Standing Together for Nutrition

Micronutrient FORUM

ST4N POLICY BRIEF

Aid Budget Cuts Have Dire Consequences for Malnutrition Among the World's Most Vulnerable Children

Recent aid budgets announced by governments in the US and Europe **could cut 2.3 million children off** from lifesaving severe acute malnutrition treatment, **resulting in 369,000 additional child deaths** annually. The US government cuts alone will cause an estimated additional 163,500 annual child deaths that could have been prevented with funding for adequate treatment.

Budget cuts have deadly consequences

Severe acute malnutrition (SAM) is life-threatening and future-robbing: it makes young children weak, listless, and unable to thrive and enjoy childhood, while leaving them increasingly susceptible to disease and death. When left untreated, up to 60% of children with SAM may die.[1-3] SAM is responsible for one fifth of deaths among children under five globally and affects an estimated 13.6 million children per year worldwide.[4-6]

Yet SAM is both highly treatable and preventable. In recent decades there have been strong advances in SAM treatment, including the development and implementation of community-based management of acute malnutrition (CMAM) that combines screening, treatment, and counseling, and the use of ready-to-use therapeutic foods (RUTFs), which are precisely formulated to meet the nutrient needs of these vulnerable children. These proven approaches to SAM treatment can reduce mortality from up to 60% to below 5%.[1-3,7]

International development and humanitarian donors, including the United States, have played a critical role in supporting the development and diffusion of these life-saving interventions: total donor aid to support the nutrition

World Health Assembly goals was $1.6 billion in 2022, with $591 million spent on treatment of acute malnutrition.[8] This support has prevented millions of child deaths over the past decades. Such actions represent an investment in stronger societies and economies, paying back dividends to the donors and their citizens many times over.[9]

What is SAM and how is it treated?

SAM is a life-threatening condition resulting from significant deficiencies in essential nutrients, including energy, protein, and micronutrients. It primarily affects children under the age of five. In addition to inadequate dietary intake, SAM can be caused by recurrent infections (e.g., diarrhea, malaria, or respiratory infections) and poor absorption of nutrients due to chronic conditions—all of which are exacerbated by poverty, conflict, and deprivation. Supporting programs that affect these underlying drivers thus also help prevent SAM. Children with SAM have severe weight loss, often with visible wasting and sometimes swelling in the feet or other parts of the body due to edema. They have fatigue, irritability, and reduced appetite, alongside increased vulnerability to infections. For uncomplicated cases, children can usually be treated at home. Such treatment often includes the use of RUTFs, which are energy-dense, nutrient-rich foods specifically designed for SAM treatment in young children and require no cooking, water, or refrigeration and have long shelf lives, making them ideal for use in low-resource settings. Children with medical complications may require specialized in-facility treatment and face higher risk of death.

These crucial interventions are now under threat. The recent dismantling of USAID, resulting in the termination of 83% of its programs,[10,11] is already hampering the implementation of these life-saving interventions in countries with dire need of them. For example, Helen Keller International was forced to suspend a program in Nigeria, meaning that 77 health facilities across three Nigerian states have completely stopped treating children with SAM, putting 60,000 children under the age of 5 at immediate risk of death.[12] Beyond SAM treatment, the program provided 5.7 million children and 1.7 million women with nutrition services. The organization has been forced to make similar cuts to essential services for treatment and prevention of acute malnutrition in Nepal and Bangladesh, halting programs that jointly reached over 7 million people, including with SAM treatment.[13] Similarly, Action Against Hunger has announced that with cuts in USAID funding it must stop treating tens of thousands of malnourished children in Democratic Republic of the Congo.[14] In Ethiopia, current RUTF supplies, used to treat about one million children annually, are expected to run out by May 2025.[15]

USAID supported about half of the world's supply of RUTF, with all of its direct procurement coming from two US-based companies.[16] The halts in funding will not only end access to RUTFs for SAM treatment and cut the staff and resources needed to distribute them, but they also represent a hollowing out of the institutional capacity, expertise, and data infrastructure required to deliver a wide range of other essential nutrition services, such as promotion of optimal infant and young child feeding practices, which could help prevent acute malnutrition and other forms of child undernutrition.[17] And US funding cuts are not the only challenge: they are compounded by aid reductions of 25-40% announced by other countries such as the UK, Belgium, France, and the Netherlands over the next 3-5 years.[18]

The abrupt withdrawal of donor support will leave millions of children critically ill with acute malnutrition without access to life-saving programs. Our estimates indicate that, because of the US budget cuts alone, as many as **one million children** with SAM will be cut off from treatment, causing an additional **163,500** child deaths per year. Combined with additional large reductions in other donors' aid budgets, these numbers could more than double to a total of **2.3 million** additional untreated SAM children, causing an additional **369,000** child deaths per year in the near future.[19]

Budget cuts will disproportionately impact the places most in need

SAM tends to be most prevalent in contexts of extreme poverty and conflict, compounding the suffering of those who are already struggling. For example, in Sudan (the site of the world's current worst humanitarian emergency), an estimated 730,000 young children have SAM, with over 2 million having milder forms of acute malnutrition and many millions of adults and young children facing severe food insecurity.[3] The UN has warned that the country is at risk of "mass death from famine."[21] In nearby Somalia, the World Food Programme has been forced to reduce aid due to funding cuts, despite the country facing a dire humanitarian crisis: an estimated 1.7 million children are at risk of acute malnutrition in 2025, including 466,000 cases of SAM.[22] As many as 4.4 million people in Somalia are projected to be pushed into acute food insecurity from April onwards, due to drought, inflation, and conflict.[23] The US had pledged

$2 billion in humanitarian aid to Sudan and $125 million to Somalia for nutrition programs in 2025,[3] which would have been crucial for these SAM hotspots but may now not arrive. In the Democratic Republic of the Congo, 2.3 million children risk facing malnutrition as a result of the USAID cuts—and 7.8 million people are likely to lose food aid.[20]

These children face the prospect of death every day, and each day they live malnourished is one more where they are held back from achieving their potential. While some of these programs may end up being spared through humanitarian waivers, the lack of clarity about such waivers and the dismantling of needed infrastructure means that even programs covered under waivers may not be functional.

Budget cuts impact prevention of malnutrition

Beyond the immediate impact on child deaths from severe acute malnutrition, drastically reduced funding to prevent and treat malnutrition has other long-term consequences. Nutrition programming extends far beyond SAM treatment. Programs also aim to reduce chronic undernutrition (stunting), micronutrient deficiencies and to stem the rise in overweight/obesity and related non-communicable diseases. These programs take a variety of forms: improving maternal nutrition during pregnancy and lactation; counseling caregivers on optimal infant and young child feeding practices; large-scale distribution of vitamin A supplements; fortifying staple foods and condiments with vitamins and minerals; ensuring school children receive a nutritious meal at school; and increasing the affordability of nutritious foods. Such programs have been highly effective: for example, multiple micronutrient supplementation for pregnant women has a social return on investment of $37 per dollar spent,[24] while well-designed and well-delivered behavior change communication has been shown in randomized trials to be highly effective at improving infant and young child feeding practices.[25]

Beyond nutrition programming, many other health and development interventions, such as childhood vaccinations, insecticide-treated bed nets, and clean water are also central to improving nutrition for all household members, including women and young children. These programs are also currently under threat.

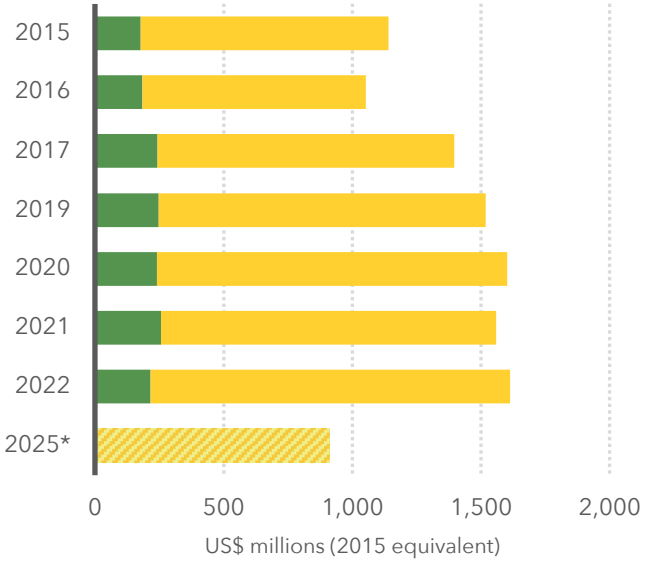
Cuts are also hitting the research and data infrastructure that makes nutrition programming more efficient and enables learning over time about what works to improve future interventions. For example, the US government-funded Demographic and Health Surveys have provided high-quality, standardized nationally representative data to track

Nutrition Funding Collapse

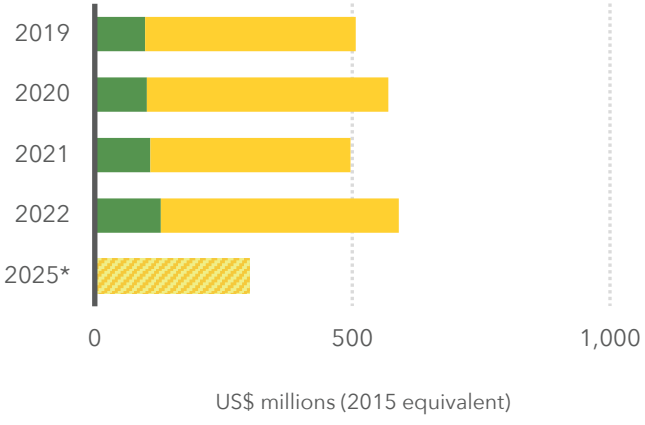
Ending of US and European donor support for malnutrition programmes will put millions of starving children at risk of death or stunted development

US Government Other donors

Global donations for nutrition programmes fell by 44% in 2025 compared with 2022



Investment in treatments for wasting are down by 49% in 2025



* The 2025 estimates were derived assuming a 100% reduction in US Government funding, and a 35% reduction in other donor funding from 2022 and assuming that all the funding cuts will happen in 2025.

Source: Osendarp et al. 2025 [19]

maternal and child health and nutrition in over 90 low- and middle-income countries since 1984.[3] These data are essential for policy development, program planning, and tracking progress towards global targets like the Sustainable Development Goals (SDGs)—but are no longer being collected, and even historic data can no longer be accessed. The Famine Early Warning Systems Network (FEWS NET), created in the aftermath of the 1984 Ethiopian famine, uses data on weather, crop production, and food prices to forecast food insecurity in over 30 countries, enabling timely responses to avoid large-scale famines—but has gone dark as a result of USAID cuts. [a, 27] Overall, it is data on people in crises that are most at risk of becoming unavailable—further disadvantaging already vulnerable populations.[28] Many different organizations, not just the US, relied on these data to optimally target interventions and to monitor results. Without them, future initiatives will be less effective, yielding less benefit for each aid dollar spent. Moreover, cuts to research that develops more effective and efficient nutrition and health interventions, including at US institutions like the Centers for Disease Control and the National Institutes of Health,[29] shut the pipeline to improving the effectiveness of aid programs.

As a result of these cuts to broader public health and data resources, we may soon see many more millions of children developing acute malnutrition, stunting, and micronutrient malnutrition, alongside other preventable nutrition-related health problems.

The effects do not end with health: nutrition is the bedrock of efforts to achieve the SDGs, and cutting funding for it will undermine their achievement—while holding back economic growth. Malnourished children will fail to meet their full physical and cognitive potential, fall short in their educational attainment, and jeopardize their future economic productivity and health.[30–32] The economic cost of malnutrition—through lost human capital and increased healthcare expenses—can reduce national GDP by 3-16%.[33] The economic ramifications will not only compromise public health but also undermine development for decades to come, and erode the safety, stability, and prosperity of nations, with ripple effects for donor countries. As a recent internal memo to USAID Administrators stated, "Upholding these programs is not only a legal and humanitarian obligation but also a critical strategic investment to make America -and other donor countries- safer, more secure, and more prosperous."[34]

A time for joint decisions for a better future

This moment requires us to re-think aid to nutrition—both how funds are raised and how they are best spent.

Governments and funders must:

1. **Restore implementation of life-saving nutrition interventions.** Funding SAM programs (including the supporting services, staff, and infrastructure on which they rely) is an urgent priority, given their life-saving nature. This support must include not only RUTF production and distribution but also screening, caregiver education, and community-based management of acute malnutrition, including prevention of relapse. Priority should be placed on humanitarian hotspots, such as Sudan, where deaths are already occurring due to disruptions.

2. **Enable, incentivize, and support governments to scale-up evidence-based essential nutrition programs** to prevent malnutrition across health, food, and social protection systems. This includes, for example, policies to increase the demand for healthy and sustainable diets, increasing the coverage of antenatal care and micronutrient supplementation for pregnant women, promoting breastfeeding and optimal infant and young child feeding, ensuring vitamin A supplementation in vulnerable populations, and scaling up large-scale food fortification. Such programs are the best investment for preventing malnutrition and will reap greater long-term returns than focusing solely on treating acute malnutrition.

a. FEWS NET, designed to give an early warning of famines and other humanitarian disasters before they happen, was estimated to cost only $64 million in 2024.[26]

Estimation Methods

Our estimate is based on data on Official Development Aid (ODA) expenditures and estimates of US funding to wasting in 2022 [20]. We assumed that if total donor contributions to wasting treatment matched domestic funding, 9.3 million children with SAM were reached by adequate treatment and that 1.5 million deaths were averted in 2023. This was based on a UNICEF report stating that in 2023, 1.2 million deaths of children 6-59 months were averted by CMAM treatment of 7.4 million children in 47 high-risk countries.[4] We also assumed that all the acute malnutrition funding was used for children with SAM. We acknowledge that these funds would also cover screening and treatment of more moderate acute malnutrition, but we lacked data on how funds were split between severe and moderate acute malnutrition. Since treatment of moderate acute malnutrition will prevent SAM, all funding should be considered as impacting children with SAM.

Because these 47 countries have 80% of the global cases of SAM, the number treated was increased to 9.3 million and the number of deaths averted to 1.5 million. Percentage reductions in children treated due to the reduction of funding from USAID and other donors were applied to 1.5 million deaths per year to determine the deaths that would occur without treatment. An average 35% reduction in aid budgets for nutrition from donors other than the US was used.[18] We did not undertake country-specific calculations but rather performed calculations for all low- and middle-income countries. In doing so, we assumed that on average countries would match donor funding on a 1:1 basis (though this varies by country) and that funds for acute malnutrition treatment would primarily go to low- and middle-income countries (excluding other large recipients of ODA, such as Ukraine and Israel).

The number of deaths may be underestimated, as aid cuts threaten a large range of programs that support nutrition in different ways, such as providing health services, increasing food production, and supporting installation and maintenance of water, sanitation, and hygiene (WASH) infrastructure. Without this nutrition-sensitive programming in place, many more children may become acutely malnourished. Moreover, increases in infectious disease rates due to the interruption of health and WASH programming may increase fatality rates among malnourished children. On the other hand, they may be overestimated if other donors, or local governments are able to quickly plug these financing gaps, or if yet-to-be-announced cuts are not confirmed or are allocated in a way that partially spares SAM treatment.

3. **Diversify nutrition funding sources, domestic and international.** The development and humanitarian system, including for nutrition, has become too dependent on a small number of donors, particularly the US government [35] – reducing resilience and exacerbating the impacts of the present shock. It is important to diversify sources in the future. One option for doing so may be challenging development finance institutions to increase funding for nutrition programs. Another could be repurposing agricultural subsidies. There is also potential to leverage funding from outside the nutrition sector by accelerating efforts to make agricultural, workforce, and climate investments more "nutrition smart." This could entail, for example, ensuring agricultural investments focus on nutritious foods; building alliances with climate champions to reduce food loss; and finding new ways of financing small- and medium-sized enterprises to improve access to locally produced nutritious foods.

4. **Rebuild and strengthen critical nutrition data and monitoring systems.** Critical data systems like FEWS-NET need to be restored, but with ever-evolving technologies, this is also an area for innovation. More can likely be done with fewer resources by using innovative and lower-cost technologies (such as satellite imaging, artificial intelligence-powered predictive analytics, and crowdsourcing) to guide timely responses to food crises, improve routine tracking systems, and provide data to monitor and evaluate longer-term nutrition interventions.

The US and other donor governments have long shown global leadership in nutrition—and in so doing earned considerable social returns on their investments. The World Bank estimates that every $1 invested in undernutrition returns $23 in value in terms of child survival, human capital development, and economic prosperity.[36] This comes at low cost: foreign aid (for all sectors) accounts for less than 1% of the national budget of most countries, including the US. Cutting it does little to affect overall government spending, even as it puts millions of young lives at risk.[18] Cutting aid spending is also opposed by many citizens in donor countries, including the US,[37] who have long been justifiably proud of their role in aiding the world's most vulnerable.

Failure to act, and to do so quickly, will result in not only a dramatic increase in child mortality but also long-term societal damage that will reverberate across generations. It is imperative that global development partners, governments, and donors mobilize immediately to safeguard nutrition for the world's most vulnerable populations. Our collective future depends on it.

Standing Together for Nutrition

ST4N is a multidisciplinary consortium examining the scale and reach of climate and other crises and their adverse impact on nutrition for millions of vulnerable women and children. This brief was developed with guidance from ST4N's **Steering Committee** comprised of leading nutrition, food systems, and health experts. ST4N is hosted by the Micronutrient Forum, a nonprofit organization and the central global platform for evidence, collaboration, and advocacy on micronutrient health. Learn more about ST4N **here**.

Suggested citation: Standing Together for Nutrition (ST4N). *Aid Budget Cuts Have Dire Consequences for Malnutrition Among the World's Most Vulnerable Children*. Policy Brief. Washington, DC: Micronutrient Forum; 2025

This policy brief was made possible through generous financial support from Global Affairs Canada

In partnership with Canada

This policy brief was developed in partnership with following organizations:

gain Global Alliance for Improved Nutrition

HELEN KELLER INTL

RESULTS FOR DEVELOPMENT

SickKids Centre for Global Child Health

References

1. Manary MJ, Sandige HL. Management of acute moderate and severe childhood malnutrition. BMJ. 2008;337(nov13 1):a2180-a2180. doi:10.1136/bmj.a2180
2. EME Evidence Review for Severe Acute Malnutrition Strategy. ALMA Scorecard Hub; 2020. Accessed February 16, 2025. https://scorecardhub.org/wp-content/uploads/2021/06/EME-evidence-review-for-severe-acute-malnutrition-strategy.pdf
3. Locks LM, Stewart CP, Hoffman DJ, Duggan CP. A shock to the global nutrition system: why nutrition scientists should challenge the dismantling of the United States Agency for International Development and United States withdrawal from the World Health Organization. Am J Clin Nutr. 2025;0(0). doi:10.1016/j.ajcnut.2025.02.020
4. UNICEF. No Time to Waste. UNICEF; 2024. Accessed March 3, 2025. https://www.unicef.org/documents/NTTW2024
5. Expanding access to a life-saving treatment | UNICEF Supply Division. Accessed March 21, 2025. https://www.unicef.org/supply/stories/expanding-access-life-saving-treatment#:~:text=Today%2C%20UNICEF%20procures%20this%20life,years%20of%20age%20each%20year
6. UNICEF WHO World Bank Group. Levels and trends in child malnutrition: key findings of the 2019 Edition Joint Child Malnutrition Estimates. 2019.
7. WHO, WFP, SCN, UNICEF. A Joint Statement on Community-Based Management of Severe Acute Malnutrition. UNICEF; 2007. Accessed February 16, 2025. https://www.unicef.org/media/96981/file/Statement-WHO-WFP-SCN-and-UNICEF-on-Community-Based-Management-of-SAM.pdf
8. Andridge C, McCarter A, D'Alimonte M, Nyaku A. Tracking Aid for the WHA Nutrition Targets: Progress toward the Global Nutrition Goals between 2015 to 2022. Results for Development; 2024. Accessed March 15, 2025. https://r4d.org/resources/tracking-aid-wha-nutrition-targets-global-spending-roadmap-better-data/
9. Diven PJ. The domestic determinants of US food aid policy. Food Policy. 2001;26(5):455-474. doi:10.1016/S0306-9192(01)00006-9

10. Gedeon J. Rubio says 83% of USAid programs terminated after six-week purge. The Guardian. https://www.theguardian.com/us-news/2025/mar/10/marco-rubio-usaid-funding March 10, 2025. Accessed March 12, 2025.
11. Murphy B, Barry-Jester AM. Internal Memos: Senior USAID Leaders Warned Trump Appointees of Hundreds of Thousands of Deaths From Closing Agency. ProPublica. https://www.propublica.org/article/trump-doge-rubio-usaid-musk-death-toll-malaria-polio-tuberculosis March 3, 2025. Accessed March 12, 2025.
12. Nolen S. U.S. Terminates Funding for Polio, H.I.V., Malaria and Nutrition Programs Around the World. The New York Times. https://www.nytimes.com/2025/02/27/health/usaid-contract-terminations.html February 27, 2025. Accessed March 21, 2025.
13. Helen Keller International. Estimate based on proposed USAID Advancing Nutrition in Nigeria proposal and approved year 2 annual workplan. March 12, 2025.
14. Mednick S, Mcmakin W, Pronczuk M. USAID cuts are already hitting countries around the world. Here are 20 projects that have closed. AP News. https://apnews.com/article/usaid-cuts-hunger-sickness-288b1d3f80d85ad749a6d758a778a5b2 March 1, 2025. Accessed March 12, 2025.
15. Ethiopia Nutrition Cluster: Advocacy Note - Call to Action (March 2025) - Ethiopia | ReliefWeb. March 12, 2025. Accessed March 21, 2025. https://reliefweb.int/report/ethiopia/ethiopia-nutrition-cluster-advocacy-note-call-action-march-2025
16. Boyd E. personal communication to S. Osendarp. 2025.
17. Karas T. 'The system is breaking': US aid freeze threatens child malnutrition care. Devex. February 19, 2025. Accessed March 12, 2025. https://www.devex.com/news/the-system-is-breaking-us-aid-freeze-threatens-child-malnutrition-care-109374
18. Sheldrick M. Foreign Aid Is Shrinking—What Happens Next? Forbes. https://www.forbes.com/sites/globalcitizen/2025/02/25/foreign-aid-is-shrinking-what-happens-next/ February 25, 2025. Accessed March 12, 2025.
19. Osendarp S, Ruel M, Udomkesmalee E, Tessema M, Haddad L. The full lethal impact of massive cuts international to food aid. Nature. 2025; https://www.nature.com/articles/d41586-025-00898-3
20. MacLean R, Jammeh S. Africa Received Billions in U.S. Aid. Here's What It Will Lose. The New York Times. https://www.nytimes.com/2025/03/08/world/africa/africa-usaid-funds.html March 8, 2025. Accessed March 12, 2025.
21. Reuters. UN rights chief warns of "mass deaths from famine" in Sudan. Reuters. https://www.reuters.com/world/africa/un-rights-chief-warns-mass-deaths-famine-sudan-2025-02-27/ February 27, 2025. Accessed March 12, 2025.
22. Ahmed K. Aid workers warn 'people are dying and they're going to continue dying' as funding cuts hit. The Guardian. https://www.theguardian.com/global-development/2025/mar/14/aid-cuts-humanitarian-united-nations-usaid-trump-uk-malnutrition-starvation-deaths-wfp-fao-defence-spending March 14, 2025. Accessed March 21, 2025.
23. IPC. Somalia: Acute Food Insecurity Situation for January - March 2025 and Projection for April - June 2025. Integrated Food Security Phase Classification (IPC). February 24, 2025. Accessed March 21, 2025. https://www.ipcinfo.org/ipc-country-analysis/details-map/%20en/c/1159510/?iso3=SOM
24. Larsen B, Hoddinott J, Razvi S. Investing in Nutrition: A Global Best Investment Case. J Benefit-Cost Anal. 2023;14(S1):235-254. doi:10.1017/bca.2023.22
25. Menon P, Saha K, Kennedy A, et al. Social and Behavioral Change Interventions Delivered at Scale Have Large Impacts on Infant and Young Child Feeding (IYCF) Practices in Bangladesh. FASEB J. 2015;29(S1):584.30. doi:10.1096/fasebj.29.1_supplement.584.30
26. Spitzer G. A respected U.S. famine warning system is "currently unavailable." What's the impact? NPR. https://www.npr.org/sections/goats-and-soda/2025/02/21/nx-s1-5301043/famine-us-aid-warning-ethiopia February 21, 2025. Accessed March 13, 2025.
27. Kent L. A US-run system alerts the world to famines. It's gone dark after Trump slashed foreign aid. CNN. March 9, 2025. Accessed March 12, 2025. https://www.cnn.com/2025/03/09/world/us-foreign-aid-freeze-famine-fewsnet-intl/index.html
28. OCHA. The State of Humanitarian Data 2025. United Nations Office for the Coordination of Humanitarian Affairs (OCHA) Centre for Humanitarian Data; 2025.
29. Tirrell M. 'Deadly consequences': Health agencies reel from thousands of job cuts while critical research grants remain on hold. CNN. February 23, 2025. Accessed March 12, 2025. https://www.cnn.com/2025/02/23/health/public-health-job-cuts/index.html
30. Black RE, Victora CG, Walker SP, et al. Maternal and child undernutrition and overweight in low-income and middle-income countries. Lancet. 2013;382(9890):427-451. doi:10.1016/S0140-6736(13)60937-X
31. Bhutta ZA, Das JK, Rizvi A, et al. Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? Lancet. 2013;382(9890):452-477. doi:10.1016/S0140-6736(13)60996-4
32. Desmond C, Erzse A, Watt K, et al. Realising the potential human development returns to investing in early and maternal nutrition: The importance of identifying and addressing constraints over the life course. PLOS Glob Public Health. 2021;1(10):e0000021. doi:10.1371/journal.pgph.0000021
33. Hoddinott J. The Economics of Reducing Malnutrition in Sub-Saharan Africa. Global Panel working paper. London: Global Panel on Agriculture and Food Systems for Nutrition; 2016.
34. Enrich N. Info Memo for USAID Administrator and Deputy Administrator: Risks to U.S. National Security and Public Health: Consequences of Pausing Global Health Funding for Lifesaving Humanitarian Assistance. March 4, 2025. https://primarynewssource.org/wp-content/uploads/168a9032-full.pdf
35. Pearson M. Trump cuts: Humanitarian aid's extreme donor dependency problem in five charts. The New Humanitarian. https://www.thenewhumanitarian.org/analysis/2025/03/04/humanitarian-aid-extreme-donor-dependency-global-charts March 4, 2025. Accessed March 12, 2025.
36. Shekar M, Okamura KS, Vilar-Compte M, Dell'Aira C. Investment Framework for Nutrition 2024. World Bank; 2024. Accessed March 12, 2025. https://openknowledge.worldbank.org/server/api/core/bitstreams/4ca9f6a7-c057-4fe4-bcae-0e4539833b4c/content
37. Large Bipartisan Majorities Oppose Deep Cuts to Foreign Aid. Program for Public Consultation, University of Maryland. February 8, 2025. Accessed March 21, 2025. https://publicconsultation.org/foreign-aid/large-bipartisan-majorities-oppose-deep-cuts-to-foreign-aid/