Produced by the United Advocacy Working Group for MNCH

Unified Advocacy Asks for Maternal and Newborn Health

International Maternal Newborn Health Conference (IMNHC) 2026

Photo: WHO/ Kirtgo Mumbi

PMNCH for
Hosted by the World Health Organization

EWENE
Every Woman Every Newborn Everywhere

CHILD SURVIVAL ACTION

About this brief

The **International Maternal Newborn Health Conference (IMNHC) 2026** marks a defining moment for the global community to regroup and chart a path forward. Despite decades of advancement, evidence shows that momentum for maternal and newborn health has slowed, and in some regions, reversed. Progress toward the 2030 Sustainable Development Goals has stagnated, as rising inequalities, climate shocks, conflict, and shrinking fiscal spaces erode previous gains. To ensure that mothers and newborns not only survive but thrive, we must drive urgent action by investigating remaining challenges, exchanging effective evidence, and improving accountability.

In this context, stronger coordination and synergies among partners are essential to align priorities and amplify collective advocacy efforts. The **United Advocacy Working Group for MNCH** is serving as a shared advocacy coordination platform, to align and strengthen action on maternal, newborn and child health (MNCH) and wellbeing across global, regional, and country levels, in support of EWENE-CSA priorities.

The following key messages and advocacy asks are intended to equip partners with evidence-based messaging and resources in the context of IMNHC 2026.

Rising geopolitical tensions: a major threat to maternal and newborn health

- Rising geopolitical tensions have destabilized fragile health systems, directly threatening the safety of mothers and newborns. Disruptions to essential supply chains, displacement of vulnerable populations, attacks on health facilities and health workers are disrupting life-saving services and critically impacting maternal and neonatal care, including Emergency Obstetric and Newborn Care (**EmONC**).

- In 2023, **almost two-thirds (64%)** of maternal deaths occurred in conflict and fragile settings, despite these countries accounting for only around one in ten of global live births. (**WHO, 2025**).

- Children born in fragile and conflict-affected countries are **nearly three times** more likely to die before their fifth birthday than those elsewhere (**UN-IGME Report 2025, UNICEF 2026**).

- Amidst these ongoing and compounding crises, ensuring the prioritization, delivery, and financing of essential MNH services within emergency response plants and as part of the **2025 Humanitarian Reset**, remains crucial to reducing preventable deaths of mothers and babies.

Photo: © WHO. Patient with severe acute malnutrition and dehydration at a field hospital in south Gaza - 24 April 2024

Addressing the financial crisis and stimulating domestic financing

Photo: ©Genna Print / WHO. Sexual Reproductive Health Outreach in Samburu, Kenya

- Review of aid sanctions in 67 LMICs between 1990-2019 revealed an associated 6% annual increase in maternal mortality and a 4% increase in child mortality (**Lancet Global Health**, **May 2025**).
- Reducing aid dependency requires a bold, country-led shift toward domestic resource mobilization (DRM), driven by national priorities and health budgets.
- A transformative shift toward health sovereignty and away from donor dependency, anchored in the **Lusaka Agenda** and the **Accra Reset**, is a clear path towards greater self-reliance and national leadership in prioritisation of health issues and sustainable domestic financing.
- With shrinking aid budgets hitting the most vulnerable hardest, we call for a strategic shift: prioritizing high-impact health interventions for MNH while scaling modern financing tools like climate co-financing, pooled procurement, and debt-for-health swaps to maximize every dollar spent in fragile settings.

Countering the pushback on SRHR

- The escalation of regressive policies on diversity, equity, and inclusion, and broader rollbacks on SRHR directly threaten decades of progress in maternal and newborn care.

- Safeguarding the lives of millions of women and newborns relies on a comprehensive, rights-based framework that embeds SRHR at every stage of the continuum of care, including family planning, and safe abortion care. By integrating these services, we ensure that care spans the entire reproductive life cycle, directly reducing maternal mortality and improving neonatal outcomes.

©WHO/Genna Print. Photo: © WHO. Kenya transitions to single-dose HPV vaccine to eliminate cervical cancer- Kilifi, Kenya

Progress toward EWENE targets & SDGs and urgent need for accelerated action

Photo: WHO/ Kirigo Mumbi

Expanding Coverage and Safeguarding Essential MNH Services

- If trends persist, in 2030 the global maternal mortality ratio (MMR) will be two and a half times higher than the SDG target 3.1 (**WHO, 2025**).
- Progress on child survival is slowing - since 2015, the pace of reduction in child mortality has slowed by more than 60% (**UNICEF DATA - Child Statistics**).
- Preterm birth is the leading cause of death among newborns (36%) and children under 5 (18%) (**UNICEF DATA - Child Statistics**).
- Progress has been made towards key targets: According to the latest data on global coverage, 72% of pregnant women received four or more antenatal care contacts; 87% of births were attended by skilled health personnel; and 63% of mothers received PNC within 48 hours of birth. (**UNICEF Data – Child Statistics, 2026 Data Brief**)
- To meet the EWENE and SDG targets, we must urgently scale up investments in maternal and newborn health. This includes ensuring access to high-quality antenatal care, skilled birth attendance, postnatal care, including life-saving vaccines, and emergency obstetric and newborn care.

Progress towards the 2025 EWENE 90-90-80-80 targets

Antenatal care (ANC)

More than 2/3 of countries (71%) did not achieve the EWENE target of 90% coverage for at least four ANC contacts.

Skilled birth attendance (SBA)

Approximately one quarter of countries did not reach the EWENE target of 90% coverage for skilled birth attendance.

Postnatal care

Almost half of countries (47%) did not meet the EWENE target of 80% PNC contacts.

UNICEF DATA - Child Statistics and UNICEF Update of Maternal and Newborn Health Data, 2026 Data Brief

Advancing equity for vulnerable populations, including at the sub-national level

Photo: © WHO. WHO and partners supported the medical evacuation of 5 patients and 7 companions to Egypt via the Rafah Crossing.

- Despite progress in reducing maternal and newborn mortality, significant disparities persist, disproportionately impacting already vulnerable populations, including those in conflict-affected zones and those living in rural areas.

- West and Central Africa record the lowest coverage levels of any region, with antenatal care at 57% and skilled health personnel at delivery at 70%, reflecting a profound equity gap (**UNICEF Data – Child Statistics, 2025**).

- In contrast, Europe and Central Asia reports 93% antenatal care coverage and 99% skilled health personnel at delivery, illustrating the scale of geographic inequality in access to care (**UNICEF Data – Child Statistics, 2025**).

Integrating care across the continuum and the life-course

- Strengthening PHC is the most effective strategy for advancing the health of women, children and adolescents, providing an integrated foundation for life-saving services from prenatal care to childhood immunizations.

- Stakeholders should guarantee universal access to comprehensive sexual and reproductive health services by fully integrating them into universal health coverage frameworks and removing financial, geographic, and social barriers to care, ensuring that all women and children can access high-quality services, essential medicines, and evidence-based interventions throughout the life course.

- To be effective, this must include interventions that address critical windows of survival, including basic and comprehensive **EmONC** and small and sick newborn care (**SSNC**).

- Maternal and newborn immunization is a cornerstone of protecting mothers and babies from life-threatening infections, preventing severe disease and deaths. Maternal vaccines such as those against RSV and Group B Streptococcus (GBS), together with timely newborn vaccines such as the hepatitis B birth dose, are examples of interventions that can significantly reduce mortality and morbidity across the life course while strengthening prevention within PHC systems.

- To achieve UHC, maternal and neonatal services must be embedded within UHC benefit schemes, eliminating out-of-pocket payments and reducing financial barriers that prevent vulnerable families from seeking life-saving interventions during pregnancy and the first month of life.

Strengthening health systems and the health workforce for MNH

- Strengthening health systems is critical to reduce preventable maternal and neonatal deaths, including key investments in human resources for health.

- A skilled, supported, and protected health workforce, including strengthened community health workers and midwives, can avert **two-thirds** of maternal deaths, stillbirths, and neonatal deaths when fully integrated into health systems.

- Investments into a robust, trained, and protected health workforce, including dedicated human resources for SRMNCAH and increased focus on strategies to enhance **inter-professional collaboration** are needed to ensure the quality care for women and babies and to end preventable maternal and neonatal mortality.

- Strengthening community delivery strategies and community health worker programs is key to bringing essential services closer to where families live, improving caregiver knowledge, and ensuring timely access to lifesaving care for mothers and newborns.

Photo: © WHO/ Kirigo Mumbi. Accessing Sexual Reproductive Health Care through Resilient Primary Healthcare Systems - Tana River, Kenya.

Improving quality of care to save lives

- Fragile and conflict-affected countries accounted for **40%** of all stillbirths in 2023, and almost half (**45%**) of stillbirths occur during labour and delivery compared to **55%** during the antenatal period.

- Preterm birth complications are the leading cause of death among children under 5 years of age and inequalities in survival rates both across and within countries are stark.

- The road to achieving UHC must include a transition from simply increasing facility access to institutionalizing rigorous, person-centered standards that ensure every mother and child receives the respectful, evidence-based care they deserve.

- Almost all intrapartum stillbirths can be prevented through high-quality skilled birth attendance, trained and equipped to provide immediate, life-saving emergency interventions, and the majority of antepartum stillbirths can be prevented by ensuring that every pregnancy is supported by high-quality antenatal care.

- Improving newborn survival requires a focus on integrated management of newborn and child illnesses (IMNCI), key interventions to prevent and manage prematurity, and providing SSNC to manage complications during the critical period of the first 28 days of life, where infections and congenital conditions pose a significant threat.

© WHO / Christine McNab. Associate Professor / Dr Chenchit Chayachinda examines her pregnant patient. Siriraj Hospital, Bangkok, Thailand. August 2019.

Preventing adolescent pregnancy and supporting young mothers

© WHO / Christine McNab. Associate Professor / Dr Chenchit Chayachinda examines her pregnant patient. Siriraj Hospital, Bangkok, Thailand. August 2019.

- Teenage pregnancy is the second biggest cause of death for adolescent girls aged 15-19 years, linked also to adverse maternal and newborn health outcomes, including higher incidence of stillbirths and preterm and low-birth-weight babies. Ensuring adolescents have access to high-quality SRH services is also crucial to their health and future development. (**UN-IGME 2025**).

- Low contraceptive use among adolescents underscores a critical gap in agency and reproductive rights, limiting young people’s ability to make informed decisions about their health and futures (**UNICEF Data – Child Statistics, 2025**).

- Policies should protect and expand girls’ access to quality education as a critical strategy for improving maternal and child health outcomes, empowering girls to make informed decisions about their health, their bodies, and their futures.

More information IMNCH 2026: https://imnhc2026.org/

Register for the in-person meeting of the United Advocacy Working Group for MNCH
Date: 23 March 2026
Time: 08:30 – 10:30 (EAT)
Location: The Edge, Ruby Room (in-person only)

Register here