PROGRESS REPORT ON THE GLOBAL STRATEGY FOR WOMEN’S, CHILDREN’S, AND ADOLESCENTS’ HEALTH 2016–2030: IMPLEMENTATION IN THE AFRICAN REGION

Information Document

CONTENTS

BACKGROUND ........................................................................................................................................... 1–4

PROGRESS MADE/ACTIONS TAKEN ........................................................................................................ 5–14

NEXT STEPS ........................................................................................................................................ 15–17

ANNEXES

Page

Annex 1: Availability of 16 key SRMNCAH policies, African Region.........................................................4
Annex 2: Domestic general government expenditure on reproductive and maternal health, African Region ........................................................................................................................................5
Annex 4: Status of functional versus planned sick newborn care units and KMC units, African Region ........................................................................................................................................7
Annex 5: Regional SRHR scorecard .............................................................................................................8
### ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AARA</td>
<td>annual average rate of reduction</td>
</tr>
<tr>
<td>ANC</td>
<td>antenatal care</td>
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<tr>
<td>CSE</td>
<td>comprehensive sexuality education</td>
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<tr>
<td>eMTCT</td>
<td>elimination of mother-to-child transmission</td>
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<tr>
<td>GGHE-D</td>
<td>Domestic general government health expenditure</td>
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<tr>
<td>GSWCAH</td>
<td>The Global Strategy for Women’s, Children’s, and Adolescents’ Health (2016–2030)</td>
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<td>ITN</td>
<td>insecticide-treated mosquito nets</td>
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<td>KMC</td>
<td>kangaroo mother care</td>
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<tr>
<td>ORT</td>
<td>oral rehydration therapy</td>
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<tr>
<td>PNC</td>
<td>postnatal care</td>
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<tr>
<td>RMNCAH</td>
<td>reproductive, maternal, newborn, child, and adolescent health</td>
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<tr>
<td>SDG 3</td>
<td>Sustainable Development Goal 3</td>
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<td>SRHR</td>
<td>sexual and reproductive health and rights</td>
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<td>WHA</td>
<td>World Health Assembly</td>
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BACKGROUND

1. Based on the health goal in the 2030 Agenda for Sustainable Development, which is Sustainable Development Goal 3 (SDG 3), the Global Strategy for Women’s, Children’s, and Adolescents’ Health (GSWCAH) was launched by the United Nations Secretary-General in September 2015. An operational plan to take forward this strategy was adopted by the World Health Assembly in May 2016 and supported by resolution WHA69.2.

2. The Global strategy proposes that Member States reduce maternal mortality to less than 70 deaths per 100,000 live births and newborn and under-five mortality to less than 12 and 25 per 1,000 live births respectively by 2030. In 2017, the annual average reduction rates (AARR) were 2.9% for maternal mortality, 1.5% for neonatal mortality, and 4.2% for under-five mortality, instead of the required 10.3%, 7.4%, and 9.9%, respectively.

3. To implement the Global strategy, the following priority actions were proposed by the Regional Committee: (1) ensure government ownership and leadership of programmes and initiatives; (2) institute measures for health systems strengthening; and (3) enhance mechanisms for multisectoral action.

4. This report outlines the progress made and proposes the next steps towards achieving universal health coverage and SDG 3 to ensure that women, children, and adolescents survive and thrive.

PROGRESS MADE/ACTIONS TAKEN

5. Since 2016, forty-one (87%) Member States have developed national integrated strategic plans for reproductive, maternal, newborn, child, and adolescent health (RMNCAH) aligned with the GSWCAH. Nineteen Member States have developed stand-alone adolescent health strategies.

6. Forty-three out of 47 (92%) Member States have adopted at least 13 of the 16 key RMNCAH policies. It is worth noting that policies on early childhood development and violence against women are the least available. Twenty-nine Member States have developed and are using RMNCAH scorecards for monitoring the progress of the GSWCAH. A regional sexual and reproductive health and rights (SRHR) scorecard was developed with 22 priority indicators.

7. Four of the 31 Member States that reported on progress have achieved an increase in their domestic general government health expenditure (GGHE-D) on maternal conditions, while nine have

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1 Every Woman Every Child: The Global Strategy for Women’s, Children’s, and Adolescents’ Health (2016-2030) 2015:
3 All Member States except Algeria, Cabo Verde, Comoros, Equatorial Guinea, Guinea-Bissau, and Seychelles
5 Global RMNCAH Policy survey, 2018/2019
6 Availability of 16 key SRMNCAH policies, African Region
7 Benin, Botswana, Burkina Faso, Burundi, Chad, Congo, Comoros, Côte d’Ivoire, Democratic Republic of the Congo, Ethiopia, Eswatini, Gambia, Ghana, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, United Republic of Tanzania, Zambia, Zimbabwe
stagnated and six have registered a decrease. Based on 2017 data, 8% of households in the Region, representing 87 million individuals, incurred catastrophic health expenditures.

8. Progress has been made in quality of care and elimination of mother-to-child transmission of HIV (eMTCT). For example, Botswana has become the first high-burden Member State to achieve eMTCT, while seven other Member States\(^8\) are on course to attain eMTCT. Twenty-five Member States\(^9\) have adapted standards for quality of RMNCAH services and are at different stages of institutionalization.

9. WHO collaborated with regional bodies (the West African Health Organization and the Southern African Development Community) to improve the curriculum of competency-based preservice training for RMNCAH service delivery. Forty-two Member States\(^10\) conducted competency-based preservice training on RMNCAH for primary health-care workers\(^11\).

10. Thirteen\(^12\) and eight\(^13\) Member States achieved the target for developing infrastructure for newborn and kangaroo mother care units respectively.\(^14\)

11. All Member States except South Sudan are implementing maternal death surveillance and response. Seventeen Member States\(^15\) were oriented on paediatric audit and death review guidelines. Five Member States\(^16\) have conducted harmonized health facility assessments.\(^17\)

12. Evaluation of the implementation of the Eastern and Southern African commitment on adolescent health has led to a renewed commitment on education, health and well-being for adolescents and young people in the subregion. Comprehensive sexuality education (CSE) has been integrated into the curricula of 1240 schools in four Member States.\(^18\)

13. While progress has been made towards achieving SDG 3 targets relating to women, children and adolescents, the maternal mortality ratio and under-five mortality rate in the WHO African Region remain high at 525 per 100,000 live births and 74 per 1000 live births respectively. The COVID-19 pandemic has had a wide-ranging impact on essential services for women, children and adolescents, with 39 Member States still reporting disruptions in at least one essential health service to date.

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\(^8\) Namibia, Uganda, Eswatini, Zimbabwe, Rwanda, Cabo Verde, Seychelles
\(^10\) All Member States except Central African Republic, Democratic Republic of the Congo, Malawi, Sao Tome and Principe, and Seychelles
\(^11\) MNCAH data portal accessed on 21 March 2022
\(^12\) Rwanda, Burundi, Ethiopia, Malawi, Comoros, Cabo Verde, Togo, Namibia, Kenya, Burkina Faso, Ghana, Liberia, Eswatini
\(^13\) Cabo Verde, Central African Republic, Ethiopia, Guinea, Liberia, Malawi, Rwanda, Zimbabwe
\(^14\) Status of functional versus planned sick newborn care units and KMC units, African Region
\(^15\) Ethiopia, Eswatini, Ghana, Sierra Leone, Côte d’Ivoire, Malawi, Mozambique, Nigeria, Botswana, South Africa, Kenya, Rwanda, Burkina Faso, United Republic of Tanzania, Uganda, Zambia, Zimbabwe.
\(^16\) Burkina Faso, Kenya, Liberia, Malawi, and Zambia
\(^17\) The HHFA brings together previous facility assessment tools such as the Service Availability and Readiness Assessment (SARA), Service Availability Mapping (SAM) and Service Provision Assessment (SPA).
\(^18\) Benin, Côte d’Ivoire, Niger, and Togo
14. There has been slow progress in improving coverage of cost-effective RMNCAH interventions in the WHO African Region, which stands at 55%. Member States continue to face persistent supply chain challenges in procuring life-saving commodities.\(^\text{19}\)

**NEXT STEPS**

15. Member States should:
   (a) strengthen political commitment to ensure systematic and consistent implementation of policies, and increased availability of domestic resources for RMNCAH services;
   (b) scale up coverage of cost-effective RMNCAH interventions focusing on equity, quality, and primary care approaches with improved demand and access to services;
   (c) improve communication and promote community engagement for empowering individuals and communities to contribute to ensuring that women, children and adolescents survive and thrive;
   (d) strengthen research and innovation to improve service efficiency and reach underserved populations.

16. The WHO Secretariat shall:
   (a) support the development of the regional agenda for RMNCAH to guide Member States in prioritizing interventions, redesigning programming and service delivery platforms, conducting advocacy, and mobilizing resources to accelerate progress towards the achievement of SDG 3 by all Member States.
   (b) conduct a systematic review of how quality of care initiatives for women, children and adolescents have been implemented in the African Region with a view to devising innovative approaches for rapid scale-up and sustainability.

17. The Regional Committee noted the progress report and adopted the actions proposed.

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\(^{19}\) Oxytocin, misoprostol, magnesium sulfate, injectable antibiotics for newborn sepsis, antenatal corticosteroids, resuscitation devices, amoxicillin, oral rehydration salts, zinc, female condoms, contraceptive implants, emergency contraception.
Annex 1: Availability of 16 key SRMNCAH policies, African Region
Annex 2: Domestic general government expenditure on reproductive and maternal health, African Region
Annex 3: Coverage of RMNCAH interventions across the continuum of care, African Region, 2015 vs 2021
Annex 4: Status of functional versus planned sick newborn care units and KMC units, African Region

![Graph showing percentage of functional sick newborn care units versus planned sick newborn care units and percentage of functional KMC units versus planned KMC units for various countries in the African Region.]
Annex 5: Regional SRHR scorecard