

Overview

Women's, Children's and Adolescents' Health and Well-Being

77th World Health Assembly

27 May - 1 June 2024



Hosted by the World Health Organization



1. Overview

The 77th World Health Assembly (WHA77), held between the 27 May – 1 June 2024 in Geneva, marked a critical moment for Member States and the global health community to take stock and agree on measures to advance progress in the six years left to the achievement of the Sustainable Development Goals (SDGs). The WHA77, and the consultations which preceded it, including the Executive Board meeting in January 2024, opened against the backdrop of rising global health challenges due to the growing polycrisis of rising conflicts, exacerbating climate crisis, the long-term impacts of the COVID19 and future pandemic threats, and increasing cost of living. In particular, global progress to reduce maternal, newborn and child mortality has stalled drastically since 2015, bringing the massive gains of the Millennium Development Goal (MDG) era to a shameful halt. Such rollbacks mean the world is not on track to achieve the SDGs pertaining to maternal, newborn and child mortality (SDGs 3.1 and 3.2). Based on current trends, [46](#) countries are projected to have a ratio greater than 140 maternal deaths per 100,000 live births by 2030, more than double the level of 70 deaths per 100,000 live births set by SDG 3.1. Approximately [64](#) countries will miss the neonatal mortality target (SDG 3.2.2), and more than [59](#) countries will miss the under-five mortality target (SDG 3.2.1). Additionally, rates of preterm birth have not budged, sitting [at 9.9% in 2020 compared to 9.8% in 2010](#). In addition, [56 countries](#) will not meet the stillbirth target set by the Every Newborn Action Plan (ENAP).

At the opening of the WHA77, the Director-General of the World Health Organization (WHO), Dr Tedros Adhanom Ghebreyesus, highlighted that the right to health is severely under threat around the world due to conflicts, insecurity, climate change, displacement, and rising costs of healthcare access, with 4.5 billion people not covered by essential health services and 2 billion people facing hardships because of out-of-pocket health expenditure. Dr Tedros also highlighted the many women dying from preventable complications during childbirth, children dying because of lack of access to routine vaccinations, and the worsening mental health conditions and non-communicable diseases across the world. Against this backdrop, this year's WHA77's theme All for Health and Health for All, aims to promote collaboration amongst all countries and stakeholders, to work together to achieve the shared goal of health for all and the SDG3 targets. Dr Tedros highlighted the importance of this year's WHA77 given the discussions on WHO's Global Programme of Work 2025-2028

(GPW14) and the WHO Investment Round, which will pave the way for the future work and sustainability of the organization, to ensure it continues advancing health for all across the world.

During the Plenary sessions, the most recurrent topics raised by Member States were:

- condemnation of war, highlighting the disproportionate impacts on women and children, and call to end all conflicts, especially the ongoing war in Ukraine, Gaza and Sudan;
- urgent need to tackle the impacts of climate change on health;
- ensure a strong and multilateral agreement on a global prevention, preparedness and response plan to pandemics, including through the implementation of the one health approach;
- call for renewed solidarity, multilateralism and collaboration in adherence with the WHO goals and the UN Charter;
- accelerate progress towards universal health coverage (UHC) and the SDG3 targets, including those related to maternal, newborn and child mortality;
- address increasing burden of non-communicable diseases (NCDs);
- tackle issues regarding antimicrobial resistance (AMR);
- promote gender-responsive care, including by advancing sexual and reproductive health and rights (SRHR) and gender equality;
- support and invest in the health workforce who are the backbone of health systems.

Overall, this WHA saw a record number of votings needed to adopt decisions given unanimous consensus could not be reached. Amongst the resolutions adopted, it is important to highlight the following: maternal, newborn and child health; climate change and health; mental health in emergencies; social participation in primary health care; economics for all; antimicrobial resistance; infection prevention and control; transplantation, and more. Member States also agreed on a package of [amendments on the International Health Regulations](#), paving the way forward to the Pandemic Agreement continued negotiations. In addition, Member States adopted [WHO's GPW14](#) and saw the launch of the WHO Investment Round. Finally, WHA noted the [report](#) on the health conditions in the occupied Palestinian territory, highlighting the unprecedented humanitarian crisis, including the impacts on women, newborns and children. Member States also approved a Resolution on aligning the participation of Palestine in WHO with its participation in the UN*. All WHA77 resolutions can be accessed [here](#).



Women's, children's and adolescents' health (WCAH) took centre stage at WHA77 during the Agenda Item 11 on Acceleration towards the SDG targets for maternal health and child mortality. In addition to this agenda item, WCAH was covered in many other agenda items. The main recurrent issues mentioned by Member States included: maternal, newborn, and child health within the context of UHC, the importance of addressing the needs of adolescents and young people, ensuring children have access to routine immunization and promoting gender equality and women empowerment as a prerequisite for achieving SDG3, with a smaller proportion of countries highlighting issues related to SRHR. The latter topics of gender and SRHR were in fact one of the main contentious issues amongst Member States in the consultations around the negotiations in the lead up to WHA77, with the negotiations showing a worrisome trend of increased polarization on these issues and a growing push back on gender language.

The below summary represents a more detailed overview of the relevant outcomes of WHA77 for WCAH and well-being. The WHA77 Agenda Items are listed below in accordance with PMNCH's efforts in following and tracking the respective negotiations. The Agenda Items are also grouped according to the groupings of Agenda Items in the WHA77 Agenda. In particular, for Agenda Items 11.7 Acceleration towards the SDG targets for maternal health and child mortality, 11.1 Universal Health Coverage and 11.2 Prevention and control of non-communicable diseases, and 15.4 Climate change, pollution and health, PMNCH also conducting a detailed tracking of WCAH issues emerging during Member State interventions (see Annex 2). The links to key documents and interventions from the WHA77 can be found in Annex 1.

2. Highlights from the 77th World Health Assembly negotiations relevant to WCAH

Agenda Item 11.7 Acceleration towards the SDG targets for maternal health and child mortality

Consolidated report by the Director-General ([A77/4](#)) Accelerate progress towards reducing maternal, newborn and child mortality in order to achieve Sustainable Development Goal targets 3.1 and 3.2 ([A77/A/CONF.5](#))

On 30 May 2024, Member States discussed in Committee A the report of the Director General on maternal health and child mortality, and the

proposed resolution, led by Somalia and co-sponsored by 51 Member States (namely Botswana, Canada, Denmark, Djibouti, Egypt, Ethiopia, Finland, Gambia, Kenya, Kuwait, Lebanon, Monaco, Netherlands (Kingdom of the), Nigeria, Norway, Panama, Paraguay, Sierra Leone, South Africa, Sweden, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania and United States of America; the 27 Members of the European Union, Brazil and Uruguay also announced their co-sponsorship of the resolution during their floor interventions).

Following nearly 50 Member States interventions from the floor, Member States approved the resolution to revive stalled progress on maternal, newborn and child health, almost 10 years after the agreement on the [Global Strategy for Women's, Children's and Adolescents' Health](#). The resolution calls for Member States to accelerate progress to tackle the leading causes of maternal and child deaths, especially in the worst affected countries, while improving access to maternal, sexual and reproductive and comprehensive child health services through stronger primary health care. It highlights the need to expand antenatal and postnatal care, ensure access to emergency obstetric care including through the implementation of the postpartum hemorrhage road map. It also stresses the need to invest in small and sick newborn units, which are critical to manage complications associated with prematurity and other leading causes of newborn deaths. The resolution also reaffirms Member States' commitment to ensure universal access to sexual and reproductive health care services, address barriers that limit access and reinvigorate through laws and regulations their commitments to SDG 5.6. To address the workforce and skilled birth attendance shortages, the resolution calls for investments in the education, employment, regulation and retention of the health and care workforce, including midwives and nurses. In addition, Member States are invited to promote multisectoral collaboration and action given the impacts of WASH, education, nutrition, conflicts, climate change and the COVID19 pandemic on the health of women, children and adolescents. Finally, it calls for countries to ensure access to essential safe quality medicines for pregnant women, lactating women, mothers, newborns and children, and prioritize malaria vaccines into routine immunization programmes. With regards to WHO, the resolution requests the Director General to prioritize this unfinished agenda from the MDG era and intensify technical support to Member States in updating sexual, reproductive, maternal, newborn, child, and adolescent health legislation, policies,

strategies, and national plans as part of a primary health care approach.

During the negotiations, Member States expressed widespread support to the acceleration of progress to reduce maternal, newborn and child mortality. The following topics emerged from the discussion:

- Despite many references to maternal, newborn and child health, there were no mentions of stillbirths. In addition, adolescents were referenced primarily in the context of teenage pregnancy, one of the main risk factors for maternal mortality.
- Several Member States flagged the importance of sexual and reproductive health and rights in advancing maternal, newborn, and adolescent health, including the need to promote comprehensive sexual education, access to reproductive health services and family planning, including contraception and safe abortion.
- Many countries highlighted the need to strengthen health systems and integrate MNCH within a primary healthcare and universal health coverage approach, with a focus on increasing access to medical equipment and improving quality of services, enhancing workforce capabilities, particularly midwives, nurses, and community health workers, and ensuring robust evidence and data.
- A few countries also recognized the need to address inequities in access to MNCH services, especially in low- and middle-income countries, and in already humanitarian and fragile settings and climate-affected areas. Enhancing education, investing in nutrition, promoting gender equality and empowerment, as well as addressing climate change, were amongst the cross-cutting areas that were mentioned.
- In addition, South Africa acknowledged the importance of the highest-level political leadership supporting this agenda in order to accelerate progress, and mentioned that H.E. Cyril Ramaphosa is spearheading the [Global Leaders Network on Women's, Children's and Adolescents' Health](#), supported by PMNCH.

An overview of all Member State interventions in relation to WCAH issues is available in Annex 2.1.

In line with the [PMNCH Key Asks for Member States on the resolution coordinated by the PMNCH civil society group of non-state actors in official relations with WHO](#), several PMNCH members delivered constituency and individual statements during this agenda item. A list of all interventions can be found in Annex 1. Overall, PMNCH members welcomed Member States' inclusion of many of the key asks in the final resolution. In particular, despite the push

back on gender language during the consultations on other resolutions in the lead up to WHA77, this resolution clearly highlights the need for Member States to ensure universal access to comprehensive sexual and reproductive health services and address inequalities in the pursuit of achieving gender equality and the empowerment of all women and girls. The resolution recognizes the critical importance of breastfeeding, and nutrition services as an integral part of essential maternal, newborn and child health services. Given the shortage of a competent and skilled health and care workforce, including obstetrician-gynecologists, midwives, nurses and neonatal trained nurses, and community health workers, the resolution acknowledges the need to accelerate investments in this area. The resolution includes inclusive language, and references the disproportionate mortality and morbidity of women, newborns and children living in humanitarian and fragile settings, stressing the need to address inequities and enhance equitable access to primary healthcare. Given the growing impacts of climate change and the disproportionate effects on women, children and adolescents, the resolution acknowledges the need to address broader determinants of maternal and child health, such as the effects of climate events, air pollution and the lack of access to clean water and sanitation. This is particularly relevant given the [WHA77 climate and health resolution](#) which was also approved during WHA77 (see Agenda Item 15.4). Finally, the resolution acknowledges the need for whole of government and whole of society approaches, including through the involvement of communities and multisectoral collaboration.

Agenda Items 11.1 Universal Health Coverage and 11.2 Prevention and control of non-communicable diseases

Consolidated Report by the Director-General (A77/4)

Social participation for universal health coverage, health and well-being (A77/A/CONF.5)

Strengthening mental health and psychosocial support before, during and after armed conflicts, natural and human-caused disasters and health and other emergencies (A77/A/CONF.11)

On 29 May 2024, Member States discussed in Committee A the report of the Director General on universal health coverage and on the prevention and control of non-communicable diseases (NCDs). During the negotiations on these two agenda items, Member States

approved the proposed resolution on social participation for universal health coverage, health and well-being, led by Thailand and Slovenia and sponsored by 25 Member States at the start of WHA77. In addition, regarding the item on NCDs focused on mental health and psychosocial support (MHPSS), Member States agreed on the proposed resolution, led by Ukraine and Netherlands, and sponsored by 24 Member States at the start of WHA77, on strengthening mental health and psychosocial support before, during and after armed conflicts, natural and human-caused disasters and health and other emergencies.

Social participation* for universal health coverage, health, and well-being is the first-ever resolution on social participation in health. The resolution builds on related intergovernmental agreements asserting the importance of social participation, including the [Political Declaration on the High-Level Meeting for UHC 2023](#), and is in line with SDG 16.7 target for responsive, inclusive, participatory and representative decision-making at all levels. The resolution aims to tackle health inequities and barriers to inclusion in the health system through improved social participation. In adopting the resolution, Member States committed to strengthening public sector capacities for the design and implementation of meaningful social participation, and enabling equitable, diverse and inclusive participation, with a particular focus on promoting the voices of those in vulnerable and/or marginalized situations, to foster transparent decision-making. They also agreed to allocate adequate and sustainable public sector resources in support of effective social participation, and facilitating capacity strengthening for civil society, as well as monitoring and evaluation to promote the implementation of social participation.

By passing the resolution on MHPSS, Member states have agreed to integrate mental health and psychosocial support in emergency responses, including conflicts, natural disasters, and humanitarian crises. In particular, the resolution recognizes the increased risks faced by children, women, survivors of violence, including gender-based violence, during armed conflicts, natural and human-caused disasters. It highlights the impact that these emergencies have especially on the mental health of children and youth, who are disproportionately at risk of experiencing traumatic events, disruption to their development, and increased social exclusion, and the need to pay urgent attention to reduce their suffering. It calls for the investment in education and capacity building of teachers to cater for the

unique psychosocial support needed by children of different ages. The resolution urges Member States to implement the WHO Comprehensive Mental Health Action Plan 2013–2030 and calls on WHO to continue providing technical support, inter-agency coordination and integrating MHPSS in emergency preparedness and response frameworks.

During their floor interventions, the majority of the over 90 Member States' interventions focused on UHC or both UHC and NCDs including MHPSS, and a minority focused exclusively on NCDs and MHPSS. In their intervention, several of the Member States recognized the importance of maternal, newborn, and child health within the context of UHC and MHPSS, with a smaller proportion identifying SRHR as a prerequisite for achieving UHC. While most Member States recognized the importance of addressing inequalities and ensuring health of the most vulnerable, only a handful of member states explicitly identified gender equity as a priority for ensuring social participation and MHPSS during emergency responses. An overview of all Member State interventions in relation to WCAH issues is available in Annex 2.1.

Agenda Item 15.4 Climate change, pollution and health

*Consolidated report by the Director-General ([A77/4](#))
[Climate change and Health \(A77/A/CONF.7\)](#)*

On the 30 May 2024, Member States adopted in Committee B a landmark resolution on climate change and health. The resolution builds on the momentum gained at COP28, held in December last year, where countries signed on to a [Climate and Health Declaration](#). Led by the Netherlands and Peru, together with Barbados, Kenya, Fiji and the United Kingdom, the resolution was co-sponsored by a total of 37 Member States (Australia, Austria, Bangladesh, Barbados, Belgium, Brazil, Chile, Colombia, Cook Islands, Czech Republic, Dominican Republic, Ecuador, Fiji, Georgia, Kenya, Kiribati, Malaysia, Malta, Maldives, Mexico, Moldova, Monaco, Netherlands, Norway, Panama, Peru, Philippines, Samoa, Spain, Slovenia, Sweden, Tanzania, Ukraine, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United States, Uruguay).

Recognizing climate change as one of the biggest threats to public health, the resolution sets out a pathway to building climate-resilient and low-carbon health systems, including through conducting climate and health vulnerability assessments, develop national action plans and integrate climate change in



health monitoring systems. It calls on Member States to participate in the [Alliance for Transformative Action on Climate Change and Health \(ATACH\)](#), ensure intersectoral collaboration across ministries to address the climate and health intersection, and mobilize resources, including through multilateral funding. In addition, it also invites countries to promote awareness on climate change amongst the public and health sector, and advance research and development. The resolution also requests WHO to develop a Global Plan of Action on Climate Change and Health to guide the implementation of the resolution. Earlier during the week, Member States had also agreed for climate change to be one of the top priorities of the WHO's [Global Programme of Work 2025-2028 \(GPW14\)](#).

During the floor interventions, although most countries referenced the disproportionate impact of climate change on the most vulnerable populations, including those living in small islands developing states, and the need to ensure equitable responses that take into consideration their needs, few countries specifically mentioned the unique impacts on and needs of women, children and adolescents. In terms of WCAH, several countries mentioned the impacts of climate change on adolescents and young people, as well as ensuring ambitious climate action for the well-being of future generations. Only one Member State mentioned the impacts on child health, and no country highlighted the effects on pregnant women or newborns, despite growing evidence in this area. With regards to SRHR, two countries mentioned the importance of ensuring access to SRHR during climate emergencies as a prerequisite for women and girls health. Finally, several Member States highlighted how climate change is exacerbating gender inequities and the importance of promoting gender responses in climate action, an issue of contention amongst Member States during the consultations on this agenda item. An overview of all Member State interventions in relation to WCAH issues is available in Annex 2.1. It is also important to note that this agenda item saw an extraordinary participation of youth delegates, with over six youth delegates delivering the statements on behalf of their countries, showing the progress on meaningful youth engagement during the World Health Assemblies.

Several PMNCH members delivered constituency and individual statements during this agenda item, including in relation to the intersection between climate change and WCAH. Although the resolution highlights gender vulnerabilities, it does not include strong reference on the need to ensure gender

transformative action on climate change and health, nor clear reference to the protection of vulnerable populations, especially children and young people, who are not referenced. In addition, the resolution lacks reference to fossil fuels, the main driver of climate change, and the need to phase them out. A list of all interventions can be found in Annex 1.

Agenda Item 11.4 Immunization Agenda 2030

Consolidated report by the Director-General ([A77/4](#))

On the 29 May 2024, Member States in Committee A endorsed the direction of the Immunization Agenda 2030. Many countries highlighted the importance of reaching 'zero-dose'* children and closing the existing gaps, as well as the uptake of HPV vaccines, a critical issue for adolescents' well-being. This agenda item was discussed as the world celebrates 50 years of the WHO [Expanded Programme on Immunization \(EPI\)](#), which has saved an estimated 154 million children – 6 lives every minute – over the past 50 years. Overall, countries called for renewed political and financial commitment to prioritize, invest in and strengthen essential immunization as part of universal health coverage, with a specific attention to reaching 'zero-dose' children who missed vital vaccinations, especially during the COVID-19 pandemic.

Agenda Items 15.1 Social Determinants of Health, 15.2 Maternal, Infant, and Young Child Nutrition, 15.5 Economics and Health for all

*Consolidated report by the Director-General ([A77/4](#))
Strengthening health and well-being through sport events ([Report: EB154/13](#))
Economics of health for All ([A77/A/CONF./2](#))*

On 30 May 2024 under Item 15.1, discussed in Committee B, Member States agreed on the resolution led by Qatar on enhancing health and the well-being through sports events, highlighting national initiatives and policies to reduce sedentary lifestyles and increase physical activity. This is a key issue to promote children's and adolescents' well-being worldwide. Other key points under this item included a support for WHO's work, through the [Commission on Social Connection](#), to enhance support in improving the well-being, and highlighting the need to address market responsibility and commercial determinants of health in the digital space in order to mitigate the exploitation of the time and data of youth and children on social media. Furthermore, Member States expressed their commitment to national health and the well-being interventions within the context of the [Health in all Policies](#) approach.

Under Item 15.2, Member States discussed maternal, infant and young child nutrition. Strong support was articulated by the majority of speakers to regulate the digital marketing of breastmilk substitutes, noting the impact digital marketing plays on eroding the gains in exclusive breastfeeding. Support was also expressed for the WHO Director General's call to integrate nutrition into universal healthcare, and it is suggested that the secretariat should hold further consultations for extending global nutrition targets and the comprehensive implementation plan beyond 2025. The Nutrition for Growth Summit in Paris, planned for 2025, was recognized as a crucial step in committing to the fight against malnutrition.

Under Item 15.5, Member States approved a new resolution on Economics of Health for All, which invites Member States to align actions across economic, social and environmental determinants, focusing on promoting health. Recognizing the [Final report of the WHO Council on the Economics of Health for All](#), the resolution states that investments in the determinants of health and well-being can contribute to curbing the rise in health and social welfare costs, and are therefore an investment in future generations. The call to reframe health financing as a long-term investment, rather than expenditure, was well supported, highlighting the importance of the [Lusaka Agenda](#) as a vehicle to enable these efforts. Finally, the resolution recognizes the importance of promoting gender equality and equal access to healthcare, the critical role women play as they constitute the majority of the health workforce globally, as well as unpaid care and domestic work, contributing to our economies and well-being of all.

Agenda Item 13.4 Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response

Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (A77/10) Amendments to International Health Regulations (2005) agreed at Seventy-seventh World Health Assembly (A77/A/CONF.14) Intergovernmental Negotiating Body (A77/A/CONF.15)

On the 28 May 2024, Member States in Committee A continued the longstanding negotiations on the pandemic agreement. After failing to reach consensus on the pandemic

agreement, Member States agreed on Saturday 1 June 2024 a package of amendments to the International Health Regulations (2005) (IHR), and to commit to completing negotiations on a global pandemic agreement within a year, at the latest.

During their floor interventions, Member States acknowledged the challenges that the COVID-19 presented to the world and the progress made through the negotiations on a Pandemic Agreement, that includes equity, inclusivity, and solidarity as a central pillar, given the substantial burden placed on already vulnerable populations during the pandemic and the need to protect them from future pandemics. Member states noted the need for an agreement that includes a One Health approach, data sharing, strengthening of in-country production capacities and timely access to medical countermeasures. Finally, the committee noted the need for adequate and sustainable financing for preparedness and response to future pandemics.

These critical decisions continue demonstrating the willingness of Member States to put in place measures to protect the health and safety of all during public health emergencies and pandemics. This is relevant for WCAH given the unique impacts that public health emergencies and pandemics have on women, children and adolescents.

3. Highlights from the PMNCH Lives in the Balance Series flagship events organized on the occasion of the 77th World Health Assembly

Galvanizing Political Leadership for Maternal, Newborn and Child Health

On 26 May 2024, PMNCH organized the *Galvanizing Political Leadership for Maternal, Newborn and Child Health* event as a critical opportunity to leverage support for the WHA77 resolution *Accelerate progress towards reducing maternal, newborn and child*, and discuss the action needed to ensure its implementation. The event was co-hosted by the Government of South Africa, UNICEF and UNFPA. Ministers shared success stories in reducing maternal, newborn and child mortality in their countries, including through important innovations, such as implementing national emergency measures. Speakers at the event pledged their support for the resolution, and called for unified, committed and collaborative action across high-level leadership to create lasting change for women, children and adolescents. In his [keynote remarks](#), H.E. Cyril Ramaphosa, President of South Africa and Chair of

the Global Leaders Network for Women's, Children's and Adolescents' Health, underlined the critical importance of elevating this issue to the Heads of State level, given the need for a multisectoral response to the challenges of morbidity and mortality of women, children and adolescents, and the role that the Global Leaders Network, supported by PMNCH, can play.

- [A more detailed summary of the event](#)
- [The recording of the event](#)

Invest in What Matters: Making the Case for Women's, Children's and Adolescent Health and Well-Being

On 29 May 2024, the PMNCH second Lives in the Balance event *Invest in What Matters: Making the Case for Women's, Children's and Adolescent Health and Well-Being* saw the launch of some new evidence on investing in women's, children's and adolescents' health, making the case for accelerated action. Co-hosted by the Government of India, Government of Norway, UNICEF and UNFPA, the event marked the release of the [Adolescents in a changing world – The case for urgent investment](#), a landmark report, commissioned by PMNCH, working with Victoria Institute of Strategic Economic Studies, Victoria University, Australia, WHO, UNICEF and UNFPA, which estimates that over the period 2024-50, the average cost of inaction (benefits foregone) has been estimated at US\$110 trillion (USD 4.1 trillion per year). The event also included preliminary findings from the Lancet Commission on Investing in Health 3.0 (CIH3), assessing global investments in health in the post-COVID era, to be launched at the World Health Summit in October 2024 in Berlin. This new evidence is crucial for ensuring that policies and programmes related to women's, children's, and adolescents' health receive sustainable financing necessary for effective implementation.

- [A more detailed summary of the event](#)
- [The recording of the event](#)



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Annex 1

Key documents and statements

Agenda Item 11.7 Acceleration towards the SDG targets for maternal health and child mortality

Background document: Consolidated report by the Director-General ([A77/4](#))

Resolutions: Accelerate progress towards reducing maternal, newborn and child mortality in order to achieve Sustainable Development Goal targets 3.1 and 3.2 ([A77/A/CONF.5](#)); Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Health Assembly ([A77/A/CONF.5 Add.1](#))

[Recording and Member State statements: Seventy-seventh World Health Assembly](#)

Statements by PMNCH members:

Constituency statements

[International Federation of Medical Students' Associations](#)

[Medical Women's International Association](#)

[The Save the Children Fund](#)

Individual statements

[International Baby Food Action Network](#)

[International Council of Nurses](#)

[International Lactation Consultant Association](#)

[International Planned Parenthood Federation](#)

[GAVI, the Vaccine Alliance](#)

[Medicines for Malaria Venture](#)

[UNFPA](#)

Agenda Items 11.1 Universal Health Coverage and 11.2 Prevention and control of non-communicable diseases

Background document: Consolidated Report by the Director-General ([A77/4](#))

Resolutions:

- Social participation for universal health coverage, health and well-being ([A77/A/CONF./5](#))
- Strengthening mental health and psychosocial support before, during and after armed conflicts, natural and human-caused disasters, and health and other emergencies ([A77/A/CONF./11](#))
- Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Health Assembly ([A77/A/CONF./11 Add. 1](#))

[Recording and Member State statements: Seventy-seventh World Health Assembly](#)

Statements by PMNCH members:

Constituency statements

11.1

[Global Health Council, Inc.](#)

[NCD Alliance](#)

11.2

[Medical Women's International Association](#)

[NCD Alliance](#)

Individual statements

[International Council of Nurses](#)
[International Federation of Medical Students' Associations](#)
[International Lactation Consultant Association](#)
[International Pharmaceutical Students' Federation](#)
[Medicus Mundi International – Network Health for All](#)
[Women in Global Health, Inc.](#)
[World Vision International](#)

Agenda Item 15.4 Climate change, pollution and health

Background document: Consolidated report by the Director-General ([A77/4](#))

Resolution: Climate change and Health ([A77/A/CONF.7](#))

[Recording and Member State statements: Seventy-seventh World Health Assembly](#)

Statements by PMNCH members:

Constituency statements

[Global Health Council, Inc.](#)
[The Save the Children Fund](#)

Individual statements

[International Baby Food Action Network](#)
[International Council of Nurses](#)
[International Federation of Medical Students' Associations](#)
[International Pharmaceutical Federation](#)
[International Pharmaceutical Students' Federation](#)
[Medicus Mundi International – Network Health for All](#)
[WaterAid International](#)

Agenda Item 11.4 Immunization Agenda 2030

Background document: Consolidated report by the Director-General ([A77/4](#))

[Recording and Member State statements: Seventy-seventh World Health Assembly](#)

PMNCH members did not make any statements.

Agenda Items 15.1 Social Determinants of Health, 15.2 Maternal, Infant, and Young Child Nutrition, 15.5 Economics and Health for all

Background document: Consolidated report by the Director-General ([A77/4](#))

Resolutions:

- Strengthening health and well-being through sport events ([Report: EB154/13](#))
- Economics of health for All ([A77/A/CONF./2](#))

[Recording and Member State statements: Seventy-seventh World Health Assembly](#)

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[International Pharmaceutical Students' Federation](#)
[Medicus Mundi International – Network Health for All](#)
[NCD Alliance](#)
[The Save the Children Fund](#)
[World Vision International](#)

Agenda Item 13.4 Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response

Background document: Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response ([A77/10](#))

Resolutions:

- Amendments to International Health Regulations (2005) agreed at Seventy-seventh World Health Assembly ([A77/A/CONF.14](#))
- Intergovernmental Negotiating Body ([A77/A/CONF.15](#))

[Recording and Member State statements: Seventy-seventh World Health Assembly](#)

Statements by PMNCH members:

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[International Council of Nurses](#)
[NCD Alliance](#)

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[International Lactation Consultant Association](#)
[International Pharmaceutical Students' Federation](#)
[Medicus Mundi International – Network Health for All](#)
[Women in Global Health, Inc.](#)

11.7 Acceleration towards the SDG targets for maternal and child mortality

Member states	Mat	NB	Stillbirths	Child	SRHR	GBV	Abortion	ABW	HW	UHC/PHC	HSS	Data	NCDs	GE & empowerment	Nutrition	Education	Climate	Co-sponsor
Philippines	X	X		X					X									
United States					X					X	X							X
Monaco	X	X		X					X	X					X	X		X
Senegal	X	X		X							X							
Brazil	X			X					X									X
Belarus	X	X		X	X			X	X		X			X	X	X		
China	X	X		X														
United Kingdom	X	X			X		X	X			X				X		X	X
India	X	X		X							X							
Iraq	X	X		X				X										
Vanuatu	X			X								X					X	
Indonesia	X	X		X							X							
Ethiopia	X	X		X							X							X
Sudan	X	X		X					X	X	X							
Thailand	X			X	X					X								
Paraguay	X	X		X														X
Malaysia	X	X		X					X					X				
Somalia	X	X		X						X	X							X

11.7 Acceleration towards the SDG targets for maternal and child mortality

<i>Member states</i>	<i>Mat</i>	<i>NB</i>	<i>Stillbirths</i>	<i>Child</i>	<i>SRHR</i>	<i>GBV</i>	<i>Abortion</i>	<i>ABW</i>	<i>HW</i>	<i>UHC/PHC</i>	<i>HSS</i>	<i>Data</i>	<i>NCDs</i>	<i>GE & empowerment</i>	<i>Nutrition</i>	<i>Education</i>	<i>Climate</i>	<i>Co-sponsor</i>
Republic of Korea	X	X		X							X		X				X	
Pakistan	X	X		X														
Uruguay	X	X		X					X									X
Australia	X			X	X				X			X		X		X		
Colombia	X			X						X		X			X			
Tanzania	X	X		X						X	X							X
Türkiye	X			X					X		X							
Slovakia	X	X		X														X (as EU)
Zimbabwe	X	X		X					X									
Canada																		X
Lebanon	X	X		X					X		X							X
Kiribati	X			X					X									
Jamaica	X	X							X		X	X				X		
Jordan	X			X	X							X						

11.7 Acceleration towards the SDG targets for maternal and child mortality

Member states	Mat	NB	Stillbirths	Child	SRHR	GBV	Abortion	ABW	HW	UHC/PHC	HSS	Data	NCDs	GE & empowerment	Nutrition	Education	Climate	Co-sponsor
France	X	X		X	X	X		X								X		X (as EU)
Costa Rica	X			X														
South Africa	X	X		X				X			X				X			X
Mexico	X			X					X									
Cote d'Ivoire	X	X		X	X			X		X	X			X	X			
Israel	X	X		X						X		X				X		
Democratic Republic of Korea	X	X		X					X	X								

Summary

Total number of Member State interventions tracked: 49

Country statements referring to maternal health issues (43*): AFRO 9 (Cote d'Ivoire, Ethiopia, Kenya, Senegal, Somalia, South Africa, Sudan, Tanzania, Zimbabwe); EURO 9 (Austria, Belarus, France, Israel, Monaco, Russian Federation, Slovakia, Turkey, United Kingdom); PAHO 9 (Bahamas, Belize, Brazil, Colombia, Costa Rica, Jamaica, Mexico, Paraguay, Uruguay); EMRO 5 (Bahrain, Iraq, Lebanon, Jordan, Pakistan); WPRO 7 (Australia, China, Kiribati, Malaysia, Philippines, Republic of Korea, Vanuatu); SEARO 4 (Democratic People's Republic of Korea, India, Indonesia, Thailand)

Country statements referring to child health issues (41*): AFRO 9 (Cote d'Ivoire, Ethiopia, Kenya, Senegal, Somalia, South Africa, Sudan, Tanzania, Zimbabwe); EURO 8 (Austria, Belarus, France, Israel, Monaco, Russian Federation, Slovakia, Turkey); PAHO 8 (Bahamas, Belize, Brazil, Colombia, Costa Rica, Mexico, Paraguay, Uruguay); EMRO 5 (Bahrain, Iraq, Lebanon, Jordan, Pakistan); WPRO 7 (Australia, China, Kiribati, Malaysia, Philippines, Republic of Korea, Vanuatu); SEARO 4 (Democratic People's Republic of Korea, India, Indonesia, Thailand)

Country statements referring to newborn health issues (32): AFRO 9 (Cote d'Ivoire, Ethiopia, Kenya, Senegal, Somalia, South Africa, Sudan, Tanzania, Zimbabwe); EURO 7 (Austria, Belarus, France, Israel, Monaco, Slovakia, United Kingdom); PAHO 5 (Bahamas, Belize, Jamaica, Paraguay, Uruguay); EMRO 4 (Bahrain, Iraq, Lebanon, Pakistan); WPRO 4 (China, Malaysia, Philippines, Republic of Korea); SEARO 3 (Democratic People's Republic of Korea, India, Indonesia)

Country statements referring to SRHR issues, including GBV and abortion (13): EURO 5 (Austria, Belarus, Denmark, France, United Kingdom); AFRO 2 (Cote d'Ivoire, Tanzania); EMRO 2 (Bahrain, Jordan); PAHO 2 (Belize, United States); SEARO 1 (Thailand); WPRO 1 (Australia)

Country statements referring to ABW issues (8): EURO 3 (Belarus, France, United Kingdom); AFRO 3 (Cote d'Ivoire, Tanzania, South Africa); EMRO 1 (Iraq); PAHO 1 (Belize); SEARO 0; WPRO 0

*Numbers do not include country statements made on behalf of specific regions

11.1 Universal Health Coverage and 11.2 Prevention and control of non-communicable diseases

<i>Member states</i>	<i>Mat</i>	<i>NB</i>	<i>Stillbirths</i>	<i>Child</i>	<i>SRHR</i>	<i>GBV</i>	<i>Abortion</i>	<i>ABW</i>	<i>HW</i>	<i>UHC/PHC</i>	<i>HSS</i>	<i>Data</i>	<i>NCDs</i>	<i>GE & empowerment</i>	<i>Nutrition</i>	<i>Education</i>	<i>Climate</i>
Germany					X					X	X			X		X	X
Dominican Republic on behalf of several LAC member states								X		X							X
Cambodia									X	X	X		X				
United Kingdom										X	X						X
Romania									X	X	X		X				
Barbados	X	X			X				X	X	X		X				
Belarus										X	X						
Denmark					X			X					X				
Iran													X		X		
India										X			X				
Mexico										X							
Austria									X	X							
Lebanon										X			X				
Slovenia									X	X							
Oman									X	X	X						
Philippines									X	X	X	X	X				

11.1 Universal Health Coverage and 11.2 Prevention and control of non-communicable diseases

<i>Member states</i>	<i>Mat</i>	<i>NB</i>	<i>Stillbirths</i>	<i>Child</i>	<i>SRHR</i>	<i>GBV</i>	<i>Abortion</i>	<i>ABW</i>	<i>HW</i>	<i>UHC/PHC</i>	<i>HSS</i>	<i>Data</i>	<i>NCDs</i>	<i>GE & empowerment</i>	<i>Nutrition</i>	<i>Education</i>	<i>Climate</i>
Togo	X	X								X			X				
United States									X	X	X	X	X	X			
Trinidad and Tobago									X	X			X				
Ti-mor-Le-ste	X	X		X						X			X				
Kuwait									X	X	X		X				
Japan										X							
Saudi Arabia										X	X	X	X		X		
Belgium													X				
Kenya	X	X		X	X					X							
Uruguay										X			X				
Russian Federation	X			X					X	X							
St Lucia	X	X		X						X			X				
Spain													X				
Namibia										X	X	X	X				
China										X	X		X				
New Zealand					X					X	X		X				
Pakistan										X	X						
Botswana										X	X						
Libya										X	X	X	X				
Angola				X					X	X	X		X		X		
Cuba										X	X	X					

11.1 Universal Health Coverage and 11.2 Prevention and control of non-communicable diseases

<i>Member states</i>	<i>Mat</i>	<i>NB</i>	<i>Stillbirths</i>	<i>Child</i>	<i>SRHR</i>	<i>GBV</i>	<i>Abortion</i>	<i>ABW</i>	<i>HW</i>	<i>UHC/PHC</i>	<i>HSS</i>	<i>Data</i>	<i>NCDs</i>	<i>GE & empowerment</i>	<i>Nutrition</i>	<i>Education</i>	<i>Climate</i>
Peru											X	X	X				
Bahrain											X	X		X			
Germany										X	X	X					
Chile										X			X	X			
Paraguay										X	X		X				
Jamaica										X	X		X			X	
Grenada										X			X				
Ukraine																	
Netherlands									X								
Democratic Republic of the Congo	X	X								X			X				
Senegal				X				X					X				
Chad										X							
Laos										X							
Ghana													X				
Slovakia	X									X			X		X		
Malaysia									X	X			X		X		
Tanzania					X				X	X							
Bulgaria										X							
Honduras										X							
Belize										X			X				
Argentina										X	X	X			X		
Mali										X	X						

11.1 Universal Health Coverage and 11.2 Prevention and control of non-communicable diseases

<i>Member states</i>	<i>Mat</i>	<i>NB</i>	<i>Stillbirths</i>	<i>Child</i>	<i>SRHR</i>	<i>GBV</i>	<i>Abortion</i>	<i>ABW</i>	<i>HW</i>	<i>UHC/PHC</i>	<i>HSS</i>	<i>Data</i>	<i>NCDs</i>	<i>GE & empowerment</i>	<i>Nutrition</i>	<i>Education</i>	<i>Climate</i>
Viet Nam										X			X				
Nepal		X							X	X	X		X				
United Arab Emirates										X	X		X				
Dominican Republic										X	X		X				X
Indonesia									X	X	X	X	X				
Türkiye										X			X				
Kiribati													X				
Vanuatu										X			X				
Yemen										X							
Brazil									X	X							
Somalia										X							
Republic of Korea									X	X							
Armenia																	
Ireland					X					X							
Albania										X	X						X
Fiji													X		X	X	
Costa Rica				X						X	X		X				
Malawi										X	X						
Burkina Faso					X						X		X				
Guinea	X	X								X	X	X					
Israel										X							
Bolivia									X	X			X				
The Gambia					X				X		X		X				
Colombia										X					X	X	

Summary

Total number of Member State interventions tracked: 92

Country statements referring to SRHR issues (11): EURO 4 (Canada, Denmark, Germany, Ireland); AFRO 4 (Burkina Faso, Gambia, Kenya, Tanzania); WPRO 2 (Kiribati, New Zealand); PAHO 1 (Barbados); EMRO 0; SEARO 0

Country statements referring to maternal health issues (10): PAHO 4 (Bahamas; Barbados; Guinea; St Lucia); AFRO 3 (Democratic Republic of Congo; Kenya; Togo); EURO 2 (Slovakia; Russia); SEARO 1 (Timor-Leste); EMRO 0; WPRO 0

Country statements referring to child health issues (9): PAHO 3 (Bahamas; Costa Rica; St Lucia); AFRO 3 (Angola, Kenya, Senegal); EURO 2 (Monaco, Russia); SEARO 1 (Timor-Leste); EMRO 0; WPRO 0

Country statements referring to newborn health issues (8): PAHO 3 (Barbados; Guinea; St Lucia); AFRO 3 (Democratic Republic of Congo; Kenya, Togo); SEARO 2 (Nepal, Timor-Leste); ; EURO 0; EMRO 0; WPRO 0

Country statements referring to AWB issues (5): EURO 2 (Denmark, Monaco); PAHO 2 (Bahamas, Dominican Republic); AFRO 1 (Senegal); EMRO 0; WPRO 0; SEARO 0

WCAH issues

- Sexual and Reproductive Health and Rights (SRHR): 11 references
- Maternal health (Mat): 10 references
- Child health (Child): 9 references
- Newborn health (NB): 8 references
- Adolescent well-being (AWB): 5
- Gender-based violence (GBV): 0 references
- Abortion: 0 references
- Stillbirths: 0 references

WCAH determinants

- Universal Health Coverage (UHC)/Primary Health Care (PHC): 78 references
- Non-communicable diseases (NCDs): 54 references
- Health system strengthening (HSS): 43 references
- Health workers (HW): 26 references
- Data*: 13 references
- Climate change (climate): 10 references
- Nutrition: 9 references
- Gender equality and women empowerment (GE & empowerment): 5 references
- Education: 4 references

*Data in terms of requests for more data and research, including age and gender-disaggregated data

15.4 Climate change, pollution and health

<i>Member states</i>	<i>MNCH</i>	<i>SRHR</i>	<i>AWB</i>	<i>Future generations</i>	<i>GE & empowerment</i>	<i>Equity/vulnerable populations</i>	<i>Co-sponsor</i>
Peru							X
Fiji on behalf of Barbados, Kenya, Netherlands and United Kingdom						X	X
Mozambique on behalf of AFRO						X	
Maldives on behalf of SEARO						X	
Maldives						X	X
Belgium on behalf of EU, North Macedonia, Montenegro, Albania, Ukraine, Moldova, Bosnia Herzegovina, Georgia, Norway and Armenia					X	X	
Denmark on behalf of Nordic and Baltic countries		X	X		X	X	
United Arab Emirates on behalf of EMRO						X	
United Arab Emirates							X
Cook Islands						X	X
Bangladesh						X	X
China							
Sweden							X
Spain						X	X
Kiribati						X	X
Malaysia						X	X
Monaco							X
Bahamas						X	

15.4 Climate change, pollution and health

<i>Member states</i>	<i>MNCH</i>	<i>SRHR</i>	<i>AWB</i>	<i>Future generations</i>	<i>GE & empowerment</i>	<i>Equity/vulnerable populations</i>	<i>Co-sponsor</i>
Australia						X	X
Iraq							
Brazil						X	X
Ukraine						X	X
Panama						X	X
Vanuatu						X	
Germany			X			X	
Canada			X		X	X	
Uruguay						X	X
Micronesia						X	X
United Kingdom			X		X	X	X
United States						X	X
Tanzania				X		X	X
Samoa						X	X
Italy							
Japan							
Slovenia			X	X		X	X
Dominican Republic				X		X	X
Bahrain							
Netherlands			X		X	X	X
Norway							X
New Zealand	X					X	
France							
Mexico						X	X
India							
Bulgaria						X	
Jamaica						X	
Indonesia			X				
Pakistan			X			X	
Colombia						X	X
Ethiopia					X	X	X
Czechia							X

15.4 Climate change, pollution and health

Member states	MNCH	SRHR	AWB	Future generations	GE & empowerment	Equity/vulnerable populations	Co-sponsor
Namibia						X	
Thailand							
Russian Federation							
Iran							
Republic of Korea							
The Gambia						X	
Malta							X
Barbados						X	
Austria							X
Belgium							X
Russian Federation					Disassociated itself from gender inclusive language in the resolution		
Belgium		X			X	X	

Summary

Total number of Member State interventions tracked: 62

Country statements referring to AWB issues, including future generations (10): EURO 6 (Canada, Denmark, Germany, Netherlands, Slovenia, United Kingdom); AFRO 1 (Tanzania); EMRO 1 (Pakistan); PAHO 1 (Dominican Republic); SEARO 1 (Indonesia)

Country statements referring to SRHR issues (2): EURO 2 (Belgium, Denmark)

Country statements referring to maternal, newborn and child health issues (1): WPRO 1 (New Zealand)

WCAH issues

- Maternal, Newborn and Child Health (MNCH): 1 reference
- Sexual and Reproductive Health and Rights (SRHR): 2 references
- Adolescent well-being (AWB): 8 references
- Future generations: 3 references

WCAH determinants

- Gender equality and women empowerment (GE & empowerment): 7 references
- Equity and vulnerable populations: 40 references