

Global leaders call for action to protect financing for women, children and adolescents at UNGA 81

As countries face rising debt burdens, contracting fiscal space and declining development assistance, leaders and partners gathered on the margins of the 81st session of the United Nations General Assembly to advance practical approaches to safeguarding financing for women's, children's and adolescents' health.

Convened by the Global Leaders Network for Women's, Children's and Adolescents' Health (GLN) and co-hosted by the governments of South Africa, Spain and Tanzania with the Partnership for Maternal, Newborn and Child Health (PMNCH), the high-level session, ***Financing for Women's, Children's and Adolescents' Health in a Time of Austerity***, brought together government representatives, multilateral institutions, development partners, philanthropy and civil society. The discussion focused on how countries can sustain hard-won gains while strengthening domestic resources, better aligning external support and pursuing diversified approaches to financing.

Rt Hon. Helen Clark, former Prime Minister of New Zealand and PMNCH Board Chair, opened and moderated the session, setting out the leadership test facing governments amid shrinking resources. *"Leadership is not measured by declarations in New York. It's measured by the choices made at home later,"* she said.

Welcoming participants on behalf of H.E. President Cyril Ramaphosa, Chair of the GLN, South Africa's Minister of International Relations and Cooperation, Hon. Ronald Lamola, highlighted the Network's role as a catalyst, convener and enabler for its members, and set out why protecting financing for women, children and adolescents sits at the heart of its work.

"We recognise that maternal, child and adolescent mortality cannot be reduced without sustained investment. We also recognise that universal health coverage and economic development cannot be achieved without protecting the resources for women's, children's and adolescents' health," he said.



Spain's State Secretary, H.E. Eva Granados, representing Prime Minister Pedro Sánchez, began with a reminder of what is at stake. *"Giving birth, having a baby, should always be associated with a moment of hope. But in too many places in the world, it is still more associated with fear than with hope,"* she said, noting that one woman dies every two minutes in childbirth and almost five million children do not reach their fifth birthday.

For Spain, she explained, "progress in health is inseparable from progress in equality and development". Investing in the health of women, children and adolescents, she said, is one of the most important investments a government can make, and one that must be protected when budgets are under pressure.

Tanzania offered a clear example of what sustained investment can deliver. Speaking on behalf of H.E. President Samia Suluhu Hassan, Hon. Dr Florence George Samizi, Deputy Minister of Health, shared that the country cut its maternal mortality ratio by 80% between 2015–16 and 2022, alongside a substantial decline in child mortality. The country's experience demonstrates what sustained political commitment, domestic resource mobilisation and prioritisation can achieve, while also highlighting the importance of ensuring external financing is aligned with national plans and priorities.

France joins the Network

One of the most significant moments of the session came when France announced that it is joining the GLN. Speaking on behalf of H.E. President Emmanuel Macron, Jean-Sébastien Conty, Deputy Director for Global Affairs at France's Ministry for Europe and Foreign Affairs, said France sees its membership as a way to contribute to the collective effort and to "mobilise greater and more sustainable action for the health of women, newborns and children." France placed sexual and reproductive health and rights at the centre of its approach, describing them as "a cornerstone of our feminist foreign diplomacy."

France also invited participants to the Child Summit at the Paris Peace Forum in November, which it said will provide "an important momentum" to connect high-level political commitments with concrete action in the field.

Country leadership in action

Throughout the discussion, country representatives showed how stronger domestic leadership, sustained political will and better alignment of resources can turn commitment into measurable action.

In Sierra Leone, the government's 300 Days of Activism for Triple Zero demonstrates how a clear political commitment can be translated into action. Minister of Health Hon. Dr Austin Demby shared initial results from the initiative, launched by President Julius Maada Bio in February to drive progress towards three goals: zero preventable maternal deaths, zero preventable child deaths and zero zero-dose children. After 205 days, Sierra Leone had recorded a 31% reduction in maternal mortality and an 11.7% reduction in infant mortality, while children previously identified as zero-dose had been fully vaccinated.

But for Sierra Leone, the impact of the initiative extends beyond the campaign itself.

"The 300 days will end on December 25th. On December 26th, we want to change the culture. It'll never be a campaign anymore. This will be our way of life to protect our women and children in Sierra Leone," Dr. Demby said.

Kenya is similarly combining domestic investment with new approaches to financing. Through its Every Woman, Every Newborn, Everywhere Acceleration Plan, the country has committed US\$58 million towards free maternity services, essential commodities, family planning and the recruitment of 5,000 nurses and midwives across all 47 counties. Kenya also highlighted the potential of debt-for-health mechanisms, concessional finance and blended finance to complement domestic resources.

Nigeria echoed the message. Nearly US\$3 billion in domestic health financing over five years, alongside US\$2 billion in US support, is being invested in improving primary health care, strengthening the health workforce and removing financial barriers to emergency obstetric services.

For Mexico, the focus is on ensuring that investment reaches children from the earliest stages of life, through a national approach centred on the first 1,000 days. This integrates antenatal care, maternal nutrition, immunisation, breastfeeding, screening and child development. The country's Secretary of Health, H.E. Dr David Kershenobich, emphasised

that progress does not stop at survival. *“Our responsibility does not end when a child survives,”* he said, describing follow-up care that extends “beyond survival to lifelong development.”

He also announced that Mexico will host the Global Forum on Maternal and Child Survival in Mexico City from 2 to 4 March 2027, co-hosted with Spain, WHO, PAHO and other multilateral institutions. The Forum will bring together around 300 participants to build a new coalition and turn shared commitments into action towards 2030.

In Somalia, where conflict, climate shocks and fiscal constraints place particular pressure on the health system, women’s, children’s and adolescents’ health is embedded within national development priorities. The country is working to strengthen primary health care, integrate maternal, newborn and child health with nutrition and immunisation, and improve the alignment of external resources.

But domestic resources alone are not enough, Somalia’s Minister of Health, Hon. Dr Ali Haji Adam Abubakar, told the session. *“We must ensure that fiscal austerity does not translate into fewer midwives, fewer vaccines, interrupted nutrition services, or preventable deaths among mothers and children,”* he said. Somalia is calling for a global health architecture that is country-led rather than donor-driven, with partners aligning behind one plan, one budget and one report.

Africa CDC’s Director-General, H.E. Dr. Jean Kaseya placed these country experiences in a continental context, congratulating Sierra Leone, Tanzania and other countries for putting maternal health at the centre of their action.

Pointing to the Africa Health Security and Sovereignty agenda as evidence that the continent can lead on financing, Dr. Kaseya said, *“Africa can take bold action to stop not only the mortality of our mothers and children, but also to build our system.”*

Partners call for protected budgets and better-aligned support

WHO Director-General Dr. Tedros Adhanom Ghebreyesus urged leaders to protect health budget lines, particularly for women, children and adolescents, and to sustain financing for sexual and reproductive health and services in humanitarian settings. He highlighted the Accra Reset as an important initiative for health sovereignty through domestic resource mobilisation, and called on leaders to return to the Network with “numbers, not intentions.”

With only a few years left until the Sustainable Development Goals deadline, UNFPA said it is working alongside partners to increase financing and accelerate progress. “Women around the world are counting on us to help them secure their health, their rights, and their future,” said UNFPA Executive Director Dr. Diene Keita.

UNICEF urged leaders to protect the foundations of primary health care as governments make difficult budget choices for 2027, to close the survival gap through a small set of proven interventions, and to build systems for the future as the global health architecture is reshaped.



The Gates Foundation described the session as a moment to bring maternal, child and adolescent health back to the forefront of the global agenda. Its CEO, Mark Suzman, said the Foundation, which will close in 2045 and spend all of its remaining resources over the next 19 years, has no goal *"more important to us than eradicating preventable maternal and child death."*

The African Union Commissioner for Health, Humanitarian Affairs and Social Development, H.E. Amb. Amma Twum-Amoah, called for a renewed financing compact for women's, children's and adolescents' health that combines stronger domestic ownership with predictable, catalytic and better-aligned international support. *"Fiscal austerity must never become health austerity for women, children and adolescents,"* she said.

The World Bank outlined its commitment to supporting countries in implementing their national priorities for health, providing financing, technical assistance and the innovations needed to reduce fragmentation.

The Islamic Development Bank, 30 of whose 57 member countries are fragile and bear the brunt of maternal and newborn disease every year, announced a new global alliance that aims to mobilise more than US\$500 million in financing. The alliance will bring governments, development partners, philanthropy and the private sector together around country priorities, reducing fragmentation in maternal and newborn health financing.

A shared direction

The session concluded with the [GLN Communiqué](#), read by Minister Lamola on behalf of the

Network and partnering sovereign states. The Communiqué calls for a decisive shift towards stronger, more sustainable and country-led health financing, enabling countries to determine, mobilise and direct resources according to national priorities and population needs.

Crucially, the commitments made in New York will not end with the General Assembly. Participants committed to advance practical financing solutions, facilitate South-South learning, engage governments, technical experts and investors, and hold themselves accountable for the commitments made beyond UNGA 81.

At a time when fiscal constraints threaten to reverse progress, protecting gains in women's, children's and adolescents' health will require more than finding additional resources. It will require stronger country ownership, better use of available financing, greater alignment among partners and stronger accountability for results.

