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**PROGRESS REPORT ON THE GLOBAL STRATEGY FOR WOMEN’S,
CHILDREN’S, AND ADOLESCENTS’ HEALTH 2016–2030: IMPLEMENTATION
IN THE AFRICAN REGION**

Information Document

CONTENTS

	Paragraphs
BACKGROUND	1–4
PROGRESS MADE/ACTIONS TAKEN.....	5–14
NEXT STEPS	15–17

ANNEXES

	Page
Annex 1: Availability of 16 key SRMNCAH policies, African Region.....	4
Annex 2: Domestic general government expenditure on reproductive and maternal health, African Region.....	5
Annex 3: Coverage of RMNCAH interventions across the continuum of care, African Region, 2015 vs 2021.....	6
Annex 4: Status of functional versus planned sick newborn care units and KMC units, African Region	7
Annex 5: Regional SRHR scorecard.....	8

ABBREVIATIONS

AARA	annual average rate of reduction
ANC	antenatal care
CSE	comprehensive sexuality education
eMTCT	elimination of mother- to-child transmission
GGHE-D	Domestic general government health expenditure
GSWCAH	The Global Strategy for Women’s, Children’s, and Adolescents’ Health (2016–2030)
ITN	insecticide-treated mosquito nets
KMC	kangaroo mother care
ORT	oral rehydration therapy
PNC	postnatal care
RMNCAH	reproductive, maternal, newborn, child, and adolescent health
SDG 3	Sustainable Development Goal 3
SRHR	sexual and reproductive health and rights
WHA	World Health Assembly

BACKGROUND

1. Based on the health goal in the 2030 Agenda for Sustainable Development, which is Sustainable Development Goal 3 (SDG 3), the Global Strategy for Women's, Children's, and Adolescents' Health¹ (GSWCAH) was launched by the United Nations Secretary-General in September 2015. An operational plan to take forward this strategy was adopted by the World Health Assembly in May 2016 and supported by resolution WHA69.2².
2. The Global strategy proposes that Member States reduce maternal mortality to less than 70 deaths per 100 000 live births and newborn and under-five mortality to less than 12 and 25 per 1000 live births respectively by 2030. In 2017, the annual average reduction rates (AARR) were 2.9% for maternal mortality, 1.5% for neonatal mortality, and 4.2% for under-five mortality, instead of the required 10.3%, 7.4%, and 9.9%, respectively.
3. To implement the Global strategy, the following priority actions were proposed by the Regional Committee: (1) ensure government ownership and leadership of programmes and initiatives; (2) institute measures for health systems strengthening; and (3) enhance mechanisms for multisectoral action.
4. This report outlines the progress made and proposes the next steps towards achieving universal health coverage and SDG 3 to ensure that women, children, and adolescents survive and thrive.

PROGRESS MADE/ACTIONS TAKEN

5. Since 2016, forty-one (87%) Member States³ have developed national integrated strategic plans for reproductive, maternal, newborn, child, and adolescent health (RMNCAH) aligned with the GSWCAH. Nineteen Member States⁴ have developed stand-alone adolescent health strategies.
6. Forty-three out of 47 (92%) Member States have adopted at least 13 of the 16 key RMNCAH policies.⁵ It is worth noting that policies on early childhood development and violence against women are the least available.⁶ Twenty-nine Member States⁷ have developed and are using RMNCAH scorecards for monitoring the progress of the GSWCAH. A regional sexual and reproductive health and rights (SRHR) scorecard was developed with 22 priority indicators.
7. Four of the 31 Member States that reported on progress have achieved an increase in their domestic general government health expenditure (GGHE-D) on maternal conditions, while nine have

¹ Every Woman Every Child: The Global Strategy for Women's, Children's, and Adolescents' Health (2016-2030) 2015:

² WHA69/16. Operational plan to take forward the Global Strategy for Women's, Children's, and Adolescents' Health. May 2016. (https://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_16-en.pdf)

³ All Member States except Algeria, Cabo Verde, Comoros, Equatorial Guinea, Guinea-Bissau, and Seychelles

⁴ Angola, Benin, Burkina Faso, Burundi, Cabo Verde, Central African Republic, Comoros, Democratic Republic of the Congo, Eritrea, Lesotho, Madagascar, Mauritania, Mauritius, Niger, Rwanda, Sao Tome and Principe, Seychelles, Zambia, and Zimbabwe

⁵ Global RMNCAH Policy survey, 2018/2019

⁶ Availability of 16 key SRMNCAH policies, African Region

⁷ Benin, Botswana, Burkina Faso, Burundi, Chad, Congo, Comoros, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Eswatini, Gambia, Ghana, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, United Republic of Tanzania, Zambia, Zimbabwe

stagnated and six have registered a decrease. Based on 2017 data, 8% of households in the Region, representing 87 million individuals, incurred catastrophic health expenditures.

8. Progress has been made in quality of care and elimination of mother-to-child transmission of HIV (eMTCT). For example, Botswana has become the first high-burden Member State to achieve eMTCT, while seven other Member States⁸ are on course to attain eMTCT. Twenty-five Member States⁹ have adapted standards for quality of RMNCAH services and are at different stages of institutionalization.

9. WHO collaborated with regional bodies (the West African Health Organization and the Southern African Development Community) to improve the curriculum of competency-based preservice training for RMNCAH service delivery. Forty-two Member States¹⁰ conducted competency-based preservice training on RMNCAH for primary health-care workers¹¹.

10. Thirteen¹² and eight¹³ Member States achieved the target for developing infrastructure for newborn and kangaroo mother care units respectively.¹⁴

11. All Member States except South Sudan are implementing maternal death surveillance and response. Seventeen Member States¹⁵ were oriented on paediatric audit and death review guidelines. Five Member States¹⁶ have conducted harmonized health facility assessments.¹⁷

12. Evaluation of the implementation of the Eastern and Southern African commitment on adolescent health has led to a renewed commitment on education, health and well-being for adolescents and young people in the subregion. Comprehensive sexuality education (CSE) has been integrated into the curricula of 1240 schools in four Member States.¹⁸

13. While progress has been made towards achieving SDG 3 targets relating to women, children and adolescents, the maternal mortality ratio and under-five mortality rate in the WHO African Region remain high at 525 per 100 000 live births and 74 per 1000 live births respectively. The COVID-19 pandemic has had a wide-ranging impact on essential services for women, children and adolescents, with 39 Member States still reporting disruptions in at least one essential health service to date.

⁸ Namibia, Uganda, Eswatini, Zimbabwe, Rwanda, Cabo Verde, Seychelles

⁹ Cameroon, Benin, Botswana, Côte d'Ivoire, Democratic Republic of the Congo, Eswatini, Ethiopia, Ghana, Guinea, Kenya, Lesotho, Liberia, Malawi, Mozambique, Nigeria, Sierra Leone, Côte d'Ivoire, Senegal, South Africa, Rwanda, Burkina Faso, United Republic of Tanzania, Uganda, Zambia, Zimbabwe.

¹⁰ All Member States except Central African Republic, Democratic Republic of the Congo, Malawi, Sao Tome and Principe, and Seychelles

¹¹ MNCAH data portal accessed on 21 March 2022

¹² Rwanda, Burundi, Ethiopia, Malawi, Comoros, Cabo Verde, Togo, Namibia, Kenya, Burkina Faso, Ghana, Liberia, Eswatini

¹³ Cabo Verde, Central African Republic, Ethiopia, Guinea, Liberia, Malawi, Rwanda, Zimbabwe

¹⁴ Status of functional versus planned sick newborn care units and KMC units, African Region

¹⁵ Ethiopia, Eswatini, Ghana, Sierra Leone, Côte d'Ivoire, Malawi, Mozambique, Nigeria, Botswana, South Africa, Kenya, Rwanda, Burkina Faso, United Republic of Tanzania, Uganda, Zambia, Zimbabwe.

¹⁶ Burkina Faso, Kenya, Liberia, Malawi, and Zambia

¹⁷ The HHFA brings together previous facility assessment tools such as the Service Availability and Readiness Assessment (SARA), Service Availability Mapping (SAM) and Service Provision Assessment (SPA).

¹⁸ Benin, Côte d'Ivoire, Niger, and Togo

14. There has been slow progress in improving coverage of cost-effective RMNCAH interventions in the WHO African Region, which stands at 55%. Member States continue to face persistent supply chain challenges in procuring life-saving commodities.¹⁹

NEXT STEPS

15. Member States should:

- (a) strengthen political commitment to ensure systematic and consistent implementation of policies, and increased availability of domestic resources for RMNCAH services;
- (b) scale up coverage of cost-effective RMNCAH interventions focusing on equity, quality, and primary care approaches with improved demand and access to services;
- (c) improve communication and promote community engagement for empowering individuals and communities to contribute to ensuring that women, children and adolescents survive and thrive;
- (d) strengthen research and innovation to improve service efficiency and reach underserved populations.

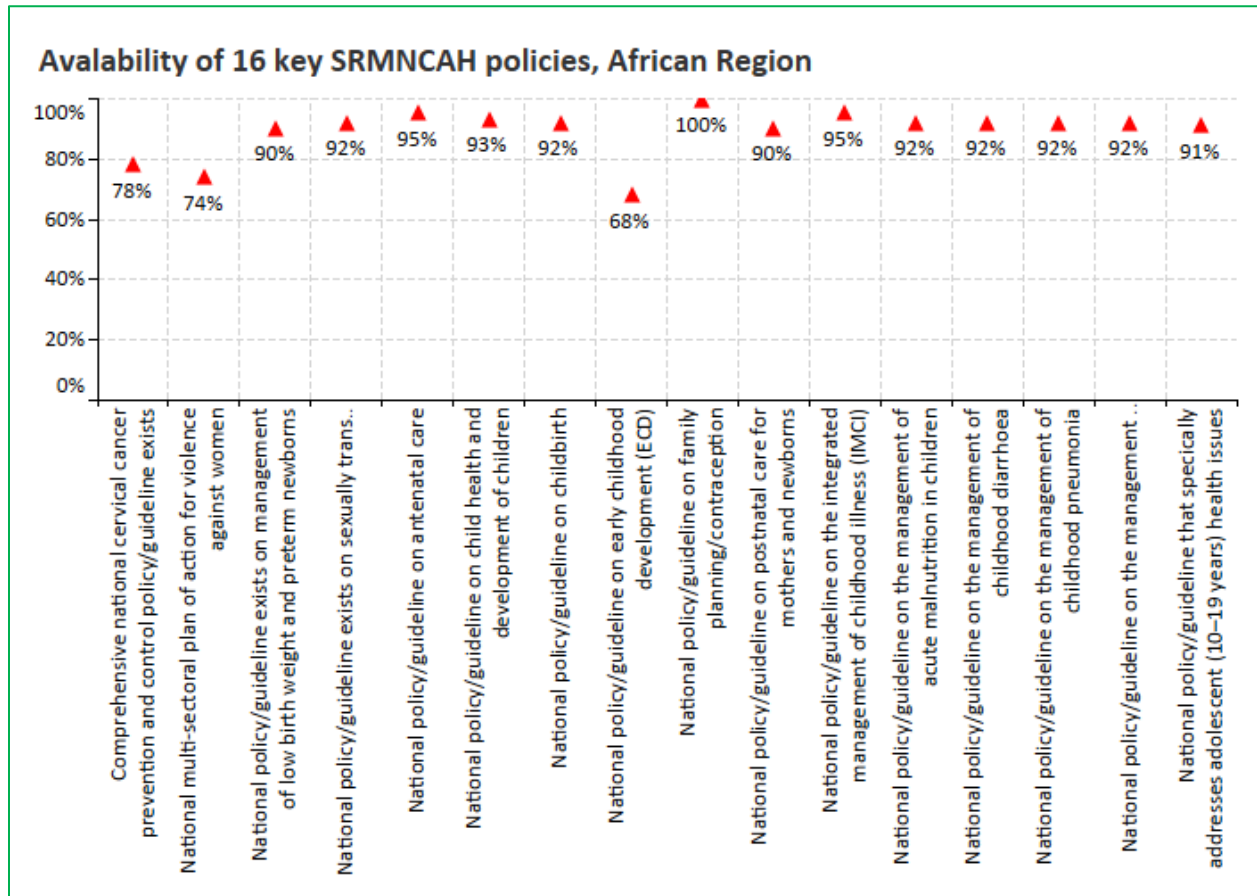
16. The WHO Secretariat shall:

- (a) support the development of the regional agenda for RMNCAH to guide Member States in prioritizing interventions, redesigning programming and service delivery platforms, conducting advocacy, and mobilizing resources to accelerate progress towards the achievement of SDG 3 by all Member States.
- (b) conduct a systematic review of how quality of care initiatives for women, children and adolescents have been implemented in the African Region with a view to devising innovative approaches for rapid scale-up and sustainability.

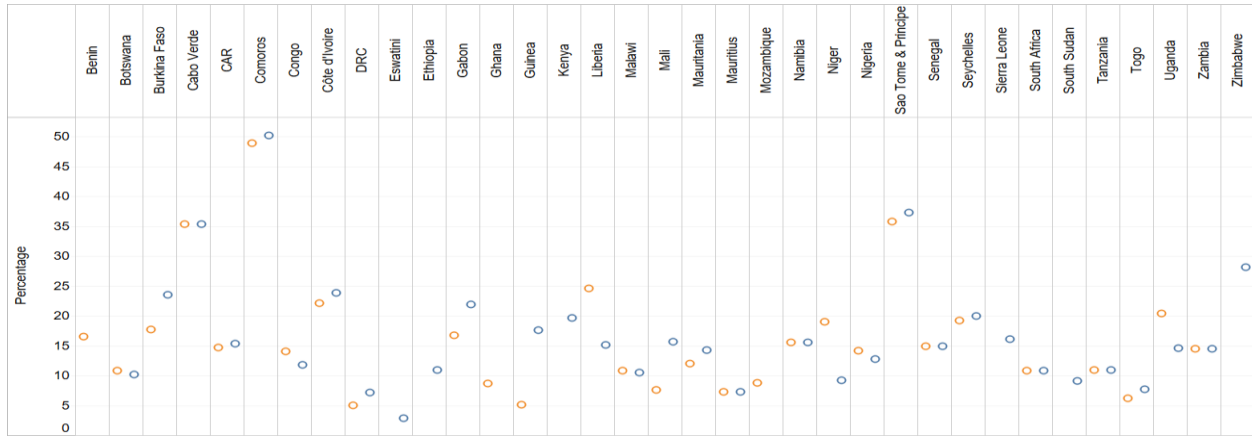
17. The Regional Committee noted the progress report and adopted the actions proposed.

¹⁹ Oxytocin, misoprostol, magnesium sulfate, injectable antibiotics for newborn sepsis, antenatal corticosteroids, resuscitation devices, amoxicillin, oral rehydration salts, zinc, female condoms, contraceptive implants, emergency contraception.

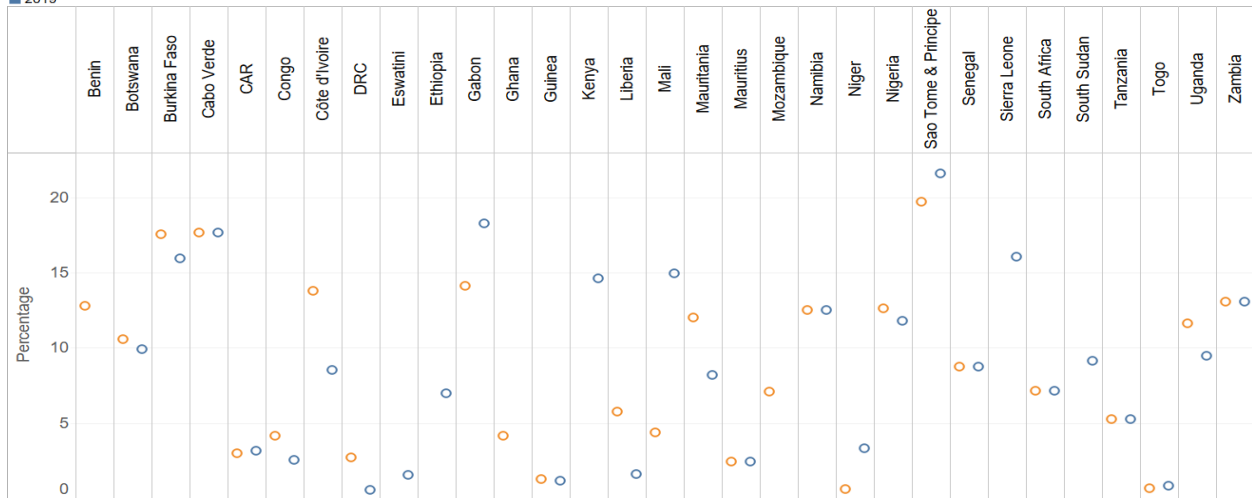
Annex 1: Availability of 16 key SRMNCAH policies, African Region



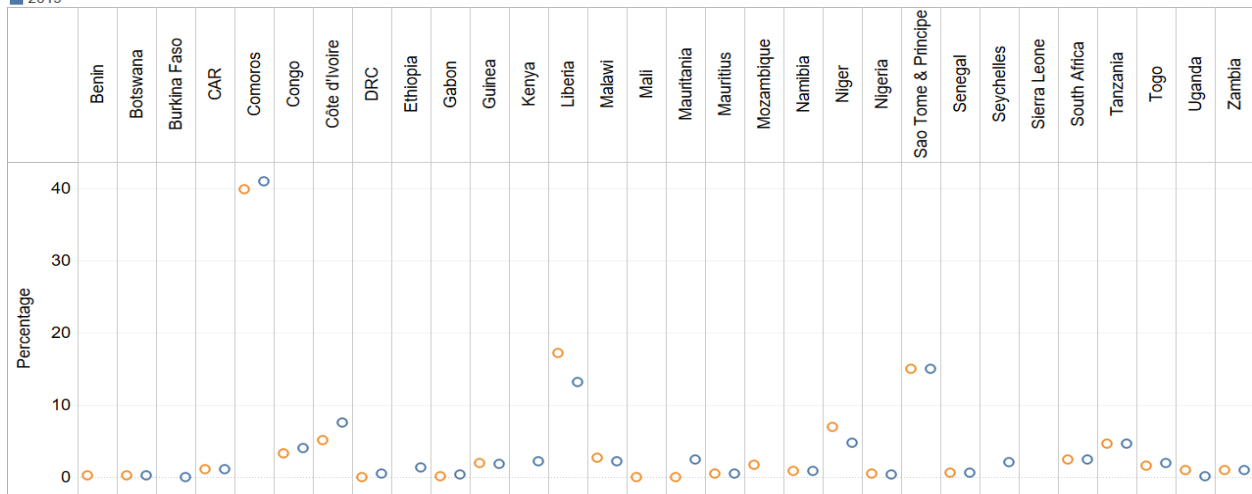
Annex 2: Domestic general government expenditure on reproductive and maternal health, African Region



Legend
● 2016
● 2019



Legend
● 2016
● 2019

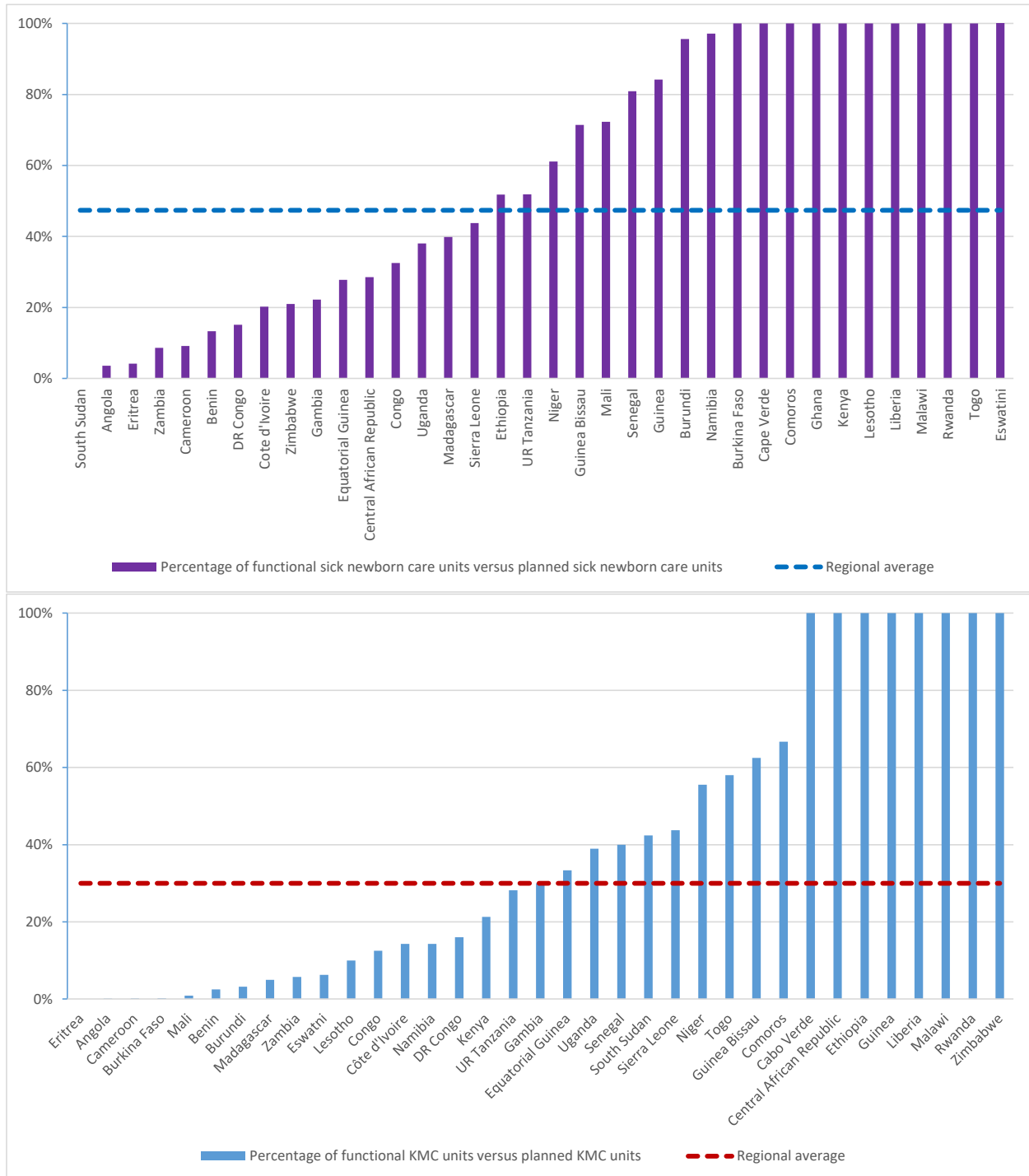


Legend
● 2016
● 2019

Annex 3: Coverage of RMNCAH interventions across the continuum of care, African Region, 2015 vs 2021



Annex 4: Status of functional versus planned sick newborn care units and KMC units, African Region



Annex 5: Regional SRHR scorecard

m SRHR: AFRO Region (2020)

Country Indicators

On track Not applicable Increase Progress No data Decrease Not on track

New indicator

Scorecard

Region	Impact				Estimated number of women who have received the recommended number of doses of HPV vaccine (age 15 to 19)	Proportion of women who have received the recommended number of doses of HPV vaccine (age 15 to 19)	Service coverage				Utilisation				Policy				Resource mobilisation		
	Maternal Mortality Rate per 100,000 live births	Neonatal Mortality Rate per 1,000 live births	Adverse Birth Outcome Rate per 1,000 live births	Percentage of women who are sexually active and using a modern method of contraception			Health workers per 1,000 population	Unmet need for family planning (contraception)	Demand satisfied for modern contraception (%)	Proportion of women aged 15-49 who are sexually active and using a modern method of contraception (%)	Percentage of women aged 15-49 who are sexually active and using a modern method of contraception (%)	Proportion of women aged 15-49 who are sexually active and using a modern method of contraception (%)	Proportion of women aged 15-49 who are sexually active and using a modern method of contraception (%)	Contraceptive Prevalence Rate (CPR)	Prevalence of female genital mutilation (FGM)	Proportion of women aged 15-49 who are sexually active and using a modern method of contraception (%)	Evidence of laws and policies that allow access to SRHR services without third party approval (Newly Passed Laws)	Legal status of abortion (1 = restricted, 2 = unrestricted, 3 = prohibited)	Proportion of women aged 15-49 who are sexually active and using a modern method of education	Proportion of women aged 15-49 who are sexually active and using a modern method of education	Annual expenditure on SRHR from government domestic health budget
AFRO Region	628	27	122	78%	82%	1.3	29%	41%	78%	80%	72%	29%	34%	31%	2	2	77%	21%	15.9%	2.0%	
Algeria	113	9	12	7%	80%	3.1	14%	66%	85%	100%		45%		4%	3	2					
Angola	241	28	128	18%	82%	1.8	38%	24%	85%	80%		19%		25%	3	1			26%		
Benin	202	28	158	18%	82%	3.6	30%	28%	80%	100%		11%	10%	8%	3	2	8%				
Botswana	144	18	152	2%	85%	2.1			100%	100%	142%			35%	2	2			10.10%	3.22%	
Burkina Faso	330	28	112	11%	80%	0.7	28%	16%	80%	100%	100%	31%	78%	82%	3	2	21%	3%	33.54%	1.18%	
Burundi	348	21	58		81%	0.8	30%	28%	80%			23%		10%	3	2	100%	28%			
Cabo Verde	38	3	12	1%	82%	2.9			85%	100%				10%	3	2	100%	28%	35.25%	0.05%	
Cameroon	539	36	122	8%	82%	0.8	28%	28%	80%	100%		18%	7%	18%	3	2	100%	30%	4.8%	1.05%	
Central African Republic	638	46	184	19%	80%	0.3	18%	28%	85%	100%		14%	22%	14%	3	2			18.33%	1.17%	
Chad	1 140	39	1 048	18%	80%	0.4	18%	17%	80%	100%		7%	34%	14%	2	2			18%		
Comoros	273	38	128	8%	80%				80%	100%		14%		25%	2	2			5%		
Cote d'Ivoire	608	36	112	1%	80%	1.1	18%	28%	80%	100%		18%		27%	3	2			21.12%	2.05%	
Cote d'Ivoire	608	36	112	1%	80%	1.1	18%	28%	80%	100%		18%		27%	3	2			21.12%	2.05%	
Democratic Republic of Congo	423	27	108	11%	80%	1.1	28%	13%	80%	100%	142%	18%		13%	2	2			33%	8.2%	
Equatorial Guinea	301	38	128	4%	80%	0.8	38%	21%	80%	87%		10%		30%	2	2			44%		
Eritrea	480	38	128	8%	80%	1.1	28%	25%	80%	100%		18%		15%	2	2			2.8%		
Eswatini	427	38	128	8%	80%	1.1	18%	21%	80%	100%		18%		15%	2	2	100%		2.8%		
Ethiopia	481	38	128	8%	80%	0.3	2%	82%	80%	100%	10%	72%	41%	85%	4%	2	2			20%	13.00%
Gabon	252	27	91	7%	75%	3.3	2%	34%	80%	100%		18%		22%	1	2			32%	33.28%	
Gambia	397	27	128	8%	80%	1.7	28%	40%	80%	100%		17%	7%	13%	2	2			10%		
Ghana	388	27	128	3%	80%	1.8	18%	48%	80%	100%		28%	25%	18%	3	2			8.8%	0.09%	
Guinea	618	38	128	18%	80%	0.4	22%	22%	80%	100%	10%	10%	40%	4%	2	2			6.1%	1.94%	
Guinea Bissau	467	38	128	8%	80%	0.7	2%	14%	80%	100%	100%	100%	100%	20%	3	2					
Kenya	342	27	98	8%	80%	1.8	1%	75%	80%	100%	50%	56%	21%	23%	2	2			28%	18.62%	
Lesotho	391	148	91	2%	80%	1.8	18%	80%	8%	80%		30%		10%	2	2					
Liberia	681	188	118	18%	80%	1.1	38%	42%	80%	100%		4%	14%	13%	2	2			36%	14.62%	
Madagascar	330	27	101	11%	80%	0.4	18%	85%	85%	100%	10%	41%		40%	3	3			18%		
Malawi	348	27	138	8%	80%	0.4	18%	75%	80%	100%	50%	88%		42%	2	2			24%	10.38%	
Mali	881	37	138	7%	80%	1.8	28%	40%	80%	100%		18%	14%	14%	2	2			14%	7.52%	
Mauritania	788	38	128	18%	80%	0.8	38%	30%	80%	100%		18%		20%	2	2			14.64%	2.08%	
Mauritius	89	12	28	8%	80%	0.4	1%	11%	100%	100%		30%		30%	2	2			7.2%	0.1%	
Mozambique	388	38	148	8%	80%	0.5	28%	50%	72%	78%	70%	20%		13%	3	1			11%	8.7%	
Namibia	108	14	128	8%	80%	1.1	18%	75%	80%	100%		55%		7%	2	2			20%	17.64%	
Niger	388	24	128	11%	80%	1.8	22%	45%	80%	100%		18%	2%	7%	2	2	100%		7.2%	0.1%	
Nigeria	807	38	128	18%	80%	1.8	1%	28%	45%	80%	100%	10%		22%	2	2			11%	7.8%	
Rwanda	248	18	128	8%	80%	0.8	14%	77%	80%	100%		18%		1%	2	2			21%	0.8%	
São Tomé and Príncipe	138	14	128	7%	80%	0.8	22%	85%	80%	100%		14%		13%	3	1	100%		38.17%	0.1%	
Senegal	318	27	128	11%	80%	0.8	22%	85%	80%	100%	50%	28%	23%	31%	2	3			8%	14.64%	
Sierra Leone	1 100	188	128	7%	80%	0.8	22%	45%	80%	100%		18%		13%	2	2			14.64%	2.11%	
South Africa	1 108	11	141	4%	80%	8%	1%	78%	80%	100%	70%	34%	64%	4%	1	1	100%	10%			
South Sudan	1 180	38	141	4%	80%	1.2	1%	85%	80%	80%		8%		20%	2	2			9.1%	0.0%	
Togo	398	28	128	11%	80%	0.4	34%	37%	80%	100%		21%	3%	25%	3	2			13%	8.2%	
Uganda	271	27	118	8%	80%	0.7	28%	24%	80%	100%		30%	3%	14%	2	2			30%	28.0%	
United Republic of Tanzania	624	27	108	4%	80%	0.4	22%	33%	80%	100%		30%	32%	10%	2	2	80%	30%	10.6%	0.85%	
Zambia	213	27	108	8%	80%	1.2	20%	80%	80%	100%		18%	48%	20%	2	2			23%	14.48%	
Zimbabwe	658	128	108	8%	80%	1.2	1%	85%	80%	80%		8%		20%	2	2			20%		

WHO-UNICEF Joint Report: DHS, MICS, Demographic and Health Surveys, and other national surveys. DHS: Demographic and Health Surveys; MICS: Multiple Indicator Cluster Surveys; DHS: Demographic and Health Surveys; MICS: Multiple Indicator Cluster Surveys; DHS: Demographic and Health Surveys; MICS: Multiple Indicator Cluster Surveys.