Aid cut responses and health system resilience in Sierra Leone

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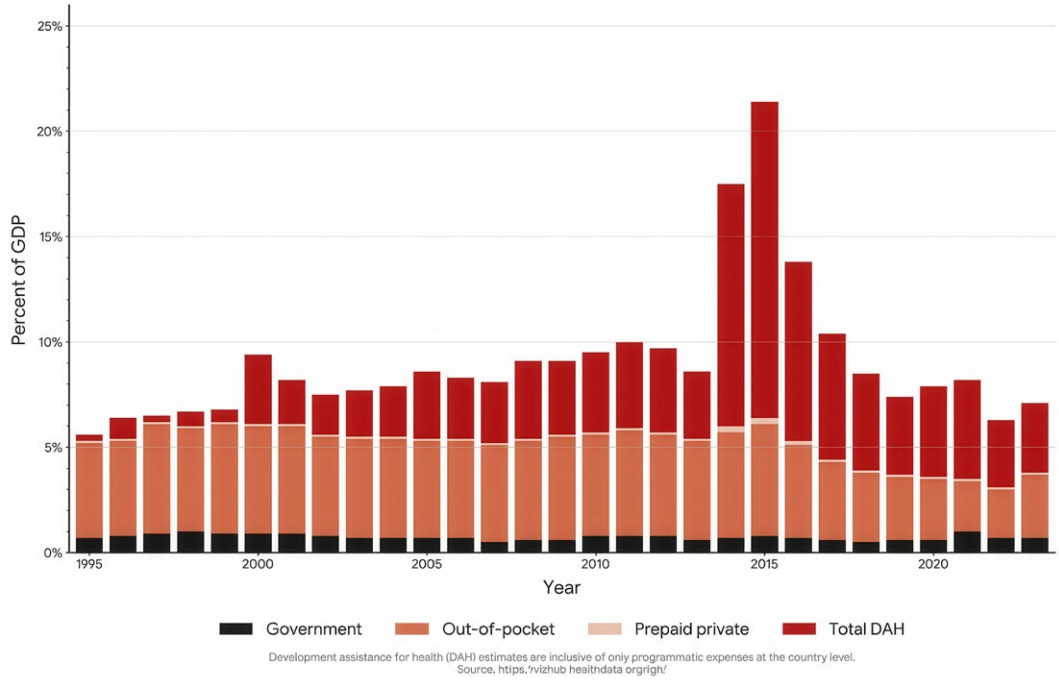
Key messages

- Sierra Leone's health system is highly dependent on external aid, leaving essential services vulnerable to recent and anticipated donor funding cuts.
- Reductions in support from USAID, the Global Fund, and UK aid threaten critical programmes, including maternal and child health, family planning, malaria, HIV, and TB services.
- Early service disruptions are already emerging, with rural and donor-dependent districts likely to experience the most severe impacts.
- Short-term coping strategies are being used across the system, but some may only protect services temporarily while increasing inequity, reducing quality, and shifting costs to households.
- Without urgent action, aid cuts risk reversing post-Ebola health gains and widening existing access gaps.
- Sierra Leone needs both immediate mitigation and longer-term reform, including stronger domestic resource mobilisation, improved coordination, and sustainable health financing mechanisms.

Background

Sierra Leone's health system is critically dependent on external funding, with Development Assistance for Health (DAH) constituting 46.7-47.1% of total health expenditure (THE) between 2020 and 2024, while government contributions remain low at 25-26% [1]. Recent and anticipated aid cuts from major donors, such as a $40 million reduction from USAID, a 10-15% cut from the Global Fund, and a planned cut to UK aid support by 2026, have led to a sharp decline in per capita health expenditure from $40 (2016-18) to $27 in 2023 [1,2]. These reductions threaten critical programs including maternal and child health, immunization, and disease control (HIV, TB, malaria), with emerging service gaps particularly in rural, donor-dependent districts like Pujehun, Bonthe, Kambia, Karene, and Falaba. Without urgent action, supply shortages, compromised care quality, and increased inequities risk reversing post-Ebola health gains.

This brief draws on a mixed-methods study integrating health financing data (2019-25) and key informant interviews (KIIs) with 11 stakeholders from the Ministry of Health (MoH), donors, and civil society. It identifies immediate impacts, coping strategies, and long-term policy options to build resilience amidst funding volatility.



Sierra Leone healthcare spending 1995-2023 as a percentage of GDP

Key issues

Fragility, insecurity and humanitarian priorities

- External aid cuts have created a fiscal shock, with USAID's health portfolio dropping by 77% ($52.5 million to $11.9 million) in a single year (2024-25), alongside reductions from the Global Fund and anticipated UK aid exit during 2026 [1].
- Per capita health spending has fallen below international benchmarks for universal health coverage (UHC), exacerbating vulnerabilities in a system already strained by historical underinvestment and recurrent shocks (e.g., Ebola 2014-16).

Service disruptions and geographic inequities

- Early evidence shows selective disruptions, notably in family planning (15-24% below expected levels in 2024-25) and malaria services (testing 25-32% below expected levels in mid-2024), though some recovery is noted by 2025 [2].
- Rural districts heavily reliant on donor support face the greatest risk, with potential increases in maternal and child mortality due to reduced access to essential commodities and services under initiatives like the Free Health Care Initiative (FHCI).

Short-term resilience mechanisms and risks of maladaptation

- Immediate responses include resource reallocation (prioritising commodities over training) and reprioritisation of activities and donor budgets.
- Facility-level adaptations, such as informal procurement through private pharmacies, reduction of services provided, reduction of service hours, and limiting referrals, may sustain access temporarily but compromise care quality and equity. Other local community mobilisation strategies, such as funding community health workers, were also noted.
- An adaptation that has been already noted is the increase in out-of-pocket (OOP) payments, already at 46% of THE, risking financial catastrophe for vulnerable populations [1].

Longer-term transformational strategies and policy options

Interviews highlighted a number of policy options being discussed across various domains with a focus on health financing.

- Increased domestic resource mobilisation through higher budget allocations and/or earmarked taxes on harmful products, often referred to as 'sin taxes' (e.g., taxes on tobacco and alcohol).
- The option of mobilising funds at local (council) level to cover health funding needs in the districts is also being discussed.
- The introduction and strengthening of the Social Health Insurance mechanisms is also being discussed but progress has been historically slow on this in Sierra Leone. There are conflicting views about the potential of a health insurance scheme and a UHC approach based on reliance on public funding.
- Reliance on potential new donors or new/renegotiated funding has also been considered. For example, the new National Health Compact appears to aim to set clear objectives and plans for the health sector, thereby increasing donors' trust and encouraging their continued support for Sierra Leone. Additionally, in December 2025, Sierra Leone and the US signed a $173 million Memorandum of Understanding (MoU) under the America First Global Health Strategy [3]. While the MoU is not publicly available, the press release [4] shows that the US will be contributing $129 million (of which $30 million in 2026 almost matches the projected losses from USAID funding), with the government of Sierra Leone co-funding $44 million by 2030.
- Efficiencies through improved coordination and alignment and programme integration are also actively discussed.

Reflections on aid cuts response and health system resilience

Our study illustrated options, debates and dynamics between actors, highlighting challenges, political economy bottlenecks and potential ways forward to respond to aid cuts to the health sector in a country such as Sierra Leone where fiscal space is extremely limited.

We found that short-term **absorptive resilience strategies** are already emerging to cope with the sudden shock. These include the use of buffer stock, the reprioritisation and reallocation of funds for core functions, and community mobilisation.

Some **adaptive resilience strategies** are also emerging, however, many of these adaptations might result in **maladaptation** which could lead to the health system becoming more inequitable or ineffective over time. For example, the reduction in operational scope of service delivery, adjusting staffing models, and reliance on local partners and informal coping mechanisms at facility level, such as increased out-of-pocket expenditures, rationing, informal procurement. There is also the risk that focus would shift from health systems strengthening approaches to more small scale, short-term, unsustainable interventions, often referred to as "low cost, high impact" interventions.

Finally, we noted that the health system in Sierra Leone struggles to respond with broader **transformative strategies.** While many transformative resilience strategies and options for reforms are discussed by stakeholders, most remain largely unrealised. While some respondents highlighted the possibility of the aid cuts to open a window of opportunity for reform, views diverged on this point and there is little evidence so far of transformative strategies. Bottlenecks to transformation include the engrained political economies that have created a strong aid dependency mindset and incentives which are difficult to reverse, as well as contextual challenges and structural constraints, such as weak governance and public systems and extremely limited fiscal space.

IOM Ebola Response in Sierra Leone.
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This brief was prepared by Augustus Osborne, Maria Bertone, Halimatu Kamara, Ayesha Idriss and Sophie Witter based on ongoing research on the topic. For further information contact: Augustus Osborne (a.osborne@ifdsl.org)

This brief is one of a series on aid cuts produced by ReBUILD for Resilience. Find the others and further information on this study – Aid and health system resilience in fragile and shock-prone settings: reflections from ReBUILD for Resilience – on the ReBUILD website. https://www.rebuildconsortium.com/projects/impact-aid-cuts-health-system-resilience/

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Front cover: Sign at the entrance of the Reproductive Health Centre, King Harman Road Hospital, Freetown, Sierra Leone, September 2025, featuring international aid donors' logos.