THE LANCET

Countdown to 2030
Women's Children's & Adolescent's Health

The 2025 Report of the Lancet Countdown to 2030 for Women's, Children's, and Adolescents' Health:

Tracking Progress on Health and nutrition

Executive Summary

Introduction

In line with previous progress reports by the Countdown to 2030 for Women's, Children's and Adolescents' Health, this report analyses global and regional trends and inequalities in determinants, survival, nutritional status, health intervention coverage and quality of care, as well as country health systems, policies, financing and prioritization of reproductive, maternal, newborn, child and adolescent health (RMNCAH) and nutrition. The focus is on low- and middle-income countries where 99% of maternal deaths and 98% of child and adolescent deaths (0-19 years) occur, with special attention to sub-Saharan Africa and South Asia.

Recognizing the urgency of reaching the Sustainable Development Goal (SDG) health and health-related targets by 2030, the report assesses whether the momentum needed to reach these goals has been sustained, accelerated, stagnated, or regressed in comparison with the Millennium Development Goal (MDG) period (2000–2015). While most health and health-related indicators continue to show progress, there has been a notable slowdown in the rate of improvement after 2015, falling well short of the pace needed to achieve the 2030 SDG targets.

This sluggish pace contrasts sharply with the anticipated grand convergence in health, characterized by drastic reductions in mortality and RMNCAH inequalities, expected to occur during the SDGs based on the assumption that the spectacular progress achieved during the MDGs would continue unabated. Multiple external and internal threats must be addressed to safeguard the gains in RMNCAH and nutrition and to accelerate progress. Furthermore, a large gap between sub-Saharan Africa, especially West and Central Africa, and other parts of the world persists for many indicators, necessitating further prioritization.

Deteriorating Context for Women's, Children's and Adolescent's Health

The global health and development agenda, particularly RMNCAH and nutrition, is facing strong headwinds. Economic trends are a major concern, including slowing economic growth, stagnating poverty reduction and a major debt crisis. In 2021, 25 of 43 countries with data in sub-Saharan Africa spent more on public external debt servicing than health. Additionally, the pace of improvements in education and gender equity has slowed since 2015.

More countries are affected by armed conflicts and high numbers of battle related deaths. In 2022, an estimated 327 million women and 507 million children lived near conflict zones, increase since 2015. The number of women and children under 18 years uprooted by conflict increased from 46.3 million in 2015 to 80.7 million in 2023. Food insecurity has risen during the SDG period, fuelled by the COVID-19 pandemic, economic volatility, and armed conflict. Climate change, with its associated consequences of extreme weather events, infrastructure destruction, food insecurity, emerging diseases and altered disease transmission patterns, poses a severe threat to women's, children's, and adolescents' health.

These crises and challenges are exacerbated by, and often contribute to, vast inequalities between and within countries. Women, children, and adolescents living in the least favourable social and economic environments, where multiple dimensions of inequality intersect, are the most vulnerable to the impacts of these challenges.

Progress in Mortality and Nutritional Status but Well-Off SDG Target Pace

The analysis considered maternal mortality and deaths between 28 weeks of gestation and 20 years, recognizing the importance of the first two decades of life for human capital formation. While mortality for these age groups generally continued to decline during the first half of the SDG period, the average annual rates of reduction in stillbirth, maternal newborn, child and adolescent mortality in low- and lower-middle income countries during 2016-2022 were generally in the range of 2% to 3%. This is much lower than the pace of decline during 2000-2015 and far below the pace needed to achieve the SDGs. The SDG mortality targets were particularly remote for countries in sub-Saharan Africa. Exceptions are upper-middle-income countries, which have already achieved the SDG targets as a group, and the region of South Asia, where mortality continued to decline rapidly, particularly for under-five mortality.

Mortality due to leading infectious causes of child deaths, such as acute respiratory disease and diarrhoea continued to decline globally, except for malaria. The share of deaths under 20 years that occurred in the neonatal period increased in all regions, as neonatal mortality rates declined slower than rates at older ages, with preterm birth as the leading cause of these neonatal deaths.

Undernutrition among children, adolescents and women declined during the SDG period in most regions and country income groups at a similar pace as during the MDG period in low-income countries and sub-Saharan Africa and accelerated in lower-middle-income countries and South Asia. Most countries, however, were not on pace to achieve the SDG targets and lack of progress on reducing low birth weight prevalence was striking. At the same time, obesity rates among older children and adolescents 5-19 years and women increased rapidly in all regions and country income groups, a concerning trend with potential long-term and costly health implications.

Improving Coverage, Reducing Inequalities, and Major Quality of Care Gaps

Ensuring high coverage of essential interventions is crucial for achieving the SDGs. However, coverage for 20 indicators along the RMNCAH and nutrition continuum of care was uneven. For most indicators, coverage was higher in 2016-2023 than during the MDG period (2000-2015), but still inadequate. Skilled birth attendance reached the highest coverage, with 95.6% as the median for 113 low- and middle-income countries.

Comparing the MDG and SDG periods, there was a general slowdown in the increase of the RMNCAH Composite Coverage Index (CCI), with progress reducing from 1.2 percentage points per year to 0.6 percentage points per year, based on 70 countries with sufficient survey data before and since 2016. The slowdown was most pronounced in Eastern and Southern Africa, while in West and Central Africa, where coverage was lowest in 2000-2015, was the only region with an acceleration (from 0.6 to 1.6 percentage points per year).

Coverage inequalities between the poorest and richest households narrowed during the SDG period, with a CCI reduction of 2.0 percentage points per year, almost two times faster than during the MDG period. However, subnational inequalities remained large in many countries, implying that many countries can make substantial progress by greater focus on the lagging regions.

Monitoring progress in quality of care is challenging, given data limitations. Notable progress has been made in the content and timeliness of antenatal care in many countries and continuity of maternal and newborn care. Only small increases were observed in caesarean sections among the poorest. women to 3.4% in 42 low- and lower-middle income countries with a recent survey, indicative of a large unmet need for emergency care. This lack of progress occurs at the same time as escalating caesarean section rates among the wealthiest women in many countries.

Slow Health Systems Progress

Country policy frameworks reflect prioritization of RMNCAH and nutrition as well as commitment to protect the human right to health. Adoption of human-rights based policies is far from universal across low- and middle-income countries. Many countries are also falling behind in implementing broader protective legislation with major implications for RMNCAH and nutrition such as child marriage laws, protection of sexual and reproductive health and rights, and commercial regulations, particularly around breastmilk substitutes and unhealthy foods.

Indicators of health financing, workforce, and information system indicate slow progress in health system strengthening. Current health expenditure per capita increased overall post-2015, but at a slow pace, and no increase was observed in low-income countries. Health workforce densities increased slightly but were still low in low-income and lower-middle-income countries, at just one-seventh and one-third, respectively, of the density of core health professionals (doctors, nurses and midwives) in upper-middle income countries. Major obstacles to improving health workforce statistics include high rates of migration, attrition, and limited fiscal space to support training, remuneration, and career progression.

Improvements in the use of routine health facility data and data generated through rapid health facility assessments occurred. However, donor-funded household surveys remained the mainstay for key RMNCAH and nutrition statistics, providing high quality information about population health, while civil registration and vital statistics systems remained inadequate in most countries.

Low- and middle-income countries are experiencing demographic and epidemiological transitions at varying pace with implications for their health systems. As child mortality becomes concentrated among small and sick newborns, for example, countries need to invest in neonatal intensive care units while maintaining strong primary health care facilities that provide essential packages of services to all women, children, and adolescents. Countries in sub-Saharan Africa, where fertility remains high and more than half of the population is under 20 years, have the added pressure of needing to shore up their health systems to meet increasing demands. Further improvements in survival and health will require further system strengthening, especially access to secondary levels of care, which is challenging in the macro-economic developments affecting country health budgets but could benefit from innovations in the provision of services.

Decrease in Global Prioritization and Financing of RMNCAH and Nutrition

Aid for RMNCAH increased slowly post-2015 but decreased in 2020-2021, most likely because of a shift in funding towards pandemic response. Over the MDG and SDG periods, traditional large donors remained mostly stable. Since 2015, the targeting of aid to countries with greater health needs remained at a similar level in 2015. The donor aid flow picture should be considered against crippling debt servicing liabilities many countries are facing, severely impacting their ability to adequately finance health services for RMNCAH and nutrition.

A range of external and internal factors reduced global prioritization of RMNCAH in the SDG era. While most analyses suggest that COVID19 crowded out funding for RMNCAH, evidence and perceptions on the effects of advocacy and funding for universal health coverage on RMNCAH and nutrition are mixed. The broader landscape of constricted fiscal space, climate change, the wars in Ukraine and in Gaza, and waning commitment to multilateralism has also dampened RMNCAH visibility. Underfunded coordination platforms combined with a lack of a compelling unified framing has contributed to fragmentation of the RMNCAH community and, consequently, less collaboration on supporting the full continuum of care. The challenge ahead is for the RMNCAH community to develop a persuasive framing in a changed context that would inspire unified action across all partners ranging from grassroots organizations to international actors.

Conclusion

A wide array of interconnected issues contributed to an overall slowdown in RMNCAH and nutrition progress in the first half of the SDG era, with variations in progress across regions and country-income groups.

This report's analyses provide fuel for dialogue and action needed to ensure acceleration of progress in women's, children's and adolescents' health. Five themes were identified:

1 Explicit Focus on Sub-Saharan Africa

Economic challenges, armed conflict, and food insecurity are disproportionately concentrated in sub-Saharan Africa, a region already burdened by weak health systems and high levels of poverty. West and Central Africa, in particular, lags in nearly all indicators. Greater prioritization of sub-Saharan Africa, where fertility is high and more than 50% of the population is under 20 years of age, is essential. A major initiative led by regional institutions and countries with strong global support is needed.

2 Strengthening Health Systems for RMNCAH and Nutrition

Priority strategies should focus on improving workforce density and distribution, including approaches to address health worker emigration and attrition, protecting country health budgets from fiscal constraints, innovations in commodities and service delivery strategies, and quality of care improvements. Implementation of these strategies will require increases in financing, including greater domestic financing for RMNCAH and nutrition as well as commitment from external donors to support countries in greatest need.

3 Safeguarding Progress Against Crises

The most pressing need is for action that safeguards health, education, and social protection services for women, children and adolescents in countries impacted by economic downturns and debt servicing agreements and disasters related to conflict, environmental change, and epidemics.

4 Monitoring and Accountability

The analyses exposed major data gaps, including for maternal mortality, causes of death, morbidity, quality of care and health system and policy indicators. Overcoming these gaps requires sustained global and country investments in health information systems as well as methodological innovations such as remote data collection approaches, some of which were galvanized by the COVID-19 pandemic. To guide policymaking, within-country health information should be disaggregated by gender, place of residence, socioeconomic position, ethnicity and other relevant equity dimensions. Data-driven accountability for all stakeholders, an imperfect but seminal pillar of the MDG era, must be reinvigorated.

5 Revitalizing RMNCAH and Nutrition

Enhanced global coordination and compelling ideas about why women, children, and adolescents should remain at the core of health and development agendas are needed to drive collective action and sustain progress. This should include building a narrative around emerging global priorities like universal health coverage and the non-communicable disease agenda, showing that reaching women, children, and adolescents with high quality services is central to both achieving universal health coverage, as well as for preventing non-communicable diseases with origins in-utero and during childhood and in behaviours and risk factors adopted in the first two decades of life. Similarly imperative are arguments about how RMNCAH and nutrition should be at the centre of dialogues on other priorities such as climate change given that they are highly impacted with long term and potentially intergenerational effects.

Scan the full report here: