

Messaging Framework Women Deliver 2026



Hosted by the
World Health Organization

Photo: WHO/Genna Print

About this brief

Adolescent girls are navigating an increasingly hostile global landscape. Sharp contractions in development financing, political retrenchment on sexual and reproductive health and rights (SRHR), and the expansion of regressive policies — including the Expanded Global Gag Rule (Protecting Human Flourishing in Foreign Assistance, PHFFA) — are directly threatening the services and support systems adolescent girls depend on. At the same time, climate change, conflict, and deepening poverty are compounding vulnerabilities in the settings where the most girls live.

Women Deliver 2026 arrives at a defining crossroads. With fewer than five years remaining to achieve the Sustainable Development Goals, this conference must generate bold, concrete commitments that reverse dangerous trends and accelerate progress for adolescent girls — particularly those in the Global South, in fragile and conflict-affected settings, and in communities bearing the greatest burdens of poverty and inequity.

Investing in adolescents, including adolescent girls, is the ultimate triple dividend: improving young people's lives now, securing their future productivity, and guaranteeing the health and well-being of the next generation. The cost of inaction — estimated at US\$110 trillion in foregone benefits between 2024 and 2050 — is one we cannot afford.

Key Messages

Sexual and reproductive health and rights (SRHR) for adolescent girls are under sustained threat and require urgent political and financial protection.

Rollbacks in rights, shrinking civic space, and ideological opposition are disproportionately affecting adolescent girls' access to contraception, safe abortion, and comprehensive sexuality education. Governments and partners must actively safeguard and expand SRHR through policy reform, sustained financing, and accountability mechanisms.

Financing constraints are the primary barrier to advancing adolescent girls' health and well-being—and require a shift toward sustainable, country-led models.

Rising debt burdens, fiscal austerity, and declining aid are limiting investments in adolescent-focused services. Strengthening domestic resource mobilization (DRM), expanding fiscal space, and prioritizing adolescent girls in national budgets are critical to ensuring sustained and equitable progress.

Nationally owned systems must respond to the needs of adolescent girls independently and comprehensively.

Low- and middle-income countries must be empowered to define priorities, design context-specific solutions, and lead implementation. This includes reducing dependency on donor-driven agendas and strengthening nationally owned systems that respond to the realities of adolescent girls—particularly those in marginalized and conflict affected settings.

Fragmented approaches are failing adolescent girls—comprehensive, cross-sectoral interventions and investments must be prioritized.

Adolescent girls' needs span SRHR, mental health, nutrition, education, protection from violence, and climate resilience. Investments must shift from siloed interventions to integrated adolescent well-being packages, aligned with national systems and delivered through coordinated, multi-sectoral approaches.

Adolescent girls must be recognized and resourced as leaders, not just beneficiaries.

Meaningful engagement requires moving beyond consultation toward shared decision-making power. This includes sustained, direct financing for girl- and youth-led organizations, institutionalized participation in policy processes, and accountability mechanisms that reflect adolescent girls' priorities and lived realities.

Preventing and responding to teenage pregnancy

Data

- Approximately 12 million girls aged 15–19 and at least 777,000 girls under 15 give birth each year in developing regions ([WHO](#))
- In 2024, the global adolescent birth rate (ages 15–19) was 38.32 births per 1,000 women - but ranged from 8.1 in Europe to 92.9 in Sub-Saharan Africa ([WHO](#))
- The risk of maternal mortality is higher for adolescent girls, especially those under age 15, compared to older women ([UNFPA](#))
- Adolescent mothers (aged 10–19 years) face higher risks of eclampsia, puerperal endometritis and systemic infections than women aged 20–24 years, and babies of adolescent mothers face higher risks of low birth weight, preterm birth and severe neonatal condition ([WHO](#)).
- Complications from pregnancy and childbirth account for roughly 1 in every 23 deaths among adolescent girls aged 15-19, worldwide ([UN Women](#)).
- As of 2021, the estimated global number of child brides was 650 million: child marriage places girls at increased risk of pregnancy because girls who are married very early typically have limited autonomy to influence decision-making about delaying child-bearing and contraceptive use ([WHO](#)).
- Adolescent pregnancy brings detrimental social and economic consequences for a girl, her family, her community and her nation. Many girls who become pregnant drop out of school, drastically limiting their future opportunities. A woman's education is strongly correlated to her earning potential, her health and the health of her children. Thus, adolescent pregnancy fuels the intergenerational cycle of poverty and poor health.

Key Messages

- Preventing teenage pregnancy requires scaling proven, rights-based interventions—particularly access to contraception, comprehensive sexuality education (CSE), and girls' empowerment—with urgent focus on the Global South and humanitarian settings.
- Adolescent girls must have equitable access to high-quality, adolescent-responsive maternal care, including antenatal, skilled birth attendance, postnatal, and emergency obstetric services—without interruption, no matter where they live.
- Efforts to prevent teenage pregnancy must move beyond siloed approaches and be fully integrated into multi-sectoral strategies addressing child marriage, gender-based violence, and girls' education—recognizing the interconnected drivers of risk and inequality.

Sexual and Reproductive Health and Rights

Data

- Nearly 1 in 4 adolescent girls who have been married or partnered have experienced intimate partner violence worldwide, and 50 million girls alive today have experienced sexual violence ([UN Women](#)).
- The practice of female genital mutilation is declining, with countries including Burkina Faso and Liberia halving the share of girls subjected to the practice over the last 30 years. However, the global rate of decline needs to be 27 times faster to meet the 2030 eradication target ([UN Women](#)).
- In 2023, there were an estimated 1.9 million [1.1 million–2.5 million] adolescent girls and young women aged 15–24 years living with HIV, compared with 1.2 million [840 000–1.6 million] adolescent boys and young men aged 15–24 years¹. Globally, 44% of all new HIV infections were among women and girls (all ages) in 2023 ([UNAIDS](#)).
- Low contraceptive use among adolescents underscores a critical gap in agency and reproductive rights, limiting young people's ability to make informed decisions about their health and futures ([UNICEF Data – Child Statistics, 2026 Data Brief](#)).
- Adolescents in humanitarian situations are more likely to experience violence, abuse and neglect and may be at risk of recruitment into fighting forces, exploitative labour and child marriage. They may lose access to education, health and livelihood opportunities and endure separation from their families or caregivers. Adolescents with disabilities are particularly vulnerable to violence, abuse and neglect in humanitarian contexts.

Key Messages

- SRHR services - including access to contraception, safe abortion, and comprehensive sexuality education - are life-saving interventions that directly reduce maternal and newborn mortality and enable adolescent girls to exercise agency over their bodies and futures.
- Political and ideological attacks on SRHR, including the expansion of the Global Gag Rule must be actively resisted through bold policy advocacy for protecting existing structures that promote and protect sexual and reproductive rights and alternative financing.
- SRHR as a fundamental right must be reaffirmed and codified in national legislation and UHC frameworks, including for adolescent girls.
- Supporting adolescent girls' wellbeing and agency is linked to reduction of maternal and newborn mortality and stillbirths.

Education as a driver of adolescent girls' health and well-being

Data

- If all girls finished their secondary schooling, it has been estimated that child marriages could be reduced by as much as two thirds, saving close to 98000 lives (WHO, UNESCO).
- Despite a 39% decrease in out-of-school girls in the last 20 years, 122 million girls remain out of school globally (UN Women).
- Nearly 4 in 10 adolescent girls and young women globally do not complete upper secondary school, with girls from rural poor backgrounds and marginalized communities even less likely to complete schooling (UN Women).
- While the number of adolescent girls and young women who are illiterate has nearly halved in the last three decades, nearly 50 million adolescent girls and young women today are unable to read or write a simple sentence (UN Women).
- Over 127 million children in countries affected by war and displacement are out of school, while many others receive only a poor quality education. Despite this great need, education has received less than three percent of all humanitarian aid in recent years (International Rescue Committee).
- Some countries lose more than US\$1 billion a year by failing to educate girls to the same level as boys (UNESCO).

Key Messages

- Education is one of the most powerful investments in adolescent girls' health and well-being. Keeping girls in school—and ensuring education advances their health, rights, and agency—is non-negotiable, especially in contexts of crisis and inequality.
- Education systems must deliver integrated outcomes, including SRHR, mental health, and nutrition. Scaling comprehensive sexuality education (CSE) is critical to equip girls with the knowledge and agency to protect their health and rights.
- Governments must prioritize girls' retention and completion of secondary education through targeted, cross-sectoral investments— including cash transfers, school feeding, menstrual health support, and safe, inclusive learning environments.

Investment in adolescent girls' health and well-being

Data

- The cost of inaction: US\$110 trillion in foregone benefits (2024–2050), averaging US\$4.1 trillion per year (PMNCH)
- At just over \$5 per adolescent per year, interventions to improve adolescents' physical, mental, sexual, and reproductive health can lead to economic and social returns of up to ten times their cost, making them “among the best investments that can be made” to achieve the SDGs ([UNICEF](#)).
- Due to the multiple health complications of FGM for girls and women across the life course, the practice is estimated to cost health systems \$1.4 billion per year, with costs rising to more than \$2.1 billion per year by the year 2047. Eliminating FGM would reduce this burden significantly - to approximately \$800 million per year in 2047, with associated gains in quality of life and economic productivity, among other areas ([UNICEF](#)).

Key Messages

- Investing in adolescent girls' health and well-being is one of the highest-return investments available—delivering economic, social, and intergenerational dividends. In a context of shrinking aid, rising debt, and fiscal constraints, this investment is not optional, but essential.
- Financing must shift from fragmented, project-based approaches toward sustainable, country-led models, anchored in domestic resource mobilization (DRM), integrated national budgets, and health sovereignty. Governments must prioritize dedicated, ring-fenced domestic investments in comprehensive adolescent well-being, including SRHR, mental health, and nutrition, while leveraging innovative mechanisms—such as blended finance and debt-for-health swaps—to expand fiscal space.
- Addressing adolescent girls' needs requires moving beyond siloed interventions to integrated, cross-sectoral investment approaches that tackle the social determinants of health—including education, climate resilience, nutrition, and protection from violence—through coordinated government action.
- Finally, global and multilateral financing reforms must explicitly prioritize and safeguard adolescent girls' health and rights, ensuring sustained attention, accountability, and investment even in times of political and economic uncertainty.

Meaningful adolescent and youth engagement

Data

- 1.2 billion adolescents globally - the largest generation of young people in history - the majority living in low- and middle-income countries.
- Despite being the primary stakeholders in adolescent health and well-being policy, young people remain systematically excluded from the design, delivery, and evaluation of programmes that affect them.

Key Messages

- Adolescent girls and young women are not just beneficiaries of health and well-being policies—they are rights-holders, leaders, and agents of change. In a context of shrinking civic space and increasing backlash against SRHR, their voices and organisations must be protected, legitimized, and sustainably resourced.
- Governments must establish formal, adequately resourced mechanisms for adolescent and youth co-leadership in national health planning processes, including UHC design and implementation—advancing health sovereignty and LMIC leadership.
- Sustained financing is critical. This requires strengthening domestic resource mobilization (DRM) and ensuring direct, predictable funding for adolescent- and youth-led organisations, particularly those led by girls and young women in the Global South and crisis-affected settings.
- Protecting and expanding civic space is essential. Governments and partners must actively resist anti-rights legislation, safeguard freedom of expression, and protect young advocates, particularly those advancing SRHR and gender equality.
- Accountability frameworks must be co-designed with adolescent girls and young women, locally grounded, and publicly transparent—moving beyond top-down approaches to genuine, community-led oversight that drives results.