

Democratizing Maternal and Child Health in Africa: A Strategic Investment for the Future

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Executive Summary

At a time of increasing geopolitical and economic pressures, there is limited political will and reduced financing for global development efforts. These consequences are stark in the field of maternal and child health in Africa, where progress on reducing mortality has slowed and disparities mean the most vulnerable cannot access essential resources. Despite significant improvements since 1990, Sub-Saharan Africa still accounts for most global maternal and under-five deaths, most of which are preventable. This is shaped by deep structural barriers, including limited financial and geographic access to care, unequal quality of healthcare services, underinvestment in data and technology systems, and persistent socio-economic inequalities and the cost of inaction is rising sharply.

This white paper argues that democratizing maternal and child health, by ensuring equitable, universal, and high-quality access to care, must become a central national and international priority. It outlines an integrated, systems-based approach anchored in four strategic pillars: expanding universal healthcare coverage; strengthening integrated, quality healthcare systems, with a focus on community-based delivery; leveraging data, technology, and innovation to improve service delivery and accountability; and addressing the broader determinants of health to ensure long-term improvements in quality of life. Central to this transformation is renewed political commitment and domestic resource mobilization by African governments to reduce dependency on external aid and build resilient, self-sustaining health systems. This chapter positions maternal and child health as a critical cost-effective and unifying strategy to strengthen human capital, resilience, and long-term economic development to enable the next generation to not only survive but thrive.

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Part I: Context, Trends, and Challenges

The international development community is currently experiencing a period of remarkable strain, where international political and economic crises, climate shocks, critical funding priorities, and an increased focus on domestic needs are buffeting every region of the world. In the middle of these multiple, complex, and time-sensitive challenges, there is also less interest in developing and protecting international cooperation despite an environment that would benefit from greater consensus building and coordination. In periods of crisis, nations and organizations are more likely to double-down on what seems to be the most immediate matter of concern and what they are the most familiar with.

Particularly in these contexts, when funding is scarce, political will shifts towards a protectionist instinct, and public pressure prioritizes domestic concerns, there is a categorical and moral imperative to ensure that concessional funding and momentum are all directed towards the most important goals, to demonstrate the most efficient use of these limited resources in the interest of the greatest positive impact that can be achieved with them for the largest number of people. Simply put, when times are tough, it is more important than ever to redirect our energy, attention, and resources towards what best supports our economic and social wellbeing for long-term sustainability. This brings us to one of the most cost-effective and unifying investments that can be made: in the health and wellbeing of our children.

Overview of the State of Maternal and Child Health in Africa

Maternal and child health have been long documented across the continent, often as one of the clearest indicators of the population's wellbeing. However, what the data shows us is a complex picture of how development circumstances and a child's potential wellbeing varies simply in function to where that child happened to be born. According to the World Health Organization¹, reductions in under-five child mortality have been one of the greatest successes in recent history, with Sub-Saharan Africa progressing from 179 deaths per 1,000 live births² to children under the age of five in 1990 to 71 such deaths in 2024. This figure also does not fully capture the immense variation across the continent with 116 children dying per 1,000 live births in 2024 in Nigeria, compared to 11 in Cabo Verde. According to UNICEF³, approximately 58% of the 4.9 million children globally who died before the age of five in 2024 were living in Africa, and the continent is expected to be the deadliest continent for children through 2055. A comparison of the under-five child mortality rate for different African regions relative to other regions of the world can be seen in Figure 1 below.

¹ "Child Mortality and Causes of Death." *World Health Organization*, 2022, www.who.int/data/gho/data/themes/topics/topic-details/GHO/child-mortality-and-causes-of-death.

² "Mortality Rate, Under-5 (per 1,000 Live Births) - Sub-Saharan Africa | Data." *World Bank*, 2021, www.data.worldbank.org/indicator/SH.DYN.MORT?locations=ZG.

³ "Levels and Trends in Child Mortality - UNICEF DATA." *UNICEF DATA*, 17 Mar. 2026, www.data.unicef.org/resources/levels-and-trends-in-child-mortality-2025/.

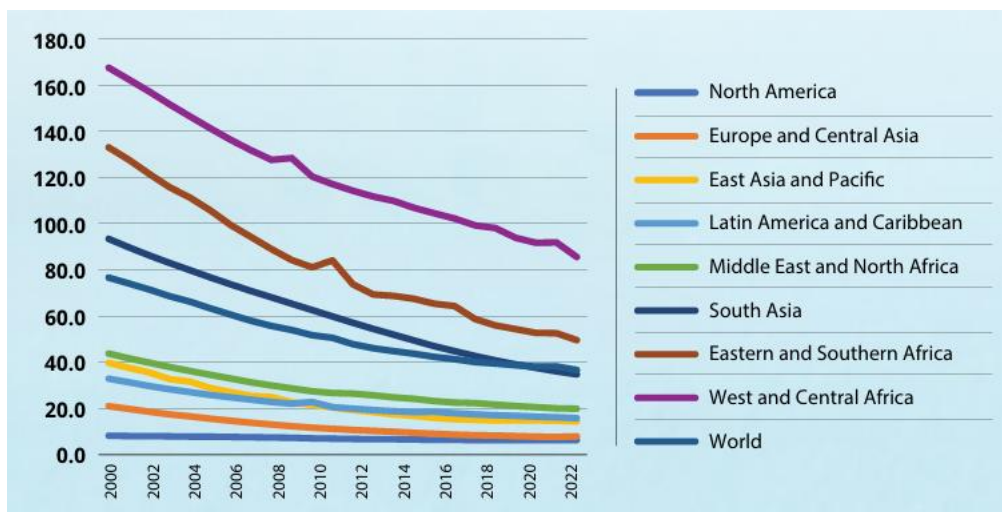


Figure 1: Under-five mortality rate, by region and world, 2000-2023 (UNICEF, 2025)⁴

Maternal mortality follows a similar trend in improvement, where approximately 1,004 mothers were dying per 100,000 live births⁵ in Sub-Saharan Africa in 1990, this is now reduced to 448 such maternal deaths in 2023. Here too, disparities are drastic with 990 mothers dying per 100,000 live births in Nigeria, compared to 40 in Cabo Verde in 2023. According to the WHO⁶, these maternal deaths in Sub-Saharan Africa account for 70% of the global total. Furthermore, the majority of the aforementioned improvements in child and maternal mortality took place prior to 2010, with progress being much slower across the continent in the past decade.

However, simply looking at mortality rates does not give a complete picture of a child's health conditions. A child living past their fifth birthday is a significant milestone for their chances of living into adulthood, but also important is their quality of life after birth. A startling trend in child poverty demonstrates that while Sub-Saharan Africa is home to less than a quarter of the world's children, it houses over 75%⁷ of the world's children living in poverty. This includes 311 million children living in extreme poverty. Furthermore, in part due to the significantly higher birth rate in Sub-Saharan Africa⁸, the percentage of children living in extreme poverty in the region has barely changed from 2014 to 2024, hovering around 52%. UNICEF tracks the rates of children living in severe deprivation-based poverty in low- and middle-income countries, relating to a child who experiences significant deprivation in one of the following categories: education, health, housing, nutrition, sanitation, and/or water. The highest rates of children living in severe

⁴ Kitamura, Tomomi, et al. "Maternal, Newborn and Child Health". UNICEF, 2025.

<https://data.unicef.org/resources/maternal-newborn-and-child-health-regional-snapshot-2025>.

⁵ "Maternal Mortality Ratio (Modeled Estimate, per 100,000 Live Births) - Sub-Saharan Africa | Data." *Data.worldbank.org*, www.data.worldbank.org/indicator/SH.STA.MMRT?locations=ZG.

⁶ "Trends in Maternal Mortality 2000 to 2023: Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division." *World Health Organization*, 7 Apr. 2025, www.who.int/publications/i/item/9789240108462.

⁷ "The State of the World's Children 2025." *UNICEF Innocenti*, 20 Nov. 2025, www.unicef.org/reports/state-of-worlds-children/2025.

⁸ "Children in Africa". *UNICEF*, 2017. <https://data.unicef.org/resources/children-in-africa-child-survival-brochure/>.

deprivation, as with monetary poverty, are concentrated in Sub-Saharan Africa as seen in Figure 2 below.

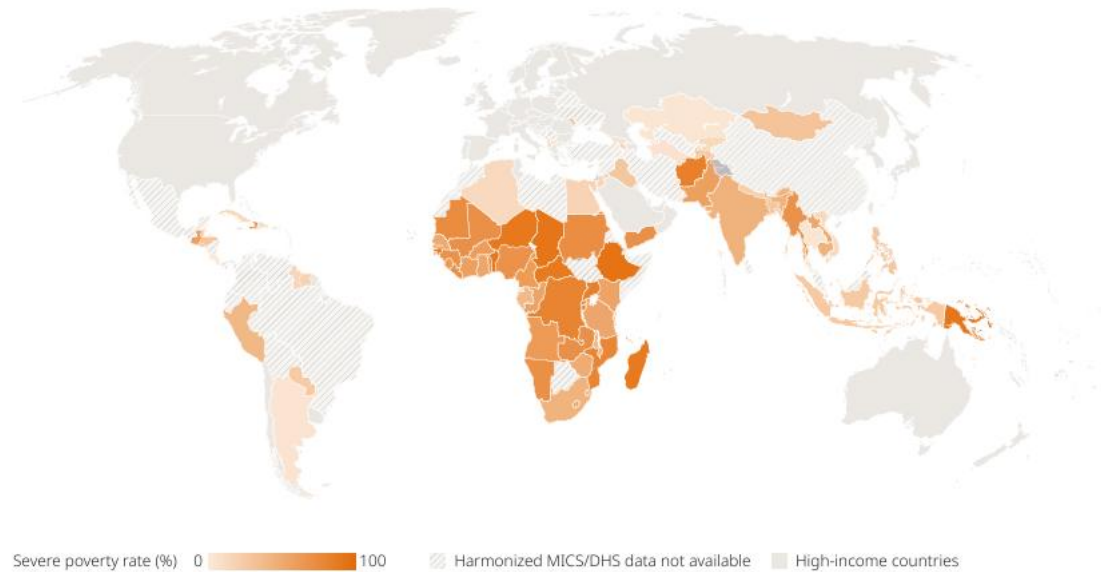


Figure 2: Rates of severe poverty among children in low- and middle-income countries (UNICEF, 2023)⁹

Malnutrition is a significant challenge on the continent, especially as it also weakens a child’s immune system and increases their risk of dying from common diseases¹⁰. While the percentage of children affected by stunting and wasting has decreased in Sub-Saharan Africa¹¹, too many children are still impacted by malnutrition. By some estimates, up to 60% of children under the age of 5 in the region are anemic¹², a situation exacerbated by living in poverty or conflict settings and the impact of climate change and fluctuating food prices.

The combination of the above factors demonstrates that the African continent is experiencing a disproportionate amount of the world’s maternal and child deaths, despite the majority of these deaths being preventable and treatable. The leading causes of death in children under the age of five are predominantly infectious diseases (notably 19% from malaria, 18% from lower respiratory infections, and 12% from diarrhea) and neonatal complications (notably 11% from prematurity and 9% from birth asphyxia and trauma),

⁹“The State of the World’s Children 2025.” *UNICEF Innocenti*, 20 Nov. 2025, www.unicef.org/reports/state-of-worlds-children/2025.

¹⁰ “Progress in Reducing Child Deaths Slows as 4.9 Million Children under Five Die in 2024.” *UNICEF*, 2024, www.unicef.org/press-releases/progress-reducing-child-deaths-slows-49-million-children-under-five-die-2024.

¹¹ Adeyemi, Rasheed A, et al. “Joint Spatial Mapping of Childhood Anemia and Malnutrition in Sub-Saharan Africa: A Cross-Sectional Study of Small-Scale Geographical Disparities.” *African Health Sciences*, vol. 19, no. 3, 7 Nov. 2019, pp. 2692–2712, <https://doi.org/10.4314/ahs.v19i3.45>.

¹² Lemoine, A., and P. Tounian. “Childhood Anemia and Iron Deficiency in Sub-Saharan Africa – Risk Factors and Prevention: A Review.” *Archives de Pédiatrie*, vol. 27, no. 8, Nov. 2020, pp. 490–496, <https://doi.org/10.1016/j.arcped.2020.08.004>.

according to data from the United Nations Inter-agency Group for Child Mortality Estimation¹³. This is also demonstrated in Figure 3¹⁴ on the right.

While significant progress has been made on maternal and child health and wellbeing over the past several decades with child survival increasing by 60% globally¹⁵ since 1990, this progress is undeniably slowing down as families gained access to high-impact tools such as vaccines and bed nets, etc. This change in the child survival trend means that we have already implemented the “low-hanging fruit” interventions, with the remaining mothers and children who still cannot access quality healthcare being the ones who are also the most challenging to reach.

Approximately 25% of the world’s children are born into fragile- and conflict-affected situations, but these children are three times¹⁶ more likely to die before their fifth birthday than children born elsewhere. This means that the children and families that are now most in need of accessing quality healthcare are also disproportionately more likely to live in poverty, in humanitarian or fragile settings, in rural areas, less likely to have electricity¹⁷ or clean water¹⁸, at higher risk of climate-related disruptions, facing displacement or migratory pressures, or a combination of these factors. Furthermore, children are particularly vulnerable to the risks of climate change, resulting in flooding, extreme heat, or pollution, and the knock-on effects on malaria, dengue, and other diseases. In 2023, UNICEF¹⁹ listed children in 48 out of 49 African countries as at medium-

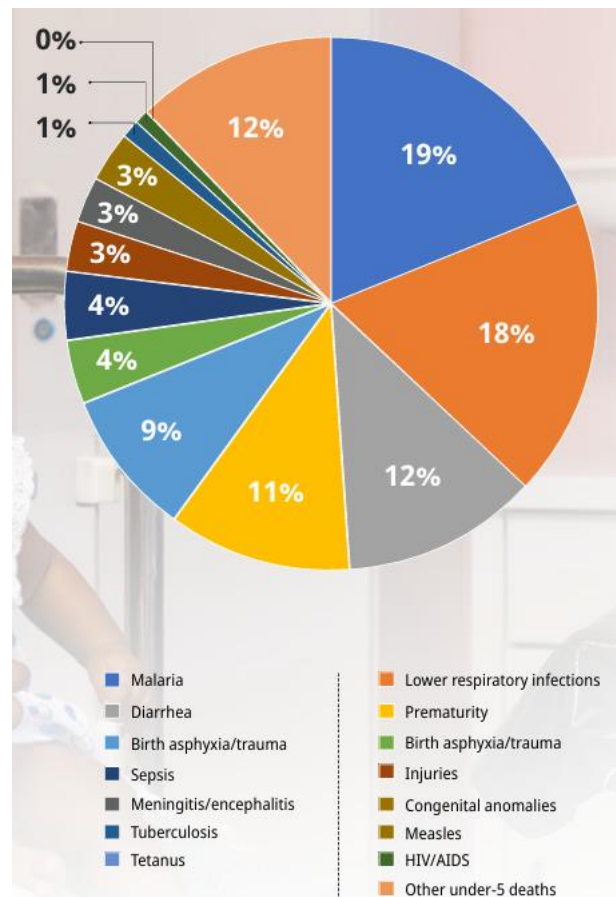


Figure 3: Causes of death, under-five children 2021 (UNICEF, 2025)

¹³ “Levels & Trends in Child Mortality Report 2025”. 2026. ispcan.org/mp-files/levels-trends-in-child-mortality-2025-report.pdf/

¹⁴ Kitamura, Tomomi, et al. “Maternal, Newborn and Child Health”. UNICEF, 2025. <https://data.unicef.org/resources/maternal-newborn-and-child-health-regional-snapshot-2025>.

¹⁵ “Levels & Trends in Child Mortality Report 2025”. 2026. ispcan.org/mp-files/levels-trends-in-child-mortality-2025-report.pdf/

¹⁶ Ibid.

¹⁷ Wand, Handan, et al. “Preventing Child Mortality in Sub-Saharan Africa (2015–2023): Direct and Indirect Risk Factors, Maternal, Environmental, and Socioeconomic Characteristics.” *Vulnerable Children and Youth Studies*, 20 July 2025, pp. 1–18, <https://doi.org/10.1080/17450128.2025.2535363>.

¹⁸ Viguera Ester, Pablo, et al. “Factors Associated to Infant Mortality in Sub-Saharan Africa.” *Journal of Public Health in Africa*, vol. 2, no. 2, 5 Sept. 2011, p. 27, <https://doi.org/10.4081/jphia.2011.e27>.

¹⁹ “African Children Bearing the Brunt of Climate Change Impacts | UN News.” *UN News*, 1 Sept. 2023, <https://news.un.org/en/story/2023/09/1140312>.

high, high, or extremely high risk of the impacts of climate change based on exposure or vulnerability, affecting 98% of the continent’s child population. The geographic breakdown for overall populations can be seen in Figure 4²⁰ to the right.

Further complicating the declining trend in progress against maternal and child deaths is the recent cuts in overseas development assistance from various countries. The most significant include the complete shutdown of USAID in early 2025, but the reductions in discretionary funding are not limited to the American development agency. According to UNICEF estimates, approximately 27.3 million²¹ children under the age of five were expected to die by 2030 unless progress is made in improving child survival. In comparison, The Lancet estimates that over 30 million²² under-five child deaths were prevented over USAID’s history of 21 years, most particularly through reductions in deaths resulting from HIV/AIDS, malaria, nutritional deficiencies, and neglected tropical diseases, mainly in African countries. However, forecasting models predict that the USAID cuts could result in up to 5.4 million additional deaths in children under the age of 5 between now and 2030. This highlights that in a moment where it is of utmost importance to accelerate international focus on maternal and child health, we are currently backsliding amid reduced political will and discretionary funding, which will only serve to harm the children who are already at the greatest risk.

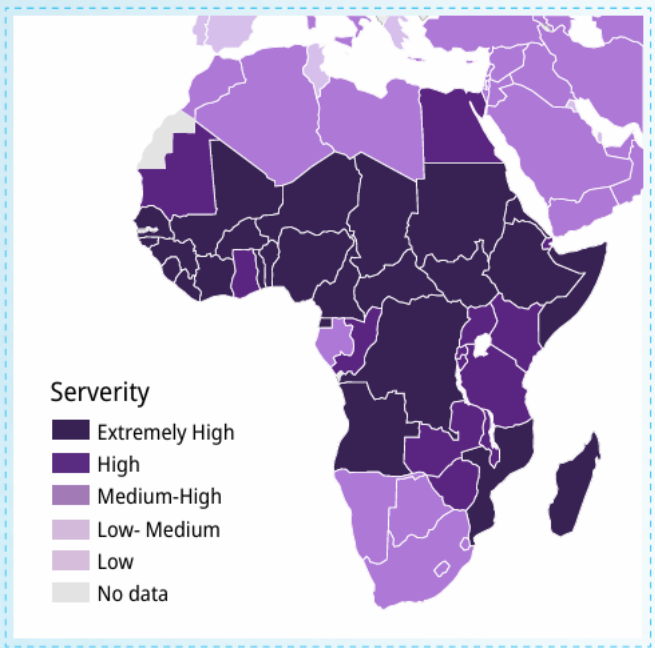


Figure 4: Children’s Climate Risk Index (UNICEF, 2025)

Further complicating these trends in the near future is the growing birthrate on the continent. Africa is projected to have a child population of 1 billion²³ by 2055, greater than any other continent and Sub-Saharan Africa already has more births than any other region of the world. This means that without concerted investment and government attention, the trends listed above will impact more children in Africa. Furthermore, it means that there will be even greater pressure on already-strapped healthcare resources as more mothers give birth and more children need to be seen by healthcare workers to increase

²⁰ Kitamura, Tomomi, et al. “Maternal, Newborn and Child Health”. *UNICEF*, 2025. <https://data.unicef.org/resources/maternal-newborn-and-child-health-regional-snapshot-2025>.
²¹ “Levels & Trends in Child Mortality Report 2025”. 2026. ispcan.org/mp-files/levels-trends-in-child-mortality-2025-report.pdf/
²² da Silva, Andrea Ferreira, et al. “Impact of Two Decades of Humanitarian and Development Assistance and the Projected Mortality Consequences of Current Defunding to 2030: Retrospective Evaluation and Forecasting Analysis.” *The Lancet Global Health*, Feb. 2026, [https://doi.org/10.1016/s2214-109x\(26\)00008-2](https://doi.org/10.1016/s2214-109x(26)00008-2).
²³ “Children in Africa”. *UNICEF*, 2017. <https://data.unicef.org/resources/children-in-africa-child-survival-brochure/>.

the chances of child survival. As it currently stands, approximately 40% of Africa's projected births through 2030 will not be attended by a skilled health care professional²⁴. The African continent will need to train approximately 6.1 million healthcare workers²⁵ in the same time period to meet WHO minimum standards and achieve approximately 60% universal health coverage. In its ensemble, these statistics demonstrate the immense cost of inaction that will be paid by the African continent if maternal and child health are not properly recognized and supported as national and international priorities effective immediately.

Barriers to Equitable Maternal and Child Health

1. *Barriers of Financial and Geographic Access*

Successful and cost-effective interventions to improve maternal and child healthcare are well-established. However, in order to know what interventions are required and how best to adapt them to the needs of a target population, it is helpful to outline the variety of challenges that children and their families face when it comes to the coverage of quality healthcare. The first set of challenges centers on access to healthcare, both in terms of financial access and geographical access. Most countries do not have a robust public healthcare system, and the financial barriers to paying for care, especially the high out-of-pocket costs, can be preventative to accessing health services. Data from 2019, prior to Covid-19, notes that these financial costs burdened 200 million people total in Africa, with 150 million²⁶ being pushed into poverty because of the cost of healthcare. This is due to the low amounts of public health expenditure that governments accord to the sector, with Africa seeing the lowest per capita expenditure on healthcare in the world²⁷, in part because of the various financial pressures that governments face outside of healthcare. This has led to many critical elements of healthcare financing to be covered through overseas development assistance, shifting the investment priorities from what may be localized needs to what the global aid community is willing and interested in funding. This has led to an underinvestment in neglected tropical diseases²⁸ despite over 1 billion people internationally suffering from NTDs. A further consequence of this reliance is the uncertainty and immediate disruption caused by abrupt changes in external funding, as seen by the USAID cuts in 2025. One US project that was suspended was PEPFAR, which supported 20 million Africans living with HIV to receive life-saving medications and screenings. In the one year

²⁴ "Children in Africa". UNICEF, 2017. <https://data.unicef.org/resources/children-in-africa-child-survival-brochure/>.

²⁵ Holt, Tania, and Ying Sunny Sun. "Overcoming Sub-Saharan Africa's Health Workforce Paradox." *McKinsey & Company*, 4 Nov. 2024, www.mckinsey.com/industries/social-sector/our-insights/overcoming-sub-saharan-africas-health-workforce-paradox.

²⁶ "UHC Day: High Health-Care Costs in Africa Continue to Push over 150 Million into Poverty: New WHO Report." *WHO | Regional Office for Africa*, 2024, www.afro.who.int/news/uhc-day-high-health-care-costs-africa-continue-push-over-150-million-poverty-new-who-report.

²⁷ "Challenges and Opportunities in Africa's Health Sector". *World Bank*, 2024. <https://thedocs.worldbank.org/en/doc/75b7a7306a5eb1adb3fc93683ffe55b9-0360012024/original/Challenges-and-0Opportunities-in-Africas-Health-Sector-090424-jp.pdf>.

²⁸ "Neglected Tropical Diseases." *World Health Organization*, 14 Nov. 2021, www.who.int/news-room/questions-and-answers/item/neglected-tropical-diseases.

since the project was suspended and then cancelled, almost 17,000 children suffering from HIV²⁹ have been estimated to die. This startling number from one project over one year demonstrates how many lives are reliant on overseas funding that could be halted at any moment and for which there is not yet a clear domestic financial replacement within Africa.

The second issue within access is the geographic challenge with accessing healthcare facilities, especially in rural and underserved areas where infrastructure is limited. An estimated 10-15% of the population³⁰ in Sub-Saharan Africa live more than three hours away from the nearest health facility. Lack of transport options to and from healthcare facilities and the opportunity cost of needing to forego work or looking after one's family for a day to be able to get a health checkup can likewise be prohibitive, which is worsened by the need for repeat, scheduled visits, for example, for neonatal tests or child immunization visits. This distance and the associated costs encourage many families to instead rely on traditional or community healthcare provision that is more locally available. However, this covers a very wide range of services, including informal health provision that may not be trained in the latest techniques or that lacks the proper equipment or referral processes that would allow a community health worker to signal an emergency or arrange for adequate care. It also means that families are more likely to put off visits to a healthcare professional until absolutely necessary, reducing the likelihood of preventative or early interventions that would allow for timely care³¹. Another challenge relating to geographic access to healthcare for mothers and children is weak last-mile delivery of healthcare necessities and poor supply-chain distribution, particularly for resources that need to be administered on a schedule, at a specific temperature, or have an expiration date. The inability to effectively deliver vaccinations and medications that need to be stored below a certain temperature result in many products being ruined or less effective. This is worsened by the fact that 95% of the active pharmaceutical ingredients and 70% of the medicines used in Africa³² are imported from abroad rather than produced locally. This leaves African healthcare systems vulnerable to global economic shocks and supply chain disruptions, not to mention forced to pay a higher price for these medications because of a lack of local infrastructure to support the manufacture and distribution of these products.

²⁹ "PEPFAR Impact Tracker." *Impactcounter.com*, 2025, www.pepfar.impactcounter.com/.

³⁰ Florio, Pietro, et al. "Estimating Geographic Access to Healthcare Facilities in Sub-Saharan Africa by Degree of Urbanisation." *Applied Geography*, vol. 160, 1 Nov. 2023, p. 103-118, www.sciencedirect.com/science/article/pii/S0143622823002497, <https://doi.org/10.1016/j.apgeog.2023.103118>.

³¹ "Challenges and Opportunities in Africa's Health Sector". *World Bank*, 2024.

<https://thedocs.worldbank.org/en/doc/75b7a7306a5eb1adb3fc93683ffe55b9-0360012024/original/Challenges-and-0Opportunities-in-Africas-Health-Sector-090424-jp.pdf>.

³² "Unitaid Announces Two New Flagship Investments to Boost Regional Manufacturing of Diagnostics and Medicines in Africa." *PATH*, 2025, www.path.org/our-impact/media-center/unitaid-announces-two-new-flagship-investments-to-boost-regional-manufacturing-of-diagnostics-and-medicines-in-africa/.

2. Barriers of Access to Quality Healthcare

Beyond challenges with accessing healthcare in Africa, mothers and children face a more pervasive issue of the quality of available care. This begins with systemic inefficiencies where poor health service delivery³³ and vertical programming often leads to multiple, fragmented entry points to accessing healthcare. For example, vaccinations, nutrition screenings, and antenatal checkups may not all occur at the same place or with the same healthcare providers. This results in inefficiencies and duplications where mothers and children seeking care are asked to visit multiple centers at different times for different healthcare needs. This is further complicated by the lack of available information, meaning that families often find out that they need to visit a different health clinic once they have already arrived. Worse, the lack of integration means that these interventions and resources are not always known to each other, meaning that families seeking healthcare may not be properly referred for follow-ups or for other needs. This is particularly prevalent in more rural areas where families rely on community health workers and where the lack of integration between community and primary care services means that families cannot access primary care facilities in a timely manner. At the national level, there are also tensions between donor-funded health programming and national health priorities, limiting the ability for African governments to invest in and scale relevant, life-saving interventions³⁴ in a sustainable manner.

Another quality challenge is the lack of trained healthcare workers to meet the demand, particularly in rural communities and for more technical specialties, such as OBGYNs and maternity professionals. Africa has only 3% of the global healthcare workforce³⁵, an issue that is worsened by the brain drain caused by skilled healthcare workers who can use their in-demand skills to emigrate to countries where pay and working conditions are better. Conversely, approximately 1 in 3 healthcare workers in Sub-Saharan Africa are also unemployed, often due to budget constraints³⁶. The ability to train and retain skilled healthcare workers is a dire need in many African countries, particularly for community healthcare workers who are the backbone of rural healthcare provision. Approximately 70% of these community health workers are also young women, many of whom are not financially remunerated for their work³⁷. The lack of training and support for healthcare workers also extends to poor healthcare leadership and management, where mismanagement of limited resources, poor integration, and corruption³⁸ all

³³ Oleribe, Obinna E, et al. "Identifying Key Challenges Facing Healthcare Systems in Africa and Potential Solutions." *International Journal of General Medicine*, vol. 12, no. 1, 6 Nov. 2019, pp. 395–403, www.ncbi.nlm.nih.gov/pmc/articles/PMC6844097/, <https://doi.org/10.2147/IJGM.S223882>.

³⁴ PMNCH. "A New Era for Africa's Leadership: Driving Health Sovereignty, Financing, and Equity." *World Health Organization*, 18 Sept. 2025, www.pmnch.who.int/news-and-events/news/item/18-09-2025-a-new-era-for-africa-s-leadership-driving-health-sovereignty-financing-and-equity.

³⁵ Ibid.

³⁶ Holt, Tania, and Ying Sunny Sun. "Overcoming Sub-Saharan Africa's Health Workforce Paradox." *McKinsey & Company*, 4 Nov. 2024, www.mckinsey.com/industries/social-sector/our-insights/overcoming-sub-saharan-africas-health-workforce-paradox.

³⁷ Ibid.

³⁸ Oleribe, Obinna E, et al. "Identifying Key Challenges Facing Healthcare Systems in Africa and Potential Solutions." *International Journal of General Medicine*, vol. 12, no. 1, 6 Nov. 2019, pp. 395–403, www.ncbi.nlm.nih.gov/pmc/articles/PMC6844097/, <https://doi.org/10.2147/IJGM.S223882>.

worsen the delivery of healthcare, leading to lower staff and patient satisfaction and poorer health outcomes. This in turn exacerbates families' unwillingness to go to healthcare facilities, meaning the cases seen by a provider are more likely to be emergencies or result in complications.

The lack of resources and learning and accountability protocols also reduces the quality of care being provided to patients. As highlighted above, the majority of healthcare products are imported into Africa, limiting their active lifespan for dissemination on the continent and increasing the reliance on global supply chains and costs for needed resources. This can lead to healthcare professionals not being adequately trained using proper materials given their scarce nature. Combined with the emergency conditions that a mother or baby may find themselves in, it increases the risk of maternal or neonatal complications and preventable deaths. Combined with the infrastructure gaps mentioned above, this means that even if mothers and children are able to reach a healthcare facility, they are not guaranteed access to quality care, discouraging their use of the public healthcare system and leading to a pervasive cycle.

3. *Barriers of Data, Technology, and Innovation*

Given the lack of healthcare infrastructure and resources as discussed above, it is clear that many healthcare systems in Africa cannot optimally use available digital health tools, such as electronic health records, real-time monitoring of healthcare provision, or innovative tools such as mobile- and AI-supported technologies for diagnosis or care continuity, which would improve access to quality healthcare particularly in rural communities³⁹. A reliance on physical patient records limits the ability for a healthcare facility to follow a patient over time, especially where the patient needs to change providers or a facility closes down. Additionally, the lack of digital systems prevents the healthcare system from performing real-time monitoring or learning from cases as they occur in a way to improve healthcare worker training and deliver continuous quality improvement. At the population level, this lack of digital data also limits the ability to translate these cases into research and accountability, preventing the documentation and learnings that would be necessary to allow healthcare workers to improve their healthcare provision and adapt and scale healthcare programs at a regional or national level. Investment in data, innovation, and technology is critical to improve both access and quality to maternal and child healthcare.

4. *Socio-economic Determinants of Health*

Critical to democratizing healthcare for mothers and children is the recognition that socio-economic conditions are a key component of access to quality

³⁹ Agyei, Eunice, and Emmanuel Kumah. "Navigating the Complex Terrain of Healthcare Systems in Sub-Saharan Africa: Challenges and Opportunities for Progress." *Discover Health Systems*, vol. 3, no. 1, 20 June 2024, <https://doi.org/10.1007/s44250-024-00108-3>.

healthcare. There are persistent inequities in healthcare access along income and education lines that will not be solved without broader investment in improving the quality of life of African families. This is also important because investments in healthcare cannot be efficiently done in silos. Increased funding for antenatal screenings is helpful but cannot address all of a family's challenges if they cannot also afford a healthy diet. Approximately 75% of children in Sub-Saharan Africa face food poverty, with 32% facing severe food poverty⁴⁰. Similarly, reducing the financial and opportunity cost of accessing a healthcare facility is helpful, but is of limited impact if governments do not also expand household access to clean water and sanitation services⁴¹ that prevent disease outbreaks. To see sustainable improvements in maternal and child healthcare in Africa, these various determinants of unequal access need to be addressed at their roots to improve health-seeking behaviors and long-term impact for mothers and children.

Part II: Solutions and Strategic Recommendations

When political and public will and discretionary financing are lacking, it is helpful to review the political declarations that have already been agreed by countries on the importance of advancing maternal and child health in Africa. The first of these is the United Nations Convention on the Rights of the Child, adopted in 1989, that recognizes the unalienable rights of the child to survive and thrive and be protected from harm. This is echoed in Goal 3⁴² of the Sustainable Development Goals, which were adopted in 2015. SDG target 3.2 specifically looks to end preventable deaths of newborn and children under the age of five and to reduce child mortality rates. The sub-targets also include decreasing maternal and premature mortality, ensuring universal access to sexual and reproductive healthcare, increasing the training and retention of health professionals, and ensuring national immunization coverage for various childhood diseases.

Specific to the African continent, the Abuja Declaration⁴³, signed in 2001, highlights the role of poverty, poor nutritional conditions, and underdevelopment in increasing health vulnerability, specifically for millions of African children who have died from preventable infectious diseases. It also recognizes government commitments to dedicate at least 15% of annual budgets to improving the healthcare sector, a promise that most governments have yet to keep. All these documents emphasize the national responsibility of governments to prioritize maternal and child healthcare as a rights-based national

⁴⁰ "Challenges and Opportunities in Africa's Health Sector". *World Bank*, 2024.

<https://thedocs.worldbank.org/en/doc/75b7a7306a5eb1adb3fc93683ffe55b9-0360012024/original/Challenges-and-0Opportunities-in-Africas-Health-Sector-090424-jp.pdf>.

⁴¹ Child Health Task Force. *Children Are Our Future: Keeping a Focus on Child Survival*. 2023.

<https://www.childhealthtaskforce.org/resources/guide/2024/children-are-our-future-keeping-focus-child-survival>.

⁴² "Goal 3 | Ensure Healthy Lives and Promote Well-Being for All at All Ages." *United Nations*, 2025,

www.sdg.un.org/goals/goal3#targets_and_indicators.

⁴³ "African Summit on HIV/AIDS, Tuberculosis, and Other Related Infectious Diseases, Abuja, Nigeria".

Abuja Declaration on HIV/AIDS, Tuberculosis, and Other Related Infectious Diseases. 2001.

<https://au.int/sites/default/files/pages/32894-file-2001-abuja-declaration.pdf>.

priority for their citizens, grounded in global commitments. Hence, the first recommendation for truly democratizing maternal and child health is to **reaffirm political commitment and national ownership** of this essential topic, including by dedicating significant domestic funding towards it rather than relying on external funding. This also extends to national and regional ownership of domestic health systems, ensuring alignment between national development plans, budgets, and accountability processes, to ensure that country- and region-specific health priorities are being achieved.

Democratizing Maternal and Child Health in Africa

1. Improving Financial and Geographic Access to Healthcare

In order to address the multiple challenges regarding financial and geographic access to maternal and child healthcare outlined in Part I, the political will and commitment of country governments is of utmost importance. As outlined by the agreements above, country governments already agree in theory that quality public healthcare provision is a right and a national priority; however, few have dedicated the financial resources to be able to enable this. With out-of-pocket healthcare costs as a deterrent for most families in Africa, the next recommendation is for governments to **develop and implement costed healthcare plans⁴⁴ and enact financial reforms to mobilize the domestic resources⁴⁵ required to finance them**. This requires governments to recognize that these reforms, especially where they call for increasing the tax base or rate on the general population, are not likely to be popular, but are necessary to reduce dependence on foreign aid funds that, as demonstrated, can be cut off at limited notice. Essential services for maternal and child health, including antenatal and delivery care, vaccinations, and nutrition provision must be covered using domestic resources as they are too important to economic growth and development to risk disruption or reliance on external financing. Governments should also pursue **innovative financing mechanisms⁴⁶**, including blended financing models and pursuing public-private partnerships where they align with nationally determined healthcare priorities. Specifically for Africa, government can work together to increase bargaining power and leverage economies of scale through processes like the African Pooled Procurement Mechanism⁴⁷ to engage in strategic purchasing to import necessary healthcare equipment and medicines from abroad until the point that they can be produced on the continent.

⁴⁴ Child Health Task Force. *Children Are Our Future: Keeping a Focus on Child Survival*. 2023. <https://www.childhealthtaskforce.org/resources/guide/2024/children-are-our-future-keeping-focus-child-survival>.

⁴⁵ Amref Health Africa. "Output Paper - Global Health Architecture Reform - Africa Regional Dialogue." *Amref Health Africa*, 12 Dec. 2025, www.amref.org/download/output-paper-global-health-architecture-reform-africa-regional-dialogue/.

⁴⁶ Agyei, Eunice, and Emmanuel Kumah. "Navigating the Complex Terrain of Healthcare Systems in Sub-Saharan Africa: Challenges and Opportunities for Progress." *Discover Health Systems*, vol. 3, no. 1, 20 June 2024, <https://doi.org/10.1007/s44250-024-00108-3>.

⁴⁷ PMNCH. "A New Era for Africa's Leadership: Driving Health Sovereignty, Financing, and Equity." *World Health Organization*, 18 Sept. 2025, www.pmnch.who.int/news-and-events/news/item/18-09-2025-a-new-era-for-africa-s-leadership-driving-health-sovereignty-financing-and-equity.

With financial reforms, governments need to direct their renewed political will towards **creating or expanding universal health coverage mechanisms** throughout the country and to integrate existing healthcare provision, including community-based care, into this system. Not only does this allow citizens to see the impact of their tax revenue in a positive manner and reduce their out-of-pocket costs for healthcare, but it ensures that there is limited disruption to the healthcare already being provided to the population. This is particularly important because for universal health coverage to be successful, it needs to reach and derive revenue from as much of the population as possible, and in order to improve healthcare outcomes for mothers and children, it needs to be able to reach the most vulnerable families, who often are severely hampered by the financial and geographic access barriers discussed in Part I. Governments may inquire about how to manage the financial, access, and quality concerns of healthcare provision and this is where learning from successful case studies can be helpful. Case Study 1 demonstrates the example of Rwanda which implemented a Community-Based Health Insurance scheme and has seen remarkable uptake and improvement in their national healthcare outcomes, particularly for maternal and child health, over the past few decades. This was possible because the Rwandan government chose to pursue a reform of the healthcare sector in a sequential manner: first focusing on providing financial and legal support, then by expanding access to healthcare services and then to improve the quality of the healthcare provision.

Case Study 1: Universal Financial Access as a Foundation (Rwanda)

Following the 1994 genocide, Rwanda faced a collapsed health system and life expectancy of approximately **25 years**. Reforms focused on expanding access through **Community-Based Health Insurance (CBHI)**, alongside investments in infrastructure, workforce, and service delivery. High out-of-pocket costs and uneven access had limited utilization of maternal and child health services.

Life expectancy increased to **~69 years by 2020**. Under-five mortality declined from **196 per 1,000 live births (2000)** to **45 (2020)**. Facility-based deliveries rose from **26% to 98%**, and maternal mortality dropped significantly. These gains reflect both improved access and strengthened system performance.

Key learning: Removing financial barriers through universal health coverage is a high-impact entry point for rapidly improving maternal and child health outcomes.

Challenges remain in **financing sustainability** and **low public health expenditure**. System inefficiencies, workforce gaps, and data limitations continue to affect performance, highlighting the need for **ongoing system optimization and digital integration**.

Beyond improving financial access to healthcare through universal health coverage, governments also need to **scale community-based healthcare and focus on last-mile service delivery** in order to provide support to the most rural and vulnerable populations. This is of utmost importance for families that cannot access public healthcare facilities and who rely on community health workers. These community-based programs need to be institutionalized and scaled to be able to deliver more comprehensive and frequent healthcare at the household level with proper remuneration and training. This community provision of healthcare will reduce the financial and opportunity cost that families pay to access healthcare facilities and will increase the provision of information and resources in a culturally conscious and trusted way. Of course, for this to work well, **community-based healthcare needs to have a clear referral system** that taps into the national public healthcare system to ensure that sensitive and emergency cases are treated in an efficient and timely manner. The additional benefit of these measures is the strengthening of local and community-based organizations, including the training and independence of the young women who serve as a disproportionately large percentage of community health workers. Case Study 2 demonstrates how household-level screenings for childhood tuberculosis in Uganda and Cameroon led to an improvement in case detection while reducing the household cost of the screening, highlighting the effectiveness of household-level provision of healthcare.

Case Study 2: Household-Level Care Delivery (CONTACT) (Uganda & Cameroon)

Childhood tuberculosis remains underdiagnosed, with only **40% of estimated cases detected globally**. Facility-based screening is limited by cost, access barriers, and low uptake of preventive therapy. The CONTACT project tested a community-based model in Uganda and Cameroon.

Screening coverage increased from **47% to 82%** (facility model). Preventive treatment initiation rose from **62% to 80%**, and completion increased from **77% to 93%**. Household costs dropped from **\$63 to \$3 (Cameroon)** and also fell in Uganda.

Key learning: Delivering care at the household level significantly improves coverage, adherence, and affordability for vulnerable populations.

Sustainability depends on **CHW incentives, supervision, and integration into national systems**. Financing these components remains a key challenge.

2. Improving Access to Integrated, Quality Healthcare

Beyond reducing the barriers to accessing healthcare, it is also important to simultaneously work towards improving the quality of care that is available to mothers and children. Particularly for rural and vulnerable families who may not

already have the habit or ability to visit public healthcare facilities, the quality of care is the decisive factor in whether they return for follow-up visits or for continued care. The most effective way to do this is to **strengthen the integration of maternal and newborn primary healthcare systems across the country**⁴⁸, incorporating community-level care into public healthcare facilities and regional or national healthcare infrastructure. This means investing in a common, harmonized platform for patient intake, documentation, care delivery, and referral to ensure better coordination and improved continuity of care regardless of where the patient’s point of access is. This step is critical to ensure that patients are not dropped, refused, or delayed healthcare between systems and avoids the creation of parallel healthcare systems, instead efficiently reinforcing the national system. This also means increased investment for healthcare infrastructure⁴⁹, such as the equipment and workforce, to support the number of patients who will be accessing this healthcare, not just currently, but also accounting for future increases based on improved trust and demand for healthcare and predicted population growth. When service demand is higher, it places an additional burden on the quality of care being provided. Case Study 3 shows how simultaneous investments across the healthcare sector were successfully implemented in Kenya and Tanzania to improve the quality of healthcare provided.

Case Study 3: Whole-System Integration for RMNCH (Kenya & Tanzania)

From 2016 to 2021, regions in Kenya and Tanzania faced high maternal and child mortality, weak infrastructure, and low service utilization. The AQCESS and IMPACT programs implemented integrated interventions across community, facility, and system levels.

450+ health workers were trained and 580+ community health volunteers were supported. In Tanzania, **200,000+ community members were reached.** Skilled birth attendance and antenatal care coverage increased, while facility readiness for emergency obstetric care and infection prevention improved. Local-level data quality and immunization coverage also rose significantly.

Key learning: Simultaneous investment across infrastructure, workforce, and community engagement delivers measurable improvements in service utilization, quality, and system efficiency.

Persistent constraints include **workforce shortages, infrastructure gaps, and external shocks (e.g., COVID-19)**. Sustained impact depends on **continued investment in systems, supply chains, and governance capacity.**

⁴⁸“Every Woman, Every Newborn, Everywhere and Child Survival Action in West and Central Africa.” UNICEF, 2025, www.unicef.org/wca/media/11736/file/EWENE-Report.pdf.pdf.

⁴⁹ Oleribe, Obinna E, et al. “Identifying Key Challenges Facing Healthcare Systems in Africa and Potential Solutions.” *International Journal of General Medicine*, vol. 12, no. 1, 6 Nov. 2019, pp. 395–403, www.ncbi.nlm.nih.gov/pmc/articles/PMC6844097/, <https://doi.org/10.2147/IJGM.S223882>.

The current situation of a lack of trained healthcare workers needs to be rectified by **increasing the number of professionals, including community health workers, who receive training, but also by improving their workplace conditions and remuneration opportunities** to encourage them to continue to work in African countries⁵⁰ rather than migrating abroad or choosing to work in the private sector⁵¹. Skilled birth attendants are one example of an intervention that has an outsized impact on improving neonatal and maternal survival, but these professionals are often in short supply. Engaging community-level healthcare workers is also critical for maternal and child health where community healthcare workers and outreach clinics are a lifeline in the case of emergencies. However, to improve access to healthcare beyond emergency situations, these community services need to be integrated into the national systems⁵² and can provide support in circumstances where mothers are themselves young or underage and may not be familiar with the healthcare system and hence are hesitant to engage with it. A key long-term goal of the healthcare sector is to change attitudes and behaviors around who and when mothers and children, and communities at large, engage with the health sector. Case Study 4 shows the benefits of improving multi-level coordination in Malawi.

Case Study 4: Multi-Level Coordination Linking Communities and Systems (Malawi)

In Malawi's Balaka District, maternal health outcomes are constrained by **high teenage pregnancy (41.8%)**, low early antenatal care uptake (**26% in first trimester**), and infrastructure gaps. The Kitawanda project integrates community, facility, and district-level interventions.

The project used **51 outreach clinics** to reach **140+ women** with integrated services. No maternal deaths were recorded during the reporting period, and antenatal care completion reached its **highest level since project inception**.

Key learning: Coordinating community engagement with facility and district systems improves early care-seeking and continuity of maternal health services.

Challenges include **limited infrastructure**, persistent **social norms delaying care**, and insufficient **youth-friendly services**. Scaling requires **continued investment and behavior change interventions**.

⁵⁰ PMNCH. "A New Era for Africa's Leadership: Driving Health Sovereignty, Financing, and Equity." *World Health Organization*, 18 Sept. 2025, www.pmnch.who.int/news-and-events/news/item/18-09-2025-a-new-era-for-africa-s-leadership-driving-health-sovereignty-financing-and-equity.

⁵¹ Oleribe, Obinna E, et al. "Identifying Key Challenges Facing Healthcare Systems in Africa and Potential Solutions." *International Journal of General Medicine*, vol. 12, no. 1, 6 Nov. 2019, pp. 395–403, www.ncbi.nlm.nih.gov/pmc/articles/PMC6844097/, <https://doi.org/10.2147/IJGM.S223882>.

⁵² "Every Woman, Every Newborn, Everywhere and Child Survival Action in West and Central Africa." *UNICEF*, 2025, www.unicef.org/wca/media/11736/file/EWENE-Report.pdf.

Another step in improving the uptake of healthcare services is to **augment the healthcare provision that is conducted at each point of engagement with a mother and child**. This is important because the more information a family has on what services they need to access and the fewer healthcare visits this can be provided in, the less friction and cost, financial or otherwise, for a patient. This in turn increases uptake of these services. For example, changes in child vaccination schedules have been discussed to deliver as many immunizations as feasible, including booster shots, in the fewest number of visits. It stands to reason that if a mother needs to bring her newborn to a clinic several times over the course of a year and pay separately for each visit, there is a greater likelihood that a visit or shot will be missed. This can be further improved if postnatal check-ups for the mother also occur on the same schedule and in the same facility⁵³, as opposed to through independent, siloed health programs. This integration will also be useful for the healthcare facility because it allows providers to better plan when certain vaccinations or other medications are required and to ensure that shipments and cold storage facilities are ready ahead of time. Case Study 5 demonstrates the impact of providing simultaneous screening for HIV, syphilis and hepatitis B in The Gambia and Burkina Faso resulting in improved treatment and coverage.

Case Study 5: Integrating Maternal Health Services (TRI-MOM) (The Gambia & Burkina Faso)

In West Africa, HIV, syphilis, and hepatitis B are prevalent among pregnant women, with low coverage of prevention services due to **fragmented vertical programs** and **out-of-pocket costs**, particularly for hepatitis B. The TRI-MOM project introduced an integrated approach across 8 maternal health facilities.

4,000+ women in Burkina Faso and **12,000+ in The Gambia** were screened, with **>95% acceptance rates**. Infection prevalence was **9.5%** (Burkina Faso) and **4.9%** (The Gambia). Treatment coverage exceeded **90% across all three infections**, significantly improving prevention of mother-to-child transmission.

Key learning: Integrating multiple disease interventions into a single maternal care pathway dramatically increases coverage, efficiency, and treatment uptake.

Integration requires **health system reorganization, workforce training, and coordination**, which can be resource intensive. Variability in implementation across sites and weaker integration of non-HIV services highlight the need for **stronger system alignment and sustained policy support**.

⁵³ “Every Woman, Every Newborn, Everywhere and Child Survival Action in West and Central Africa.” UNICEF, 2025, www.unicef.org/wca/media/11736/file/EWENE-Report.pdf.pdf.

Quality interventions to address the leading causes of child and maternal death are not challenging to identify. For the vast majority of the deaths listed in Part I, solutions exist, but the procurement and delivery of those solutions in a timely manner is lacking, particularly for the most vulnerable families. For example, essential medications to treat malaria, pneumonia, and diarrhea cost less than \$1 per dose⁵⁴. These interventions need to be tracked, scaled, and sustained across the continent to improve the equitable provision of quality healthcare to these families.

3. *Improving the Use of Data, Technology, and Innovation in Healthcare*

The next step to democratizing maternal and child healthcare will be for African healthcare providers to **become the leaders in implementing data systems, new technologies and adopting innovative healthcare solutions** to create independent and sustainable healthcare systems that are resilient to shocks. While many tools already exist, moving to an integrated public healthcare system will mean adopting certain protocols and data documentation processes that will allow healthcare management to better understand and address persistent challenges in maternal and child health. For example, regularly using electronic medical records and digital files will allow patients to travel with their medical history⁵⁵ and make it easier to access telehealth applications. It will also allow medical professionals to track and predict health incidences and outbreaks before they become overwhelming. These harmonized platforms will also allow interoperability and reduce the amount of time it will take medical staff to get trained and adapt to new clinics or hospitals, in addition to reducing the amount of time it will take professionals to document and access the data needed to make real-time decisions. Another benefit of these data systems is the **collection of and learnings from hospital-level and population-level data** that can be used to improve diagnoses and service delivery, strengthening the connection between medical research and policy and practice. Where data is collected for non-judgmental learning and to reinforce transparency and learning, the whole healthcare system improves in performance. Case Study 6 shows an example of instituting maternal death reviews in Mali and Senegal, an inexpensive learning process that improved maternal and neonatal mortality outcomes at targeted hospitals.

⁵⁴ Kitamura, Tomomi, et al. "Maternal, Newborn and Child Health". *UNICEF*, 2025.

<https://data.unicef.org/resources/maternal-newborn-and-child-health-regional-snapshot-2025>.

⁵⁵ Agyei, Eunice, and Emmanuel Kumah. "Navigating the Complex Terrain of Healthcare Systems in Sub-Saharan Africa: Challenges and Opportunities for Progress." *Discover Health Systems*, vol. 3, no. 1, 20 June 2024, <https://doi.org/10.1007/s44250-024-00108-3>.

Case Study 6: Embedding Quality Improvement in Facilities (Mali & Senegal)

Maternal and neonatal mortality in Sub-Saharan Africa remains high due to **poor quality of care in referral hospitals**. The QUARITE trial implemented **maternal death reviews (MDR)** across **46 hospitals** in Mali and Senegal.

Maternal mortality declined by **15% more in intervention hospitals**, with a **35% greater reduction in district hospitals**. Neonatal mortality within 24 hours decreased. Improvements were observed in managing major complications such as **pre-eclampsia, hemorrhage, and sepsis**.

Key learning: Embedding continuous quality improvement mechanisms within facilities significantly reduces maternal and neonatal mortality at low cost (<1% of hospital budgets).

Effective implementation requires **strong leadership, reliable data, and a non-punitive culture**, which may be difficult to sustain. Institutionalization depends on **policy alignment and long-term capacity building**.

Not only can data and technology be used for continuous quality improvement mechanisms, but it will also support the maintenance of clinical procedures and protocols and better target underserved populations. This in turn sets the groundwork for using data and technology to monitor equipment use, ordered tests, and prescribed treatments. A system that can track and predict vaccination schedules, outbreaks, and antenatal and postnatal visits can also provide accurate data on the quantities of medical products that a hospital or clinic needs to order and can support their use before their expiration dates. This provides useful information that can be used to produce more essential medicines and vaccines in factories in Africa and meet local demand, encouraging a more self-reliant⁵⁶ and equitable healthcare system, with the eventual goal to export these medical products internationally⁵⁷. This use of technology can be expanded to increase digital training opportunities⁵⁸ in certain fields and at introductory levels to better sensitize and support medical students.

⁵⁶ Amref Health Africa. "Output Paper - Global Health Architecture Reform - Africa Regional Dialogue." *Amref Health Africa*, 12 Dec. 2025, www.amref.org/download/output-paper-global-health-architecture-reform-africa-regional-dialogue/.

⁵⁷ "Unitaid Announces Two New Flagship Investments to Boost Regional Manufacturing of Diagnostics and Medicines in Africa." *PATH*, 2025, www.path.org/our-impact/media-center/unitaid-announces-two-new-flagship-investments-to-boost-regional-manufacturing-of-diagnostics-and-medicines-in-africa/.

⁵⁸ Holt, Tania, and Ying Sunny Sun. "Overcoming Sub-Saharan Africa's Health Workforce Paradox." *McKinsey & Company*, 4 Nov. 2024, www.mckinsey.com/industries/social-sector/our-insights/overcoming-sub-saharan-africas-health-workforce-paradox.

Better using data and technology will also allow the African healthcare system to be at the forefront of innovation through producing and testing next-generation medications that are specifically adapted to the most recent evolutions in viral strains and designed for the African patient. Another area that is currently being explored is the use of AI-enabled analysis⁵⁹ and diagnosis tools that better manage healthcare demand, patient feedback, and referral, and can support healthcare screenings in rural settings, for example where ultrasound or MRI machines cannot be transported, but pregnant mothers still require antenatal visits and tests.

4. *Addressing the Socio-economic Determinants of Health*

Finally, it is important to remember the wide range of interventions that would improve access to quality healthcare for mothers and children throughout Africa and reinforce that these listed recommendations cannot be implemented independently, but rather should be implemented in **a holistic, right-based approach to maternal and child health**. It is critical to address the various barriers to quality, equitable healthcare with a multifaceted and contextualized approach, because many of them are interrelated and preventative for maternal and child health. For example, environmental interventions are needed to improve water and sanitation services as this will also reduce a child's risk of contracting diarrhea⁶⁰ or malaria. Providing expectant mothers with fortified foods or nutrition supplements⁶¹ will reduce the likelihood an infant is born underweight and reduces their chance of developing stunting or wasting. **Broader interventions to support improvements in quality of life should also be implemented** as it is well-documented that a child who is not living in poverty, has an educated mother, is supported by a broader community and social development policies, has better child survival outcomes⁶² and better chances of attaining their development potential, which is the ultimate goal.

Conclusion

In conclusion, the topic of democratizing maternal and child healthcare in Africa is a dense and challenging topic with multiple interconnected elements and statistics that are inspiring and worrying at the same time, especially when this data represents the lives of millions of children. Ultimately, to build resilient, sustainable, quality healthcare systems in Africa, many stakeholders need to buy into the immense importance and benefit of long-term investment in this field. Each country will have its own unique challenges, and no singular investment will completely fix healthcare provision. The data

⁵⁹ Holt, Tania, and Ying Sunny Sun. "Overcoming Sub-Saharan Africa's Health Workforce Paradox." *McKinsey & Company*, 4 Nov. 2024, www.mckinsey.com/industries/social-sector/our-insights/overcoming-sub-saharan-africas-health-workforce-paradox.

⁶⁰ Child Health Task Force. "Children Are Our Future: Keeping a Focus on Child Survival". 2023. <https://www.childhealthtaskforce.org/resources/guide/2024/children-are-our-future-keeping-focus-child-survival>.

⁶¹ "The State of the World's Children 2025." *UNICEF Innocenti*, 20 Nov. 2025, www.unicef.org/reports/state-of-worlds-children/2025.

⁶² Child Health Task Force. "Children Are Our Future: Keeping a Focus on Child Survival". 2023. <https://www.childhealthtaskforce.org/resources/guide/2024/children-are-our-future-keeping-focus-child-survival>.

show us incredible progress is possible in relatively short periods of time; however, they also indicate that the fast and easy solutions have already been implemented and that hard work to reach the most underserved and vulnerable populations remains.

The potential for Africa is immeasurable: if African governments can mobilize the political will and domestic financing required to take back control of their public healthcare sectors and see this investment through the long-term and future shocks to provide essential maternal and child health services to its population, the next generation of Africans will be well-placed to not just survive, but to thrive. With a significant youth population that is still growing, this will set up many African countries for a dynamic, engaged, and productive workforce, improving both the economic growth and development of the continent and strengthening its self-reliance.

To achieve this, African governments need to improve the provision of accessible, quality healthcare, mainly through addressing financial shortfalls and a significant geographic spread. Fortunately, the foundations of the best way to address this have already been laid through community-based healthcare delivery. With a focus on maternal and child health, prioritizing the integration and harmonization of existing healthcare systems and investing in better training and support for healthcare workers to meet the African population wherever they live will directly lead to improvements in maternal and child mortality and overall quality of life outcomes. Addressing supply chain challenges and investing in African production of necessary medical materials not only provides a buffer against international shocks but becomes a profit-generating sector for the African economy, eventually providing life-saving materials to the rest of the world. This starts with seeing maternal and child health as a long-term, strategic economic and social investment; the cost of inaction is too high and will require coordinated, country-led, and sustained political commitment to usher in the best conditions for the next generation.

In fact, this aligns perfectly with the [Child Priority Framework](#) initiative of the Paris Peace Forum, to create an international, multi-stakeholder coalition to reinforce policy solutions around a central theme: children represent the most effective and most unifying investment for long-term global stability and prosperity. For stakeholders who recognize the importance of investing in maternal and child health in Africa, the CPF provides a compelling investment case and unifying agenda that links the democratization of the African health sector with scalable interventions that will accelerate the progress and wellbeing of our future generations internationally.