

THE CHRONICLE



December 2025

FUNDING CUTS: THE COLLAPSE OF A SYSTEM



#148

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EDITORIAL



The international aid system is currently **undergoing a historic shift**. Massive budget cuts by most major donors, symbolized strikingly by the dismantling of USAID, are having immediate and dramatic consequences for vulnerable populations: health centers are closing, educational programs are being shut down, and essential livelihood support is disappearing in a context of ongoing multiple crises.

Political choices with massive human consequences

Behind these decisions lies a colossal human impact. According to a forecast published last July in *The Lancet*, 14 million preventable deaths could occur by 2030 as a result of these cuts. These staggering figures reflect an unprecedented decline: this withdrawal undermines the very idea of humanity that has driven international ambitions in recent decades.

A profound paradigm shift

The paradigm on which international solidarity was based is crumbling, while needs are exploding. Several pillars of its legitimacy are now being called into question:

1. In a finite world where **the idea of social progress** is being eroded, the scope of aid's legitimacy is shrinking.

2. In a world that has become geostrategic and conflictual once again, international humanitarian law is losing credibility in the face of the contradictions and double standards of its own codifiers.

3. In a world where crises are becoming globalized, the idea of distant humanitarian aid is faltering: why fund aid elsewhere when there is so much suffering here at home?

Don't give up: your role is essential

Yet one thing remains clear: we cannot give up. International solidarity is neither an abstract mechanism nor a slogan, but a conviction and a set of values. Every life saved is real.

In this critical context, **your donation is an act of resistance**, the necessary transformation of indignation into action. Today more than ever, it is essential.

Olivier Routeau
Director of Operations

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FOR ALL YOUR QUESTIONS

Contact us

Phone: +33 1 55 66 99 66

Email : contact@premiere-urgence.org

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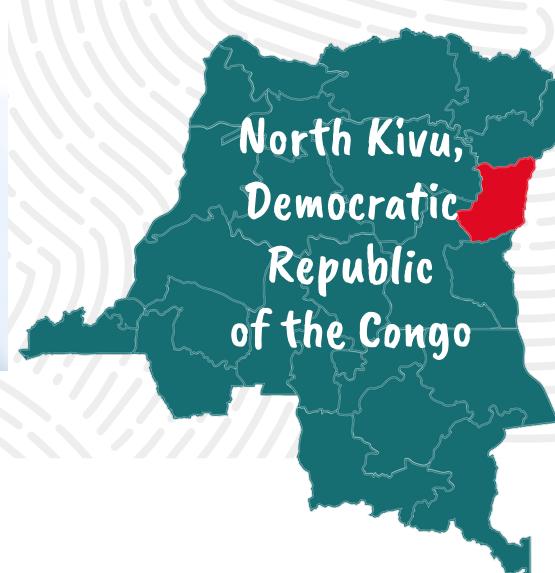


Headquarters: 2, rue Auguste Thomas,
92600 Asnières-sur-Seine FRANCE
www.premiere-urgence.org

Dir Publication : Thierry Mauricet | Coordination : Tania Rieu
| Graphic Design : Pauline Goudoffre and Tania Rieu | Cover
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HUMANITARIAN VIEWPOINT



Karimou, Field Coordinator

Karimou is Field Coordinator at the Masisi base. He is responsible for managing, monitoring, and coordinating programs in the area. In January 2025, war broke out in the city and the M23 militia took control of the area before descending on Goma. He shares his account of this period with us.

"The cessation of funding had a major impact on us because it added to the already significant challenges in the area. Due to the security situation since the war began at the start of the year, the population's living conditions had already been reduced to zero. As a result of the various clashes, people no longer have access to fields to cultivate, and they are subjected to various forms of aggression: rape for women, kidnapping for men, robberies, burglaries...

People no longer have access to healthcare, basic necessities, or means of subsistence. With the crisis, chaos, and robberies on the roads, trucks are no longer able to transport the materials and goods needed to sustain local communities.

People cannot farm or raise livestock, and at nightfall they must seek refuge in a safe place. All of this has left the population devastated.

On top of this, US funding has been cut off. All NGOs and partners in the area have been affected. Overnight, we had to make 37 of our 84 employees redundant. They found themselves in a particularly precarious situation, as they were unprepared.

They were among the most affected, along with the rest of the population: they have no fields or livestock to support themselves. When they lost their salaries, their children could no longer attend school, and they were evicted from their homes because they could no longer afford to pay rent. We had to provide some employees with psychosocial support to help them get through this period.

The funding cuts, coupled with growing insecurity in the area, became truly burdensome and unbearable.



A POPULATION LEFT BEHIND

When we had to stop providing free healthcare due to budget cuts, we saw attendance at our health centers plummet: people were forced to travel long distances, walking for hours, in order to access a facility that still offered free care because they had no means to pay. In this context, the end of funding means the end of lives for me. Without it, the population is doomed to failure, facilities are abandoned, and the death toll will be enormous. Both women and men are affected by malnutrition, burglaries, physical violence, and sexual violence. We have been out of PrEP* kits for months, and we are trying to get them from here and there to meet the needs, but it is really difficult. Regional statistics on sexual assault are not in question; they are not hidden. And the fact that we are running out of PrEP kits is evidence of the high prevalence of sexual violence.

A FRAGILE RECOVERY IN ACTIVITY

After a few months, activities resumed and we were able to rehire our teams. But given that many of the other healthcare providers left the area after the war, we had to take over other health centers to fill the gap. This allowed us to expand the base. Today, we have 113 employees at the Masisi base and are one of the only primary healthcare

**“IN THIS CONTEXT,
THE END OF FUNDING
MEANS THE END OF LIVES”**

providers in the area. The number of people visiting our health centers and the popularity of our mobile clinics clearly show that the needs are enormous.

Currently, our work in Masisi is funded by only two sources, which allow us to operate twelve health centers and three mobile clinics. Both of these projects will end in March 2026. If the projects are not renewed, we will be forced to close the base, our centers and clinics, and lay off our 113 local, relocated, and expatriate employees. And the nearly 400,000 inhabitants of the area will be condemned to die in silence in their homes. So the damage is truly enormous, and we are looking for other donors who would be willing to come and support Masisi.

It is a cry from the heart: if funding stops because donors are afraid to get involved here, many people will be left to fend for themselves and will die.

**“THE 400,000
INHABITANTS WILL BE
CONDEMNED TO DIE IN
SILENCE IN THEIR HOMES.”**

*PrEP, or pre-exposure prophylaxis, is a preventive medication for HIV. It is often prescribed following a sexual assault.





Objectives:

150
TRAINED WOMEN

6,000
MENSTRUAL PADS
DISTRIBUTED PER MONTH

26,282 RECIPIENTS
OF TRAINING ON SEXUAL AND
REPRODUCTIVE HEALTH



→ THANKS TO YOU

CHAD: ACCESS TO MENSTRUAL HYGIENE THANKS TO THE UTMB

Created in 2003, the Ultra-Trail du Mont Blanc (UTMB) is the world's most legendary and prestigious trail running race. Each year, 260 solidarity bibs are offered, with the proceeds from their sale going to associations chosen by the UTMB Solidarity Commission.

In 2025, for the first time, Première Urgence Internationale was one of the partner charities. We were able to raise €32,000 thanks to the generosity of 15 runners. This event also gave us the opportunity to speak out and raise awareness among the public about the crises we are facing and the importance of citizen mobilization in the face of reduced public subsidies for humanitarian aid.

Funding a menstrual hygiene project in Chad with the money raised

The country is facing an unprecedented crisis: it has taken in 1.4 million refugees, making it the country with the highest number of refugees per capita in Africa. The Ouaddaï region, on the border with Sudan, is home to the majority of Sudanese refugees fleeing the war, 88% of whom are women and children.

In response to a crucial need for intimate hygiene, which is often neglected in situations of forced displacement, Première Urgence Internationale

is trialing an innovative project: training refugee women to make washable and reusable sanitary pads. Thanks to a starter kit, these women will then be able to sell these pads and reinvest the money they earn in the purchase of raw materials, enabling them to become financially independent.

This project has two main objectives:

- To improve women's dignity and well-being by offering them accessible, sustainable solutions tailored to their needs.
- To encourage economic empowerment by transforming this skill into an income-generating activity.





SPECIAL REPORT: HEALTH CAUGHT IN A TRAP

From ancient conflicts to those of the modern era, healthcare systems have always been undermined. But in the past, this was collateral damage, a necessary evil in a poorly executed strategy, a case of “being in the wrong place at the wrong time.” Today, in modern conflicts, attacks on health systems, whether direct or indirect, are now an integral part of a strategy, with one goal that remains the same: to weaken populations and deprive them of essential services.

This desire to weaken can take many forms: bombing health funding, imposing administrative obstacles such as delays in registering NGOs, slowing down or closing entry points for aid, or allowing aid to merely trickle in and under certain conditions. But in all cases, the result is the same: limiting, or worse, preventing access to healthcare, while trivializing repeated violations of International Humanitarian Law (IHL).

We are led to believe that these are isolated acts, but these attacks are part of a much more elaborate dynamic that turns the healthcare system into a target: functional, political, and symbolic.

THE MECHANICS OF A WELL-CALCULATED STRATEGY

These attacks can be divided into five main categories to better understand how they work:

- 1) Direct attacks, when infrastructure becomes the target;
- 2) Indirect attacks, when the system is stifled by absurd rules and restrictions;
- 3) Targeting medical supply chains;
- 4) Putting pressure on healthcare personnel;
- 5) Deliberate violations of IHL, by minimizing protected areas.

WHEN INFRASTRUCTURE BECOMES A TARGET

When a state or armed group plans its strikes, it carefully considers how to weaken the other side. Targeting ambulances, clinics, and hospitals is not always a mistake. Sometimes these facilities are clearly identified as targets in order to cause harm, both physically and psychologically, by violating IHL and causing damage that is sometimes irreparable. The consequences go beyond the immediate shock. They can be seen in the number of civilian deaths or deaths among healthcare personnel, in the destruction of equipment that cannot be replaced without colossal financial costs. Above all, they render vital services such as emergency obstetrics, surgery, pediatrics, and intensive care completely or partially non-functional.

Beyond the visible and tangible, beyond the stethoscope hanging in a deserted room, people are now reluctant to visit these places, whether intact or not, for fear of becoming targets themselves. They postpone preventive care, interrupt their ongoing treatment, and lose the certainty of being in a safe haven.

It also jeopardizes essential programs: vaccination, epidemiological surveillance, and chronic disease management. By destroying these services, we are undermining a society's ability to protect its most vulnerable members, even in places that are supposed to be "safe."

INDIRECT ATTACKS: WHEN THE SYSTEM IS STIFLED

Indirect attacks are not clumsy mistakes either. They are the result of political decisions and restrictions imposed by those in power. It is these actors (ministries, authorities, public decision-makers) who are orchestrating the slow suffocation of a system that is supposed to guarantee the health of all, especially the most vulnerable.

These indirect attacks take several forms. First, massive funding cuts (from donors and national institutions) force organizations to reduce their services, making it impossible to send out

ambulances due to lack of fuel, or to pay staff and cover operating costs.

There are also restrictions on the movement of staff, populations confined to areas from which they cannot leave, bans on certain patients from going to health centers because of their ethnicity, and arbitrary delays in issuing the permits needed to access controlled areas.

These practices not only constitute a denial of humanitarian needs, but also deny beneficiaries access to essential services. These restrictions also paralyze international



organizations, which are no longer able to work properly. The result can be absurd: facilities may exist and be partially functional, staff may be present, but there are no beneficiaries and no medicines. And silent mortality rises: chronically ill patients without dialysis, pregnant women without prenatal care, diabetics deprived of insulin, and the lack of electricity preventing the proper storage of medicines, for example.

Another attack mechanism that is not very visible and receives little media coverage, but is particularly formidable, is disruptions in supply chains. Without them, a healthcare system is little more than an empty shell. And the belligerents know where to strike: antibiotics to save lives, painkillers to perform amputations with dignity, antiretrovirals to prolong and improve quality of life, fuel to preserve insulin. When people die because of a lack of medicines and consumables, these are silent deaths that do not make the headlines, but affect the dignity of families and those around them, turning death into slow, diffuse violence.



ATTACKS ON STAFF PROTECTION AND IHL

Finally, when human resources collapse, it becomes even more difficult for the healthcare system to recover. Staff work under conditions of physical and psychological exhaustion, constant overwork, and a lack of materials, equipment, and logistical support, often in a complex environment that exposes them to considerable risks. Many then leave their jobs,

or even their country, unable to continue working in these conditions. The consequence is simple: a system without qualified professionals ceases to be a system.

Finally, let us recall the impact of non-compliance with IHL, which requires the unconditional protection of health facilities, staff, and property. When deliberate and repeated attacks hinder their operation and access, whether through intimidation, destruction, interruption of care, or threats to personnel, it is clear that the rules are being flouted. When an ambulance, the ultimate symbol of neutrality, is targeted, the entire system is brought down and humanitarian law is undermined.

This system is not collapsing from within: it is being weakened by political decisions and failure to comply with IHL, exacerbated by the lack of response from those responsible for ensuring its functioning. It is these choices and this inaction that leave beneficiaries, staff, and infrastructure unprotected. We must document and denounce these failures to ensure that, in times of conflict, access to healthcare is not secondary but a fundamental right.



Chantal Autotte Bouchard
*Representative of the Public Health Branch
 Technical Department of
 Première Urgence Internationale*



2017 - In the Bardarash camp, between children gather after school to play in the alleys betw

FOCUS ON Iraq

A page is turned after 30 years of commitment

For more than three decades, Première Urgence Internationale has stood alongside the Iraqi people, both in their darkest hours and in their hopes for reconstruction. From the embargo of the 1990s to the Islamic State crisis, through mass displacement and climate shocks, our mission has evolved without ever faltering: to treat, protect, and rebuild.

In 1997, we rehabilitated hospitals and trained medical teams, reviving a healthcare system that had been brought to its knees. After 2003, despite the American invasion and the chaos that followed, we supported displaced families, reopened schools, and created spaces for children. Later, our programs promoted access to water, agricultural recovery, and social cohesion.

When the war against ISIS forced millions of people to flee their homes in the early 2010s, we stepped up our efforts, providing mobile healthcare, hygiene kits, mine risk awareness training, and psychological support. Even in the face of the pandemic, we innovated with digital solutions to ensure access to healthcare.

Despite the aftermath of years of war and mass population displacement, the international community's attention has largely shifted away from the country, inevitably leading to a decline in aid funding that began several years ago. That is why, since 2023, we have focused our activities on strengthening the capacities of local actors.

Precipitated by cuts in US funding at the beginning of the year, we had to make the painful decision to close our mission in Iraq. Today, we are handing over to the local actors we have trained and supported, so that aid can become sustainable and carried forward by the communities themselves.

This chapter is coming to an end, but our commitment continues elsewhere, with you.



Erbil and Mosul, which is home to around 11,600 displaced people, veen the tents. © Première Urgence Internationale / Livia Saavedra

FUNDING CUT

in figures

USAID: the most publicized cut...

Donald Trump's return to the White House in 2025 marked a turning point in the financial model for public development aid, with the US government freezing funding for global aid.

In 2024, US public funds accounted for almost 40% of humanitarian funding worldwide, or approximately **\$14 BILLION**. In 2025, following Donald Trump's decisions, **90%** of international programs funded by USAID were cut, marking a radical shift in US contributions to global aid.

*Sources: FTS/UN

...But symptomatic of a trend

After five years of continuous growth, global development assistance saw its first cuts in 2024. Many of the largest public donors reduced their amount of aid in 2024 compared to 2023.

 **-16 %** in France
between 2023 and 2024

 **-8 %** in the EU
between 2023 and 2024

 **-7 %** worldwide
between 2023 and 2024*

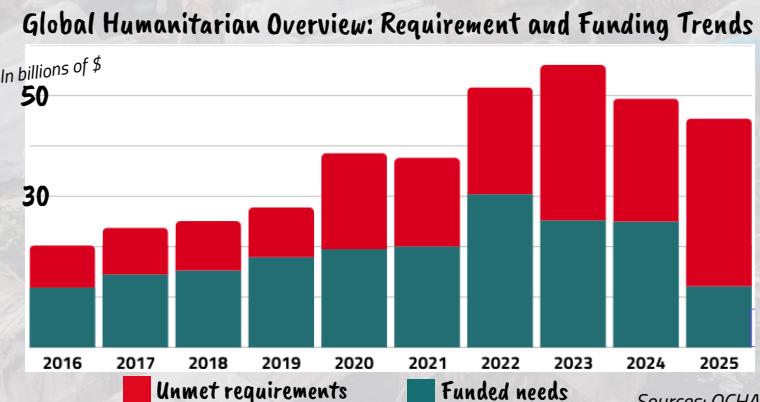
*Sources: OECD

A chronic underfunding that is getting worse...

In 2023, humanitarian appeals coordinated by the UN reported a global funding requirement of \$57.3 billion.

Only 45% of these needs were met.

In November 2025, only 27% of these needs were met.



...with disastrous consequences on the field

These cuts have forced humanitarian actors to reduce or even suspend certain vital services. The sometimes abrupt cessation of certain activities weakens the most vulnerable and marginalized populations, particularly women, children, LGBTQIA+ people, people with disabilities, and the elderly.

These cuts mark a setback in progress in health (malnutrition, infant mortality), education, and women's rights.

While initial estimates suggest that **millions of people have been affected** by these cuts, it remains very difficult to assess the precise figures. The crises we are facing are highly volatile, and many activities are being recalibrated to focus on vital needs. These adjustments make it possible to continue delivering emergency aid in the short term, but the effects of reduced access to healthcare will be felt in the very long term.

MEETING OUR PARTNERS

The earthquake in Myanmar: an example of successful collaboration

On March 28, 2025, a powerful 7.7 magnitude earthquake struck central Myanmar. The epicenter, located near Mandalay, the country's most populous city, caused significant material damage and human casualties. This earthquake was one of the most violent in the region in recent decades, affecting millions of people. This disaster exacerbated the suffering of a population already affected by frequent climate shocks and multiple political and social crises. Three

years after the military coup of February 2021, the situation was already dire before the earthquake: in 2025, **an estimated 19.9 million people were in need of humanitarian assistance in the country**. The disaster struck in one of the world's most closed-off countries, where humanitarian actors find it difficult to reach the population. Despite the increase in needs, funding remains largely insufficient: in November 2025, only **15.3% of the funds needed** to meet identified needs had been mobilized. The country suffered greatly from the global shock that hit humanitarian funding due to the freezing of US funds.

Première Urgence Internationale's response

Within 72 hours of the earthquake, we established a base in Mandalay to coordinate health and humanitarian operations in the most affected areas. Alongside a rapid assessment of the needs of affected populations, a mobile clinic was deployed to provide essential health services. Patients suffering from chronic diseases also received essential medicines. Group psychosocial support sessions helped to alleviate the stress and trauma experienced by the population.



Crucial support from our partners

The rapid deployment of our teams to a disaster zone would not be possible without the financial and material support of our partners. In response to the emergency, they answered our call to action to meet the urgent needs of people who had lost everything: putting together and distributing hygiene kits, dignity kits, and meal baskets, covering the operating costs of the mobile clinic to treat chronic diseases, and more. **A total of 26,285 people benefited from our interventions** thanks to our partners—the Crisis and Support Center of the French Ministry of Europe and Foreign Affairs, Plan International, SIDA, Amicares, Action Medeor, Direct Relief, and the Suez Foundation.

OUR RECOMMENDATIONS

Reportage

ENVOYÉ SPÉCIAL : Afghanistan: aid halted, lives on hold

Broadcast on 10/23/2025 | 23 minutes

Available until 10/22/2028

In Afghanistan, Donald Trump's decision to end US humanitarian aid is having dramatic consequences. What little international aid still reaches the country is controlled by the Taliban. In rural areas, hundreds of health centers have closed. A reportage by Julien Fouchet and Eric Paget.

Watch the reportage on the France TV website



Documentary

Virunga | 2014 | 100 min | Documentary available on Netflix.

The oldest national park in Africa, Virunga National Park aims to protect gorilla populations. But this park, located on the outskirts of the city of Goma, is at the heart of the conflict that is ravaging the east of the country: armed groups hide and attack from within this natural haven. This documentary immerses you in the daily lives of the rangers who give their lives to protect this site.



présente



Documentary

Myanmar: 40 Years of Humanitarian Intervention | 2024 | 48 min

This documentary, produced by the teams at Première Urgence Internationale, looks back on four decades of humanitarian intervention in a country facing complex, multiple, and long-lasting crises. It is thanks to the long-term support of our donors and partners that we have been able to set up projects whose impact is felt across generations, and thus be recognized by local populations as a reliable and committed actor.

Watch the documentary on our Youtube channel

A woman with braided hair, wearing a green and blue floral dress, is holding a baby wrapped in a pink blanket with a star pattern. A medical professional in a white coat and a headband with the text "Ave", "mpap", "STI", "L", "solid", and "interv" is examining the baby. The background is a dark wall.

**TO SUPPORT OUR
INTERVENTION**

MAKE A DONATION