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Advancing early childhood development outcomes for children in the WHO African Region, 2026-2032: a regional strategy

Executive summary

1. Early childhood development (ECD) is the foundation for lifelong individual and societal benefits. Investing in ECD yields high returns, with every US$ 1 generating US$ 6–17 through improved health, learning and productivity. Africa's young population is its greatest asset, and investing in the early years is essential for achieving the African Union Agenda 2063.

2. More children are surviving, but early childhood development outcomes remain highly unequal, and up to two thirds of children in Africa may not reach their developmental potential. With the Sustainable Development Goal (SDG) deadline approaching, urgent action is needed to address systemic barriers and inequities.

3. In 2018, WHO, UNICEF and the World Bank Group launched the "Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential" (Nurturing Care Framework, NCF) on the sidelines of the Seventy-first World Health Assembly. It provides a road map for action.

4. Aligned with the NCF, this regional strategy outlines strategic actions to be taken by Member States for all children in the WHO African Region to survive and thrive: (i) lead and invest; (ii) institutionalize community engagement and empower families and communities; (iii) strengthen systems and scale up services; and (iv) monitor progress and report. It reaffirms commitments to ending preventable mortality and malnutrition, preventing violence, supporting mental well-being, and strengthening community protection and resilience.

5. The Regional Committee is invited to consider the Strategy and adopt the proposed actions.

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Introduction

1. Early childhood development (ECD) – the cognitive, physical, language, motor, social and emotional growth of children from conception to the age of 8 years – lays the foundation for lifelong learning, health and productivity, and influences future generations.[1,2] The early years are marked by rapid brain development, and early adversity and nurturing care shape brain development.[1]

2. As more children survive the early years, there are deepening gaps for child development in the Region. Member State commitments to the Global Strategy for Women's, Children's and Adolescents' Health include a target on universal access to quality ECD.[3] The Nurturing Care Framework, launched in 2018, outlines strategic actions needed to achieve a continuum of care across health and other sectors. [4]

3. Despite these commitments, the world is off track to attain Sustainable Development Goal (SDG) target 4.2.1: proportion of children aged 24–59 months developmentally on track in health, learning and psychosocial well-being. The risk of poor developmental outcomes remains extremely high, affecting two thirds of children in sub-Saharan Africa.[1] System bottlenecks and adverse social, behavioural, economic and environmental determinants impede progress.[2]

4. The cost of inaction is high, resulting in loss of human capital, adult productivity and perpetuated poverty cycles. Every US$ 1 invested in high-quality, long-term early childhood programmes can return US$ 6–17 through improved health,[5] education and productivity, with the largest gains for disadvantaged children.[6]

5. Existing Member State commitments present opportunities to advance ECD outcomes. They include pledges to improve nutrition outcomes,[7] end violence against children,[8] promote mental health and psychosocial well-being,[9] accelerate progress towards reducing maternal,

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1 Black MM, Walker SP, Fernald LCH et al. Early childhood development coming of age: science through the life course. Lancet. 2017;389(10064):77–90

2 Richter LM, Daelmans B, Lombardi J et al. Investing in the foundation of sustainable development: pathways to scale up for early childhood development. Lancet. 2017;389(10064):103–18.

3 Operational plan to take forward the Global Strategy for Women's, Children's and Adolescents' Health: Committing to implementation. Report by the Secretariat World Health Organization; 2016. (https://iris.who.int/handle/10665/252670)

4 World Health Organization, United Nations Children's Fund, World Bank Group. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

5 Vaivada T, Lassi ZS, Irfan O et al. What can work and how? An overview of evidence-based interventions and delivery strategies to support health and human development from before conception to 20 years. Lancet 2022; published online April 27. (https://doi.org/10.1016/S0140-6736(21)02725-2).

6 Heckman JJ (2017). The economics of human development and social mobility. "High-quality early childhood development programs can deliver returns of USD 6–17 per dollar invested, particularly for disadvantaged populations".

7 Sixty-ninth Regional Committee for Africa, Brazzaville, 19–23 August 2019: report of the Secretariat: Strategic plan to reduce the double burden of malnutrition in the African Region (2019–2025). Brazzaville, World Health Organization Regional Office for Africa. (AFR/RC69/R2, https://iris.who.int/handle/10665/331431)

8 Seventy-fourth World Health Assembly: Geneva, 24 May–1 June 2021: resolutions, decisions, annexes. Geneva, World Health Organization; 2021. (WHA74.17 (2021), https://apps.who.int/gb/ebwha/pdf_files/WHA74-REC1/A74_REC1-en.pdf#page=1)

9 Seventy-second Regional Committee for Africa, Lomé, 22–26 August 2022: report of the Secretariat. Framework to strengthen the implementation of the Comprehensive Mental Health Action Plan 2013–2030 in the WHO African Region. Brazzaville, WHO Regional Office for Africa. (AFR/RC72/5, https://www.afro.who.int/about-us/governance/sessions/seventy-second-session-who-regional-committee-africa)

newborn and child mortality,[10] and strengthen community protection and resilience.[11] The 2022 Tashkent Declaration affirms Member States' commitment to action for universally Transforming Early Childhood Care and Education (ECCE) through education and other sectors.[12]

6. This strategy uses the definition of ECD (0–8 years) but prioritizes interventions from pregnancy up to the age of 3 years, consistent with the NCF. It urges early, strategic investment to drive coordinated action so children can survive, thrive and grow into productive adults, securing the Region's future.

Situation analysis and justification

Situation analysis

7. ECD outcomes remain profoundly unequal, with children in the African Region disproportionately disadvantaged. It is estimated that 66% of children aged below five years in sub-Saharan Africa may not reach their developmental potential based on a composite indicator of under-five stunting or poverty. These estimates increase substantially when additional risks are considered.[5]

8. According to the 2025 Countdown to 2030 ECD Africa regional profiles, 33 Member States in the WHO Africa Region have integrated ECD policies and strategies. The risk of poor development affects 72% of young children in Central Africa, 57% in East Africa, 56% in Southern Africa and 59% in West Africa.[13]

9. To survive, thrive and realize their potential, children need nurturing care: environments that meet health and nutritional needs, provide emotional support, stimulation, play and protection from adversity.[5] Caregiver and maternal mental health and psychosocial well-being are also important for ECD.[14]

10. Children's health and nutrition needs are not being adequately met. Between 2000 and 2023, under-five mortality dropped by over 55%, but the rate of progress has stalled, and preventable deaths persist. More than two out of five stunted children aged below five years, and nearly one quarter of severely wasted children in the world live in Africa, translating into limited cognitive potential, developmental delays and higher mortality risk.[15]

11. Young children depend on caregivers to notice, understand and respond to their needs in a timely and appropriate manner – 'responsive caregiving' –, and for early learning. Disparities in early stimulation remain stark: in countries with data globally, 71% of children in the richest

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10 Seventy-seventh World Health Assembly: Geneva, 27 May–1 June 2024; resolutions, decisions, annexes. Geneva, World Health Organization, 2024 (WHA77.5, https://apps.who.int/gb/ebwha/pdf_files/WHA77-REC1/A77_REC1_Interactive_en.pdf#page=1)

11 Seventy-third Regional Committee for Africa, Gaborone, 28 August–1 September 2023: report of the Secretariat. Strengthening community protection and resilience: regional strategy for community engagement, 2023–2030 in the WHO African Region. Brazzaville, WHO Regional Office for Africa. (AFR/RC73/9; https://www.afro.who.int/about-us/governance/sessions/seventy-third-session-who-regional-committee-africa)

12 Tashkent Declaration and Commitments to Action for Transforming Early Childhood Care and Education. UNESCO, 2022. https://unesdoc.unesco.org/ark:/48223/pf0000384045

13 Early Childhood Development: Africa Regional Profiles. UNICEF Data & Analytics Section, in collaboration with Countdown to 2030. UNICEF, 2025.

14 Guide for integration of perinatal mental health in maternal and child health services. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.

15 World Health Organization, UNICEF and World Bank Group. (2025). Levels and trends in child malnutrition: UNICEF/WHO/World Bank Group joint child malnutrition estimates: key findings of the 2025 edition (ISBN 978-92-4-011230-8). Geneva: WHO

households receive responsive care compared to 43% in the poorest. In sub-Saharan Africa, about 70% of children are not enrolled in pre-primary education. Sixty per cent (60%) of children in low-income countries lack access to early care and learning opportunities.[16]

12. Progress in protection, safety and security is also lagging. Birth registration, the basis for legal identity, remains low with 90 million unregistered children in sub-Saharan Africa – over half the global total.[17] One in two children aged 2–17 years worldwide, including in Africa, experiences violence each year, with infants most vulnerable.[18,19] Corporal punishment is widespread and has multiple negative impacts on development.[20] Water and sanitation are essential for safe environments for children, yet in 2024, only 68% of people in sub-Saharan Africa had basic drinking water and just one third had basic sanitation.[21] Children are increasingly exposed to digital technologies.[22] While this offers opportunities for early learning and development, excess sedentary screen time can displace physical activity, sleep and caregiver interactions essential for development.[23]

13. Caring for the caregiver is an evidence-based intervention that must be promoted and supported. However, mental health needs remain high and unmet in the WHO African Region, and only 15% of Member States have integrated services into primary health care, far short of the 30% target by 2025.[24] Recurrent climate, conflict, economic and food shocks, epidemics and other health emergencies also strain ECD systems.

14. Progress has been made in monitoring ECD through measurement tools such as UNICEF's ECD Index 2030, WHO's Global Scales for Early Development (GSED), and the World Bank's AIM-ECD.[25] Work is under way to fill data gaps and develop new indicators, such as those for assessing responsive caregiving.[26]

15. The NCF five-year review notes progress. It calls for urgent investment, scaled up and sustained interventions, empowered families and communities, and stronger measurement and reporting.[27]

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16 Global report on early childhood care and education: The right to a strong foundation. UNESCO and UNICEF, 2024. (https://doi.org/10.54675/FWQA2113)

17 The Right Start in Life: Global levels and trends in birth registration (2024 update). UNICEF, 2024. (https://data.unicef.org/wp-content/uploads/2024/12/UNICEF_The-Right-Start-in-Life_Dec-2024.pdf)

18 Global status report on preventing violence against children 2020: executive summary. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO

19 Hills S, Mercy J, Amobi A, Kress H. 'Global Prevalence of Past Year Violence against Children: A systemic review and minimum estimates', Paediatrics, 137 (3), 2016

20 Corporal punishment of children: the public health impact. Geneva: World Health Organization; 2025. DOI: (https://doi.org/10.2471/B09424). Licence: CC BY-NC-SA 3.0 IGO.

21 Progress on household drinking water, sanitation and hygiene 2000–2024: special focus on inequalities. Geneva: World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), 2025. Licence: CC BY-NC-SA 3.0 IGO.

22 UNICEF. (2017). The State of the World's Children 2017: Children in a Digital World. New York: UNICEF.

23 Guidelines on physical activity, sedentary behaviour and sleep for children under 5 years of age. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO.

24 Seventy-fifth Regional Committee for Africa, Lusaka, 25–27 August 2025; information document. Progress report on the framework to strengthen the implementation of the comprehensive mental health action plan 2013–2030 in the WHO African Region. Brazzaville, WHO Regional Office for Africa. (AFR/RC75/INF.DOC/5; https://www.afro.who.int/about-us/governance/sessions/seventy-fifth-session-who-regional-committee-africa).

25 Regional Meeting on Measurement of Early Childhood Development in Eastern and Southern Africa. Meeting report. 24–27 October 2023 – Kigali, Rwanda.

26 Britto PR, Ponguta LA, Reyes C, Cerezo A. (2024). Responsive caregiving: Conceptual clarity and the need for indicators. The Lancet Child & Adolescent Health, 8(1), 4–6. (https://doi.org/10.1016/S2352-4642(23)00309-6)

27 World Health Organization (WHO) & United Nations Children's Fund (UNICEF). Nurturing Care Framework Progress Report 2018–2023: Reflections and Looking Forward. Geneva: World Health Organization; 2023.

Justification

16. Ensuring Africa's youngest citizens survive and thrive is central to Agenda 2063 – "The Africa We Want." This strategy further contextualizes the global NCF and proposes priority actions to nurture and secure the continent's future.

Regional strategy

17. **Aim:** all children everywhere in the WHO African Region survive and thrive to achieve their health and human potential.

18. Objectives

(a) To strengthen enabling environments for nurturing care through multisectoral action and create the conditions for all young children, especially the most vulnerable, to reach their full developmental potential.

(b) To institutionalize community engagement and participation mechanisms and empower families and communities to lead change and hold duty bearers to account.

(c) To strengthen integrated and equitable systems to deliver universal access to quality early childhood development, and support caregiver mental health and psychosocial well-being.

(d) To strengthen information and measurement systems to enable monitoring, tracking and reporting of progress on early childhood development.

19. Targets and milestones

Targets by 2032:

(a) At least 40 Member States have integrated ECD policies and strategies aligned with the Nurturing Care Framework and multisector coordination mechanisms with authority and a budget.

(b) At least 30 Member States have standard operating procedures to enable the meaningful engagement of community actors in ECD policy formulation, planning, implementing and monitoring processes.

(c) At least 40 Member States have established guidelines for scheduled well child visits, inclusive of developmental monitoring and assessment of developmental risks, with early intervention for children with development difficulties and disabilities.

(d) At least 30 Member States have integrated perinatal mental health into maternal, newborn and child health services.

(e) At least 30 Member States have adopted comprehensive measurement frameworks for ECD, particularly for children less than 3 years of age.

Milestones by 2029:

(a) At least 35 Member States have integrated ECD policies and strategies aligned with the Nurturing Care Framework, and multisector coordination mechanisms with authority and a budget.

(b) At least 20 Member States have standard operating procedures to enable the meaningful engagement of community actors in ECD policy formulation, planning, implementing and monitoring processes..

(c) At least 20 Member States have established guidelines for scheduled well child visits, inclusive of developmental monitoring, with early intervention for children with development difficulties and disabilities.

(d) At least 15 Member States have integrated perinatal mental health into maternal, newborn and child health services.

(e) At least 25 Member States have adopted comprehensive measurement frameworks for ECD, particularly for children less than 3 years of age.

19. Guiding principles

(a) **Country-owned, country-led and anchored in sustainable, domestically financed systems**. Investing in the early years remains one of the most compelling investments. It is foundational to all other development goals and demands political leadership and prioritization at the highest levels.

(b) **Every child's right to survive and thrive**. The African Charter on the Rights and Welfare of the Child (ACRWC) asserts every child's inherent right to life, and commits States Parties to ensure the survival, protection and development of the child.

(c) **Equity and inclusion – leaving no child behind.** All children and families everywhere, especially the most disadvantaged, must be reached. Children at greatest risk of poor development, and those with developmental difficulties and disabilities, should receive indicated support.

(d) **Integrated child and family-centred care within a PHC framework**. Ensuring every child has access to quality ECD demands a model of care that places children, families and communities at the heart of health systems, and responds to needs across the life course. Caregivers must be empowered to be active agents in policy shaping and nurturing their young.

(e) **Governments and society working together for children**. Ensuring that every child can access all five interdependent and indivisible components of nurturing care – good health, adequate nutrition, responsive caregiving, opportunities for early learning, and safety and security – requires a whole-of-government and whole-of-society approach.

Priority interventions

22. **Lead and invest in enabling environments for nurturing care**

(a) Assess the situation and identify cross sector opportunities to strengthen nurturing care systems. Prioritize the earliest years and ensure all young children and families, particularly the most vulnerable, are reached with equity and inclusion.

(b) Deliberately target children and families in settings affected by fragility, conflict, climate change, humanitarian crises and polycrises, as well as those with developmental difficulties and disabilities.

(c) Establish a high-level multisector coordination mechanism empowered with a formal mandate, authority and budget to oversee and enforce multisectoral action and accountability across government and stakeholders.

(d) Develop a coordinated action plan grounded in a national integrated ECD policy. The plan should be participatory, define roles and responsibilities, provide means for action, and specify implementation and monitoring arrangements.

(e) Prepare a long-term financing strategy. This should build on available funding streams that support the components of nurturing care, for example, inclusion in health benefit packages.

(f) Implement existing commitments towards improving nutritional outcomes, ending violence against children, promoting mental health and psychosocial well-being,

accelerating progress towards reducing preventable mortality, strengthening community protection and resilience, and UHC.

(g) Coordinate closely with education and other sectors to deliver on the Tashkent Declaration and Commitments to Action for Transforming ECCE.

23. Institutionalize community engagement and participation, and empower families and communities

(a) Prioritize community leadership by positioning community actors at the centre of planning, budgeting, implementing and monitoring processes, with clear roles in decision-making and accountability for results.

(b) Strengthen and support community platforms for nurturing care (faith groups, traditional leaders, community health workers, women's groups, and parent organizations). Draw on families' positive voices, beliefs, practices and needs.

(c) Support communities in identifying local champions of nurturing care to drive change in their communities.

(d) Plan and implement comprehensive national communication strategies exploiting all available channels, digital platforms and social media to build awareness and disseminate new evidence on ECD. Ensure accessible and tailored information to empower communities and families to provide nurturing care.

24. Strengthen systems and scale up services

(a) Identify opportunities and innovative approaches for strengthening and scaling up services across sectors (health, education, child and social protection, agriculture and the environment), using all available platforms, including digital applications.

(b) Update national standards and essential health service packages to reflect the five components of nurturing care, as well as perinatal and caregiver mental health and psychosocial well-being.

(c) Establish or strengthen scheduled well child visits[28] and build capacities in health and social systems for monitoring and supporting children's development. This includes identifying and addressing developmental risk factors, providing early intervention and services when needed, and supporting caregiver mental health and psychosocial well-being.

(d) Strengthen capacity within routine health services for antenatal and newborn screening initiatives, including vision and hearing screening, to identify, manage and care for children with birth defects, developmental difficulties and disability.

(e) Institutionalize evidence-based parenting and caregiver support within integrated ECD and violence prevention systems, promoting nurturing care, positive discipline and responsive caregiving to strengthen protective family environments and support healthy child development.

(f) Update competencies and equip the health workforce, including community health workers, with skills to engage families as partners in their child's development, and to recognize, assess and support caregiver mental health and well-being. Consider bringing professionals from different sectors together to address the multifaceted nature of ECD.

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[28] Improving the health and wellbeing of children and adolescents: guidance on scheduled child and adolescent well-care visits. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2023. Licence: CC BY-NC-SA 3.0 IGO.

(g) Adapt models of care for children and families in settings affected by fragility, conflict, climate change, humanitarian crises and polycrises.

25. Monitor progress and report

(a) Strengthen surveillance, documentation and research in ECD, in line with national plans and the relevant SDG targets. This includes collecting data on screen time and understanding its impacts.

(b) Update routine information systems to include ECD indicators with disaggregation. Build front-line workers' capacity to collect quality data.

(c) Make data available to all stakeholders – including families and communities – in user-friendly formats.

(d) Support periodic population-based assessments of children's developmental status and home-care practices, identifying risk factors and enablers of nurturing care.

(e) Use data to make decisions about programming for nurturing care and to ensure accountability. This should include periodic cross-sector reviews of progress.

(f) Foster collaboration among programme implementers, researchers and scientists, to develop a local evidence base for nurturing care, including through implementation research.

(g) Support a national platform for learning and research and form communities of practice to enable peer learning. Document and publish research findings and lessons learnt.

(h) Report against related existing commitments to ending preventable mortality, malnutrition, ending violence against children, promoting and supporting mental health and well-being, and community engagement and participation.

26. Roles and responsibilities

(a) Member States:

(i) Own, lead, prioritize and domestically finance early childhood development as a foundational imperative for all other national development aspirations.

(ii) Require all sectors and partners to accordingly align their investments.

(iii) Establish a government-led multisectoral and multistakeholder coordination mechanism to lead advocacy, coordinated planning and periodic review of national efforts.

(iv) Hold self and all stakeholders to account for attaining national targets, including through biennial reporting against the priority actions proposed.

(b) WHO and other partners:

(i) Build awareness and advocate for sustained investments in enabling environments for nurturing care.

(ii) Support leadership and provide policy guidance to promote equity and rights in ECD.

(iii) Promote and support harmonization of investments, coordination and reporting mechanisms within and across sectors.

(iv) Provide technical support to, and build institutional capacities for Member States to ensure coverage and quality of ECD.

(v) Support Member States to strengthen information systems and adopt measurement and accountability tools to monitor progress of key indicators.

(vi) Facilitate intercountry learning, knowledge exchange and documentation, to diffuse innovations and support their adoption across Member States.

Resource implications

36. The pathway to ensuring universal access to quality ECD in the early years is through a comprehensive integrated package of health and nutrition services that includes ECD-specific interventions. The cost of incorporating care for child development and maternal depression was estimated at an additional investment of half a dollar per capita in the year 2030, ranging from US$ 0.2 to US$ 0.7 in low- and upper middle-income countries respectively.

37. This represents an additional 10% over published estimates for a comprehensive set of women's and children's health and nutrition services.[29,30] Considering that every dollar not invested results in a loss of US$ 6–17 in future returns, this strategy assumes that Member States can choose to mobilize this marginal additional cost.

Monitoring and evaluation

38. A priority will be to advocate and promote the use of existing tools to measure ECD and establish baselines against each of the targets adopted by Member States. Ongoing efforts – global as well as national – to close gaps in the continuum of ECD measurement will be supported. The Secretariat will work with Member States to conduct triennial progress reporting in 2029 and 2032, with the 2032 report serving as the final report on overall intervention achievements.

Conclusion

39. By 2050, two out of every five children born in the world will be African. This is both our greatest opportunity and responsibility. If every African child can survive, thrive and grow into a healthy, educated and empowered adult, then the "Africa we want" will be within reach. Failing to nurture our youngest citizens risks losing the potential of generations and the foundation for development.

40. The role of the health sector in the sensitive period of growth beginning from conception is critical to promoting and protecting child health, nutrition and development. In the same period, the health sector contributes to maternal well-being and overall caregiver capacities to provide emotional support, stimulation and protection for their young children.. This role requires coordination across sectors to ensure integrated support across the life course.

41. The Regional Committee is invited to review and adopt the strategy.

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[29] Stenberg K, Axelson H, Sheehan P et al. Advancing social and economic development by investing in women's and children's health: A new global investment framework. Lancet 2014; 383: 1333–54.

[30] Alam S, Christman B, McNeill E, Tang M, Rong R, Li Q et al. Economic evaluation of screening, treatment, and prevention interventions for perinatal mood and anxiety disorders: a systematic review. Gen Hosp Psychiatry. 2025 Nov-Dec; 97:253-274. doi: 10.1016/j.genhosppsych.2025.11.005. Epub 2025 Nov 8. PMID: 41232220; PMCID: PMC12717785.