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OVERVIEW OF WHO MEMBER STATE INTERVENTIONS

***ON THE GLOBAL STRATEGY ON WOMEN'S,
CHILDREN'S AND ADOLESCENT'S HEALTH (WCAH)***

WHA78



WHA78 ITEM 13.9 - UPDATE ON THE GLOBAL STRATEGY FOR WCAH 2016–2030

In total, 60 Member States made interventions during the item on the Global Strategy, on behalf of 130 member states (Annex 1). Key areas discussed during Member State interventions include:

Calls for Accelerated Progress on WCAH

Member States underscored the urgency of accelerating progress toward achieving the sustainable development goals (SDG) targets for maternal, newborn, and child mortality. There was a widespread acknowledgment that, despite global advancements, many countries are still falling short of achieving these critical goals.

Interventions highlighted both significant progress, such as substantial reductions in maternal and under-five mortality rates over recent decades, and persistent challenges. For instance, while some regions reported impressive declines in maternal and under-five deaths, concerns were specifically raised about the stagnation of neonatal mortality rates, underscoring the need for intensified efforts to prevent these deaths.



The importance of staff training and capacity building was also emphasized as a means to accelerate efforts in reducing child and maternal mortality. Furthermore, the need to address existing gaps in healthcare staff training, national strategies, and guidelines was highlighted.

Countries also called for **continued investment in women's, children's, and adolescents' health**, emphasizing the essential nature of this funding. The crucial role of **data collection and monitoring** was stressed, especially for fragile settings, to ensure accurate reporting and targeted interventions.

The collective commitment to achieving these targets was a foundational element of the discussions, often linked to the highest levels of political support and collaborative efforts among nations.



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ADDRESSING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

Across different regions, Member States highlighted persistent challenges and proactive measures concerning Sexual and Reproductive Health and Rights, and the pervasive issue of Gender-Based Violence (GBV).

In the Member States in the WHO Region for Europe, a common theme was the call for expanded access to comprehensive SRHR services and the integration of these services into national health systems. This includes critical areas such as access to contraception, safe abortion services, and comprehensive sexuality education. A clear call was made for better access to sexual and reproductive health and rights (SRHR), greater investment in midwives, and stronger health systems, with gender equality highlighted as a key foundation for achieving Universal Health Coverage (UHC). The importance of addressing harmful practices like Female Genital Mutilation (FGM) and early marriage was also highlighted.

In the PAHO Region, the focus was on specific national initiatives to address GBV and improve adolescent health. The Bahamas, for example, outlined a government emphasis on gender equality and addressing GBV through a national action plan on adolescent well-being and reproductive health in schools. This indicates a commitment to programmatic interventions aimed at preventing and responding to the needs of adolescents through integrated healthcare.

Within the AFRO Region, interventions brought to light the significant impact of SRHR challenges on maternal mortality and overall population health. Concerns were expressed over slow progress in SRHR and family planning, indicating a continued struggle to provide adequate services in these areas. Furthermore, the critical intersection of high rates of early pregnancy and HIV was highlighted, which severely increases the risk of prematurity and maternal mortality among girls.



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Health systems strengthening and primary health care (PHC)

The importance of strengthening health systems, particularly primary healthcare, was a recurring call from Member States. There was a strong emphasis on the need to strengthen the quality of care through national, sub-national, and facility-level maternal and perinatal death surveillance and response committees. Support for stronger health systems and community-based approaches to health delivery was also voiced.

The necessity of strengthening health systems, particularly child health facilities, and implementing national digital health strategies was highlighted.

Member states noted that despite improvements, persistent health inequalities remain a concern, and that reproductive, maternal, newborn, child, and adolescent health is essential for population well-being and achieving universal health coverage. Calls were made for enhancing targeted, consistent, and effective support to low- and middle-income countries. The need to strengthen health system capacity and improve the quality of primary healthcare services, particularly for maternal and neonatal health, was emphasized.

Furthermore, integrating nutrition into sexual, reproductive, maternal, newborn, and adolescent health strategies and including MNCAH in essential service packages were prioritized. The importance of strengthening primary healthcare, accountability, and sustainable financing was also underscored.

Focus on Africa Region

Angola's intervention with Tanzania on behalf of the 47 Member States of the African Region, underscored the need for joint efforts to acknowledge progress and setbacks in women's, children's, and adolescents' health. Despite achieving a 40% reduction in maternal mortality and a 55% reduction in under-five mortality between 2020 and 2023, the region remains off track for 2030 targets.

"We must work jointly to set the progress and recognize the setbacks...Despite progress the main causes of maternal, newborn and child death are preventable," noted the representative from Angola.



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Key priorities and interventions highlighted by AFRO members include strengthening the quality of care through national, sub-national, and facility-level maternal and perinatal death surveillance and response committees; advocating for sustained health financing; implementing catch-up vaccination campaigns; promoting reproductive, maternal, newborn, child, and adolescent health (RMNCAH) as critical for universal health coverage; and addressing health inequalities. Several countries also emphasized the importance of community-based newborn care, Kangaroo Mother Care (KMC), and strengthening primary care services. Concerns were raised regarding humanitarian and fragile settings, early pregnancies, and HIV's impact on maternal and premature mortality, with calls for international cooperation and financing.

In addition, South Africa used the intervention to highlight the importance of political leadership and the role of the Global Leaders Network. The intervention also called for accelerated investment in primary health care, improved data accountability, and sustainable financing to enable all women, children, and adolescents to thrive.

*"We are very proud to provide the highest political support through the **Global Leaders Network for Women's, Children's and Adolescents' Health** led by president Ramaphosa and supported by other sitting heads of state and governments and ministers of health and ambassadors advocating for the attainment of the SDG targets for women's, children's and adolescents' health." – Republic of South Africa*

Focus on humanitarian and fragile settings

Interventions highlighted the numerous challenges in humanitarian and fragile settings (HFS) and the significant impediments to progress in women's, children's, and adolescents' health across various regions.

Interventions from EMRO countries highlighted the particular burden in the region of conflict and humanitarian crises. It was highlighted that while maternal, newborn, and child deaths are largely preventable, high mortality burdens persist in crisis-affected areas due to conflict and humanitarian crises and associated damaged health facilities and disruptions in supply chains, further exacerbating health vulnerabilities.

Within the EURO Region, concerns were raised about the stagnation of health progress in these difficult environments. Specific concern was expressed over the stalled progress in maternal and child health within humanitarian and fragile settings. Similarly, stagnation in maternal and newborn mortality rates and a high number of stillbirths were noted in fragile settings, coupled with limited access to essential services and contraceptives.



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The AFRO Region also grapples with the complexities of HFS, including population displacement and natural disasters. Concerns were raised about humanitarian and fragile settings and migrant population fluctuations, calling for multisectoral responses to eliminate maternal, newborn, and infant deaths and adapt services for adolescents. Furthermore, it was highlighted that HFS, conflict, and natural disasters negatively affect health service delivery and coverage, making it challenging to provide essential care.



Item 13.9 closed with the passing of two Resolutions:

1. Incorporation of the World Prematurity Day into the WHO calendar, to strengthen approaches to prevent preterm births and treat and care for preterm infants, and
2. Regulating the digital marketing of breast-milk substitutes.

Annexes

- **Annex 1:** Qualitative tracking of member state interventions for Item 13.9.
- **Annex 2:** Quantitative tracking of member state interventions for Item 13.9.
- **Annex 3:** Breakdown of number of unique countries represented.

Other information

- Women, children and adolescents in WHA78 agenda Items
- More on WHA78



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