Women, Children, and Adolescent Health in the ECSA Region: Progress, Challenges, and the Way Forward, as per the HMC Resolutions

Background

Reproductive, Maternal, Newborn Child, and Adolescent Health (RMNCAH) is a key component of Sustainable Development Goal (SDG) 3, which aims to improve health outcomes across the life course, from newborns and children to women before and during pregnancy[1]. It links reduction in maternal mortality rates, preventing newborn death, and champions for accessible, available, and affordable adolescent, sexual, and reproductive health rights. Most countries in the Sub-Saharan Africa (SSA) region have made commitments to implement strategies towards improving RMNCAH in their countries. Despite this, the progress the countries are making is still inadequate, with a lot of unmet goals. To address this gap, the East, Central, and Southern Africa Health Community (ECSA-HC) has committed itself to ensuring this becomes a reality through the high-level ministerial health conferences resolutions (ECSA/HMC71/R3, ECSA/HMC73/R5, ECSA/HMC74/R2, 2021-2025), aimed at influencing national policies, resource mobilization and accelerate existing RMNCAH interventions[2–4].

In addition, ECSA-HC resolutions called for acceleration of country-level implementation strategies, including the establishment of an electronic maternal perinatal surveillance response (eMPDSR), integration of violence against children (VAC) indicators in the District Health Information System (DHIS2), and creation of a one-stop center for survivors of violence. While political commitment is evident among most of the ECSA member states and other SSA countries, persistent barriers, including inadequate domestic funding, workforce attrition, and uneven data use, continue to hinder full implementation, thereby delaying universal health coverage.

This article analyzes the most recent progress made by ECSA-HC member states, as presented in the HMC Resolution Progress on RMNCAH held on 3rd to 5th February 2026 during the Health Minister Conference held at Ezulwini, Eswatini. Below are the key themes presented in the conference:

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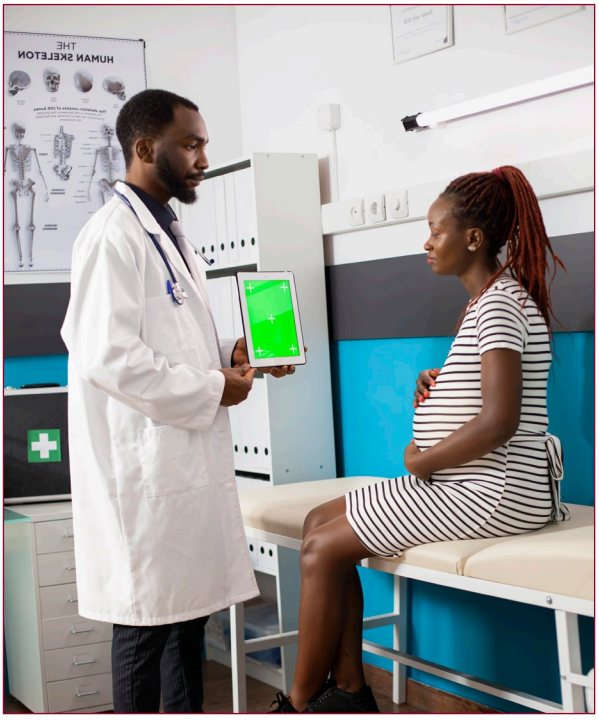

Doctor working on a pregnant woman

Strengthening Policy Frameworks and Multi-sectoral Coordination

Resolution-driven policy harmonization

The ECSA member states have updated their national RMNCAH strategies to align with the HMC resolutions, which place greater emphasis on gender responsiveness and adolescent health components[2]. Task groups among ECSA member states now operate across health, education, nutrition, and social protection sectors, facilitating joint review mechanisms and pooled financing arrangements that improve accountability and resource mobilization. Findings that have been corroborated by other studies, which show that harmonization of RMNCAH policies improves collaboration, research, and helps in comparisons of countries' progress.

One-Stop centers for survivors of violence

A notable achievement is the establishment of one-stop centers that provide medical, psychological, and legal services for survivors of gender-based violence and violence against children. These centers have improved the referral coordination between health facilities,

Lady Doctor at a clinic

social welfare services, and law enforcement agencies. Establishment of the OSC has been reported to improve multisectoral collaboration, accessibility, acceptability, and availability of essential services needed by victims of sexual violence, among countries in Low- and Middle-Income Countries (LMICS). Collectively, these interventions implement the HMC resolutions that call for gender inclusiveness and address key social determinants of health.

Data-driven decision-making

The integration of Violence Against Children (VAC) indicators into District Health Information Software 2 (DHIS2) and national surveys has institutionalized routine data collection at national and sub-national levels, enabling evidence-based policy adjustments. The system supports systematic recording, reporting, and tracking of child protection cases collected from stakeholders, as corroborated by Analytic capacity needs to be strengthened so that interventions can reach marginalized populations, as data use remains uneven. Failure of data utilization to assess the impact of VAC is linked to exacerbation and overlooking of VAC within the communities.

Expanding Service Coverage and Quality

Maternal and Perinatal Care through digital innovation

The rollout of electronic Maternal and Perinatal Death Surveillance and Response (MPDSR) systems has improved reporting of maternal and perinatal deaths, fostering rapid feedback loops to frontline providers. These sessions allow practitioners to share best practices and learn how best to prevent avoidable maternal and perinatal deaths. In return, this creates accountability and is used for monitoring progress in the reduction of maternal and perinatal deaths to meet the WHO target.

Digital training modules for Emergency Obstetric and Newborn Care (EmONC), Safe Birth Bundle of Care (SBBC) have been deployed, yet commodity shortages and staff turnover limit their full impact. ECSA, through its colleges, the College of Obstetricians and Gynecologists (ECSACOG) and the College of Nurses and Midwives (ECSACONM), conducts webinars and collaborates with ministries of health in making curricula used in digital training models[5].

Integration of Sexual and Reproductive Health (SRH) services into emergency preparedness plans allows for SRH needs to be accounted for in times of emergencies. To maximize impact, the region must standardize data quality protocols and invest in local data-science expertise. ECSA is taking the lead on integrating SRH with Emergency preparedness programs through the Multiphasic Approach (MPA) program, funded by the World Bank, headed by a gender specialist.

Child Health Interventions

Scaling of proven community-of-practice models for midwives and task-sharing for emergency obstetric care has increased service reach, but workforce gaps persist, especially in rural settings, findings that have also been reported by[6]. Member states have communities of practice that share best practices, and through South-to-South cooperation headed by ECSA-HC.

Immunization campaigns continue to achieve high coverage, yet the integration of child protection legislation into health protocols remains uneven, particularly on the age of consent in some countries. According to a systematic review, most SSA countries still grapple with the challenges of low vaccination due to a lack of parental knowledge and trust. Campaigns and creation of awareness are being done relentlessly by stakeholders to ensure that the age of consent is changed in all countries, which will allow children to have access to education and make informed decisions.

Adolescent Health and SRH

Adolescent and Youth SRH (AYSRH) knowledge packages are now mainstreamed into training curricula, and gender-inclusive curricula are being rolled out in secondary schools. Despite these advances, cultural

barriers and limited adolescent-friendly service points hinder uptake, underscoring the need for targeted community outreach. For example, in Kenya, young people reported a complex of individual factors (e.g., fear, shame), health system (e.g., healthcare workers), and societal factors (e.g., literacy) as key barriers to uptake of AYSRH services[7].

In demonstrating its commitment to advancing AYSRH, the East, Central, and Southern Africa Health Community (ECSA-HC) hosted the first Regional Youth Summit on the Demographic Dividend and SRH on the 30th -31st January 2026. The summit brought together youth leaders, policymakers, donors, and development partners to foster a shared understanding and a unified voice on the SRH challenges affecting adolescents and young people across the region.

Midterm and End-of-Term Review

Periodic midterm reviews are conducted to assess the level of resolution uptake by member states, identifying lagging indicators and providing technical support to countries falling behind on RMNCAH targets. The end-of-term reviews serve to inform the next cycle of HMC resolutions, ensuring a continuous loop of accountability. ECSA-HC has a monitoring and evaluation focal person in every member state who fills in an M/E tool to report on the progress of resolutions agreed on during the previous health ministers' conference.

Addressing Persistent Barriers to Universal Health Coverage

Financing gaps

Domestic health financing remains insufficient, especially with the changes in the funding landscape and most health programs being donor-funded, leading to donor dependency and unsustainable programs. The resolutions call for closing these gaps through innovative health financing mechanisms such as the Thanzi Model, implemented by some ECSA member states. The Thanzi Model is a customizable tool for country-specific needs that enables countries to utilize their own resources for sustainable financing in the health sector[8].

Workforce attrition and coordination

High staff turnover, especially among mid-level clinicians, undermines continuity of care. Strengthening health workforce planning, offering retention incentives, and improving inter-sectoral coordination are identified as priority actions. The East, Central, and Southern Africa health community, through its College of Health Sciences (CHS), is working towards bridging this gap by training healthcare workers in their work areas through its colleges in the region[9].

Social determinants and equity

Violence, early marriage, and food insecurity disproportionately affect women, children, and adolescents in marginalized communities. The Health Minister's resolutions emphasize that multisectoral platforms link health services with education, nutrition, and social protection programs to address these determinants holistically. To make this a reality, the ECSA-HC, in collaboration with the African Union Development Agency (AUDA-NEPAD), is heading a social protection program within the region that ensures that social determinants and equity are met[10].

Monitoring Progress and Accountability

Indicators and dashboards

The presentation made during the health ministers conference (HMC) used a set of RMNCAH indicators, such as maternal mortality ratio, under-five mortality rate, adolescent birth rate, and prevalence of gender-based violence, that are tracked quarterly through national dashboards.

Conclusion

The ECSA region has made measurable strides in aligning national RMNCAH policies with the HMC resolutions, particularly through the establishment of One-Stop centers, digital health innovations, and gender-responsive frameworks. However, financing shortfalls, workforce attrition, and uneven data utilization continue to impede the achievement of UHC for women, children, and adolescents. Closing these gaps will require sustained political commitment, innovative financing, strengthened multisectoral collaboration, and investment in digital infrastructure and human capital. By consolidating data-driven decision-making with community-centered service delivery, ECSA can accelerate progress toward equitable health outcomes for its most vulnerable populations and, in turn, universal health coverage.

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