

## Financing the Future: Leaders Make the Investment Case for Women's, Children's and Adolescents' Health

Women, children and adolescents continue to account for a substantial share of preventable mortality and morbidity. Yet financing for reproductive, maternal, newborn, child and adolescent health (RMNCAH) remains fragmented, underfunded and highly vulnerable to external shocks. A rapidly contracting global financing landscape, coupled with declining official development assistance (ODA), climate pressures and conflict place further strain on already fragile health systems.

It was against this backdrop that the Global Leaders Network for Women's, Children's and Adolescents' Health (GLN), the Partnership for Maternal, Newborn & Child Health, and Africa CDC brought together ministers, multilateral leaders, private sector voices and young people on the margins of the Africa Health ExCon. Together, they examined where current financing architectures are failing and sought to identify actionable pathways to move from fragmented financing toward integrated, efficient and scalable investment models.

Moderating the session, Dr Lwazi Manzi, Head of the GLN Secretariat, called for a discussion grounded in realism rather than ideals. *"As much as we value our ideals as a continent, at the end of the day the money must flow, and it must flow to the people who need it most."* She said.

She made the case that investing in women, children and adolescents, who make up the majority of the population, delivers a sector-wide impact, strengthening primary health care, institutions and public trust alike. Yet too often, she noted, maternal, newborn and child health budgets are the first to be cut when financing tightens.

### **A fundamentally changed environment**

Setting the scene, Kadidiatou Touré, Communications and Campaigns Lead at the Partnership for Maternal, Newborn and Child Health (PMNCH) walked the room through a sobering picture. ODA fell sharply in 2025, the steepest single-year contraction on record, with further reductions projected for 2026. Because health is so often funded from external sources, that retreat lands hardest on the services women and children depend on.

The human scale of the gap is stark. Each year the world loses 260,000 women to causes related to pregnancy and childbirth, along with around 5 million children and close to two million stillbirths, while adolescent pregnancy remains a leading cause of death for girls aged 15 to 24. Sub-Saharan Africa carries the heaviest burden, accounting for the majority of

maternal mortality and over half of all child deaths. Progress has been made, but it has slowed markedly since 2016.

The crisis is most acute where systems are already most fragile. Conflict settings now account for a disproportionate share of maternal and newborn deaths, even though only a fraction of births take place in them, and women and children are always among the first to be displaced. It is precisely these settings, Touré warned, that are most exposed when budgets tighten.

*"Part of the issue that we're seeing is that not only is progress decreasing, but these are the spaces that get cut as soon as financing decreases. So as we talk about financing solutions, we must look at what works in the most fragile and conflict-affected environments."* – Kadidiatou Touré, PMNCH

### **Egypt: from political commitment to law, budget and outcome**

Delivering the keynote, Dr Abla El Alfy, Egypt's Deputy Minister of Health and Population, highlighted a striking national example. Egypt, she explained, has made a fundamental choice to treat reproductive, maternal, newborn, child and adolescent health not as a donor-dependent vertical programme, but as a domestic investment in human capital, demographic resilience and long-term productivity.

*"Egypt's strategy is not only to spend today. It is to save tomorrow. The cost of inaction is far higher than the cost of prevention."* – Dr Abla El Alfy, Deputy Minister of Health and Population, Egypt

She described how this commitment is embedded in legislation, multi-year outcome-linked budgeting, and a universal health insurance system that integrates the full continuum of care into the essential benefit package.

The data she shared made the investment case concrete. Egypt's midwifery investment case projects that scaling up coverage would avert 259 maternal deaths, 26,556 neonatal deaths, 13,629 still births, and 860,000 unintended pregnancies by 2030, while generating substantial long-term economic returns. Her message to the continent was direct: political commitment must translate into law, law into budget, and budget into measurable outcomes for women, newborns, children and adolescents.

### **The private sector: health as core infrastructure**

Dr. Sindiswa Mzamo, Global President of the Circle of Global Business Women, challenged the room to stop treating health as a soft, secondary concern. Just as roads, ports and power stations are recognised as national infrastructure, she argued, so too should the systems that keep mothers and children alive.

*"We must not look at this as spending. We must look at it as an investment. You cannot run a nation with sick people."* – Dr. Sindiswa Mzamo, Circle of Global Business Women

The key, she suggested, is to engage the private sector with a business case, and for heads of state to champion the cause visibly, so that business has a clear lead to follow. She also pressed for African capital, including pension and pooled funds, to be reinvested in African health infrastructure rather than directed elsewhere.

### **Delivering more with less: integration, climate and immunisation**


If the financing picture set the challenge, much of the discussion turned on how to do more with the resources available. For Dr Khalid Siddeeg, WHO/EMRO Regional Advisor for Newborn, Child and Adolescent Health, the answer lay in tailoring technical support to each country's burden and capacity, from life-saving interventions in the highest-mortality settings to quality and equity in those further along, while helping governments cost and prioritise their plans so they can speak the language of finance ministries. Above all, he argued, the era of parallel, vertical programmes has passed.

*"With the current financing, we can no longer afford verticality. We need to make sure services are integrated and co-delivered, because that is also how we reduce cost."* – Dr Khalid Siddeeg, WHO/EMRO

That case for integration ran through the conversation that followed. Dr Naeema Al-Qasseer, a global health and sustainable development expert, widened the lens further, framing the challenge as a climate, water, food, energy and health nexus that must be addressed through systems rather than silos. She urged investment in the basics, primary health care, climate-proofed facilities, and the nurses and midwives who are so often the first point of care in crisis settings, and insisted that solutions be drawn from communities and local knowledge rather than imported wholesale.

Director of Immunization at Africa CDC, Dr. Folake Olayinka, made the economic case in its sharpest form, pointing to the exceptional return on every dollar invested and immunisation's role in averting a large share of child deaths over the past half-century. More than a single intervention, she argued, immunisation sits at the heart of primary health care and serves as a tracer: reaching a zero-dose child means reaching that child's family and community with other essential services too.

The room also heard from the generation with the most at stake. A medical student in the audience pledged the support of hundreds of his peers and called for young people to help build solutions from the grassroots up, a sign that the intergenerational, multisectoral action the panel called for is already taking shape.



Closing the session, Dr Manzi drew the threads together. This, she observed, is the one sector whose work touches every single life, and the investment it asks for is modest against the returns it delivers. The challenge now is not to reach every life directly, but to invest in the targeted, integrated approaches that ultimately reach everyone.

