



# CHILD SURVIVAL ACTION

## Statement for the World Health Assembly 2025

### Wake Up Call for Child Survival

22 May 2025



***The annual rate of reduction in mortality in children under 5 years from 2015–22 was only about half that achieved from 2000–15.(1)***

The publication of the 2025 report of the Lancet Countdown to 2030 for women's, children's, and adolescents' health is a wake-up call for all organizations working to reduce child deaths and achieve Sustainable Development Goal (SDG) target 3.2 by 2030.

The report, published in The Lancet on 10 April 2025, concludes that there has been a “notable slowdown” in how quickly child deaths are falling each year, and that our current rate of progress is well short of the pace needed to achieve the SDG target by 2030.

The authors cite declining economic growth, rising debt servicing burdens, and flat or declining domestic health expenditures as contributing to the slowdown in child survival progress.

Foreign aid cuts are creating even more challenges. A recent modeling study found that cessation of US funding could reverse the long trend of decline in child deaths with an increase in the child mortality rate of 23% and an additional 7.9 million child deaths by 2040.

Despite these headwinds, The Lancet authors conclude that acceleration in reducing child deaths is possible, citing the major gains that were achieved in the second half of the Millennium Development Goal period (2010–15), but only if governments, global health agencies, academics, and civil society align on five core strategies:

1

**An “explicit focus” on sub-Saharan Africa**

2

**Stronger health systems for women and children**

3

**Special safeguards for women and children living in crises**

4

**Improvements in monitoring and accountability**

5

**Revitalisation of women's and children's health governance**



***A large gap between sub-Saharan Africa, especially West and Central Africa, and other parts of the world persists for many indicators, necessitating further prioritisation of this region.(1)***

1

## An “explicit focus” on sub-Saharan Africa

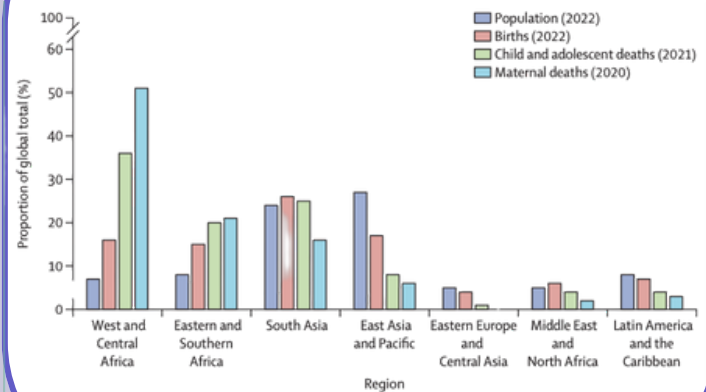
The report makes a strong case for child survival efforts to focus on sub-Saharan Africa, citing the continent’s high fertility, rapid urbanization, negative economic growth (–0.4% between 2016 and 2022), higher levels of public debt servicing, lower rates of high school completion (28%), higher child marriage rates (33%), and greater exposure to armed conflict as contributing factors to the continent’s high child mortality.

The authors single out the West and Central African region where maternal and child deaths are now highly concentrated. The region is home to 16% of all births in the world but almost 40% of all child and adolescent deaths.(Figure 1) They also draw attention to the high percentage of these deaths that are among children aged 1–59 months in West and Central Africa – 43%.(Figure 2)

The report shines a light onto a substantial slowing in reducing 1–59 month deaths across Eastern and Southern Africa. The average annual rate of reduction dropped from 6.3% between 2000 and 2015 to 4.4% between 2016 and 2022.

As a result, the authors call for a “major initiative” led by African regional institutions and countries with strong global support to get Africa back on track for SDG 3.2.

**Figure 1: Population, births, and deaths, by region**



Source: Amazou, A, et al. The Lancet, 2025

## Stronger health systems for women and children

2

The report finds that despite progress, coverage of the 10 health interventions that are most effective at reducing child deaths is still too low to achieve the SDGs. These interventions target the three leading killers of children aged 1–59 months (pneumonia, malaria, and diarrhea) and the leading risk factor for death (malnutrition).

They include vaccines and medicines for pneumonia and diarrhea, bed nets and diagnostic tests for malaria, and breastfeeding and Vitamin A supplements. No intervention has achieved 90% coverage.



***We need better health, education, and social protection services for women, children, and adolescents in countries affected by economic downturns, debt servicing, and disasters related to conflict, environmental change, and epidemics.(1)***

While the pace of decline in annual diarrhea deaths among 1-59 month children has remained strong (5%), progress reducing pneumonia deaths has slowed substantially since 2015, and shockingly, child malaria deaths have actually increased. Also of great concern, the prevalence of wasting in children has changed little and remained at 6.8% in 2022, more than double the global target of 3% by 2030.

### 3

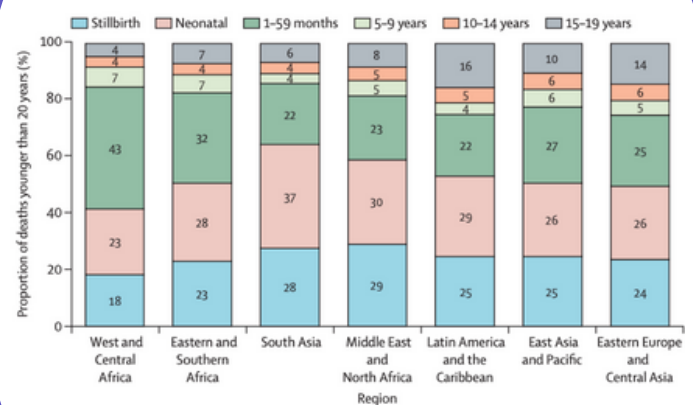
#### Special safeguards for women and children in crises

The report documents the dramatic rise in the number of women and children uprooted by conflict – from 46.3 million in 2015 to 80.7 million in 2023 (Figure 3). Alarming, 327 million women and 507 million children now live near conflict zones, a 29% increase for women and a 24% increase for children since 2015.

Further, the authors also note rising evidence of “diminishing benefits” to urban living as a substantial proportion of urban dwellers in low-income countries reside in informal settlements and slums with high child mortality.

For many of these communities in crisis, healthcare costs must still be paid out-of-pocket. The report found that despite the focus on Universal Health Coverage (UHC) the decline in out-of-pocket expenditure as a share of total current health expenditure was slow in all country income groups.

**Figure 2: Deaths by age and region**



Source: Amazou, A, et al. The Lancet, 2025

#### Improvements in monitoring and accountability

### 4

The report calls for a “reinvigoration” of accountability with new independent analyses to supplement current UN processes, which often rely on government self-reporting. The authors recommend a “major Africa-led monitoring and review initiative” which would invest in health information systems innovations, such as remote data collection, and strengthen continuous maternal and perinatal death surveillance and response systems to more reliably monitor institutional and community mortality. Health information should routinely be disaggregated by gender, place of residence, socioeconomic position, ethnicity, and other relevant equity dimensions.



***Our analysis suggests that the impact of the US funding cuts would reverse the substantial progress made over the last 15 years. Children would be especially hard hit with 8 million additional deaths by 2040.(2)***

## 5

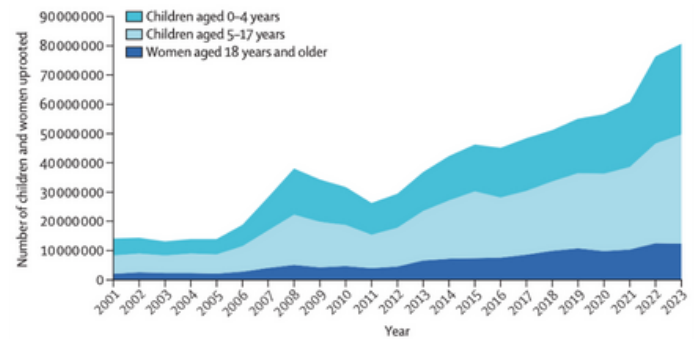
### Revitalise women's and children's health governance

The authors save their most scathing criticism to last, arguing that the dismantling of the UN Secretary-General, Ban Ki-moon's, Every Woman, Every Child initiative in 2017 has contributed to underfunded coordination platforms, fragmentation of the community, and less collaboration on supporting the full continuum of care. This decline in the global priority for women's and children's health since 2016 now threatens a decade and a half of unprecedented progress.

The report contrasts the relatively small amounts of funding from The Global Financing Facility (GFF) for women's and children's health in comparison to The Global Fund and Gavi, the Vaccine Alliance. They also cite external factors – competing priorities, constricted fiscal space, and declining multilateralism – as all contributing to the decline.

They call for a revitalization of women's, children's, and adolescents' health so that it remains at the core of health and development agendas. This will require an enhanced global coordination mechanism and compelling ideas with “mobilizing power” and “persuasive framing” to inspire collective action. They recommend greater alignment with the UHC and non-communicable disease (NCD) agendas.

**Figure 3: Women and children displaced by conflict**



Source: Amazou, A, et al. The Lancet, 2025

### Wake up call for child survival

Five years out from the SDG deadline, the milestone Countdown to 2030 Report for Women's, Children's, and Adolescent's Health is a clarion call to renew efforts to reduce child deaths and makes the most compelling case for a revitalized agenda with five priorities.

*The Child Survival Action movement applauds the report and endorses the call, and pledges to work with unprecedented levels of commitment and coordination to implement its recommendations.*



*It is time for a bold new continental movement that redefines our approach to child survival in Africa, heightening the level of urgency and seeing governments take back the child survival agenda and making it their own.*

**Dr Austin Demby, Minister for Health, Sierra Leone**

## What is Child Survival Action?

Child Survival Action focuses on accelerating reductions in deaths among children aged 1-59 months in the 60 countries that are off-track to achieve SDG 3.2.

It advocates a razor focus on increasing coverage of the interventions most effective at preventing, diagnosing, and treating the leading causes of child death in these countries.

It works alongside efforts to reduce deaths among newborns 0-1 month to strengthen the continuum of care and ensure that all children survive to five.

Child Survival Action is a special initiative of the Child Health Task Force, which includes the Global Financing Facility (GFF), John Snow Inc (JSI), Save the Children, UNICEF, and WHO. Three action teams – Country Engagement, Advocacy, and Results Framework/Accountability – drive the work.

Explore our other publications at <https://www.childhealthtaskforce.org/hubs/child-survival-action>

- What is Child Survival Action?
- Nutrition for Growth Statement
- World Immunization Week Statement

# JOIN US!

**@ChildHealthTF**

**#ChildSurvivalAction**

## Endnotes

1. Amazou, A. et al. The 2025 report of the Lancet Countdown to 2030 for women's, children's, and adolescents' health: tracking progress on health and nutrition, The Lancet, 2025.
2. Stover J, et al. The Effects of Reductions in United States Foreign Assistance on Global Health, Preprint, available from [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=5199076](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=5199076), 025.

*The Countdown 2030 report uses data on child mortality from United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), Levels & Trends in Child Mortality: Report 2023, United Nations Children's Fund, New York, 2024.*