# HIGH-LEVEL COMMUNIQUÉ

*Ending Preventable Maternal, Newborn and Child Deaths: Africa's Health Sovereignty Imperative*

High-Level Heads of State and Government Side Event on the Margins of the 81st Session of the United Nations General Assembly (UNGA81)

**New York · 23 September 2026**

We, Heads of State and Government and high-level representatives of African Union Member States, Africa Union Commission, Africa Centres for Disease Control and Prevention, and representative from development partners, participating in the High-Level Side Event organized under the leadership of H.E. Dr Samia Suluhu Hassan, President of the United Republic of Tanzania and African Union Champion for Maternal and Child Health;

**RECALLING** Decision AU/Dec.25(XXXIX) of the 39th Ordinary Session of the Assembly of the African Union, February 2026, appointing H.E. Dr Samia Suluhu Hassan as African Union Champion for Maternal and Child Health, and thereby elevating maternal, newborn, child and adolescent health from a technical concern to the highest level of the continent's political and development agenda;

**RECALLING FURTHER** the African Union Agenda 2063, particularly Aspiration 1 and Goal 3 on healthy and well-nourished citizens; the AU Health Roadmap to 2030 and Beyond; the Africa Health Security and Sovereignty (AHSS) Agenda; the Revised Maputo Plan of Action; CARMMA-Plus; and the Continental Immunisation Strategy, within which the Three Zeros — Zero Home Delivery, Zero Preventable Maternal and Newborn Deaths, and Zero Unvaccinated Children, constitute a shared political commitment for accelerated action;

**DEEPLY CONCERNED** that Africa continues to account for nearly 70 per cent of the world's maternal deaths and almost two-thirds (62 per cent) of all under-five deaths, nearly half of global stillbirths and more than half of the world's zero-dose children, while the majority of African Union Member States remain off track to achieve SDG 3.1 and SDG 3.2 by 2030;

**NOTING** the findings of the Africa CDC continental assessment of RMNCAH policy, financing and service-delivery data across all 55 African Union Member States, the most complete continental picture of this crisis ever assembled, as set out in Africa CDC's report on the Causes and Drivers of Maternal and Child Mortality, which demonstrate that the principal challenge confronting Africa today is no longer a lack of known, effective and affordable solutions, but the failure of health systems to deliver them reliably, equitably and at scale;

**FURTHER NOTING WITH CONCERN** that inadequate domestic financing, declining official development assistance, constrained fiscal space and fragmented financing, compounded by the weak translation of national priorities into timely budget allocations, disbursements and frontline delivery, continue to undermine sustainable and equitable coverage of essential health services, particularly for women, newborns, children and adolescents in high-burden, underserved, fragile and hard-to-reach settings;

**AFFIRMING** that reproductive, maternal, newborn, child and adolescent health is a defining test of Africa's health sovereignty, human capital and sustainable development; that health sovereignty must ultimately be measured by what every African woman, newborn, child and adolescent can reliably receive in timely, quality care; and that progress towards the Three Zeros will deliver both stronger human capital today and more resilient and sovereign health systems tomorrow;

**AFFIRMING FURTHER** that advancing maternal, newborn and child survival must also reflect Africa's vision for a reformed global health architecture under the AHSS Agenda, in which Member States exercise greater ownership of their health priorities, African institutions play a stronger coordinating and enabling role, and global institutions and partners align their financing and support behind nationally and continentally determined priorities;

In direct response to the objectives set for this High-Level Side Event — to elevate the silent emergency of preventable maternal, newborn and child deaths, mobilize concrete country-led action, and galvanise aligned partnership behind the AU Champion Roadmap on RMNCAH — we, the Heads of State and Government and high-level representatives of African Union Member States, commit to:

I. **Elevate and sustain political attention on the silent emergency of preventable maternal and child deaths.** We commit to keeping preventable reproductive, maternal, newborn, child and adolescent health, including the Three Zeros, as a standing, non-negotiable priority on national and continental agendas; to use validated evidence our own countries generated through this continental assessment and performance data to identify inequities and bottlenecks; and to ensure that preventable maternal and newborn deaths trigger review, corrective action and follow-up.

II. **Mobilise concrete, country-led and domestically financed action towards the Three Zeros.** We commit to translate political attention into concrete and measurable delivery by progressively increasing and sustaining domestic financing; improving budget prioritisation, execution and accountability; complementing domestic resources with aligned external financing; investing in country-owned, implementation-ready RMNCAH plans; and transforming primary health care as the principal delivery platform for equitable, integrated and quality reproductive, maternal, newborn, child and adolescent health services, including strong community health systems, referral networks and emergency care.

III. **Consistent with the principle that Member States lead, African institutions coordinate and enable, and partners align and support, galvanize and align partners behind national priorities, with clear accountability.** We commit to mobilize complementary partner resources and technical assistance behind country-owned plans and systems; to reduce fragmentation and parallel implementation; and to track commitments, financing, service readiness and results through national mechanisms and the Continental RMNCAH Scorecard and Dashboard, with unresolved barriers elevated for technical or political action.

IV. **Report and be held accountable at the highest political level.** We commit to report annually to the African Union Assembly, through appropriate channels, on national progress towards the Three Zeros, using the Continental RMNCAH Scorecard and Dashboard; and to convene a biennial Heads of State review, chaired by the African Union Champion for Maternal and Child Health, to assess collective progress, identify persisting bottlenecks and adjust the continental response.

We call upon our partners — WHO, UNFPA, UNICEF, Gavi, STBF, the Gates Foundation, the Global Fund, KCA, GLN, PMNCAH, and all present and future partners — to align behind this continental agenda and to:

V. **Align financing, technical assistance and innovation** behind country-owned, implementation-ready RMNCAH priorities, national budgets, delivery systems and subnational needs, rather than parallel or fragmented initiatives;

VI. **Provide predictable, flexible and long-term resources** that complement and strengthen sustainable domestic financing, improve financial protection and translate commitments into timely financing and effective frontline delivery;

VII. **Strengthen Africa's delivery and health-sovereignty capabilities**, including workforce and community systems, referral and service readiness, digital transformation, product security, pooled procurement and access to quality African-manufactured RMNCAH products through relevant continental mechanisms, including the African Pooled Procurement Mechanism (APPM), the Platform for Harmonized African Health Products Manufacturing (PHAHM), the African Medicines Agency (AMA) and, as relevant, the Africa Vaccine Manufacturing Accelerator (AVMA);

VIII. **Strengthen national data, mortality surveillance, monitoring and accountability systems**, including Maternal and Perinatal Death Surveillance and Response (MPDSR) and country use of the Continental RMNCAH Scorecard and Dashboard, while using existing country platforms and avoiding additional parallel reporting burdens.

We therefore reaffirm our collective determination to make preventable maternal, newborn and child deaths exceptional across Africa; to translate the Three Zeros from political commitments into measurable results for every community; and to make the survival and wellbeing of Africa's women and children a defining measure of our continent's health sovereignty.

Adopted in New York, on this 23rd day of September 2026.

**ENDORSED BY REPRESENTATIVES OF AFRICAN UNION MEMBER STATES:** Algeria; Angola; Benin; Botswana; Burundi; Cabo Verde; Central African Republic; Chad; Comoros; Côte d'Ivoire; Djibouti; DR Congo; Egypt; Equatorial Guinea; Eswatini; Ethiopia; Gabon; The Gambia; Ghana; Guinea; Guinea-Bissau; Kenya; Lesotho; Liberia; Libya; Madagascar; Malawi; Mozambique; Namibia; Nigeria; Rwanda; Senegal; Seychelles; Sierra Leone; Somalia; South Africa; South Sudan; Sudan; Tanzania; Togo; Uganda; Zambia; Zimbabwe.

**ENDORSED BY REPRESENTATIVES OF AFRICAN UNION ORGANS AND REGIONAL ECONOMIC COMMUNITIES:** Africa Union Commission; Africa CDC, RECs

**WITNESSED BY OUR PARTNERS:** UN & Multilateral Institutions: UNFPA, UNICEF, WHO; Global Health Financing & Delivery Institutions: Gavi, Global Fund; Philanthropic & Financing Partners: STBF,.Gates Foundation, KCA; Global Leadership & Partnership Platforms: GLN, PMNCH