

How Have Changes in Foreign Aid Policies Affected Children's Healthcare in South Africa?

Prof Ute Feucht
University of Pretoria



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Ethical principles underlying our clinical practice

- **Autonomy**

- Respecting patient's right to make informed decisions about their own healthcare
 - Upholds human dignity and individual freedom

- **Beneficence**

- Obligation to act in the best interest of the patient and promote their well-being
 - Drives proactive care and supports healing

- **Non-Maleficence**

- “Do no harm” — avoiding actions that may cause unnecessary harm or suffering
 - Protects patient safety and integrity

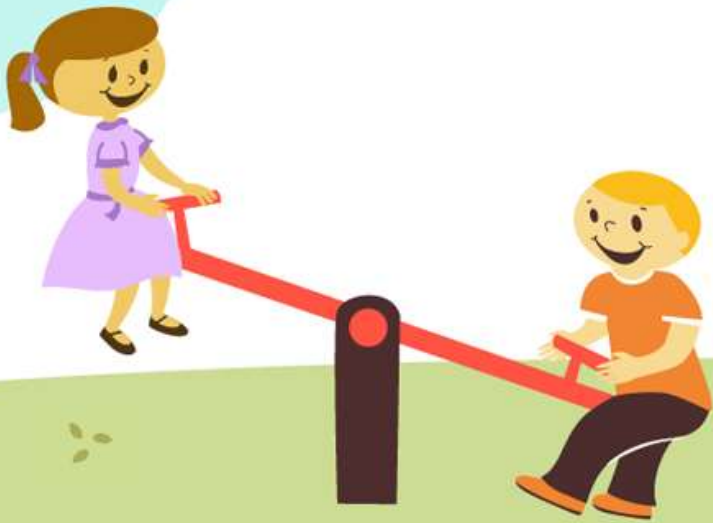
- **Justice**

- Fair and equitable distribution of healthcare resources and treatment
 - Promotes fairness and addresses health inequities



Is Foreign Aid Grounded in Ethical Principles?

Or is it all about \$\$\$\$.....



The Right to Health as an Ethical Responsibility

- Health as a human right
 - Constitution of South Africa (Section 27)
 - UN Convention on the Rights of the Child
- Past role of foreign aid
 - PEPFAR, UNAIDS and Global Fund:
 - VTP, ART for children, immunizations and community services
 - Decline in under-five and HIV-related mortality



Ethical foundations of foreign aid

- **Beneficence (Doing Good)**
 - Aid aims to alleviate suffering and improve well-being
 - Supports access to healthcare, education, and food security
- **Justice (Fairness and Redistribution)**
 - Supports wealth redistribution from high-income to low-income countries
 - To address global inequities rooted in historical exploitation and structural inequalities
- **Solidarity (Shared Responsibility)**
 - Emphasizes global cooperation to address shared challenges
 - Examples: Climate change, pandemics, conflict recovery



Ethical tensions in implementation

- + Geopolitical and economic interests
 - Aid may be used to advance donor strategic objectives
 - Examples: Gaining political influence, securing trade agreements
- + Conditionality and donor control
 - Aid often comes with conditions that limit recipient autonomy
 - Tied aid may prioritize donor country benefits
- + Reporting structures
 - May be disconnected from local reporting structures and priorities

How do we build aid relationships?



How balanced are they?

Moral hazards of parallel systems

- Vertical vs. Integrated systems
 - Foreign aid often create siloed, donor-run programmes
 - Bypasses investment in public system capacity
- Ethical pitfalls
 - Lack of sustainability and local ownership
 - May violate *non-maleficence* (“do no harm”)
 - Children who are reliant on services are most affected



What happens when donors withdraw?

- **Ethical concerns with donor withdrawal**
 - Are exits morally justifiable without capacity transfer?
 - Responsibility must include long-term sustainability

Justice and the unequal burden of any transition

- Reality of transition
 - Donor exits assumes fiscal readiness
 - Reality: Persisting provincial disparities; high burden districts
 - Result: Erosion of progress in vulnerable regions
- Distributive justice
 - Ethical principle: Treat unequals equitably
 - Poor children in underserved areas are hardest hit



COVID-19 and the Ethics of resilience

- System fragility was exposed
 - Pandemic disrupted child health services
 - Long-term consequences on growth and survival
- Need for resilient, horizontal systems
 - Need for shift from vertical (HIV-focused) services to integrated care
 - Investments should build:
 - Primary healthcare
 - Digital innovations
 - Local workforce capacity

➤ What did we learn??

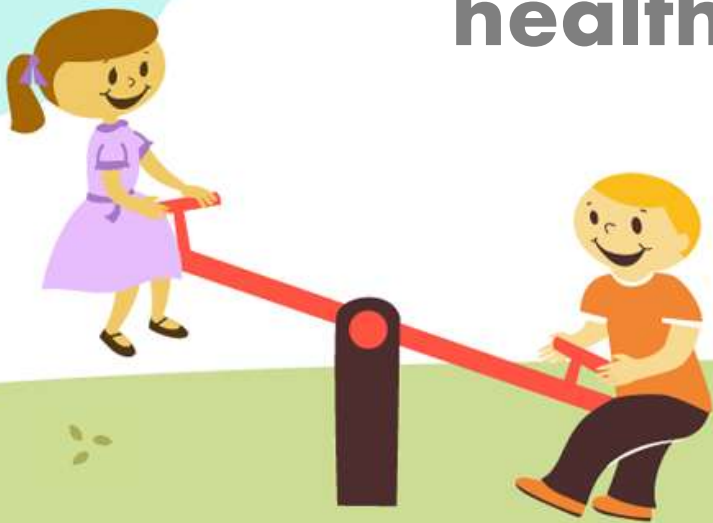


Accountability and Intergenerational Ethics

- Children as the ‘Voiceless Stakeholders’
 - Limited input into policy and funding decisions
 - Decisions are made far away from local realities
- Missed Opportunities
 - Declines in funding: Early childhood health; Immunizations; Nutrition services
- Ethical Accountability
 - Duty to protect future generations
 - Aid reductions risk long-term development and justice
 - BUT: Whose duty is this - aid organizations, or SA as a country?



How have changes in foreign aid policies affected children's healthcare in South Africa?



Historical impact of foreign aid in SA (especially since 1994)

- Post-apartheid rebuilding with donor support
 - Mainly addressed communicable diseases and malnutrition
 - Major initiatives: PEPFAR, Global Fund, UNICEF, Gates, others
- Key achievements
 - PEPFAR contributed >\$8 billion (since 2003)
 - Expansion of ART, VTP, early infant diagnosis, TB services
 - Under-five mortality dropped from >70 to ~34/1,000 live births
 - Major scientific advances

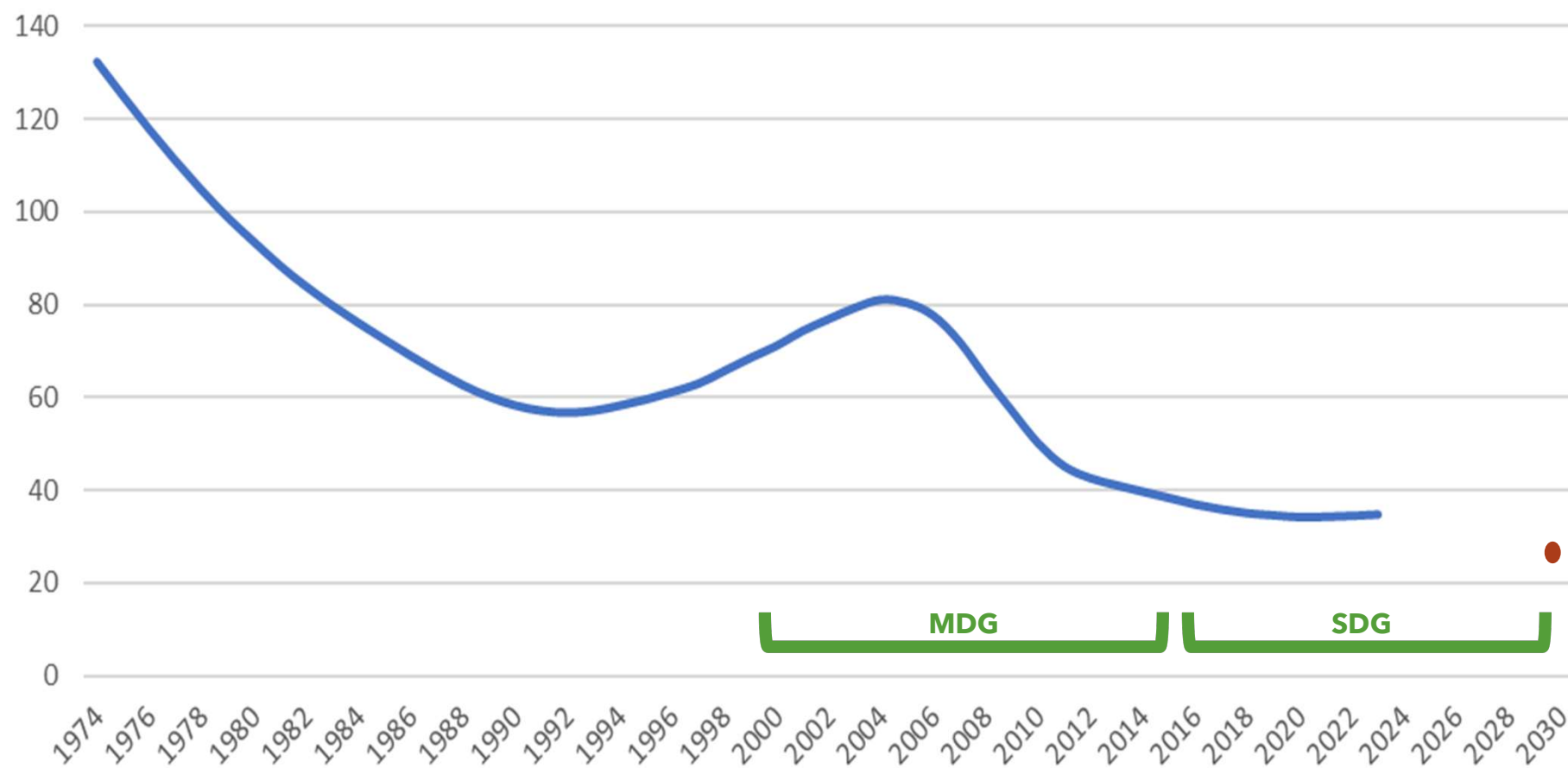


Within the context of the MDGs and SDGs

- Foreign aid has supported major child health gains in SA
 - MDG era (2000–2015):
 - U5-mortality fell sharply
 - Coincided with major foreign aid interventions, particularly HIV & MCH
 - SDG era (2015–2030):
 - Data shows continued decline, though at slower pace
 - SA remains above SDG target of ≤ 25 U5 deaths /1,000 live births by 2030



South Africa: Under-5 mortality (per 1000)



Data: <https://data.who.int/indicators>

Global aid priorities: In flux for some time

- “Aid graduation” following income reclassification
 - Donors redirected funds to lower-income countries
 - Assumed SA could self-finance services
- Consequences of donor exit
 - Unfilled funding gaps (e.g., CHW stipends, paediatric HIV services, etc.)
 - Reduced outreach in rural/peri-urban areas
 - Service interruptions and access challenges
- Lack of system readiness
 - Strain on: Supply chains; Information systems; Workforce capacity



Integration challenges post-donor exit

- Vertical (donor-funded) vs. horizontal (government) systems
 - Parallel structures created dependency
 - Weak integration into national child health programs (e.g., IMCI)
- Declining essential services
 - E.g. Nutrition programmes; Point-of-care HIV testing; School health initiatives
- Neglected child health areas
 - Mental health
 - Developmental screening
 - Abuse prevention



Current situation

- Data shows steady decline in child mortality during MDG era
 - Supported by to strong external health investments
 - Progress slowed down post-2015
 - Underscores transition challenges & funding gaps
 - Recent rapid shifts raise major ethical concerns:
 - Justice, equity, sustainability, and accountability
 - As aid shifts, maintaining momentum & equity is critical to safeguard child health gains
- **I.e. it matters what we do next as a country**

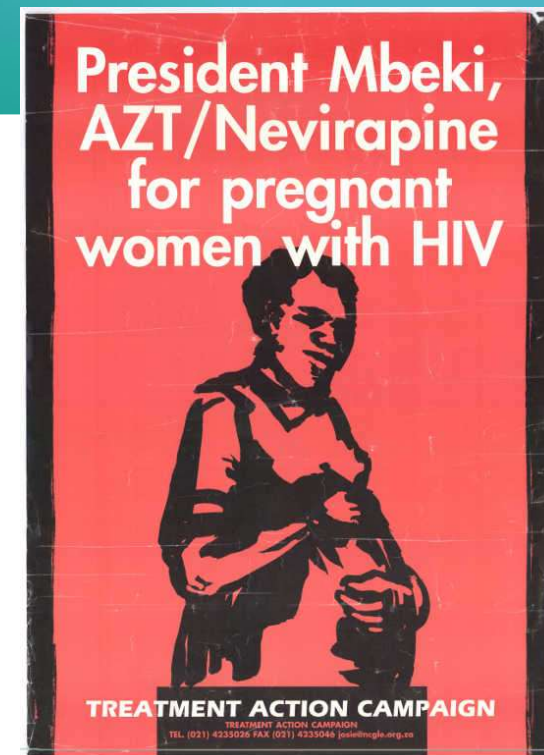
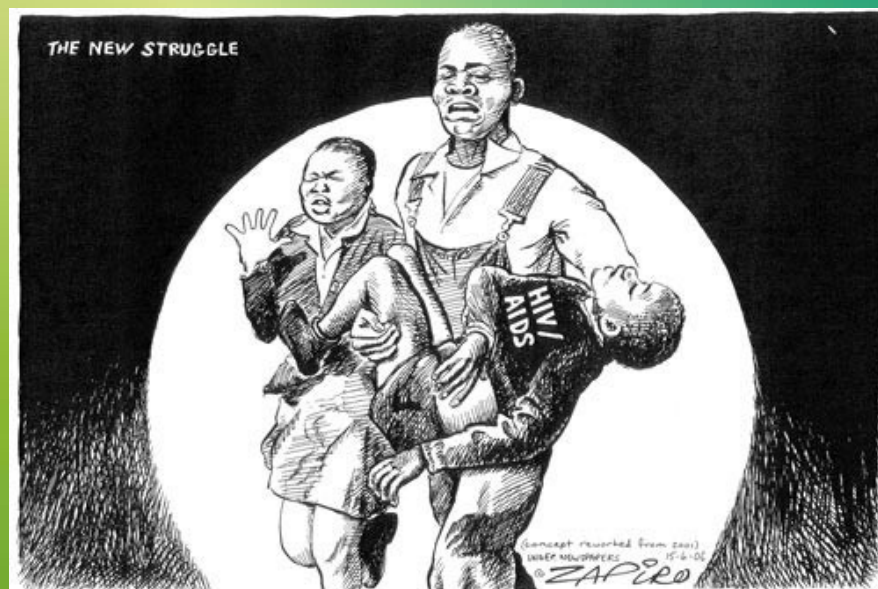
Whereto from here?



Mapping effects on Child Health outcomes

- + Progress slowing/ reversing in some provinces
 - Avoidable deaths from pneumonia, diarrhoea, malnutrition
 - Linked to social determinants and weak PHC
 - Robust data systems are crucial
- + COVID-19 exacerbated system fragility
 - Declines in: Immunization coverage ; Growth monitoring; Maternal-child follow-up visits
- + Exposure of funding and infrastructure gaps
 - Reliance on donor-built systems much more evident





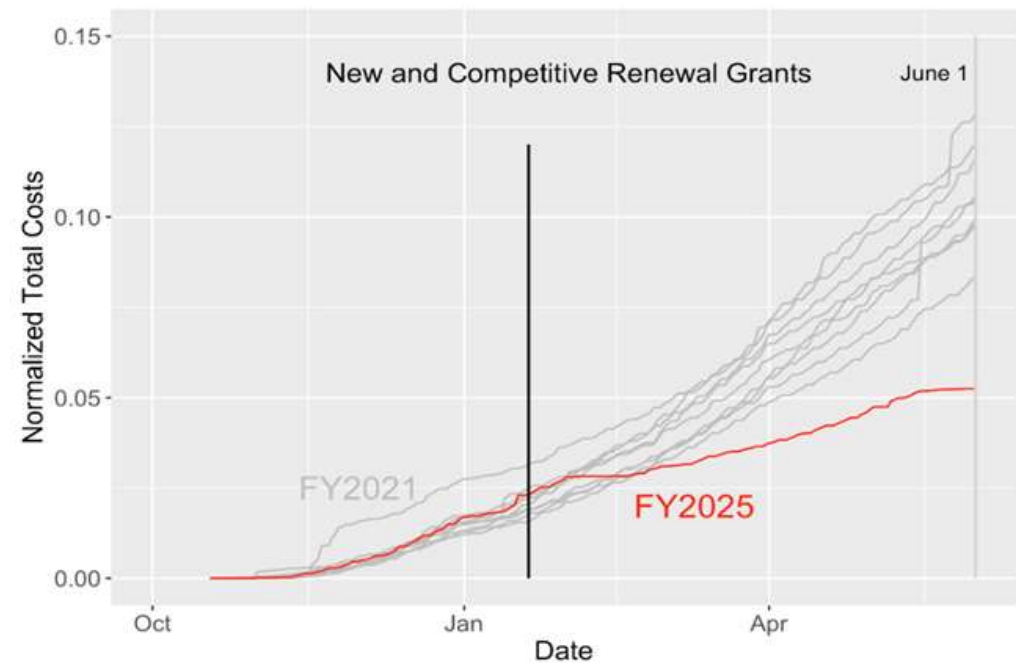
Activism - not to be underestimated



Investing in science

What's being cut—and how

Research funding budgets rise and fall every fiscal year, depending on Congress's priorities, but this year is dramatically different. At the NIH alone, approximately 5,500 fewer research projects are being funded due to executive decisions, which is significantly lower than in any other year, as shown below.

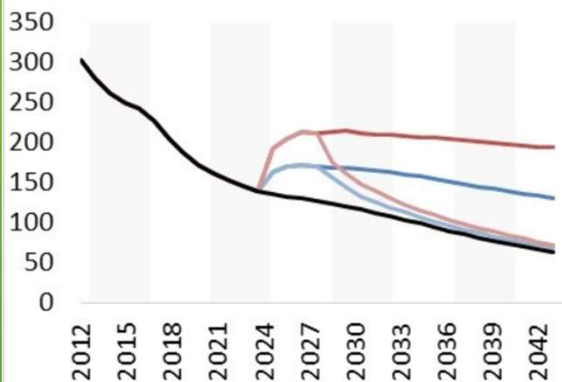


Modelling studies

- to better understand the choices lying ahead of us

Meyer-Rath G, Jamieson L, Mudimu E, Imai-Eaton JW, Johnson LF: **The cost of the plunge: The impact and cost of a cessation of PEPFAR-supported services in South Africa.**
<https://doi.org/10.1101/2025.04.22.25326207>

HIV infections *thousands*



Discontinuing PEPFAR-funded activities results in



150-296k more HIV infections by 2028

1-2 million more HIV infections by 2044



56-65k more deaths by 2028

219-712k more deaths by 2044

Impact scenarios

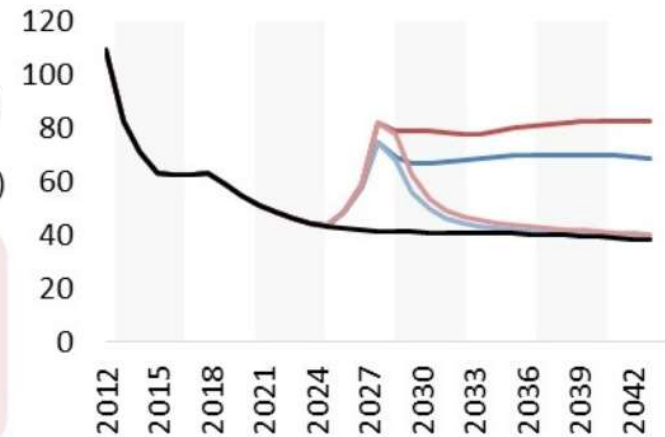
- No defunding
- Minimum (No recovery)
- Minimum (Recovery after 4yrs)
- Maximum (No recovery)
- Maximum (Recovery after 4yrs)

Under a reduced budget, the most cost-effective interventions to preserve are

- ART
- PrEP for key populations



AIDS deaths *thousands*



Original Research | 11 February 2025

Potential Clinical and Economic Impacts of Cutbacks in the President's Emergency Plan for AIDS Relief Program in South Africa: A Modeling Analysis FREE

Authors: Aditya R. Gandhi, MD , Linda-Gail Bekker, MD, PhD , A. David Paltiel, PhD, MBA , Emily P. Hyle, MD, MSc , Andrea L. Ciaranello, MD, MPH , Yogan Pillay, PhD , Kenneth A. Freedberg, MD, MSc, and Anne M. Neilan, MD, MPH  | [AUTHOR, ARTICLE, & DISCLOSURE INFORMATION](#)

Publication: Annals of Internal Medicine • Volume 178, Number 4 • <https://doi.org/10.7326/ANNALS-24-01104>

**Changes in
donor
community**

GATES FOUNDATION WILL DOUBLE SPENDING OVER NEXT 20 YEARS TO ACCELERATE PROGRESS ON SAVING AND IMPROVING LIVES

**ON FOUNDATION'S 25TH ANNIVERSARY,
BILL GATES OUTLINES AMBITIOUS GOALS,
INSPIRATION FOR DONATING MOST OF
HIS RESOURCES AND NEW TIMELINE TO
SPEND-DOWN BY 2045**

Share



Moving towards sustainable Child Health

- + Understanding the gaps
- + Activism
- + Emergence of strategic partnerships
 - Focus on catalytic funding and local innovation
- + Focus on science & increased domestic leadership
 - Evidence-based programming and shared accountability

Moving towards sustainable Child Health

- + Understanding where we are coming from
 - Foreign aid helped drive major gains in child health
 - Especially in HIV and U5 mortality
- + Policy changes exposed sustainability issues & equity gaps
 - Unprepared transitions undermined services
- + Opportunities ahead
 - Strengthen domestic financing and governance
 - Reimagine integrated, equitable child health systems
 - Health policy and delivery to be anchored in child rights

Building (more) balanced relationships



Ethics must guide aid policy

- Ethical gaps identified
 - Abrupt donor withdrawal
 - Poor sustainability planning
 - Exclusion of affected communities
- Agree on what is needed
 - Align with national priorities
 - Listen to local voices and civil society
 - Strengthen – not replace – public institutions
 - Transparent transition planning
 - Equitable and needs-based resource allocation
 - Long-term investment in resilient child health systems

Towards Ethical Foreign Aid

- Respect for recipient autonomy – non-negotiable
 - Aid should be aligned with local priorities and systems
 - Community-led development strengthens legitimacy and impact
- Participatory and transparent processes
 - Engage local stakeholders in planning and evaluation
 - Promote accountability and sustainability
- Ethical aid policy prioritizes justice, beneficence, and solidarity
 - Both in *intention* and in *action*



- **Final thought / question**
 - **Does foreign aid protect the most vulnerable — or abandon them?**

Thank you!

