



World Bank Spring Meetings 2026 Messaging Framework

Protecting Financing for Women, Children and
Adolescents: A Fiscal and Political Choice

The moment: a financing crisis with human consequences

Health systems are being squeezed by a double shock: rising debt pressure at home and falling aid from abroad. For women, children and adolescents, this is not an abstract financing issue - it is already translating into disrupted services, reduced access to care, and increased risk of preventable death. This underscores the urgency of advancing health sovereignty through country-led financing and policy choices.

In 2025 alone, African countries paid over [US\\$89](#) billion in debt repayments, and in more than [30 countries](#) this exceeded health spending. At the same time, global development assistance for health [fell by 21%](#) between 2024 and 2025, with a [25% decline](#) in sub-Saharan Africa.

If current trends continue, [projections](#) suggest that more than 14 million additional preventable deaths could occur by 2030, including 4.5 million children under five.

This is no longer only a health-sector funding challenge. It is a fiscal and political decision point: will governments and international institutions allow debt, aid cuts and financing transitions to hollow out essential services—or act to protect them?

The response: A two-pronged approach

To respond to this moment, advocates call for action on both sides of the financing equation:

Prong 1: Protect and expand domestic financing for WCAH

Countries cannot expand coverage for women, children and adolescents if fiscal space is constrained and health is deprioritized. Across countries:

- Out-of-pocket spending accounts for nearly [50% of health expenditure](#), exposing families to financial hardship
- [Few countries](#) in Africa have consistently met the 15% Abuja target for health spending
- Up to 40% of health spending is lost to inefficiency

At the same time, debt burdens and fiscal tightening are crowding out investment in frontline services — limiting the ability to hire health workers, deliver essential commodities, and reach underserved populations.

Advocacy message:

Human lives are on the line. Countries should not have to choose between servicing debt and keeping mothers, newborns and adolescents alive.

Spring Meetings asks (domestic financing):

- Protect budget lines for essential WCAH services, even under fiscal pressure
- Improve budget execution and public financial management so funds reach frontline services
- Integrate WCAH and primary health care into fiscal reform packages
- Leverage equitable innovative financing approaches, including debt-for-health swaps and health-promoting taxes, to expand fiscal space.

Prong 2: Protect and redirect external and multilateral financing

Aid cuts are already translating into health risk, and multilateral financing must now play a stronger buffering role.

- Major donors representing nearly three-quarters of ODA have announced [further cuts](#) through 2027

Without corrective action, these trends risk reversing decades of progress in maternal, newborn and child health.

Advocacy message:

Leave no country behind. As bilateral aid contracts, multilateral institutions must prevent a financing cliff for women, children and adolescents.

Spring Meetings asks (external financing):

- Protect and prioritize WCAH within World Bank, IDA and GFF financing
- Advance debt relief in highly indebted countries.
- Increase use of multilateral financing to support country-led priorities under one strategy, one plan and one M&E framework.
- Mobilize more IDA through GFF to expand access to lifesaving care.
- Align external financing with national plans and bold coverage targets to address equity and quality gaps. Consider [EWENE 80/80/90/90](#) and [Child Survival Action 60/90/70/80/90 targets](#).
- Leverage catalytic financing models, including co-financing and matching mechanisms, to incentivize domestic investment and sustain essential commodities and services.

Why investing in WCAH makes economic sense

Investing in women's, children's and adolescents' health is one of the most cost-effective and high-return investments available.

- Every \$1 invested in RMNCAH and health system strengthening can generate [\\$9 - \\$20](#) in economic and social returns
- Every \$1 invested in family planning can save [up to \\$2.49](#) in pregnancy-related costs in LMICs in Africa
- Scaling up essential maternal and newborn interventions [at just \\$1.15](#) per person per year could dramatically reduce deaths

At the same time, preventable disease and mortality are estimated to cost Africa [over \\$2.4 trillion](#) annually in lost economic potential. This is not only a health issue - it is a human capital and economic growth imperative.

What advocates are calling for

To the World Bank and Global Financing Facility

- Use financing and policy dialogue to protect frontline health spending
- Support debt relief and health-protective fiscal reforms
- Scale up investment in primary health care and WCAH through financing matching programs coupled with domestic resource mobilization.
- Help countries strengthen budget execution, expenditure tracking and accountability
- Support financing approaches that are flexible and responsive in fragile, crisis and humanitarian settings, including pooled and contingency funding mechanisms.

To governments

- Protect WCAH within national budgets and improve execution
- Reduce reliance on out-of-pocket spending, including through insurance programs
- Treat WCAH as a core investment in resilience and productivity, not a discretionary cost
- Train community health workers, nurses, midwives and doctors to deliver comprehensive primary care

To donors

- Avoid disorderly aid withdrawals that destabilize services
- Protect financing for maternal, newborn, child and adolescent health and SRHR
- Align remaining aid with national priorities and multilateral mechanisms
- Support a new global health architecture that is truly country-led, inclusive of WCAH and sustainable

The decision point

The Spring Meetings are a moment of choice. Will debt, aid cuts, and fiscal pressures be allowed to erode essential services for women, children and adolescents, or will governments and global institutions act to protect them? The solutions are known. The question is whether there is the political will to act.

Key message for advocates

This is not a resource problem: it is a financing and political choice about whether women, children and adolescents are protected in a time of fiscal constraint.