

Women's, children's and adolescents' health in countries' 2024 Voluntary National Reviews

An analysis of country reporting on the Sustainable Development Goals for women's, children's and adolescents' health

Overview

Purpose

The world is far off-track to achieve the Sustainable Development Goals (SDGs) for women's, children's and adolescents' health (WCAH) and rights overall, with great disparities existing between and within countries. Women, children and adolescents living in conflict and crises settings bear the brunt of the devastation, facing high rates of mortality and morbidity. Global progress to reduce related maternal, newborn and child mortality has been largely flat since 2015, bringing the massive gains of the Millennium Development Goal (MDG) era to a shameful halt.¹ One pregnant woman or newborn dies every 7 seconds.² Globally, 13% of adolescent girls give birth before age 18.³ In addition, of the 4.9 million under-5 deaths in 2022, 2.3 million occurred during the first month of life, most of these from preventable causes.⁴ Currently, 64 countries are off course in meeting the 2030 SDG target for newborn mortality, and 59 countries similarly in meeting the under-5 child mortality target.⁴ Globally, actions are needed to accelerate progress nine-fold to reduce maternal mortality, three-fold for stillbirths, four-fold for newborn mortality and four-fold for children aged 1-59 months.⁵ Immediate and bold action through a whole-of-government and multistakeholder approach is needed to reverse this trend.

As stated by H.E. Cyril Ramaphosa, President of the Republic of South Africa and Chair of the Global Leaders Network for Women's, Children's and Adolescents' Health, "if we secure the health of every woman, child and adolescent, we will fundamentally improve the health and well-being of all humanity...As Heads of State, we can provide leadership and inspire ambitious action. We have the convening power to mobilize our peers and advance policies, programs and financing initiatives for improved outcomes."⁶

¹ Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2023. Available from:

<https://iris.who.int/bitstream/handle/10665/366225/9789240068759-eng.pdf?sequence=1>

² Improving maternal and newborn health and survival and reducing stillbirth – Progress report 2023. Geneva: World Health Organization; 2023. Available from:

<https://iris.who.int/bitstream/handle/10665/367617/9789240073678-eng.pdf?sequence=1>

³ Early Childbearing. UNICEF; 2024. Available from: <https://data.unicef.org/topic/child-health/adolescent-health/>

⁴ Levels & Trends in Child Mortality: Report 2023: estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation. New York: United Nations Children's Fund; 2024. Available from: <https://data.unicef.org/resources/levels-and-trends-in-child-mortality-2024/>

⁵ Six years to the SDG deadline: Six actions to reduce unacceptably high maternal, newborn and child deaths and stillbirths. ENAP, EPMM and CSA. PMNCH, 2024. Available from:

<https://pmnch.who.int/resources/publications/m/item/six-years-to-the-sdg-deadline-six-actions-to-reduce-unacceptably-high-maternal-newborn-and-child-deaths-and-stillbirths>

⁶ Global Leaders Network for Women's, Children's and Adolescents' Health. PMNCH, 2024. Available from:

<https://pmnch.who.int/our-work/functions/partner-engagement/global-leaders-network>

The 2030 Agenda for Sustainable Development encourages Member States to conduct [Voluntary National Reviews](#) (VNRs)⁷ as part of follow-up mechanisms and progress updates for sustainable development. This review provides an analysis of women's, children's, and adolescents' health (WCAH) in 7 PMNCH priority countries presenting their Voluntary National Review (VNR) during the High-Level Political Forum in 2024 (HLPF). VNRs are the only formal reporting mechanism on the SDG targets and therefore provide an insightful opportunity to reflect on how countries are progressing on WCAH targets and featuring WCAH in their policy and financing priorities. With only five years left to the Agenda 2030, it is imperative that countries accelerate progress and prioritize women, children and adolescents in their policies and financing.

Methodology

The following 36 countries presented their VNRs during the [HLPF in 2024](#)⁸: Armenia, Austria, Azerbaijan, Belize, Brazil, Chad, Colombia, Congo (Republic of the), Costa Rica, Ecuador, Equatorial Guinea, Eritrea, Georgia, Guinea, Honduras, Kenya, Lao People's Democratic Republic, Libya, Mauritania, Mauritius, Mexico, Namibia, Nepal, Oman, Palau, Peru, Samoa, Sierra Leone, Solomon Islands, South Sudan, Spain, Syrian Arab Republic, Uganda, Vanuatu, Yemen, Zimbabwe.

This report provides an analysis of the 2024 VNRs of [PMNCH](#) priority countries, which include Congo (Republic of the), Ecuador, Honduras, Kenya, Mexico, Namibia, and Sierra Leone. PMNCH priority countries are identified as those low- and middle-income countries with high rates of maternal, newborn, child and adolescent mortality and morbidity, where PMNCH has a critical mass of PMNCH partners to focus its in-country advocacy and accountability efforts. These countries have been the target of PMNCH's flagship initiatives, including the mobilization of [Adolescent Well-Being \(AWB\) commitments](#), the [Collaborative Advocacy Action Plan \(CAAP\)](#), and [Global Leaders Network \(GLN\) for Women's, Children's and Adolescents' Health](#).

The review focuses on three WCAH thematic areas: (1) maternal, newborn and child health (MNCH), including stillbirths, (2) sexual reproductive health and rights (SRHR), (3) adolescent well-being (AWB). The PMNCH thematic framework presented in Annex 1, which includes domains and sub-domains for MNCH, SRHR and AWB, was used to analyze the content of the 7 VNRs.

Analysis

Summary of findings

Overall, the analysis of the 7 VNRs showed that WCAH is not a significant priority for most countries. Although 4 out of the 7 countries highlighted areas directly related to WCAH in their VNRs main messages document, which provide a summary of the key country priorities, only 2 countries, Ecuador and Sierra Leone, referenced issues on WCAH across the life course. Ecuador mentioned the rights of children, adolescents, young people and women, including access to health and education, and Sierra Leone highlighted prioritizing gender parity in school enrollment, maternal and infant mortality, and youth employment. Instead, the other 2 countries, Mexico and Namibia, referenced specific WCAH issues: prioritizing youth education and HIV, respectively. The remaining 3 countries did not include reference to WCAH in their VNRs main message document. Therefore, the lack of strong and comprehensive reference to WCAH in most of the VNRs main messages documents shows that WCAH is not a top priority for many countries.

⁷ Voluntary National Reviews. United Nations High-Level Political Forum on Sustainable Development; 2024. Available from: <https://hlpf.un.org/vnrs>

⁸ High-Level Political Forum 2024. Available from: <https://hlpf.un.org/2024>

Despite the lack of strong prioritization of WCAH in countries' VNRs main message document, the analysis of the full VNR reports, which generally include countries' progress on all the SDG indicators, reveals that there has been progress on WCAH in the 7 PMNCH priority countries. Key improvements have been recorded in terms of decline of maternal, newborn and child mortality rates and malnutrition, overall better access to SRH services and stronger policies and frameworks to address women's and girls' health, especially regarding sexual- and gender-based violence, and progress on adolescents' well-being, specifically in addressing teenage pregnancy, reducing child labour, education, and increasing youth employment. The following measures were recorded in the VNR reports as effective in achieving the recorded progress: investments in skilled health workforce to ensure skilled birth delivery, programmes to ensure free access to health services for women, children and adolescents, implementation of policies, frameworks and social protection measures to address WCAH, and programmes to enhance education and skills for employment of adolescents and youth.

However, the VNR reports also show that significant challenges and gaps remain across countries to reach the SDGs for WCAH. A major challenge is the lack of data, especially recent and disaggregated data. This appears to be a critical gap when assessing progress in SRHR, with many countries not reporting on the contraceptive prevalence rate, the number of women making informed decisions about their reproductive health and on laws/regulations that guarantee access to SRHR services and education. Moreover, competing priorities, difficulty accessing rural communities, and especially the COVID-19 pandemic are recorded to have had a setback on improvements in maternal, newborn and child mortality. Similarly, cultural norms, discrimination and harmful practices are often highlighted as persistent challenges to improve women's and girls' health. High teenage pregnancy, child marriage, and sexual- and gender-based violence against women and girls remain key challenges to women's and girls' health, well-being, and empowerment. Finally, high unemployment rate was among the top issues highlighted for adolescents' well-being.

Below is an overview of the findings for each analysed country. Annex 2 also provides an overview of the data reported by each country against each relevant SDG target for WCAH.

Congo (Republic of the)

According to Congo's VNR report, maternal, newborn and child mortality rates have improved thanks to increase in number of skilled health workforce for birth delivery, national coverage and free access to health centres, and awareness campaigns. Increasing investments in hospitals, medical equipment, technical training and capacity building of health workforce and universal access to specific services, such as vaccination, are highlighted as key interventions to ensure progress. The report highlights that the majority of births are registered, although challenges remain in rural areas. Despite improvements, maternal, newborn and child mortality remains high and above the SDG targets. The report shows that chronic malnutrition still affects 20% of children between 6-59 months.

In terms of reporting on SRHR indicators, Congo's VNR report does not include information on access and choice of effective contraception methods, policies to prevent and address sexual and gender-based violence, and packages of SRHR services. However, contrasting HIV infections – which affected 3.8% of the population in 2021 – is highlighted, with the aim to address stock-outs of antiretroviral treatment through improvement of supply chains, sustainable financing and policies to ensure free access to treatment.

Overall, Congo's VNR report does not reference national comprehensive policies or financing for adolescent well-being. It stresses that progress has been made in secondary school enrolment rates and in the proportion of youth not in education, employment or training nationally. Several training programmes, such as project Mosala

or Youth Connekt Congo, are in place to build new school facilities and equipment, establish local development plans, and centres of social integration for young people. Sexual violence against girls remains a challenge, especially in big cities where rates have increased. 47% of girls aged 10-14 and 31% of girls aged 15-19 in 2021 experienced sexual violence. The VNR report does not include reference to data on adolescent birth rate, child marriage, school completion rates and child labour.

Ecuador

According to Ecuador's VNR report, maternal and neonatal mortality have decreased thanks to increase in births attended by skilled healthcare workers, health systems strengthening initiatives and improvements in newborn care. However, under-5 mortality has increased, and birth registrations have decreased. Chronic malnutrition amongst children under-5 remains high in the country with 17.5% of children affected, especially in rural areas where rates are higher. The report highlights that Ecuador has several intercultural, intersectoral and life course approach policies, such as the Intercultural Health Strengthening Project and Agreement between the Ministry of Health and the Pan American Health Organization, the Free from Child Malnutrition Ecuador, and social protection measures, such as the Bonus 1000 days cash transfer project, to improve MNCH. These aim to improve maternal, neonatal and child care through comprehensive approaches by increasing the health workforce skills, birth delivery, medical equipment, facilitate access for remote communities, address teenage pregnancy, family planning, immunization, malnutrition, and mental health.

The report highlights that Ecuador has adopted several legal and policy frameworks to address SRHR and tackle gender-based violence, such as the National Agenda for Women's and LGBTI's Equality 2021-2024. These are based on intersectoral approaches which address family planning, comprehensive sexuality education, gender equality, violence (including on LGBTI+), amongst other issues. However, the report highlights that femicide rates have increased between 2018 and 2023. Moreover, the report highlights that the percentage of people living with HIV and receiving treatment has diminished. However, the National Strategic Plan to Respond to HIV and Sexually Transmitted Infections 2023-2025 is in place. The VNR report does not include information on the use of contraceptives, disaggregated data on women experiencing sexual and intimate partner violence, harmful practices, and women making their own informed decisions on SRH.

When looking at adolescent well-being, Ecuador's VNR report highlights that adolescent birth rate has decreased and several policies to address teenage pregnancy are in place, such as the Intersectoral Policy of Prevention of Child and Teenage Pregnancy 2018-2025 and the Project of Prevention of Child and Teenage Pregnancy. These are based on intersectoral approaches ensuring adolescents have free access to SRH services and comprehensive sexuality education. The report also shows that completion of secondary school education is also rising, with the aim to close the gap by 2030. Progress has also been made in the engagement of young people by promoting youth rights, fostering capacity building and dialogue. However, violence against children and adolescents is highlighted as a persisting problem. Disaggregated data on girls experiencing sexual violence before 18 or being forced in marriage is not reported. Equally, youth unemployment remains challenging, with rates increasing between 2017 and 2030. The report also highlights the importance of promoting youth entrepreneurship and measures to address job insecurity and adolescent poverty, especially for the most vulnerable, such as those affected by displacement.

Honduras

As mentioned in Honduras' VNR report, maternal, newborn and child mortality have declined, thanks to initiatives such as Hospital Friend of Children, which have been pushing to ensure maternal and neonatal services are provided in all hospitals. However, the VNR also reports that birth delivery by skilled personnel has

decreased from 72% in 2015 to 57% in 2023. Malnutrition remains a challenge, exacerbated by extreme weather events and conflicts, with stunting affecting 18.7% of children under-5, especially amongst the poorest, less educated and certain marginalized ethnic groups. High rates of stunting, low birth weight and low rates of exclusive breastfeeding represent major issues. In fact, neonatal mortality is still above the SDG 3.2.2 target. The VNR report highlights the importance of ensuring access to MNCH services and tackling the issue through multisectoral approaches by addressing immunization coverage, sexuality education and prevention of teenage pregnancy, ensuring access reproductive health and nutrition, including promotion of breastfeeding.

According to the report, Honduras has put in place several policies and legal frameworks to ensure SRHR and address discrimination and violence against women and ensure SRHR. Amongst these are: the legalization of the emergency contraceptive pill, the Integral Law on Violence against Women, shelter houses and social protection measures for women and children, and the National Solidarity Credit Programme for Rural Women. The report highlights that progress has been made in the use among women of contraceptive measures which has increased and rates of HIV infection, which have decreased. However, it also mentions that 58% of women do not have access to SRH services, 51.7% of women have to travel 30 minutes to reach a reproductive health centre, and the unmet need for family planning among women aged 15-49 remains at 12%, leading to unwanted pregnancy. Violence against women, including domestic violence, is increasing and remains a major concern. Disaggregated data on the percentages of women victims of intimate partner and sexual violence, and women making their own family planning choices is not reported in the VNR. However, socio-economic and cultural factors, the lack of credibility in institutions and ineffective gun control measures, are highlighted as key factors for high violence levels against women.

Finally, the report highlights that Honduras has several policies focused on adolescents, such as access to emergency services for adolescents, reintegration of adolescent migrants, tackling climate change, youth employment, and youth inclusion and participation. However, the report also shows that teenage pregnancy remains high affecting 24% of girls aged 15-19 between 2015-2023. Rates are higher amongst girls in poverty, who lack education and who belong to specific ethnic groups. This is linked with high rates of marriage before 18. 9% of women aged 20-24 are reported to be married or in a union before age 15, and 34% before the age of 18. Sexual violence amongst young girls is also reported as high. In 2020, 81% of total cases of sexual violence registered were on adolescents less than 20 years old. Moreover, the report highlights that coverage of secondary school education remains low, as well as the proportion of youth not in education, employment or training, with youth unemployment increasing between 2015 and 2023. Nevertheless, progress is reported in the decrease of child labour, which fell from 16.5% in 2015 to 8.9% in 2023.

Kenya

Maternal, newborn and child mortality rates have declined in Kenya as evidence in Kenya's VNR report. Stunting among children under-5 has also decreased, but still affects 17.6% of children under-5. The report shows that the proportion of births attended by skilled personnel increased from 70.2% in 2016 to 89.2% in 2022, with progress made especially in rural areas. Healthcare initiatives, such as the Linda Mama programme providing affordable access to MNCH services, and social protection programmes, such as cash transfers for the most vulnerable children to encourage civil registrations, health and education uptake, are mentioned to address maternal and child mortality. However, access to MNCH care is highlighted as a persistent issue.

As evidenced by the VNR report, Kenya has made improvements in access to contraception for women - increasing from 49% in 2020 to 74.7% in 2022 – and women making their own decisions about their sexual relations, contraceptive use and reproductive health care – doubling from 32.4% in 2014 to 64.8% in 2022. Several policies and legal frameworks, such as the National Policy on Prevention and Response to Gender Based

Violence and the National Policy for the Eradication of Female Genital Mutilation are mentioned in the VNR report to address violence against women. Moreover, sexual, gender and/or intimate partner and non-partner violence and female genital mutilation are reported to have declined. However, socio-cultural barriers, myths and misconceptions regarding family planning and reproductive health, limited access to sexual and reproductive health services, including family planning, and comprehensive sexuality education are highlighted as challenges.

When focusing on adolescents, Kenya's VNR reports a decline in adolescent birth rate, sexual violence, and marriage before the age of 18, and forced labour. The proportion of youth not in education, employment or training has also decreased, but still affects 19.9% of youth in 2022. According to the report, Kenya aims to address youth unemployment through internships and skill development programmes, including for digital skills. Despite progress, rates of adolescent pregnancy, youth unemployment and noncompletion of secondary level education remain high, especially in rural areas. Moreover, existing social cultural norms, such as female genital mutilation, which affected 14.8% of girls in 2022, and forced and child marriage, with 12.5% of girls in 2022 marrying before 18 years old, are highlighted in the report as barriers for girls to engage in economic empowerment activities.

Mexico

According to Mexico's VNR, maternal, newborn and child mortality has decreased overall, despite some increase in neonatal mortality during 2021-2022. Birth registrations have also slightly increased. However, births attended by skilled personnel decreased from 93.9% in 2018 to 89.2% in 2022. Despite some improvements in stunting among children, rates remain high especially among girls and in rural areas. Overall, no specific policies, interventions or financing programmes are highlighted in the VNR to foster progress.

The report registers increase in the proportion of women who have their need for family planning satisfied with modern methods in Mexico. Despite this progress, the VNR document reports that few women make their own informed decisions about SRHR. Moreover, the report highlights that violence against women has increased, with the majority of aggressions taking place in the street/park, public transport and school/work. Information on data on legal frameworks that guarantee access to SRH services, information and education, and to end discrimination and violence against women, is not included in the VNR report.

As highlighted in its VNR Main Message document, youth education and employment is a key priority for Mexico. The federal project Youth Building the Future is highlighted for its aims to increase technical and vocational skills, youth employment, secondary school completion, and access to health. Engagement with adolescent and youth in the SDG process is also highlighted in the VNR report. Despite improvements reported in adolescent birth rates, child marriage and child labor, the numbers remain high, especially among indigenous groups. For instance, 17.2% of adolescents aged 15-17 are reported to be engaged in child labour in 2022. Stigmatization, exclusion, increase in violence, and the impacts of inequalities are highlighted in the report as challenges for adolescent well-being in Mexico.

Namibia

Namibia's VNR report shows a decline in maternal, newborn and child mortality primarily thanks to increased awareness, improved access to antenatal care, updated guidelines on pregnancy, capacity building of health workforce, and effective interventions against communicable and non-communicable diseases. Wasting among children and anemia among pregnant women is also reported as declining. The report also mentions strategies to reallocate resources towards children, especially those most vulnerable, and the importance of increasing birth registrations. However, remaining challenges in addressing maternal, newborn and child mortality are also

reported, specifically due to limited access to antenatal care, the impacts of the COVID-19 pandemic, and malnutrition. Moreover, the reported levels of stunting among children remain high – affecting 18% of children in 2020-2021 - especially in rural areas and in poorer families. Competing challenges, such as the need to address COVID-19 vaccinations, are underlined as reasons for slower progress. Moreover, no information is reported in the VNR on the proportion of births attended by skilled personnel.

As highlighted in its VNR Main Message document, Namibia is prioritizing tackling HIV. The VNR report highlights that Namibia is the first African country in terms of vertical reduction of mother-to-child HIV transmission. Significant declines in HIV infections and deaths have been registered – with new HIV infections declining by 48% since 2010, HIV-related deaths declining by 74% since 2004 and mother-to-child transmission declining from 12% in 2010 to 4.1% in 2022. With regards to violence against women, the VNR shows that Namibia has put in place different legal frameworks to end discrimination and violence against women, such as the Combating of Rape Amendment Act 2022, Combating Domestic Violence Amendment 2022 and the National Campaign on Gender-Based Violence, as well as programmes to promote awareness among community, religious and traditional leaders, offer shelter and services to survivors, and involve men to address toxic masculinity. Moreover, gender-responsive budgeting analysis is reported to be conducted by six ministries. However, the VNR does not include information on the contraceptive prevalence rate, on the number of women making informed decisions about their reproductive health and on laws/regulations that guarantee access to SRHR services and education.

Namibia's VNR report highlights the importance of investing in adolescent well-being, especially to reduce poverty and unemployment. Promotion of entrepreneurship, youth credit schemes, vocational trainings, and skill development are highlighted as key areas, including through partnerships with private sector and educational institutions. The report shows that secondary school enrollment rates have increased both for male and female, and child labour has dropped. Child marriage – affecting 18.4% of girls and 4.1% of boys - and increased violence against young girls are included in the VNR. Moreover, unemployment, poverty and inequality are highlighted as major drivers of violence and sexual abuse against girls. Teenage pregnancy is also reported in the VNR as the main cause of school dropouts. Finally, the recorded proportion of youth not in education, employment or training remains high.

Sierra Leone

As highlighted in Sierra Leone's VNR report, increased budgetary allocations to the health sector, the implementation of the Free Health Care Initiative (benefitting especially pregnant women, lactating mothers and children under-5), the prioritization of targeted maternal and child health programmes (such as comprehensive investments in early childhood development and child protection laws), immunization campaigns, community-based nutrition services targeting malnutrition of mothers and children, social protection schemes, upgrade of hospitals and health infrastructure, and investments in skilled health personnel, have resulted in significant reduction of maternal, newborn and child mortality rates. Rates of birth delivery in health facility attended by skilled personnel are reported in the document to have increased from 59.7% in 2013 to 87% in 2019 thanks to community enforcement of policies imposing delivery in certified health facilities. The report also highlights that malnutrition rates have improved, although 23% of children are still stunted. Birth registrations have also significantly increased thanks to the introduction of modernized civil registration. Despite progress achieved, Sierra Leone remains far from achieving the SDG goals for MNCH, as rates of mortality and malnutrition are still high.

With regards to SRHR, the VNR report does not have information on the contraceptive prevalence rate in Sierra Leone, on the number of women making informed decisions about their reproductive health and on

laws/regulations that guarantee access to SRHR services and educations. However, the report shows that rates of female genital mutilation remain unaltered since 2021, affecting the vast majority, over 70%, of girls under the age of 15. The VNR highlights the programme for adolescents in the Koinadugu district to increase access to adolescent-friendly SRH services, including family planning and STI treatment. Existing efforts and legal frameworks are in place to address gender-based violence – such as the Gender Equity and Women's Empowerment 2022 Act, National SGBV Response Strategy 2021-2023, the National Male Involvement Strategy in SGBV Prevention and the establishment of a special court for trying perpetrators of gender-based violence. The VNR highlights an increase in reported cases of gender-based violence thanks to more public awareness and laws protecting women and children. However, disaggregated data on violence against women is not reported in the VNR. Moreover, the VNR shows that the number of HIV infections and access to antiretroviral treatment have improved. Despite progress in HIV, vertical mother-to-child transmission is mentioned as a persistent issue, leading to significant child mortality.

Sierra Leone's VNR mentions that youth employment has improved. Addressing youth employment, especially among those most disadvantaged, through enhanced technical and vocational education, and youth employment schemes, is highlighted in the report as a key focus area for Sierra Leone. For instance, the Youth Employment Support Project and the Youth Employment Scheme, are mentioned to tackle this issue as well as youth migration and drug and substance abuse. Moreover, progress is reported on secondary school enrollment rates, including the achievement of gender parity, thanks to the Free Quality Education programme and school feeding programmes. Moreover, the VNR shows that Sierra Leone has put in place programmes to address teenage pregnancy, such as the National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage 2018-2022 and initiatives to support girls' schooling during and after pregnancy. However, the report also underscores threats to adolescent well-being include trafficking of children, violence, ensuring quality education and availability of schools and classrooms. Finally, the report does not include information on adolescent birth rates, sexual violence against young girls, secondary school completion, child marriage, youth not in education, employment or training, and child labour.

Recommendations

The analysis of the 7 VNRs sparked the following recommendations for countries to consider when developing their VNRs for 2025 and beyond.

- **Enhancing data availability:** Increasing resources and monitoring systems to ensure greater data availability, especially on SRHR, will ensure more effective accountability on the progress made on WCAH. The availability of quality and disaggregated data is fundamental to track progress and ensure acceleration of efforts on WCAH. With regards to adolescents' well-being, countries are encouraged to use the adolescent health indicators developed by the Global Action for Measurement of Adolescent health (GAMA)⁹ and the upcoming Adolescent Well-Being Measurement Guidance.
- **Documenting and sharing success factors which led to progress:** To increase knowledge sharing and identification of good practices that other countries can draw from, it would be effective to include a description of the success factors which brought progress. For instance, across the VNRs of the 7 countries analysed, success factors recorded included investments in skilled health workforce to ensure

⁹ The adolescent health indicators recommended by the Global Action for Measurement of Adolescent health: guidance for monitoring adolescent health at country, regional and global levels. Geneva: World Health Organization; 2024. Available from: <https://iris.who.int/bitstream/handle/10665/376852/9789240092198-eng.pdf?sequence=1>

skilled birth delivery, programmes to ensure free access to health services for women, children and adolescents, policies, frameworks and social protection measures. Having further case studies on these effective measures, like the Linda Mama programme outlined in Kenya's VNR, would be useful for policymakers and other stakeholders to understand good practices and foster their development and implementation also in other settings.

- **Identifying, documenting and sharing ways to address challenges and gaps:** Similarly, when reporting on lack or stalled progress, it is useful to highlight what is causing that, and measures that are being considered to reverse the trend. For example, Sierra Leone highlights that the challenges in improving adolescent well-being remain the trafficking of children, violence, lack of quality education and availability of schools and classrooms. Identifying these challenges and existing gaps can help in-country partners identify areas of support to the government to foster action and investments.
- **Financing for WCAH:** Across all the analysed VNRs, there is no reference on the investments made in the different areas and the resources allocated to address the specific targets. Understanding how resources have been allocated to achieve progress on the WCAH indicators can help to identify ways to mobilize further resources for that agenda and collaborate with in-country partners to mobilize those resource. Investing in WCAH is an investment in humanity's future, leading to human capital development and prosperity of our societies. The economic returns are compelling. Every US\$ 1 invested in women's health generates US\$ 3 in economic growth.¹⁰ Every US\$ 1 invested in adolescent health services yields a return of US\$ 9.6.¹¹ Conversely, over the period 2024-50, the average cost of inaction has been estimated at US\$ 110 trillion (US\$ 4.1 trillion per year).¹²
- **Acknowledging the linkages between targets and actions to achieve progress:** The SDG targets for WCAH are often interlinked, for instance malnutrition is a major cause of neonatal mortality. Uncovering these linkages in the targets across the VNRs enables a better understanding of whether there are lifecourse or intersectoral policies, interventions or financing in place. For instance, Ecuador's VNR highlighted several intercultural, intersectoral and life course approach policies, which demonstrate the efforts in place to work across sectors to address some of the challenges that require a multisectoral approach.

PMNCH looks forward to working with countries and in-country partners to implement these recommendations and ensure accountability on the SDG targets for WCAH and ensuring progress. Through our in-country partners and the multi-stakeholder platforms established through the CAAP process, PMNCH is well position to support countries in accelerating progress on the SDG indicators for WCAH and ensure effective implementation of policies and financing through mutual accountability measures. As we enter the last five years of the SDG era, we call on all countries to reflect on and truly prioritize policies and investments for WCAH, as the health and well-being of women, children and adolescents is the cornerstone for achieving the SDGs overall. Only by

¹⁰ Closing the Women's Health Gap: A \$1 Trillion Opportunity to Improve Lives and Economies. World Economic Forum and McKinsey Health Institute; 2024. Available from: <https://www.mckinsey.com/mhi/our-insights/closing-the-womens-health-gap-a-1-trillion-dollar-opportunity-to-improve-live-s-and-economies#/>

¹¹ Adolescents in a changing world: the case for urgent investment. Geneva: World Health Organization; 2024. Available from: <https://pmnch.who.int/resources/publications/m/item/adolescents-in-a-changing-world-the-case-for-urgent-investment-report>

¹² Ibid.

prioritizing WCAH through whole-of-government approaches, will we ensure that no woman, child, and adolescent is left behind.

Annex 1: Thematic Framework

| Maternal, Newborn and Child Health (MNCH) | Sexual and Reproductive Health and Rights (SRHR) | Adolescent Well-Being (AWB) |
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| <p>High-quality MNCH services for mothers, newborns and children, including stillbirths: essential antenatal, childbirth and postnatal packages of care, including emergency obstetric and newborn care, and the prevention of stillbirths.</p> <ul style="list-style-type: none"> Maternal: <ul style="list-style-type: none"> Preconception care Antenatal care Skilled birth attendants Postnatal care Emergency obstetric care Newborn <ul style="list-style-type: none"> Small and vulnerable newborn care Prevention of stillbirths Child: <ul style="list-style-type: none"> Child health services including Breastfeeding and child nutrition Immunization services <p>MNCH interventions embedded in UHC schemes, including financial protection and MNCH financing</p> <ul style="list-style-type: none"> UHC Schemes Country health expenditure per capita on MNCH financed from domestic sources and ODA for MNCH Out-of-pocket expenditure for MNCH services (% of current health expenditure) <p>Health systems strengthening including MNCH data and accountability, human resources for health - especially midwifery and nursing – and essential medicines and commodities</p> <ul style="list-style-type: none"> MNCH information systems and accountability mechanisms including birth registration and disaggregation of data (sex, age) Training and support for health workers for service delivery Essential medicines, vaccines, commodities, technologies and innovations Health information systems Health system financing Leadership and governance | <p>Access and choice to effective contraception methods (family planning).</p> <ul style="list-style-type: none"> Family planning needs satisfied Strengthened autonomy and access to contraceptive services Comprehensive sexual health education <p>Access to safe and legal abortion services.</p> <ul style="list-style-type: none"> Legalized abortion and access to safe abortion services <p>Prevention and treatment/referrals for Sexual and Gender-Based Violence.</p> <ul style="list-style-type: none"> Legal mechanisms for addressing GBV Training and support for health workers on GBV Violence against women and girls including intimate partner violence <p>Prevention, detection and management of reproductive cancers, especially cervical cancer.</p> <ul style="list-style-type: none"> Cervical cancer screening programs HPV vaccine programs <p>Inclusion of essential packages of SRHR interventions within UHC and PHC schemes, including financial protection and SRHR financing.</p> <ul style="list-style-type: none"> Coverage of all essential SRH interventions Country health expenditure per capita on SRHR financed from domestic sources and ODA for SRHR Out-of-pocket expenditure for SRHR services (% of current health expenditure) | <p>Policy: National policy and programs for adolescent well-being (10-19 years) offering information and services in the public sector (e.g., health, education including CSE, nutrition, financial protection, and vocational training)</p> <ul style="list-style-type: none"> Health education for children and adolescents – including mental health Provision of quality education and training opportunities to ensure their future employability Nutrition programs and physical activity for children and adolescents Pregnant adolescent support Financial protection for adolescent health <p>National standards for delivery of AWB information and services to adolescents, including on user fee exemption</p> <ul style="list-style-type: none"> Health services for adolescents – user fee exemptions for health services (contraceptives, immunizations) <p>Legal systems to protect the rights of adolescents (both female and male) with a specific focus on minimum age of consent (e.g. for marriage, sexual activity, and medical treatment without parental consent)</p> <ul style="list-style-type: none"> Legal provisions against child marriage Interventions to eliminate female genital mutilation Protection from violence (including physical, sexual, gender-based and electronic violence) and injury. |

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| <p>Intersectoral approaches for MNCH across the life-course, including nutrition, WASH, environment, and gender equality</p> <ul style="list-style-type: none"> • Nutrition schemes and food security across the life course: pregnancy nutrition, breastfeeding support, child nutrition, adolescent nutrition • Financing for WCAH • Education • Shelter • WASH facilities and services • Protection from pollutants and toxicants and excessive heat • Social protection • Child Protection • Women in the workforce and leadership positions | | <p>AWB is embedded in national policies and plans with dedicated financing for AWB programs</p> <ul style="list-style-type: none"> • Country health expenditure per capita AWB financed from domestic sources and ODA for AWB • Out-of-pocket expenditure for AWB services (% of current health expenditure) |
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Annex 2. Review of VNRs against SDG targets for WCAH

| | Main Message | Full VNR Report | | | |
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| | Inclusion of PMNCH WCA advocacy areas ¹³ | MNCH Maternal, newborn and child health, including stillbirths | SRHR Sexual Reproductive Health and Rights | AWB Adolescent and young people's well-being | Link to VNR |
| Congo (Republic of the) | | <ul style="list-style-type: none"> - Maternal mortality (SDG 3.1.1) dropped from 370 per 100,000 live births in 2018 to 282 in 2020. - The proportion of births attended by skilled personnel (SDG 3.1.2) is of 95% nationally, however in November 2023 it was registered at only 23.85%. - Under-5 mortality rate (SDG 3.2.1) improved by 22.33% from 2013 to 2022. - Neonatal mortality rate (SDG 3.2.2) per 1,000 live births slightly declined from 19.2 per 1000 live births in 2019 to 18.4 in 2021. It is highlighted that this is thanks to increase in skilled personnel, national coverage and free access to health centres, and awareness campaigns. - Data from 2014-2015 shows that 96% of births have been registered (SDG 16.9.1). However, challenges exist in areas with difficult access and amongst refugees. - 20% of children between 6 and 59 months are affected by chronic malnutrition. In 2023, 1% of children under 5 were affected by acute malnutrition (SDG 2.2.1 and 2.2.2). - No data available on prevalence of anaemia in women (SDG 2.2.3). | <ul style="list-style-type: none"> - 3.8% of the population was HIV positive in 2021 (SDG 3.3.1). Lack of antiretroviral treatments constitute a challenge. Measures to reduce stock-outs are highlighted, including improvement of supply chains, sustainable financing and policies to ensure free access to treatment. - No data available on contraceptive prevalence rate (SDG 3.7.1). - No data available on legal frameworks to end discrimination and violence against women (SDG 5.1.1). - No data available on proportion of women aged 15-49 years who experienced any form of physical, sexual and/or psychological intimate partner violence in the previous 12 months (SDG 5.2.1). - No data available on the prevalence of sexual violence by persons other than an intimate partner in the previous 12 months (SDG 5.2.2). - No data available on the prevalence of female genital mutilation/cutting (SDG 5.3.2). - No data available on the proportion of married women who made their own informed about their sexual | <ul style="list-style-type: none"> - No data available on adolescent birth (SDG 3.7.2). - 47% of girls aged 10-14 and 31% of girls aged 15-19 in 2021 experienced sexual violence (SDG 16.2.3). Rates of sexual violence are increasing, especially amongst girls under 5, primarily in the two main cities Brazzaville and Pointe-Noire. - Enrollment ratio in secondary school (SDG 4.1.2) in 2022 was 95.6% compared to 81.6% in 2018. No data available on completion rate. - No data available on women aged 20-24 who were married or in a union before age 15 (SDG 5.3.1). - The proportion of youth (aged 15-24 years) not in education, employment or training nationally (SDG 8.6.1) has declined from 54% in 2015 to 41.3% in 2022, with women still being more affected than men. - Training programmes (such as project Mosala or Youth Connékt Congo), building schools and securing equipment, establishing local development plans, and the | 2024 VNR Prior VNR conducted in 2019 |

¹³ Member States with a light green fill in the Main Message column signifies a country's identification of WCAH priorities in their Main Message statement.

| | Main Message | Full VNR Report | | | |
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| | Inclusion of PMNCH WCA advocacy areas ¹³ | MNCH Maternal, newborn and child health, including stillbirths | SRHR Sexual Reproductive Health and Rights | AWB Adolescent and young people's well-being | Link to VNR |
| | | <ul style="list-style-type: none"> - Increased investments in hospitals, medical equipment, technical health workforce training and capacity building, and universal access to specific services, such as vaccination, are highlighted as important efforts. | <ul style="list-style-type: none"> relations, contraceptive use and reproductive health care (SDG 5.6.1). - No data available on laws and regulations that guarantee full and equal access to women and men aged 15 years and older to SRH, information and education (SDG 5.6.2) | <ul style="list-style-type: none"> centres of social integration are key priorities. - No data available on child labour (SDG 8.7.1). | |
| Ecuador | Rights of children, adolescents, young people and women, including access to health and education | <ul style="list-style-type: none"> - Maternal mortality (SDG 3.1.1) dropped from 41.10 per 100,000 live births in 2018 to 33.9 in 2022, with strong regional differences. - The proportion of births attended by skilled personnel (SDG 3.1.2) increased from 95.99% in 2018 to 96.67% in 2022. - Under-5 mortality rate (SDG 3.2.1) increased from 9.69 deaths per 1,000 live births in 2020 to 10.56 deaths in 2022. - Neonatal mortality rate (SDG 3.2.2) per 1,000 live births slightly declined from 6.05 per 1000 live births in 2018 to 5.44 in 2022 thanks to health system strengthening and improvements in newborn care. - Policies such as the Intercultural Health Strengthening Project and Agreement between the Ministry of Health and the Pan American Health Organization are highlighted, aiming to improve maternal and neonatal care by increasing the health workforce skills, birth delivery, medical equipment and facilitating access for remote communities, through intercultural and intersectoral approaches (e.g. addressing teenage pregnancy, family planning, | <ul style="list-style-type: none"> - No data available on the number of new HIV infections (SDG 3.3.1). The percentage of people living with HIV and receiving treatment diminished from 88.8% in 2020 to 78.22% in 2022. Multisectoral approaches to tackle HIV are underlined, such as the National Strategic Plan to Respond to HIV and Sexually Transmitted Infections 2023-2025. - No data available on contraceptive prevalence rate (SDG 3.7.1). - Different legal frameworks to end discrimination and violence against women, as well as other vulnerable populations such as children and LGBTI+, are highlighted (SDG 5.1.1). - Proportion of women aged 15-49 years who experienced any form of physical, sexual and/or psychological intimate partner violence in the previous 12 months not reported nor from people other than intimate partner (SDG 5.2.1, 5.2.2). However, the rate of femicide for every 100.000 women increased from 0.78 in 2018 to 1.14 in 2023. | <ul style="list-style-type: none"> - Adolescent birth rate (SDG 3.7.2) amongst girls aged 15-19 decreased from 68.35 in 2018 to 47.51 in 2022 for 1000 live births. Policies to tackle adolescent pregnancy are mentioned, such as the Intersectoral Policy of Prevention of Child and Teenage Pregnancy 2018-2025 and the Project of Prevention of Child and Teenage Pregnancy, supporting adolescents through sexuality education and access to SRH services. - No data available on young women who experienced sexual violence before the age of 18 (SDG 16.2.3). - The percentage of people aged 18-29 who had completed secondary school increased from 68.06% in 2018 to 75.3% in 2022 (SDG 4.1.2). The aim is to close the existing gap by 2030. -No data available on the proportion of adolescents who were married or in a union before age 15 or 18 (SDG 5.3.1). - The proportion of youth (aged 15-24 years) not in education, | 2024 VNR Prior VNR conducted in 2020 |

| | Main Message | Full VNR Report | | | |
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| | Inclusion of PMNCH WCA advocacy areas ¹³ | MNCH Maternal, newborn and child health, including stillbirths | SRHR Sexual Reproductive Health and Rights | AWB Adolescent and young people's well-being | Link to VNR |
| | | <p>immunization, malnutrition and mental health).</p> <ul style="list-style-type: none"> - However, the proportion of children under 5 years whose births have been registered decreased from 82.04% in 2018 to 77.31% in 2023 (SDG 16.9.1). - No data available on children experiencing stunting (SDG 2.2.1). - The prevalence of chronic malnutrition among children under 5 years (SDG 2.2.2) was 17.5%, with higher rates in rural areas. - No data available on prevalence of anaemia in women (SDG 2.2.3). - Policies to combat malnutrition among children with a lifecourse approach targeting pregnant women, newborns and children are highlighted, such as Free from Child Malnutrition Ecuador, and cash transfer projects, such as Bonus 1000 days. | <ul style="list-style-type: none"> - No data available on female genital mutilation/cutting (SDG 5.3.2). - No data available on the proportion of women who made their own informed decision about their sexual relations, contraceptive use and reproductive health care (SDG 5.6.1). - Importance of addressing sexual and reproductive health, including through family planning approaches and comprehensive sexual education, is stressed, including through policies such as the National Agenda for Women's and LGBTI's Equality 2021-2024 (SDG 5.6.2). | <p>employment or training nationally (SDG 8.6.1) increased from 17.04% in 2018 to 18.63% in 2023. Focus on youth entrepreneurship and measures to address job insecurity for youth is also stressed.</p> <ul style="list-style-type: none"> - Child labour dropped from 10.12% in 2018 to 8.93% in 2023 (SDG 8.7.1). - Focus on addressing adolescent poverty is also highlighted as a priority, including adolescents affected by displacement. - Engagement of youth is also highlighted, to promote youth rights, capacity building and dialogue. | |
| Honduras | | <ul style="list-style-type: none"> - Maternal mortality (SDG 3.1.1) dropped from 73 per 100,000 live births in 2015 to 60 in 2023. - The proportion of births attended by skilled personnel (SDG 3.1.2) decreased from 72% in 2015 to 57% in 2023. - Under-5 mortality rate (SDG 3.2.1) decreased from 24 in 2015 per 1,000 births to 21 in 2023. - Neonatal mortality rate (SDG 3.2.2) per 1,000 live births slightly declined from 23 per 1000 live births in 2015 to 22.7 in 2023. | <ul style="list-style-type: none"> - The rate of HIV infections per 100,000 people aged 15-49 (SDG 3.3.1) decreased from 0.4 in 2015 to 0.2 in 2023. - Use of contraceptive among women between 15 to 49 years old increased from 48.9% in 2015 to 69.4% in 2023 (SDG 3.7.1). The percentage is lower among women with low income and disadvantaged ethnic groups - Access to SRHR remains a challenge, 58% of women do not have access, 51.7% of women have to travel 30 | <ul style="list-style-type: none"> - The percentage of teenage pregnancy amongst girls aged 15-19 remained stable at 24% between 2015-2023 (SDG 3.7.2). Percentages are higher among girls in poverty, who lack education and who belong to specific ethnic groups. - No data available on sexual violence against girls under 18 (SDG 16.2.3). However, in 2020, 81% of total cases of sexual violence registered were on adolescents less than 20 years old. | 2024 VNR Prior VNR conducted in 2020 |

| | Main Message | Full VNR Report | | | |
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| | Inclusion of PMNCH WCA advocacy areas ¹³ | MNCH Maternal, newborn and child health, including stillbirths | SRHR Sexual Reproductive Health and Rights | AWB Adolescent and young people's well-being | Link to VNR |
| | | <ul style="list-style-type: none"> - No data available on birth registrations (SDG 16.9.1). - Initiatives, such as Hospital Friend of Children, have been pushing to ensure maternal and neonatal services are provided in hospitals. - 18.7% of children under-5 are affected by stunting (SDG 2.2.1), especially amongst the poorest, less educated and amongst the ethnic group Lenca. - 1.9% of children under-5 are affected by malnutrition (SDG 2.2.2). - Challenges concerning low birth weight which affects 11.9% of newborns in 2022, and exclusive breastfeeding, used only with 30% of newborns, persist. - Several policies are highlighted to tackle malnutrition and promote breastfeeding. - No data available on prevalence of anaemia in women (SDG 2.2.3). | <ul style="list-style-type: none"> minutes to reach a health centre, and the unmet need for family planning among women aged 15-49 remains 12%, leading to unwanted pregnancy. - Many legal frameworks are in place to address discrimination and violence against women (SDG 5.1.1) and ensure SRHR (SDG 5.6.2). Amongst these are: the legalisation of the emergency contraceptive pill, the Integral Law on Violence against Women, shelter Houses and the National Solidarity Credit Programme for Rural Women. - No data available on proportion of women aged 15-49 years who experienced sexual or intimate partner violence in the previous 12 months (SDG 5.2.1, SDG 5.2.2). However, violence against women, including domestic violence, is increasing and remains a major concern. The implementation of measures such as gun control, socio-economic and cultural factors contributing to gender-based violence, and credibility of institutions, play an important role. - No data available on the prevalence of female genital mutilation/cutting (SDG 5.3.2). - No data available on the proportion of women who made their own informed about their sexual relations, contraceptive use and reproductive health care (SDG 5.6.1). | <ul style="list-style-type: none"> - No data available on completion rate of secondary school (SDG 4.1.2). The coverage rate of secondary school education remains low at 47%. - 9% of women aged 20-24 are married or in a union before age 15, and 34% before the age of 18 (SDG 5.3.1), especially in rural areas and among girls without access to education and who have suffered sexual violence. - The proportion of youth (aged 12-30 years) not in education, employment or training nationally (SDG 8.6.1) increased from 21.25% in 2015 to 30.44% in 2023. - Child labour decreased from 16.5% in 2015 8.9% in 2023 (SDG 8.7.1). - Several policies focused on adolescents are highlighted including regarding emergency services for adolescents, reintegration of adolescent migrants, tackling climate change, employment, inclusion and participation. | |

| | Main Message | Full VNR Report | | | |
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| | Inclusion of PMNCH WCA advocacy areas ¹³ | MNCH Maternal, newborn and child health, including stillbirths | SRHR Sexual Reproductive Health and Rights | AWB Adolescent and young people's well-being | Link to VNR |
| Kenya | No main message statement on 27 June | <ul style="list-style-type: none"> - Maternal mortality (SDG 3.1.1) dropped from 362 per 100,000 live births in 2014 to 355 in 2019. - The proportion of births attended by skilled personnel (SDG 3.1.2) increased from 70.2% in 2016 to 89.2% in 2022, with a remarkable increase in rural areas. - Under-5 mortality rate (SDG 3.2.1) improved from 52 deaths per 1,000 live births in 2019 to 41 deaths in 2022. It is noted that progress towards reduction of under-5 mortality should be accelerated. - Neonatal mortality rate (SDG 3.2.2) per 1,000 live births slightly declined from 22 per 1000 live births in 2014 to 21 in 2022. - However, the proportion of children under 5 years whose births have been registered decreased from 89.3% in 2019 to 76% in 2022 (SDG 16.9.1). - The prevalence of stunting among children under five years (SDG 2.2.1) decreased from 19.4% in 2020 to 17.6% in 2022, with a higher prevalence amongst boys than girls, and in rural regions. - In 2022, 4.9% of children experienced wasting (SDG 2.2.2), with boys being more affected than girls. - No data available on prevalence of anaemia in women (SDG 2.2.3). - Linda Mama programme is highlighted, providing affordable and accessible MNCH services. However, limited access | <ul style="list-style-type: none"> - The number of new HIV infections (SDG 3.3.1) was 1.4 per 1,000 uninfected persons in 2018. - Contraceptive prevalence rate (SDG 3.7.1) for modern methods for women of reproductive age 30 increased from 49% in 2020 to 74.7% in 2022. - Different legal frameworks to end discrimination and violence against women are highlighted (SDG 5.1.1). - Proportion of women aged 15-49 years who experienced any form of physical, sexual and/or psychological intimate partner violence in the previous 12 months (SDG 5.2.1) diminished from 32.7% in 2014 to 28.1% in 2022. - The prevalence of sexual violence by persons other than an intimate partner in the previous 12 months (SDG 5.2.2) decreased from 14.6 per cent in 2014 to 0.6 per cent in 2022. - The prevalence of female genital mutilation/cutting (SDG 5.3.2) decreased from 21.0% in 2014 to 14.8% in 2022. - The proportion of married women who made their own informed about their sexual relations, contraceptive use and reproductive health care (SDG 5.6.1) decision doubled from 32.4% in 2014 to 64.8% in 2022. With higher percentages in urban areas compared to rural areas. | <ul style="list-style-type: none"> - The adolescent birth (SDG 3.7.2) for women aged 15-19 improved from 96 births per 1000 women in 2014 to 73 in 2022. Births for adolescent girls aged 10-14 remained at 2 per 1000 women. - Young women who experienced sexual violence before the age of 18 (SDG 16.2.3) declined to 4.9% in 2022 from 9.5% in 2014. - Completion rate at the end of secondary school (SDG 4.1.2) in 2019 was 31.3%. Delay in the completion of secondary level education was higher in urban areas and no significant difference is highlighted between girls and boys. - The proportion of women aged 20-24 who were married or in a union before age 15 declined from 4.4% in 2014 to 2.2% in 2022. The proportion of those who were married or in union before age 18 dropped from 22.9% in 2014 to 12.5% in 2022 (SDG 5.3.1). - The proportion of youth (aged 15-24 years) not in education, employment or training nationally (SDG 8.6.1) has declined from 21.6% in 2020 to 19.9% in 2022. - Addressing youth employment and entrepreneurship is highlighted. Programmes to address youth unemployment through internships | 2024 VNR Prior VNR conducted in 2020 |

| | Main Message | Full VNR Report | | | |
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| | Inclusion of PMNCH WCA advocacy areas ¹³ | MNCH Maternal, newborn and child health, including stillbirths | SRHR Sexual Reproductive Health and Rights | AWB Adolescent and young people's well-being | Link to VNR |
| | | <p>to maternal healthcare is still noted as an issue.</p> <ul style="list-style-type: none"> - Social protection programmes through cash transfers for orphans and vulnerable children to encourage enrollment in education, is highlighted as a good practice for reducing rates of child mortality, promote food security, encourage civil registrations, and improve household knowledge. | <ul style="list-style-type: none"> - Limited access to sexual and reproductive health services, including family planning, and comprehensive sexuality education was noted as a challenge. Persistent socio-cultural barriers, myths and misconceptions regarding family planning and reproductive health are noted (SDG 5.6.2). | <p>and skill development (including digital skills), and empower young entrepreneurs through financial and non-financial support, are highlighted as good practices.</p> <ul style="list-style-type: none"> - Child labour dropped (SDG 8.7.1). The number of children aged 5-17 years engaged in labour dropped from 2,276,800 in 2020 to 517,400 in 2022. - Existing social cultural norms such as female genital mutilation, forced and child marriage hinder the opportunity of girls to engage in economic empowerment activities. | |
| Mexico | - Youth education | <ul style="list-style-type: none"> - Maternal mortality (SDG 3.1.1) improved from 55.2 deaths per 100,000 live births in 2020 to 38.2 in 2022. - The proportion of births attended by skilled personnel declined from 93.9% in 2018 to 89.2% in 2022 (SDG 3.1.2). - Under-5 mortality rate (SDG 3.2.1) improved from 15.6 deaths per 1,000 live births in 2018 to 13.8 deaths in 2022. - Neonatal mortality rate (SDG 3.2.2) per 1,000 live births declined from 8.64 per 1,000 live births in 2018 to 7.94 in 2020, despite an increase between 2021 and 2022. - The proportion of children under 5 years whose births have been registered increased from 93% in 2014 to 94.1% in 2018 (SDG 16.9.1). - The prevalence of stunting among children (SDG 2.2.1) decreased from 14.2% in 2018 to 12.8% in 2022, with | <ul style="list-style-type: none"> - The number of HIV infections (SDG 3.3.1) remained stable at 0.16 per 1,000 uninfected persons from 2018 to 2022, with more cases amongst men than women. - Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods increased from 81.6% in 2009 to 83.1% in 2018 (SDG 3.7.1). - No data available on legal frameworks to end discrimination and violence against women (SDG 5.1.1). However, some local projects are mentioned. - The proportion of women and girls aged 15 or older subjected to sexual violence by an intimate partner in the previous 12 months was reduced from | <ul style="list-style-type: none"> - Number of births per 1000 girls aged 10-14 decreased from 1.9 in 2018 to 1.7 in 2023, and 66.8 in 2018 to 59.5 in 2024 per 1000 girls aged 15-19 (SDG 3.7.2). - No data available on young women aged 15-19 who experienced sexual violence before 18 (SDG 16.2.3). Overall, violence remains the main cause of death amongst young people. - The completion rate at the end of secondary school was 88.3% in 2020, with higher percentages for girls than boys, and lower for indigenous groups (SDG 4.1.2). - The percentage of women aged 20-24 who were married or in a union before the age of 15 decrease from 3.7% to 3.6% between 2014 | <p>2024 VNR*</p> <p>Prior VNR conducted in 2021</p> <p>*Reporting on SDG indicators is contained in a link in the VNR report here.</p> |

| | Main Message | Full VNR Report | | | |
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| | | <p>higher rates amongst girls and in rural areas.</p> <ul style="list-style-type: none"> - Wasting amongst children increased from 7.7% in 2018 to 7.9% in 2022, with higher rates in urban areas and among boys (SDG 2.2.2). - Prevalence of anaemia among pregnant women was 5.55% in 2022 (SDG 2.2.3), with higher rates in urban areas. | <p>23.9% in 2016 to 19.3% in 2021 (SDG 5.2.1).</p> <ul style="list-style-type: none"> - The proportion of women and girls aged 15 years and older subject to sexual violence by persons other than an intimate partner in the previous 12 months increased from 22.2% in 2016 to 22.3% in 2021 (SDG 5.2.2), with the majority of aggressions taking place in the street/park, public transport and school/work. - No data available on female genital mutilation (SDG 5.3.2). - The proportion of women aged 15-49 who made their own informed decisions about their sexual relations, contraceptive use and reproductive health care was 4% in 2021 (SDG 5.6.1). - No data available on laws and regulations that guarantee full and equal access to women and men aged 15 years and older to SRH, information and education (SDG 5.6.2) | <p>and 2018, and from 21.4% to 20.7% for those before the age of 18, rates were higher amongst indigenous groups.</p> <ul style="list-style-type: none"> - The proportion of youth (aged 15-24 years) not in education, employment or training nationally (SDG 8.6.1) was 6.2% in urban areas and 7.6% in less urban areas in 2022, despite some fluctuation these remain mostly unaltered since 2017, with higher rates in 2020-2021. - The proportion of the population between 5 to 17 years engaged in child labor decreased from 11.5% in 2007 to 7.5% in 2022, and from 26.63% to 17.2% amongst adolescents aged 15-17 during the same years (SDG 8.7.1). - Stigmatization, exclusion, increase in violence, and the impacts of inequalities remain a challenge for youth in Mexico. - Youth education and employment is highlighted as a priority, as highlighted in the federal project Youth Building the Future, aiming to increase technical and vocational skills, youth employment, secondary school completion, and access to health. - Adolescent and youth engagement in the SDG process is highlighted. | |

| | Main Message | Full VNR Report | | | |
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| Namibia | - HIV | <p>- Maternal mortality (SDG 3.1.1) was 200 per 100,000 live births in 2020-2021. Inadequate access to antenatal care and COVID-19 pandemic represent major factors affecting maternal mortality. Maternal mortality declined in 2021-2022 due to increase in awareness, access to antenatal care, new guidelines on management of pregnant women, and capacity building of health workforce.</p> <p>- No data available on the proportion of births attended by skilled personnel (SDG 3.1.2).</p> <p>- Under-5 mortality rate (SDG 3.2.1) improved from 48 deaths per 1,000 live births in 2017-2018 to 19.24 deaths in 2021-2022. Primary cause of death is diarrhea.</p> <p>- Neonatal mortality rate (SDG 3.2.2) per 1,000 live births declined from 39 per 1000 live births in 2017-2018 to 7.3 in 2021-2022. Decline primarily attributed to effective interventions against communicable and non-communicable diseases.</p> <p>- The proportion of children under 5 years whose births have been registered has shown a fluctuating trend, with overall decline from 78.1% in 2019 to 77.6% in 2021 (SDG 16.9.1). Continued efforts to ensure progress are underlined as important.</p> <p>- The prevalence of stunting among children (SDG 2.2.1) was 18% in 2020-2021, with incidences higher in</p> | <p>- The number of HIV infections (SDG 3.3.1) was 113 per 1,000 uninfected persons in 2021-2022. Since 2010, new HIV infections declined by 48%, HIV-related deaths declined by 74% since 2004 and mother-to-child transmission declined from 12% in 2010 to 4.1% in 2022. Important efforts in reducing vertical mother-to-child HIV transmission have resulted in Namibia receiving an award from WHO in 2024.</p> <p>- No data available on contraceptive prevalence rate (SDG 3.7.1).</p> <p>- Different legal frameworks to end discrimination and violence against women are highlighted, such as the Combating of Rape Amendment Act 2022, Combating Domestic Violence Amendment 2022 and the National Campaign on Gender-Based Violence (SDG 5.1.1), however challenges persist in high levels of child marriage, gender-based violence, high teenage pregnancy and gender inequities.</p> <p>- No data available on the proportion of women who experienced intimate partner violence or sexual violence (SDG 5.2.1; SDG 5.2.2).</p> <p>- Programmes are also in place to promote awareness on gender-based violence amongst community, religious and traditional leaders, offer shelter and services to survivors, and to involve men and address toxic masculinity. Gender-responsive</p> | <p>- No data available on adolescent birth (SDG 3.7.2).</p> <p>- Young women aged 15-19 who experienced sexual violence has increased, no specific data is associated (SDG 16.2.3). Importance to strengthen prevention and support mechanisms is highlighted. Physical punishment or sexual abuse on those under 17 by their caregivers has also increased, the majority of victims being female.</p> <p>Unemployment, poverty and inequality are highlighted as major factors.</p> <p>- No data available specifically on the completion rate at the end of secondary school (SDG 4.1.2). Secondary school enrollment rates have increased both for male and female, however only 62% of learners qualify for university education primarily due to dropouts linked to pregnancy and the effects of the COVID-19 pandemic.</p> <p>- Child marriage affects 18.4% of girls and 4.1% of boys (SDG 5.3.1). A National Strategy on Child Marriage is under development.</p> <p>- The proportion of youth (aged 15-34 years) not in education, employment or training nationally (SDG 8.6.1) was 46.1% in 2018. Promotion of entrepreneurship, youth credit schemes, vocational</p> | 2024 VNR Prior VNR conducted in 2021 |

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| | | <p>rural areas and poorer families. The target of 16% stunting remains unmet and underperformance is also attributed to the prioritization of the COVID-19 vaccination.</p> <ul style="list-style-type: none"> - Wasting amongst children declined from 8% to 6% from 2006 to 2013 (SDG 2.2.2). - Prevalence of anaemia among pregnant women declined from 21% in 2013 to 8.3% in 2021-2022 (SDG 2.2.3), however there was an increase of 2.6% between 2020-2021 to 2021-2022. - Limited support for pregnant and lactating women is highlighted as a challenge for combatting malnutrition. - Strategies to reallocate resources towards children, especially those most vulnerable, are mentioned as key priority moving forward. | <p>budgeting analysis is conducted by six ministries.</p> <ul style="list-style-type: none"> - There is no evidence of female genital mutilation in Namibia (SDG 5.3.2). - No data available on the proportion of women who made their own informed decisions about their sexual relations, contraceptive use and reproductive health care (SDG 5.6.1). - No data available on laws and regulations that guarantee full and equal access to women and men aged 15 years and older to SRH, information and education (SDG 5.6.2) | <p>trainings, and skill development are key priorities, including through partnerships with private sector and educational institutions.</p> <ul style="list-style-type: none"> - Child labour dropped between 2021 and 2023, with young boys primarily affected (SDG 8.7.1). - Investing in adolescent well-being, especially to reduce poverty and unemployment, is highlighted as key. | |
| Sierra Leone | <ul style="list-style-type: none"> -Gender parity in school enrollment -Maternal and infant mortality - Youth employment | <ul style="list-style-type: none"> - Maternal mortality (SDG 3.1.1) declined from 1,165 deaths per 100,000 live births in 2013 to 717 in 2019 and 443 in 2020. - The proportion of births attended by skilled personnel augmented from 59.7% in 2013 to 87% in 2019 (SDG 3.1.2). The proportion of births delivered in health facilities also significantly increased from 54.4% in 2013 and 88.6% in 2019, thanks to community enforcement of policies imposing delivery in certified health facilities. - Under-5 mortality rate (SDG 3.2.1) improved from 156 deaths per 1,000 live births in 2013 to 122 deaths in 2021. | <ul style="list-style-type: none"> - The number of HIV infections (SDG 3.3.1) decreased from 0.95 to 0.5 incidence per 1,000 uninfected persons from 2013 to 2021. The coverage of interventions to prevent mother-to-child transmission is at 69% and the percentage of eligible population to access antiretroviral treatment increased from 13% in 2013 to 61% in 2021, however vertical transmission remains high at 15.79% leading to significant child mortality. - No data available on contraceptive prevalence rate (SDG 3.7.1). - Different legal frameworks to end discrimination and violence against | <ul style="list-style-type: none"> - No data available on adolescent birth (SDG 3.7.2). Establishment of SRH hubs in Koinadugu district to provide access to adolescent-friendly SRH services, including family planning and STI treatment, is highlighted. - No data available on young women aged 15-19 who experienced sexual violence (SDG 16.2.3). Child trafficking and school-related gender-based violence is mentioned. - No data available specifically on the completion rate at the end of secondary school (SDG 4.1.2). Secondary school enrollment has | 2024 VNR Prior VNR conducted in 2021 |

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| | | <ul style="list-style-type: none"> - Neonatal mortality rate (SDG 3.2.2) per 1,000 live births declined from 39 per 1000 live births in 2013 to 31 in 2019. - The proportion of children under 5 years whose births have been registered increased from 77.3% in 2013 to 93% in 2019, primarily thanks to modernized civil registration (SDG 16.9.1). - The prevalence of stunting among children (SDG 2.2.1) decreased from 38% in 2013 to 23% in 2021. - Wasting amongst children declined from 9% to 5% from 2013 to 2021 (SDG 2.2.2). - Prevalence of anaemia among women of child-bearing age increased from 45% in 2013 to 47% in 2019 (SDG 2.2.3). - These improvements are primarily attributed to increased budgetary allocation to the health sector, the implementation of the Free Health Care Initiative (benefitting especially pregnant women, lactating mothers and under-5 children) and targeted maternal and child health programmes, such as early childhood development policies, immunization campaigns, community-based nutrition services targeting malnutrition of mothers and children, social protection schemes, upgrade of hospitals and health infrastructure, and investments in skilled health personnel. - Comprehensive early child development programmes, such as the implementation of child nutrition, immunization, | <ul style="list-style-type: none"> women are highlighted, such as the Gender Equity and Women's Empowerment 2022 Act, National SGBV Response Strategy 2021-2023, the National Male Involvement Strategy in SGBV Prevention and the establishment of a special court for trying perpetrators of gender-based violence (SDG 5.1.1). - The proportion of women and girls aged 15-49 years subjected to sexual violence by their spouse in the previous 12 months was reduced from 60.7% in 2019 to 32% in 2022 (SDG 5.2.1). - No data available on proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months (SDG 5.2.2). Increase in cases reported of violence against women and children is highlighted, due to more public awareness and laws protecting women and children. - Female genital mutilation (FGM) remains unaltered since 2021. 83% of women aged 15-49 have undergone FGM. 71% of women aged 15-49 have undergone FGM before age 15 (SDG 5.3.2). - No data available on the proportion of women who made their own informed decisions about their sexual | <ul style="list-style-type: none"> increased thanks to school feeding programmes and the Free Quality School Education programme. Gender parity in school enrollment was reached, with more girls than boys in lower secondary school level and nearly as many girls as boys in senior secondary school level. Programmes to support girls' schooling during and after pregnancy were highlighted. However, challenges remain in ensuring quality education and availability of schools and classrooms. - No data available on rates of child marriage (SDG 5.3.1). A National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage 2018-2022 is in place. - No data available on proportion of youth (aged 15-24 years) not in education, employment or training nationally (SDG 8.6.1). However, improvements in youth employment are mentioned. - Addressing youth unemployment through enhanced technical and vocational education, and youth employment schemes is highlighted as one of the key game changers, such as through the Youth Employment Support Project and the Youth Employment Scheme. The latter aims also to tackle youth | |

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| | | comprehensive child health services and child protection laws, have improved the health of children. | relations, contraceptive use and reproductive health care (SDG 5.6.1). - No data available on laws and regulations that guarantee full and equal access to women and men aged 15 years and older to SRH, information and education (SDG 5.6.2) | migration and drug and substance abuse. - No data available on child labor (SDG 8.7.1). | |