Are 21,300 child deaths from foreign aid cuts a crime against humanity?

23 September 2025

Of the 13 million excess deaths projected worldwide by 2030 due to the U.S. decision to cut aid, 165,000–200,000 may die in Myanmar alone—among them 21,300 children. This massive, preventable loss of life raises the urgent question: Do foreign aid cuts constitute an international atrocity crime? And if not, why does international law fail to hold donors accountable for such catastrophic and reckless acts?

Foreign aid cuts

On 20 January 2025, President Trump issued Executive Order 14169, suspending and then cancelling over 80 per cent of USAID's global programmes, including support for global vaccinations, under an "America First" realignment. The cancellations affected $1.1 billion in U.S. aid for Myanmar.

Within days, Thai-Myanmar border hospitals closed their doors, clinics stopped, and the World Food Programme warned of acute hunger for over one million people in Myanmar. Essential interventions against HIV, tuberculosis, malaria, and malnutrition ground to a halt, and individual deaths linked to these suspensions began to surface.

Since then, other governments have announced reductions in aid, including Sweden, which announced on 11 September that it would be ending support except for humanitarian aid.

The human toll of cuts

Foreign aid cuts will certainly have a significant effect. A peer-reviewed study in the globally-renowned Lancet estimated 14 million additional deaths by the end of President Trump's term in 2030, including 4.5 million children, as a direct result of U.S. aid cuts.

Although the study does not refer to individual countries, the disaggregated data on funding rates and income levels can be used to assess that U.S. aid historically reduced excess deaths in Myanmar by 7.1 per cent.

Human Rights Myanmar's calculations, included in the Annexe below, indicate that the U.S. cuts may lead to 165,000–200,000 excess deaths in Myanmar between 2025 and 2030, of which 21,000–25,000 may be children. These figures underscore a direct assault on the right to life in Myanmar and across the global majority.

Genocide?

The potential scale of the harm caused by the U.S. Government's policy change raises the question of whether it constitutes an international atrocity crime. The three primary atrocity crimes are genocide, war crimes, and crimes against humanity.[1] War crimes do not apply in this context, as the U.S. is not a party to Myanmar's internal conflict.

The charge of genocide is also unlikely to be met. Genocide requires the specific intent to destroy, in whole or in part, a national, ethnic, racial, or religious group.[2] While minorities may be disproportionately affected, the *"America First"* policy was applied indiscriminately rather than targeting a specific group with destructive intent.

Crimes against humanity?

But could the U.S actions be crimes against humanity, specifically the international crimes of extermination and other inhumane acts (Rome Statute, Art 7(1)(b) and Art 7(1)(k))? Such criminal acts must be part of a widespread or systematic attack against a civilian population, committed with knowledge of the attack.

Extermination entails killing by inflicting conditions of life calculated to bring about the destruction of part of a population. It must occur as part of a mass killing, within a widespread or systematic attack on civilians, and with the perpetrator's knowledge that their actions form part of that attack. The U.S. Government's policy deliberately halted life-saving aid, including food, medicine, and shelter, to millions, knowing it would cause mass mortality.

Inhumane acts cover conduct comparable to murder or torture, inflicting great suffering or serious injury to the body or to mental health. These acts must be part of a widespread or systematic attack, with the perpetrator aware of their inhumane character and its role in that attack. The U.S. Government's sudden withdrawal of essential health services and nutrition programmes inflicted profound physical and psychological harm on children, the elderly, and displaced families, and is an inhumane policy decision executed with full awareness of its consequences.

[1] The U.S. is one of few democratic countries that has not ratified the Rome Statute.
[2] Genocide requires intent to destroy, in whole or in part, a group defined narrowly as national, ethnic, racial or religious. This definition does not extend to other categories. By contrast, nondiscrimination provisions in other treaties, such as ICCPR Article 2(1) prohibit discrimination based on "social origin," a concept that can be interpreted to cover birth circumstances or class background.

Both extermination and other inhumane acts may be committed by omission, or failing to act when there is a duty to prevent harm. The International Criminal Court (ICC) recognises that withholding life-sustaining goods can constitute an attack when it causes mass suffering or death, provided the actor had control or responsibility and knew the outcome.[3]

Establishing intent

Perpetrators of the international crime against humanity must act with intent (Rome Statute, Art. 30). In particular, there must be *"dolus eventualis,"* or an awareness and acceptance of the likely fatal outcome of the policy.

The U.S. Government demonstrated prior consideration in deciding to cut aid. A policy document authored in 2023 by a pro-Trump campaign group called *"Project 2025"* called for significant changes to foreign aid, including cuts. Authoritative commentators warned that the changes would seriously undermine U.S. aid, rather than making it more efficient. Key architects involved in Project 2025 were later recruited into senior roles in the U.S. Government and led the changes in USAID and the U.S. State Department. The U.S. Government demonstrated a deliberate, unified, and premeditated policy to cut aid.

Furthermore, internal memos were circulated within the U.S. Government predicting that the proposed aid cuts would have a serious impact if adopted. Independent humanitarian organisations published similar warnings of the consequences of large-scale aid cuts. Yet the U.S. pressed ahead, knowing the lethal consequences. This reckless disregard satisfies the *mens rea* for crimes against humanity.

U.S. responsibility

The U.S. Government knowingly engineered a drastic aid cut despite repeated warnings from both internal and humanitarian stakeholders of catastrophic mortality. In so doing, the U.S. not only breached its own funding agreements but also flouted established humanitarian norms.

Under UN GA Resolution 46/182 and the IASC Principals' Guidelines, all donors commit to facilitating relief impartially. The Good Humanitarian Donorship Principles demand predictable, partnership-based funding. The Core Humanitarian Standard insists on accountability to affected communities. The OECD-DAC peer reviews call for *"do no harm"* coordination. Although these frameworks lack enforceable legal force, they represent widely endorsed expectations. By cutting aid overnight without consultation or transition, the U.S. violated these core standards of good-faith cooperation.

[3] Prosecutor v. Furundžija, ICTY (1998); Rome Statute commentary.

Such conduct carries unmistakable moral and political culpability. It deepened an existing humanitarian crisis, undermined trust in relief systems, and breached the basic commitment donors make when they promise life-saving assistance. These failures demand accountability, reparations, public censure under the Responsibility to Protect, and urgent reforms to ensure no population can again be left at the mercy of unilateral policy reversals.

U.S. legal responsibility

Ultimately, despite the strong moral case and the foreseeable lethal consequences of its actions, the U.S. government would likely not be held criminally liable under current international law. While the harm is undeniable, the legal framework for crimes against humanity includes a critical element that is not met here: the perpetrator must exercise direct control or authority over the affected population and have a corresponding legal duty of care. These are conditions met by governments or occupying military powers starving their own people, but not by third-party donors.

In Myanmar, the primary legal duty to ensure food, medicine, and healthcare rests with the territorial authorities, including the Myanmar military, not with foreign donors.

Moreover, no binding treaty imposes a positive obligation on donor States such as the U.S. to maintain or disburse previously promised aid. International humanitarian law (Rule 55) obliges parties to a conflict to allow relief, but this duty attaches only to the controlling authorities inside a territory. Human rights treaties (ICESCR, CRC) bind States to guarantee rights within their own borders, but not to supply aid abroad. Domestic or contractual remedies may address breaches of funding agreements, but these are civil or diplomatic, not criminal.

Therefore, while the U.S. is morally and politically accountable for unleashing foreseeable mass suffering, it lacks the requisite duty-and-control nexus. It faces no enforceable legal mechanism that would render it criminally responsible under the Rome Statute or customary international law.

Closing the international legal gap

Over the last 60 years, countries such as Myanmar have built up systems that are heavily reliant on foreign donor support to fulfil fundamental rights, including the rights to life and health. U.S. aid, in particular, has become a crucial pillar of these systems and is vital to sustaining many lives. Donor dependency may be undesirable, but any solution should not be abrupt and unplanned. The Lancet study shows that millions of lives are significantly affected by these systems.

Despite the importance of aid to fulfilling fundamental rights, international law, the foundation of the global order, includes very little about the legal duties that donor States have toward the systems that they have helped create, or the people within them. This is a critical gap in international law that needs reform.

Recommendations

- A binding humanitarian assistance treaty that requires donors to maintain minimum aid levels once a territorial State consents, provide advance notice with consultation and orderly transition plans, and submit disputes to independent oversight (e.g., the ICJ).
- An Optional Protocol to the ICESCR establishing extraterritorial assistance standards, granting individuals and NGOs standing, and embedding a "no-harm" principle that mandates mitigation strategies before any aid withdrawal.
- Mandatory "Duty to consult and mitigate" clauses in all bilateral and multilateral funding agreements, obliging donors to engage affected communities and to implement mitigation measures such as alternative funding arrangements or phased scale-downs.
- Enhanced State-responsibility mechanisms that recognise gross, reckless donor omissions as a violation of international norms and grounds for reparations, and empower UN human rights bodies to investigate, report, and hold donors publicly accountable.

Implications for global donors

A key concern is that establishing legal duties for donors could create a *"chilling effect,"* discouraging aid for fear of liability. However, the goal of reform should not be to penalise good-faith or negotiated changes in strategy, but to prevent abrupt, unilateral, and reckless withdrawals of life-sustaining support. The objective is to introduce predictability and accountability, thereby strengthening the humanitarian ecosystem.

While this analysis focuses on the U.S., these principles apply universally. Dependency creates a special responsibility for any donor—be it Sweden or China—that becomes a critical pillar in a country's health and food systems. Therefore, proposed reforms like a binding treaty must apply to all donors, holding them to the same standard of responsible partnership to prevent foreseeable harm.

Annexe – The Lancet study and Myanmar

The Lancet study does not provide country-specific mortality projections, including for Myanmar. Instead, it models outcomes across 133 low- and middle-income countries (LMICs), grouped by USAID funding quartiles. Myanmar is classified in the "Low" funding quartile, allowing the extraction of an approximate estimate. Myanmar presumably received "Low" funding from USAID because of the coup and its inability to access the country. In the study's full model, this group showed a 5.4% reduction in mortality compared to countries with little or no USAID support. Within the lower-middle-income subgroup (which includes Myanmar), the effect was stronger: a 7.1% reduction in all-cause mortality.

While Myanmar's exact future mortality is not specified, several inferences can be drawn: (1) Myanmar was part of the modelled cohort; (2) an 83% cut is expected to progressively reverse the previous gains; and (3) with a population of 55 million and an annual death rate of 8.5 per 1,000

(~467,500 deaths/year), a 7.1% increase would imply ~33,000 additional deaths annually. If sustained through 2025–2030, the cumulative toll in Myanmar could reach 165,000–200,000 excess deaths.

While the study does not disaggregate forecasts for children by country, demographic data allows a grounded estimate. Children aged 0–14 make up about 27% of Myanmar's population (~14.85 million). The under-five mortality rate is 42 per 1,000 live births (UN IGME, 2022), and the crude death rate is 8.5 per 1,000. Myanmar's birth cohort (~850,000/year) yields an estimated 35,700 under-5 deaths annually, and ~50,000 deaths annually for all children aged 0–14.

Applying the 7.1% mortality reversal from the Lancet study over six years (2025–2030), the total projected child deaths (0–14) would rise by ~21,300. These deaths would occur through preventable causes—malnutrition, pneumonia, diarrhoea, and loss of maternal and neonatal care—and highlight the disproportionate impact of abrupt aid withdrawal on children in fragile contexts.

These figures are an oversimplification of the Lancet study's complex statistical model. The study's model is a multivariable regression that controls for numerous factors. For example, the study's authors warn that structural collapses in health and food systems, especially in fragile states, could cause mortality to rise beyond projections. Applying the 7.1% figure as a simple percentage of the crude death rate does not replicate the study's methodology, but can be used to establish an approximate average impact.