

Regional Committee for Africa**Original: English**Seventy-fifth sessionLusaka, Republic of Zambia, 25–27 August 2025Agenda item 8**Accelerating progress in the health and well-being of women, children and adolescents by
transforming health systems in the African Region****Technical paper****Contents****Paragraphs**

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Background

1. **Member States of the African Region have made modest progress in improving the health and well-being of their populations, especially in reducing maternal and child mortality.** Between 2000 and 2023, the Region's maternal mortality ratio dropped by 40%, from 727 to 442 per 100 000 live births.¹ The neonatal mortality rate dropped from 39 to 26 per 1000 live births.² Likewise, the under-five mortality rate decreased from 149 to 67 per 1000 live births, with a marginal reduction in mortality rates among adolescents aged 10–14 years from 7.3 to 5.6 per 1000, and among 15–19-year-olds, from 11 to 9.

2. **The pace of progress is uneven across the African Region and remains insufficient to achieve the 2030 targets of the Sustainable Development Goals (SDGs).** Only 10 Member States³ have a maternal mortality ratio less than or equal to 140 deaths per 100 000 live births.⁴ Another five Member States⁵ have met the neonatal mortality reduction target of less than or equal to 12 per 1000 live births, while five⁶ have reduced the under-five mortality rate to less than 2 or equal to 5 per 1000. The African Region still faces a disproportionately high burden of global maternal and child mortality, representing 70% of maternal deaths and 55% of under-five deaths in 2023. To achieve the SDG 2030 targets – reducing the maternal mortality ratio to less than 70 per 100 000 live births, the neonatal mortality rate to 12 or lower per 1000 live births, and the under-five mortality rate to 25 or lower per 1000 live births – substantially accelerated progress is required. Specifically, annual reduction rates of 26.3% for maternal mortality, 10.5% for neonatal mortality and 13.2% for under-five mortality are required. These required rates are significantly higher than the current rates of 2.0%, 1.8% and 3.5% respectively.

3. **Strong health systems are crucial for providing essential reproductive, maternal, newborn, child and adolescent health (RMNCAH) services.** Evidence indicates that strong health systems have the potential of halving maternal deaths and saving 1 million newborns.⁷ Yet, Member States' health systems struggle to deliver these services. African Member States have demonstrated a commitment to accelerating progress towards reducing maternal and child mortality and morbidity, as well as improving access to quality health services for women and children, in accordance with resolution WHA77.5 (2024) on accelerating progress towards reducing maternal, newborn and child mortality in order to achieve Sustainable Development Goal targets 3.1 and 3.2. The resolution emphasizes a multisectoral approach and the need to reorient health systems toward primary health care. However, a rethinking of strategies for strengthening health systems and scaling up innovative methods that can improve performance at an accelerated pace is needed. Thus, this paper provides insights into transforming the functionalities of national health systems to drive progress in improving the health and well-being of women, children and adolescents in the African Region.

¹ Trends in maternal mortality 2000 to 2023: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2023.

² Levels & Trends in Child Mortality. Report 2023. Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation.

³ Algeria, Cabo Verde, Eswatini, Mauritius, Mozambique, Namibia, Sao Tome and Principe, South Africa, Seychelles, and Zambia.

⁴ Supplementary national target in Strategies toward ending preventable maternal mortality (EPMM): World Health Organization 2015

⁵ Sao Tome and Principe, Seychelles, Cabo Verde, Mauritius and South Africa

⁶ Algeria, Cabo Verde, Mauritius, Sao Tome and Principe, and Seychelles.

⁷ Kruk ME, Gage AD, Arseneault C, Jordan K, Leslie HH, Godardian S et al. High-quality health systems in the Sustainable Development Goals era: time for a revolution. *Lancet Glob Health*; 2018;6(11):e1196–252.

Issues and challenges

4. **The disproportionately high burden of deaths is primarily driven by complications during pregnancy and childbirth, such as bleeding, hypertension and infections,^{8,9} as well as poor quality of care,** which cause preventable deaths. Disparities, both within and across Member States, are prevalent, with maternal and child mortality rates in Central and West Africa generally higher than those in other parts of the African Region. Other persistent threats to health and well-being include the under-prioritization of sexual and reproductive health and rights services, the high prevalence of communicable diseases, the growing burden of noncommunicable diseases and widespread malnutrition. Adolescent health is a major concern, influenced by factors such as persistently high adolescent birth rates, a high burden of mental health disorders and anaemia. Additionally, inequalities in child development outcomes remain a particular concern.

5. **Limited access and utilization of quality RMNCAH services continue to be a challenge.** For instance, only 57% of pregnant women had at least four antenatal contacts.¹⁰ Postnatal care coverage is limited, reaching just 57% for mothers and 55% for newborns.¹¹ In 2023, only 58% of women aged 15 to 49 years who needed family planning had their needs met by modern methods.¹⁰ The care-seeking rate for acute respiratory infections is 49%. Furthermore, the African Region recorded 6.7 million zero-dose children – the highest number globally.¹² These tracer indicators underscore substantial gaps in essential health service access and utilization.

6. **Disease outbreaks and other health emergencies continue to disrupt RMNCAH services.** The African Region experiences the highest number of public health emergencies globally, 92% of which are infectious disease-related.^{13,14} Emerging and re-emerging diseases, including those with pandemic potential, are increasingly disrupting the delivery of essential health services. These disruptions occur in multiple ways, including interruptions to routine service delivery, overburdening health systems due to workforce shortages caused by staff reassignment or illness, and disruptions to supply chains for critical health commodities.

7. **Fragile and conflict-affected settings are worsening health outcomes.** Armed conflicts have adversely affected health outcomes, especially for women, girls and children, by hindering the implementation of RMNCAH programmes. Africa has 183 million children in conflict zones, the highest number globally.¹⁵ In these settings, mortality is at least three times higher than in stable areas. Similarly, the influence of cultural norms potentially impacts the health of women, children and adolescents, as typified by child marriage, which is a driver of adolescent pregnancy and

⁸ Cresswell JA et. al. Global and regional causes of maternal deaths 2009-20: a WHO systematic analysis. *Lancet Glob Health*. 2025 Apr;13(4):e626-e634. doi: 10.1016/S2214-109X(24)00560-6.

⁹ HME, Global Burden of Disease (2024) – Learn more about this data [OurWorldinData.org/child-mortality](https://www.ourworldindata.org/child-mortality)

¹⁰ Ensuring sexual and reproductive health and rights for everyone, everywhere: report of the WHO African Region. Brazzaville: WHO African Region, 2025.

¹¹ UNICEF. UNICEF data. 2023. Maternal and newborn health coverage database.

¹² Child and adolescent health, development and wellbeing in the WHO African Region: a situation analysis. Brazzaville: WHO Regional Office for Africa; 2024.

¹³ Talisuna AO, Okiro EA, Yahaya AA, Stephen M, Bonkougou B, Musa EO et al. Spatial and temporal distribution of infectious disease epidemics, disasters and other potential public health emergencies in the World Health Organization African Region, 2016–2018. *Global Health* 16, 9 (2020). (<https://doi.org/10.1186/s12992-019-0540-4>)

¹⁴ Koua EL, Njingang JRN, Kimenyi JP, Williams GS, Okeibunor J, Oka S et al. Trends in public health emergencies in the WHO African Region: an analysis of the past two decades public health events from 2001 to 2022. *BMJ Glob Health*. 2023 Oct;8(10):e012015. doi: 10.1136/bmjgh-2023-012015.

¹⁵ Global Accelerated Action for the Health of Adolescents (AA-HA!): guidance to support country implementation. Second Edition. Geneva: WHO; 2023.

maternal mortality and is prevalent in Africa.¹⁶ Despite the enactment of legislation against the practice, its enforcement is weak, and traditional practices obstruct its application.¹⁷

8. Challenges in sustaining political will, good governance and leadership for effective service integration and delivery are among the primary drivers of adverse RMNCAH outcomes. As such, integrated, evidence-based national strategies are critical for service uptake, making health governance essential for achieving universal health coverage. Additionally, the availability of essential medicines, technologies and innovations, including digital health and self-care interventions, remains critically low in several African Member States, with rates ranging from 22% to 40% for essential women's medicines and 28% to 57% for children's medicines.¹⁸

9. Although African Member States train at least 255 000 health workers per year, the Region will face a 6.1 million shortage by 2030. The recruitment and retention of health workers remain critical challenges for achieving universal health coverage. For example, a 43% budget shortfall impedes the employment of all trained health workers. Many Member States face debt crises, which crowd out fiscal space for expanding training and employment. Additionally, suboptimal working conditions are fuelling excessive out-migration of health workers, further weakening capacity for service delivery.

10. Health workers in the African Region face critical challenges related to competencies. Diagnostic and treatment accuracy among health workers averages 56%, with nearly 70% scoring 50% or lower. Additionally, health worker absenteeism averages 35%, with only 4% being unauthorized. This highlights systemic issues over individual behaviour.¹⁹ These gaps underscore the urgent need for reforms in professionalism, curricula, training, education and health systems to align health worker skills with the evolving needs of the population.

11. Suboptimal health financing is disrupting critical RMNCAH programmes. Africa relies heavily on external aid, which accounts for about 25% of health spending. Cuts in official development assistance have disrupted RMNCAH services. Although the Abuja Declaration set the target of allocating 15% of national budgets to health, the African average has been stagnant at about 7% for two decades.²⁰ Out-of-pocket payments exceed 35% of total health expenditures, creating financial barriers to accessing health services and increasing the risk of incurring catastrophic spending. Limited strategic purchasing hinders resource allocation, and fragmented public financing across disease-specific programmes causes inefficiencies, impeding integrated primary health care for women, children and adolescents.

12. A significant data gap is undermining evidence-based action. Across the African Region, a shortage of good quality data, including social and behavioural evidence,²¹ is undermining nearly every aspect of RMNCAH service delivery – from planning and implementation to monitoring and improvement – and ultimately compromising the survival, health and well-being of women, children and adolescents.

¹⁶ United Nations Children's Fund (UNICEF) (2020). Global child marriage: a global crisis in Africa.

¹⁷ African Union (2020). The African Common Position to End Child Marriage.

¹⁸ Droti B, O'Neill KP, Mathai M, Yao Tsidi Dovlo D, Robertson J. Poor availability of essential medicines for women and children threatens progress towards Sustainable Development Goal 3 in Africa. *BMJ Glob Health*. 2019 Oct 5;4(Suppl 9):e001306. doi: 10.1136/bmjgh-2018-001306.

¹⁹ Daniels B, Chang AY, Gatti R, Das J. 'The Medical Competence of Health Care Providers in Sub-Saharan Africa: Evidence from 16 127 Providers across 11 Countries', *Health Affairs Scholar*, 2.6 (2024), p. qxae066, doi:10.1093/haschl/qxae066.

²⁰ WHO/AFRO, WHO African Region Health Expenditure Atlas 2023 (World Health Organization. Regional Office for Africa, 2024) <<https://iris.who.int/handle/10665/376859>>.

²¹ World Health Organization and International Initiative for Impact Evaluation. An evidence map of social, behavioural and community engagement interventions for reproductive, maternal, newborn and child health Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

13. **Broader social, economic and environmental factors such as climate change, water, sanitation and hygiene (WASH), food insecurity, and extreme weather events significantly influence health outcomes.** For example, poor WASH conditions resulted in 222 873 under-five deaths from diarrhoeal diseases in the Region in 2019.²² However, many Member States lack a holistic approach to health that promotes strategic partnerships, shared accountability and multisectoral collaboration to effectively address these social determinants of health. Additionally, despite the criticality of involving individuals, families and communities in health, their role in shaping decisions remains minimal. As such, there is limited community empowerment and engagement with health systems and services.

Actions proposed

14. Member States should adopt and implement actions around three strategic flagships to “stimulate investments” to “capacitate health systems” that “deliver services for everyone” across the life course”.

(a) Flagship 1: Stimulating investments in health as a socioeconomic development priority

(i) *Strengthen health governance and coordination to create an enabling environment for health investments*

- Enhance leadership and governance for health systems development, including RMNCAH.
- Implement intersectoral national health policies and strategies and regularly convene national dialogues and accountability summits to track progress and align stakeholder actions.
- Undertake appropriate health sector reforms, including legislation that guarantees the right to health.
- Engage relevant stakeholders, such as civil society and youth groups, to enhance the representation of individuals, families and communities in prioritizing, planning, delivering, and monitoring health services across national and subnational levels.
- Optimize the contribution of the private sector to health and incentivize sustainable private sector investments.
- Enhance political commitment and governance by improving management skills through pre-service curricula, ensuring leadership autonomy and accountability for the health of women, children and adolescents at the national and subnational levels.
- Advance a health-in-all-policies approach and foster multisectoral coordination for policy development, planning, implementation and monitoring at all levels, ensuring stakeholder and community inclusion.

(ii) *Stimulate and align health investments*

- Undertake regular high-level policy dialogues on health financing for universal health coverage, to position health as a top priority on the national strategic agenda.
- Integrate health investment plans and implement strategies to increase domestic resource mobilization, while leveraging external investment opportunities.
- Track resource use and value for money to inform investment decisions.

(b) Flagship 2. Capacitating health systems for service delivery

²² World Health Organization. Burden of disease attributable to unsafe drinking-water, sanitation and hygiene, 2019 update. Geneva, World Health Organization, 2023

- (i) ***Increase the number and competency of health workers who will deliver the health services***
 - Transform health profession education curricula, including for community health workers, to make them competency-based and responsive to the evolving population needs, with a focus on continuous professional development.
 - Expand the production of health workers by 10–12% per year, in line with each country's population health needs.
 - Invest in the recruitment, distribution, regulation, supervision and retention of the health workforce needed for universal access to the nationally determined package of RMNCAH services.
- (ii) ***Ensure access to quality health products and technologies that are of sufficient quality to make a difference in the lives of those who need them***
 - Implement policies and strategies to improve access to health products and ensure their rational use. Prioritize their inclusion in essential medicines lists, treatment guidelines and budgets, while guaranteeing equitable distribution across the public and private sectors.
 - Strengthen national regulatory agencies towards Maturity Level 3 for quality-assured health products and technologies.
 - Strengthen supply chains for pooled procurement, enhance local production of medical products and implement pricing policies to improve availability and access to affordable health products.
 - Improve availability and access to safe, effective and quality-assured blood products.
- (iii) ***Provide essential infrastructure, equipment and other health products***
 - Multisectoral action to provide policy, regulation and technical guidance on health infrastructure, equipment, technologies and medicines.²³
 - Management of infrastructure, equipment, medicines and products for child and adolescent health at national and subnational levels.²⁴
- (iv) ***Build capacity to track and use evidence to optimize service delivery***
 - Improve national governance and coordination mechanisms for health information systems, including monitoring, evaluation, research and learning

²³ This includes: (1) Essential lists of medicines and diagnostics with appropriate formulations for all health needs, including links for procurement; (2) Standardized procurement lists for health system levels, indicating priority equipment and consumables that are age-appropriate, user-friendly and durable for local contexts and climates; (3) Effective dissemination to facilities of lists for procurement and essential supplies; (4) Regulatory agreements with suppliers that enhance efficiency and reduce risks of stockouts; and (5) Standardized designs for level 2 mother/baby or newborn units enable quality care, promote efficiency and support family and health well-being providers.

²⁴ This includes: (1) strengthening supply chains with potential use of digital approach to technology; (2) prioritizing resources for critical supplies for each age group, ensuring equitable access; (3) planning investments in infrastructure to address the needs of RMNCAH, such as labour ward, surgical operating theatres and neonatal intensive care units; (4) planning for and, if needed, negotiating and monitoring relevant maintenance contracts; (5) ensuring transparency in procurement and contracting through effective oversight and accountability processes; and (6) Engaging local communities in planning and monitoring the quality of infrastructure and availability of supplies to support service acceptability and accountability.

- Prioritize investments in data systems and enhance national capacities for generating, storing, analysing, transmitting and using data at national, subnational and facility levels.
- Focus on data disaggregated by gender, geography and socioeconomic and behavioural indicators to effectively implement interventions, identify underserved populations, and make the case for investing in RMNCAH.

(v) ***Protect people from being impoverished when they utilize health services***

- Develop and fund inclusive health benefit packages from public resources.
- Implement resource pooling and strategic purchasing mechanisms to increase efficiency and maximize health outcomes with existing resources.

(c) **Flagship 3: Deliver quality essential health services for everyone along the life course and across the continuum of care**

- Define an essential package of promotion, prevention, diagnosis, treatment, rehabilitation and palliative care services, streamlined at national and subnational levels and differentiated for all life stages in development, fragile, conflict-affected and vulnerable settings.
- Implement measures to increase access to essential health service packages for all, focusing on cost-effective interventions for the most prevalent causes of death, the most vulnerable populations, and continuity of services during shocks
- Develop models of care and service delivery with strong referral mechanisms to facilitate access to health services for everyone, including during emergencies.
- Ensure policies that promote integrated, people-centred care, encompassing shifts from health facilities to ambulatory or home-based care, digital health, self-care and school health services.
- Embed quality of care and equity in all aspects of health systems through a clearly articulated national action plan, including the development and implementation of a national quality policy and strategy, while promoting integration and alignment of interventions with related programmes.
- Adopt a national “**emergency approach**” for ending preventable maternal, perinatal and child deaths with multisectoral surveillance and incident management systems.

15. WHO and partners should continue to:

- (a) Provide technical support to Member States in developing strategies prioritizing interventions, setting standards, designing models of care and service delivery and developing a more detailed strategic framework with targets and milestones to help implement these flagships, as well as tools to monitor health system performance, including essential service delivery.
- (b) Support Member States in mobilizing resources, driving donor support and advocating for sustainable investments in resilient health systems, ensuring efficient resource allocation and strategic purchasing for the health and well-being of women, children and adolescents.
- (c) Facilitate South-South learning and regional collaboration, ensuring joint accountability for the health of women, children and adolescents.

16. The Regional Committee reviewed the technical paper and noted the proposed actions.