

EWENE and CSA Messages and Call to Action (May 2025)

Topline messages

- Every day, 712 women die from pregnancy-related causes, 5,000 babies are stillborn, 6,500 babies die before reaching 1 month old, and 6,850 children aged between 1 and 59 months die [1-3]. With global funding cuts, these numbers are set to rise.
- Most maternal, newborn, and child deaths are preventable by providing women, newborns, and children with affordable health interventions and regular access to healthcare. Disruptions to maternal, newborn, and child services can very quickly cost lives, devastating families and communities.
- Funding cuts risk decades of progress driven by sustained global investments in health. Since 2000, child deaths have dropped by more than half, maternal deaths by 40 per cent, and stillbirths by over a third. **We can't afford to go back.**
- Funding cuts disproportionately impact families in conflict-affected settings where health systems rely heavily on external support. Women and children in crisis settings are already hit hardest, with over 60 percent of maternal deaths occurring in conflict-affected settings in 2023.
- Investing in maternal, newborn, and child survival is imperative for global economic growth and stability,- it is the best buy for donors and governments.
- **The cost of inaction will be measured in lost lives.** But with the right partnerships, and with national priorities guiding action, we can get back on track and end preventable maternal and newborn deaths and stillbirths.

Call to action

To save the lives of hundreds of thousands of children and mothers, and protect decades of progress, **EWENE and CSA urge that:**

- **Governments** optimize and reallocate domestic resources to essential services, and health care workers, especially midwives, nurses and community health workers.
- **Governments** demonstrate stronger leadership and accountability to deliver on their commitments and prevent a devastating reversal in global maternal, newborn, and child survival
- **Donors** - sustain funding for monitoring and evaluation systems to track progress, identify gaps, and ensure programmes reach those who need them most
- **The private sector and foundations** step up and help fill the most critical gaps to protect services for maternal and newborn care, childhood illnesses and family planning
- **All stakeholders** identify ways to get more health for less money, through more innovative and integrated approaches that are locally driven.
- **Advocates** - utilize social accountability mechanisms and evidence-based messaging to hold governments accountable to their commitments at all levels.

2. United Nations Inter-agency Group for Child Mortality Estimation, *Standing up for Stillbirth*, UNICEF, Editor. 2025, UNICEF: New York.

3. WHO, UNICEF., UNFPA, World Bank Group and UNDESA/Population Division, , *Trends in maternal mortality estimates 2000 to 2023: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division*, WHO, Editor. 2025, World Health Organization: Geneva.

Threat to decades of progress for maternal, newborn, and child health

Despite progress, the pace of reduction in maternal, newborn, and child deaths and stillbirths has slowed since 2016. ODA cuts are pushing progress off a cliff.

- Even prior to ODA cuts, progress on the reduction of maternal, newborn, and child deaths and stillbirth was stagnating. We needed to reduce mortality 9 times faster for pregnant women, 3 times faster for stillborn babies, 4 times faster for newborns and children aged 1-59 months to meet the SDGs and the Every Woman Every Newborn Everywhere targets by 2030 [4, 5].
- This is the time to accelerate progress and recommit to reaching the Sustainable Development Goals, not to back away and leave women, newborns, and children further behind.

Why ODA is critical for women and newborns in crisis settings

In crisis-affected settings, international aid is often the only source of health services.

- Over 60 percent of maternal deaths occur in fragile and conflict-affected settings. Most of these deaths could be prevented with access to skilled birth attendants.
- Countries like South Sudan and the Democratic Republic of Congo depend on ODA to sustain fragile health systems and are severely impacted by cuts to ODA.

Essential services must be protected

ODA cuts will severely impact life-saving services: Quality care during pregnancy, childbirth, and the post-natal period are vital to healthy mothers and newborns

- Emergency care for women who experience complications and sick or small newborns
- Support midwives, nurses and community health workers

A WHO assessment (April 2025) found over 25% of countries reporting severe disruptions in MNCH services, with long-term consequences for the most vulnerable.

National leadership is critical

Governments must lead by optimizing resources, setting strategic priorities, and maintaining essential MNCH services. They must also look for ways to innovate to get more health for less funding. Political will and accountability at all levels are essential to sustain progress.

Health Workers: The Frontline Lifeline

Health care workers are under severe pressure. In over half of 108 low- and middle-income countries, ODA cuts have led to job losses, furloughs, or unpaid work according to a recent WHO Survey. While some countries are adopting solutions like task-sharing, sustained investment is needed to ensure these workers are protected, paid, and empowered.

Strengthened monitoring and accountability

Robust monitoring is essential to track progress and hold governments accountable. Yet in over 40 percent of countries, systems like HMIS and household surveys are being weakened by funding cuts. Governments and donors invest in gathering data more efficiently without compromising quality to safeguard progress and improve outcomes.

4. Every Woman Every Newborn Everywhere. *Accelerate progress for maternal and newborn survival and health*. 2025; Available from: <https://ewene.org/accelerate-maternal-and-newborn-survival/>.

5. World Health Organization, *The Impact of reductions and suspensions of health development assistance on health systems*. 2025.