .....	11

Facts: FCDO bilateral aid £61 million in 2024/25<sup>1</sup>; £75 million in 2021/22

### Background

An estimated 1.1 million Rohingya refugees currently reside in Cox's Bazar district, Bangladesh, making it the largest refugee settlement in the world. While Bangladesh has hosted Rohingya refugees since 1978, the largest forcible displacement occurred in 2017 when over 700,000 people fled extreme violence in Rakhine state, Myanmar, and sought refuge in Bangladesh. More recently, renewed violence in Rakhine state since late 2023 has forced thousands more to seek safety. Even before the recent arrivals, the aid response was overstretched.

Around 80% of the Rohingya population in Bangladesh – nearly one million people – live in fenced camps in Cox's Bazar district, while around 36,000<sup>2</sup> have been relocated to the remote cyclone-prone island of Basan Char. As the world's largest stateless minority, nearly all Rohingya refugees in Bangladesh live without basic human rights. They are denied citizenship, legal residency, livelihood opportunities and essential services such as education and healthcare. Their movement outside the camps is also highly restricted.

With no legal status, Rohingya refugees are almost entirely dependent on humanitarian aid provided within the overcrowded refugee camps. In the camps, daily life is challenging and extremely precarious. Living conditions are unsanitary and the most basic services are lacking. MSF has reported persistent gaps in the availability of healthcare, nutrition, and water, sanitation and hygiene (WASH).<sup>3</sup> Amidst rising insecurity, the lack of adequate protection services leaves refugees highly vulnerable to gender-based violence, exploitation and forced enrolment into armed groups, all of which are widespread within the camps.

### Funding gaps

For years the Rohingya humanitarian response has been chronically underfunded. In 2024, the UN's response plan covered only 65% of required funding.<sup>4</sup> This shortfall is set to worsen following significant US funding cuts; so far, the 2025 plan is only 15% met.<sup>5</sup> This will have a severe impact given that the US funded almost half of the UN's response to Rohingya refugees in 2024 – about US\$300 million. Chronic underfunding has already led to a tangible decline in the quality and availability of essential services across key sectors, with growing consequences for health, food security and protection:

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<sup>1</sup>Anneliese Dodds Ministerial Statement made in February <https://questions-statements.parliament.uk/written-statements/detail/2025-02-06/hcws421>

<sup>2</sup> [www.data.unhcr.org/en/documents/details/115837](http://www.data.unhcr.org/en/documents/details/115837)

<sup>3</sup> Médecins Sans Frontières, "[Behind the Wire - Impact of state containment and exclusion strategies on the Rohingya](#)", August 2024

<sup>4</sup> [Rohingya Humanitarian Crisis Joint Response Plan 2024](#)

<sup>5</sup> UNOCHA [Joint Response Plan](#) FTS 2025

- **Nutrition:** Around 45% of Rohingya refugee families lack sufficient resources to maintain a balanced diet, contributing to a steep rise in malnutrition. In 2024, cases of severe acute malnutrition among children rose by 27% compared to 2023.<sup>6</sup> Funding shortfalls triggered two food ration cuts in 2023 – reducing monthly support from US\$12 to US\$8 per person. Although assistance briefly recovered in 2024, the World Food Programme (WFP) warned in March 2025 that, without an additional \$81 million in funding, rations would be halved from US\$12 to US\$6.<sup>7</sup>
- **Health and WASH:** Health centres, largely reliant on humanitarian aid, face ongoing shortages of staff, medicines and essential supplies. WASH services have also been compromised. Reductions in soap distribution have impacted personal hygiene, particularly for women and girls, while heightening the risk of disease outbreaks. In 2024, MSF saw a significant increase in cholera cases,<sup>8</sup> alongside widespread blood-borne hepatitis C infections,<sup>9</sup> placing additional strain on the already fragile health service infrastructure.
- **Protection:** Security in the camps is deteriorating, with increased activity from armed groups and rising levels of criminal violence. Between 2017 and 2023, MSF documented a 68% increase in violence-related injuries at clinics in Kutupalong camp. Women and children face heightened risks, including forced marriage, child trafficking and gender-based violence. Despite growing needs, protection activities – including gender-based violence and child protection services – require US\$90.8 million in funding, much of which remains unmet.<sup>10</sup>

### The role of UK aid in Bangladesh's health system

UK aid to the Rohingya crisis in Bangladesh was already reduced by around 40% due to aid cuts in 2020/21.<sup>11</sup> A further reduction in UK bilateral and multilateral funding to Bangladesh – particularly for the Rohingya response – would have serious consequences across multiple sectors, compounding the effects of already-declining donor support.

### Potential impact if the UK reduces funding for Bangladesh:

- **Nutrition:** UK funding plays a critical role in addressing food insecurity in the camps, with approximately 50% of its aid directed to nutrition-related programmes, mainly channelled through the WFP and NGO partners. The UK was the second-largest donor to the WFP in 2023, contributing £13.3 million. The Foreign, Commonwealth and Development Office (FCDO) was instrumental in mobilising for the restoration of food rations in 2023, preventing further deterioration.<sup>12</sup> With other donors retreating, any reduction in UK funding risks reversing these gains and exacerbating malnutrition, especially among vulnerable Rohingya communities where malnutrition rates are already rising.

<sup>6</sup> [27 per cent surge in number of children admitted for severe acute malnutrition treatment in Rohingya refugee camps](#), UNICEF 11 March 25

<sup>7</sup> [WFP appeals for urgent funding to prevent ration cuts to over one million Rohingya refugees in Bangladesh](#), WFP, 7 March 2025

<sup>8</sup> [Battling Cholera: WHO's lifesaving efforts in Rohingya Camps amid global resurgence!](#) WHO

<sup>9</sup> [Battling Viral Hepatitis in Rohingya Camps amid mounting risk and resource crunch](#) WHO

<sup>10</sup> United Nations [Joint Rohingya Response Plan 2025](#)

<sup>11</sup> [UK accused of 'abandoning' Rohingya with 'catastrophic' 40per cent aid cut](#), The Guardian

<sup>12</sup> Annual report for [Rohingya Response and National Resilience Programme](#) (RRNRP) programme, Dev Tracker FCDO

- **Protection:** The UK has also been a key contributor to protection efforts, providing support through UNICEF and UNFPA. In 2024, it funded approximately 13% of the UN's protection response.<sup>13</sup> Further cuts to UK aid would undermine essential protection services, including gender-based violence prevention, child protection and psychosocial support, at a time when needs are escalating.

### South Sudan: A fragile health system with high levels of displacement

Facts: FCDO bilateral aid £134.1 million in 2024/25; £76.2 million in 2021/22<sup>14</sup>

South Sudan faces critical humanitarian needs driven by ongoing conflict, food insecurity, disease outbreaks, an economic crisis and high vulnerability to climate shocks such as floods and drought. The combination of these factors has severely disrupted livelihoods and left millions of people – including refugees and returnees from Sudan – with limited access to basic services. The country is now on the brink of deeper instability, with ongoing clashes between government forces, opposition forces and other armed groups triggering further mass displacement and severely impacting the humanitarian response.

Humanitarian needs have been rising sharply: the number of people in need of aid has grown from 6.4 million in 2015 to 9.3 million in 2025 – around 70% of the total population.<sup>15</sup> Ongoing waves of displacement have strained already limited resources. Since April 2023, more than one million refugees and returnees have entered South Sudan – representing a 7.5% increase in South Sudan's population. South Sudan lacks the capacity and resources to absorb this influx yet remains at the margins of international attention.

In early 2025, the US government announced a 90% cut to USAID contracts worldwide. This has had a particularly severe impact on South Sudan, which remains highly dependent on humanitarian aid. With US support previously exceeding US\$700 million annually (excluding peacekeeping funds), the 2025 South Sudan Humanitarian Response Plan (HRP) has been drastically revised, reducing the number of people targeted for assistance by half (from 5.4 million to 2.8 million).<sup>16</sup> With needs already outpacing resources, further funding cuts would worsen the crisis further.

Just days after the US announced its 90-day funding pause, the Swiss government followed suit, cutting aid to multiple UN agencies. UNAIDS was among the most affected, losing CHF 3 million (approx. US\$3.3 million), while UNICEF funding dropping from CHF 18 million (approx. US\$19.8 million) to CHF 14 million (US\$15.4 million). These cuts come after the Swiss parliament voted to slash the foreign budget by CHF 110 million (approx. US\$121 million) in December 2024. Similarly, in 2024 Sweden's new administration withdrew all development funding from South Sudan, including previously pledged contributions to the South Sudan Health Sector Transformation Project (HSTP) – reducing its annual budget from US\$156 to US\$130 million.

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<sup>13</sup> UNOCHA [UN Humanitarian Response 2024](#)

<sup>14</sup> [UK aid: spending reductions since 2020 and outlook from 2024/25](#)

<sup>15</sup> UN OCHA [Humanitarian Needs Overview](#) South Sudan 2024

<sup>16</sup> <https://humanitarianaction.info/plan/1223>

## Chronic health underfunding and poor service delivery

At a time when humanitarian needs are surging, severe funding cuts are pushing South Sudan's healthcare system toward collapse. According to the World Health Organization (WHO), only 44% of the South Sudanese population has access to basic health services, and this figure is rapidly declining.

The [Health Sector Transformation Project \(HSTP\)](#), launched in 2024, has so far failed to meet even the most basic healthcare needs, despite its stated goals to support health service delivery across the country. The HSTP remains poorly adapted to South Sudan's complex and conflict-prone environment. Critically, its emergency response pillar remains unfunded, limiting its ability to react to crises. Meanwhile, health spending by South Sudan's government remains extremely low, with only 1.3% of the national budget allocated to the sector in 2025 (down from 2% in 2024).

## Displacement

Ongoing insecurity in Upper Nile state has displaced an estimated 50,000 people as of late March, according to the UN Office for the Coordination of Humanitarian Affairs (OCHA), with thousands fleeing to Ethiopia's Gambella region and others sheltering along the Sobat River. Living conditions for the displaced are reportedly very dire, with many people living in makeshift shelters under trees, in schools, or sharing overcrowded spaces with host families, and often lacking access to food, clean water, sanitation and medical care. With many health facilities around Nasir and Ulang counties now destroyed or inaccessible, local authorities have reported cholera-related deaths occurring at home, with no medical assistance available. MSF's 60-bed hospital in Ulang had to close on 14 April 2025 after being looted, just days after treating over 150 war-wounded patients.

While the exact scale of displacement remains unclear, its impact on food security raises serious concerns about a potential rise in malnutrition. Much of Greater Upper Nile region is already classified as IPC Phase 4 (Emergency) and now faces a double emergency: hunger and disease, with access severely limited by both insecurity and geography. Violence-driven displacement is putting further strain on communities that already struggle to find available livelihoods. With rains expected soon and flooding likely in areas like Fangak (Jonglei state), food insecurity is expected to worsen sharply. Without immediate international support, widespread mortality is likely in the coming months.

Meanwhile, displacement from Sudan continues to place additional strain on South Sudan's already overstretched services. Since April 2023, over one million refugees and returnees have entered the country, with 86% crossing through Upper Nile state. In December 2024 alone, more than 120,000 refugees and returnees arrived, many settling in Renk and informal settlements along the border, where there are severe shortages of food, water, shelter and healthcare. Living conditions remain dire for both displaced and host communities in and around Renk, despite two years having passed since the onset of the crisis.

The situation is further exacerbated by ongoing violence, a national cholera outbreak and the near collapse of emergency medical services. The HSTP, designed to support routine service delivery through government facilities, is not equipped to respond to emergencies such as mass casualties, disease outbreaks or sudden influxes of displaced people. This lack of emergency capacity is especially alarming in the current context. In Upper Nile state, only two surgeons are available to serve a population in a region already burdened by conflict and mass displacement. Moreover, poor sanitation and a limited humanitarian presence continue to increase the risk of disease, while the approaching rainy season threatens to cut off access to critical areas. Urgent pre-positioning of supplies and a well-coordinated, adequately funded multisectoral response are essential to prevent further deterioration of the situation.

### **The role of UK aid in South Sudan's health system**

UK aid to South Sudan was already significantly reduced due to previous cuts to the UK's aid budget, which saw a reduction of 63% from 2021 (£208 million in 2018 to £76 million in 2021).<sup>17</sup> These cuts had a huge impact on healthcare, as the UK was the largest donor of the Health Pooled Fund (HPF), the largest donor-led healthcare programme in South Sudan at the time.<sup>18</sup> The cuts in UK aid left 200 health facilities<sup>19</sup> – including eight major hospitals – without support, severely limiting access to essential health services. As the UK has stepped back from large-scale funding of healthcare, the HPF has now been incorporated into the HSTP as a multi-donor healthcare financing and service delivery programme, currently supporting 816 health facilities across South Sudan's 10 states and three administrative area. The announced US\$130 million annual budget for the HSTP is grossly inadequate to support 816 facilities (in the first phase of implementation), even at basic service level.

The FCDO's reduced funding raises concerns about meeting humanitarian needs, especially in overcrowded camps, informal settlements and during emergency responses. With ongoing displacement, violence and food insecurity, South Sudan requires urgent interventions in health, WASH and nutrition, particularly in states such as Upper Nile, Unity and Jonglei.

### **Potential impact if the UK reduces funding for South Sudan:**

- **Increased mortality and morbidity:** Reduced funding would exacerbate the gaps already present in South Sudan's fragile healthcare system, leading to more preventable deaths and illnesses, particularly among children, pregnant women, displaced populations and refugees. Displacement, flooding and the loss of livelihoods are pushing more areas into [IPC Phase 4 and 5](#) levels of food insecurity. Without urgent support to restore supply chains and reach isolated communities before the lean season, humanitarian actors will be unable to deliver lifesaving food and nutrition assistance. The current lack of sufficient healthcare infrastructure and resources would be further strained, worsening outcomes and driving a sharp increase in outbreaks of preventable diseases such as measles, yellow fever, malaria and cholera.

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<sup>17</sup> FCDO [International Development Statistics](#) (2018 and 2022 comparison)

<sup>18</sup> FCDO Annual Report of HPF, November 2024, available at [Dev Tracker](#).

<sup>19</sup> <https://www.everadio.org/hpf-scales-down-funding-8-major-hospitals-to-be-affected/>

- **Inability to respond to humanitarian crises:** Humanitarian organisations in South Sudan are already overstretched and under-resourced and are struggling to respond to ongoing violence, displacement, disease outbreaks and floods. The health system lacks the flexibility and resources to adapt to rapid changes. Humanitarian actors, already stretched thin, are operating with limited personnel, supplies and funding. Cuts have halted key services, such as the transport of returnees from border areas by the International Organization for Migration (IOM), leading to overcrowding and unmet needs in transit centres, informal entry points and high-displacement areas in Upper Nile state. Additional funding cuts would further exacerbate these gaps. Instead, immediate donor support is crucial to restore emergency funding, strengthen logistics and urgently pre-position supplies ahead of the rainy season to ensure continued access to high-risk and hard-to-reach areas.
- **Pressure on the health system:** Cuts would deepen existing gaps in essential services, including maternal and child healthcare, malnutrition programmes and access to medical supplies. Ten months into the transition to HSTP, implementation challenges are worsening, with persistent gaps in medical supplies and delayed or insufficient incentive payments to healthcare workers driving gaps in service delivery. For example, many primary healthcare facilities, especially in conflict-affected areas like Ulang, Nasir and Malakal, are now closed or barely functional, operating without staff or essential supplies. Reduced funding would limit the health system's ability to address emerging needs effectively, leaving more people at risk.

### Afghanistan: Escalating needs among children but fewer services

Facts: FCDO bilateral aid £171.0 million in 2024/25; £285.5 million in 2021/22<sup>20</sup>

#### Background

Afghanistan's healthcare system was already highly dysfunctional and under-resourced before the Taliban's takeover in August 2021, but an increase in access due to the improved security situation after 2021, as well as the onset of the economic crisis, has put further strain on it. These issues have consistently blocked the development of much-needed long-term strategies and coherent planning.

In the past, UK aid has been critical in sustaining essential health services across Afghanistan. After initially suspending development assistance following the Taliban's takeover, the UK doubled its support to £286 million annually for 2021-22 and 2022-23. However, its planned spend for 2024-25 is significantly reduced at £151 million.<sup>21</sup>

<sup>20</sup> [UK aid: spending reductions since 2020 and outlook from 2024/25](#)

<sup>21</sup> See [ICAI information note](#), July 2024

This funding includes support for the delivery of primary and secondary healthcare, for example through the UK's contribution to the World Bank's Afghanistan Reconstruction Trust Fund (ARTF) .which had been filling critical gaps in the country's secondary healthcare following the Taliban takeover.<sup>22</sup> Without urgent and sustained investment in the health system, the consequences will be catastrophic – particularly for women and children, who face the greatest barriers to accessing care.

Despite a general perception of improved security, which has made movement easier for many people, access to healthcare remains a significant challenge. MSF has seen an increase in the number of people seeking care at our facilities, with some locations experiencing bed occupancy rates exceeding 100%. This high influx of patients does not necessarily indicate improved access for everyone and has serious implication on quality of care. Many individuals still face serious obstacles, often arriving only when their condition has become critical. Long travel distances and the difficult decision of whether they can afford the journey often delay access to timely medical care.

### **Impact of previous aid cuts**

The Taliban's takeover had a seismic impact on the aid system and economy in Afghanistan, as an aid-dependent economy where, prior to 2021, international aid funded 75% of the country's total public expenditure, including on health.<sup>23</sup> As international donors pulled funding following the Taliban's takeover of Kabul, the impact on the country's already failing health system was an unmitigated disaster for Afghans, who were already facing widespread poverty, were unable to afford healthcare and were living in a country on the edge of economic collapse. Large-scale health programmes – such as the World Bank's US\$600 million Sehatmandi Project – meant that local health providers, who played a critical role in more remote areas of the country, lost funding overnight.<sup>24</sup>

Afghan hospitals faced a sharp reduction in funds coupled with the loss of qualified medical staff.

### **High needs amongst children**

Children's health needs in Afghanistan are high and continue to grow, highlighting the urgent need for sustained support and investment. Trying to meet the increasing needs, MSF has expanded its scope in several projects over the past few years and started a new paediatrics project in Mazar-i-Sharif regional hospital in August 2023. MSF started supporting Boost provincial hospital in Helmand province in 2009; since then the hospital has expanded from a 150-bed to a 340-bed facility, while neonatal intensive care unit (ICU) admissions increased from 4,177 in 2022 to 5,896 in 2024 – a 41% increase in just two years. Medical staff in the paediatric department at Boost hospital face regular waves of malnutrition as well as infectious diseases such as measles, adding further strain to already overstretched resources. Currently,

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<sup>22</sup> [ICRC scales up support to prevent the collapse of health care](#), 2022

<sup>23</sup> [World Bank Public Expenditure Update](#)

<sup>24</sup> ["A Disaster for the Foreseeable Future" Afghanistan's Healthcare Crisis](#), Human Rights Watch, February 2024



three MSF projects are responding to a surge in measles cases, with admissions 179% higher than in the same period last year.

#### Key data on paediatrics

- In Boost hospital's neonatal ICU, admissions have increased by 41% since 2022.
- The hospital is so overcrowded that often two or three children share the same bed – last year, bed occupancy rates in Helmand and Mazar-i-Sharif's paediatric and neonatal ICUs fluctuated between 113.4% and 155.2%.
- Boost hospital struggles with late arrivals, and mortality rates in the paediatric and neonatal ICUs can be as high as 18.1% and 19% respectively.
- In 2024, about 30% of deaths in Boost hospital's paediatric ICU occurred within 24 hours due to late arrival.

Bed occupancy rates in paediatric departments in hospitals supported by MSF remain unacceptably high, despite increases in bed capacity. In 2024, the average paediatric ICU bed occupancy rate was 160% in Mazar-i-Sharif regional hospital and 120% in Herat regional hospital. The situation is similar in neonatal ICUs: in Boost hospital, bed occupancy rates fluctuated from 113.4% to 155.2% in 2024 and in Mazar-i-Sharif hospital, the average bed occupancy rate was 143.4%. During last year's malnutrition peak, bed occupancy rates at Herat regional hospital and Boost hospital's inpatient therapeutic feeding centre (ITFC) both surpassed 200%. The overstretched facilities and overburdened staff have detrimental consequences for the quality of care and the health outcomes of our patients. Children in ICUs require close follow-up and monitoring – something that becomes very challenging for our staff when a significant proportion of the patients are critical cases and the bed occupancy rate is consistently above 100%.

The reasons for the increase in paediatric admissions are myriad. The end of the 20-year conflict in August 2021 led to a general improvement in the security context, which contributed to the increase in the number of people able to reach MSF health facilities. In Boost hospital, for example, the emergency department saw a 51% increase in patients in 2022 compared to 2021. Nevertheless, the higher influx of patients does not mean that getting to hospital was without challenges, or that they did not delay seeking healthcare until they had no other option. In 2022, 87.5% of patients surveyed said that costs were their main barrier to accessing healthcare. With the ongoing economic crisis, this is unlikely to have changed for the better. According to a 2022 MSF survey,<sup>25</sup> “88% of the respondents either delayed, suspended or forewent seeking medical care and treatments due to the reported barriers [...], of which 52% believe their relative died due to lack or delayed access to healthcare.” This trend is witnessed by our teams every day as more and more critical cases arrive at our facilities too late to be saved.

In 2022, the Ministry of Public Health reported that total health expenditure in Afghanistan was made through out of pocket charges up to 79%, the donor accounted to 20% and the MoPH the remaining 1%.

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<sup>25</sup> [https://www.msf.org/sites/default/files/2023-02/Report\\_Persistentper cent20Barriersper cent20tooper cent20Accessper cent20Healthcareper cent20inper cent20Afghanistan\\_FINAL.pdf](https://www.msf.org/sites/default/files/2023-02/Report_Persistentper cent20Barriersper cent20tooper cent20Accessper cent20Healthcareper cent20inper cent20Afghanistan_FINAL.pdf)

## Disease outbreaks

We have seen a surge in measles patients at three MSF-supported hospitals since January 2025. While measles is endemic in Afghanistan, such a high number of cases so early in the year is cause for alarm. On average at least one has died from measles every day so far in 2025 across Mazar-i-Sharif regional hospital, Herat regional hospital and Boost hospital. This is almost three times as many deaths as during the same period last year.

At the three hospitals in Afghanistan where our teams are supporting measles detection and treatment, we recorded 4,799 children with suspected measles in the first eight weeks of 2025. This includes complicated measles cases (25%) that require admission to hospital, and less severe cases (75%) requiring outpatient treatment.

At Herat regional hospital, MSF has launched an emergency response to the high number of complicated measles cases that we are treating. Our teams are expanding our measles isolation ward from 11 to 60 beds, hiring additional staff and tapping into emergency supplies of medications. Our teams admitted 664 patients in the first eight weeks of 2025, a 180% increase on the same period in 2024.

## The role of UK aid in Afghanistan's health system

- The UK has been a significant donor to Afghanistan's health sector
- UK-funded programmes, including the **Health Emergency Response (HER)** and formerly the **System Enhancement for Health Action in Transition (SEHAT)** programmes, have supported primary healthcare, maternal services and clinics across all 34 provinces.
- The UK has also contributed to **nutrition and food security initiatives, midwifery training and community health worker deployment.**

## Potential impact if the UK reduces funding for Afghanistan:

- **Further collapse of the health system:** With reductions in aid, hospitals and clinics – especially those in rural areas – are shutting down or severely scaling back their operations. Millions of people are being left without access to even the most basic medical care.
- **Maternal and child health at risk:** Preventable child deaths from diarrhoea, pneumonia and malnutrition are already rising. As services vanish, the UK's previous investments in maternal and child health are being undermined.
- **Increased mortality and long-term harm:** Untreated chronic illnesses such as diabetes, asthma and hypertension are contributing to avoidable deaths and long-term disability. The decline in healthcare access is expected to reduce life expectancy and widen health inequalities.
- **Resurgence of preventable diseases:** UK support through Gavi and the Global Polio Eradication Initiative has helped sustain national immunisation campaigns. With declining vaccine coverage, Afghanistan is now experiencing measles outbreaks and renewed risk of polio resurgence. Years of progress in disease prevention are being undone.

Facts: FCDO bilateral aid of £260 million in 2019; pledge of £144 million in 2024/25<sup>26</sup>

Yemen remains one of the most severe humanitarian crises in the world. Years of conflict, economic collapse, and widespread food insecurity have left over 21 million people – two-thirds of the population – in need of humanitarian assistance. UK aid has played a vital role in providing lifesaving support to Yemeni communities. However, further reductions in multilateral and bilateral aid could have devastating and irreversible consequences for millions, particularly women and children.

Yemen risks slipping into a deeper malnutrition crisis. Since 2022, MSF has recorded alarmingly high numbers of malnourished children who require hospitalisation, with over 35,000 children admitted to MSF-supported facilities between January 2022 and December 2024.<sup>27</sup> These concerning figures do not include the thousands of children that MSF has treated for malnutrition as outpatients. In 2024, the peak malnutrition season pushed MSF-supported inpatient therapeutic feeding centres (ITFCs) beyond their limits. With the capacity to expand to 120 beds during peak malnutrition season, Abs hospital's ITFC recorded a staggering 200% bed occupancy rate in September 2024, followed by 176% in October – the highest levels seen in the past six years.

Yemen's economic downturn, high food insecurity and low vaccination rates, combined with poor health education and a weak healthcare system, are worsening community health vulnerabilities. We are now running the two largest and busiest ITFCs in all of Yemen (Abs and Ad Dahi ITFCs in Hajjah and Hudaydah governorates respectively). Cyclical malnutrition seasons are intensified by flooding during the rainy season and by outbreaks of infectious diseases (measles, cholera, malaria and dengue fever). With dramatic cuts in humanitarian funding by major donors, including the UK, improving access to healthcare and sustaining and scaling up humanitarian response efforts in Yemen will become increasingly difficult. The sudden downscaling of the work of more than a dozen aid organisations in Yemen comes at a very concerning time, with some actors announcing their withdrawal from Yemen entirely. Meanwhile, the prevention of malnutrition through health system strengthening, food assistance, vaccinations and health promotion activities all remain crucial.

Between January 2022 and December 2024, staff at MSF-supported facilities treated 35,442 malnourished children under five, with longer seasonal peaks and overwhelming caseloads during peak months. Around 14,000 malnourished children were admitted in 2023, followed by over 13,500 in 2024. To respond to alarmingly high needs in recent years, MSF expanded its malnutrition programmes by opening a 73-bed ITFC in Ad Dahi in October 2022, with a capacity of more than 100 beds during peak season. It has rapidly become the largest and busiest ITFC in Yemen, treating over 10,000 children within two years (2023 and 2024). This facility, along with five other MSF-supported ITFCs, is regularly overwhelmed by the number of severely malnourished children needing inpatient treatment during peak malnutrition seasons.

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<sup>26</sup> [House of Commons Research Briefing on Yemen](#)

<sup>27</sup> [MSF Report March 2025: Yemen's Rising Tide of Malnutrition - seasonal trends 2022 - 2024](#)

Yemen's malnutrition crisis demands an urgent and sustained allocation of resources, improved supply mechanisms and oversight to ensure quality of care. Strengthening routine immunisation and community health awareness programmes to meet the prevention and treatment needs of the rising number of vulnerable population groups is also key.

### **The role of UK aid in Yemen**

- The UK has historically been one of the largest humanitarian donors to Yemen, providing **bilateral support** and contributing through **multilateral channels** such as the UN, WFP and UNICEF.
- UK funding has supported **emergency health services, malnutrition treatment, maternal and child health programmes**, and **water and sanitation** projects.
- In 2023/24, the UK committed approximately £88 million to humanitarian support in Yemen – down significantly from previous years.

### **Potential impact if the UK reduces funding for Yemen:**

- **Rising malnutrition:** Malnutrition rates among children are escalating. Over 2.2 million children under five are already acutely malnourished (UNICEF, 2024). UK-funded malnutrition programmes provide therapeutic feeding and medical care to prevent death and irreversible developmental damage. Reductions in funding will force agencies to scale back treatment, leaving more children without lifesaving support.
- **Strain on health services:** Health facilities are already under severe pressure due to limited resources, shortages of medical supplies and damaged infrastructure. UK aid has supported over 120 health centres with essential services in recent years, including cholera treatment and maternal healthcare. Further cuts will lead to clinic closures, reduce access to vaccinations, and leave critical health services under-staffed and under-resourced.
- **Increased mortality:** Without timely access to medical care, preventable diseases and complications during childbirth are leading to rising death rates. Children, pregnant women and people with chronic illnesses are particularly at risk. Lack of UK support will directly contribute to avoidable deaths, reversing progress made in reducing child and maternal mortality.
- **Exacerbating the humanitarian crisis:** Humanitarian needs are already at a critical level due to the ongoing conflict, economic collapse and climate shocks such as floods and drought. Aid cuts have a multiplier effect – reducing access to food, healthcare, clean water and sanitation all at once. The situation will deteriorate further without sustained UK engagement, deepening instability and increasing the risk of displacement and regional spillover effects.