WEST AND CENTRAL AFRICA REGIONAL OFFICE

Regional roadmap for the accelerated reduction of maternal mortality in West and Central Africa

(2025 – 2029)

Let us recommit ourselves to not resting until every mother, every adolescent girl, and every woman in this region can exercise their rights, make informed choices, live with dignity and enjoy life's promise. Childbirth should be an empowering and affirming experience, a celebration of life's incredible promise—not the profound tragedy that it current is to millions of women across the West and Central African region and around the world.

Dr. Natalia Kanem
UNFPA Executive Director

Foreword

Every woman, everywhere, has a fundamental right to survive pregnancy and childbirth. Yet, the staggering loss of maternal lives across West and Central Africa (WCA) represents one of the most harrowing injustices of our time. The reality that a woman in this region is more likely to die from pregnancy or childbirth-related complications than women in almost any other part of the world is not merely a statistical aberration—it is an unacceptable crisis demanding urgent and decisive action.

The figures are as sobering as they are compelling. Every four minutes, a woman dies due to complications related to pregnancy and childbirth in WCA; one in three girls becomes a mother while still in childhood, and a newborn is lost every 17 seconds. For every maternal death, an estimated 20 to 30 women endure severe maternal morbidity, living with debilitating conditions that rob them of their dignity, compromise their health, and limit their prospects of living productive and wholesome lives. In 2020, maternal deaths in West and Central Africa (excluding the Democratic Republic of Congo) accounted for a staggering 62.7% of all maternal deaths in Sub-Saharan Africa. Nigeria alone recorded the highest estimated number of maternal deaths, with 82,000 maternal deaths—representing over a quarter (28.5%) of the global total (287,000). These numbers reflect more than 40% of maternal deaths in Sub-Saharan Africa (202,000), and over 64% of the estimated maternal deaths in UNFPA's WCA region (126,723). To put it simply, addressing the maternal mortality crisis in WCA is not just a regional imperative but a global one. Success in this region would mean resolving nearly half of sub-Saharan Africa's maternal mortality crisis—bringing the aspiration to end preventable maternal deaths worldwide closer to reality.

But if we are to be honest with ourselves, the grim statistics highlighted above only show us the tip of the iceberg underlying WCA's maternal mortality tragedy. A clear and evidence-based consensus has formed that WCA's extremely concerning maternal mortality trendline is also symptomatic – not just of the programmatic and strategic shortcomings of past and current efforts, but also of moral and systemic failures. It reflects lack of political prioritization, deep-seated inequalities, chronic underinvestment in health systems, weak healthcare infrastructures, limited access to and use of quality sexual and reproductive health services. A challenge further exacerbated by humanitarian crises, climate-induced disasters, and protracted conflicts that have disrupted health systems, displaced millions, and severely restricted access to life-saving maternal healthcare services. These are the well-known hard facts which we must collectively confront.

Now more than ever, flattening the curve on maternal mortality in the WCA region must become an urgent priority for governments, policymakers, and development partners alike.

This Roadmap for the Accelerated Reduction of Maternal Mortality in WCA presents a strategic, action-oriented framework to drive value-added transformational change across the region. Anchored on the principles of equity, rights-based health care, and sustainable development, the Roadmap ensues through **3 Action Pillars, 5 Action Areas and 15 interventions**, focused on:

1. **Scaling up the protection and empowerment of adolescent girls and young women** through accelerated actions to end child marriage and female genital mutilation, promote girls' education, prevent teenage pregnancy and ensuring first-time young mothers have access and use of family planning and maternal care.

2. **Strengthening societal accountability (individuals, families, and communities)** by centering the role of local governance mechanisms (mayors, governors, traditional and religious leaders) at the heart of maternal mortality reduction efforts through financing maternal and newborn health services, community-based management, and data accountability.

3. **Scaling up midwifery workforce recruitment, deployment, and retention**, including through targeted investments in bonding schemes and other incentive-driven practices.

4. **Enhancing and scaling up quality of maternity care across the region** through competency-based training and ensuring the effective deployment and positioning of midwives in underserved and fragile settings as well as deploying humanitarian midwives in crisis situations.

5. **Enhancing and Scaling up multisectoral approaches to Ending Preventable Maternal Mortality through: a) fostering collaboration across government entities**, development programmes (such as with food Systems and climate change mitigation and adaption – incentivising grassroots community, civil society, and private sector collective actions towards a shared vision of safe maternal health); **b) enhancing UNFPA's political engagement** to elevate the accelerated Reduction of Maternal Mortality as urgent national priority concern across WCA countries through reinforced political dialogue and tactful advocacy; and **c) moving beyond funding to financing** through the mobilizing and leveraging of domestic and regional financing through national and international multisectoral engagement and support.

This Roadmap is not just an action plan for value-added interventions to disrupt the unsavoury maternal mortality trajectory of countries and communities across WCA. At its core, it also represents a clarion call to action for all stakeholders to prioritize and invest in solutions that place women's health and rights at the center of national and regional development agendas; and a testament of UNFPA's standing resolve to deepen collaboration with governments and all partners and stakeholders to realize a future where no woman dies giving life.

I extend my deepest appreciation to the experts in countries and institutions across the region and beyond, whose vast knowledge and field experience and commitment have been instrumental in shaping this Roadmap. Their insights and hard work have ensured its relevance and impact.

Time is no longer on our side. Every delay results in preventable deaths, shattered lives, and extinguished potential. We must act now, with a sense of fierce urgency to ensure that no woman loses her life bringing life into this world.

Sennen Hounton MD, MPH, PhD
UNFPA WCA Regional Director

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Acronyms

ASACO	Associations de santé communautaire (community health associations)
AU	African Union
CRVS	Civil registration and vital statistics
CSCOM	Centre de Santé Communautaire (Community Health Center)
CSRef	Centre de Santé de Référence (Referral Health Center)
DHIS2	District Health Information Software
EmONC	Emergency Obstetric and Newborn Care
EPMM	Ending Preventable Maternal Mortality
EWENE	Every Woman, Every Newborn, Everywhere
GBV	Gender-based violence
IFIs	International Financial Institutions
IPV	Intimate partner violence
MISP	Minimum Initial Service Package
MMR	Maternal Mortality Ratio
MSA	Multi-Sectoral Approach
NDDOs	National Demographic Dividend Observatories
PHC	Primary Health Care
RECs	Regional Economic Communities
SAE	Small Area Estimation
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
SWEDD	Sahel Women's Empowerment and Demographic Dividend
TB	Tuberculosis
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WCA	West and Central Africa
WHO	World Health Organization

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Executive Summary

Maternal mortality rates in West and Central Africa (WCA) are alarmingly high, representing a severe public health crisis and a grave violation of women's human rights. WCA accounted for 62.7% of all maternal deaths in Sub-Saharan Africa in 2020. This crisis is driven by a complex interplay of factors, including inadequate healthcare infrastructure, insufficient investment in sexual and reproductive health services, gender inequalities, humanitarian crises, climate-induced disasters, child marriage, and persistent insecurity. The consequences of inaction are catastrophic, impacting families, communities, countries, and the region's overall development.

To address this urgent issue, the UNFPA West and Central African Regional Office (WCARO) has developed this roadmap for the accelerated reduction of maternal mortality. This strategic, action-oriented framework is anchored on equity, rights-based healthcare, and sustainable development. Spanning 5 action areas and 15 value-added interventions, this roadmap is anchored on three broad action pillars.

Action Pillar 1:

Scaling up the protection and empowerment of adolescent girls and young women (through effective and sustained engagement with families, communities and societies) in WCA to end preventable maternal mortality.

This involves accelerated actions to address harmful practices such as child marriage and female genital mutilation, improve girls' education, reduce teenage pregnancy, and enhance first-time young mothers' access to family planning and maternal care.

Action Pillar 2:

Strengthening and scaling up Midwifery Practice for the Provision of Quality Maternity Care in WCA to end preventable maternal mortality.

This focuses on increasing the midwifery workforce through recruitment, deployment, career development and retention strategies, including bonding schemes and incentives. It also aims to enhance the quality of maternity care through competency-based training and ensuring the effective deployment of midwives, particularly in underserved and fragile settings, and deploying humanitarian midwives in crises.

Action Pillar 3:

Scaling up Multisectoral approaches in WCA to Ending Preventable Maternal Mortality:

This pillar emphasizes leveraging food systems and climate change resilience interventions, fostering collaboration across government, agriculture, civil society, the private sector, and communities, leveraging intelligence and foresight on political and economic developments across WCA countries to position maternal mortality reduction as national priority concern; and leveraging political will to influence highest level political action to improve maternal health outcomes. It also includes strengthening societal accountability by centering local governance mechanisms, developing innovative financing for maternal and newborn services, community-based management, access to digital solutions and data generation, analysis and use for decision-making and accountability.

This roadmap underscores the critical and globally significant maternal mortality crisis in West and Central Africa (WCA). Addressing and reducing maternal mortality rates in this region is crucial for achieving the United Nations Sustainable Development Goals. The roadmap calls for a multi-pronged approach, demanding increased political commitment at all levels, the development and implementation of innovative strategies, and the forging of strong and effective partnerships. The United Nations Population Fund (UNFPA) is dedicated to collaborating closely with governments, local communities, and other key stakeholders to ensure that every woman, regardless of her circumstances, has the fundamental human right to survive pregnancy and childbirth. This roadmap acts as a clear call to action, providing both a framework for accountability and a solid foundation upon which to build strategic partnerships. These combined efforts are vital to achieving accelerated, measurable, and sustainable progress in improving maternal health outcomes across the entire West and Central African region.

> ***Women are not dying because of untreatable diseases. They are dying because societies have yet to make the decision that their lives are worth saving.***
>
> **Professor Mahmoud Fathallah (2006).**
>
> *Past President of the International Federation of Obstretricians and Gynecologists and a lifelong champion of women’s heath and human rights.*

1.0 Introduction

The ambitious goal of flattening the curve on the deeply preoccupying trend of maternal mortality across the West and Central African region (WCA) is proving to be one of the most formidable, if not elusive, challenges of our time. Indeed, fewer issues have sparked such a comparable level of deep-seated concern for the region's sustainable development prospects.

Consider for a moment the ensuing statistics that poignantly illustrate the gravity of the situation: every four minutes, a woman dies in the WCA from complications of pregnancy or childbirth, one in three girls becomes a mother while still in childhood, and a newborn is lost every 17 seconds. In 2020, maternal deaths in West and Central Africa (excluding the Democratic Republic of Congo) accounted for a staggering 62.7% of all maternal deaths in Sub-Saharan Africa. Nigeria alone recorded the highest estimated number of maternal deaths, with 82,000 maternal deaths—representing over a quarter (28.5%) of the global total (287,000). These numbers reflect more than 40% of maternal deaths in Sub-Saharan Africa (202,000), and over 64% of the estimated maternal deaths in UNFPA's WCA region (126,723). If success is achieved in addressing the maternal mortality crisis in the WCA region, nearly 50% of the maternal mortality crisis in Sub-Saharan Africa would have been solved.

While the Maternal Mortality Ratio (MMR) has declined over the past 30 years, rates remain among the highest globally, exceeding 1,000 deaths per 100,000 live births in certain countries such as Chad and Nigeria in 2020. Concurrently, the absolute number of maternal deaths has increased too—from 280 per day in 1994 to 343 per day in 2020[1]. Achieving the target of one maternal death per 100,000 live births by 2030 would require a 54-fold acceleration in progress –presenting an immense challenge, as current trends suggest it would take over 1,000 years to reach this goal[2].

An often-overlooked side of the maternal mortality crisis is the issue of **severe maternal morbidity (SMM)** which presents an equally devastating toll. For instance, For every woman who dies, an estimated 20 to 30 women experience serious complications from pregnancy and childbirth, such as obstetric fistula, severe hemorrhage, sepsis or mental health disabilities such as depression, bipolar disorder, post-traumatic stress disorder, and schizophrenia. These survivors often face lifelong physical, psychological, emotional, and socioeconomic consequences, including chronic pain, infertility, social stigma and increased likelihood for GBV and intimate partner violence (IPV). The human and economic costs of SMM further underscore the urgency of addressing maternal health as a priority in WCA.

1 Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2023.

2 UNFPA, Technical Division and Policy and Strategy Division , 2024. Future Papers: Level of acceleration needed to achieve the UNFPA transformative results.

1.1 Structural outline of document

This Roadmap is broadly structured into three sections.

The first section—the present one—serves as an ***introduction***, setting out the rationale for the renewed impetus on accelerating maternal mortality reduction in the WCA region. It also provides an overview of the Roadmap's key components, including its action pillars, action areas, and areas of intervention.

The second section—***Background: Framing the WCA Regional Context***—offers a comprehensive situational analysis of the principal drivers of maternal mortality in the region. It explores systemic and emerging challenges, such as chronic underinvestment in healthcare, persistent insecurity, escalating humanitarian crises, and the far-reaching effects of megatrends like climate change and child marriage. Additionally, it identifies the women most at risk, articulates UNFPA's comparative advantage in addressing maternal mortality, and demonstrates the Roadmap's alignment with existing UNFPA strategies, as well as relevant global and regional frameworks and approaches.

The third section—***Roadmap Actions for Accelerated Maternal Mortality Reduction***—centres on the action pillars and action areas, outlining 15 key interventions designed to expedite progress. It also presents case studies showcasing the added value of similar interventions across the region. A conclusion, acknowledgements and relevant appendices then ensue.

This Roadmap for the Accelerated Reduction of Maternal Mortality in West and Central Africa presents a strategic, action-oriented framework to drive value-added transformational change across the region. Anchored on the principles of equity, rights-based health care, and sustainable development, it employs a whole-of-a-society approach from communities to health and non-health sectors to galvanize and achieve measurable progress through **3 Action Pillars, 5 Action Areas and 15 interventions**, as ensues:

ACTION PILLAR 1

Scaling up the protection and empowerment of adolescent girls, young women, families, communities and societies in WCA to end preventable maternal mortality.

Action 1

Protecting, and Empowering Adolescent Girls and Young Women

- **Intervention 1:** Ending Harmful Practices—Child Marriage /Female Genital Mutilation
- **Intervention 2:** Prioritizing Girls' and Boys' Education
- **Intervention 3:** Ending Teenage Pregnancy
- **Intervention 4:** Supporting First-Time Young Mothers

Action 2

Strengthening Societal Accountability (Individuals, Families, Communities, Societies)

- **Intervention 5:** Mayors, Governors, Traditional and Religious Leaders
- **Intervention 6:** Financing Maternal Health Services (Niger Telethon; other innovative financing solutions)
- **Intervention 7:** Community-Based Management (Mali Bamako Initiative)
- **Intervention 8:** Data generation, analysis and use for decision-making and Accountability

ACTION PILLAR 2

Strengthening and scaling up Midwifery Practice for the Provision of Quality Maternity Care in WCA to end preventable maternal mortality

Action 3

Scaling Up Midwifery Recruitment, Deployment, and Retention

- **Intervention 9:** Bonding Schemes

Action 4

Enhancing the Quality of Maternity Care

- **Intervention 10:** Competency-Based Training and mentorship programme
- **Intervention 11:** Rapid Deployment of Humanitarian Midwifery in Crisis Situations

ACTION PILLAR 3

Scaling up Multisectoral approaches in WCA to Ending Preventable Maternal Mortality

Action 5a

Fostering Collaboration across Government entities, Development Programmes (such as Food Systems and Climate Change) Civil Society, and Private Sector Actions and Engagements in WCA.

- **Intervention 12:** Ending Preventable Maternal Mortality through leveraging food systems and climate change responses (adaptation and mitigation interventions) that protect the environment.

Action 5b

Enhancing UNFPA's Political Engagement to Elevate the Accelerated Reduction of Maternal Mortality as Urgent National Priority Concern across WCA countries through Stronger Political Dialogue and Advocacy.

- **Intervention 13:** Building on, and leveraging country/regional level intelligence and foresight on political and economic developments to effectively position Maternal Mortality Reduction as key national Priority.
- **Intervention 14:** Building and leveraging political capital to influence sustainable high-level political will for decisive action (national policies and programmes) to accelerate the Reduction of Maternal Mortality.

Action 5c

Moving beyond Funding to Financing: Mobilizing and Leveraging Regional and Domestic Financing through National and International Multisectoral Engagement and Support.

- **Intervention 15:** Developing country-specific cases for financing mechanisms that prioritize efficiency and enhance the alignment of funding and financing efforts to optimize impact on maternal mortality reduction.

2.0 Background:

Framing the WCA regional context

2.1 Situational Analysis of Maternal Mortality Drivers

The maternal mortality crisis in West and Central Africa (WCA) is exacerbated by a complex interplay of systemic and emerging challenges that hinder progress and heighten vulnerabilities. Foremost among these is the severe weakness of health systems across the region, primarily due to chronic underinvestment in healthcare infrastructure and service delivery. This underfunding results in significant gaps in the quality of care available to women and communities. Current estimates indicate that, on average, governments in WCA allocate only 6.5% of their national budgets to health sector[3] — far below the 15% commitment set out in the Abuja Declaration. This level of expenditure is also notably lower than the allocation for other sectors, such as defense, which receives an average of 8% of national budgets[4]. Consequently, per capita health spending in the region stands at $34 per person, on average,[5] falling well short of the $86 per capita benchmark required to ensure the provision of essential health services.[6]

This persistent shortfall in investment continues to undermine efforts to improve maternal health outcomes and strengthen healthcare systems across the region, with dire consequences. Studies show, for instance, that only 28% of health facilities in the region provide the full range of basic emergency obstetric care services, and fewer than 50% of births occur in facilities that meet minimum standards for quality care. The absence of **person-centered, rights-based care** often results in disrespect and abuse during childbirth, discouraging women from seeking care. These systemic issues contribute to delays in receiving timely, appropriate,

3 UNFPA WCARO calculations based on WHO Global Health Expenditure Database (December 2024).
4 UNFPA WCARO calculations based on SIPRI Military Expenditure Database (2024).
5 UNFPA WCARO calculations based on WHO Global Health Expenditure Database (December 2024).
6 WHO (2010) World Health Report 2010: Health Systems Financing: The Path to Universal Coverage.

and life-saving interventions, perpetuating both mortality and severe morbidity trends. The situation is further compounded by the degradation of health facilities due to governmental neglect, and the frequent targeting of health infrastructure by armed groups. In Burkina Faso, for instance, the prevalence of insecurity has resulted in the closure or minimal operation of 789 health facilities across 10 of the country's 13 regions—leaving more than 4 million people without access to healthcare. Similarly, in Niger's Tillabéri and Diffa regions, insecurity has rendered 80% of health facilities either non-functional or operating at minimal capacity (WHO, 2024), contributing to alarming increases in maternal and child mortality rates. Tackling this crisis requires both immediate measures to restore and safeguard healthcare systems and long-term strategies to address the root causes of insecurity, inequality, and climate vulnerability. A comprehensive response must ensure that all women, irrespective of their circumstances, have equitable access to life-saving care and the chance to survive and thrive.

As highlighted earlier, the widespread insecurity across WCA **is** a major driver of the region's maternal mortality crisis, exposing women to heightened risks and vulnerabilities. From the Sahel to the Lake Chad Basin and in-between, prolonged conflicts, the resurgence of **terrorism and violent extremism**, and the proliferation of **armed groups and rebel movements** have fueled large-scale humanitarian emergencies which have led nearly 36 **million people in WCA**, including **9 million women and girls of reproductive age** to require humanitarian assistance in 2025[7].

In countries such as Burkina Faso, the Central African Republic, Chad, Mali, Niger and Nigeria (Northern), millions of people, including an estimated 450,000 pregnant women, have been uprooted and forcibly displaced, rendering them exceptionally vulnerable to gender-based violence including child and forced marriage. Their predicaments are further accentuated by a distracted and refocused global attention from African conflicts to the conflicts embroiling Ukraine and the Middle East due to more 'geostrategically appealing' considerations. In 2023, for instance, 6 out of the 10 most neglected displacement crises in the world were in the West and Central Africa region, where humanitarian operations continue to be severely underfunded[8].

Adding to the humanitarian consequences of regional conflicts and the spillover effects of neighbourhood conflicts such as those in Sudan and the DRC, are the manifest impacts of megatrends such as climate change. Climate-induced disasters, like the devastating floods that destroyed and displaced 7.2 million people across the West and Central African region in 2024, have further compounded the challenges[9]. These events disproportionately affect pregnant women, who face

7 The Global Needs Overview 2025, Humanitarian Action, OCHA, 4 December 2024, available here.*This figure excludes the 21.2 million people in need and 6.3 million people displaced in the Democratic Republic of the Congo, which is not part of UNFPA's West and Central African region.

8 Norwegian Refugee Council. The World's Most Neglected Displacement Crises 2023. https://www.nrc.no/feature/2024/the-worlds-most-neglected-displacement-crises-2023

9 OCHA West and Central Africa Flooding Situation Overview November 2024. https://www.unocha.org/publications/report/chad/west-and-central-africa-flooding-situation-overview-20-november-2024

limited access to essential maternal health services, including emergency obstetric care.

Amplifying these dynamics of cyclical vulnerability is the role of gender inequality as a pervasive social determinant of maternal mortality in Sub-Saharan Africa. Entrenched gender inequalities, patriarchal structures, and harmful social norms contribute to the marginalisation of women and girls. These combine with the ongoing backlash against women's rights to perpetuate access restriction to millions of women struggling to access reproductive healthcare. This contributes to heightening unintended pregnancies and unsafe abortions—both of which are major causes of maternal mortality. To tackle these deeply rooted challenges, priority must be given to empowering women and communities as active agents of change in realising their rights to reproductive, maternal, and newborn health. This requires strengthening community-led engagement, fostering social action and accountability, and supporting adolescent girls and women as leaders in driving change[10].

As outlined in *Start with Her*, UNFPA's Strategy for Reproductive, Maternal and Newborn Health and Well-Being 2025–2030, a woman-centred approach—one that upholds a woman's right to decide if and when to have children and actively involves communities—ensures a holistic response. 'Starting with her' also signals a strong commitment to respectful maternity care, listening to and trusting women, and eliminating mistreatment during pregnancy and childbirth. It further entails dismantling harmful social and gender norms, including discrimination within the health workforce, where women constitute the majority of healthcare professionals.[11]

Child Marriage

Directly linked to gender inequality, another significant driver of West and Central Africa's (WCA) high maternal mortality rates is the region's **alarmingly high prevalence of child marriage**. Currently, **37 per cent** of young women and girls in the region are married before the age of 18, while **12 per cent** are married before the age of 15.

WCA is home to **seven of the ten countries** with the highest rates of child marriage globally[12]. At the epicenter of this crisis is the **Central Sahel subregion**, which has the highest prevalence of child marriage in the world. Here, **69 per cent** of girls and young women are married before turning 18, with the average age of marriage being two years younger than in other parts of the region. Alarmingly, child marriage in the Sahel remains as prevalent today as it was 25 years ago.[13]

Child marriage is a violation of human rights with devastating consequences for individuals and societies, rooted in deeply entrenched gender inequalities. It is also a major driver of teenage pregnancy—with six in ten child brides in the Sahel giving birth before the age of 18, and nearly nine in ten becoming mothers before turning 20[14]. By extending the childbearing cycle of women and girls while limiting their access

10 UNFPA, Start with Her (https://www.unfpa.org/sites/default/files/pub-pdf/Start%20With%20Her%20Online%20Version.pdf)

11 Ibid.

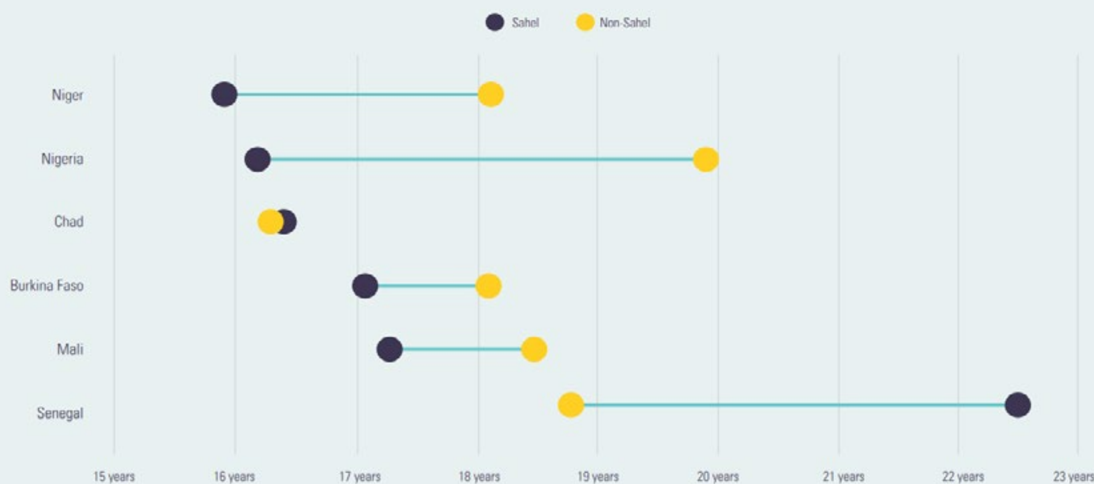
12 United Nations Children's Fund (UNICEF). 2023. Is an End to Child Marriage within Reach? Latest trends and future prospects. 2023 edition. Available at: https://data.unicef.org/resources/is-an-end-to-child-marriage-within-reach/

13 United Nations Children's Fund (UNICEF). 2020. Child Marriage in the Sahel.Available at: https://data.unicef.org/wp-content/uploads/2020/12/Child-marriage-in-the-Sahel-English_2020.pdf

14 United Nations Children's Fund (UNICEF). 2020. Child Marriage in the Sahel. Available at: https://data.unicef.org/wp-content/uploads/2020/12/Child-marriage-in-the-Sahel-English_2020.pdf

Girls and women in the Sahel marry nearly two years earlier than those outside the region

Figure 7. Median age at first marriage or union among women aged 20 to 24 years



NOTES: This chart includes the countries in West and Central Africa that have states or provinces in the Sahel. For more details, see United Nations Children's Fund, *Child Marriage in the Sahel*, UNICEF, New York, 2020. Data for Mauritania have been excluded as the latest data source indicates that fewer than 50 per cent of women aged 20 to 24 years in the Non-Sahel regions of the country were married and thus a median could not be produced.
SOURCE: UNICEF global databases, 2022, based on MICS, DHS and other nationally representative sources, 2012–2021.

to sexual and reproductive health information and services, including contraception, child marriage perpetuates high fertility rates and teenage pregnancies across the region. Child brides are significantly less likely than their unmarried peers—or those who marry later—to have their reproductive health needs met. As a result, they face greater exposure to pregnancy-related risks, including anaemia, stillbirths, premature births, and obstructed labour. These complications contribute to long-term maternal and child morbidities, such as obstetric fistula, as well as maternal and newborn deaths. Evidence consistently shows that maternal mortality and morbidity rates are substantially higher among adolescent girls aged 15–19 than among slightly older women. For girls under the age of 15, the risks are even more severe[15].

Africa homes over 144 million cases out of the global burden of 230 million girls and women worldwide who have undergone FGM. **This region alone hosts 17 of the 27 countries where FGM is most prevalent[16]** which includes countries such as Guinea where nine out of 10 girls have experienced female genital mutilation, or Mali and Sierra Leone with rates well over 80 per cent.

FGM is a human rights violation with no health benefit. Rather, the perpetration of the harmful practice in west and central Africa contributes

15 Girls Not Brides. 2019. Child Marriage and Maternal Health. Available at: www.girlsnotbrides.org/documents/644/CM_and_maternal_health_ENG_updateed_version.pdf

16 United Nations Children's Fund, Female Genital Mutilation: A global concern. 2024 Update, UNICEF, New York, 2024.

to the incidence of maternal morbidity. A 2006 WHO study reported that women with FGM are significantly more likely than those without FGM to have adverse obstetric outcomes[17]. FGM increases the risk of post-partum haemorrhage as well as other obstetric complications. A systematic review carried out in 2023 showed a linkage between FGM and vaginal outlet obstruction, emergency cesarean birth, and an increased incidence of perineal tears[18]. The health and economic burden of the practice continuing has dire impact on the occurrence of maternal morbidity and mortality and needs to be disrupted for progress to be achieved towards Zero Maternal Mortality.

Furthermore, the unfolding impacts of megatrends such as global warming induced climatic extremes manifested in the form of **drought, heat stress, and malnutrition** in countries such as Chad, Mali, and Niger contribute in driving up maternal mortality trends and the incidence of **severe maternal morbidity**, including obstetric hemorrhage and hypertensive disorders. These complications place an additional burden on already fragile healthcare systems (Blakstad & Smith, *The Lancet*, 2020; WHO, 2023).

These climate-induced factors also contribute to driving up trends of food insecurity prevalent across parts of WCA. As a recent UNFPA-WFP technical brief has underscored, food scarcity increases the risks of child, early and forced marriage[19] – with families resorting to marrying off their daughters as a coping strategy, as they attempt to reduce food related expenses.[20] Food insecurity has continued to worsen in West and Central Africa, with an estimated 50 million people experiencing hunger between June and August 2024, and with more than 2 out of every 3 households in WCA being unable to afford a healthy diet. The consequences are far-reaching, with a **clear and predictable link** to the rise in **child marriage** and persistently **high maternal mortality rates**. Studies show consistently that women and girls are disproportionately affected by food insecurity, and in some instance leading to negative coping mechanisms, including child marriage.

Persistent low utilization of family planning

Family planning is essential to safeguarding women's lives and improving their health and well-being. By reducing the incidence of pregnancy—particularly high-risk pregnancies—and preventing unsafe abortions, it serves as a cornerstone in efforts to lower maternal mortality rates. While some progress has been achieved—unmet need for family planning in West and Central Africa (WCA) has declined from 24% in 2015 to 17% in 2024, and modern contraceptive prevalence has risen from 13% to 18% over the same period—these advances remain insufficient to drive the accelerated reduction in maternal mortality required across the region.

Exacerbating this challenge, adolescent girls and young women in WCA have the lowest levels of access to and utilisation of family planning services. Many become pregnant due to familial, societal,

17 Female genital mutilation and obstetric outcome: WHO collaborative prospective study in six African countries (2006). The Lancet, Volume 367, Issue 9525, 1835 - 1841

18 Jeanne Bertuit, Andy-Muller Luzolo Nzinga, Mélinée Le Jaouan, Veronique Feipel, Systematic Review of Obstetric and Neonatal Complications Associated With Female Genital Mutilation, Nursing for Women's Health,Volume 27, Issue 2,2023.

19 Technical Brief_Interlinkages of Child Marriage and Food Insecurity

20 Technical Brief on the Interlinkages Between Child Marriage and Food Insecurity in West and Central Africa

and economic pressures, leaving them particularly vulnerable. Given their heightened exposure to risk, this roadmap places a decisive emphasis on addressing the needs of first-time young mothers.

Persistently high maternal mortality rates in WCA stem from a combination of low contraceptive prevalence, high unmet need for family planning, and elevated rates of unintended pregnancies, which, in turn, increase the risk of unsafe abortion. Tackling these issues is critical to reversing the region's current trajectory on maternal mortality. Each year, approximately 91 unintended pregnancies occur per 1,000 women in Sub-Saharan Africa, with the rate slightly lower in Western Africa at 75 per 1,000. Of these unintended pregnancies, 37% result in abortion across Sub-Saharan Africa, while in Western Africa, this figure is even higher at 42%, reflecting an increased risk of unsafe abortion due to restrictive legal frameworks.

Examining broader trends across the continent, between 1990–1994 and 2015–2019, the proportion of unintended pregnancies ending in abortion rose by 26% in Middle Africa, by 44% in both Eastern and Western Africa, and by 72% in Southern Africa[21] Africa remains the region with the highest number of abortion-related deaths worldwide. As of 2019, 92% of women of reproductive age in the region lived in one of 43 countries with highly or moderately restrictive abortion laws, which either prohibit abortion entirely or permit it only when a woman's life or health is at risk. Even where legal exceptions exist, access to safe, legal abortion remains severely limited. In 10 out of 54 African countries, abortion is not permitted under any circumstances. The African Union's Maputo Protocol remains the only human rights instrument with prescriptive language on abortion criteria and has likely contributed to legal reform in countries that expanded abortion rights following its adoption in 2003. However, the poorest women, with the least access to healthcare and resources, remain disproportionately affected, facing the greatest risk of complications from unsafe abortion.

21 Guttmacher 2020 - https://www.guttmacher.org/report/from-unsafe-to-safe-abortion-in-subsaharan-africa

To accelerate progress in addressing the persistently low uptake of family planning services among adolescents and young people in West and Central Africa, this roadmap is aligned with High Impact Practices (HIPs) for FP. These evidence-based approaches prioritise tailored interventions that enhance access to, uptake of, and continued use of contraception among young people, particularly first-time mothers. Key HIPs, such as adolescent-responsive contraceptive services, social and behaviour change (SBC) interventions, and community engagement strategies, are essential in dismantling sociocultural barriers and countering misinformation that restrict young people's access to modern contraceptives. Furthermore, social and behaviour change communication (SBCC) interventions—harnessing mass media, digital platforms, and interpersonal communication—play a crucial role in shifting social norms, promoting informed decision-making, and creating enabling environments for contraceptive use.

By integrating HIPs into family planning programmes, the region can achieve sustainable improvements in contraceptive prevalence, reduce unintended pregnancies, and mitigate the risks associated with unsafe abortion.

Who are the women dying? Profiling the most affected women in WCA

These factors disproportionately affect adolescent girls, women living in poverty, those in rural areas, women with limited education, survivors of gender-based violence (GBV), and women with pre-existing health conditions. The groups at greatest risk include:

- **Adolescent girls (15–19):** This age group is particularly vulnerable, as their bodies are often not fully developed for pregnancy and childbirth. They also face significant social and economic barriers to accessing healthcare and vital health information.
- **Women living in poverty:** Poverty presents a major obstacle to quality healthcare. Women in impoverished communities frequently lack transportation, struggle to afford medical costs, and may live far from health facilities, making timely maternal care inaccessible.
- **Women in rural areas:** Geographic isolation significantly limits access to essential maternal health services. Women in remote areas often face difficulties obtaining antenatal care, skilled birth attendance, and emergency obstetric care, increasing the risk of complications.
- **Women with limited education:** In West and Central Africa, only 42%[22] of girls have completed lower secondary education, limiting their ability to make informed decisions about their health and seek timely medical care when necessary. This

22 Weighted WCA regional average computed based on data from the UNESCO Institute for Statistics. Data can be assessed at apiportal.uis.unesco.org/bdds. *Full citation:* **UNESCO Institute for Statistics (UIS). UIS.Stat Bulk Data Download Service. Link:** https://apiportal.uis.unesco.org/bdds**. Accessed February 12, 2025.**

lack of education can result in limited awareness of pregnancy-related complications and delays in seeking help when it is urgently needed.

- **Women experiencing gender-based violence (GBV):** GBV—including intimate partner violence, sexual assault, child marriage, and female genital mutilation (FGM)—severely undermines women's bodily autonomy and restricts their access to healthcare. This lack of control over their own bodies perpetuates economic dependency, limiting their ability to access essential services, secure employment, or pursue education. Without financial independence or the capacity to make informed decisions about their health and well-being, these women face an increased risk of maternal mortality and morbidity.
- **Women with pre-existing health conditions:** Chronic illnesses such as HIV, sexually transmitted infections (STIs), malaria, diabetes, obesity, and tuberculosis (TB) can complicate pregnancy and significantly increase the risk of maternal death.

Child marriage, teenage pregnancy, schools drop-outs and inequalities in access to quality healthcare, require synergistic approaches to significantly reduce maternal mortality in the region.

2.2 UNFPA Comparative Advantage and need for Accelerated Action on MMR in WCA

The stakes could scarcely be higher, particularly against the backdrop of the challenging regional context outlined above – demanding renewed political commitment, innovative thinking, reimagined strategies, bold and disruptive approaches, and agile partnerships with governments and stakeholders—including International Financial Institutions (IFIs), Regional Economic Communities (RECs), and UN sister agencies—as well as donor governments, the private sector, academia, communities, CSOs and individuals. Equally crucial are robustly funded and efficiently implemented programmes that drive innovation and deliver tangible results. In a domain like maternal mortality reduction—where a diverse range of local, national, and international actors have made significant strides in understanding causes and trends, and where numerous strategies and frameworks already exist—**what is urgently required is not more research or status quo approaches, but a shifted focus towards delivering clear added value for countries and partners through field-tested, replicable, and practical interventions that build upon and accelerate the impact of past and ongoing efforts**. Such interventions must be tailored to local contexts, scalable, cost-effective, catalytic and capable of generating lasting impact and results.

UNFPA has consistently demonstrated its comparative advantage and the value it brings through initiatives such as the Global Midwifery Programme, which focuses on three key pillars: Education, Regulation, and Associations. For example, under the education pillar, UNFPA has facilitated the adoption of the WHO/ICM curricula in various countries, established midwifery boards, and introduced licensure. Additionally, midwifery associations are now present in all countries across WCA; and while full progress remains pending across all three pillars, the most significant gaps continue to evolve around the recruitment, deployment, and retention of qualified midwives to service the needs of women, especially in areas where they are most needed, such as remote, underserved and fragile contexts. This challenge is more complex, requiring political will, financial resources, effective human resources for health management, and community accountability.

Strategic investments by governments in the recruitment, training, retention, and motivation

of essential midwifery workforces—often through bonding practices—have proven to yield significant returns. This roadmap seeks to work closely with governments and international financial institutions (IFIs) to advocate for, leverage, and catalyze the recruitment, deployment, and retention of qualified midwives where they are most needed. This includes the development of rosters of humanitarian midwives to respond to crises.

Humanitarian midwives provide essential, life-saving services to women and girls in need, including obstetric and newborn care, caesarean deliveries, prevention and treatment of sexually transmitted infections, family planning, and counselling. They also address the needs of survivors of gender-based violence (GBV), offering clinical management of rape and safe referrals to other services. With the support of UNFPA and its partners, governments have successfully deployed trained and rostered humanitarian midwives, which has proven to be a decisive factor in saving countless lives during emergencies. For example, in Cameroon and Chad, UNFPA supported 183 humanitarian midwives who assisted over 10,000 births during September 2024, following devastating floods in July of 2024.

Importantly, accelerating the reduction of maternal mortality in West and Central Africa hinges on sustainable financing, effective domestic resource mobilization, and a clear recognition of the significant efforts made by governments. Governments are well-positioned to sustain and deepen their commitments to ending preventable maternal mortality by

fostering national ownership, exercising strategic leadership, and prioritizing targeted interventions.

This is particularly crucial in a global environment where external funding and financial flows are increasingly uncertain and unpredictable. In the WCA context, locally-driven financing approaches—led by central, regional, and local governments (including governors and mayors), with strong community and private sector engagement—are vital. A notable example of such an approach occurred in Niger, where UNFPA partnered with the government to organise a national telethon from 13–15 November 2024, raising over 1.2 billion FCFA (USD 1,897,332) to combat preventable maternal and perinatal deaths. This innovative model of collective national mobilisation for development priorities has gained international recognition and serves as a powerful example of locally-driven solutions to address critical public health challenges.

Embracing Innovation to Drive Progress

Civil society organizations and the private sector are developing and implementing innovative solutions with the potential to accelerate progress in maternal health. The following examples showcase some of these promising approaches, emphasizing the need for continued identification and support of such initiatives to maximize their impact and reach:

- Low-Cost, Energy-Efficient, Digital Solutions**:** Leveraging digital tools and technologies such as mobile health platforms, telemedicine, and electronic health records can significantly improve access to care. In WCA, mobile health platforms delivering maternal health information have increased skilled birth attendance by **20% in pilot areas.** Energy-efficient solar-powered clinics are being implemented to ensure reliable electricity for emergency obstetric care in remote areas.
- **Climate-Resilient Health System Investments:** Investing in climate-resilient infrastructure, such as flood-proof and heat-resistant health facilities, ensures continuous service delivery during extreme weather events. In Niger, climate-resilient facilities have maintained functionality during floods, providing uninterrupted maternal health services to over **50,000 women** annually (UNFPA, WHO, hRP, 2023)
- **Sustainable Community-Centered Maternal Health Programming:** Community-owned and led maternal health programs, such as local health committees and trained community health workers, have proven effective in increasing antenatal care uptake and skilled deliveries. For example, in Sierra Leone, community health worker programs have led to a **25% increase in facility-based births** in underserved areas. As a result, the maternal mortality ratio dropped from 1,500 per 100,000 live births in 2014 to 443 per 100,000 live births in 2024. These programs build trust and ensure culturally appropriate care while fostering long-term sustainability (Sondaal et al 2018). A paradigm shift and a mindset change are thus needed to focus more on community level interventions to tackle social determinants of maternal mortality and morbidity.

2.3 Roadmap's alignment with existing UNFPA strategies and global and regional instruments, guidelines, frameworks, and approaches

This roadmap complements existing regional and global initiatives aimed at ending preventable maternal and newborn mortality. In particular, it aligns with Every *Woman, Every Newborn, Everywhere (EWENE)* joint global initiative led by WHO, UNICEF, UNFPA, and UN Women, which seeks to enhance maternal and newborn health and survival while reducing stillbirths. The EWENE initiative monitors progress against ambitious coverage targets, including: ensuring that 90% of pregnant women receive at least four antenatal care

visits, 90% of women give birth with a skilled health professional present, 80% of new mothers and their babies receive postnatal care within two days of birth, and that at least 80% of districts provide access to sick and small newborn care units as well as emergency obstetric care for at least half of their population.

The roadmap is also closely aligned with key UNFPA strategies, including *Agency, Choice and Access: UNFPA Strategy for Promoting Gender Equality and the Rights of Women and Adolescent Girls*. This strategy focuses on three priority pathways: ensuring gender-responsive sexual and reproductive health services (Pathway 1), reducing gender-based violence and harmful practices (Pathway 2), and promoting gender- and rights-based opportunities and services for adolescents and youth (Pathway 3).

In addition, the roadmap contributes to the implementation of UNFPA's global adolescent and youth strategy, My Body, My Life, My World, which advocates for every young person to have the knowledge and autonomy to make informed decisions about their bodies and lives, while actively participating in shaping their future.

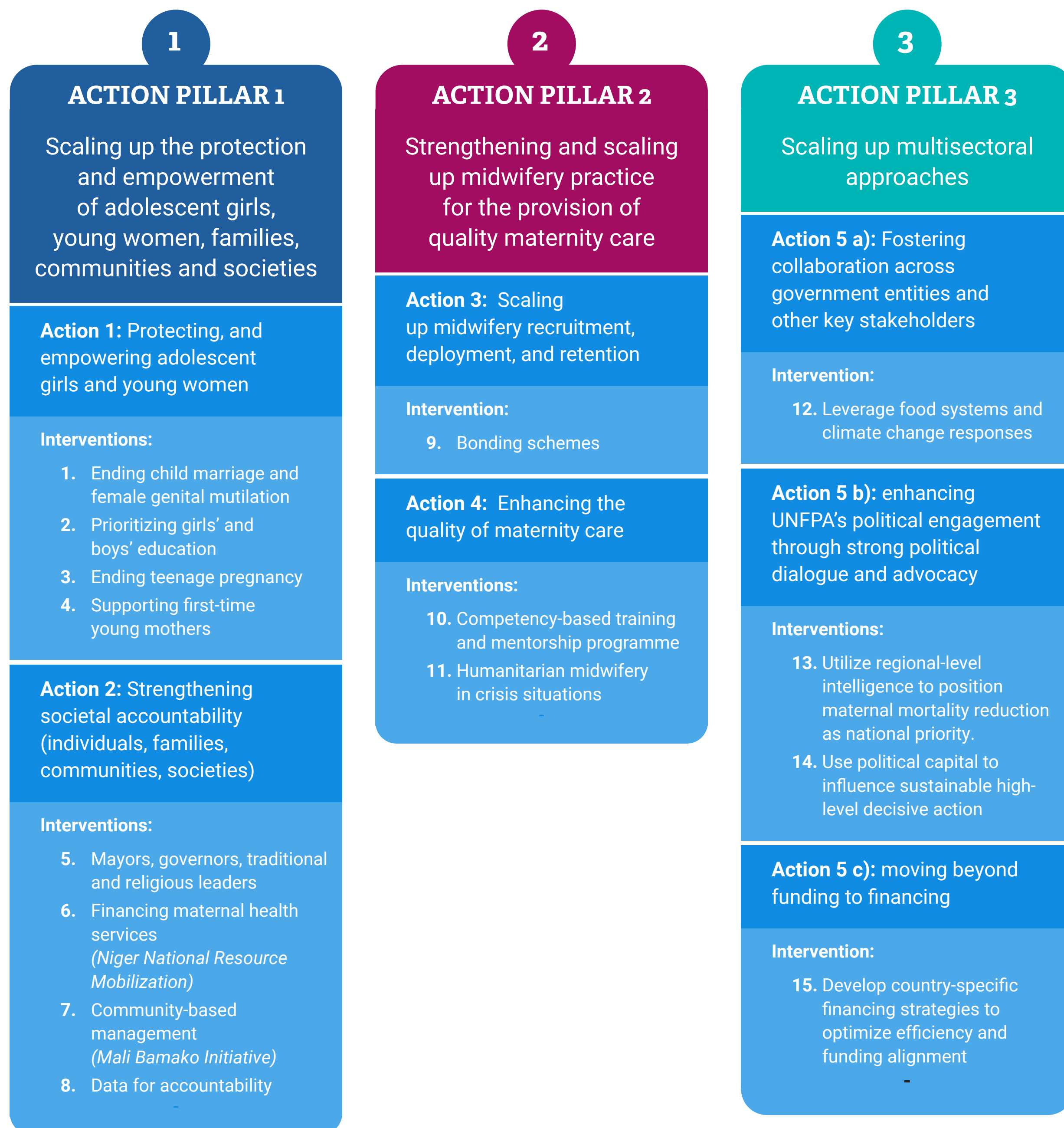
Furthermore, this roadmap is closely linked to the *WCARO Humanitarian Roadmap: Better Fit for Purpose for Humanitarian Preparedness and Response (2023–2025)*. Both documents reinforce each other through shared objectives, including strengthening the availability of skilled sexual and reproductive health (SRH) personnel, improving supply chain systems, and enhancing coordination of interventions. Together, they aim to deliver tangible and lasting improvements in maternal health, particularly in humanitarian and fragile settings.

To tackle teenage pregnancy and expand access to family planning for adolescent mothers—both essential to reducing maternal mortality—the roadmap aligns with the *Engage Adolescents and Youth* strategic priority under the *UNFPA Strategy for Family Planning 2022–2030*. This approach supports meaningful youth engagement, increases demand for services, and ensures the provision of appropriate family planning support, including for adolescent mothers.

Additionally, this roadmap aligns with key global and regional frameworks, including the *Sustainable Development Goals, the ICPD Programme of Action, the African Union's Agenda 2063, UNFPA's three transformative outcomes,* and the forthcoming *UNFPA Strategic Plan 2026–2029*. It also directly contributes to the operationalization of *Start With Her: UNFPA Strategy for Reproductive, Maternal and Newborn Health and Well-Being 2025-2030* in the West and Central African region through streamlined focus on key areas that can immediately begin to accelerate positive outcomes for maternal health.

Finally, this roadmap is envisioned to clarify UNFPA's offer on maternal mortality reduction in the WCA region, serves as a mechanism for ensuring accountability in UNFPA efforts to reduce maternal mortality across the region, and provides a compelling value proposition for strategic partnerships, now and in the near future. It offers clear, evidenced-based pathways for achieving accelerated, measurable progress in maternal health across West and Central Africa, making it a powerful advocacy tool and a resounding call for action.

Maternal Mortality Reduction Roadmap - Accelerated Action Plan



Targeted actions for the accelerated reduction of maternal mortality in West and Central Africa

3.0 Actions for accelerated reduction of maternal mortality in West and Central Africa

In a context like West and Central Africa replete with pronounced complexity and intractable challenges, some of which have already been examined above, what would it take to drastically reduce the number of women who lose their lives from preventable causes while bringing lives into this world? And given the millions of lives at stake, how do we accomplish this urgent challenge even faster and at a larger scale in a manner that complements instead of competing with ongoing efforts across the region?

Grappling with these questions, this Roadmap provides an action-oriented pathway to achieving measurable progress in the current political, economic and socio-cultural realities of the region through **3 Action Pillars, 5 Action Areas and 15 interventions.** It utilizes a societal and multisectoral approach–drawing tested insights from community-based practices to health and non-health sector perspectives–in ways that add value and are tailored to the contextual realities of the WCA region, while remaining anchored on the principles of equity, rights-based health care, and sustainable development.

3.1 ACTION PILLAR 1

Scaling up the protection and empowerment of adolescent girls, young women, families, communities and societies in WCA to end preventable maternal mortality.

3.1.1 Action 1

Protecting and Empowering Adolescent Girls and Young Women

Adolescents are at higher risk of complications and death due to pregnancy. Adolescent girls are much more likely to die due to pregnancy and birth-related complications than older women, which is alarming considering that **one in ten adolescents gives birth before her twentieth birthday**. Addressing high rates of maternal mortality and morbidity requires exponentially accelerating progress on ending child marriage, providing comprehensive sexuality education and youth responsive services to address the high rates of adolescent pregnancies in the WCA region.

Additionally, an investment in Adolescent Sexual and Reproductive Health Rights (ASRHR) reduces maternal and child mortality and morbidity and contributes to a triple dividend of optimal growth and fulfilled potential of the adolescent today, healthier trajectories across the life course and the healthiest possible start to life for the next generation. For this to occur, there is a critical need for renewed political will and engagement to support adolescents' (girls and boys) related priorities. More importantly, the centering of boys and men at the core of adolescent programming is essential to the development of effective strategic approaches to enhancing adolescent sexual and reproductive health and maternal health. Men and boys are too often treated as an afterthought, with deeply ingrained socio-cultural norms and patriarchal systems shaping societal perceptions in ways that normalise their exclusion from discussions on adolescent sexuality and maternal health. However, research demonstrates that actively engaging men and boys in efforts such as ending child marriage, preventing female genital mutilation, promoting contraception and family planning, supporting women's antenatal and postnatal care, and even being present in delivery rooms can significantly enhance behaviour change and improve programme outcomes.

At present, these areas are largely regarded as the sole responsibility of women or mothers, which should not be the case. While women and girls must be empowered to advocate for improved maternal health services, men and boys should equally champion and support these efforts. They must be, and remain, key advocates for women's health. Their role must be deliberately considered in the design of community participation and leadership initiatives.

The core intervention under Action 1 will be a **regional initiative to protect and empower girls as well as curb teenage pregnancies,** aimed at delaying the first pregnancy and preventing second pregnancies in teenagers. This will be achieved through a multiprong focus including:

- accelerating work to end child marriage,
- accelerating work to end female genital mutilation
- providing gender-responsive comprehensive sexuality education, in and out-of-school
- ensuring zero pregnancies in school - and reintegration of pregnant teenagers and young mothers into the formal school system.

These interventions can be incorporated into a national strategy for adolescent development, outlining how best to integrate them into society, as seen in countries such as China, India, South Africa, and Brazil. It is essential to prioritise a shift in mindset at the individual, family, and community levels to move away from outdated social norms and practices that are harmful to adolescent girls and women.

3.1.1.1 INTERVENTION 1

Prioritizing Ending Child Marriage and Supporting Girls' Agency

Child marriage is a key driver to early pregnancies and maternal mortality among adolescents and young women. West and Central Africa, the region with the highest prevalence of child marriage, has made little progress over the last 25 years, contrary to other parts of the world where child marriage rates have declined. Levels of child marriage are actually rising among the poorest households.[23] Child marriage is also closely interrelated to education: in the central Sahel, young women with no education are 10 times more likely to have married in childhood than their peers with more than a secondary education.[24]

Prioritizing girls' education, health, economic well-being for the poorest families and empowering girls and adolescents towards full bodily autonomy are therefore key priorities to prevent child marriage and reduce maternal mortality rates in the WCA region. Importantly, there is an urgent need to capitalize on engagement with fathers, male community leaders, and religious leaders in promoting girls' empowerment and delaying marriage and pregnancy.

This will be achieved through a comprehensive and multi-sectoral approach (referring to the Global Programme to End Child Marriage)[25] that includes:

- Implement gender transformative life skills interventions and comprehensive sexuality education, in formal and non-formal settings.
- Address social norms for behaviour change across all levels of the socio-ecological model
- Promote positive masculinities through engagement of men and boys to prevent teenage pregnancy and child marriage.
- Advocate and support policy that ensures girls remain in school to completion of at least secondary level education

3.1.1.2 INTERVENTION 2

Girls' Education: Scaling up Comprehensive Sexuality Education and Getting Pregnant Girls and Young Mothers to School

UNFPA will continue to invest in and advocate for increased resources to expand access to comprehensive sexuality education (CSE) and sexual and reproductive health (SRH) information and services, including contraception, specifically designed for young and first-time mothers. These efforts aim to prevent unintended pregnancies and support the healthy timing and spacing of subsequent births. This includes working with partners to strengthen service delivery points, ensuring they are youth-responsive and provide comprehensive counselling on family planning methods.

In collaboration with UNESCO and UNAIDS, UNFPA in West and Central Africa (WCA) will prioritise a regional Comprehensive Sexuality Education (CSE) programme to bring together governments and partners in translating their commitments into action. This initiative aims to ensure that adolescents and young people are educated, healthy,

23 UNICEF. 2023? Is an End to Child Marriage within Reach? Available at: https://data.unicef.org/resources/is-an-end-to-child-marriage-within-reach/

24 United Nations Children's Fund (UNICEF). 2020. Child Marriage in the Sahel.*Available at:* https://data.unicef.org/wp-content/uploads/2020/12/*Child-marriage-in-the-Sahel-English_2020.pdf*

25 UNFPA-UNICEF Global Programme to End Child Marriage phase 3 programme document

and able to thrive by promoting the systematic provision of CSE—both in and out of school—for all. Through engagement with adolescent networks, UNFPA will advocate for improved access to and greater utilisation of adolescent- and youth-friendly sexual and reproductive health (SRH) services. Furthermore, by working with governments, local authorities, and partners, UNFPA will tackle the underlying drivers of early childbearing, including poverty, limited education, and harmful social norms.

Without a doubt, low literacy levels undermine the ability to make informed choices about health, especially about maternal and sexual reproductive services.

Gender inequalities too, further restrict mothers' ability to make decisions about their own health, and higher poverty rates amongst women (the feminization of poverty) limit women's choices and restrict their access to healthcare and nutrition – affecting not just their well-being but also those of their children.

Equally critical is ensuring that pregnant girls are able to return to school and that young mothers receive the necessary support to reintegrate into the education system. This not only reduces the likelihood of a closely spaced second pregnancy but also increases their chances of completing secondary education, thereby improving their long-term opportunities.

3.1.1.3 INTERVENTION 3

Teenage Pregnancy: Zero Pregnancy in Schools

Well-designed and implemented interventions to delay sexual debuts, reduce teenage pregnancies and delay the second pregnancy can play a multiplier role in accelerating the reduction of maternal mortality. The following interventions can be decisive in this regard:

a) Leveraging the design and implementation of nation-wide campaigns for "zero pregnancies in schools" focusing on the following strategies:

- Mobilizing administrative, legal and media support for campaign on zero pregnancy in schools
- Informing, educating, and communicating with students, teachers, school boards about sexual and reproductive health to promote prevention of unplanned pregnancies. This can include use of art, culture and sports and media for mass sensitization.
- Use innovation and digital channels for the provision of sexual and reproductive health information and services
- Strengthen the provision of SRH services in schools and / or linkages to services outside the school
- Reduce the vulnerability of schoolgirls by engaging and mobilizing local / national authorities, private sector and other potential partners to put up protection systems such as reducing long commutes of girls to schools, setting up safe boarding facilities, strengthening capacity of school infirmaries etc.
- Ensure the coordination, monitoring, and reporting mechanisms zero pregnancy at school campaigns at both technical and higher-level decision makers.

CASE STUDY 1

Zero Pregnancy Campaign at School in Ivory Coast

This case study examines the Zero Pregnancy Campaign at School in Ivory Coast, launched in response to a crisis of schoolgirl pregnancies in 2012-2013. According to the EDS-2012, the fertility rate of adolescent girls aged 15-19 was 129‰ with 52% of them having their first sexual intercourse before the age of 16. The campaign aimed to address the multifaceted factors contributing to this issue, including limited access to sexual and reproductive health information, early sexual activity, unsafe school environments, early marriage, and sexual exploitation.

The campaign unfolded in two phases: an intensification (pilot) phase (2013-2015) and a consolidation and national appropriation phase (through SWEDD project and the Right to Inclusive Education and Keeping Girls in School project, supported by Canada, World Affairs Canada with technical support from UNFPA.).

Key interventions included creating *a supportive environment, strengthening communication, enhancing comprehensive sexual education, improving sexual and reproductive service provision in schools, monitoring and evaluation of the zero pregnancy campaign at school, and protecting girls.* The SWEDD project played a crucial role in the second phase, supporting efforts to keep girls in school and improve access to sexual and reproductive health services.

The campaign achieved significant results, ***including a 27.3% reduction in schoolgirl pregnancies during the intensification phase***. It also increased awareness and knowledge of sexual and reproductive health among students and improved access to related services.

Key lessons learned include *the importance of multi-sectoral collaboration, a comprehensive approach, community engagement, sustainability, and mobilizing additional support from partners.* Despite progress, challenges remain, including resource mobilization, weak enforcement of laws, and emerging issues like menstrual hygiene management.

The Zero Pregnancy Campaign provides valuable insights for other countries seeking to address the issue of schoolgirl pregnancies. By learning from its successes and challenges, stakeholders can work together to create a brighter future for girls, ensuring their right to education and a life free from the burdens of early pregnancy.

b) Community engagement and mobilization

- Engage with community leaders, influencers, family members and teenagers themselves to identify and address cultural and social norms that hinder adolescent contraceptive uptake.
- Engage male partners and fathers to support decisions for family planning emphasizing the benefits for the mother, child and family

3.1.1.4 INTERVENTION 4

Reaching First-Time Young Mothers with Family Planning/CSE

Repeat pregnancies among young mothers pose significant risks to both their health and that of their children. These risks are heightened by the vulnerabilities associated with adolescent childbearing, such as limited healthcare access and nutritional deficiencies. Delaying additional pregnancies allows young mothers to complete their education and invest in their first child's development. Providing family planning and comprehensive sexuality education is crucial for improving maternal and child health, reducing fertility rates, and enhancing long-term well-being. This intervention is cost-effective by preventing higher healthcare costs, and maternal mortality and morbidity related to high-risk adolescent pregnancies.

Entry points:

- **Scale up comprehensive sexuality education programs for out-of-school and in-school youth.** Adapt these programs to be age-appropriate and culturally sensitive within each country's context and implement them in partnership with young mothers to empower adolescents and youth to make informed decisions about their SRHR.
- **Targeted Outreach and Engagement:** Implement integrated outreach programs utilizing community health workers and youth-friendly spaces to reach first-time young mothers at the last mile with culturally sensitive communication strategies adapted to the local needs of young mothers.
- **Enhanced Access to Family Planning:** Implement strategies to improve access to a range of contraceptive methods, for young mothers actively addressing cost barriers and societal stigma. Additionally, integrate family planning services into routine postpartum care, ensuring that young mothers receive comprehensive counseling and access to contraceptives immediately after childbirth. This requires collaboration with healthcare providers and adaptation to existing postpartum care protocols in each country
- **Address Social Determinants of Health:** Acknowledge and address underlying social and economic factors, such as poverty and gender inequality, that influence pregnancy spacing decisions. Programming should empower young mothers to exercise their SRH rights within the context of their social and economic circumstances, including provisions for **mental health and psychosocial support, economic empowerment and re-enrollment into schooling**. For example, working with UN Women and FAO on economic empowerment programmes targeting first time young mothers in and out of school.
- Finally, as a key recommendation, it is crucial to support an integrated development of adolescents through comprehensive sexuality education, livelihood and life skills education, and access to adolescent-friendly sexual and reproductive health and rights services.

3.1.2 Action 2

Strengthening Societal Accountability (Individuals, Families, and Communities)

Accelerating the reduction of maternal mortality in West and Central Africa depends crucially on strengthening societal accountability at all levels—engaging individuals, families, communities, and society at large. Achieving this requires a multifaceted approach that leverages the expertise and mandates of organisations such as UNFPA, as well as governmental and civil society partners.

Empowering individuals and families begin with comprehensive education. When people are well-informed about the crucial importance of antenatal, intrapartum, and postnatal care, they are more likely to seek and advocate for these services. This can be achieved through targeted community health initiatives, impactful mass media campaigns, and strategic engagement with influential community leaders. Central to this effort is ensuring that women have the autonomy to make decisions about their reproductive health and childbirth. This necessitates programmes that promote human right to health, gender equality and women's empowerment, alongside the provision of accessible, comprehensive sexual and reproductive health information and services. When individuals and families are aware of their rights to quality maternal healthcare, they become powerful advocates and actors, driving improvements in both service provision and provider accountability.

Active engagement at the community level is also essential. Communities must be at the forefront of designing, implementing, and monitoring maternal health programmes to ensure both ownership and long-term sustainability. Achieving this requires meaningful consultation, participatory planning, and the establishment of strong community health committees. Social mobilisation plays a crucial role in fostering a culture of health-seeking behaviour. This can be promoted through targeted awareness campaigns, community events, and sustained advocacy efforts. Furthermore, communities are uniquely placed to identify and address the social and cultural barriers that hinder maternal health, including harmful traditional practices, gender inequality, and deeply ingrained stigma.

Existing research indicates that women with physical, sensory, intellectual, or developmental disabilities face a significantly higher risk of severe maternal complications or even death. Studies also show that these women are more likely to be excluded from maternal health services, with some communities holding the discriminatory belief that they should not have the right to procreate.What strategies can be implemented to ensure that these women receive the maternal healthcare and sexual and reproductive health services they need? Open community dialogues, awareness campaigns, and the promotion of progressive cultural shifts are essential in this regard.

Strengthening societal accountability on a broader scale necessitates fostering transparency and responsibility among healthcare providers. Mechanisms such as client feedback surveys, community scorecards, and independent audits can ensure that providers are held accountable for the quality of care they deliver. At the same time, robust health systems are fundamental. Investments in infrastructure, human resources, and reliable supply chains are crucial to improving both the accessibility and quality of maternal health services. Achieving this requires sustained government funding, well-defined national health strategies, and technical support from international partners.

Ultimately, addressing the complex social determinants of maternal health—poverty, education, and gender inequality—demands a coordinated, multi-sectoral approach. Effective inter-ministerial collaboration, joint programming, and persistent advocacy are essential to tackling

these interconnected challenges. By embedding accountability at every level, from individuals to society, we can create an environment in which women and girls are empowered to demand and receive high-quality maternal care, and where those responsible for providing such care are held to account. This holistic approach is key to accelerating the reduction of maternal mortality in West and Central Africa.

3.1.2.1 INTERVENTION 5

Engaging Local Governance

Engaging local governance structures across West and Central Africa are vital to strengthening the protection of women and girls—an essential step in addressing the persistently high rates of maternal mortality and morbidity. With decentralization gaining momentum across the region, local authorities—including mayors, governors, and traditional leaders—play an increasingly influential role over resource control and allocation, and consequently serve as gatekeepers of vital resources that could be mobilized and directed for prioritized action to protect women and girls and ensure adequate investment in maternal healthcare, as well as community mobilization to tackle the root causes of maternal mortality at the grassroots. Nevertheless, a comprehensive, integrated and multi-faceted approach is required to effectively engage local governance structures.

Firstly, strategic partnerships with established platforms (such as those with United Cities and Local Governments - UCLG) enhancing closer collaboration with mayors' and governors' forums are crucial. These forums provide structured spaces for dialogue, collaboration, and advocacy, enabling organisations like UNFPA and likeminded partners to highlight the direct link between the protection of women and improved maternal health outcomes. For instance, advocating for local by-laws to prohibit child marriage or ensure access to high-quality reproductive health services is more effective when championed by influential local leaders. Given their proximity to communities, these leaders are often best placed to understand local needs and develop tailored, context-specific solutions. This is where capable UNFPA representational leadership and good offices at country level will be crucial.

Secondly, capacity-building for local leaders is essential. Many officials may lack the expertise or technical knowledge required to effectively address issues related to women's protection and maternal health. Training programmes tailored to their needs and the realities of their context can equip them with the necessary tools and insights to formulate and implement impactful policies and initiatives. This may include training on gender-responsive budgeting, data-driven decision-making, and community engagement. Additionally, providing local governments with resources and technical support can help strengthen protection systems for women and girls, and improve availability and access to quality maternal care.

Thirdly, transparency in data is also key. Disaggregated data—broken down by gender, age, and location—allows for a more nuanced understanding of the challenges facing women and girls. Tools such as Small Area Estimation (SAE) and Rapid Emergency Obstetric and Newborn Care (EmONC) Needs' Assessment can be particularly valuable for generating local-level data, even in resource-constrained settings,

These can help inform policy decisions and track progress effectively, especially in areas like maternal and neonatal care which typically receive marginal attention in budgetary allocation and decision-making processes.

Finally, meaningful engagement with traditional and religious leaders is paramount, particularly in rural areas where their influence remains strong.

Traditional and religious leaders play a pivotal role in shaping social norms and community values. Engaging with them offers an opportunity to drive positive social change and challenge harmful traditional practices that undermine women's health and well-being, such as female genital mutilation and child marriage. However, such engagement must be conducted with cultural sensitivity and respect to ensure meaningful and lasting change.

Action-driven Entry points:

a) Strengthening Local Governance through Strategic Partnerships

- Engage mayors' and governors' forums to advocate for policies that prioritize maternal health and protection of women and girls.
- Support the enactment and enforcement of local by-laws that promote access to reproductive health services and prevent harmful practices like child marriage.
- Strengthen and support women's political participation in local governments, working with others (e.g UN Women, UNDP, UCLG) in ensuring a 30 percent (CEDAW target) representation of women in local governments, to support gender responsive policy making.
- Create and /or manage local budget lines dedicated to maternal health services including payment of salaries for locally-based/recruited midwives. It is essential to restructure salaries scales to match duties and performances so that local health personnel to do not leave.

b) Building the Capacity of Local Leaders

- Provide training for local officials on gender-responsive budgeting, data-driven decision-making, and community-based maternal healthcare delivery.

c) Enhancing Community Accountability Mechanisms

- Establish and support platforms such as community scorecards, and participatory budgeting to hold leaders accountable for promises made around the protection of women and girls, and adequate investments in maternal healthcare.
- Improve data transparency by implementing local-level maternal health tracking systems using disaggregated data and tools like Small Area Estimation (SAE), and Rapid Emergency Obstetric and Newborn Care (EmONC) Needs'Assessment.

d) Engaging Traditional and Religious Leaders for Social Norms Change

- Work with traditional leaders to promote positive community attitudes towards maternal health and challenge harmful practices like female genital mutilation (FGM).
- Develop culturally appropriate advocacy campaigns to increase acceptance of skilled birth attendance and antenatal care.

Strategic priorities will include:

- Enhance cooperation with existing network of continental traditional and religious leaders and Support the establishment of a Regional Network of African Ulemas and Dignitaries for peace, women's empowerment, the promotion of family planning, and support for girls' education, in order to build alliances with committed religious and traditional leaders with a wide audience.
- Establish an intergenerational dialogue and a relationship of trust between teens/youth and religious and traditional influencers to provide them with the tools they need to

realize their full potential. This should be done through exploring the involvement of youth associations through their participation in study trips by religious and traditional leaders, in national and regional at national and regional level, and the organization of joint activities in the field
- Involve women notables, dignitaries or ulama in program implementation.
- Transform traditional communicators into community relays: Traditional communicators in the Sudano-Sahelian zone (Guinea, Mali, Senegal, Gambia, Guinea Bissau) need to innovate by drawing on tales, proverbs, riddles and songs to better reach the target population. The UNFPA country offices could support the development of these collections; and support ministries of health and social affairs to transform them into model community relays (Guinea should take the lead).

e) Empowering Communities for Sustainable Maternal Health Improvements

- Support community-led initiatives that empower women and girls to demand better maternal health services.
- Strengthening civil society's engagement to amplify women's voices in decision-making processes at the local level.

As emphasized above, engaging local governance structures is fundamental to improving the protection of women and girls and reducing maternal mortality and morbidity in WCA. By fostering strategic partnerships, investing in capacity-building, strengthening accountability mechanisms, and working closely with traditional leaders, a more supportive and responsive governance environment can be created. Achieving this requires the collective efforts of governments, civil society organisations, international partners, and local communities. Only through such a collaborative and multi-dimensional approach can sustainable progress be made in improving maternal health and advancing the rights and well-being of women and girls across the region.

3.1.2.2 INTERVENTION 6

Financing Maternal Health Services: Niger's experience with a Telethon

The biggest overarching challenge to advancing the EPMM agenda is the lack of investment. Across the region, governments spend an average of 6.5% of their national budgets on the health sector, which is less than half of the 15% target as agreed in the Abuja Declaration. This translates to a median level of investment equal to $13 on a per person basis, which is only a fraction of the $86 per capita estimated cost of providing essential health services to populations. On average, maternal health receives around 10% of the overall health sector budget, which means most governments are investing less than $2 for every female on this agenda.

Mobilizing greater public investment is the only sustainable way to address the health sector challenges, including preventing maternal deaths. Below is an example from Niger which showcases how civil society and governments can work together to expand investment. In other countries, UNFPA is supporting Ministries of Health to claim a larger share of national resources through tailored investment cases, establishing SMART Advocacy platforms to influence Ministries of Finance and Parliaments during the annual budget preparation process, and assessing the feasibility of innovative financing instruments to identify new financing solutions. We aim to leverage and scale these efforts across the region.

In Niger, a National Telethon was launched in December 2024, which aimed to mobilize

domestic resources to strengthen access to maternal healthcare services. The initiative was a recommendation of the National Forum on Maternal and Perinatal Mortality (November 13-15, 2024) and part of Niamey Declaration where the Government recognized maternal mortality (441 per 100,000 live births in 2020) as a public health emergency.

Led by the Ambassador for Maternal Mortality Reduction, the Telethon set a target of 1 billion FCFA (approximately $1.7 million USD) from December 14 to January 14. Through a broad communication campaign and active involvement of policymakers and leaders of socio-economic groups, around 1,000 people were mobilized, of which two-thirds were women. The event far exceeded the initial target, securing funds for targeted and sustainable interventions and demonstrating unprecedented national solidarity.

Since September 1, 2024, the government has implemented a 50% reduction in healthcare tariffs and ensured free assisted childbirth (normal delivery and caesarean section), significantly lowering financial barriers and improving access to essential healthcare services. This measure combined with the Niamey Declaration underscores the government's strong commitment to addressing this crisis. This initiative not only demonstrates Niger's ability to mobilize national resources for public health challenges but also serves as an inspiring model of solidarity and collective action to save lives.

UNFPA and its partners are committed to accelerating maternal mortality reduction in WCA through a multi-pronged approach:

Resource Mobilization and Partnerships

- **Diversify Funding Sources:** Go beyond traditional donors to engage the private sector, foundations and IFIs.
- **Foster Collaboration:** Strengthen partnerships with IFIs, governments, NGOs, and UN agencies to leverage resources, expertise and influence.
- **Replicate Successful Initiatives:** Adapt and implement proven models like the Muskoka initiative and SWEDD to address the underlying causes of maternal mortality.
- **Advocate for Flexible Funding:** Secure predictable, multi-year funding aligned with national health priorities and long-term investments in health systems.

Strategic Interventions

- **Strengthen Advocacy:** Advocate for increased prioritization of maternal health in national budgets through platforms like SMART Advocacy Steering Committees and National Demographic Dividend Observatories which should include maternal health indicators.
- **Expand Outreach:** Engage with stakeholders in the region, donor capitals, and international fora to mobilize political and financial support for maternal health services.
- **Invest in Data and Research:** Generate and utilize data to inform evidence-based decision-making and track progress toward maternal mortality reduction goals, including through investment cases.
- **Promote South-South Cooperation:** Facilitate knowledge sharing and exchange of best practices among countries in the region.

Measuring Progress

- **Track investments:** Through country financing dashboards that are being rolled out during 2025, UNFPA country teams and WCARO will analyse the amount of government and donor funding of maternal health services.
- **Track UNFPA funding levels:** UNFPA WCARO will monitor the amount and sources of funding secured for maternal health programs in the region.
- **Assess partnership growth:** UNFPA WCARO will evaluate the number and quality of partnerships established with various stakeholders in the mentioned sector.
- **Evaluate program implementation:** UNFPA WCARO will assess the effectiveness and impact of maternal health programs and interventions.

3.1.2.3 INTERVENTION 7

Community-Based Management of Health Systems

The community-based management model can serve as a strong approach for reducing maternal mortality and morbidity. Its success is nevertheless predicated on several enabling factors, including the following:

- ***Community engagement***: The model relies heavily on local ownership and community accountability mechanisms
- ***Political will:*** Governments must commit to direct funding for decentralized health management structures.
- ***Sustainable financing***: Effective pooling of funds through community, municipal, and district-level contributions is essential.
- ***Efficient referral systems:*** Speedy transfers to higher-level care facilities require both infrastructure and financial support.

In **Mali, the ASACO model** of community-based management offers an example of a scalable and **sustainable** approach to improving maternal health outcomes across the **West and Central African region**. See the case study below.

CASE STUDY 2

Reducing the Second and Third Delays in Accessing Emergency Obstetric and Newborn Care – The Experience of ASACO in Mali

Launched in 1987, the **Bamako Initiative** was designed to implement the **1978 Primary Health Care (PHC) Declaration** adopted in Alma-Ata. The core objective was to ensure community involvement in delivering the eight essential components of PHC:

1. Health education
2. Promotion of adequate nutrition and food security
3. Access to safe drinking water and environmental sanitation
4. Maternal and child health, including family planning
5. Immunisation against infectious diseases under the Expanded Programme on Immunisation (EPI)
6. Prevention and control of locally endemic diseases, including malaria
7. Treatment of common illnesses and injuries
8. Provision of essential medicines

The ASACO Model in Mali

In Mali, **Associations de Santé Communautaire (ASACO)** were established to manage **Centres de Santé Communautaire (CSCOM)**, which serve as primary health care facilities. Each ASACO comprises representatives from all villages served by the CSCOM. A single CSCOM covers a population of between **5,000 and 10,000** people and provides maternity care, dispensary services, laboratory testing, vaccination, family planning, and nutritional support.

The staffing model includes a **nurse and a midwife**, both salaried by the government, alongside auxiliary personnel—including a **"matrone" (assistant midwife), a pharmacy manager, a hygiene officer, and a security guard**—who are paid by the ASACO.

Routine antenatal care and normal deliveries are conducted by the **midwife**, assisted by the **matron**. However, when pregnancy-related complications arise, women are referred to the **district hospital (Centre de Santé de Référence, CSRéf)**. A key challenge in ensuring effective emergency obstetric and newborn care (**EmONC**) has been minimising the **second delay** (delay in reaching a health facility) and the **third delay** (delay in receiving appropriate care upon arrival). To address these delays, ASACO introduced a **pooled referral fund** financed through three main sources:

- **45%** from ASACO member contributions
- **10%** from the district council
- **45%** from the municipality

This fund, managed by ASACO, ensures timely referrals—**within two hours**—for women experiencing complications. In addition, the **national health insurance scheme**, combined with free or highly subsidised maternity services (including **Caesarean sections**), has significantly reduced both the second and third delays in accessing EmONC.

Impact on Maternal Mortality Reduction: ASACO's strategy—coupled with community health workers conducting outreach services and referrals—has played a critical role in reducing maternal mortality in Mali. According to **2020 UN estimates**, the **maternal mortality ratio (MMR) per 100,000 live births** was: **Mali** – **440, Ghana** – **263, Burkina Faso** – **264, Nigeria** – **1,047, Senegal** – **261, Côte d'Ivoire** – **480**

Mali's maternal mortality reduction has been **notably better than in Côte d'Ivoire and Nigeria**, both of which have similar health system challenges.

Key Success Factors in the Mali Model:

1. **Government Financial Commitment**
   - Direct financial transfers from the government to CSCOMs
2. **Community Ownership**
   - ASACO initiates requests for the establishment of CSCOMs
   - ASACO manages government-provided funds
   - ASACO recruits additional personnel beyond those appointed by the central government
   - Local councils provide financial support to recruit additional staff
   - CSCOMs hold personnel accountable, with the ability to hire and dismiss staff
3. **Health System Financing**
   - Villages contribute a **proportionate amount** based on household numbers to supplement CSCOM budgets
   - This local contribution **ensures free access** to services for families
4. **Community Health Workers (CHWs)**
   - CHWs conduct household visits, provide services, and refer patients to CSCOMs
   - However, full effectiveness is **hindered by their dependence on government payroll systems**
   - Could the Mali Model Be Replicated Elsewhere in West and Central Africa?

3.1.2.4 INTERVENTION 8

Leveraging Data for Accountability

Data-driven approaches are essential for accelerating the reduction of maternal mortality in West and Central Africa. By identifying critical gaps in reproductive health behaviours and healthcare delivery, these strategies enhance maternal health outcomes and inform evidence-based policymaking, fostering accountability and targeted interventions.

- **Enhancing Healthcare Access and Quality through DHIS2**: The **District Health Information Software 2 (DHIS2)** plays a pivotal role in tracking healthcare access and quality in maternal health. By providing real-time, disaggregated data on maternal morbidity and mortality, it highlights service delivery gaps and informs targeted interventions. Strengthening DHIS2 across the region will enable health authorities to deploy resources effectively, ensuring timely care and improving maternal survival rates. Moreover, increased transparency fosters community engagement and governmental accountability, creating an environment conducive to sustainable improvements in maternal health services.

- **Strengthening Accountability and Policy through CRVS Systems Civil Registration and Vital Statistics (CRVS) systems** are crucial for capturing comprehensive data on births, deaths, and other life events, serving as a cornerstone for maternal health monitoring. By accurately tracking maternal deaths and analysing underlying causes, CRVS systems provide actionable insights that drive evidence-based policy reforms and targeted healthcare investments. Enhancing CRVS integration with health systems will improve maternal mortality surveillance, promote transparency, and empower communities to demand better healthcare services. These efforts will ensure that high-risk populations receive necessary interventions, contributing to the accelerated reduction of maternal deaths.
- **Leveraging Small Area Estimations (SAE) for Targeted Interventions Small Area Estimations (SAE)**, utilising digital census data across West and Central Africa, offer a powerful tool for generating granular maternal health indicators. By identifying localised pockets of high maternal morbidity and mortality that may be masked in national statistics, SAE enables precise, data-driven interventions. Strengthening the use of SAE across the region will help direct resources to underserved areas, particularly in rural and low-income communities, where maternal health risks are highest. This targeted approach will enhance service delivery, promote equitable healthcare access, and significantly reduce preventable maternal deaths.
- **Institutionalising National Demographic Dividend Observatories (NDDOs) for Sustainable Impact.** The **scaling up of National Demographic Dividend Observatories (NDDOs) under the SWEDD+ initiative** will be instrumental in advancing maternal health. These observatories provide essential data on population and development dynamics, guiding strategic investments in maternal healthcare. By fostering cross-country collaboration and

knowledge sharing, NDDOs will support the development of integrated data systems, incorporating censuses, surveys such as Rapid EmONC Needs' Assessment, and routine health data to produce high-quality, disaggregated information. This strengthened data ecosystem will drive informed decision-making, enhance resource allocation, and facilitate the monitoring of progress towards ending preventable maternal deaths. Additionally, regional peer learning and South-South collaboration will bolster capacity-building, ensuring that countries effectively leverage data and evidence to accelerate maternal mortality reduction.

By integrating these data-driven approaches—DHIS2, CRVS, SAE, Rapid EmONC Needs'Assessment, and NDDOs—into national and regional maternal health strategies, West and Central African countries can significantly enhance their efforts to reduce maternal mortality. Strengthening accountability, improving healthcare service delivery, and ensuring equitable access to maternal health resources will create a sustainable framework for achieving long-term reductions in maternal deaths, ultimately improving public health outcomes across the region.

3.2 ACTION PILLAR **2**

Strengthening and scaling up midwifery practice for the provision of quality maternity care

Human resources are the most valuable assets of any organisation, including UNFPA and its partners. In crisis situations, it is essential to have the right people in the right place at the right time. Recognising the unique expertise, knowledge, and understanding of local contexts that UNFPA's leadership and staff bring, and integrating these insights into learning interventions, is fundamental to strengthening the application of the Multi-Sectoral Approach (MSA) to Sexual and Reproductive Health and Rights (SRHR). This holistic approach enables UNFPA to simultaneously address health outcomes, their determinants, and health equity, thereby accelerating progress towards ending preventable maternal deaths in West and Central Africa.

At the same time, it is crucial to acknowledge that strengthening human resource capacity is not a one-off exercise but an ongoing engagement requiring continuous learning, application, and integration of skills and knowledge in real-time situations. It is equally important to assess impact and identify remaining gaps to ensure targeted capacity development at various levels and across different staff cohorts. Given that MSA for SRHR requires a specialised skill set, UNFPA WCARO is committed to building both in-house expertise and a pool of consultants to enhance our ability to respond effectively and rapidly to emerging needs.

3.2.1 Action 3

Scaling Up Midwifery Recruitment, Deployment, and Retention

Investing in midwifery recruitment, retention and motivation in development and humanitarian setting is crucial to accelerating the reduction of maternal mortality, especially as these contexts tend to experience chronic shortages of qualified health midwives and other health personnel. This is where incentive-driven retention strategies such as bonding practices can become game-changers. Aligned to promising practices in the region, the following strategies are proposed for introduction and scale up in West and Central Africa.

Targeted Recruitment and Deployment:

- Focus on rural areas: Prioritize recruitment for underserved and hard-to-reach areas, where the shortage is more critical. Offer higher salary incentives for rural service, and or partners with local leaders to identify and recruit qualified candidates within the communities.
- Bonding agreements: Utilize bonding agreements to ensure healthcare workers serve in their assigned locations for a specific period, increasing stability in those locations. This should be supported by standardized bonding agreement templates across the region with clear consequences for breaking bonds and incentives for fulfilling bond obligations
- Emphasizing local recruitment is essential to fostering long-term workforce retention, as individuals from the communities they serve are more likely to remain committed to their roles. Establishing community-based midwifery training programmes (rural pipelines) can be instrumental in this effort. Providing targeted incentives, such as need-based scholarships for students from underserved areas who pledge to return and practice locally, will further strengthen retention. Additionally, collaborating with community health workers to identify suitable candidates for training can ensure that those most likely to serve in remote and high-need areas are supported and deployed effectively.

CASE STUDY 3

Strengthening Tanzania's Health Workforce – A Collaborative Approach by the Benjamin Mkapa Foundation

Like many African nations, Tanzania faces a significant shortfall in healthcare professionals, with only 34% of the required workforce available to meet the growing demand for quality healthcare services. Addressing this challenge necessitates concerted efforts to enhance the employment, deployment, productivity and retention of health workers across the country.

The Benjamin William Mkapa Foundation (BMF) is a non-government technical hub providing innovative solutions to strengthen health systems, particularly on Human Resources for Health in Tanzania. It was founded by the late President of Tanzania in 2006. The Mkapa Fellows Programme aims to sustainably address the shortage and enhanced quality of services provided by healthcare professionals in rural and underserved areas through the following approaches:

- **Data/Evidence Driven HRH Recruitment and Deployment:** The programme uses service delivery and HRH data to recruit skilled healthcare professionals (clinicians, nurses, pharmacists, lab technicians) and deploys them to serve underserved areas.
- **Incentive Packages**: Fellows receive responsive and aligned incentive packages, including salaries, housing allowances, social welfare benefits, and professional development opportunities, to attract and sustainably retain them in these challenging environments.
- **Capacity Building**: The program emphasizes continuous professional development (CPD), local led on job training, coaching and mentorship to enhance the skills and knowledge of the fellows, ensuring they can deliver quality healthcare services.
- **Enhancing and Institutionalization** of customized performance management and productivity initiatives.
- **Long-Term Integration:** The program facilitates the integration of fellows into the public healthcare system, ensuring the sustainability of healthcare services in these areas.
- **Collaborate with Government** and other non-state players to develop and institutionalize complementing innovative HRH financing to increase domestic financing for HRH.

Impact and Achievements

Since its inception, the **Mkapa Fellows Programme** has made a remarkable contribution to strengthening Tanzania's health workforce:

- Recruitment and Placement:
    - Over **13,000 health workers** recruited
        - **7,322 facility-based healthcare workers** (Mkapa Fellows) across multiple disciplines, with over **50% comprising nurses and midwives**.
        - More than **42.1% of Mkapa Fellows have been absorbed into the government's permanent employment system**.

        - Contributed to the adaptation and institutionalization of evidence-based HRH planning and allocation through the WISN tool, complementing the use of only staff standards.
        - **5,883 community health workers** deployed at the village and sub-village levels.
- Population Impact:
    - Over **19 million people** have benefitted from facility-based healthcare services.
    - More than **6 million people** reached through community health interventions.
    - **8 million adolescents and young people** have accessed sexual and reproductive health (SRH) services.
- Service Delivery Focus Areas:
    - The programme primarily supports **Reproductive, Maternal, Child, and Adolescent Health**, **Nutrition**, and the management of **communicable and non-communicable diseases**.
- Education and Training:
    - Scholarships and Professional Development
        - **930 pre-service scholarships** awarded to rural students pursuing allied health courses (diploma/certificate level).
        - **150 in-service scholarships** granted to healthcare workers from rural facilities to obtain advanced diplomas in midwifery.
    - Onsite Capacity Building:
        - Over **4,500 local government health managers** trained in **HRH planning, supervision, and management**.
    - E-Learning:
        - The **National E-Learning Platform** of the Ministry of Health has been strengthened.
        - More than **42,000 health workers** have received training through this platform.
- HRH Performance and Productivity
        - Contributed to improved HRH performance and productivity indicators to the facility supportive supervision guideline.

A key success factor has been the strong collaboration between the BMF, the Tanzanian government, Development Partners as well as targeted stakeholders that contributed to local led solutions coupled with adaptation of innovative strategies, lessons and best practices.

Motivation schemes:

Leverage governments for the design and implementation of incentive systems for rotational deployment of midwifery staff in remote areas:

- Housing and infrastructure: in addition to providing them with conducive work conditions, develop minimum standards for midwife/healthcare workers' housing (e.g., with access to clean water, electricity, safe sanitation). This is particularly important in the underserved and hard-to-reach areas
- Continuing professional development: Provide opportunities for continuous training, skills enhancement linked to career progression and development, keeping healthcare workers engaged and motivated. An example is scholarship for a higher professional degree after 3 to 4 years deployment in remote and hard to reach areas.
- Supportive supervision and mentorship: Develop standardized supervision checklists. Train supervisors in supportive supervision techniques and establish mentorship programs linking experienced midwives with newer recruits. Ensure a supportive environment through regular supervision, mentorship programs, and opportunities for professional growth, contributing to job satisfaction and retention.
- Most importantly, work to ensure the decentralised recruitment of midwives, and making allocation for their salaries to be tied to their posts geographically and be paid by local officials, rather than a general centralized deployment from the ministry of health.

Collaboration and Partnerships:

- Promote government partnerships with other organizations including NGOs, professional associations, private sector, technical and financial partners to leverage resources and expertise, maximizing their impact on healthcare worker retention.
- Establish a regional coordination mechanism to facilitate information sharing and joint planning among partners

Evidence-based approach:

- **Conduct data collection and monitoring** to monitor the effectiveness of recruitment, deployment and retention programs and make informed decisions. This data-driven approach ensures evidence-based advocacy, continuous improvement and adaptation to evolving needs.

Sharing best practices:

- Establish a regional platform (e.g., online forum, annual conference) for sharing the best practices and lessons learned. Also document and disseminate success stories and case studies and facilitate cross-country learning visits

INTERVENTION 9

Bonding Schemes

Bonding schemes, where midwives commit to working in a specific location for a set period in return for benefits such as financial support or educational opportunities, offer a valuable way to encourage them to stay in the remote and fragile areas of West and Central Africa. To effectively expand the use of these schemes across the region, the following key considerations should be taken into account. Well-designed and scaled-up bonding schemes can significantly improve midwifery retention in these challenging areas, leading to better access to quality maternal health services and a faster reduction in maternal mortality rates, particularly within rural communities and hard-to-reach areas.

1. Targeted Recruitment and Training:

- **Local Candidates:** Prioritize recruiting and training midwifery students from the very communities where they will be deployed.

This increases the likelihood of their return and long-term commitment, as they have existing ties and understand the local context.

- **Specialized Training:** Provide comprehensive training that equips midwives with the skills to handle the unique challenges of remote and fragile settings. This includes emergency obstetric care, management of common local health issues, and community health outreach.

2. Attractive Bonding Packages:

- **Financial Incentives:** Offer competitive salaries and benefits that reflect the challenges of working in these areas. This could include hardship allowances, housing subsidies, and transportation assistance.
- **Educational Opportunities:** Link bonding schemes with opportunities for continuing education and professional development. This could involve scholarships for advanced midwifery training or access to specialized workshops.
- **Improved Working Conditions:** Invest in infrastructure and equipment in remote health facilities. Ensure access to essential supplies, reliable communication systems, and safe living quarters for midwives.

3. Supportive Environment:

- **Mentorship and Supervision:** Provide regular mentorship and supportive supervision to midwives in remote areas. This can help them build confidence, manage complex cases, and reduce feelings of isolation.
- **Community Engagement:** Foster strong relationships between midwives and the communities they serve. This can be achieved through community health education programs and involving community leaders in supporting midwives.
- **Security Measures:** In fragile areas, prioritize the safety and security of midwives. This may involve providing security personnel or implementing measures to ensure safe transportation and living conditions.

4. Flexible Bonding Options:

- **Tiered Incentives:** Offer different levels of incentives based on the length of commitment and the remoteness of the posting. This allows for flexibility and encourages longer-term retention.
- **Phased Implementation:** Start with smaller-scale bonding schemes in select areas to test their effectiveness and ensure efficient adjustments before proceeding with wider implementation.

5. Monitoring and Evaluation:

- **Track Retention Rates regularly and assess impact on maternal health:** Regularly monitor the retention rates of midwives who have benefited from bonding schemes. This data can inform program improvements and ensure accountability. Also evaluate the impact of bonding schemes on maternal health outcomes, such as maternal mortality rates and access to skilled birth attendance and EmONC services.

Effective implementation and funding of bonding schemes require strong partnerships between local governments, NGOs, and international organizations. Long-term success depends on integrating these schemes into national health workforce strategies and budgets, ensuring their sustainability. Crucially, ethical considerations must be paramount. Bonding schemes should be implemented ethically, respecting midwives' freedom of movement and their long-term career choices.

3.2.2 Action 4

Enhancing and Scaling up the Quality of Maternity Care

Support scaling up of the mentorship programme for midwives through Francophone (in Mauritania) and Anglophone Centre of Excellence Recognizing the critical role of mentorship in improving midwifery care, this roadmap prioritizes the development of sustainable mentorship programs across West and Central Africa. Working with Francophone and Anglophone Centers of Excellence, midwifery associations and training institutions, it proposes the establishment of a framework for long-term mentorship and capacity building. This includes:

- **Integrating mentorship into existing structures**: Integrating mentorship into pre-service and in-service midwifery training programs, ensuring that mentorship becomes a core component of mandatory professional development.
- **Developing local capacity:** Building local capacity to train and support mentors, will ensure the sustainability of mentorship programs beyond the project period. This will require that mentoring is included in the onboarding process of midwives coming out of schools, and newly posted at the rural health facilities will be mentored by experienced midwives they joined. The mentoring process should be led by the district health management team to avoid a bureaucratic process coming from the central level.
- **Securing funding:** Advocating for dedicated funding for mentorship programs within national health budgets. This can easily be done if this is part of a dedicated professional development budget within the Ministry of Health budget.
- **Promoting a culture of mentorship:** Fostering a culture of mentorship within the midwifery profession, where experienced midwives are encouraged and supported to mentor their colleagues. Through this approach, we will create a sustainable system of mentorship that supports midwives throughout their careers, leading to continuous improvement in the quality of care provided.

3.2.2.1 INTERVENTION 10

Scaling-up Competency-Based Training for Maternity Care

Knowledgeable faculty and trainers, equipped with modem training skills, are vital to the development and promotion of competency-based training programs in reproductive health.

Competency-based approach to clinical training (CBT) aims to equip health professionals with the knowledge, skills and attitudes needed to carry out their clinical duties more safely and efficiently. It has been developed by Jhpiego to address the increasing number of health professionals required to deliver reproductive health services and the corresponding need to train trainers and service providers more cost-effectively and in less time.

CBT is distinctly different from traditional educational processes. CBT is learning by seeing and doing. It is based on social learning theory which states that when conditions are ideal, a person learns most rapidly and effectively from watching someone perform (model) the task or activity. More traditional forms of instruction, on the other hand, attempt to educate the health care worker by providing a broad array of knowledge from which the worker later can select what is needed, according to the given situation.

The CBT approach is based on adult learning principles, which means it is participatory, relevant and practical. Moreover, it requires that the trainer facilitates the learning experience rather than serve in the more traditional role of an instructor. Finally, and most importantly, it stresses the importance of

cost-effective use of resources and application of relevant educational technologies.

The CBT approach has been successfully applied to the development, field testing and scale up of training courses in many areas including the Copper T 380A ID; the Norplant Contraceptive System; the Management of Sexually Transmitted Genital Tract Infections; Infection Prevention for Family Planning Service Programs; and Emergency Obstetric and Newborn Care (EmONC) with a focus on the prevention and management of Post-Partum Hemorrhage, pre-eclampsia and eclampsia the leading causes of maternal mortality.

UNFPA WCARO will intensify focus on Emergency Obstetric and Newborn Care (EmONC). In this regard, technical and financial support will be provided to:

- adapt, develop, update or contextualize course materials to include:

    (5) A reference manual containing only need-to-know information
    (6) A course handbook containing validated questionnaires and practice (learning) guides which break down the activity
    (7) Well-designed audio-visuals (slide sets and videotapes) and other teaching aids keyed to the learning guides and information in the reference manual
    (8) Competency-based performance evaluation checklists.

- recruit and deploy skill-proficient midwives to provide EmONC through the bonging scheme.

The CBT approach will rely on Jhpiego's materials of Helping Mothers and Babies Survive, developed in recent years in partnership with several organizations, including UNFPA, ICM, and Laerdal. For most of the leading causes of maternal and newborn deaths, the materials include an action plan in the form of an algorithm that shows the steps to manage the complication, a facilitation guide in the form of a flipchart that describes how to use the action plan, and a learner guide in the form of a booklet that contains the latest information about the complication. The Helping Mothers and Babies Survive approach will be completed by working with the trainees in maternities to ensure that knowledge and skills acquired in the classroom are practiced with real clients. Furthermore, as part of the CBT, trainers will follow up with the trainees at their facilities three months after the training to ensure they are practicing what they have learned during the training. A group of obstetricians and gynecologists, midwives, and pediatricians with expertise in CBT, mentorship, quality of care, and advocacy will lead this component of the program.

3.2.2.1.1 Regional pool of clinical experts (Obstetrician & Gynaecologists, Midwives, Pediatricians) to champion and support quality delivery of maternal health care in WCA countries

To accelerate the reduction of maternal mortality in West and Central Africa, a UNFPA-supported regional pool of clinical experts (obstetricians, gynaecologists, midwives, and paediatricians) should be strategically leveraged to strengthen maternal health service delivery. This requires a multi-pronged approach encompassing capacity building, quality assurance, advocacy, research, and emergency response.

Firstly, in **terms of capacity building**, national governments, in collaboration with UNFPA and relevant partners, should support the expert pool in developing and implementing training programmes for local healthcare providers. These programmes should focus on evidence-based practices for managing obstetric emergencies, promoting safe childbirth, and postpartum care for both mother and newborn. Mentorship schemes, facilitated by the expert pool, should be established to provide ongoing support and professional development for local professionals, particularly in underserved areas. Access to specialised training in advanced obstetric care and neonatal resuscitation should be expanded through partnerships with training institutions.

Secondly, **enhancing and scaling up quality assurance is crucial.** The expert pool should contribute to the development and adaptation of national clinical guidelines and protocols for maternal and newborn health, ensuring alignment with international best practices and regional context. Mechanisms for supporting the implementation of these guidelines, including supportive supervision and regular quality audits, should be strengthened. National quality assurance frameworks should incorporate the expertise of the regional pool to monitor and improve the quality of maternal health services.

Thirdly, **scaling up advocacy and policy influence engagements are pivotal.** UNFPA, in partnership with the expert pool, should advocate for increased national budget allocations for maternal health and the integration of evidence-based interventions into national health policies and plans. The expert pool should engage in policy dialogue with government officials, parliamentarians, and other stakeholders to promote the adoption of policies that improve access to quality maternal health services. Public awareness campaigns, leveraging the expertise of the pool, should be conducted to increase demand for and utilisation of these services.

Fourthly, **research and knowledge-sharing on maternal health issues should be prioritized and scaled up.** National research agendas should prioritise maternal health issues, with the expert pool playing a key role in conducting and disseminating research findings. Knowledge sharing platforms and mechanisms, facilitated by UNFPA, should be established to promote the exchange of best practices and lessons learned among countries in the region. South-South collaboration should be strengthened to leverage expertise and resources across countries.

Fifthly, **scaling up emergency response preparedness is imperative.** National emergency preparedness and response plans should incorporate the expertise of the regional pool for rapid deployment and technical assistance during humanitarian crises or disease outbreaks. Coordination mechanisms should be established to ensure the effective integration of maternal health services into emergency response efforts.

Finally, **UNFPA should enhance its coordinating role**, providing technical and financial support to the expert pool and facilitating its engagement with national governments and other partners.

3.2.2.2 INTERVENTION 11

Humanitarian Midwifery in Crisis Situations

Humanitarian Midwives are midwives who are nationally accredited to practice in their country and receive further training to enable them to work in humanitarian settings. The midwives are selected based on agreed criteria including valid certification, experience and willingness to deploy to humanitarian crises within their country. UNFPA supports countries to establish a roster, or pool, of qualified humanitarian midwives who may be deployed to deliver critical life-saving services in humanitarian emergencies. UNFPA engages with the Ministries of Health in training and deployment, which contributes to strengthened and resilient health systems. UNFPA also works alongside Midwifery and Obstetric Associations and advocates for integration of the MISP in national midwifery curricula to ensure that all midwives are ready to respond in emergencies in the WCA region.

Depending on the country, the Ministry of Health manages the roster and supports the cost of salaries. In other contexts, UNFPA deploys midwives through implementing partners and covers the associated costs with the generous support of donor funding. Salaries range per month depending on the country, the salary scale and the organization or government covering the costs. The length of deployments varies and may be for a short period in the initial acute phase of the emergency (4-6 weeks), or longer (3-6 months) depending on the needs.

The deployment of skilled midwives in humanitarian settings is crucial as women and girls of reproductive age are vulnerable in humanitarian crises, demonstrated by the high maternal and newborn mortality and morbidity rates and increased prevalence of GBV in emergencies. More than 500 maternal deaths occur daily in humanitarian and fragile contexts and 64% of the global maternal deaths occur in the countries with 2023 UN Humanitarian Appeals. Humanitarian midwives offer a lifeline of support for women in humanitarian settings, where an average of 25 percent of those affected by crises are women and girls of reproductive age.

Recap of Recommended actions:

- Establish a roster, or pool, of qualified humanitarian midwives who may be deployed to deliver critical life-saving services in humanitarian emergencies.
- Support the Ministries of Health in training and deployment, which contributes to strengthened and resilient health systems.
- Establish partnership with Midwifery and Obstetric Associations and advocates for integration of the MISP in national midwifery curricula to ensure that all midwives are ready to respond in emergencies in the WCA region.

3.2.2.2.1 Profiling the role of volunteer agencies : the case of ANVOLT in Chad

Leveraging national volunteer agencies, such as ANVOLT in Chad, presents a promising strategy for strengthening the capacities of midwives and teachers in humanitarian settings, ultimately accelerating progress in reducing maternal mortality. The model implemented in Chad, with the support of UNFPA, highlights the effectiveness of this approach and offers valuable lessons for replication in similar contexts across West and Central Africa.

Humanitarian crises often exacerbate existing shortages of skilled healthcare personnel, particularly midwives, who are essential for ensuring safe childbirth and maternal health. At the same time, disruptions to education systems create an urgent need for qualified teachers to support children affected by conflict and displacement. National volunteer agencies play a crucial role in bridging these gaps by recruiting, training, and deploying skilled professionals to affected areas. The partnership between ANVOLT and UNFPA has demonstrated the potential of this approach, successfully mobilising volunteer midwives and

teachers to address pressing needs in Chad's humanitarian landscape.

Beyond recruitment, the collaboration focuses on equipping volunteers with specialised training tailored to the demands of humanitarian settings. For midwives, this includes emergency obstetric care, management of common pregnancy complications, psychosocial support for women affected by crises, and community-based health education. They are also trained to operate in resource-limited environments and navigate logistical challenges. Similarly, teachers receive training in psychosocial support for children dealing with trauma, inclusive education strategies, and methods for maintaining educational continuity in disrupted settings. This targeted training ensures that deployed volunteers are not only technically proficient but also prepared to address the complex realities of humanitarian work.

One of the key advantages of this model is its cost-effectiveness and sustainability. Engaging national volunteers through stipend-based incentives provides a viable alternative to the costly recruitment of international staff while fostering local ownership and strengthening the institutional capacity of national agencies. By investing in ANVOLT, UNFPA is helping to build a sustainable national resource that can continue to support human resource gaps in both health and education sectors long after the immediate crisis has passed.

Furthermore, the use of local volunteers enhances trust and community engagement. Because they are recruited from the same communities they serve, these volunteers are more likely to understand cultural dynamics, speak local languages, and facilitate community acceptance of maternal health and education initiatives. This grassroots engagement is instrumental in ensuring the effectiveness and long-term impact of such interventions.

The success of the ANVOLT model in Chad suggests that it can be scaled up and adapted to other countries facing similar humanitarian challenges. With its combination of national partnerships, targeted training, and a sustainable stipend structure, the approach offers a replicable framework for other contexts in West and Central Africa and beyond. Sharing best practices from Chad's experience can help facilitate broader adoption of this innovative model, enabling other countries to strengthen their maternal health and education systems in crisis-affected areas.

Expanding this model across the region has the potential to make a significant contribution to reducing maternal mortality. Mobilising national

volunteer agencies in other countries could help scale up midwifery deployment, ensuring that even the most remote and crisis-affected areas have access to skilled maternal health providers. Strengthening community-based maternal health services would improve antenatal care, promote safe delivery practices, and enable timely referrals for complications, ultimately reducing preventable maternal deaths. Additionally, the rapid deployment of trained midwives in emergency settings could enhance the resilience of health systems in the face of conflict, displacement, and natural disasters.

Beyond maternal health, the ANVOLT model could be further expanded to address other critical needs within humanitarian response, such as water and sanitation, nutrition, and protection. By building on the existing infrastructure and expertise of national volunteer agencies, countries can develop a comprehensive approach to human resource deployment that strengthens emergency response and promotes long-term development.

Engaging national volunteer agencies such as ANVOLT represents a highly effective strategy for bolstering the humanitarian workforce in key sectors like health and education. The Chad experience, supported by UNFPA, highlights the benefits of this approach, including cost-effectiveness, sustainability, community engagement, and scalability. By investing in and strengthening national volunteer networks, countries across West and Central Africa can enhance their ability to respond to humanitarian crises and accelerate progress towards reducing maternal mortality and achieving broader development goals.

3.3 ACTION PILLAR 3

Scaling up Multisectoral approaches (MSAs) in WCA to Ending Preventable Maternal Mortality

Many determinants, including the three delays (delay in seeking care, in reaching care, in receiving care) maturity of national health systems, GBV and harmful practices such as child marriage, unintended pregnancies particularly among adolescents, humanitarian emergencies and conflicts that impact access to health facilities and quality care, and the impacts of climate change explain the high level of MMR in WCAR. Therefore, reducing/ending preventable maternal deaths requires multisectoral actions for health (MSA), defined/understood as actions undertaken by sectors outside the health sector, possibly, but not necessarily, in collaboration with the health sector, on health, health-related outcomes, determinants of health or health equity. MSAs include actions within and between sectors, at all levels, needed to influence the political, social and economic landscape that enables the health and well-being of the population. As a result, accelerating the reduction of maternal mortality in WCA requires strengthening our commitment and redouble efforts in the following three areas:

- Building on, and leveraging country/regional level intelligence and foresight on political and economic developments to effectively position Maternal Mortality Reduction as key national Priority.
- Building and leveraging political capital to influence sustainable high-level political will for decisive action (national policies and programmes) to accelerate the Reduction of Maternal Mortality.
- Developing country-specific cases for financing mechanisms that prioritize efficiency and enhance the alignment of funding and financing efforts to optimize impact on maternal mortality reduction.

Furthermore, partnerships and alliances with national, regional and international institutions such as the Ouagadougou partnership, should be engaged to mobilize concerted action and resources such as:

- Systematically assessing climate-related risks to maternal health and nutritional outcomes
- Influence/contribute to formulate and implement policies and actions in education, energy, food, transport, urban systems, environment and finance sectors that both mitigate climate change and enhance maternal health
- Ensure SRHR in general and maternal health in particular is embedded/mainstreamed in government projects and programmes to increase women's participation in agricultural activities

Advocating for more and better funding of maternal health services:

- Monitor government and donor investments in maternal health services, including through the production of a maternal health financing dashboard every year
- Support government counterparts during the budget preparation stage of the annual budget cycle to optimize the design of the annual budget for maternal health services.
- Strengthening allyship with Ministries of finance, as well as with other key ministries such as those in charge of planning, international cooperation, education, social affairs and agriculture.
- Work with government counterparts to identify and realize new funding for maternal health services e.g. increased allocations within the health sector budget, the introduction or expansion of "sin taxes," grants from bilateral donors and global funds, concessional finance from the IFIs, debt-for-health swaps

3.3.1 Action 5a

Fostering Collaboration across Government Entities, Development programmes (such as Food Systems and Climate Change) Civil Society and Private Sector Actions and Engagements in WCA.

Maternal mortality, food insecurity, and agriculture are interlinked issues that significantly affect public health, particularly in West and Central Africa. Food insecurity significantly increases the risk of maternal mortality through malnutrition, high rates of anemia, child marriage and adolescent pregnancy as well as limited healthcare access, leading to heightened vulnerability during pregnancy. Malnutrition, often a consequence of food insecurity, deprives pregnant women of essential nutrients needed for their health and fetal development. This condition compromises the immune system, making women more susceptible to infections—one of the leading causes of maternal death—and increases the risk of serious complications like pre-eclampsia and post-partum haemorrhage linked to anemia.

Additionally, inadequate nutrition diminishes the body's ability to cope with the physical demands of pregnancy, elevating the risk of labor-related complications such as hemorrhage and sepsis. Moreover, food insecurity is often linked to poverty, curtailing access to vital prenatal care and emergency obstetric services. It is also associated with adverse pregnancy outcomes like premature birth, low birth weight, stillbirth, failure to thrive, and places stress on breastfeeding, each posing significant threats to the health of both mothers and their infants. Agriculture significantly influences maternal mortality rates in West and Central Africa through various interconnected pathways. As the primary food source in areas where importing food is limited and or not affordable, agricultural productivity directly impacts nutrition. Poor nutrition, often a result of food insecurity, can lead to complications like anemia, which heightens the risk of maternal mortality. Moreover, agriculture provides livelihoods for many women, improving household incomes and facilitating investment in healthcare, including essential prenatal services. Conversely, weak agricultural performance can exacerbate poverty, limiting access to healthcare facilities and skilled birth attendants, both vital for reducing maternal mortality. Conversely, maternal mortality profoundly affects agriculture in the region, altering productivity and the social dynamics of agricultural communities. The loss of mothers reduces the workforce, as women play critical roles in farming, food production, and household nutrition by managing key tasks such as planting, harvesting, and processing.

Maternal deaths can lead to diminished agricultural output, smaller harvests, and increased food insecurity. Families face economic hardships due to the loss of a crucial income source, complicating investments in agricultural resources like tools, seeds, and livestock, which further hampers productivity. Surviving children may have to take on agricultural responsibilities prematurely, negatively impacting their education and overall well-being. High maternal mortality rates also contribute to food insecurity, as the absence of mothers can result in inadequate nutrition for families, diminishing labor capacity and agricultural performance. The disruption caused by the loss of female agricultural workers intensifies malnutrition and food scarcity.

Addressing these interconnected issues requires multi-sector collaboration, community involvement, evidence-based approaches, and sustained investments in health and agricultural systems to ensure that mothers and their families have access to safe, nutritious food and healthcare services.

3.3.1.1 INTERVENTION 12

Ending Preventable Maternal Mortality through Leveraging Food Systems and Climate Change Responses(adaptation/ mitigation) that protect the environment

Climate change is a multiplier of existing health vulnerabilities and is a major threat to the vision of human-centered sustainable development, as outlined in ICPD plan of action, AU's Agenda 2063, the SDGs, and the 2030 Agenda. By exacerbating existing vulnerabilities, climate change disproportionately impacts women and girls in the WCA in ways that affect maternal health outcomes, increasing risks for pregnant women and new mothers. UNFPA, in collaboration with UN partners, governments, and development and humanitarian organizations, can leverage food systems and climate adaptation and mitigation strategies to accelerate the reduction of maternal mortality in the region. Consider the following entry points:

Entry points for Action:

1. Integrating Maternal Health into Food Security and Climate Resilience Programmes

- **Nutrition-Sensitive Agriculture**: Promote diversified, climate-smart agriculture that prioritises nutrient-rich crops essential for maternal health (e.g., iron-rich foods to combat anaemia). This should be complemented by educational campaigns on balanced diets for pregnant and lactating women.
  - Example: In Mali, initiatives could be promoted supporting drought-resistant crops which ensure food security during dry seasons, improving maternal nutrition and reducing complications. Partnering with agencies such as FAO and WFP can offer joint-initiatives for nutrition programmes that improve maternal health, as well as the health of adolescents.
- **Strengthening Local Food Systems**: Support local food production, processing, and distribution networks to reduce reliance on imports vulnerable to climate shocks. Strengthening these systems also empowers women, who often play a key role in food supply chains.
  - Example: In Senegal, supporting women's cooperatives in fish processing could unlock access to protein-rich food for pregnant women while generating income.
- **Climate-Resilient Health Infrastructure**: Advocate with Governments and partner with WHO to establish health facilities resilient to climate change impacts (e.g., flooding, extreme heat). Ensuring uninterrupted access to maternal healthcare during climate-related emergencies is critical.
  - Example: In Nigeria, constructing flood-resistant health centres in vulnerable areas could serve as a game-changer, helping maintain access to antenatal care and safe delivery services for women.
- **Early Warning Systems & Preparedness**: Integrate maternal health considerations into climate early warning systems and disaster preparedness plans, ensuring pregnant women and new mothers receive timely information and support during climate-related crises.
  - Example: In Burkina Faso, mobile technology used could be enhanced in context-relevant ways to disseminate weather alerts and emergency obstetric care information, saving lives.

2. Addressing Gendered Impacts of Climate Change:

- **Empowering Women in Climate Action**: Strengthen women's participation in climate adaptation and mitigation initiatives is crucial. Their knowledge and experience are vital for developing effective solutions.
  - Example: In Niger, supporting women-led sustainable land management initiatives could tremendously enhance their climate resilience capabilities and improve livelihoods, positively affecting maternal health.
- **Addressing Gender-Based Violence (GBV) in Climate-Related Disasters**: Recognising the heightened risk of GBV, including child marriage, as a negative coping strategy, during and after climate disasters and conflicts, supporting the full integration of GBV prevention and response mechanisms into humanitarian assistance and climate adaptation programmes.
  - Example: In the Lake Chad Basin, where climate change exacerbates displacement and resource scarcity, UNFPA and partners could scale up efforts to strengthen referral pathways for GBV survivors and provide psychosocial support.

Promoting Women's Economic Resilience: Support programmes that enhance women's economic opportunities in the face of climate change triggers significant positive multipliers. Economic empowerment improves women's access to healthcare and reduces reliance on negative coping mechanisms such as child marriage, which adversely affects maternal health.

  - Example: In Cameroon, scaling up the training of women in climate-resilient agricultural practices enhances their income and food security, contributing to improved maternal outcomes. This would require closer and targeted collaboration with FAO and the WFP.

- **Mitigate and Address child marriage in conflict and food insecure dynamics**: Support programmes that work in humanitarian settings to integrate a gender analysis and institute risk mitigation strategies that looks at and addresses the increased risk that girls face.
  - Example: In Niger and Chad, the Breaking Barriers to Girls Education Project[26], in collaboration with WFP and UNICEF instituted interventions such as school feeding that supported enrolment and retention of girls in school thus reducing their risk of child marriage.

3. Collaboration and Advocacy:

- *Inter-Agency Collaboration*: Strengthen partnerships among UN agencies (e.g., WHO, FAO, UNDP, UN Women, WFP) to tackle the interconnected challenges of food security, climate change, and maternal health. Joint programmes can optimize expertise and resources for greater impact.
- *Government Engagement:* Support governments in integrating maternal health into NDC (national distribution contribution)[27], national climate adaptation plans, food security strategies, and health sector policies.

26 Joint Evaluation of the Breaking Barriers for Girls' Education Programme in Chad and Niger (2019-2022): https://www.wfp.org/publications/joint-evaluation-breaking-barriers-girls-education-programme-chad-and-niger-2019-2022

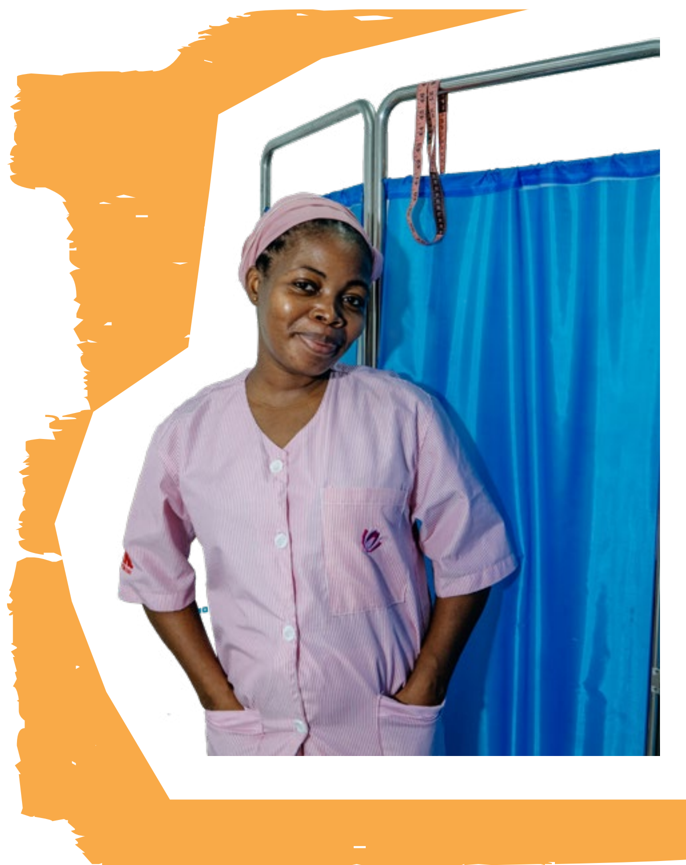
27 A Nationally Determined Contribution (NDC) is a national climate plan, submitted by all signatories of the Paris Agreement, for reducing carbon emissions and adapting to and building resilience to climate change. As the NDCs support countries in a transformative shift towards a more sustainable future, they have the potential to create greater social inclusion and address the disproportionate impacts of climate change on women and girls. In taking stock: sexual and reproductive health and rights in climate commitments- West and Central Africa.

- *Community Engagement:* Involve communities, particularly women and girls, in designing and implementing initiatives addressing food security, climate change, and maternal health. Their insights and needs must guide these efforts.
- *Data Collection and Research:* Invest in research to enhance understanding of the links between climate change, food systems, and maternal health in WCA. Evidence-driven policies and programmes tend to yield more effective results.
- *Climate Finance for Maternal Health:* Advocate for the inclusion of maternal health interventions in climate finance mechanisms (e.g., Green Climate Fund). Unlocking additional resources will help address the impacts of climate change on maternal health.

Recap: Synergistic Impact for Accelerating the Reduction of Maternal Morbidity and Mortality

A holistic and integrated approach is crucial to achieving meaningful and lasting change. By addressing the interconnected factors that contribute to poor maternal health outcomes through the aforementioned action points, we can drastically begin driving down the dismal maternal mortality and morbidity statistics experienced across West and Central Africa. Some of the direct impacts of leveraging food systems and climate change mitigation and adaptation on maternal health outcomes include the following:

- Nutrition-sensitive agriculture and strengthened food systems enhance maternal nutrition, reducing risks such as anemia, pre-eclampsia, and low birth weight. Well-nourished mothers experience fewer complications during pregnancy and childbirth.
- Climate-resilient health infrastructure and early warning systems ensure that essential maternal health services remain accessible during climate-related shocks, preventing disruptions in antenatal and postnatal care.
- Economic empowerment and participation in climate action strengthen women's ability to access healthcare and make informed reproductive health decisions, driving broader social change.
- Integrating GBV prevention and response into climate adaptation and humanitarian efforts creates safer environments for pregnant women and new mothers, protecting their physical and mental health.
- Coordinated efforts across UN agencies, governments, and development organizations enhance the efficiency and effectiveness of interventions, ensuring a comprehensive response.
- Evidence-based approaches ensure that interventions are well-targeted, and resources are efficiently allocated, maximizing impact.



3.3.2 Action 5b

Enhancing UNFPA's Political Engagement to Elevate the Accelerated Reduction of Maternal Mortality as Urgent National Priority Concern across WCA countries through Stronger Political Dialogue and Advocacy.

The persistent tragedy of maternal mortality in West and Central Africa demands a renewed and more potent political commitment. To this end, the UNFPA must amplify its strategic influence. Central to this endeavour is the cultivation of robust political dialogue, underpinned by compelling, data-driven advocacy, to elevate the reduction of these preventable deaths to an urgent national imperative.

Firstly, UNFPA should champion evidence-based discourse. By refining the collection and dissemination of detailed, context-specific data, policymakers can be furnished with the incontrovertible facts necessary for informed decisions. Facilitating inclusive national forums, where diverse stakeholders converge, will foster collaborative problem-solving and consensus-building. Furthermore, active engagement with parliamentary networks, and transitional government authorities (as the case may be), providing technical support and facilitating exposure to best practices, will strengthen legislative or direct political action and resource allocation to maternal health concerns.

Secondly, securing increased financial commitment is paramount. In a constrained global financial landscape, UNFPA must advocate for greater domestic investment in maternal healthcare, integrating these services into national budgets. Alongside this, the fostering of strategic public-private partnerships can supplement public funding and introduce innovative solutions. Whilst prioritising national ownership, the organisation must also champion the effective deployment of international aid, aligning it with national priorities and bolstering maternal healthcare infrastructure.

Thirdly, accountability and transparency are essential. Supporting the development of robust national health information systems will enable rigorous monitoring of progress. Encouraging social accountability mechanisms, such as community-led monitoring, will empower citizens to hold service providers to account. Crucially, UNFPA must champion the full implementation of international commitments, ensuring governments honour their pledges.

Finally, addressing the deep-rooted socio-cultural factors that impede progress is vital. Engaging with traditional and religious leaders to promote positive attitudes towards maternal health and challenge harmful norms is essential. Empowering women and girls through education and economic opportunities, alongside advocating for comprehensive sexuality education, will enable informed choices and enhance health outcomes.

Simply put, a concerted and collaborative strategy, involving governments, civil society, and international partners, is required to transform maternal health into a genuine national priority. By strengthening its political engagement through these multifaceted approaches, the UNFPA can significantly contribute to saving the lives of countless women in West and Central Africa.

3.3.2.1 INTERVENTION 13

Building on, and leveraging country/regional level intelligence and foresight on political and economic developments to effectively position Maternal Mortality Reduction as key national Priority.

Leveraging and translating country-level and regional intelligence and foresight on political and economic developments can help effectively position maternal mortality reduction as key national priority across West and Central African countries, through the following interventions:

1. Establishing Robust Early Warning Systems:
- National Situation Rooms: Create dedicated units within health ministries that integrate political, economic, and social intelligence to monitor potential disruptions to, or opportunities to enhance maternal health services. This includes tracking election cycles, conflict indicators, and economic fluctuations.
- Regional Intelligence Networks: Foster collaborative platforms for information sharing between countries, focusing on cross-border maternal health threats and regional instability. This could involve regular meetings, shared databases, and joint analysis.
- Community-Based Surveillance: Implement systems that gather real-time data from local communities on emerging maternal health crises, social unrest, and access barriers to healthcare.

2. Strategic Economic Integration:
- Health Budget Forecasting: Develop models that predict economic impacts on maternal health budgetary allocations, allowing for proactive adjustments to maternal health programs during economic downturns.
- Investment Opportunity Mapping: Conduct detailed analyses of emerging economic sectors to identify potential partners for public-private initiatives in maternal health, particularly in areas like mobile health technologies and supply chain management.
- Economic Impact Assessments: Produce reports that quantify the economic costs of maternal mortality, demonstrating the financial benefits of investing in maternal health.

3. Targeted Advocacy and Policy Influence:
- Political Stakeholder Mapping: Create detailed profiles of key political actors, identifying their priorities and potential influence on maternal health policy. Use this information to influence and leverage pro-maternal health policies accordingly.
- Policy Brief Development: Translate complex intelligence into concise, actionable policy briefs tailored to the specific concerns of policymakers, highlighting potential risks of inaction and opportunities for prioritizing maternal health in manifestos and plans.
- "Window of Opportunity" Tracking: Implement systems that monitor upcoming windows for policy changes, such as elections, transitional periods, shifts in international political and social agendas, and regional initiatives, enabling timely advocacy and engagement.

4. Strengthening Regional Collaboration and Knowledge Sharing:
- Regional Data Dashboards: Develop online platforms that provide real-time data on maternal health indicators, political stability, and economic trends across the region.
- Best Practice Exchange Programs: Facilitate south-south visits and workshops for policymakers and health professionals to share successful interventions and lessons learned.

- Joint Preparedness Exercises: Conduct simulations and exercises to test regional responses to maternal health emergencies, ensuring coordinated action.
- Regional task forces: Create task forces centered around key issues, such as the effect of climate change on maternal health, or how to improve the supply chain of medical supplies across borders.

3.3.2.2 INTERVENTION 14

Building and leveraging political capital to influence sustainable high-level political will for decisive action (national policies and programmes) to accelerate the Reduction of Maternal Mortality.

To effect meaningful and enduring reductions in maternal mortality across West and Central Africa, a concerted effort to cultivate and deploy political capital is paramount. This necessitates a strategic approach, drawing upon established principles of political influencing and public health securitization.

Firstly, a comprehensive understanding of the prevailing political landscape is essential. This involves meticulous political mapping, delineating the intricate web of power dynamics and identifying key decision-makers, such as ministers of health, finance, and gender, parliamentarians, and traditional leaders. Concurrently, a thorough stakeholder analysis is crucial, engaging influential figures who can champion maternal health, including First Ladies, religious leaders, professional associations, civil society organisations, and media outlets.

Building political capital requires a foundation of robust evidence. Data-driven advocacy, presenting compelling statistics on the burden of maternal mortality, its economic ramifications, and the cost-effectiveness of interventions, is vital. Furthermore, the issue must be strategically framed as a national priority, linking it to broader development goals such as economic growth and human capital development, utilising powerful narratives to resonate with policymakers.

The formation of strategic alliances and coalitions with influential individuals and organisations amplifies the message and broadens the base of support. Crucially, empowering local political leaders and community champions with the requisite knowledge and skills to advocate for maternal health at the subnational level is indispensable.

Leveraging this political capital for policy change demands sustained engagement. This involves participating in regular policy dialogues, advocating for increased budgetary allocations, and supporting the enactment of legislation that promotes access to quality maternal healthcare.

Establishing robust accountability mechanisms to monitor and evaluate the implementation of policies and programmes is also essential.

Sustaining political will over the long term requires institutionalisation. Integrating maternal health into national health plans and budgets, and strengthening health systems to deliver quality services, ensures enduring impact. Continuous engagement with policymakers, adapting strategies to evolving political contexts, is necessary. Finally, empowering communities to hold their leaders accountable for maternal health outcomes is vital.

In the West and Central African context especially, particular attention must be paid to addressing cultural and religious barriers to accessing maternal healthcare, strengthening maternal health systems in fragile and conflict-affected settings, improving access to emergency obstetric care, combating gender inequalities, and addressing the chronic shortage of trained healthcare professionals.

3.3.3 Action 5c

Moving beyond Funding to Financing: Mobilizing and Leveraging Regional and Domestic Financing through National and International Multisectoral Engagement and Support.

In an increasingly inauspicious international funding landscape where raging hypernationalist political ideologies and isolationist foreign policy tendencies are driving donor countries towards retracting humanitarian and international development funding, West and Central African nations must transcend their reliance on traditional donor funding and embark on a path towards financial autonomy, taking ownership of maternal health initiatives through the proactive pursuit of innovative, domestically driven financing strategies. This is not merely a response to immediate funding gaps but a commitment to long-term financial self-sufficiency.

To strengthen domestic resource mobilisation, West and Central African governments must prioritise broadening their tax bases. This requires significant improvements in tax administration, the rigorous prevention of tax evasion, and the exploration of progressive taxation models. Additionally, targeted levies on industries linked to health risks—such as those producing sugary drinks and processed foods—can generate revenue while addressing associated public health concerns. These funds can be reinvested into strengthening maternal health outcomes.

Furthermore, developing resilient domestic capital markets could be an equally crucial approach, allowing governments to issue bonds and other

financial instruments to fund maternal health programmes. This approach could potentially diversify funding sources and reduce excessive reliance on external aid. Expanding social health insurance coverage, particularly for vulnerable populations, should be a key priority. Community-based health insurance and prepayment schemes, tailored to local contexts, can also effectively mobilise resources at the grassroots level. Engaging domestic philanthropic foundations and high-net-worth individuals, alongside strategically leveraging diaspora remittances—a significant source of income—will further enhance financial resilience.

In parallel, West and Central African nations must embrace alternative financing mechanisms. Results-based financing models, where payments are tied to specific maternal health outcomes, incentivise performance and accountability, ensuring resources are used efficiently.

Blended finance mechanisms too, which combine public and private capital, can attract and leverage private sector investment in promoting maternal health outcomes, while aligning with public health objectives. Additional options like the use of social impact bonds, where private investors finance interventions and receive returns based on predefined social outcomes, offers an opportunity to unlock new funding streams while maintaining a strong focus on measurable results. Additionally, negotiating debt-for-health swaps with creditor nations can free up resources for maternal health initiatives, alleviating debt burdens while strengthening critical health services.

For the above options to work, government transparency and accountability in the use of domestic resources and alternative financing mechanisms are essential to building public trust and attracting investment. Efforts will have to be directed towards strengthening the capacity of national and local governments to mobilise and manage these resources – key to ensuring long-term sustainability. Finally, financing approaches must be adapted to the specific needs and circumstances of each country in the region to maximise their effectiveness.

3.3.3.1 INTERVENTION 15

Developing country-specific cases for financing mechanisms that prioritize efficiency and enhance the alignment of funding and financing efforts to optimize impact on maternal mortality reduction.

To effectively combat maternal mortality in West and Central Africa, a decisive shift towards sustainable and strategically aligned financing is paramount. This necessitates a comprehensive approach, encompassing detailed situation analyses, prioritization of evidence-based interventions, and the design of country-specific financing mechanisms.

Firstly, West and Central African countries must undertake rigorous assessments of their unique contexts. This includes evaluating maternal mortality trends, health system capacities, economic landscapes, and socio-cultural influences on maternal health. Drawing upon data from esteemed organizations such as the World Health Organization, Demographic and Health Surveys, and national health sector strategic plans is crucial.

Secondly, a focus on proven interventions is essential. Prioritizing initiatives such as skilled birth attendance, emergency obstetric care, and family planning, alongside developing comprehensive service packages and meticulous costing, will ensure that resources are deployed effectively by West and Central African countries.

Thirdly, bespoke financing mechanisms must be crafted, based on the realities of respective countries in West and Central Africa. These might encompass bolstering domestic resource mobilization through

measures such as expanding the tax base, optimizing tax collection, and exploring earmarked taxes. Implementing or augmenting social health insurance schemes is equally crucial. Furthermore, innovative financing models such as results-based financing, blended finance, and debt-for-health swaps could be actively pursued. Community-based financing initiatives, like community health funds and micro-insurance programs, could also be fostered.

Fourthly, enhancing alignment and efficiency is critical. This would require judicious efforts by West and Central African countries to strengthen national health accounts to meticulously track health expenditure, adopt program-based budgeting to link funding to specific outcomes, and optimize procurement and supply chain management for the timely provision of essential resources. Robust monitoring and evaluation systems are also indispensable for tracking progress and ensuring accountability.

Finally, fostering multi-stakeholder engagement, encompassing government, civil society, the private sector, and community leaders, is crucial for generating and aligning financing mechanisms with national priorities and community needs. Developing impactful communication strategies in this regard to advocate for increased investment in maternal health is equally vital.

In conclusion, by diligently pursuing these policy recommendations and action areas, West and Central African nations can forge sustainable financing pathways that prioritize efficiency, enhance alignment, and optimize impact on maternal mortality reduction. This concerted effort will pave the way for significant strides towards achieving the Sustainable Development Goals and ensuring the well-being of mothers and families across the region.

Conclusion

Maternal mortality in West and Central Africa is not merely a health crisis—it is a profound social and economic challenge that demands urgent and decisive action. Every four minutes, a woman in the region loses her life due to pregnancy or childbirth-related complications, while countless others endure debilitating conditions. The persistence of these preventable deaths is a stark reminder of the urgent need for transformative change.

This Roadmap for the Accelerated Reduction of Maternal Mortality in WCA provides a bold, evidence-driven strategy to tackle the underlying causes of maternal deaths. Centred on three action pillars, five action areas, and twelve high-impact interventions, it offers a practical framework for achieving measurable progress.

Key Actions to Drive Impact

Empowering and Protecting Women and Girls

- Ending child marriage and ensuring girls remain in education through targeted policies and community-led initiatives.
- Reducing teenage pregnancies by expanding access to comprehensive sexuality education (CSE) and implementing zero-pregnancy-in-schools initiatives.
- Enhancing access to family planning and reproductive health information and services for adolescents and first-time young mothers.

Strengthening Governance and Societal Accountability

- Increasing political will and engagement for maternal health
- Engaging local leaders, mayors, and governors to drive policy implementation and resource mobilisation for maternal health.
- Adopting innovative domestic financing models, such as Niger's National Telethon, to ensure sustainable funding for maternal health initiatives.
- Expanding community-based health management models, such as Mali's ASACO approach, to enhance access to quality maternity care.
- Strengthening real-time data systems (DHIS2, CRVS, Rapid EmONC Needs' Assessment and SAE) to inform evidence-based decision-making and improve accountability.

Investing in Midwifery and High-Quality Maternity Care

- Scaling up midwifery recruitment, deployment, and retention, particularly in underserved and fragile settings.
- Implementing bonding schemes and incentive-based strategies to retain skilled maternal health workers.
- Expanding competency-based training programmes to enhance emergency obstetric and newborn care (EmONC). Furthermore, deploying humanitarian midwives to crisis-affected areas to ensure the continuity of life-saving maternal health services.

Harnessing Multisectoral Approaches to Address Underlying Causes

- Integrating maternal health interventions with food security and climate resilience programmes to tackle nutrition and environmental vulnerabilities.
- Strengthening collaboration between health, finance, education, agriculture, and social protection sectors to adopt a holistic approach to maternal health.

A Call to Action: Our Shared Responsibility

The success of this roadmap hinges on strong political commitment, targeted investment, and multi-sectoral collaboration. We call upon:

- Governments: i) make maternal mortality a high priority on political agenda so that it becomes a Public Health Emergency (PHE); ii) prioritize maternal health in national budgets in alignment with the 15% commitments under the Abuja Declaration, with renewed political emphasis towards strengthening healthcare systems.
- Local authorities incorporate maternal health into local governance, community financing, and development strategies.
- International partners and donors to provide sustained funding, technical expertise, and advocacy support.
- Ministries of Health to operate a paradigm shift for initiating and supporting a multisectoral and societal approach to maternal health
- Healthcare providers and midwives to ensure high-quality, compassionate, and accessible maternity care.
- Communities, religious and traditional leaders to champion social and behavioural change that upholds the rights and health of women and girls.
- The private sector and innovators to invest in digital health solutions, supply chain efficiencies, and scalable maternal health programmes.
- UNFPA to support and monitor advocacy and policy dialogue efforts to engage with the Heads of State and other senior national authorities to secure their buy-in to ensure the effective implementation of this Roadmap for the accelerated reduction of maternal mortality in their respective countries.

The cost of inaction is too high. Every delay results in avoidable deaths, shattered families, and lost potential. By scaling up effective interventions, strengthening accountability, and mobilising political will and financial resources, we can transform maternal health outcomes for the better and begin flattening the curve on the dispiriting trendline of preventable maternal deaths in the West and Central African region.

The time to act is now.

> ***"Despite the complexities of competing geopolitical priorities and financial constraints, we cannot abandon the women and girls of West and Central Africa."***
>
> **Dr. Sennen Hounton**
>
> *Director, UNFPA West and Central Africa Regional Office*

Appendices

Appendix A

Theory of Change & Results Framework for the UNFPA WCARO Roadmap on Accelerated Maternal Mortality Reduction

Theory of Change- Reduction of Maternal Mortality Ratio (MMR)

Problem		
Problem	**Public Health Problem**	Maternal mortality in West and Central Africa is unacceptably high, with a **woman dying every four minutes** due to complications of pregnancy or childbirth
	Interplay of Factors	**Systemic Issues**: Weak health systems, lack of political will and inadequate funding for health, lack of access to quality care. **Emerging Challenges:** Insecurity caused by conflicts and terrorist activity, climate change-induced disasters, and displacement of populations. **Social and Cultural Factors:** High rates of child marriage, limited access to SRH information and services, and unequal gender norm.

Solution: Theory of change	Input	Actions	Output	Outcome	Impact
	UNFPA, Donor, Partnership, Country-led, Engaging women/girls communitY	1. Scale up **protection and empowerment of adolescent girls,young women, families**, communities & societies in WCA to end preventable maternal mortality (EPMM) 2. Strengthen & scale up **Midwifery Practice** in WCA for the provision of Quality maternity Care for EPMM 3. Scaling up **multisectoral approaches in WCA** to EPMM	✓ Improved integration of SRHR & the prevention of and response to GBV & harmful practices, into UHC related policies/plan ✓ Strengthened capacity of systems, institutions and communities to provide high-quality, comprehensive SRH information and services, including supplies	✓ Annual rate of reduction of maternal mortality ✓ Proportion of women of reproductive who have their need for FP satisfied with modern methods ✓ Proportion of births attended by skilled health personnel ✓ Proportion of women who make their own informed decisions regarding sexual relations, contraceptive use & RH care	✓ Reduce MMR ✓ End preventable deaths of newborns and children < 5 ✓ Ensure universal access to SRH services & the integration of RH into national strategies ✓ Achieve UHC, including financial risk protection & access to quality essential health-care services

Mitigating risks of:	
Mitigating risks of:	**Programmatic risks:** ● Insufficient investments in strengthening physical infrastructure; ● Insufficient investments in the education of young people, mainly adolescent girls **Operational environmental risks** ● Opposition, false narratives and counter-movements to expanding SRHR services; ● Reduced domestic resources and declining levels of ODA or humanitarian assistance; ● Increased humanitarian needs due to increasingly protracted crises, including those related to conflict and climate change; ● A shrinking space for civil society action; ● Hostility to women and young people as human rights defenders or participants in social movements.

Appendix B

Process Indicators of the Roadmap at the WCA Regional Level

Key Actions	Process Indicators
1. Engage Heads of State and senior national authorities to prioritise maternal mortality as a Public Health Emergency (PHE).	• Number of countries in the WCA region where the Head of State or a senior authority has officially declared the Roadmap for the accelerated reduction of maternal mortality as a public health emergency.
2. Collaborate with Ministries of Health (MoH) to drive a paradigm shift towards a multisectoral and societal approach to maternal health.	• Number of countries where the MoH has established a multisectoral and multidisciplinary mechanism for improving maternal health (e.g., establishment of a National Task Force for accelerating the reduction of maternal mortality).
3. Engage the private sector and innovators to invest in maternal health, including digital health solutions, supply chain efficiencies, and high-impact interventions.	• Number of countries with functional mechanisms facilitating public-private partnerships for maternal health.
4. Prioritise maternal health in national budgets, aligning with the Abuja Declaration's 15% commitment and reinforcing health system strengthening.	• Number of countries with at least 15% of the national budget allocated to the health sector in line with the Abuja Declaration. • Percentage of the health sector's budget dedicated to improving maternal health services.
5. Promote integrated adolescent development through comprehensive sexuality education, livelihood and life skills education, and access to adolescent-friendly sexual and reproductive health services	• Number of countries that have developed a national strategy for the development of adolescent girls and boys.
6. Establish a Regional Pool of clinical experts (Obstetricians & Gynaecologists, Midwives, Paediatricians) to support high-quality maternal healthcare across WCA countries.	• Existence of a Regional Pool of clinical experts championing the delivery of quality maternal healthcare in WCA countries.
7. Strengthen healthcare providers and midwives to ensure high-quality, compassionate, and accessible maternity care.	• Number (and percentage) of countries where UNFPA has developed capacity for midwifery workforce policy management. • Number (and percentage) of countries where UNFPA has supported the upgrade of Emergency Obstetric and Newborn Care (EmONC) services in subnational health plans.
8. Enhance the capacity of local authorities to integrate maternal health into governance, community financing, and development strategies.	• Number of countries that have established a formal national community and societal approach to maternal health.
9. Engage communities, religious, and traditional leaders to promote social norms and behavioural change that uphold the rights and health of women and girls, including addressing child marriage, female genital mutilation (FGM), gender-based violence (GBV), and maternity care.	• Number of countries where local leaders are actively engaged in implementing maternal health initiatives at the community level.
10. Integrate key maternal health indicators into National Demographic Dividend Observatories.	• Number of countries that have incorporated maternal health data into their national Demographic Dividend Observatories.

Appendix C

SDG Target- SDG Relevant Indicators

SDG Target	SDG Relevant Indicators
3.1 (MMR): By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	3.1.1 (MMR) Maternal mortality ratio Baseline: 750 (in 2017-23)[1] Target: 70 3.1.2 Proportion of births attended by skilled health personnel Baseline: 62% (latest DHS[2], MICS[3], RH[4] in 2017-23) Target:
3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under 5 mortality to at least as low as 25 per 1,000 live births	3.2.1 Under-5 mortality rate Baseline: 88 (in 2023)[5] Target: 25 3.2.2 Neonatal mortality rate Baseline: 31 (in 2017-2023)[27,28] Target: 12
3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	3.7.1 Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods Baseline: 48% (in 2024)[6] Target: Disaggregated by age range specifically 15-24. 3.7.2 Adolescent birth rate (aged 15–19 years) per 1,000 women in that age group Baseline: 95 (in 2023)[30] Target:
3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	3.8.1 Coverage of essential health services Baseline: 50-100 (in 2021)[7] Target: 100 3.8.2 : Proportion of population with household expenditures on health greater than 10% of total household expenditure or income Baseline 11 (2018)[8]: Target:

1 World Health Organization, UNICEF, United Nations Population Fund and The World Bank, *Trends in Maternal Mortality: 2000 to 2020* WHO, Geneva, 2023.

2 ICF, The DHS Program STATcompiler. Funded by USAID. Retrieved on February 5 2025, from http://www.statcompiler.com

3 UNICEF. (n.d.). Multiple Indicator Cluster Surveys (MICS). Retrieved on February 5 2025, from https://mics.unicef.org/

4 WHO. Global Health Observatory (GHO) data repository. Births attended by skilled health personnel. Retrieved on February 5 2025, from http://apps.who.int/gho/data/view.main.GSWCAH02v

5 United Nations, Department of Economic and Social Affairs, Population Division (2024). *World Population Prospects 2024, Online Edition*.

6 United Nations Department of Economic and Social Affairs, Population Division (2024). World Contraceptive Use 2024

7 World Health Organization. (2024). Universal health coverage (UHC) service coverage index. Retrieved on February 5 2025 from https://www.who.int/data/monitoring-universal-health-coverage

8 World Health Organization. (2024). Proportion of population with large household out-of-pocket health expenditure on health. Retrieved on February 5 2025 from https://www.who.int/data/gho/indicator-metadata-registry/imr-details/4844

Appendix D

Indicators

UNFPA Strategic Plan: Indicators supporting reproductive, maternal and newborn health and well-being

Output 1: Policy and Accountability – By 2025, improved integration of sexual and reproductive health and reproductive rights, as well as the prevention of and response to gender-based violence and harmful practices, into universal health coverage-related policies and plans, and other relevant laws, policies, plans, and accountability frameworks

Indicators

Output 1.1. Proportion of countries that have integrated sexual and reproductive health and rights, as well as the prevention and response to gender-based violence and harmful practices into the universal health coverage-related policies and plans, and other relevant laws, policies, plans and accountability frameworks

Baseline: Target:

Output 1.2. Proportion of countries that increased domestic resources for sexual and reproductive health, including (and differentiated for) family planning

Baseline: 36% Target: 73%

Output 1.3. Proportion of countries where essential sexual and reproductive services are included as part of their financial protection mechanisms and/or risk pooling and/or pre-payment schemes

Baseline: Target:

Output 1.5.a Number of countries have made a national commitment to end preventable maternal deaths through a costed national action plan/s, strategy, laws, political commitment or any other mechanism

Baseline: Target:

Output 1.9. Proportion of countries that have integrated sexual and reproductive health and reproductive rights and Programme of Action of the International Conference on Population and Development priorities into the national climate policies

Baseline: Target:

Output 2: Quality of care and services – By 2025, strengthened capacity of systems, institutions and communities to provide high-quality, comprehensive sexual and reproductive health information and services, including supplies, as well as essential services to address gender-based violence and harmful practices

Indicators

Output 2.1. Proportion of countries that meet at least 75 per cent of their requirement of midwifery professionals for the sexual, reproductive, maternal, newborn and adolescent health care

Baseline: Target:

Output 2.2. Percentage of countries with national and/or subnational mechanisms for accreditation of midwife education and training institutions and their programmes in line with International Confederation of Midwives (ICM) standards

Baseline: Target:

Output 2.3. Proportion of countries where at least 50 per cent of women aged 30–49 years screened for cervical cancer at least once, or more often, and for lower or higher age groups, according to national programmes or policies

Baseline: Target:

Output 2.5. Number of countries with at least 50 per cent of the population covered by functioning emergency obstetric and newborn care health facility within two-hour travel time

Baseline: Target:

Output 2.6.a:Proportion of countries have a mechanism for getting routine, patient /client satisfaction modalities for the provision to the services related to sexual and reproductive health, including family planning, gender-based violence and harmful practices

Baseline: Target:

Output 2.8. Number of countries in which at least 50 per cent of the estimated maternal deaths are notified

Baseline: Target:

Output 2.10. Proportion of countries in which at least half of the government-led health facilities provide the comprehensive package of sexual and reproductive health

Baseline: Target:

Every Woman Every Newborn Everywhere (EWENE) coverage targets

Indicator: Four or more antenatal care contacts

National target: 90% of countries have > 70% coverage

Indicator: Early routine postnatal care (within 2 days)

National target: 90% of countries with > 60% coverage

Indicator: Proportion of women aged 15–49 who make their own informed and empowered decisions regarding sexual relations, contraceptive use, and reproductive health care (SDG 5.6.1.)

National target: 80% of countries enact legal and policy changes that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education

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