Key Messages on Women's, Children's and Adolescents' Health

Seventy-ninth World Health Assembly
#WHA79

About this document

The **Seventy-Ninth World Health Assembly** (#WHA79) will take place in Geneva, Switzerland, on May 18–23, 2026. This year's assembly comes at a time when the global health landscape is defined by a volatile convergence of intersecting crises, sharp financing contractions, and political retrenchment on rights, disproportionately impacting women, children, and adolescents in the most vulnerable communities.

The United Advocacy Working Group for Maternal, Newborn and Child Health, is calling for political leaders and all stakeholders to urgently prioritize the health and rights of women, children, and adolescents, and scale up policies, investments, and services to address their needs. Below is a list of resources to support PMNCH partners with evidence-based messages and key resources to advocate for WCAH at WHA79.

- Provisional Agenda – WHA79
- Draft WHA79 Timing
- WHA79 Events:
  - PMNCH - Lives in the Balance
  - Key Partner Events

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Key Messages

SRMNCAH trends and implementation of the WHA77 Resolution on SDGs 3.1 and 3.2

Reducing maternal and neonatal and child mortality and stillbirths is achievable by accelerating evidence-based SRMNCAH interventions in the final five years of the SDGs, in line with the **WHA77 Resolution** on Targets 3.1 and 3.2. This includes universal access to quality care, including Emergency Obstetric and Newborn Care (EmONC), alongside a supported workforce of midwives and community health workers advancing integrated maternal, newborn and child health services, and sexual and reproductive health and rights (SRHR), including adolescent-responsive interventions. To avert preventable deaths for vulnerable newborns and children, we must prioritize interventions with the greatest potential for impact, including the scale-up for small and sick newborns and strengthening Integrated Management of Neonatal and Childhood Illness (IMNCI).

WCAH and the Global Health Architecture Reform

Reforms must formally name and prioritize the health and rights of women, newborns, children, and adolescents, with ring-fenced financing for their essential services and data systems. They must also embed inclusive governance led by the Global South and women-led and youth-led organizations, and rely on age- and sex-disaggregated data to ensure accountability and sustained progress.

Emergency settings, including conflict and climate-affected contexts

Globally, nearly two-thirds of maternal deaths, and half of child and newborn deaths occur in countries marked by conflict or fragility. To address these largely preventable deaths, we must build resilient health systems and transition from reactive spending to flexible, long-term financing and emergency pooled funds during climate or conflict crises. This strategy requires prioritizing the recruitment and protection of local health workers, integrating lifesaving maternal, newborn and child health packages into emergency response plans, implementing humanitarian SRH standards such as the Minimum Initial Service Package (MISP) for SRH in Crisis in acute responses, and scaling locally driven innovations for climate and crisis contexts to safeguard the rights and health of women, newborns, children, and adolescents.

Mobilising domestic and innovative financing for WCAH

The global financial crisis presents an opportunity for leadership and strengthened health sovereignty through country-led financing and domestic resource mobilization. By implementing innovative mechanisms like blended financing, pooled procurement, and debt-for-health swaps, nations can move from donor dependency to self-sustaining systems. An intersectoral co-financing approach is essential to safeguard women’s, children’s and adolescents’ health (WCAH) services and leverage co-benefits – for example, across climate and maternal, newborn and child health (MNCH) – by pooling resources across sectors such as climate, nutrition, and education.

WCAH trends and implementation of the WHA77 Resolution

The WHA77 resolution, **Accelerate progress towards reducing maternal, newborn and child mortality in order to achieve Sustainable Development Goal targets 3.1 and 3.2**, aimed to reduce maternal, newborn, and child mortality and stillbirths to meet SDG targets. It emphasized a life-course approach that strengthened primary healthcare, specifically by improving access to reproductive services, emergency obstetric care, and newborn units. Two years on, trends in women's, newborns', children's, and adolescents' health and stillbirths show the critical need for accelerated action towards 2030.

Evidence

- 260,000 maternal deaths (**MMEIG, 2025**). If trends persist, in 2030 the global maternal mortality ratio (MMR) will be two and a half times higher than SDG target 3.1 (**WHO, 2025**)
- 4.9 million under-5 deaths, including 2.3 million neonatal (0-1 month) and 2.6 million other under-5 (1-59 months) (**UN IGME, 2025**). Based on current trends about 60 countries are at risk of missing the SDG under-5 mortality target by 2030. Even more countries – 66 – are risk of missing the neonatal mortality target (**UN IGME, 2025**; EWENE, 2026- upcoming.)
- Almost 2 million babies are stillborn at 28 weeks or more of gestation (**UN IGME, 2025**)
- Teenage pregnancy is the second biggest cause of death for adolescent girls aged 15-19 years (**UN IGME, 2025**).
- The proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods increased slightly from 76.5% to 77.6% between 2015 and 2024. This corresponds to an increase of 75 million women of reproductive age using modern methods since 2015. (**UN SDGs**)
- The risk of a woman who lives in a country affected by conflict dying due to maternal causes is around five times higher for each pregnancy she undergoes compared to her peers in stable countries (**WHO, 2026**).
- To date progress toward achieving key targets remains too slow and marred with deep inequities, threatening the achievement of the 2030 Agenda: According to the latest data on global coverage, 72% of pregnant women received four or more antenatal care contacts; 87% of births were attended by skilled health personnel; and 63% of mothers received PNC within 48 hours of birth. (**UNICEF Data – Child Statistics, 2026 Data Brief**)
- Coverage of essential service packages remains low and inequitable, limiting access to life-saving interventions and falling short of EWENE targets (Figure 1).

WCAH trends and implementation of the WHA77 Resolution

Message

- Reducing maternal mortality is possible and requires focus on proven interventions during critical care windows, particularly in fragile settings, where a majority of these deaths occur. Basic and comprehensive Emergency Obstetric and Newborn Care (EmONC) provided to women and newborns during pregnancy, delivery, and the postpartum period can address major complications and causes of death. Enhanced efforts at sub-national level are critically needed to improve women's, children's and adolescents' health (WCAH) equity and implementation.

- To be most effective, these interventions must focus on family-centred care and be delivered in conjunction with a skilled, supported and protected health workforce, including strengthening community health workers and midwives, who are able to avert **two-thirds** of maternal deaths, stillbirths, and neonatal deaths when fully integrated into health systems.

- Improving newborn survival requires a focus on quality of care and integrated management of newborn and child illnesses (IMNCI) and providing small and sick newborn care (**SSNC**) to manage complications during the critical period of the first 28 days of life, where infections and congenital conditions pose a significant threat. By investing in health systems strengthening and prioritizing the specialized needs of small infants, we can close the gap in neonatal mortality and ensure every child has the opportunity for a healthy start.

- Sexual and reproductive health and rights (SRHR), including family planning, are fundamental to comprehensive healthcare for women and girls, enabling the prevention and early detection of major drivers of mortality and morbidity. Evidence shows that when modern contraception and the full range of maternal and newborn health services are available, maternal death would drop roughly 73% and newborn deaths would be reduced by about 80% (**Guttmacher, 2017**). Ensuring adolescents have access to high-quality sexual and reproductive health services is also crucial to their health and future development.

- The need for renewed acceleration is also reflected in the updated Child Survival Action (CSA) 2026 Targets, including preventative coverage targets related to breastfeeding and vaccines, and diagnostic and treatment targets for the major killers of children aged 1 to 59 months, pneumonia, malaria, and diarrhea.

Figure 1. Progress towards the 2025 EWENE 90-90-80-80 targets

Antenatal care (ANC)

More than 2/3 of countries (71%) did not achieve the EWENE target of 90% coverage for at least four ANC contacts.

Skilled birth attendance (SBA)

Approximately one quarter of countries did not reach the EWENE target of 90% coverage for skilled birth attendance.

Postnatal care (PNC)

Almost half of countries (47%) did not meet the EWENE target of 80% PNC contacts.

Newborn care

More than two-thirds (71%) of countries have not met the target of 80% districts with functional level 2 newborn care.

UNICEF DATA - Child Statistics and UNICEF Update of Maternal and Newborn Health Data, 2026 Data Brief
EWENE-CSA tracking tool, self-reporting by 104 countries, 2026

WCAH and the Global Health Architecture Reform

Amidst a rapidly changing multilateral and geopolitical environment, global health architecture is currently undergoing a radical transformation. From the UN80 Initiative and WHO reforms, the drive toward a more efficient, country-led, and sustainable system is accelerating. Despite calls from the **Global South Coalition** and G7 call for integrating sexual and reproductive health and rights (SRHR) in UN reform, glaring gaps remain in protecting the future of WCAH.

Evidence

- Historically, global health governance only protects what it explicitly names. An architecture that fails to safeguard women, newborns, children, and adolescents and prevent stillbirths cannot credibly claim to be equitable or resilient, as their well-being is the ultimate diagnostic of whether systemic reform is meaningful.

- Given omissions in the existing UN80 Initiative proposals, there are threats to the continuity of essential sexual and reproductive health services, gender-based violence prevention, and "Women, Peace, and Security" programming.

- There is a crucial risk of defunding women’s rights movements and destabilizing the population data systems and humanitarian coordination functions upon which Member States rely.

Messages

- To be effective, future frameworks must formally name the health and rights of women, newborns, children, and adolescents including stillbirth prevention while ring-fencing dedicated financing for their essential services and data systems. Protecting these lives is not a niche concern; it is the fundamental test of whether a global system is fit for purpose.

- Reform must incorporate inclusive governance that guarantee leadership roles for women-led organizations and the **Global South**, as well as accountability mechanisms, and reporting that uses age- and sex-sensitive indicators to track and measure progress accurately.

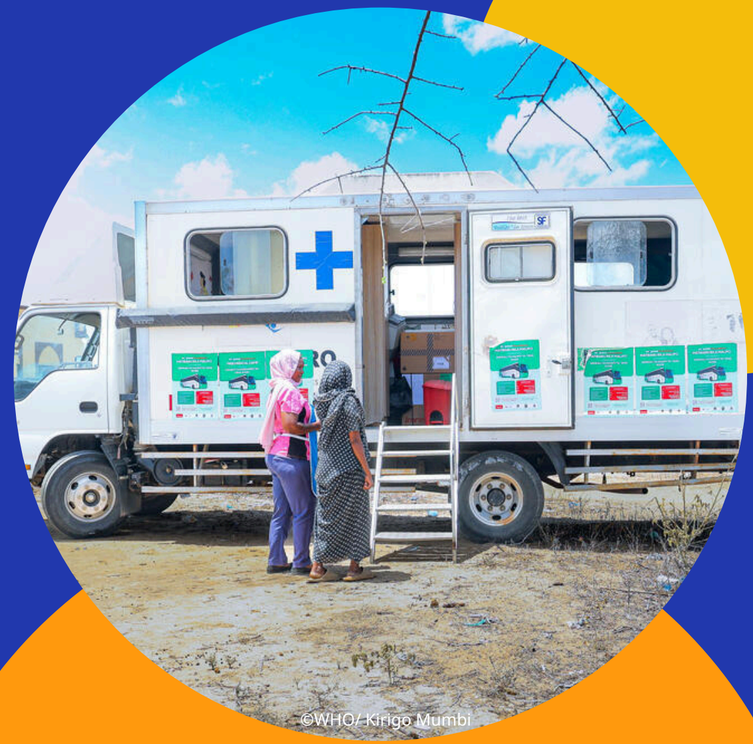
- Rather than assuming progress will survive consolidation, reform must actively protect the specialized normative and operational expertise that has historically sustained these health gains. Including the intersectoral expertise needed to support the health and livelihoods of women, newborns, children and adolescents now and for the future, such as global health, gender, financing and economics, and human rights.

Emergency settings, including conflict and climate-affected contexts

The evolving geopolitical landscape is making the delivery of care increasingly fragile – especially in emergency settings, where intersecting shocks are compounding risks. Climate change, with its myriad of impacts on WCAH, is disrupting food systems and driving malnutrition, while conflict and displacement simultaneously cut off access to life-saving interventions in the highest-risk settings.

Evidence

- In 2023, almost two-thirds (64%) of maternal deaths occurred in fragile and conflict-affected settings, despite these countries accounting for only around one in ten of global live births. (**WHO, 2025**)
- In 2024, 50% of all under-5 deaths occurred in conflict and fragile settings (**UN IGME, 2025**)
- Cuts to official development assistance (ODA) have particular impact on essential WCAH services in humanitarian and fragile settings. In 2023, over 13% of global ODA was directed to humanitarian settings. (**OECD- DAC**, **One Data**, **April 2025**)
- Over 70% of women in conflict zones experience sexual violence—double the global average (**Source**).
- 1 billion children are at extremely high risk of being affected by the climate crisis. 820 million are currently highly exposed to heatwaves, 400 million to cyclones, 570 million to riverine and coastal flooding, and 920 million to water scarcity. (**Source**)



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Emergency settings, including conflict and climate-affected contexts

Messages

- To build resilient health systems, we must transition from reactive spending to flexible, long-term financing and emergency pooled funds during climate or conflict crises.

- This must be incorporated alongside sustainable investments that are predictable, allowing local health systems to maintain maternal, newborn, and child health services through crisis and recovery periods.

- Strengthening human resources for health in emergency settings must include focused investment on the recruitment, training, and protection of local health workers, particularly midwives and community health advocates who play an important role in delivering sexual, reproductive, maternal, newborn, child, and adolescent health (SRMNCAH) services and understand the nuances of the local context.

- The Minimum Initial Service Package for SRH in Crisis Situations (MISP) must be stood up at the onset of every emergency. The MISP, a humanitarian standard, is a set of life-saving, priority activities to prevent sexual violence, reduce HIV transmission, and minimize maternal and newborn mortality in an emergency. Countries should prioritize MISP preparedness and pre-positioning of essential supplies in emergency preparation and response plans, and the global humanitarian system must bolster capacity for emergency clusters to implement the MISP in acute responses.

- Safeguarding WCAH must be integrated as part of emergency preparation and response plans, including lifesaving SRMNCAH packages. This integration must be central to the **Humanitarian Reset**, ensuring that global relief efforts shift from siloed, short-term fixes to a cohesive strategy that prioritizes the long-term health and rights of women, newborns, and children in every crisis.

- Innovation is critical to combatting the climate crisis through locally driven solutions like digital early warning systems for extreme heat and ‘cool’ roof technologies for health clinics. These integrated approaches demonstrate how sustained investment in practical innovation is essential to building resilient health systems that safeguard the rights and health of women, newborns, children, and adolescents.

Mobilising domestic and innovative financing for WCAH

Historic aid cuts and tightening fiscal space are already translating into reduced access to essential services, with significant consequences for maternal, newborn and child mortality and morbidity and stillbirths. The global financial crisis is a defining moment to exercise leadership and advance health sovereignty by prioritizing country-led financing and strengthened domestic resource mobilization.

Evidence

- In 2025, total official development assistance (ODA) fell by 23.1% compared to 2024. This is the largest annual contraction recorded in the history of ODA, bringing ODA levels back to where they stood at the start of the 2030 Agenda for Sustainable Development (**OECD, 2026**)

- By looking back at previous aid sanctions, we can see the impact on maternal, newborn, and child mortality. Aid sanctions from 1990-2019 were associated with yearly increase in the maternal mortality rate by 6% and an increase in child mortality by 4% in 67 LMICs. (**Lancet Global Health, May 2025**)

- Forecasting analyses project that ongoing reductions in ODA funding could lead to an additional 5·4 million deaths among children younger than 5 years by 2030 (**Lancet, 2026**)

- Economic returns on SRMNCAH are among the highest in the health sector and for every $1 invested in key interventions for reproductive, maternal, newborn, and child health, approximately $20 in economic benefits is generated (**Source**)

Messages

- Investments in sexual, reproductive, maternal, newborn, child, and adolescent health (SRMNCAH) are among the highest-return investments available to governments. However, radical, country- and regional-led transformation of the health financing landscape, including focus on domestic resource mobilisation (DRM), as well as a shift towards health sovereignty, are needed to ensure these returns are possible.

- Implementing innovative financing mechanisms such as pooled procurement, blended financing, and debt-for-health swaps are essential for creating the fiscal space required to transition from fragile, donor-dependent projects to resilient, self-sustaining national health systems.

- The drivers of maternal, newborn, child and adolescent health and stillbirth extend beyond just the health sector, and therefore intersectoral financing approaches can help to maximize investments across sectors. By coordinating investments, leveraging co-benefits and pooled funding mechanisms, stakeholders can break the cycle of fragmented, siloed delivery and instead address the social determinants, such as climate resilience, nutrition, and education, that dictate long-term health outcomes.

WHA79 agenda items related to women’s, children’s, and adolescents’ health

Committee A
12.1 Follow-up to the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases
12.2 Mental health
12.3 Communicable diseases Immunization Agenda 2030
12.5 Primary healthcare
12.6 Health in the 2030 Agenda for Sustainable Development
13.3 Open-ended Intergovernmental Working Group on the WHO Pandemic Agreement
14.1 WHO’s work in health emergencies
15. Review of and update on matters considered by the Executive Board - 15.4 Maternal, infant and young child nutrition

Committee B
20.1 Reform of the global health architecture and the UN80 Initiative
22. Matters for information: progress reports D. The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections (resolution WHA75.20 (2022))
G. Reproductive health: strategy to accelerate progress towards the attainment of international development goals and targets (resolution WHA57.12 (2004))
N. Accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification (resolution WHA76.19 (2023))
R. Strategy for integrating gender analysis and actions into the work of WHO (resolution WHA60.25 (2007))