

As Aid Collapses and Crises Multiply, Women, Children and Adolescents Risk Being Written Out of Global Health Reform

At the 79th World Health Assembly, partners warn that neither a redesigned global health architecture nor the response to record-level emergencies will succeed if WCAH and SRHR are not explicitly protected.

Every two minutes, a woman dies giving life. In 2024, 4.8 million children did not reach their fifth birthday, and 1.9 million babies were stillborn. In the same year, 20 million infants missed essential vaccines - including 14.3 million "zero-dose" children who received not a single dose. And in 2025, the lifeline that has long backstopped their survival - official development assistance - fell by 23.1%, the steepest single-year drop on record. Additionally, 12 million adolescent girls give birth every year, and complications from pregnancy and childbirth are a leading cause of death for girls aged 15-19.

That is the backdrop against which Health Ministers open the 79th World Health Assembly (WHA79) this week, with two debates dominating the agenda: how to reform the global health architecture in an era of fiscal retrenchment, and how to protect health systems amid compounding crises and conflicts. On the eve of the Assembly, partners convened by the Partnership for Maternal, Newborn & Child Health (PMNCH) for the Lives in the Balance dialogue issued a stark warning: women, children and adolescents (WCAH) - and sexual and reproductive health and rights (SRHR) - risk being written out of both.

"Global health governance only protects what it explicitly prioritizes. An architecture that fails to safeguard women, children and adolescents cannot credibly claim to be equitable or resilient." said Rajat Khosla, Executive Director, PMNCH



In a subsequent dialogue of the Lives in the Balance series, Accelerating Action for Adolescent Health and Well-Being, participants brought an equally urgent message. With four years left to deliver on agenda 2030, the 1.3 billion adolescents who make up one in six of the world's population cannot be left behind, yet nearly one million die annually from mostly preventable causes, mental health conditions account for 16% of the global disease burden among 10 to 19-year-olds, and adolescent health remains chronically underfunded and deprioritised in national budgets.

“Adolescents are dealing with a world and the consequences of decisions that they have not made. They're having the ladder pulled up before they can get on it by the older generations. It is crucial for all of us here, working as partners, that we examine and create a hopeful future for adolescents” - Gareth Jones, Board Member, Adolescents and Youth, PMNCH

Reform without WCAH is reform that will fail

The UN80 Initiative, the restructuring of WHO, the Accra Reset, and the Lusaka Agenda are converging on a more efficient, country-led, financially sustainable system. Yet, as Helen Clark and Rajat Khosla argue in Think Global Health, WCAH and SRHR remain conspicuously absent from many of the headline texts. Despite calls from the G7 Lyon Declaration, the Global South Coalition, and a coalition of 525 organizations, partners say reform must now do four things: name WCAH and SRHR explicitly, protect their financing, guarantee representation of women, youth and Global South civil society, and preserve normative capacity in the institutions that deliver for them.

“Conversations on the global health architecture should not start from the premise of what the ideal structures are. They should start from the premise of what will do the most for health. And then form should follow function and purpose.” Rt. Hon. Helen Clark, Board Chair, PMNCH



The crisis is already here - and it is gendered

The case for explicit protection is no longer theoretical. New WHO and UN inter-agency data confirm that women, children and adolescents bear the brunt of every emergency:

- In 2023, an estimated 160,000 women died from preventable maternal causes in fragile and conflict-affected settings - six in ten of all maternal deaths globally - despite these countries accounting for only one in ten live births.
- The maternal mortality ratio in conflict-affected countries is 504 per 100,000 live births, against 368 in fragile settings and 99 in stable countries.
- A 15-year-old girl in a conflict-affected country has a 1-in-51 lifetime risk of dying from a maternal cause, versus 1-in-593 in a stable country.
- In 2024, the UN verified a record 41,370 grave violations against children in armed conflict - a 25% rise - with sexual violence against children up 35% and attacks on schools up 44%.

"Over half of under-five mortality deaths now occur in fragile and humanitarian settings. We're already seeing the consequences of these funding cuts. Our CEO was recently in Sudan and she visited a region where 7 of the clinics that we were supporting have shut down, with just one clinic left to cover a whole region. And the providers are seeing increasing numbers of children presenting with severe acute malnutrition. And they're having to make really tough choices on how to treat them." – Dr. Vinny Mabesa, Senior Managing Director, Global Health, Save the Children

Two years after the WHA77.5 resolution, progress has stalled and coverage gaps persist

It has been two years since Member States, led by Somalia and co-sponsored by 51 countries, adopted Resolution WHA77.5 "Accelerating progress towards reducing maternal, newborn and child mortality". The political mandate is in place; delivery is not. 60 countries are off-track on under-five mortality and 66 on neonatal mortality. The latest intervention-coverage data tell the same story:

Indicator	Latest status
Skilled birth attendance	82%; nearly 1 in 5 babies (17.9%) born in 2024 without a doctor, midwife or nurse present.
Antenatal care (4+ visits, ANC4+)	Stagnant at around 66% globally, with sub-Saharan Africa below 60%.
DTP3 immunisation	85% in 2024, still below the 86% pre-pandemic peak; 20 million infants under-vaccinated.
HPV vaccination (first dose, girls 9-14)	57% in 2024, well below the 90% Cervical Cancer Elimination target.

Indicator	Latest status
Exclusive breastfeeding (<6 months)	48% in 2024, just shy of the 50% 2025 target.
Modern contraception (demand satisfied)	Just +1 percentage point in nine years, from 76.5% in 2015 to 77.6% in 2024; more than 1 in 5 women still lack access.
Adolescent birth rate	12 million girls aged 15–19 give birth each year; 13% of girls give birth before age 18.

A recent PMNCH snap survey across 20+ countries found that, as aid contracts, 62% of WCAH/SRHR programmes have been downsized, 37% temporarily suspended, and 19% permanently closed.

Sovereignty is the answer - and countries are leading

"People-centered sovereignty asks what people of a country actually want, and the evidence shows it is family planning, safe motherhood services, adolescent services, comprehensive sexuality education and the ability to access those services without shame, without prosecution and with full autonomy." — Kemi Akinfadin, Chief Global Advocacy Officer, Fòs Feminista

Amid US\$89 billion in African debt repayments in 2025 - exceeding health spending in 30+ countries - Member States pointed to a decisive pivot toward health sovereignty and domestic resource mobilization, anchored in Africa's Health Security and Sovereignty Agenda, the Lusaka Agenda, and the Accra Reset:

- Nigeria's Basic Health Care Provision Fund is shielding primary care as external aid retracts.
- Kenya has pledged to double public health spending to 5% of GDP over five years.
- Morocco is extending mandatory health insurance to 22 million more people.
- Somalia in April 2026 launched its Community Health Strategy 2025–2029, centering primary health care and the community health workforce.
- Africa CDC's first African Pooled Procurement Mechanism tender achieved price reductions of 30–90% on 10 priority reproductive, maternal and newborn health products across 10 AU Member States.

"Nelson Mandela set a policy, when he came into power, that all pregnant women and all children under the age of 6 receive free healthcare. I myself have been a beneficiary of that. It was the quaternary centers in our country that saved my life." — Dr. Lwazi Manzi, Head of the Global Leaders Network for Women's, Children's and Adolescents' Health Secretariat

"Even in fragile and complex settings, continuity of services for women, children and adolescents is possible when these services are treated as a national priority and placed at the center of health system rebuilding." – Ali Haji Adhan, Minister of Health, Somalia



The ask at WHA79

Partners called on Member States to leave Geneva with three commitments: name WCAH and SRHR in the final text of Agenda Item 20.1; accelerate implementation of Resolution WHA77.5 through ring-fenced domestic financing; and build sovereign, self-financing health systems capable of protecting women, children and adolescents - especially in the crisis settings central to Agenda Item 13.

"Financing decisions are always political decisions, determining what is prioritized, whose rights are protected, and ultimately whose lives we value much. Our plea from PMNCH is to make sure in that debate that the rights and lives of women, children, and adolescents not only get recognition, but actually get prioritized right through to the financing decisions." – Helen Clark, Board Chair, PMNCH

Notes to editors

This year's PMNCH Lives in the Balance series, Financing, Rights and Action for Women, Children and Adolescents, featured two events: "Health Sovereignty, Financing Reform and Protecting What Matters Most" and "Accelerating Action for Adolescent Health and Well-Being in a Changing World." These mark the 8th edition of the series, co-convened by the Governments of Somalia, South Africa, India, Sweden and Canada with Africa CDC, the Global Leaders Network, EWENE, CSA CHTF, Gavi, PATH, UNFPA, UNICEF, International Confederation of Midwives, Save the Children, World Vision International, Seed Global Health, MSI Reproductive Choices, WHO-HRP, Fondation Botnar, SheDecides, and PMNCH. #LivesintheBalance #WHA79

Watch the recordings



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