

P M N C H



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# Key advocacy asks for WHA79 agenda items related to women's, children's, and adolescents' health

*Seventy-Ninth World Health Assembly · Geneva, Switzerland · 18–23 May 2026*

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A strategic resource for partners

# A pivotal juncture for global health equity

The Seventy-Ninth World Health Assembly (WHA79) convenes in Geneva, Switzerland, from May 18–23, 2026, at a pivotal juncture for global health equity. As progress toward the 2030 Sustainable Development Goals continues to stall or reverse in several regions, WHA79 represents a critical window for Member States to move beyond rhetoric toward high-impact, rights-based action.

By highlighting relevant agenda items, providing key data and equipping stakeholders with actionable, tailored key asks, this document serves as a strategic resource for partners to ensure that women’s, children’s and adolescents’ health remains at the centre of the global health agenda.

## REFERENCES

### **Draft WHA79 agenda**

[apps.who.int/gb/ebwha/pdf\\_files/WHA79/A79\\_1-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA79/A79_1-en.pdf)

### **Draft timing**

[apps.who.int/gb/ebwha/pdf\\_files/WHA79/WHA79\\_preliminary\\_daily\\_timetable-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA79/WHA79_preliminary_daily_timetable-en.pdf)



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COMMITTEE A

# Health policy, programmatic and technical matters

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## Item 12.1

## CROSS-CUTTING

## Follow-up to the political declaration on the prevention and control of non-communicable diseases

### EVIDENCE

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- NCDs are responsible for approximately 19 million deaths among women annually, accounting for nearly 75% of all female deaths worldwide. ([WHO](#))
- NCDs affect over 2.1 billion children globally, accounting for 15.9% of deaths in children under 20. ([Source](#))

### ADVOCACY ASKS

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- ▶ Embedding NCD prevention, detection, and management into SRMNCAH services is a cost-effective, sustainable, and equitable solution that optimises outcomes across the life course, and ensures women and adolescents receive comprehensive care.
- ▶ Ensure sexual, reproductive, maternal, newborn, child and adolescent health and NCD services are both included in national health benefit packages under universal health coverage (UHC) and primary healthcare, removing financial barriers and ensuring that care is comprehensive, continuous and equitable.

## Item 12.2

AWB

# Mental health

## EVIDENCE

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- Globally, approximately 1 in 7 of 10–19-year-olds currently live with a [mental health condition](#); [suicide](#) is the 3rd leading cause of death among 15–29-year-olds globally.
- Mental health disorders impact women uniquely across the life course, including during pregnancy and post-partum.

## ADVOCACY ASKS

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- ▶ Integrated screening and tracking of mental health disorders within maternal and newborn services can help enable early identification of risks and ensure the delivery of comprehensive care.
- ▶ Mental health promotion and prevention interventions targeting adolescents, including self-care and integrated, multi-level approaches are critical to ensure timely and appropriate responses to the health needs of adolescents.

## Communicable diseases – Immunization Agenda 2030

### EVIDENCE

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- 14.3 million children globally remain "zero-dose" infants, meaning they have not received a single dose of any routine vaccine. ([WHO](#))
- Global HPV vaccination coverage remains significantly below the target of 90%. Strategies to effectively enhance HPV vaccination coverage must be identified, developed, and implemented to address this gap. ([Source](#))

### ADVOCACY ASKS

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- ▶ Maternal and newborn immunization is a cornerstone of protecting mothers and babies from life-threatening infections. Maternal vaccines such as those against RSV and Group B Streptococcus (GBS), together with timely newborn vaccines such as the hepatitis B birth dose, can significantly reduce mortality and morbidity across the life course while strengthening prevention within primary health care systems.
- ▶ Being vaccinated is the best way to prevent HPV infection, cervical cancer and other HPV-related cancers. Screening can detect cervical precancers that can be treated before they develop into cancer. HPV vaccines should be given to all girls aged 9–14 years, before they become sexually active. ([WHO](#))

## Item 12.5

## CROSS-CUTTING

## Primary healthcare

### EVIDENCE

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- The recent decline in funding for family planning globally is deeply concerning. In 2025, overall official development assistance fell by 23.1% to USD 174.3 billion — the sharpest drop ever recorded by the OECD DAC and a rollback to pre-SDG levels. ([OECD](#))
- Over 1.6 billion people worldwide were at risk of being pushed into poverty or further impoverished due to out-of-pocket health spending of 10% or more of their household budget in 2022. ([WHO](#))

### ADVOCACY ASKS

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- ▶ Strengthening PHC is the most effective strategy for advancing the health of women, children and adolescents, providing an integrated foundation for life-saving services from prenatal care to childhood immunizations.
- ▶ The drivers of MNCAH extend far beyond the clinical setting, necessitating intersectoral financing. Stakeholders must coordinate investments and leverage pooled funding to break the cycle of fragmented, siloed delivery — addressing climate resilience, nutrition, and education that ultimately dictate long-term health outcomes and systemic resilience.

## Item 12.6

## CROSS-CUTTING

## Health in the 2030 Agenda for Sustainable Development

### EVIDENCE

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- 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](#))
- 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](#))
- Based on current trends about 60 countries are at risk of missing the SDG U5MR target by 2030. Even more countries – 66 – are at risk of missing the SDG NMR target. ([UNIGME, 2025](#); EWENE, 2026 — upcoming)

### ADVOCACY ASKS

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- ▶ Reducing maternal and neonatal mortality is achievable by enhancing evidence-based solutions, including interventions across SRMNCAH. Health systems must integrate a supported workforce of midwives and community health workers while providing comprehensive sexual and reproductive health services, including family planning and adolescent care.
- ▶ Concerted efforts must be made to accelerate action on SDG targets 3.1.1 and 3.2.1, aligned with the WHA77 resolution on MNCH — a comprehensive, life-course approach including family planning, urgent obstetric care and small and sick newborn units.

## Item 13.3

## CROSS-CUTTING

# Open-ended Intergovernmental Working Group on the WHO Pandemic Agreement

## EVIDENCE

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- Pandemics disrupt the provision of life-saving MNCAH services, contributing to the erosion of SRHR of women and adolescents, and further exposing and exacerbating systematic and structural racial, ethnic and gender inequities everywhere.

## ADVOCACY ASKS

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- ▶ Global PPPR must prioritize vulnerable populations and the continuity of essential SRMNCAH services to shield women, children, and adolescents from future health emergencies.
- ▶ Embed gender-responsive and age-sensitive provisions into the Pandemic Treaty and the PABS System. The PABS annex must mandate equitable access to countermeasures tailored for women and youth — moving beyond "one-size-fits-all" responses.
- ▶ As women constitute nearly 70% of the global health workforce, the Pandemic Treaty must formally recognize them as the backbone of PPPR by mandating enforceable protections for their safety, fair compensation, and mental health — protecting them from systemic neglect, physical risk, and economic instability during health emergencies.

## WHO's work in health emergencies

### EVIDENCE

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- Cuts to 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](#))
- In 2023, almost two-thirds (64%) of global [maternal deaths](#) occurred in 37 countries identified as being in conflict or fragile. In those settings, children are more than three times more likely to die before the age of 5. ([UNIGME, 2024](#))
- The climate crisis severely threatens maternal, newborn, and child health and survival, increasing pregnancy complications, preterm birth, stillbirth, and SRHR disruption. ([WHO](#))

### ADVOCACY ASKS

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- ▶ WCAH services must be integrated into emergency preparedness and response plans to maintain continuity of care during and in the wake of disasters or conflicts — delivered with a skilled, supported and protected health workforce, including community health workers and midwives, who can avert [two thirds](#) of maternal deaths, stillbirths, and neonatal deaths when fully integrated into health systems.
- ▶ Conflict and climate crisis exacerbate vulnerabilities for women, newborns, and children. Evidence-based solutions that bolster crisis-specific interventions, enhance on-the-ground collaboration, empower the health workforce and align with local needs are crucial to delivering life-saving SRMNCAH services to those most in need.

## Item 15.4

## MNCH

## Maternal, infant and young child nutrition

### EVIDENCE

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- An additional 2.3 million children with wasting will be left without treatment in 2025 due to the ODA cuts, risking 369,000 preventable deaths. ([GNC and WAC](#))
- About 44% of infants 0–6 months old are exclusively breastfed. ([WHO](#))

### ADVOCACY ASKS

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- ▶ Children and mothers are among the most vulnerable to interconnected threats such as climate-driven malnutrition, infectious diseases, unsafe water, and environmental hazards. We must ensure the global health and development community accelerates the integration of wasting and stunting prevention and treatment services into primary healthcare systems.
- ▶ To enhance nutrition we must focus on strengthening coordination of wasting programming across UN agencies and other implementing partners at the global level, and invest in nationally-led, adequate coordination mechanisms at the country level to ensure no child falls through the gaps.



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COMMITTEE B

# Programme, budget, governance and reform

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## Item 20.1

## CROSS-CUTTING

## Reform of the global health architecture and the UN80 Initiative

### EVIDENCE

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- Historically, global health governance only protects what it explicitly names. An architecture that fails to safeguard women, children, and adolescents cannot credibly claim to be equitable or resilient — their well-being is the ultimate diagnostic of whether systemic reform is meaningful.
- The global health landscape is undergoing profound change. Yet within these transitions, a critical risk is emerging: SRHR and the broader health of women, children, and adolescents are not being explicitly protected in financing and reform agendas.
- The current UN80 Initiative threatens 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.

### ADVOCACY ASKS

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- ▶ Current proposals related to the UN80 Initiative risk disruptions to life-saving SRH services, GBV prevention and response, women, peace and security programming, funding to civil society and women's rights movements, humanitarian coordination, normative support to Member States and population data systems.
- ▶ To be effective, future frameworks must formally name the health and rights of WCA, 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 guarantee leadership for the Global South and women-led organizations, while preserving normative, operational, and intersectoral expertise that sustains progress. This must include robust accountability mechanisms and disaggregated data to accurately track progress.

## Item 22.D

## SRHR

## Global health sector strategies on HIV, viral hepatitis and STIs (resolution WHA75.20 (2022))

### EVIDENCE

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- Women represent 53% of adults living with HIV. ([WHO](#))
- 1.4 million children 0–14 years are living with HIV. ([WHO](#))
- Cervical cancer was the fourth leading cause of cancer and cancer deaths in women in 2022, with some 660,000 new cases and around 350,000 deaths worldwide. Cervical cancers account for over 90% of HPV-related cancers in women. ([WHO](#))

### ADVOCACY ASKS

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- ▶ Sexual and reproductive health services, including family planning, are a fundamental right and a necessary inclusion in comprehensive healthcare for women. Integrating these services into national health systems is essential for the early detection and prevention of the primary threats facing women and children today.
- ▶ Given the unique vulnerabilities and significant health risks faced by adolescents, the provision of comprehensive, high-quality sexual and reproductive health services is a critical imperative to safeguard their long-term health and developmental potential.

Item 22.G

SRHR

## Reproductive health: strategy to accelerate progress towards international development goals [resolution WHA57.12 (2004)]

### EVIDENCE

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- As of 2024, 77.1% of women globally have their need for family planning satisfied with modern methods. (SDG 3.7.1). ([WHO](#))
- Teenage pregnancy is the second biggest cause of death for adolescent girls aged 15–19 years, linked to adverse maternal and newborn health outcomes including higher incidence of stillbirths and preterm and low-birth-weight babies. Ensuring adolescents have access to high-quality SRH services is crucial to their health and future development. ([UNIGME 2025](#))

### ADVOCACY ASKS

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- ▶ To combat rising anti-rights movements and save the lives of millions of women and children, a shift to more progressive policies on women's health is needed — broadening the focus to a comprehensive, rights-based framework that integrates SRHR as a fundamental component of women's health.
- ▶ Investing in adolescent health and well-being, including SRHR, is the ultimate 'triple dividend': improving the lives of young people now, ensuring their future productivity, and guaranteeing the health of the next generation.

Item 22.N

MNCH

# 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)]

## EVIDENCE

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- It is estimated that about 94% of severe congenital disorders occur in low- and middle-income countries. ([WHO](#))
- While Severe Acute Malnutrition (SAM) is the direct cause of approximately 100,000 deaths annually (5% of all under-five mortality), the burden is disproportionately concentrated in sub-Saharan Africa, where 58% of all under-five deaths occur and micronutrient gaps are at their most severe. ([WHO](#))

## ADVOCACY ASKS

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- ▶ Birth defect prevention, screening, and care must be explicitly integrated into broader SRMNCAH programs, particularly in LMICs where the burden is most severe. If addressed in isolation, these services are easily sidelined; when integrated, they become part of a continuum of care.
- ▶ Multisectoral collaboration across governments, the health sector, and civil society must unify to address the impact of micronutrient deficiencies and birth defects on child survival.
- ▶ By strengthening surveillance, establishing screening systems, facilitating information sharing and campaigns to promote healthy diets, and effective food fortification and/or supplementation policies, it is possible to accelerate efforts to prevent micronutrient deficiencies as a risk factor for many diseases.

## Item 22.R

## CROSS-CUTTING

# Strategy for Integrating Gender Analysis and Actions into the Work of WHO [resolution WHA60.25 (2007)]

## EVIDENCE

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- Gender inequality and discrimination faced by women and girls puts their health and well-being at risk. Women and girls often face greater barriers than men and boys to accessing health information and services. ([WHO](#))

## ADVOCACY ASKS

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- ▶ To safeguard the health of women and girls, the global health community must bridge the ‘gender health gap’ that currently hinders medical research and policy efficacy.
- ▶ Institutionalize the collection and analysis of gender-disaggregated data as a standard practice. Only by making these inequities visible can we design evidence-based interventions that ensure no one is left behind in clinical practice or public policy.

# Join us

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| A PMNCH High-level Dialogue series

# LIVES IN THE BALANCE



*Financing, Rights and Action for Women, Children and Adolescents*

Lives in the Balance 2026, convened by PMNCH during the World Health Assembly 79, brings together leaders across governments, multilateral agencies, civil society, youth movements and the private sector to address one central question: how do we protect what matters most in a changing world?

**May 17**

18:00 – 19:30 CET

**Health Sovereignty, Financing Reform and Protecting What Matters Most: Women's, Children's and Adolescents' Health**

In-person and online, Musée international de la Croix-Rouge et du Croissant-Rouge (International Red Cross and Red Crescent Museum)

Co-hosts: Government of South Africa, Government of Somalia, Africa CDC, PMNCH, GLN, EWENE, CSA, PATH, Gavi, UNFPA, UNICEF, Save the Children, CSA, ICM, World Vision International, Seed Global Health, MSI



**Register here**

**May 19**

11:30 – 14:00 CET

**Accelerating Action for Adolescent Health and Well-Being in a Changing World**

In-person and online, Musée international de la Croix-Rouge et du Croissant-Rouge (International Red Cross and Red Crescent Museum)

Government of Sweden; PMNCH, WHO-HRP, Fondation Botnar, World Vision International, UNICEF, SheDecides, MSI



**Register here**

# Thank you!

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