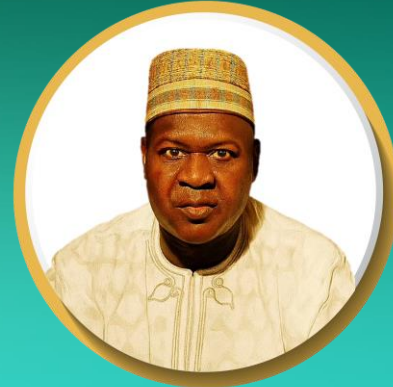


LEADING THE CHARGE:

AFRICA'S BOLD RESOLUTION FOR WOMEN AND CHILDREN'S LIVES

2025 



EXECUTIVE SUMMARY

- In May 2024, at the 77th World Health Assembly (WHA), Somalia spearheaded a landmark global resolution aimed at accelerating efforts to reduce maternal, newborn, and child mortality. The resolution, titled “Accelerate progress towards reducing maternal, newborn and child mortality in order to achieve Sustainable Development Goal targets 3.1 and 3.2”, reflects a renewed global commitment to ending preventable deaths of women and children. It was co-sponsored by 11 other African countries, demonstrating strong continental leadership and solidarity in advancing health equity and sustainable development.
- The capsule "Leading the Charge: Africa's Bold Resolution for Women and and Children's Lives", highlights notable achievements, ongoing challenges, and priority actions needed to fast-track progress toward the 2030 SDG health targets — and ultimately deliver The Africa We Want.
- Scroll through this capsule review of key moments and powerful calls to action from leaders across the continent.

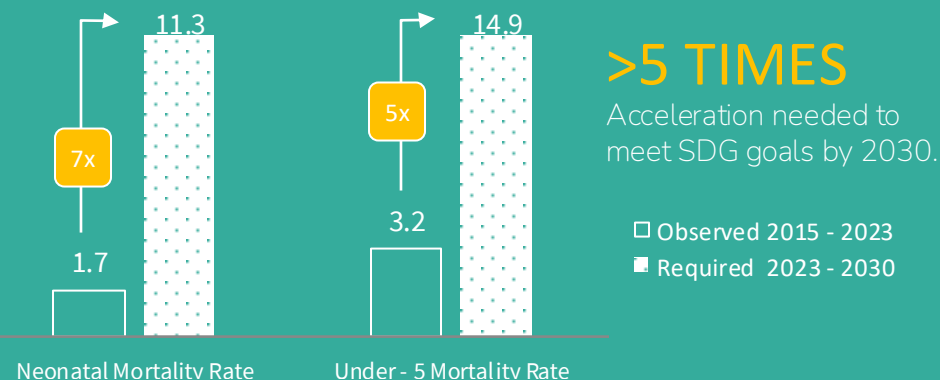


EXECUTIVE SUMMARY

- The world is in a critical five-year countdown to the 2030 Sustainable Development Goals (SDGs). Global health faces mounting pressure, especially in maternal, newborn, and child health, where progress remains deeply uneven.
- Today, over 50% of global maternal and child deaths occur on the African continent. In sub-Saharan Africa, maternal mortality remains more than 2.4 times the global average, with 442 maternal deaths per 100,000 live births.
- These deaths also devastate child survival. Only one in four newborns survives when the mother dies. Neonatal and under-5 mortality rates in sub-Saharan Africa—27 and 68 per 1,000 live births respectively—remain far above SDG targets of 12 and 25 lives per 1,000 live births.
- Despite global commitments, progress has stalled—or reversed—in many countries. To reach the 2030 targets, maternal mortality must decline nine times faster, and under-5 mortality five times faster than current rates.
- In the face of these challenges, African leaders are stepping up—mobilizing political will, driving regional accountability, and uniting around the urgent call to protect women and children. They remind the global community that maternal and child health is not just unfinished business—it is essential to equity, stability, and long-term economic growth.



In 2023, a woman died every two minutes during pregnancy or childbirth with most of these deaths occurring in sub-Saharan Africa.



A Trillion Dollar Wake Up Call for Africa



Political commitment and strategic investment are critical catalysts for accelerating maternal, newborn, and child survival.

Investing in this sector is not only a moral imperative but an economic strategy

Yet, as of 2020, fewer than five countries had met the Abuja Declaration target of allocating 15% of national budgets to health.

Health investment in women, children, and adolescents is foundational to societal resilience and long-term economic growth. Strong political leadership is essential to mobilize and sustain this investment—both through increasing domestic health budgets and creating enabling environments for donor and private sector co-financing. Without this dual approach, progress toward SDG targets will remain dangerously off track.



630 MILLION

healthy life years lost annually due to preventable diseases on the African continent



\$2.4 TRILLION

in economic losses.



<5 COUNTRIES

had met the Abuja Declaration target of allocating 15% of national budgets to health, as of 2020.

“

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.

PRESIDENT CYRIL RAMAPHOSA

President - South Africa
Chair - Global Leaders Network for Women's, Children's and Adolescents' Health



Investing Where it Counts: Financing Maternal and Child Health



Developing a unified plan through strategic partnerships that consolidate health investments into a single budget enables countries to address deeper systemic and context-specific challenges, yielding meaningful and sustainable gains.

Effective budget coordination is essential to ensure that resources are directed toward tackling root causes—such as weak health governance, inequities in access, and workforce shortages—rather than merely responding to symptoms.

While external funding and global frameworks provide necessary support, these alone are insufficient. Strong political will and national ownership are critical to aligning investments with country-specific priorities, particularly in fragile contexts like Somalia, where decades of conflict have eroded health systems.

Addressing the underlying social, economic, and environmental determinants of ill health is vital for achieving the Sustainable Development Goals, especially given that past efforts under the MDGs focused too narrowly on technical causes of maternal and child mortality and failed to produce lasting change.

ECONOMIC LOSS DUE TO MATERNAL CONDITIONS:



Productivity cost due to maternal mortality in 2015 estimated at

\$45.6 billion

If maternal mortality is reduced to SDG targets, it could save up to (int\$)

\$39.7 billion

ECONOMIC LOSS DUE TO NEONATAL CONDITIONS:



Neonatal mortality costed the region in productivity in 2015 ~ (int\$)

\$347.3 billion

Achieving SDG 3.2 targets could save annually by 2030 ~ (int\$)

\$198.5 billion

“

A child, irrespective of where it is born, should have an equal chance to survive and thrive. The strategies Somalia has put in place to increase resources for health are building strategic partnerships with international donors, NGOs, UN Agencies to support One Plan, One Budget, One Monitoring and Evaluation Framework to avoid duplication of efforts.

Only with adequate political commitment to address this and other underlying determinants of health will we unlock the acceleration of maternal, neonatal, and child survival.

DR ALI HAJI ADAM

Minister of Health — Somalia
Leader of the Landmark MNCH Resolution
at WHA 77



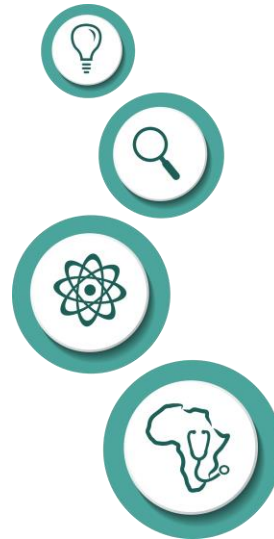
Data as Defence: Strengthening Monitoring Systems for Maternal and Child Health



The availability of high-quality data is fundamental to Africa's efforts to reduce maternal and child mortality at regional, national, and subnational levels. However, quality data alone is insufficient without robust monitoring and response systems capable of real-time analysis of outbreaks, emergencies, and emerging health threats. Such systems enable early detection and rapid intervention, preventing the escalation of health crises that disproportionately affect children.

Reliable monitoring frameworks empower policymakers and program planners to make evidence-driven decisions with confidence, ensuring that responses effectively address the issues identified. As the 2030 Sustainable Development Goals deadline approaches, continuous tracking of intervention performance and health package implementation is critical. This ongoing evaluation allows countries to assess whether current strategies are accelerating progress toward reducing maternal and child mortality and to adjust course as needed to meet SDG 3.1 and 3.2 targets.

Investing in strong monitoring and response systems is therefore not just a technical necessity but a strategic imperative. It ensures that interventions are timely, targeted, and accountable, maximizing the impact of scarce resources and ultimately saving the lives of countless mothers and children across the continent.



The availability of
high-quality
data
is fundamental to
Africa's efforts.

“

We have put in place an integrated surveillance and response system for mothers, infants, and children. We also have audit systems that look into the deaths of mothers and children and conduct an independent analysis and studies on where and why they occur.

DR ILESH JANE

Deputy Minister of Health
Mozambique



One Plan, One System: The Case for Integration



The unacceptable death toll among the most vulnerable is not the result of isolated failures, but a reflection of a systemic lack of coherence, resilience, and equity—driven, in part, by fragmented planning and siloed investments.

To ensure sustained progress in maternal and child health, countries must establish and implement national, comprehensive, and integrated health plans that are grounded in a life-course approach. These plans should prioritize continuity of care, cross-sector coordination, and efficiency in resource allocation.

Fragmented support, where vertical programs focus on isolated diseases or demographic groups, undermines health system capacity and creates parallel systems that are expensive, inefficient, and ultimately unsustainable. Women and children do not live their lives in health silos. Neither should our investments.

Integrated health plans should align donor and domestic resources under a unified national framework, ensuring coherence and mutual accountability, linking maternal and child health services with nutrition, reproductive health, immunization, and disease surveillance to provide a full continuum of care.

Development partners and donors must prioritize country-led strategies and resist the temptation to support only high-visibility interventions or quick-win solutions. True resilience in maternal and child health will only be achieved through investments in integrated, systems-based approaches that address root causes, close equity gaps, and build lasting institutional capacity.



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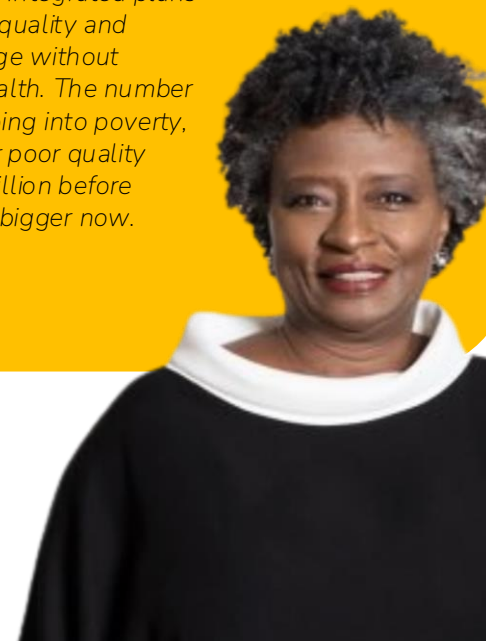
77% of those who died with Mpox in DRC are children below the age of 15. We are not learning our lessons. What we need is national comprehensive well integrated plans with principles for achieving quality and equitable access and coverage without catastrophic spending for health. The number of people going bankrupt, going into poverty, because they have to pay for poor quality health services was over a billion before Covid. That number is much bigger now.

DR MAGDA ROBALO

Co-chair – UHC 2030

Minister of Public Health

(former) - Guinea Bissau



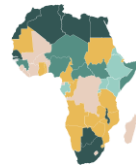
Primary Health Care is Africa's Frontline for Child Survival



Sub-Saharan Africa continues to experience some of the highest rates of child mortality globally, with under-five and neonatal mortality figures significantly above the SDG targets of fewer than 25 and 12 deaths per 1,000 live births, respectively). Strengthening Primary Health Care (PHC) systems is essential to reversing these trends. PHC promotes equitable, people-centered care and facilitates a systemic shift from reactive, disease-focused approaches to preventive and integrated health services that reach the most vulnerable populations.

PHC is particularly vital for reaching rural communities and populations living in extreme poverty, which constitute a significant portion of the region's demographic landscape. Despite its potential, PHC remains underfunded across many African countries. National health expenditures are disproportionately directed toward tertiary care facilities in urban centers, while primary care receives less than 40% of total health service spending in most countries, much of it reliant on external donor financing.

This dependence on donor funding is neither sustainable nor conducive to building resilient health systems. African governments must take greater ownership by increasing domestic investment in PHC. This could include revising national health budgets, fostering public-private partnerships to expand financial capacity, and promoting the local production of essential health commodities. Elevating PHC as a national priority is crucial not only for reducing child mortality but also for advancing Universal Health Coverage and achieving broader development goals.



Sub-Saharan Africa

continues to experience some of the highest rates of under-5 child mortality globally.



9 million

under-5 deaths averted by 2030 if SDGs targets are achieved in off track countries.

<5%

Of government expenditure is spent on primary health care, way below the recommended amount.

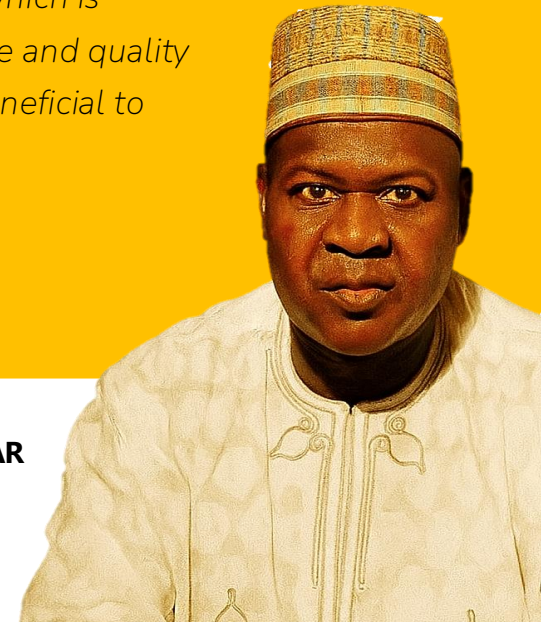
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If we have to stop preventable deaths we have to invest in our primary healthcare, which is essential for equitable and quality care which will be beneficial to children.

DR IDI ILLIASSOU MAINASSAR

Minister of Health and Public Hygiene

Niger



Transparency and Trust: The Power of Quality Health Data



Addressing the persistent high rates of maternal and child mortality in Africa requires robust data-driven decision making anchored in accurate, timely, and high-quality maternal and child health data. Strengthening health information systems to improve data collection, monitoring, and dissemination is critical for identifying mortality hotspots, uncovering service gaps, and enabling precise, evidence-based policy responses.

Equally important is fostering meaningful community engagement informed by this data. Empowering communities through transparent sharing of health information builds trust, drives behavior change, and ensures that interventions are culturally appropriate and locally relevant. However, many African countries face challenges such as limited digital infrastructure, lack of trained personnel, and fragmented data systems, which impede reliable data generation and utilization.

To overcome these barriers, investments must focus on enhancing technological capacity, training health workers and community leaders in data literacy, and establishing accountability mechanisms that promote shared ownership of maternal and child health outcomes. When communities and policymakers collaborate with access to quality data, tailored and effective solutions emerge, ultimately reducing mortality and improving health equity across the continent.



Foster meaningful community engagement

by transparently sharing health data to build trust, drive behavior change, and ensure culturally relevant interventions.

“

We need to engage the community more and avail crucial data to inform our action and theirs, so that they understand their responsibility in the hope that they can participate in guaranteeing maternal and child health.

DR. ABDOULAYE GUINDO

Secretary General for the Ministry of Health and Social Development - Mali



Empowered Communities, Resilient Systems: The Capacity Building Imperative



Strengthening health systems is essential to enhance coordination and infrastructure, enabling faster and more effective responses to health emergencies, crises, and conditions that disproportionately affect women and children. To achieve meaningful improvements, health system strengthening must strategically target critical gaps—especially in underserved, remote, and hard-to-reach communities.

Resilient health systems rely on a well-trained, well-resourced workforce capable of diagnosing, managing, and preventing leading causes of child mortality such as malaria, pneumonia, diarrhea and malnutrition.

Health system strengthening also involves empowering communities to actively participate in health promotion and response. When local leaders and caregivers are equipped with knowledge about vaccination, hygiene, nutrition, and disease prevention, they serve as vital first responders and advocates, significantly reducing preventable child deaths.

Furthermore, improving health systems' ability to collect, analyze, and utilize quality data through robust health information systems and technology enhances surveillance and evidence-based decision-making. This integrated approach is critical for monitoring maternal and child health outcomes and adapting policies and programs to ensure sustainable health gains.

EFFECTIVE PACKAGES OF CARE ALONG THE LIFE COURSE.



Antenatal Care
for pregnant women



Intrapartum Care
during birth



Emergency Care
for obstetric complication and
sick newborns



Early postnatal and essential
newborn care
for women and newborns



Prevention and treatment of
illness and malnutrition for all
under fives

ANCHORED BY:



Community
Engagement



Skilled Healthcare
Workers

“

The work around maternal and child healthcare is done with several foundations and partners to create an infrastructure around giving birth. There were shortcomings but we have worked to decentralize the system, ensuring health posts are equipped with a sufficient number of health workers and specialists. And we continue intensifying and scaling up this effort.

DR IBRAHIMA SY

Minister of Health and Social Action
Senegal



Child Health and Survival is the Foundation of Africa's Demographic Dividend



Africa is poised to benefit from a demographic dividend—a period of accelerated economic growth that can occur when a country's working-age population grows larger than the dependent population. This potential is driven by shifting population structures - but realizing the dividend is not automatic. It depends on strategic investments, starting with child survival.

High child mortality undermines the very conditions required for a demographic dividend. When parents are uncertain their children will survive, they tend to have more children, delaying fertility decline and putting pressure on household and national resources. In contrast, improved child survival leads to smaller family sizes, increased investments in each child, and a growing share of the population entering the workforce—creating a window for economic transformation.

Child survival is not just a moral goal; it is an economic catalyst. Every child who survives and thrives represents future human capital—educated, productive, and able to contribute to national development. Achieving this requires robust primary healthcare, nutrition, early childhood services, and government accountability for results.

If Africa is to harness its demographic dividend, it must begin by ensuring every child has a chance to live. Without survival, the dividend remains out of reach—a missed opportunity for prosperity.

If well managed (including improvements in child survival) Africa's demographic transition could boost GDP per capita by up to

56%
by 2100.



“

For our continent and mankind, our future depends on our children. Neonatal mortality is evitable. We can avoid it in our region.

How do we do that? With our resilience and the implementation of our policies

HON. DR. FILOMENA GONÇALVES
Minister of Health - Cabo Verde



From Dependency to Leadership



The case for African leadership in child survival is no longer aspirational—it is urgent. Donor-funded programs have delivered gains, but they cannot substitute for national stewardship. Sustained progress now depends on governments reasserting control over child health outcomes by prioritizing systems over projects. This requires elevating primary health care, investing in the workforce and supply chains, and aligning public budgets with national priorities.

Even within fiscal constraints, governments must make strategic choices—focusing on high-impact interventions, addressing persistent inequities, and improving the efficiency of public spending. Domestic investment must go hand-in-hand with accountability. Transparent budgeting, real-time health data, and mechanisms for citizen oversight are essential to closing the delivery gap.

Donor programs should align with nationally defined strategies, not operate in silos. Parallel systems fragment efforts and weaken long-term capacity. The future of child survival depends on African governments setting the agenda, coordinating partners around it, and delivering results through resilient institutions. What's needed is not more pilot projects but political will—to lead, to allocate, and to account. The tools are available, the evidence is clear, and the moral imperative is undeniable. Africa must act now, with ambition and authority, to safeguard every child's right to survive and thrive.



The future of
child survival
depends on
African
governments
setting the
agenda.

“

It is time for a bold new continental movement that redefines the way in which we approach child survival in Africa, heightening the level of urgency and seeing governments take back the child survival agenda and making it their own....This is our problem, and no one is coming to save our children.

HON. DR. AUSTIN DEMBY
Health Minister - Sierra Leone



United for Child Survival: Africa's Call to Action



AMONG THE ACTIONS THAT AFRICAN LEADERS MUST IMPLEMENT THERE ARE SEVEN KEY ACTIONS THAT CAN CONTRIBUTE TO FACILITATING THE ACCELERATION OF EFFORTS TO REDUCE MATERNAL AND CHILD MORTALITY:

Invest Across the Entire Life Course

Comprehensive investments spanning pre-pregnancy, pregnancy, childbirth, infancy, and childhood are essential. Protecting maternal health directly boosts newborn survival, while fostering child health optimizes long-term well-being and reduces future health system burdens.

Empower Subnational Planning, Budgeting, and Accountability

Effective maternal and child health strategies require devolved planning and monitoring, engaging women, families, and communities as active partners in defining priorities, tracking services, and holding systems accountable to rights and needs.

Prioritize Standardized, Reliable Data and Transmission

Quality, standardized data must be generated and accessible at all levels to guide evidence-based policies, monitor inequities, improve service delivery, and drive adaptive, locally relevant responses.



Align SDG Commitments with Adequate Investment

African leaders must ensure that their SDG commitments are matched by substantial, sustained funding and robust partnerships to drive meaningful progress in reducing maternal and child mortality.



Make Strategic, Sustained Investments in Quality and Equitable Health Care Packages

Countries must rigorously assess their unique contexts and gaps, then strategically deploy well-resourced, competent health workforces delivering accessible, high-quality, and equitable interventions tailored to community needs.



Address Social Determinants of Health through Community Engagement & Agency

Progress depends on tackling underlying social, economic, and cultural factors. Multi-level community collaboration fosters ownership, enhances uptake of interventions, and amplifies impact on maternal and child health outcomes.



Galvanize Multisectoral Partnerships Across All Stakeholders

Accelerated progress demands cohesive action from governments, public and private sectors, civil society, communities, donors, and investors—working in concert, aligned with national contexts and priorities to maximize impact.



United for Child Survival: Africa's Call to Action



If African countries are to achieve the Sustainable Development Goal 3.2 targets, decisive action and unwavering collaboration among all stakeholders—guided by steadfast leadership at the highest levels—are non-negotiable. True progress demands that governments not only invest the necessary resources but also enact and enforce policies that place the health and well-being of mothers and children at the forefront.



Communities must be recognized as vital partners in this effort, as child survival is deeply intertwined with societal structures and social determinants of health. Countries lagging behind must urgently learn from the proven strategies of those on track, accelerating adaptation and innovation.




Achieving these targets is essential to securing the 'Africa We Want' and fulfilling Aspiration 6 of Agenda 2063—an Africa driven by its people, empowered by its women and youth, and devoted to nurturing its children.



The time to act is now. Every moment lost compromises the future of millions. African leaders, governments, partners, and communities must unite with conviction to protect the promise of future generations. Failure is not an option—our children's lives depend on it.





These policy and advocacy milestones of African leadership in child health demonstrate African leaders' commitment to child survival. It is critical to maintain this momentum to achieve the SDGs for mothers and children

The Child Survival and Development Revolution is launched by UNICEF with an emphasis on four key measures: growth monitoring, oral rehydration therapy, promotion of breastfeeding, and immunization.

World Summit for Children: First-ever UN Summit-level meeting held exclusively to address children's issues, including child survival and protection, culminating in World Declaration and Plan of Action.

WHO and UNICEF develop ***Integrated Management of Childhood Illness (IMCI)*** as a health promoting strategy providing preventive and curative services for children under five in countries with greater than 40 deaths per 1000 live births.

1974

1982

1989

1990

1990

1995

1998

The Expanded Program on Immunization (EPI) is established at the World Health Assembly to provide vaccination against 6 priority diseases.

Convention on the Rights of the Child: Countries commit to honoring and protecting the civil, political, economic, social and cultural rights of every child, including the right to life, survival, and development in this legally binding international agreement.

• The African Union Member States adopt ***African Charter on the Rights and Welfare of the Child (ACRWC)*** affirming children's right to life survival and development.

• ***World Summit for Children:*** Inaugural UN Summit-level meeting held exclusively to address children's issues, such as child survival and protection. The World Declaration and Plan of Action are among its outcomes.

• ***The Children's Vaccination Initiative (CVI)*** is established in an effort to facilitate coordination between vaccine manufacturers and revolutionize how vaccines are made available for developing countries

The partnership platform for public, private, and nongovernmental actors, Roll Back Malaria Partnership is established.

The Abuja Declaration on Roll Back Malaria is signed by 53 African Heads of State as a commitment to halve malaria deaths in a decade.

Partnership for Maternal, Newborn, and Child Health is established bringing together efforts from safe motherhood/newborn health and child survival communities to amplify the voices advocating for women's, children's and adolescents' health.

Ethiopia, India and the United States, in collaboration with UNICEF, mobilized the world to achieve an ambitious yet achievable goal: to end preventable child deaths.

The African Union and its Member States adopt Agenda 2063: The Africa We Want that includes a commitment to increasing investment in health and infrastructure.

- *Africa CDC launches its full activities in the African health space.*
- *The Child Health Taskforce is established as a network strengthening comprehensive and equitable child health programs, with a focus on children aged 0-19 through primary healthcare including community health systems.*
- *The Every Breath Counts Coalition is launched to end preventable child pneumonia deaths by 2030. The public-private partnership brought 30 organizations together to achieve this goal.*

2000

2003

The Bellagio Workshop on Child Survival convenes experts to develop an action guide in response to 10.8 million children under 5 dying every year from preventable causes.

2005

2009

• *Through the support of WHO and UNICEF, the Global Action Plan for the Prevention and Control of Pneumonia and Diarrhea (GAPPD) is launched proposing a cohesive approach to ending preventable pneumonia and diarrhea deaths.*

• *The African Union Commission launches the campaign on accelerated reduction of maternal mortality in Africa (CARMMA).*

2012

2014

• *The Global Financing Facility is announced at the UN General Assembly. The GFF, in support of the Every Woman Every Child (EWEC) initiative, would finance SDG 3 and generate support for developing countries to end preventable maternal, newborn, and child deaths by 2030.*

• *194 member states endorsed the Every Newborn Action Plan, a road map providing a global strategic plan to achieve equitable and high-quality care for mothers and newborns.*

2015

2016

• *The Decade of Action on Nutrition is launched at the United Nations General Assembly (UNGA), as a tool for all stakeholders to form, monitor, and realize commitments to end all forms of malnutrition.*

• *The African Union's 26th Ordinary Assembly of Heads of State and Government establishes the Africa CDC.*

2017

- **The Zero-Dose Agenda** is launched as a global movement to end the inequity in access to immunization as 12 million children still do not receive a single vaccine shot.

- **The Global Forum on Childhood Pneumonia** prioritizes pneumonia on national and global health agendas, mobilizing national action and the donor community.

- Sierra Leone Ministry of Health and Sanitation announces the launch of the **Child Survival Action Initiative (CSA)** at the 2nd Global Pneumonia Forum in Madrid, Spain.

- The African Union Commission launches the expanded Campaign for **Accelerated Reduction for Maternal Mortality in Africa** (plus) that included children and adolescents' health.

- The Child Health Task Force engages African health leaders to pledge to join and support the child survival action movement at the **3rd Conference on Public Health in Africa (CPHIA 2023)** in Lusaka, Zambia.

- The 77th World Health Assembly ratifies resolution to **"Accelerate progress towards reducing maternal, newborn and child mortality in order to achieve Sustainable Development Goal targets 3.1 and 3.2"** that was co-drafted by 24 countries

- Sierra Leone hosts a **Health Ministers' Luncheon on Child Survival Action** at the 77th World Health Assembly to increase commitment to accelerated action for child survival.

- Health Ministers from Mali, Guinea, Sierra Leone, and Somalia, host a public ministerial webinar **From Resolution to Reality: Accelerating Progress on Maternal and Child Survival** in Africa to discuss actualizing the 77th WHA Resolution.

- Sierra Leone raises a Call-to-Action for African leaders on the **Public Health Emergency of Preventable Child Mortality** at the 73rd WHO Afro Regional committee in Brazzaville, Republic of Congo. **Every Woman Every Newborn Everywhere Initiative** is launched as partnership emphasizing the collaboration of Every newborn: an action plan to end preventable deaths (ENAP) and Ending Preventable Maternal Mortality (EPMM)

2019

2020

2021

2023

2024

2024

- **UN Secretary General commissioned a Global Action Plan for Child Wasting**; it includes costed, operational roadmaps to prevent, detect and treat child wasting in over 20, mostly African, countries

- **Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP)** outlines commitments by 13 multilateral agencies to strengthen their collaboration. As a collaborative platform, SDG3 GAP supports a resilient and equitable recovery toward achieving the health-related Sustainable Development Goals. This includes buttressing sustainably financed primary health care (PHC) systems to achieve universal health coverage (UHC).

- **The Compact for Nutrition is launched** at the Tokyo Nutrition for Growth (N4G) Summit, with government and private sector donors pledging over US\$27 billion to tackle global malnutrition and hunger.

- **The African Union deems 2022 "The Year of Nutrition"** following AU Nutrition Champion's call on all African Heads of State and Government to ensure the integration and promotion of nutrition smart interventions within COVID-19 response and recovery action plans.

- **Sierra Leone and Tanzania host a critical roundtable** on renewing commitment, investment, and action for child support for 59 countries off-track to SDG 3.1 and 3.2 targets at the 75th World Health Assembly.

- The United Nations Inter-agency Group for Child Mortality Estimation releases its 2023 report highlighting that **42 out of the 59 countries off-track to SDG 3.2 are African.**

- The Africa CDC and UNICEF expand their partnership to strengthen health systems and immunization of children across Africa.

- Gavi, the Vaccine Alliance secures **\$1.8 billion** to manufacture vaccines and reach missed children in Africa.

- The United Republic of Tanzania hosts the launch of the new phase of **CARMMA Plus** in the **EAC region** and the regional pledge to commit to reduce maternal mortality ensuring more mothers survive childbirth and can nurture their newborns to thriving health.

- Somalia leads the African bloc of 11 countries in co-drafting a resolution to commit to recover lost progress in maternal, newborn & child survival for the World Health Assembly.

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