Progress Update on Global Strategy for Women's, Children's and Adolescent's Health

PMNCH for Women's, Children's and Adolescents' Health

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Contents

Women's, Children's and Adolescents' Health: **A Sound but Underprioritized Investment**

In recent decades, **significant progress has been made** for women and children. Since 2000, global under-five mortality has fallen by over half, and the maternal mortality ratio[1] dropped by about 40% worldwide. Many countries have enacted laws to protect women, children and adolescents from violence and discrimination, promoting gender equality and safeguarding children's rights. Women are increasingly participating in the workforce, contributing to economic growth and gaining financial independence. More women are holding political office, influencing policy decisions and advocating for gender-sensitive legislation. Innovations have improved health outcomes and service delivery efficiency.

However, **conflicts, climate disasters and instability are hindering progress** in women's, children's and adolescents' health, particularly affecting those in the most vulnerable populations. There is a concerning disparity in health funding in low-income countries, with external aid at USD 12.8 per capita compared to domestic public spending of USD 8.8[2]. Many African nations are also burdened by debt to repay. Severe cuts in official development assistance (ODA) from major donors like the UK, the Netherlands, and the United States are disrupting health services in 70% of surveyed countries, impacting supply chains and commodity availability. Additionally, there is growing political push back against gender and human rights, complicating efforts in sexual and reproductive health[3].

The solutions are known, accessible and affordable. Investing just USD 1.15 per person per year in a package of cost-effective interventions like family planning services and emergency obstetric and newborn care can reduce neonatal deaths by 71%, stillbirths by 33% and maternal deaths by 54%[4]. Economically, every dollar spent on core interventions for reproductive and maternal, newborn and child health could yield up to nine times that value in economic and social benefits by 2035 in economic and social benefits because of lower morbidity and mortality, while investments in adolescent health and wellbeing could yield returns of 10 to every dollar spent[5]. Improving women's health could add USD 1 trillion to the global economy, as women spend 25% more time in poor health than men.[6]

Health is central crucial to unlocking the potential of women and children. Investing in their health is smart policy on many levels for governments and partners everywhere in the world. The Sustainable Development Goals (SDGs) aim for a more equitable world, but fragile states suffer the most with preventable deaths among pregnant women, mothers, newborns, stillbirths and children. Where women and children live remains a significant determinant in whether they survive, thrive or suffer hardship. This must change.

Trends in Maternal, Newborn, Child and Adolescent Mortality, *including Stillbirths*

Since the beginning of 2015, progress in child and maternal survival has slowed down, and the world is not on track to reach the global target for SDG 3.1.1 (maternal mortality). Additionally, 60 countries are off track to achieve SDG 3.2.1 (under 5 mortality) by 2030.

Globally, it is estimated that 260 000 maternal deaths occurred in 2023, resulting in a maternal mortality rate of 197 maternal deaths per 100 000 live births. This equates to more than 700 maternal deaths every day, and approximately one maternal death every two minutes globally. Sub-Saharan Africa faces the biggest challenges, accounting for more than 70% of maternal deaths (182 000)[7]. Complications from pregnancy and childbirth are leading causes of death for adolescent girls aged 15-19 worldwide[8].

Approximately 4.8 million children under five died in 2023, with nearly half of these deaths (2.3 million) happening in the first month of life. The mortality rate for children under five in sub-Saharan Africa is 14 times higher than that of Europe and North America.[10] Children living in fragile and conflict-affected countries are almost twice as vulnerable. There is also considerable variation within countries in child mortality levels across subnational regions, urban and rural areas and by household wealth, reflecting the critical role of social determinants in shaping child survival.

Interventions known to prevent and treat the leading infectious causes of child and maternal deaths are available through primary health care. Among children under 5, the top causes of death are malaria, lower respiratory infections, diarrhoea, noncommunicable diseases (NCDs) and injury—conditions associated with poverty. The leading causes of maternal mortality include postpartum haemorrhage, hypertensive disorders, sepsis and abortions[9]. The causes of neonatal deaths (preterm birth complications, intrapartum-related events and congenital abnormalities) are closely linked with maternal health and often require more intensive levels of care.

Most maternal, newborn and child deaths are preventable. Interventions such as quality antenatal, delivery and postnatal care; emergency obstetric and newborn care; nutrition and vaccination have driven progress in survival.[10] Increased domestic financing and investments in health systems (including health information management systems and the health and care workforce) oriented towards providing primary health care; scaling up evidence-based, cost-effective interventions and identifying and removing barriers to care are necessary to further accelerate progress.[11]

Figure 1. Maternal mortality rate (maternal deaths per 100,000 live births) by country, 2023

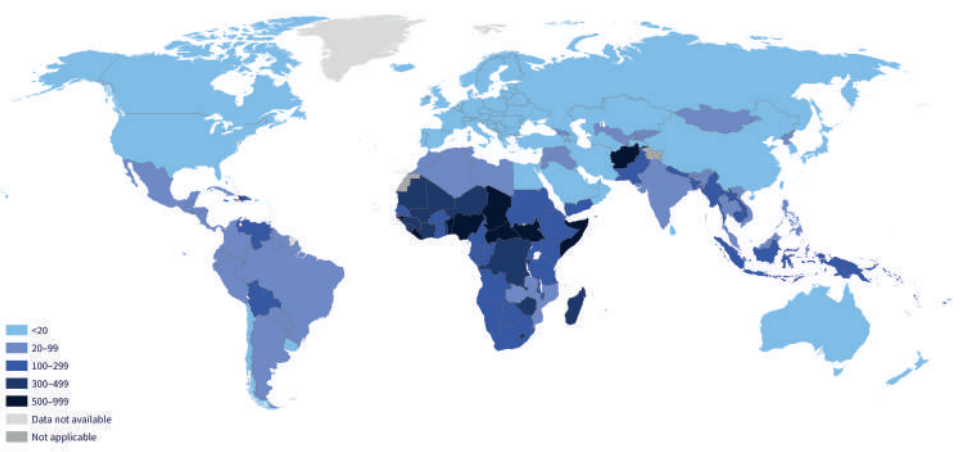


Figure 2. Under-five mortality rate (deaths per 1,000 live births), by country, 2023

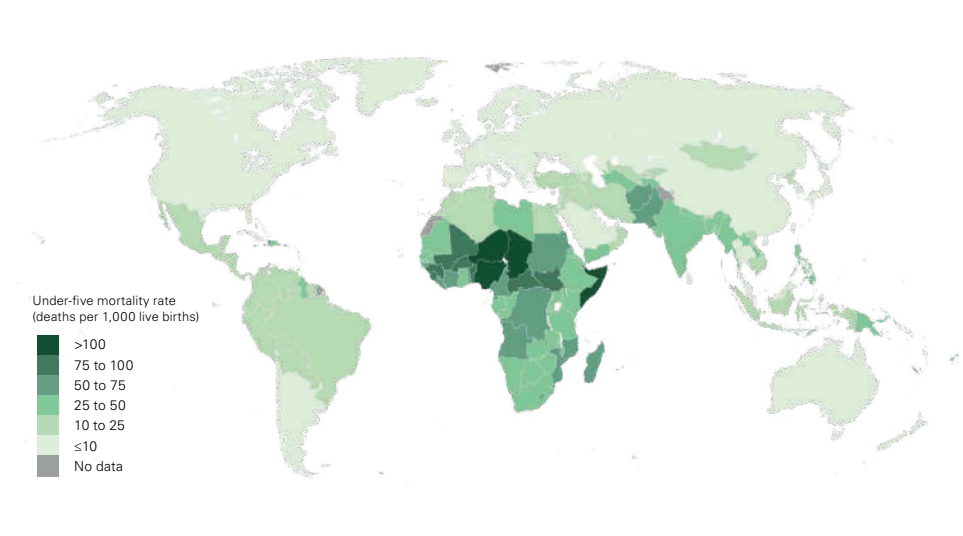
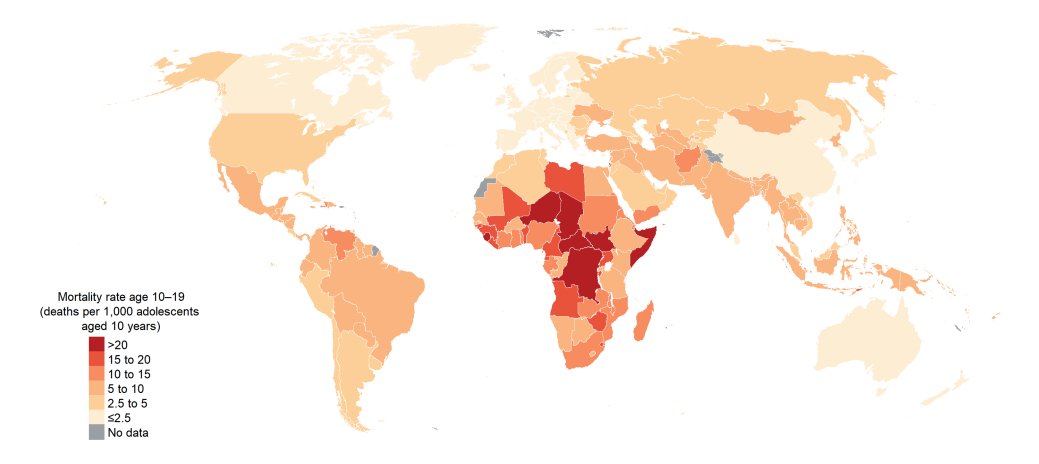


Figure 3. Adolescent mortality rate age 10-19 years (deaths per 1,000 adolescents aged 10 years), by country, 2023



Under five mortality reduction: Senegal experience

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Senegal has achieved one of the highest under-five mortality reductions globally—a 70% reduction since 2000—while decreasing neonatal mortality by 41% over the same period, reflecting the national prioritization of child health. Strengthening universal health coverage, offering free caesarean sections, developing a policy for providing equipment for reproductive, maternal, neonatal, child and adolescent health and integrating maternal and child mortality surveillance into the Integrated Disease Surveillance and Response Programme have all improved health care quality and access.

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Senegal has also invested in human resources, increasing the recruitment of midwives, nurses and doctors and prioritizing the specialization of doctors in gynaecology-obstetrics, paediatrics, anaesthesia and intensive care through increased grants. The introduction of the "winning pair" model, which has made it possible to have a nurse and a midwife available at health centres, has further supported maternal and newborn care. Community engagement efforts, such as promoting demand for reproductive health care and implementing an integrated communication plan on pneumonia, diarrhoea and malnutrition, have raised health awareness. Supported by a dynamic civil society and strong community health policy, the country has scaled up key interventions, including maternal and perinatal death surveillance and response, emergency obstetric and neonatal care, management of severe acute malnutrition and the promotion of breastfeeding—all of which have contributed to progress. With expanded immunization programmes, integrated childhood disease management and strengthened community outreach services further reducing mortality, Senegal has set a benchmark in improving child survival.

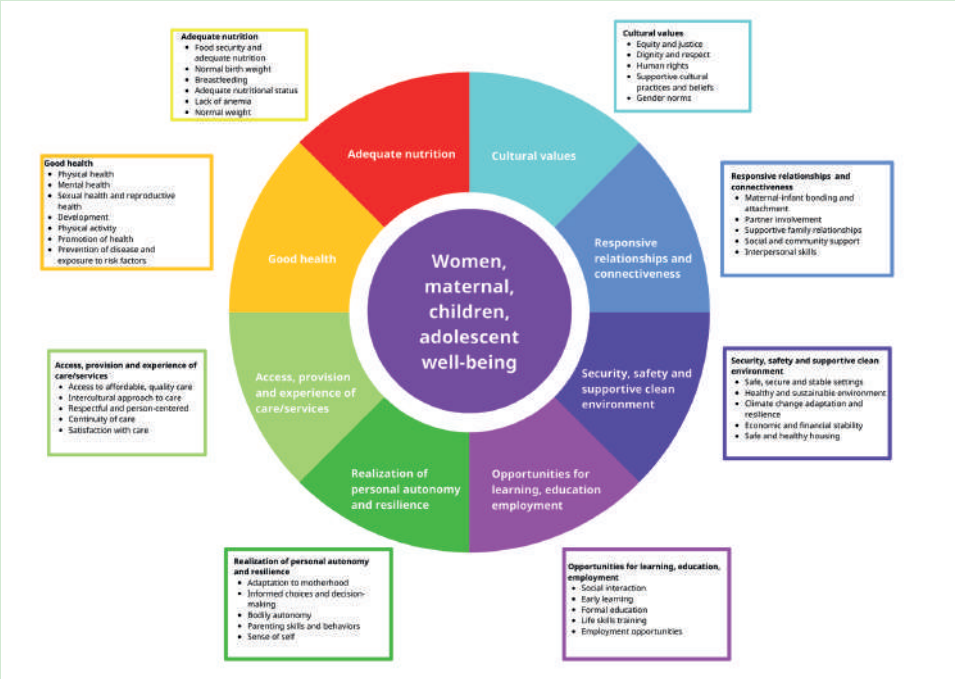
Moving from Survival *to Thriving*

The life-course approach to health recognizes that well-being and health outcomes are shaped by health, social, economic and environmental factors across all stages of life. Addressing these factors from infancy through adulthood ensures equitable health and well-being for all. For example, premature infants are at increased risk of developmental delays, malnutrition, stunting and lower educational attainment and poorer health as adults, which can be mitigated by interventions at such as antenatal care, smoking cessation and folic acid supplements.

As mortality rates decline, focusing on well-being becomes essential aligned with the thrive and transformation areas of the Global Strategy for Women's, Children's, and Adolescents' Health (Global Strategy). Well-being, like health, enhances daily life and is affected by social and environmental conditions.[12] It encompasses quality of life, life satisfaction, and the ability of people to manage their health through self-care in a wide range of domains.[13]

Various frameworks exist to measure well-being across different life stages for women,[14] child[15] and adolescents.[16] For each well-being framework several overlapping domains have been proposed. Figure 4 combines the existing frameworks into one with the eight domains: 1) health; 2) nutrition; 3) culture and values; 4) responsive relationships and constructiveness; 5) security, safety and supportive clean environment; 6) autonomy, agency, resilience and empowerment; 7) learning, education and work and 8) access, provision and experience of care. Within each domain area that applies to either all women, pregnant women, children or adolescents or the entire population is highlighted.

Figure 4. Women, Maternal, Child and Adolescent Well-Being Framework



Available data highlights key areas related to adequate nutrition, good health, access to care and learning opportunities. For instance, stunting among children under 5 has declined steadily from 2000 to 2024, while wasting persists at alarming rates, and the prevalence of overweight children has stagnated. In 2024, 150.2 million children under 5 years of age were too short for their age (stunting), 42.8 million were too thin for their height (wasting) and 35.5 million were too heavy for their height (overweight).[17] In 2020, an estimated 19.8 million babies worldwide were born with low birthweight and 13.4 million babies were born preterm.[18] Worldwide, 1 in 3 women were subjected to intimate partner or sexual violence[19] and 1 in 4 adolescent girls experienced intimate partner violence in the past year.[20] Globally in 2021, nearly 90% of children attended primary school; however, this figure drops to 74% for children in poor households.[21] Adolescents face specific vulnerabilities, with half of all lifetime cases (of mental ill health) starting by age 14 years and three fourths by age 24 years[22].

The domains of autonomy, agency, resilience, empowerment and culture and values as well as experience of care have large data gaps and there is an urgent need to develop metrics to monitor these areas.

To improve the health and well-being of women, children and adolescents, several actions are needed:

- Provide quality, respectful antenatal service that includes nutrition service, prevention and treatment of physiological problems commonly experienced during pregnancy; counselling and contraceptive services and support women who may be experiencing intimate partner violence.[23]
- Ensure healthy child development right from birth by helping parents, other care givers and the community to create a safe and nurturing environment for growth and development.[24]
- Schedule routine, regular check-ups by health care providers to promote and ensure the healthy growth, development, and well-being of children and adolescents in the first two decades of their lives and to support and guide parents in the care they give to their children, adolescents and to themselves.[25]
- Provide life skills education, including comprehensive sexuality education, for adolescents and encourage physical activity and good nutrition for children and adolescents through the schools.[26]
- Implement well-designed laws, policies and well-resourced programmes to create opportunities for gender equality, education and employment and ensure safety and security everywhere.[27]
- Improve access to evidence-based self-care interventions to women and adolescents to improve their ability to promote and maintain their own health, prevent disease and cope with illness—with or without the support of a health or care worker.[13]

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Updating Madagascar's Adolescent and Youth Health Strategic Plan 2025-2030 using a data-driven participatory approach

In Madagascar, roughly one-third of the population is aged between 10 and 24 years. To cater to the unique needs of this significant demographic, the country updated and released its Adolescent and Youth Health Strategic Plan 2025–2030 in 2024.

The Global Accelerated Action for the Health of Adolescents' guidance to support the development and implementation of adolescent health programmes in countries was used to:

- assess the health and well-being needs of Malagasy adolescents and youth;
- review and analyse existing policies and programmes; and
- prioritize interventions and actions.

The approach was data-driven and included compiling and reviewing all available country data for the indicators recommended for adolescent health measurement by the Global Action for Measurement of Adolescent Health.[28] The process involved leadership participation from young people and included stakeholders from 10 ministries and various organizations.

As a result of this approach, Madagascar's Adolescent and Youth Health Strategic Plan 2025–2030 aligns with the needs and aspirations of Malagasy youth. Unlike the previous strategy focused on sexual and reproductive health, this plan addresses a wide range of health topics impacting young people's well-being. Guided by the vision that "Madagascar is a country where all adolescents and young people aged 10 to 24 years are healthy, autonomous, and responsible in a conducive environment, and fully enjoy their rights for their complete well-being" the plan expands the definition of adolescent and youth health beyond the mere absence of disease or infirmity, recognizing it a a state of optimal physical, mental and social well-being. It includes concrete actions across 19 interventions that are structured under five strategic objectives to create a supportive environment, promote healthy behaviours, improve access to quality health services, strengthen multisectoral coordination and enhance evidence-based decision-making for adolescent and youth health. As the first-generation strategic document of its kind, this plan represents a comprehensive and participatory effort to ensure the well-being of Madagascar's youth.

Photo caption: Malagasy youth supporting the identification of strategic actions for the national Adolescent and Youth Health Strategic Plan 2025-2030. Data-to-action workshop, July 2024, Antsirabe, Madagascar.

Photo credit: Anaclet Ngabonzima.

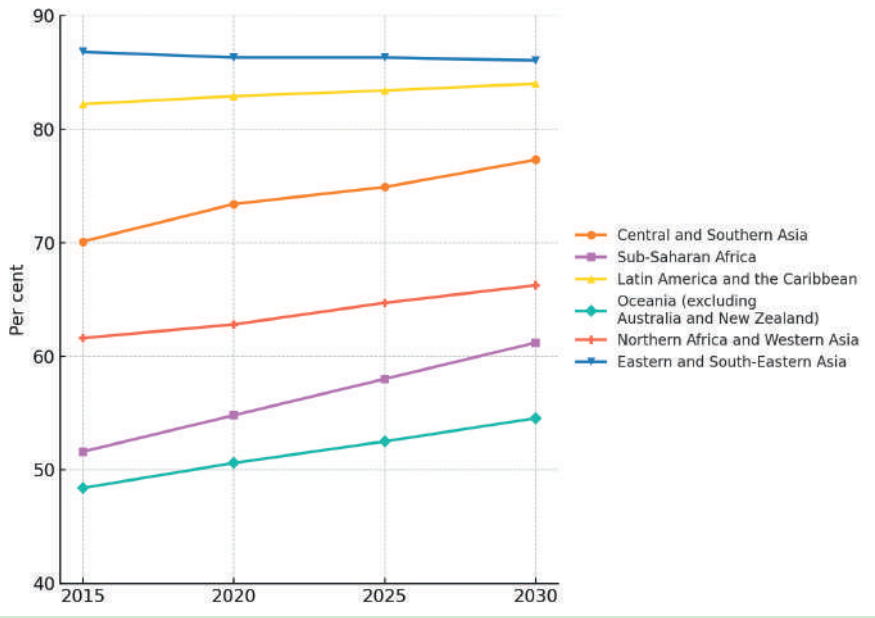
Sexual and Reproductive Health and Rights,
Family Planning and Contraception

Sexual and reproductive health and rights (SRHR) are fundamental to individual well-being, safety, autonomy and societal development. Comprehensive sexual and reproductive health (SRH) services encompass a wide range of health needs beyond reproduction. These services cover access to contraception; fertility and infertility care; maternal and perinatal health; access to comprehensive abortion care to the full extent of the law and post-abortion care everywhere; prevention and treatment of sexually transmitted infections; prevention and response to gender-based violence, including sexual violence and education on safe and healthy relationships. The delivery of comprehensive SRH services is an indicator of the overall strength and effectiveness of a primary health care system within the context of universal health coverage.

Significant strides have been made in achieving universal access to SRHR through substantial investments in SRHR programmes. However, accelerated efforts are required to close the remaining gaps.

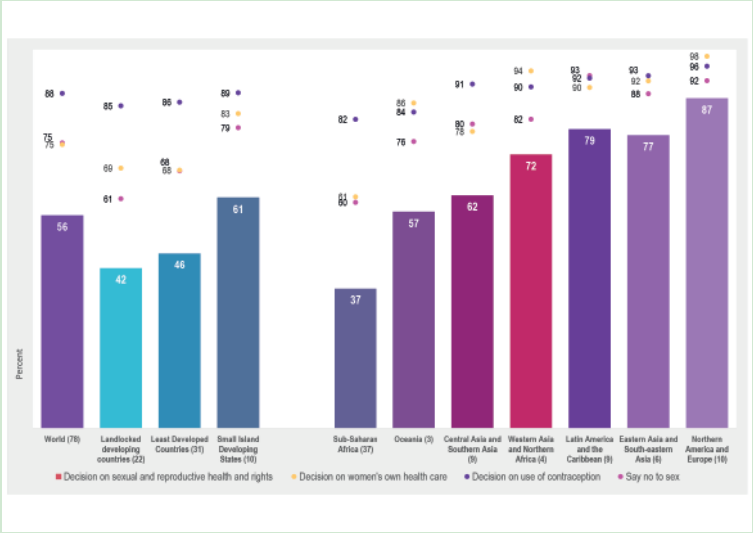
Since 2015, the proportion of women of reproductive age meeting their family planning needs with modern methods has increased from 76.4% to 77.2% in 2025, adding 70 million users globally. In sub-Saharan Africa, although demand satisfaction remains low at 57.9% in 2025, the number of women using modern contraceptives has increased by 60.8% since 2015, representing 31 million additional users. The global adolescent birth rate among women aged 15-19 declined from 66.3 per 1000 in 2000 to 38.3 in 2024. In 2022, 29.8 million of the 39 million people living with HIV were on life-saving treatment, with new infections declining by 38% since 2010[29].

Figure 5. Proportion of women of reproductive age (15-49) who have their need for family planning satisfied with a modern method by SDG region, 2015-2030.[30]



Addressing these challenges requires a holistic approach that encompasses the right of all individuals to make informed decisions about their bodies, free from stigma, discrimination and coercion. Globally, only 56.3% of women aged 15-49 can make autonomous decisions about their SRHR, with regional disparities ranging from 36.8% in sub-Saharan Africa, compared to 87.2% in Europe, 79% in Latin America and the Caribbean, and 77.4% in Eastern and South-Eastern Asia. Investing in SRHR not only improves health outcomes, it also promotes gender equality, economic development and the realization of human rights for all.

Figure 6. Proportion of women aged 15-49 who make their own decisions regarding SRHR (including deciding on their own care and on the use of contraception) and can say no to sex; most recent data 2007–2024.[31]



Despite notable progress, SRHR remains under threat from restrictive laws and policies, health system challenges, gender inequality and funding cuts. Although coverage of key interventions has improved, several essential services, such as family planning, still fall below 75% coverage, with some countries reporting rates as low as 25%. Weak health systems, compounded by shortages of trained personnel, further diminish the quality and availability of SRHR services. While high-income countries meet 99% of their potential sexual, reproductive, maternal, newborn, child and adolescent health workforce needs, low-income countries meet only 41%.

The way forward requires sustainable solutions. Investing in efforts that strengthen evidence-based policy-making and processes that provide human rights accountability for women's SRH is more important than ever. Through building the best evidence and recommendations based on rigorous research and clinical and community interventions, human rights-based approaches to SRH can be supported and social norms, values and systems detrimental to health can be challenged.

An enabling legal environment is crucial for successfully implementing rights-based SRH services. Prohibitive or restrictive national laws and policies are major barriers to seeking and accessing essential SRH services. Alongside these institutional barriers, deep-rooted inequalities and power asymmetries in gender and social norms may also influence how policy-makers and governments address SRH needs. Now, more than ever, there is a need to "side with science" and find ways to counteract misinformation and promote the right to SRH evidence and information.

Empowering midwives, transforming maternal health: The Bangladesh experience

In the late 2000s, Bangladesh faced critical gaps in providing comprehensive Sexual, Reproductive, Maternal, Newborn, and Adolescent Health (SRMNAH) services, particularly in rural and underserved regions. High maternal and neonatal mortality rates, low institutional birth rates, and increased rate of cesarean sections signaled an urgent need for action among governments and stakeholders.

Bangladesh took decisive steps to establish professional midwifery as a cornerstone of maternal newborn health. In 2010, the Prime Minister pledged Bangladesh's commitment to train and deploy 3,000 midwives at the UN General Assembly.[1] This commitment catalyzed policy changes, including the establishment of the Directorate General of Nursing and Midwifery (DGNM) in 2016. Key interventions included:

- **Education**: A three-year direct-entry midwifery diploma program meeting international standards was launched in 2013 by the United Nations Population Fund. To build educator capacity, a partnership with University in Sweden was built to offer a master's program in SRHR.
- **Workforce Expansion**: As of 2023, more than 8000 midwives have been registered, and 2556 midwives have been deployed across 667 government facilities, which means at least one midwife is deployed in 95% of government hospitals.[2]
- **Regulatory Frameworks**: The Bangladesh Nursing and Midwifery Act (2016) provided midwives with professional legitimacy, licensing and governance under the Bangladesh Nursing and Midwifery Council.
- **Midwifery Leadership**: The creation of midwifery posts in the Ministry of Health (MoH) played a key role in directing funding towards midwifery initiatives. The DGNM emerged as the primary entity within the MoH promoting midwifery development. The establishment of the Bangladesh Midwifery Society in 2010 further supported the profession by advocating for midwives and strengthening their involvement in policy discussions.

The integration of midwives into Bangladesh's health system has led to:

- **Improved the quality of maternal and newborn care**: Midwives deployed in public facilities attend 75%–85% of births, significantly enhancing evidence-based birth practices.[2]
- **Comprehensive SRHR services**: Midwives provide contraceptive services, post-abortion care, cervical cancer screenings, and clinical management of rape, expanding access to essential SRHR services. Midwives are frontline responders in humanitarian settings, including the Rohingya refugee camps, ensuring lifesaving SRH care in crises.3

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Way forward

The Global Strategy provides a framework for accelerating progress, including by linking efforts to targets specified in the SDGs that countries have committed to meet by 2030. These targets translate into lives saved and supported. Unfortunately, the likelihood of them not being met, often by a wide margin, is greater than ever.

Several approaches can be useful in building and driving momentum to deliver the strategy in these countries and all others. One approach is to **understand the situation at the country level**. Up-to-date information on progress for individual countries is available at the **Global Strategy for Women's, Children's and Adolescents' Health Data Portal**.

Another key approach is to not only to ***invest more*** in women's, children's and adolescents' health but to **invest more wisely**. The greatest impacts can be achieved by getting resources and improving access to services where the gaps are the most profound. Investments in data collecting, targeted and actionable use at the local level and supply chains can help identify and reach those people and communities that often include residents of rural areas, members of ethnic minorities and those affected by conflict and climate-related changes such as drought. Better data can also help to identify and respond to other barriers that restrict health care access, including stigma and discrimination, poverty, distance from service points and violence and intimidation. Importantly, investments in reproductive, maternal, newborn, child and adolescent health will not only prevent mortality but also a lot of the morbidity and well-being issues throughout the life course.

Other recommended approaches to help deliver the Global Strategy include the following:

- **Make essential services for women, children and adolescents available at all levels of care**, especially at community and lower-level clinics. Using point-of-care technologies for diagnosis and testing (e.g., for HIV and TB) can help make this feasible and affordable.
- **Ensure access to quality assured health products and commodities.** Dedicated efforts are needed to eliminate falsified and substandard medicines on the market as poor quality medicines often do not have the desired health outcomes and increase overall health system costs.
- **Eliminate fees for essential health services**, because out-of-pocket payments are often a huge burden for women and their families.
- **Ensure an adequate supply of trained health workers**, including by remunerating community health workers and scaling up midwifery models of care to provide sexual, reproductive, maternal, newborn, child and adolescent health services.
- **Improve access to birth registration**, including by eliminating fees for it, and reconsider requiring birth certificates for a child to gain access to health services and education.

These and other steps will also be important for the effectiveness of global, regional and local strategies to improve women's, children's and adolescents' health and well-being after 2030. Over the long term, scaling up the implementation of high-impact interventions for women and children—and sustaining their availability for all in need—will require changes in how money and resources are allocated and delivered. Some likely factors and priorities include:

- **Relying more on domestic financing**. Most countries will need to explore ways to raise more funds for health care domestically, including from national budgets.
- **More focus and attention on primary health care systems**, which are critical in reducing child and maternal mortality and ensuring equitable access to essential services.
- **Faster progress in integration of health services**, which will help increase efficiency and coverage of essential interventions for children, women and adolescents.
- **Monitoring and responding to misinformation**, which is a growing concern in health care in most contexts. Misleading and false claims about vaccinations are particularly widespread and worrying.
- **Sustaining funding for information systems** to track progress, identify gaps, and monitor reach

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