



# POLICY BRIEF

N°. 139  
23 April 2025

## Advancing Women’s, Children’s and Adolescents’ Health and Inequalities in Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health:

### Highlights from the 156th Meeting of the World Health Organization’s Executive Board

By Bianca Carvalho, Viviana Munoz Tellez \*

#### ABSTRACT

This policy brief examines discussions from the WHO’s 156th Executive Board meeting (February 2025) on the Global Strategy for Women’s, Children’s and Adolescents’ Health. The Director-General reported many countries falling behind on SDG targets for maternal and child mortality, with persistent inequalities in healthcare access. Member States emphasized the urgent need to accelerate progress through universal access to comprehensive sexual and reproductive health services and rights, including the right to make informed decisions about reproduction free from discrimination, coercion, and violence. Recommendations focused on priorities for updating the Global Strategy and increasing investments. Two resolutions were advanced: one on regulating digital marketing of breast-milk substitutes (proposed by Brazil and Mexico) and another on World Prematurity Day (proposed by Tanzania). These will be considered for adoption by the World Health Assembly in May 2025.

**KEYWORDS:** Women’s, Children’s and Adolescents’ Health, Sexual and Reproductive Health and Rights (SRHRs), Global Strategy for Women’s, Children’s and Adolescents’ Health, World Health Organization (WHO), WHO Executive Board, World Health Assembly (WHA), Breast-milk Substitutes, World Prematurity Day, Maternal and Child Mortality, Sustainable Development Goals (SDGs)

*Ce rapport sur les politiques examine les discussions de la 156e réunion du Conseil exécutif de l’OMS (février 2025) sur la stratégie mondiale pour la santé des femmes, des enfants et des adolescents. Le directeur général a indiqué que de nombreux pays accusaient un retard par rapport aux cibles des ODD en matière de mortalité maternelle et infantile, avec des inégalités persistantes dans l’accès aux soins de santé. Les États membres ont souligné la nécessité urgente d’accélérer les progrès grâce à l’accès universel à des services et à des droits complets en matière de santé sexuelle et reproductive, y compris le droit de prendre des décisions éclairées en matière de procréation, sans discrimination, coercition ni violence. Les recommandations se sont concentrées sur les priorités pour la mise à jour de la stratégie mondiale et l’augmentation des investissements. Deux résolutions ont été avancées : l’une sur la réglementation du marketing numérique des substituts du lait maternel (proposée par le Brésil et le Mexique) et l’autre sur la Journée mondiale de la prématurité (proposée par la Tanzanie). Ces résolutions seront examinées en vue de leur adoption par l’Assemblée mondiale de la santé en mai 2025.*

**MOTS-CLÉS:** Santé des femmes, des enfants et des adolescents, santé et droits sexuels et reproductifs, stratégie mondiale pour la santé des femmes, des enfants et des adolescents, Organisation mondiale de la santé (OMS), Conseil exécutif de l’OMS, Assemblée mondiale de la santé (AMS), substituts du lait maternel, Journée mondiale de la prématurité, mortalité maternelle et infantile, objectifs de développement durable (ODD)

#### KEY MESSAGES

- Despite some progress, many countries remain off-track to meet SDG targets for reduction of maternal, newborn, and child mortality, with the African region bearing a disproportionate burden.
- Significant inequalities persist in access to reproductive, maternal, newborn, child, and adolescent health services.
- Member States emphasized the need to advance progress on universal access to sexual and reproductive health services.

\* Bianca Carvalho is an intern with the South Centre. Viviana Munoz Tellez is the Coordinator of the Health, Intellectual Property and Biodiversity Programme (HIPB) of the South Centre.

*Este resumen examina las discusiones de la 156ª reunión del Consejo Ejecutivo de la OMS (febrero 2025) sobre la Estrategia Mundial para la Salud de la Mujer, el Niño y el Adolescente. El Director General informó que muchos países están retrasados en las metas de los Objetivos de Desarrollo Sostenible relacionados con la mortalidad materna e infantil, con persistentes desigualdades en el acceso a la atención sanitaria. Los Estados Miembros enfatizaron la urgente necesidad de acelerar el progreso mediante el acceso universal a servicios integrales de salud sexual y reproductiva, incluyendo el derecho a tomar decisiones informadas sobre reproducción libres de discriminación, coerción y violencia. Las recomendaciones se centraron en prioridades para actualizar la Estrategia Mundial y aumentar la inversión en esta. Se presentaron dos resoluciones: una sobre la regulación de la comercialización digital de sucedáneos de la leche materna (propuesta por Brasil y México) y otra sobre el Día Mundial de la Prematuridad (propuesta por Tanzania). Estas serán consideradas para su adopción por la Asamblea Mundial de la Salud en mayo de 2025.*

**PALABRAS CLAVES:** Salud de la Mujer, el Niño y el Adolescente, Salud y Derechos Sexuales y Reproductivos (SDSR), Estrategia Mundial para la Salud de la Mujer, el Niño y el Adolescente, Organización Mundial de la Salud (OMS), Consejo Ejecutivo de la OMS, Asamblea Mundial de la Salud (AMS), Sucédáneos de la Leche Materna, Día Mundial del Prematuro, Mortalidad Materna e Infantil, Objetivos de Desarrollo Sostenible (ODS)

The Executive Board (EB) of the World Health Organization (WHO) in its 156th meeting, held on 3-11 February 2025, considered the Director General's report on the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) (EB156/17). The report provides a summary of recent trends and data, including efforts to accelerate progress towards women's, children's and adolescents' health. It points out that countries must scale up their implementation of high-impact interventions and start the process of updating the Global Strategy to support the United Nations' post-2030 development agenda.

This brief provides highlights of the Director General (DG) report and the recommendations made by Member States during the 156th WHO EB meeting, especially on ensuring access to health care and services, including sexual and reproductive health and rights, and access to sexual and reproductive health information, services and goods. The Resolution WHA77.5 of the 77th World Health Assembly (WHA) adopted in June 2024, reaffirmed the commitment made in the Global Strategy on Women's, Children's and Adolescents' Health (initially launched in 2010 by the UN Secretary General) to facilitate universal access to sexual and reproductive health care services (Sustainable Development Goal target 3.7), including for family planning, information and education, and the integration of reproductive health as contributing factors to maternal, newborn, child and adolescent survival.

During the 156th EB, Member States also highlighted the importance of education, nutrition, breastfeeding, health work force, and primary health care. Two resolutions were advanced, on the regulation of the digital marketing of breast-milk substitutes, proposed by Brazil and Mexico, and on the World Prematurity Day, proposed by Tanzania. The EB recommendations were forwarded to the 78th World Health Assembly to be held on 19–27 May 2025.

## I. Highlights of the DG report on the Global Strategy

The Director General's report notes that many countries are off track to reach the targets of the Sustainable Development Goals related to maternal, newborn and child mortality, and stresses the need to accelerate progress where the mortality rates are highest and to tackle inequalities.

The report highlights that inequalities remain persistent in access to reproductive, maternal, newborn, child, and adolescent health services, with significant gaps between income and education levels in low- and middle-income countries. Additionally, inequalities in meeting the potential needs of countries for an adequate supply of sexual, reproductive, maternal, newborn, child and adolescent health workers are still prevalent in low-income countries, where only 41% of its needs are met, compared to 99% in high-income countries. Encouragingly, the report notes an increase in the proportion of all women of reproductive age whose need for family planning is met due to the availability of modern methods.

The report called on Member States to consider 1) what actions should be prioritized to address inequalities in sexual, reproductive, maternal, newborn, child and adolescent health and 2) what support is needed from the Secretariat at all three levels to accelerate progress on the related targets of the Sustainable Development Goals (SDGs).

## II. WHO Member States' interventions

**Australia** commended the new WHO tools, guidance and country support that have helped progress and address inequalities in women's, children's and adolescents' health. It expressed concern that the data in the DG report indicates that achieving SDG targets for maternal and child mortality by 2030 is becoming out of reach.

**Bangladesh** highlighted the challenge of high-pocket expenses for access to health services, and the role of exclusive breastfeeding in child nutrition.

**Brazil** emphasized the urgency of accelerating efforts to reduce maternal, neonatal, and child mortality. Addressing health inequalities should prioritize intersectoral policies that promote human rights, tackle social determinants of health, and ensure universal access to health, particularly for vulnerable populations.

**Canada** noted that despite some progress over the last decades, women and children continue to die at unacceptably high rates, with marginalized and vulnerable populations disproportionately represented, while many of these deaths are preventable. Canada emphasized that women and girls continue to experience inequitable access to safe and affordable sexual and reproductive health services. Increasing access to comprehensive sexual and reproductive health and rights (SRHRs) for all, including those in fragile and conflict affected settings, is key to saving lives. Canada noted that the DG report did not include a key finding from the 2023 Technical Report of the Global Strategy for Women's, Children's and Adolescents Health: that unsafe abortion is a leading

but preventable cause of maternal deaths and morbidity. Restricting access to abortion does not reduce the number of abortions, it only increases the number of unsafe abortions and endangers the lives of women. It noted its support to partners, including governments and civil society to provide access to comprehensive SRHR in low- and middle-income countries, where it considers there is most potential for the greatest impact on the lives and health of women, children and adolescents.

**China** commended the efforts in advancing the Global Strategy for Women's, Children's and Adolescents Health. China recommended that WHO continue prioritizing the reduction of maternal, newborn and under-five child mortality as a strategic objective and to assist countries in building comprehensive, equitable, accessible and high-quality primary health care networks, with increasing training for healthcare professionals specializing in maternity and paediatric care. China also recommended supporting developing countries in enhancing safeguards for maternal and newborn health.

**Ethiopia** noted that the African region has a significant proportion of global maternal death and under five child mortality, with a high unmet need for maternal newborn child and adolescent services. Efforts need to be intensified in Africa, with due focus at the sub national level, in populations where mortality and morbidity rates are disproportionately high. Most maternal, newborn and child mortalities are preventable, and with concerted effort, it's possible to avert and mitigate the burden of mortality and improve the health and well-being of all populations.

The **European Union** stated it remains committed to the promotion, protection and fulfilment of all human rights and to the full and effective implementation of the Beijing Platform for Action and the program of action of the International Conference on Population and Development and the outcomes of the review conferences, and remains committed to sexual and reproductive health and rights. The EU reaffirmed its commitment to the promotion, protection and fulfilment of the right of every individual to have full control over and decide freely and responsibly on matters related to their sexuality and sexual and reproductive health free from discrimination, coercion and violence. The EU stressed the need for universal access to quality and affordable comprehensive sexual and reproductive health information education, including comprehensive sexuality education and health-care services. Furthermore, advocating for behaviour change and the transformation to those social norms that negatively impact women and girls and access to quality, safe and effective health services.

**Finland** noted that equality and the promotion of rights and status of women and girls, including sexual and reproductive health and rights are long standing principles of Finland's development and foreign policy. Access to sexual and reproductive health services and ensuring sexual and reproductive health and rights for all are essential elements to the achievement of SDGs and Universal Health Coverage (UHC) and to economic growth and resilience. The cost-benefit ratio of investments to sufficient SRH services and maternity and child health clinics is high, and they have a

significant impact in reducing maternal infant and child mortality. Finland suggested that the Global Strategy for Women's, Children's and Adolescents' Health should focus on sufficient access to comprehensive sexual and reproductive health services for all, including adolescent and youth, friendly sexual and reproductive health services and comprehensive sexuality education. Finland also suggested that the Global Strategy needs to address harmful traditional practices and build young people's agency on their bodily autonomy and their ability to make safe and healthy choices for their future.

**France** encouraged the WHO Secretariat to increase training for healthcare professionals in terms of high quality and accessible sexual and reproductive health services, and to promote access to education for women and children, including comprehensive sexuality education.

**Germany** highlighted that ensuring universal access to sexual and reproductive health and rights is crucial to improving the well-being of women, children and adolescents. Comprehensive services including contraception, safe abortion maternal care and comprehensive sexuality education are essential for addressing persistent inequalities.

**Micronesia** recommended for the development of the next global strategy for the WHO and Member States to increase investment on high impact programs for women, children and adolescents, upscaling of skills of midwives, nurses, paediatricians, obstetrician-gynecologist specialists, and an access to sexual reproductive health services.

**Morocco** noted its commitment to speed up progress on the health of adolescents, including through expanded access to sexual and reproductive health care services, especially in educational establishments, community centres and in rural areas. Morocco called for cross cutting action, involving education, social protection and government policy to fight against early marriage, unplanned pregnancies and preventing sexually transmitted diseases and other harmful practices. Inter sectoral or cross cutting plans of action involving ministries and private companies and civil society would guarantee a consistent and effective approach to the health of adolescents. Morocco also stated it seeks to strengthen programs on sexual and reproductive health in schools, stressing on prevention of sexually transmitted infections, HIV, and at the same time, fight against harmful practices such as female genital mutilation. The required actions also include education for parents to support the sexual and reproductive health of their adolescent children. More use of digital technologies can support improved access to health care, especially through digital platforms young people use, that can also provide remote medical treatment and appropriate educational content.

**Norway** stated that existing inequalities in sexual reproductive maternal, newborn, child and adolescents' health will be further exacerbated with the increasing pushback against women's sexual and reproductive health and rights. In challenging and unpredictable times, we must unite behind the principle that evidence-based knowledge is the basis for a political leadership at all levels. It is

vital to ensure the comprehensive SRHR services for all, through strengthening health systems and achieving UHC.

**Poland** noted that since 2015 the mortality and morbidity rates among women, children and adolescents are still unacceptably high at global levels, and inequalities persist between and among countries. It is our collective responsibility to stay committed to the most effective way of reaching these targets, particularly through effective health promotion, disease prevention, health system, strengthening reinforced and targeted investments in sexual and reproductive health care services and achieving universal health coverage (UHC). This includes promoting healthy and active lifestyles and addressing all forms, all forms of malnutrition. Poland welcomed the important work done by the human reproduction program, data collection and the guidelines produced on sexual and reproductive health guides, as in all aspects of health and education policies, especially at a time when misleading information is widespread.

**Panama** agreed that there are inequities that need to be tackled, particularly in respect to sexual and reproductive health and maternity care. Health care must be equitable, including for deprived communities, and that applies also to sexual and reproductive health for adolescents. Social determinants of health need to be considered; this includes improving nutrition.

**Paraguay** highlighted the importance of having a person-centred health policy that includes monitoring progress on sexual and reproductive health. Paraguay noted that an important step taken in the country was participation in a survey on sexual and reproductive health among WHO Member States that produced valuable information and helped to identify areas where improvements could be made.

**Senegal** noted the progress it has achieved in reducing maternal and child mortality and ongoing challenges. A new strategic plan for reproductive, maternal, neonatal, infant and adolescent health is being rolled out, which includes intensification and integration of family planning within maternal neonatal and child health, a focus on nutrition and treatment for postpartum haemorrhage and eclampsia, which are the main causes of maternal death. Senegal recommended the WHO Secretariat to 1) analyse data on reproductive, maternal, neonatal and infant health at national level, 2) advance bold and innovative actions to resolve challenges identified, and to increase technical and financial support for the implementation of action plans within countries, 3) increase funding to improve reproductive, maternal, neonatal, infant and adolescent health, in particular, focusing on innovative domestic approaches.

**Singapore** supported increasing investments in maternal and newborn health, including scaling up access to skilled birth attendants, neonatal care and postpartum supportive care, community based interventions and comprehensive sexual and reproductive health education as key efforts to close the equity gap.

**Spain** reiterated the right of all women to decide freely on questions relating to health, irrespective of where they live, their social condition, their economic status, their belief, sexual orientation or

gender identity. It highlighted the need to protect women from sexual violence and promoting guarantees of sexual and reproductive rights for them, including the right to abortion.

**Thailand** noted with concern the global inequality of reproductive, maternal, neonatal and child health outcomes across countries. Why are most low income countries and member states in Africa ranking behind? Public investment is lacking in health systems for maternal and newborn health, among other gaps. The proportion of donor funding in the overall health funding for low-income countries is high. This can be problematic as donor priorities may not align with country priorities.

**Ukraine** advanced that eliminating inequalities in the health of women, children and adults should be based on a comprehensive approach. Priority actions should include ensuring equal access to health services for all women and children, especially for remote regions and conflict zones, expanding maternal and child health programs, including vaccination investments and medical training, introduction of educational companies and sexual and reproductive health, especially among adolescents, and international cooperation.

The **United Kingdom** underscored the importance of multi sexual approaches to improving women's, children's and adolescent health, and the critical role of health system strengthening in ending preventable maternal child and newborn deaths. It was of the view that comprehensive sexual and reproductive health and rights and maternal newborn child and adolescent health interventions must be included in primary health care service packages with attention given to the most underserved population groups.

**The United Nations Population Fund (UNFPA)** called for increased aligned funding in support for country priorities and policies that protect sexual, reproductive and maternal health and to strengthen health systems by investing in midwives that are essential to the provision of quality of care.

### Final remarks

The EB concluded its discussion on the Global Strategy for Women's, Children's and Adolescents' Health noting the DG's report and offering recommendations, including to address equity gaps in sexual and reproductive health by strengthening primary health care, investing in health workforce training, and improving access to comprehensive services. The consideration of the Global Strategy for Women's, Children's and Adolescents' Health will be an agenda item for the 78th World Health Assembly in May 2025. The presentations made showed a significant engagement of both developed and developing countries and, despite different emphasis on a variety of aspects or priorities, they evidenced a general agreement on the need to do more at the national and international level to reduce maternal and child mortality, still unacceptable high in some countries, and improve access to comprehensive SRHR services.



## PREVIOUS SOUTH CENTRE POLICY BRIEFS

**No. 121, 18 July 2023**

Assessing the State of Play in the WHO Pandemic Instrument Negotiations by Viviana Muñoz Tellez

**No. 122, 30 November 2023**

Data Access and the EU Data Strategy: Implications for the Global South by Marc Stuhldreier

**No. 123, 14 December 2023**

The WHO CA+ Discussions on Pathogen Access and Benefit Sharing: State of Play by Nirmalya Syam

**No. 124, 5 February 2024**

How the EU's Carbon Border Adjustment Mechanism discriminates against foreign producers by Peter Lunenborg and Vahini Naidu

**No. 125, 12 February 2024**

WTO MC13: TRIPS Issues and Technology Transfer by Viviana Munoz Tellez and Nirmalya Syam

**No. 126, 23 February 2024**

Leveraging ESG for promoting Responsible Investment and Human Rights by Danish and Daniel Uribe

**No. 127, 17 April 2024**

Unlocking the Potential of Copyright Limitations and Exceptions (L&Es) by Faith O. Majekolagbe

**No. 128, 25 April 2024**

The WHO Intergovernmental Negotiating Body process and the revised draft of the WHO Pandemic Agreement (A/INB/9R/3) by Nirmalya Syam & Viviana Muñoz Tellez

**No. 129, 7 May 2024**

The WIPO Diplomatic Conference for a Treaty on Intellectual Property, Genetic Resources and Associated Traditional Knowledge by Viviana Muñoz Tellez

**No. 130, 21 May 2024**

Unpacking the WTO MC13 Decision on the Work Programme on Electronic Commerce by Vahini Naidu

**No. 131, 3 July 2024**

Understanding the New WIPO Treaty on Intellectual Property, Genetic Resources and Associated Traditional Knowledge by Nirmalya Syam and Carlos M. Correa

**No. 132, 8 November 2024**

Towards a Balanced WIPO Design Law Treaty (DLT) for Developing Countries by Nimalya Syam

**No. 133, 2 December 2024**

South Centre Inputs to FfD4 Elements Paper – Debt Sustainability, Business and Finance, Taxation by Yuefen Li, Danish, Abdul Muheet Chowdhary

**No. 134, 28 January 2025**

The WIPO Development Agenda: Progress and Challenges in 2025 by Nirmalya Syam

**No. 135, 20 February 2025**

The Riyadh Design Law Treaty: Harmonizing Global Design Procedures with Mixed Implications by Nirmalya Syam

**No. 136, 25 February 2025**

Lessons from COVID-19: Strengthening Antimicrobial Stewardship Prior and During Pandemics by Dr Rasha Abdelsalam Elshenawy

**No. 137, 14 March 2025**

Leveraging the Antimicrobial Resistance Declarations of 2024 to Reduce the Burden of Drug-Resistant Infections by Afreenish Amir & Viviana Munoz Tellez

**No. 138, 27 March 2025**

Will the Global Digital Compact ensure an equitable future for Developing Countries? by Daniel Uribe

*The South Centre is the intergovernmental organization of developing countries that helps developing countries to combine their efforts and expertise to promote their common interests in the international arena. The South Centre was established by an Intergovernmental Agreement which came into force on 31 July 1995. Its headquarters is in Geneva, Switzerland.*

Readers may reproduce the contents of this policy brief for their own use, but are requested to grant due acknowledgement to the South Centre. The views contained in this brief are attributable to the author/s and do not represent the institutional views of the South Centre or its Member States. Any mistake or omission in this study is the sole responsibility of the author/s. For comments on this publication, please contact:



The South Centre  
International Environment House 2  
Chemin de Balexert 7-9  
1219 Geneva  
Switzerland  
Tel.: +41 22 791 8050  
south@southcentre.int  
<https://www.southcentre.int>