

Accelerating maternal, newborn, and child health across Sub-Saharan Africa



Stronger collaboration, greater accountability

Sub-Saharan Africa has made remarkable progress, yet approximately 490 mothers and more than 7,500 children under five years still die every day. Bold leadership and sustained investment are urgently needed to end these preventable deaths.

Over the past two decades, sub-Saharan Africa has cut child deaths by more than half and significantly reduced maternal and neonatal mortality—progress attributable to strong political will and smart investments in essential health services for mothers and children. However, far too many mothers, newborns, and children in sub-Saharan Africa still die every day from preventable causes.

Children born in sub-Saharan Africa today are still 14 times more likely to die before their fifth birthday than children born in high-income countries. For a young woman in sub-Saharan Africa, the risk of dying during or shortly after childbirth is still 144 times higher than that of her peers in high-income countries. These challenges persist due to limited access to skilled birth attendants, essential medicines, and quality health care; they are made worse by emerging infectious disease threats—like recent outbreaks

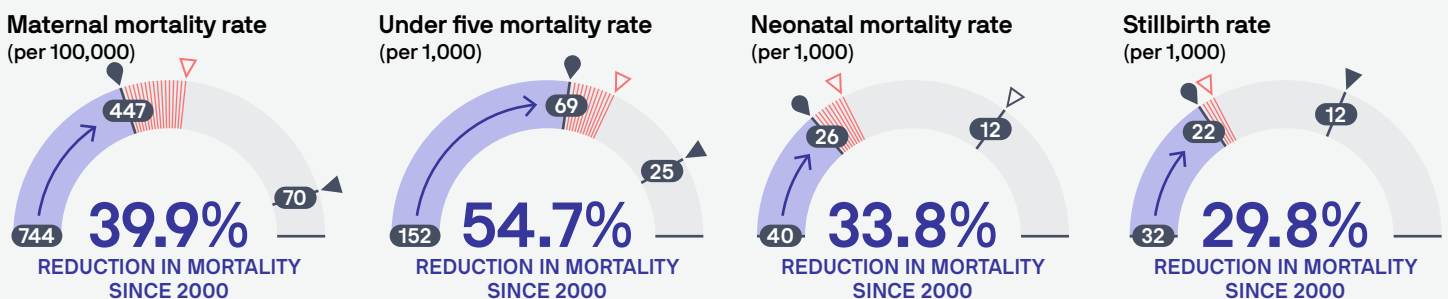
of Ebola and Marburg viruses—and by the impacts of climate change, which can further restrict access to lifesaving care.

These disparities are not inevitable. Sub-Saharan Africa has achieved significant progress and remains committed to improving health outcomes for women and children. But with just five years to go, sub-Saharan Africa is off track to meet its commitment to the Sustainable Development Goal (SDG) 3 target for maternal mortality (see Figure 1).

As global health funding decreases, protecting decades of progress and continuing to build toward a healthier future will require tackling persistent bottlenecks, strengthening civil society advocacy, and coordinating leadership across sectors. What is needed now is bold, sustained political will to ensure every mother, newborn, and child survives and thrives.

FIGURE 1. Tracking Sub-Saharan Africa's lifesaving commitment to mothers and children.

Over the last 25 years, Sub-Saharan Africa has made remarkable progress in reducing preventable maternal and child deaths.



- ◆ 2023 mortality
- ▽ 2030 projected mortality
- ▼ SDG 2030 goal

Note: Maternal mortality figures are sourced from the WHO "Trends in Maternal Mortality 2000 to 2023" dataset. Child under five and neonatal mortality rates and stillbirth rates are sourced from the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). Percentage changed and 2030 projections are calculations run by PATH (see Appendix) based on the data included in the WHO and UN IGME sources used.

The landscape: Preventable complications and significant disparities in care for women and children persist across the sub-Saharan Africa region

The sub-Saharan Africa region has made significant strides in improving maternal, newborn, and child health outcomes, but it still carries most of the global burden of maternal and child deaths. This represents almost half of all neonatal deaths, more than 55% of all deaths of children under five, and nearly 70% of maternal deaths estimated in 2023. According to the World Health Organization, many of these deaths are caused by preventable and treatable conditions including postpartum hemorrhage, high blood pressure during pregnancy (pre-eclampsia and eclampsia), premature birth, complications during childbirth, and infectious diseases including pneumonia, malaria, and diarrheal disease.

The regional burden is undeniable and potentially worsened in fragile or destabilized settings. It's important to note, however, that outcomes vary wildly across the region. While 1 in 24 women in Chad are at risk of dying of a maternal cause in their lifetimes, only 1 in 1,650 women in Cabo Verde face that same risk. Children under five in Niger are almost ten times more likely to die before their fifth birthday than children in Cabo Verde. Nigeria alone accounted for more than a quarter of all global maternal deaths, 16% of all child deaths, and 11% of all neonatal deaths in 2023. There are solutions relevant to many countries in the region—scaling access to antenatal and postnatal care, increased funding, improved

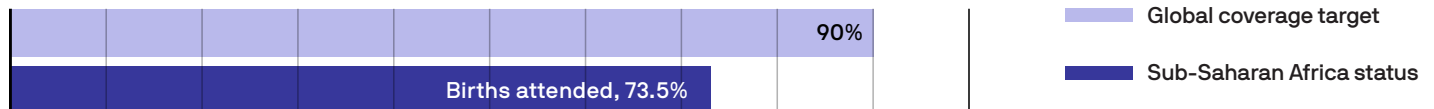
data collection for decision making—that will be essential to improving outcomes across sub-Saharan Africa. Bridging the gaps will require country-specific approaches for equitable improvements in maternal, newborn, and child health.



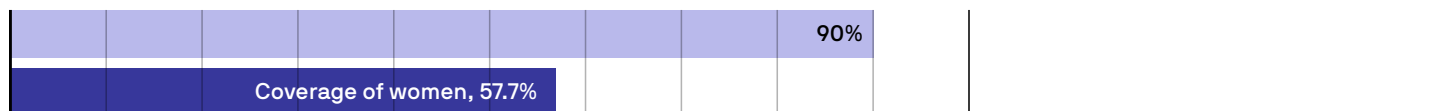
Kendu Bay Sub-County Hospital Vaccines and Immunization Coordinator, Victorine Wasonga (right), speaks with Jane Awuor and her child, Shirley Marion, about the importance of preventive care for child health.

FIGURE 2. At a glance: Maternal, newborn, and child health care indicators in the Sub-Saharan Africa region.

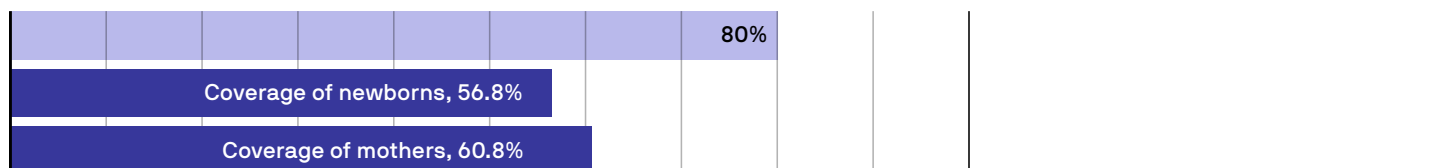
Births attended by skilled health personnel



Pregnant women having four or more antenatal care visit days



New mothers/babies receiving postnatal care within two days



Note: All data is from the UNICEF Maternal and Newborn Health Coverage Database, November 2024 dataset.

The challenge: Financing, political will, and coordination constraints weaken impact

Sub-Saharan Africa's progress is fragile, as preventable maternal and child deaths continue to pose an urgent, often overlooked crisis. While solutions are well known

and within reach, their realization requires sustained political commitment, increased investment, and stronger accountability. Key challenges include:



Financing

Cuts to global health funding pose a significant threat to hard-won progress for women and children in sub-Saharan Africa, raising urgent questions about how countries can continue to improve access to care with fewer resources. Many countries are underfunding their health budgets, having long relied on international support of critical health services like MNCH care; all except three countries in the region fall short of the Abuja Declaration of 2001, in which African Union member states pledged to allocate at least 15% of their national budgets to health. Domestic resources alone are unlikely to be enough to cover the gaps created by shrinking aid, and rising debt further constrains domestic resources, with sub-Saharan Africa expected to spend \$81 billion in debt servicing between 2023 and 2025.



Data quality and coordination

Weak data and accountability systems at the regional level continue to hinder progress across the region. Standardized data collection and reporting remain inconsistent, making it difficult to track progress, identify gaps, and share best practices across countries and regions. Delays, incomplete records, and inconsistencies further limit the ability of policymakers and stakeholders to respond effectively to emerging challenges. Even when data is available, weak institutional capacity, political barriers, and misalignment with national priorities often prevent it from driving meaningful action.



Political commitment

Weakened political commitment continues to stall progress on MNCH, putting SDG targets further out of reach. Without bold leadership, action, and accountability, the needs of mothers and babies will remain unmet.

The call to action: Deliver impact through coordinated leadership, investment, and evidence-based action

Sub-Saharan Africa has a powerful opportunity to safeguard decades of progress, close gaps, and ensure that every mother and child survives and thrives. Investing in MNCH yields high returns—not only by saving lives and reducing long-term health costs, but also by strengthening families, boosting productivity, and advancing national development. To realize this opportunity, policymakers, funders, and advocates each play a critical role to drive progress for mothers and children.

Regional Policymakers

- **Strengthen and sustain political will.** Demonstrate political commitment to MNCH programs by aligning with the [World Health Assembly MNCH Resolution](#), the [Every Woman, Every Newborn, Everywhere initiative](#), and the SDGs to accelerate action toward ending preventable maternal and newborn deaths by 2030.
- **Increase and diversify investment in stronger MNCH systems.** Increase and diversify investment in MNCH by mobilizing domestic resources, ensuring resources reach primary health care facilities, leveraging innovative financing mechanisms, and partnering with the private sector for impact and sustainability. Meet the Abuja Declaration commitment to allocate at least 15% of the national budget to health and ensure that these

resources reach the front line. Prioritize funding for essential MNCH commodities and the health workforce needed to deliver quality care. Embrace innovative financing to unlock resources, accelerate progress, and secure long-term health outcomes.

- **Strengthen data-driven accountability.** Improve data collection and monitoring systems to track progress, identify gaps, and enable evidence-based decision-making for effective program planning and improved health outcomes. Facilitate cross-country learning and the exchange of best practices to strengthen MNCH systems and leverage the convening power of regional bodies to drive collective progress on MNCH goals.
- **Expand access to quality, equitable care.** Strengthen and scale up proven interventions by ensuring equitable access to skilled care—prioritizing midwifery and other skilled birth attendance, quality antenatal and postnatal care, and emergency obstetric services, especially in underserved regions. Enhance community-based MNCH initiatives, particularly those targeting individuals with disabilities, adolescents, and marginalized populations. Ensure that regional responses to health emergencies take MNCH services into account. Improve collaboration with civil society, professional associations, and other stakeholders such as parents and women to ensure solutions and impact are aligned with local priorities.

Funders

- **Increase and sustain funding for scalable MNCH solutions.** Commit to funding the continuum of MNCH care—including prenatal, postnatal, and emergency obstetric care—while supporting efforts to address health system needs, such as workforce training, supply chains, and infrastructure. Prioritize innovative, scalable approaches and align support with government-identified priorities for greater sustainability and impact.
- **Support locally led solutions.** Direct funding to local organizations, frontline health workers, and community-based interventions, such as midwifery programs, that are best positioned to understand and address community needs.
- **Invest in advocacy.** Build the capacity of civil society, youth, and women-led groups to advocate for increased domestic funding, policy implementation, and accountability for MNCH. Fund advocacy to push for stronger policies, increased funding, and universal health coverage, and influence policy agendas to ensure MNCH remains a top priority.

Advocates

- **Drive accountability.** Prioritize data-driven advocacy efforts to strengthen policies and guidelines for equitable MNCH care and hold the government accountable for its commitments by leveraging existing tools and instruments.
- **Strengthen alignment through collaboration and evidence.** Partner with government, civil society organizations, donors, and the private sector to align efforts and maximize impact. Use data and research to push for evidence-based policies and targeted MNCH investments.
- **Elevate community voices.** Champion the leadership and participation of women, parents, and communities in decision-making, demonstrating demand for quality MNCH services that reflect local priorities.

Acknowledgements

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Endnote

Daily estimated deaths, mortality rate reduction, risk comparisons against high-income countries, and 2030 projections were calculated by PATH based on publicly available, official data sources; for full methodology, see [Appendix: Metrics and calculations for MNCH advocacy briefs](#) (Excel spreadsheet).

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