



**World Health  
Organization**

REGIONAL OFFICE FOR **Africa**

**AFR/RC73/INF.DOC/5**

28 July 2023

**REGIONAL COMMITTEE FOR AFRICA**

**ORIGINAL: ENGLISH**

Seventy-third session

Gaborone, Republic of Botswana, 28 August–1 September 2023

Provisional agenda item 18.5

**FINAL REPORT ON ADDRESSING THE CHALLENGE OF WOMEN'S HEALTH IN  
AFRICA: REPORT OF THE COMMISSION ON WOMEN'S HEALTH IN THE AFRICAN  
REGION**

**Information Document**

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## BACKGROUND

1. The Commission on Women's Health in the African Region was established in 2009 in response to resolution AFR/RC58/R1. The multidisciplinary commission sourced evidence on the diverse factors influencing women's health and recommended appropriate multisectoral actions to achieve rapid and sustainable improvement in women's health and well-being, placing specific emphasis on reducing maternal mortality.
2. The 2012 report of the Commission, titled "Addressing the Challenges of Women's Health in Africa",<sup>1</sup> was endorsed by Member States in resolution AFR/RC63/R4. The recommendations focused on good governance and leadership; policy and legislative initiatives; multisectoral interventions; empowering girls and women; improving the responsiveness of health systems; and data collection for monitoring progress towards achieving women's health targets.
3. They highlighted the need to rethink approaches and mobilize political will and commitment at the highest possible level.
4. This third and final progress report presents the progress made in implementing the recommendations of the Commission from 2018 to 2022 and proposes the next steps.

## PROGRESS MADE

5. Political commitment to women's health and rights has increased in the Region since the 2018 progress report. Thirty-two countries<sup>2</sup> have legal quotas to promote women's political participation in parliaments. Four additional countries<sup>3</sup> have enacted legislation to promote women's political representation. The average representation of women in national parliaments rose from 24% in 2018 to 26.5% in 2022. Rwanda, Senegal, Cabo Verde, and South Africa are among the Member States showing progress.<sup>4</sup>
6. The regional maternal mortality ratio dropped by 33.1% from 807 in 2000 to 545 in 2020.<sup>5</sup> The HIV-related maternal mortality ratio fell from 6 per 100 000 live births in 2005 to 1 in 2020. However, during the same period, the maternal mortality ratio stagnated in 16 countries and increased in three. Only one country – Seychelles – has achieved a reduction in its maternal mortality ratio that exceeds the 11.6% average annual rate of reduction required to meet SDG target 3.1.

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<sup>1</sup> Addressing the Challenges of Women's Health in Africa: report of the Commission on Women's Health in the African Region (Document AFR/RC63/8). In: *Sixty-third session of the WHO Regional Committee for Africa, Brazzaville, Republic of Congo, 2–6 September 2013.*

<sup>2</sup> Algeria, Angola, Burkina Faso, Botswana, Burundi, Cameroon, Central African Republic, Chad, Equatorial Guinea, Eritrea, Eswatini, Gabon, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Mali, Malawi, Mauritania, Mozambique, Niger, Congo, Rwanda, Sao Tome and Principe, Senegal, South Sudan, United Republic of Tanzania, Togo, Uganda and Zimbabwe.<sup>4</sup> Women in parliament in 2022, Inter parliamentary Union

<sup>3</sup> Chad, Guinea-Bissau, Guinea, and South Sudan

<sup>4</sup> Rwanda and Senegal have the highest proportion of women in parliament. In Cabo Verde, gender parity in cabinet has prevailed for over a decade, and in South Africa, women represent 50% of the Government's cabinet

<sup>5</sup> Trends in maternal mortality, 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2023. p. 86.

7. The proportion of women of reproductive age (15–49 years) who have their need for modern family planning methods satisfied<sup>6</sup> increased from 52.8% in 2015 to 56% in 2020. However, it remains the lowest globally, and the largest gaps for unmet family planning needs are among young women and adolescents.

8. The incidence of child marriage has declined, with the proportion of young women aged 20–24 years who got married before the age of 18 years falling by 15%, from nearly one in four in 2010 to one in five in 2020. Despite the decline, levels of child marriage remain high in the Region (34%).

9. The prevalence of female genital mutilation among girls aged 15–19 years has declined from 49% to 34% in 18 countries over the past 30 years. The fastest rates of progress have been recorded in five countries<sup>7</sup>. Since 2018, an additional five countries<sup>8</sup> have undertaken legislative reforms to increase protection from gender-based violence and female genital mutilation.

10. The number of countries that have laws, policies, or strategies to protect the right of pregnant students and adolescent mothers to education<sup>9</sup> increased from 31 in 2018 to 38 in 2022. The average female school enrolment rate increased from 41% in 2018 to 44% in 2022.

## **NEXT STEPS**

11. Despite the progress made, women are still facing a number of challenges. The profound effects of the COVID-19 pandemic and external factors such as climate and humanitarian crises threaten the progress achieved. To address the remaining challenges, Member States should:

- (a) ensure that maternal health remains high on the global health and development agenda and accelerate efforts towards ending all preventable maternal deaths and provide universal access to sexual and reproductive health and rights, including during humanitarian crises;
- (b) ensure that all girls access and complete secondary education as a right and as a crucial step in achieving gender equality in all aspects of women's lives;
- (c) increase the meaningful participation of women and girls in public decision-making as a right, but also as a means of achieving significant impact on several development indicators;
- (d) establish effective and efficient monitoring strategies, with gender-disaggregated data, to assess progress and ensure tracking, monitoring, and accountability for all reproductive and maternal health commitments.

12. The Regional Committee is invited to note the report.

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<sup>6</sup> Atlas of African Health Statistics 2022

<sup>7</sup> Burkina Faso, Egypt, Kenya, Liberia, and Togo

<sup>8</sup> Burkina Faso, Eswatini, Liberia, Kenya and Madagascar

<sup>9</sup> UNESCO. Comprehensive sexuality education: For healthy, informed and empowered learners. (<https://www.unesco.org/en/articles/pregnancy-and-right-education> accessed 19 May 2023)