From commitment to action

A united advocacy strategy for maternal health and child survival in Africa

2025-2030

Acknowledgement Statement

Developed through a collaborative process facilitated by PATH, and co-created with the African Union Commission, Africa CDC, WHO, UNICEF, UNFPA, Partnerships for Maternal, Newborn, and Child Health (PMNCH), the EWENE Advocacy & Accountability Working Group, various ministries of health , Child Survival Action (CSA), and many other civil society stakeholders, this strategy unites institutions and communities under a shared plan for MNCH in Africa.

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01 Global Progress and Challenges in Maternal, Newborn, and Child Health (MNCH)

Over the past two decades, significant progress has been made worldwide to reduce maternal and child mortality.

According to The World Health Organization (WHO)'s Trends in Maternal Mortality estimation from 2000 to 2003, the global maternal mortality ratio (MMR) fell by 40%, from 328 to 197 deaths per 100,000 live births. Despite this progress, the decline remains well below the 6.4% annual reduction needed to meet Sustainable Development Goal (SDG) 3.1, which aims to reduce the global maternal mortality to less than 70 deaths per 100,000 live births by 2030 (MMEIG 2025).

Similarly, during the same period, according to the United Nations Inter-agency Group for Child Mortality Estimation, the global under five mortality rate (U5MR) declined by 52%, from 77 to 37 deaths per 1,000 live births. Approximately 1.9 million babies were stillborn, equating to a rate of roughly 14 stillbirths per 1,000 births (1 in 69). Additionally, 4.8 million under-five deaths were recorded, with 2.3 million of these occurring in the neonatal period. According to the United Nations Inter-Agency Group for Child Mortality Estimation (UN IGME) Report of 2024, an estimated 170 million children died before age five and disturbingly, the annual rate of decline in child mortality from 2015 to 2023 was 42% slower than it was from 2000 to 2015. If current trends persist, 60 countries are projected to miss SDG 3.2, which calls for reducing under-five mortality to less than 25 deaths per 1,000 live births by 2030 (UN IGME 2024).

In response to the urgent need for accelerated action, global stakeholders have reaffirmed their commitments through a range of frameworks and initiatives. Central among these is the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), which provides a comprehensive roadmap to end preventable deaths and ensure health and well-being for all women, children, and adolescents, everywhere.

The strategy aligns closely with the UN SDGs and has been further reinforced by the 2024 World Health Assembly resolution, co-sponsored by 24 countries and led by South Sudan, as well as the Every Woman, Every Newborn, Everywhere (EWENE) initiative, which outlines strategic, evidence-based actions to accelerate progress toward ending preventable maternal, newborn, and child deaths and stillbirths by 2030.

02

Closing the Gap: Advancing Maternal, Newborn, and Child Survival in Africa

Global trends mask significant disparities and wide inequalities in maternal and child survival, both between world regions and among countries within those regions.

According to UN maternal mortality estimates, sub-Saharan Africa remains the centre of the global MNCH crisis, accounting for 70% of maternal deaths and exhibiting the world's highest MMR at 454 deaths per every 100,000 live births. West Africa recorded the highest MMR globally, with an estimated 690 maternal deaths per 100,000 live births.

The global disparity meant that in 2023, a 15-year-old girl in sub-Saharan Africa faced a nearly 400 times greater risk of dying from maternal causes compared to her peers in Australia and New Zealand, with a risk of 1 in every 55 versus just 1 in 21,248, respectively. Looking more closely, two countries in Africa—Nigeria and the Democratic Republic of the Congo (DRC)—account for over 35% of all maternal deaths, with Nigeria responsible for 28.7% and the DRC for 7.2%.

Sub-Saharan Africa also bears the highest burden of child mortality rates globally, accounting for 57% of under-five deaths and 46% of neonatal deaths in 2023. Nearly 80% of stillbirths occurred in this region and Southern Asia, with sub-Saharan Africa alone accounting for nearly half of the global burden. The first month of a child's life is particularly vulnerable, and in sub-Saharan Africa, 42 out of 47 countries are off track to meet the neonatal mortality rate SDG target of 12 per 1,000 live births. As a result, a child born in this region is 18 times more likely to die before age five than one born in Australia or New Zealand, with an 80-fold disparity between the highest and lowest mortality rate countries.

There is significant variation across African countries. While nations like Libya, Tunisia, Egypt, Morocco, Algeria, Seychelles, Mauritius, and Cabo Verde have met the under-five mortality SDG target of 25 deaths per 1,000 live births, others such as Nigeria (132 per 1,000), Somalia, Chad, Central African Republic, and Sierra Leone continue to face persistently high child death rates. Countries such as Malawi, Rwanda, Ethiopia, Uganda, and Senegal have made remarkable progress, reducing under-five mortality by over 75% since 2000, demonstrating that sustained commitment, targeted investments, and effective policies can lead to accelerated and replicable gains in child survival across the continent.

The COVID-19 pandemic temporarily disrupted progress in reducing maternal mortality, with the global MMR rising in 2021, reflecting excess mortality among women aged 15–49. However, this setback was short-lived and by 2022, both the global MMR and number of maternal deaths had fallen below levels seen in the three years preceding the pandemic. Unlike maternal mortality, global child mortality rates did not increase significantly during the COVID-19 pandemic; however, the pandemic slowed progress in reducing under-five and neonatal mortality by disrupting health systems, immunisation services, and access to essential care—particularly in low- and middle-income countries.

According to the UN 2025 Trends in Maternal Mortality Report, the leading causes of maternal and child mortality remain largely preventable, disproportionately affecting women and children in low-income and fragile countries. Leading causes of maternal mortality include severe bleeding (particularly postpartum haemorrhage); infections (especially those occurring after childbirth); hypertensive disorders (such as pre-eclampsia and eclampsia); complications from unsafe abortion; and obstructed or prolonged labour along with other delivery complications. For children, these include preterm birth complications, pneumonia, birth asphyxia, diarrhoea, and malaria.

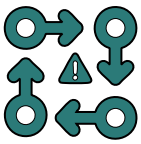
Overall, systemic challenges have stalled the progress for maternal and child survival, including:

Health system failures

Limited coverage and access to essential health services, shortages in skilled health workers, inadequate supplies of lifesaving commodities and supplies, and - ineffective emergency and referral systems.

Financing and policy gaps

Low domestic investments leave many national programmes underfunded or dependent on external support, while fragmented coordination among donors, governments, and implementing partners creates inefficiencies and programme gaps. Weak data systems and accountability mechanisms hinder countries' ability to track progress and make timely course corrections. Reductions in official development assistance (ODA) for health have significant implications for maternal health and child survival, particularly in low- and middle-income countries dependant on external funding for supporting essential health services.



Political unrest, humanitarian crises, and displacement

Armed conflict, displacement, and climate-related shocks continue to hinder efforts to address health priorities by disrupting services, increasing food insecurity, and exposing women and children to harsh living conditions.

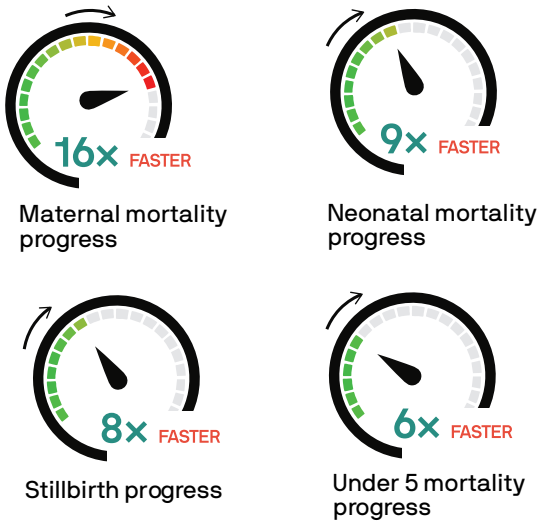
Gender and social inequities

Poverty limits access to care, inhibits care-seeking behaviour, and exacerbates gender and social inequities, including low maternal education, child marriage, adolescent pregnancies, discriminatory practices and stigma in health facilities, limited decision-making power, and lack of autonomy, all of which contribute to reduced access to care.

Africa has developed a strong body of regional frameworks to advance MNCH, yet implementation remains uneven. These frameworks reflect strong political will and provide a comprehensive roadmap for progress. However, many commitments operate in silos, with duplication, limited coordination, and fragmented accountability. As a result, national policies often fail to fully operationalize continental priorities, leaving the region off track to achieve its MNCH agenda and 2030 targets.

A strong foundation of continental frameworks and campaigns exists, yet commitments alone are not enough. African countries must now translate these into faster, sustained action, as meeting the 2030 SDG targets will require an unprecedented acceleration in progress. To meet these targets, the pace of progress must accelerate dramatically.

FIGURE 1: **Accelerated progress required to meet SDG targets**



Without urgent and coordinated action to hold leaders accountable to these various, fragmented commitments—driven by renewed political will and increased investment to accelerate and protect progress—millions of preventable deaths among women and children will persist.

Key regional policy frameworks related to MNCH in Africa:

- **African Union Agenda 2063:** Envisions high standards of living, universal access to health care, and improved well-being by 2063.
- **Africa Health Strategy (2016–2030):** A roadmap toward universal health coverage and resilient health systems.
- **Abuja Declaration (2001):** African Union (AU) member states committed 15% of national budgets to health—a benchmark for domestic resource mobilisation.
- **Africa CDC—New Public Health Order:** Prioritizes health security, workforce development, local manufacturing, and innovation.
- **Addis Declaration on Immunisation (2017):** Focuses on immunisation equity and universal vaccine access.
- **Continental Health Workforce Strategy:** Strengthens human resources for health.
- **Maputo Plan of Action (2007, revised 2016):** Roadmap for implementing Sexual and Reproductive Health and Rights (SRHR) policies.
- **CARMMA (2009) → CARMMA Plus (2021–2030):** Campaign to reduce maternal mortality, revitalized with a roadmap and accountability framework.
- **AU Continental SRHR Framework (2022–2030):** Strengthens reproductive health rights across the continent.
- **Africa Newborn Action Plan:** Accelerates progress in newborn survival.

03 Accelerating Progress for Women and Children: The Africa Regional Maternal Health and Child Survival Advocacy Strategy

The urgency for a unified strategy for maternal and child survival advocacy has never been greater.

This strategy aims to address persistent regional disparities, stagnating progress, and shifting global and local financing dynamics. It is a timely and strategic response, designed to inspire political commitment, mobilise resources and investments for maternal and child health, drive accountability for commitments made, align regional voices, and accelerate progress where the burden is highest.

The strategy is rooted in ongoing efforts to accelerate action, serving as a unifying and context-specific framework that bridges the gap between global ambitions, regional commitments, and national realities. It promotes greater coherence, alignment, and coordination among MNCH advocacy actors, who often operate in silos, resulting in fragmented efforts, duplicated work, and limited sustainable impact. By fostering stronger linkages between country, regional, and global advocacy, the strategy enhances the efficiency and political resonance of MNCH action across Africa.

This strategy was shaped through a participatory process, including a regional meeting in April 2025 in Johannesburg that gathered nearly 40 stakeholders from 14 countries. The group included representatives of the African Union Commission, Africa CDC, various ministries of health, PATH, WHO, UNICEF, UNFPA, Partnerships for Maternal, Newborn, and Child Health (PMNCH), the EWENE Advocacy & Accountability Working Group, Child Survival Action (CSA), and many other civil society stakeholders. The result is a shared plan for advocacy designed to drive lasting action, accountability, and investment to achieve regional and global MNCH targets.

04

Africa MNCH Advocacy Goals and Objectives

GOAL: **By 2030, stronger political leadership, increased domestic investment, and accelerated action and accountability to reduce maternal, newborn, and child mortality across Africa contributing to the achievement of SDG 3 targets.**

Strategic Advocacy Priorities to Accelerate MNCH Progress

THE CHALLENGE:

Limited political will

A persistent barrier to improving MNCH outcomes in Africa is the gap between political promises and real-world results for women and children. While many governments have endorsed ambitious regional and global MNCH commitments, these pledges often falter due to inadequate financing, weak policy execution, and limited sustained engagement from senior political leaders. The consequences are clear: underfunded health systems, fragmented programming, poor accountability, and stalled progress.

OBJECTIVE 1

Strengthen and sustain political will for maternal, newborn, and child health in Africa.

The years 2025 to 2027 will be pivotal. Over a dozen African countries will hold national elections. These transitions present both risks and opportunities. MNCH could be deprioritized in favour of short-term electoral promises, but it is also a rare chance to position women's and children's health as a defining political priority. Strategic advocacy over the next two years can influence party platforms, secure high-level commitments, and embed MNCH in new government agendas—laying the foundation for ongoing investment and faster progress.

THE CHALLENGE:

Limited investment in MNCH

Financing for MNCH in Africa remains critically inadequate, both from domestic sources and external partners. This shortfall persists despite the region shouldering a disproportionate share of the global burden. MNCH programmes continue to receive only a small slice of ODA. Shifting donor priorities and declining external aid now threaten to reverse decades of hard-won progress.

OBJECTIVE 2

Mobilise and sustain increased domestic financing for MNCH and PHC to meet 2030 targets.

The funding gap is even more pronounced at the national level. In 2021, African governments allocated an average of just 7.3% of their national budgets to health—less than half the 15% commitment made under the Abuja Declaration. This chronic underinvestment limits the capacity of primary health care systems to deliver quality MNCH services, especially to the most vulnerable.

Investing in MNCH and PHC is both a moral and an economic imperative. Evidence from the World Economic Forum shows that every US$1 invested in maternal and child health can yield up to US$20 in economic returns through increased productivity, reduced health costs, and strengthened human capital. The cost of inaction will be counted in lives lost, futures cut short, and diminished development prospects.

THE CHALLENGE:

Weak policy implementation to advance maternal health and child survival.

Despite a robust landscape of policy declarations, strategic frameworks, and national MNCH plans across Africa, weak and uneven implementation remains a major obstacle to progress. Many governments have formally aligned with regional and global commitments, yet translating these policies into concrete, effective action on the ground is too often slow, fragmented, and underfunded.

OBJECTIVE 3

Accelerate the implementation of MNCH-related policies, strategies, and commitments at regional, national, and subnational level.

Contributing factors to this situation include limited political will, inadequate and poorly targeted financing, weak intersectoral coordination, and the absence of strong mechanisms to track, enforce, and course-correct implementation. Without decisive action, lifesaving interventions will continue to bypass the women and children who need them most, leaving the promise of improved health outcomes unfulfilled.

THE CHALLENGE:

Weak accountability mechanisms for policy and financial commitments.

Across Africa, accountability for MNCH commitments remains weak and inconsistent. While governments and regional bodies have made numerous policy declarations and financial pledges, follow-through is often limited due to the absence of robust, transparent, and institutionalized systems to track progress, monitor resource use, and enforce commitments.

While data exists from routine health systems, national surveys, and global reports, it is often fragmented, poorly communicated, and disconnected from decision-making. Without clear mechanisms to measure what has been promised against what has been delivered, these commitments risk remaining symbolic rather than driving real change.

OBJECTIVE 4

Strengthen and institutionalize data-driven accountability mechanisms of both policy and financial commitments for MNCH at regional, national, and subnational levels.

Effective accountability demands a culture of mutual responsibility. Governments must uphold their obligations, respond to evidence, and act on citizen feedback. Technical actors must ensure that data is

timely, reliable, and accessible to guide corrective action. Civil society and media must actively monitor performance, amplify community voices—including women's and youth—and advocate for equity and measurable impact.

Citizens must be meaningfully engaged in monitoring health budgets, policy commitments, service delivery, and implementation, ensuring that MNCH resources are used efficiently, equitably, and in line with community needs.

THE CHALLENGE:

Limited community engagement in decision-making leading to low ownership and misaligned health interventions.

OBJECTIVE 5

Amplify and institutionalize community engagement—especially of women, youth, and marginalized groups—in MNCH policy development, implementation, monitoring, and financial decision-making processes.

Despite widespread recognition that community engagement is essential to achieving sustainable MNCH outcomes, meaningful participation in decision-making remains limited. Too often, health policies, budgets, and programmes are developed with minimal consultation of those most affected—women, youth, and grassroots leaders—resulting in interventions that do not fully reflect local priorities, cultural contexts, or lived realities.

While participatory approaches are routinely referenced in advocacy and programme design, they are inconsistently applied in practice. Mechanisms for community input, where they exist, are often ad hoc, under-resourced, or tokenistic, limiting the ability of communities to influence decisions or hold leaders accountable. This exclusion not only weakens trust between communities and health systems but also reduces uptake and effectiveness of MNCH interventions. Without this engagement, the risk remains high that health strategies will be misaligned, ownership will be low, and progress toward MNCH targets will stall.

THE CHALLENGE:

Fragmentation and lack of coordination among MNCH advocacy efforts across Africa.

OBJECTIVE 6

Strengthen coordination and alignment of MNCH advocacy efforts at regional and national levels to enhance impact, reduce fragmentation, and promote collective accountability.

One of the most persistent barriers to accelerating progress in MNCH in Africa is the fragmented and poorly coordinated nature of advocacy efforts. While governments, civil society, donors, and multilateral organisations are all working to advance MNCH priorities, these efforts are too often siloed, duplicative, or insufficiently aligned with national and regional priorities.

This fragmentation weakens collective influence, reduces resource efficiency, and dilutes the power of a unified African voice to drive policy, financing, and accountability at scale. Strengthening coordination across countries, sectors, and stakeholders is essential to foster synergy, reduce duplication, and ensure that advocacy is both context-specific and anchored in broader continental and global frameworks.

Addressing these persistent barriers to MNCH in Africa requires more than commitments on paper—it demands coordinated, sustained, and targeted action.

Below, the objectives are each paired with priority advocacy actions designed to drive political leadership, secure sustainable financing, accelerate policy implementation, strengthen accountability, amplify community voices, and enhance coordination. Together, they form an integrated framework for regional and national advocacy that is practical, measurable, and able to deliver real results for women, newborns, and children across the continent.

Advocacy Goal: By 2030, secure stronger political leadership, increase domestic investment, and drive accelerated action and accountability to reduce maternal, newborn, and child mortality in Africa, contributing directly to the achievement of SDG 3.1 and 3.2.

Priority advocacy actions	Outcomes	Indicators (illustrative)
OBJECTIVE 1: **Strengthen and sustain political will for maternal, newborn, and child health in Africa.**		
1.1 **Engage high-level regional and political leaders,** including heads of state and the Africa Union Commission, to prioritize and secure MNCH on the political agenda at continental and regional levels, leveraging regional platforms, such as the AU Summit, the AU Africa Leaders Meeting (ALM), Heads of State Summit, and the G20. 1.2 **Leverage existing political and parliamentary mechanisms,** such as regional economic communities (RECs), like the East African Community or the South African Development Community, and legislative platforms, such as Network of African Parliamentary Committees of Health (NEAPACOH), to position MNCH as a strategic priority for broader health, development, and economic development agendas.	» Increased high-level political visibility and prioritization of MNCH at regional and national levels. » MNCH embedded in regional and national policy, planning, and financing frameworks. » Strengthened engagement of regional civil society platforms and coalitions that drives MNCH advocacy.	» # of heads of state or senior political leaders making public commitments to MNCH, like at the AU, ALM, G20, and in national forums. » # of MNCH-focused declarations or resolutions adopted at regional platforms, such as the AU Summit, NEAPACOH, SADC, or EALA.

Priority advocacy actions	Outcomes	Indicators (illustrative)
1.3 **Contribute to ongoing south-led advocacy efforts** through the Global Leaders Network to sustain political leadership, foster peer-to-peer learning, and promote ownership of the MNCH agenda across African countries. 1.4 **Collaborate with regional advocacy coalitions and networks,** such as Partnerships for Maternal, Newborn and Child Health (PMNCH) or Child Survival Alliance (CSA), to influence high-level political leadership and increase political visibility and accountability for MNCH commitments in Africa. 1.5 **Generate, package, and disseminate evidence** on the political, economic, and social cost of inaction on MNCH, including the implications for national productivity, equity, and health system resilience, that informs policy and investment decisions at continental and national levels.	» Political discourse and decision-making on MNCH informed by regional and national evidence.	» # of countries with MNCH explicitly prioritized in national health-sector strategic plans or health financing strategies. » # of parliamentary or cabinet sessions where MNCH progress is formally reviewed or debated. » # of political or policy briefs produced and disseminated with data on the economic/social cost of inaction on MNCH.
OBJECTIVE 2: **Mobilise and sustain increased domestic financing for MNCH and PHC to meet 2030 targets.**		
2.1 **Elevate and amplify messaging on MNCH financing** at the highest political levels, including presidential and ministerial-level forums (e.g., AU Summits, NEAPACOH, ALM, etc.) to secure sustainable MNCH commitments and financing. 2.2 **Promote inter-ministerial alignment on MNCH investment** between ministries of health and finance to ensure shared understanding of MNCH financing needs and gaps. 2.3 **Leverage regional financing platforms to mobilise resources** such as the Africa Leadership Meeting and the regional economic communities to advocate for increased and better-targeted domestic resources for MNCH and primary health care.	» MNCH and PHC are elevated as national investment priorities at the highest political levels. » Ministries of Health and Finance demonstrate increased alignment on MNCH investment priorities. » Increased domestic resource allocation for MNCH and PHC.	» # of high-level political platforms (e.g., AU Summit, ALM, NEAPACOH) where MNCH financing is featured in final declarations or communiqués. » # of heads of state or senior officials publicly committing to increased MNCH and PHC financing. » # of national development plans or political manifestos that explicitly prioritize MNCH and PHC investment.

Priority advocacy actions	Outcomes	Indicators (illustrative)
2.4 **Generate, package, and disseminate tailored country-level analysis** on MNCH financing gaps, costed implementation plans, and opportunities for innovative financing (e.g., health taxes, private-sector co-financing, or results-based financing). 2.5 **Develop and deploy advocacy tools and resources** including budget briefs, investment cases, cost-benefit analyses, and messaging toolkits, that translate complex finance data to support engagement with policymakers, parliamentarians, and civil society during budget cycles. 2.6 **Strengthen the capacity for evidence-based budget advocacy** of civil society and technical leaders to enable them to participate meaningfully in planning, budgeting, and accountability processes at national and subnational levels.	» Country-specific evidence informs national financing and policy decisions. » Strengthened capacity of civil society and technical actors to advocate for and monitor MNCH financing.	
OBJECTIVE 3: **Accelerate the implementation of MNCH-related policies, strategies, and commitments at regional, national, and subnational levels.**		
3.1 Engage regional and national parliaments **to strengthen adoption, domestication, and implementation** of MNCH-related policies at regional and national levels. 3.2 **Advance policy implementation reviews** at key regional and national political platforms and moments, ensuring these reviews reflect local conditions, highlight progress, expose bottlenecks, and identify opportunities for corrective action.	» MNCH-related policies and regional commitments are adopted, domesticated, and integrated into national legal and strategic frameworks. » National MNCH policies are effectively aligned with subnational plans, budgets, and service delivery systems.	» # of parliamentary motions, resolutions, or debates held on MNCH policy adoption or implementation. » # of countries with active parliamentary health committees regularly reviewing MNCH policy status. » # of documented examples of improved service delivery outcomes linked to better policy implementation alignment.

Priority advocacy actions	Outcomes	Indicators (illustrative)
3.3 **Establish policy tracking and accountability mechanisms** by leveraging existing structures such as technical working groups, parliamentary committees, national MNCH coalitions, and multi-stakeholder platforms to monitor policy execution status, coverage of high-impact interventions, service delivery outcomes, budget allocations, and spending. 3.4 **Facilitate alignment** between national MNCH strategies and subnational and community-level plans so that policies translate into real impact for women and children.	» Visibility and transparency of MNCH implementation progress is enhanced across countries and regions. » Regular policy implementation reviews inform decision-making and mid-course corrections.	
OBJECTIVE 4: **Strengthen and institutionalize accountability mechanisms for policy and financial commitments related to MNCH at regional, national, and subnational levels.**		
4.1 **Convene presidential and ministerial dialogues** at regional and national levels to review progress on MNCH policies and funding commitments, like those from the African Union, Africa CDC, NEAPACOH, and EWENE, as well as national parliamentary health and finance committee hearings and health financing forums. 4.2 **Develop and institutionalize accountability tools,** like scorecards, dashboards, and commitment-tracking tools, to monitor the status of MNCH policy and budget implementation, leverage digital platforms and AI to automate tracking, improve data accuracy, and enhance real-time decision-making.	» High-level political and technical forums are actively used to review and accelerate MNCH commitments. » Functional and institutionalized accountability tools are used to track MNCH progress at all levels. » Countries and partners regularly share lessons and replicate effective accountability practices.	» # of countries using AU or subregional scorecards (e.g., ALMA, AU Domestic Health Financing Scorecard) to monitor MNCH policy execution. » # of countries with policy tracking tools operational at national and subnational levels. » # of civil society organisations, youth-led groups, and women's organisations actively engaged in tracking MNCH policy execution and feeding findings into formal review processes.

Priority advocacy actions	Outcomes	Indicators (illustrative)
4.3 **Facilitate cross-country learning and adaptation** through regional and national knowledge-sharing and learning exchanges that aim to promote cross-country learning, disseminate best practices, and adapt effective accountability approaches across different geographies through methods such as webinars, country-specific briefings, and communities of practice. 4.4 **Strengthen citizen-driven accountability** by supporting community-based monitoring mechanisms, particularly those led by women, youth, and grassroots organisations, to track MNCH service delivery and budget execution. 4.5 **Build media capacity and launch data-driven advocacy campaigns** that spotlight progress and gaps in MNCH implementation, promote public awareness, and create pressure for accountability.	» Civil society, women, and youth are actively engaged in MNCH monitoring and budget oversight. » Media plays an active role in promoting transparency and public accountability on MNCH commitments.	» # of media stories and advocacy campaigns using MNCH policy implementation data to drive accountability.
OBJECTIVE 5: **Amplify and institutionalize community engagement—especially of women, youth, and marginalized groups—in MNCH policy development, implementation, monitoring, and financial decision-making processes.**		
5.1 **Promote the formal inclusion of civil society organisations (CSOs)**, women's groups, youth networks, and grassroots leaders in national and regional health-sector working groups, health budget planning and review processes, and policy dialogue platforms at all levels. 5.2 **Strengthen the technical and advocacy capacity of community champions and local organisations** on budget advocacy and meaningful participation in policy formulation, budgeting, and accountability mechanisms. 5.3 **Elevate community voices** as champions, spokespeople, and storytellers in national and regional advocacy campaigns.	» Community voices are formally represented in MNCH policy and financial decision-making platforms. » Community actors are equipped to engage meaningfully in MNCH decision-making. » Community priorities and voices are amplified through advocacy and public campaigns.	» % of national and regional MNCH decision-making platforms with formal representation from community actors, like CSOs, women's groups, youth, and grassroots leaders. » # of community representatives actively participating in health-sector working groups, budget processes, or policy dialogues. » # of documented cases where community actors have influenced MNCH policy, budget allocations, or programme design.

Priority advocacy actions	Outcomes	Indicators (illustrative)
OBJECTIVE 6: **Strengthen coordination and alignment of MNCH advocacy efforts across regional, national, and subnational levels to enhance impact, minimise fragmentation, and drive collective accountability for results.**		
6.1 **Convene a standing regional coordination mechanism** that holds quarterly virtual meetings and annual in-person gatherings. This group will bring together AU institutions, UN agencies, civil society, youth-led organisations, and technical partners to align advocacy goals, messaging, and timing across the continent. 6.2 **Develop and maintain a real-time MNCH advocacy partner and initiative map** across Africa to identify active players, reduce duplication, foster collaboration, and inform strategic partnerships. 6.3 **Coordinate joint advocacy campaigns and engagements** around key regional and national policy moments, summits (e.g., AU, G20, NEAPACOH), and budget cycles to amplify messages and unify calls to action. 6.4 **Monitor and track joint implementation** of the MNCH Advocacy Strategy, including progress on country-level uptake, aligned messaging, and shared advocacy milestones. 6.5 **Co-develop and disseminate regionally relevant, evidence-based advocacy resources**, like toolkits, infographics, briefs, and social media assets, to ensure consistent and compelling messaging at country and regional levels.	» Advocacy efforts are harmonized across countries and regions, reducing duplication and increasing collective influence. » Evidence-based MNCH advocacy resources are co-developed and widely disseminated.	

05

Conclusion: A Call to Action

The Africa Regional MNCH Advocacy Strategy is more than a framework; it is a shared commitment to Africa's women, newborns, and children.

To deliver on this promise, every stakeholder including governments, parliamentarians, regional bodies, civil society, youth, donors, and technical partners, must work together with urgency and resolve.

This strategy should serve as a common roadmap to guide advocacy efforts, align priorities, and prevent duplication, ensuring that resources are used effectively and make a real impact. By embracing collaboration, strengthening accountability, and amplifying our collective voices, we can transform political commitments into real outcomes. Now is the time to act together to honour Africa's pledges, accelerate progress, and finally achieve the health, dignity, and future that every woman and child deserves.

Annex

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FROM COMMITMENT TO ACTION

A united advocacy strategy for maternal health and child survival in Africa