

funding were to return in the future, it may not be possible to rapidly restart operations. In this context, respondents recognised that both the humanitarian system and national institutions need to adapt, not just to address current needs but also to navigate a changing global landscape with fewer resources and rising vulnerabilities.

5. CONCLUSION

The aim of this ALNAP research has been to investigate the impact of the sudden suspension of US humanitarian funding on communities affected by crisis and on the operational structure of humanitarian responses. Through two case studies in South Sudan and Mali, the report offers critical insights into how global funding decisions reverberate through humanitarian systems, reshaping who receives assistance and what types of support are ultimately delivered. Taking place against the backdrop of a global funding shortfall, the US cuts in 2025 starkly illustrate how financial decisions made from afar can rapidly transform aid delivery and reconfigure humanitarian priorities locally.

The findings offer a snapshot of the effects that were playing out in mid-2025 of reductions in US funding.² In both country contexts, the cuts have led to the closure of essential health, WASH, nutrition and food assistance programmes, often implemented with limited communication with communities. These disruptions have had the most severe consequences for already vulnerable groups, particularly women, children, the elderly and displaced populations. In contexts already grappling with overlapping shocks, the sudden withdrawal of aid has further eroded fragile safety nets and forced households to adopt increasingly harmful coping strategies. A reduction in trust among people affected by crisis towards humanitarian actors stems from poor transparency and their limited participation in decision-making processes.

Beyond these immediate impacts, the assessment highlights a broader shift in the humanitarian response in these contexts – from a model of more comprehensive service coverage to one that increasingly focuses on life-saving interventions. In both countries, the HPC was the principal framework through



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² It is important to note that, given the time of data collection, the experiences and perspectives expressed in KIs and FGDs may not reflect more recent in-country impacts and newer prioritisation processes, including subsequent HPC processes.

which collective reprioritisation was implemented, with respondents noting the pragmatic and centralised nature of these processes under time pressures. The findings raise key questions about the short- and longer-term implications in these fragile contexts of decisions to narrow humanitarian priorities versus broader engagement to strengthen local service delivery infrastructures.



Prioritisation has always been a facet of humanitarian decision-making to support the effective use of scarce resources in the sector, but these decisions will likely become more challenging if the resource base continues to contract.

humanitarian actors to consider the potentially wide-ranging and longer-term impacts of funding cuts and subsequent prioritisation decisions. Prioritisation has always been a facet of humanitarian decision-making to support the effective use of scarce resources in the sector, but these decisions will likely become more challenging if the resource base continues to contract (ALNAP, 2025). Sharing collective learning on the impacts and trade-offs made by the sector in these challenging times is important to maintain transparency and inform ongoing prioritisation processes.

The research also identifies a concerning gap in the humanitarian system's ability to monitor and respond to the unfolding consequences of these US funding cuts. As humanitarian actors have scaled back data collection and needs tracking – often due to the same financial pressures – early signs of rising mortality, deteriorating health outcomes and community distress risk going undetected. This creates a feedback loop in which declining resources could lead to reduced visibility, further delaying timely and appropriate responses.

While focused on data from only two country contexts, this study underscores the need for