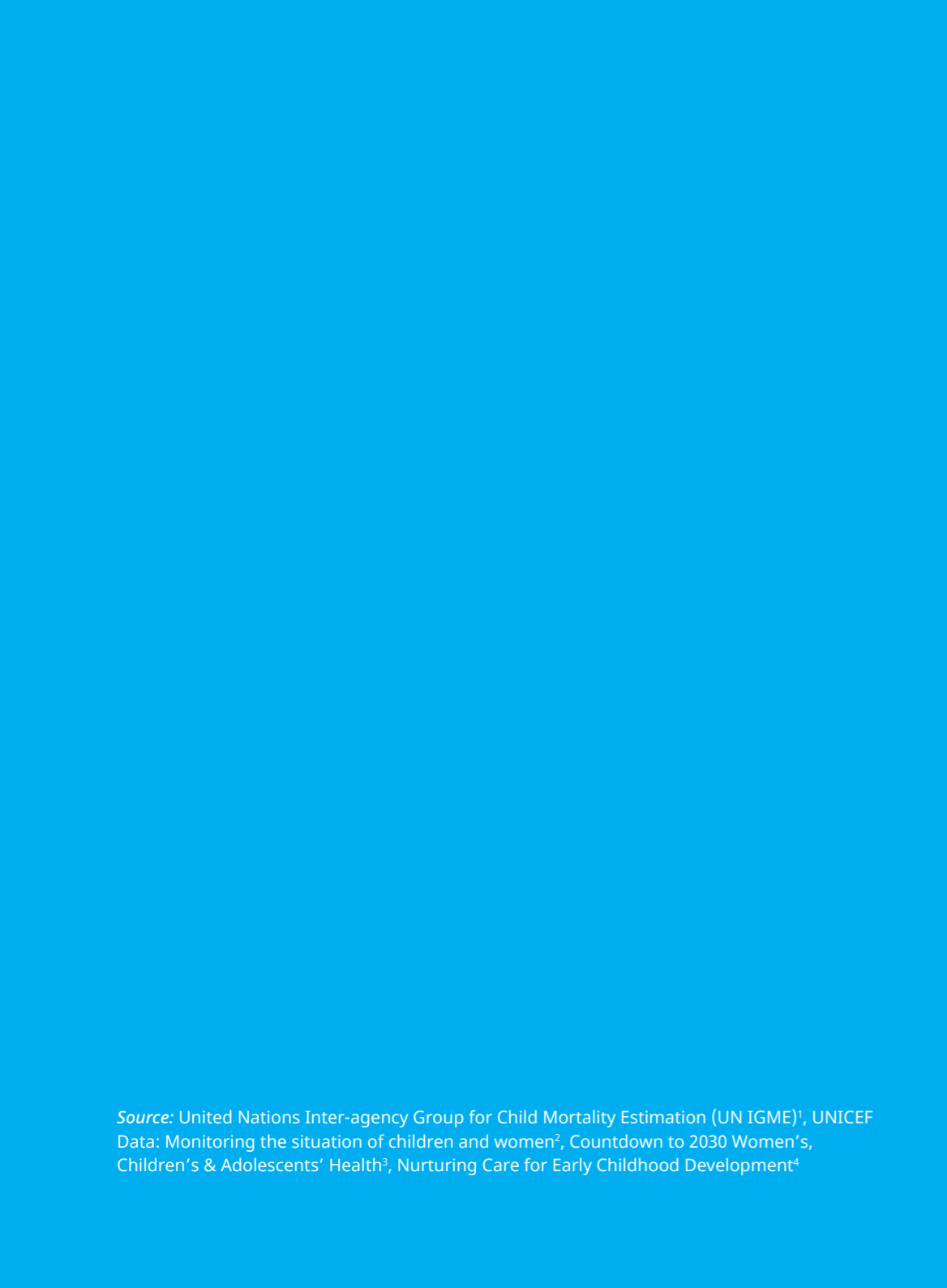


Maternal, Newborn and Child Health

Regional snapshot:
West and Central Africa Region (WCAR) 2025



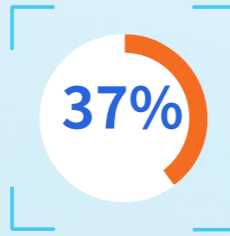
Source: United Nations Inter-agency Group for Child Mortality Estimation (UN IGME)¹, UNICEF Data: Monitoring the situation of children and women², Countdown to 2030 Women's, Children's & Adolescents' Health³, Nurturing Care for Early Childhood Development⁴

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The latest United Nations Inter-agency Group for Child Mortality Estimation estimated the number of deaths of children under the age of five in the West and Central African Region (WCAR) as **1.78 million in 2023**.

This **number has fallen** considerably over the last two decades, from 2,249,062 deaths recorded in 2000 to **1,776,731 deaths in 2023**, indicating a reduction of approximately 21%. (Fig.1).



Despite this reduction, deaths in WCAR still account for almost **40% of the total child deaths worldwide**.

Furthermore, the region had the highest under-five mortality rate (U5MR) of **86 per 1,000 live births**, despite a reduction in the U5MR of almost half (Fig.2). This implies that **1 in 12 children died** in the WCAR compared with 1 in 27 children worldwide.



Additionally, the region recorded nearly **630,000 newborn deaths**, increasing slightly comparing to the one in 2000 (Fig.3). The WCAR has the second-highest number of newborn deaths worldwide after South Asia, accounting for **27% of all newborn deaths globally**.



In terms of neonatal mortality rate (NMR), the WCAR has the highest rate worldwide, with **29 per 1,000 live births** (Fig.4). **One in 33 newborns died** in the region, compared with one in 58 newborns worldwide.

Figure 1. Number of under-five deaths, by region, 2000-2023

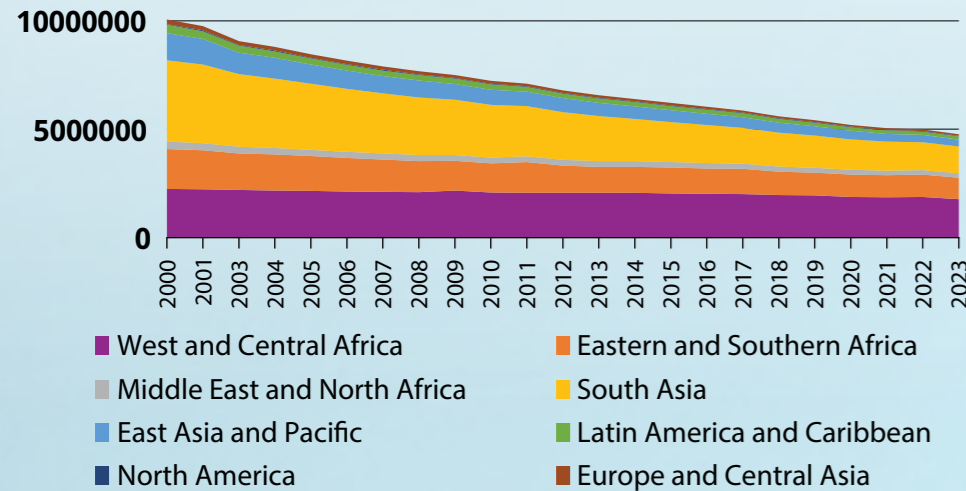


Figure 2. Under-five mortality rate, by region and world, 2000-2023

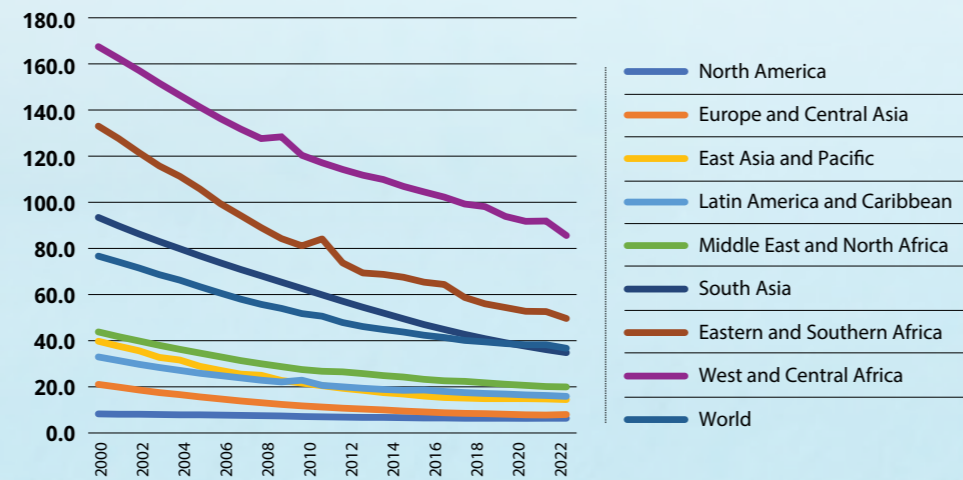


Figure 3. Number of neonatal deaths, by region, 2000-2023

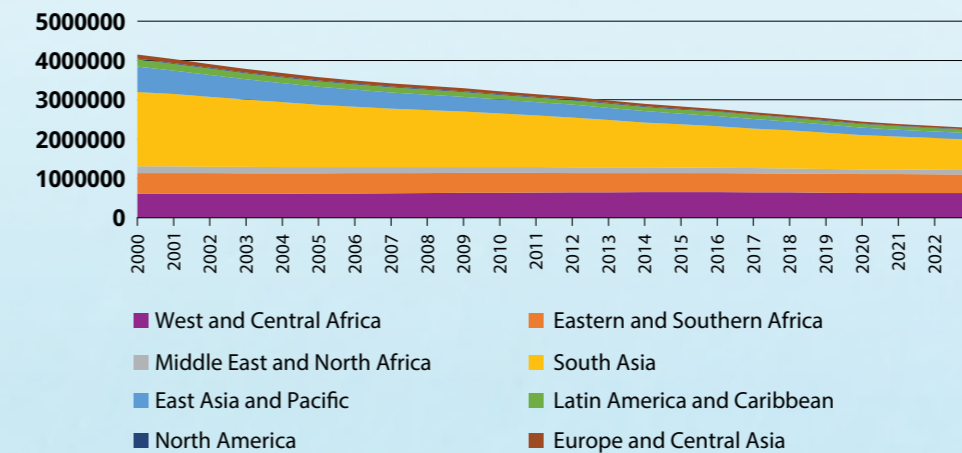
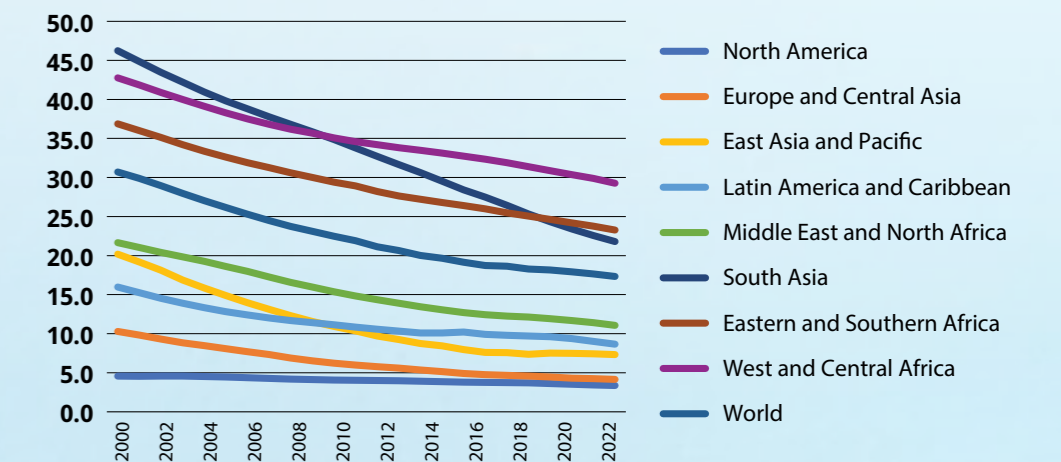
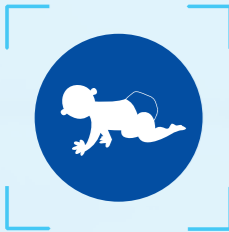


Figure 4. Neonatal mortality rate, by region and world, 2000-2023

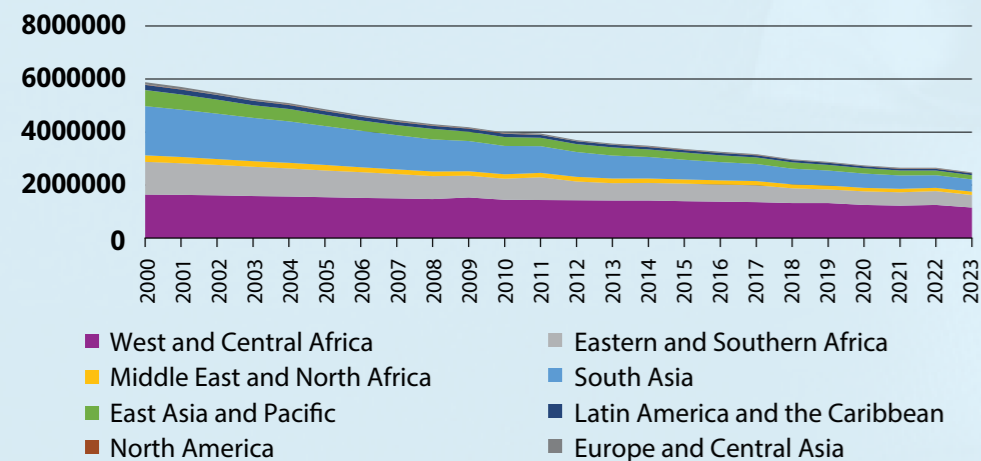


¹ CME Info - Child Mortality Estimates and UNIGME-2024-Child-Mortality-Report.pdf United Nations Inter-agency Group for Child Mortality Estimation and Levels & Trends in Child Mortality Report 2024. Accessed in May 2025.
² Countdown 2030 – Maternal, Newborn & Child Health Data – Countdown to 2030. Accessed in May 2025.
³ Early Childhood Development Profiles – Countdown 2030. in May 2025.
⁴ Countdown 2030 – Maternal, Newborn & Child Health Data – Countdown to 2030. Accessed in May 2025.



The number of deaths among children aged 1-59 months is estimated as 1.2 million in 2023. This number has fallen by 30% from 1,642,025 deaths recorded in 2000 to **1,150,415 deaths in 2023 (Fig.5).**

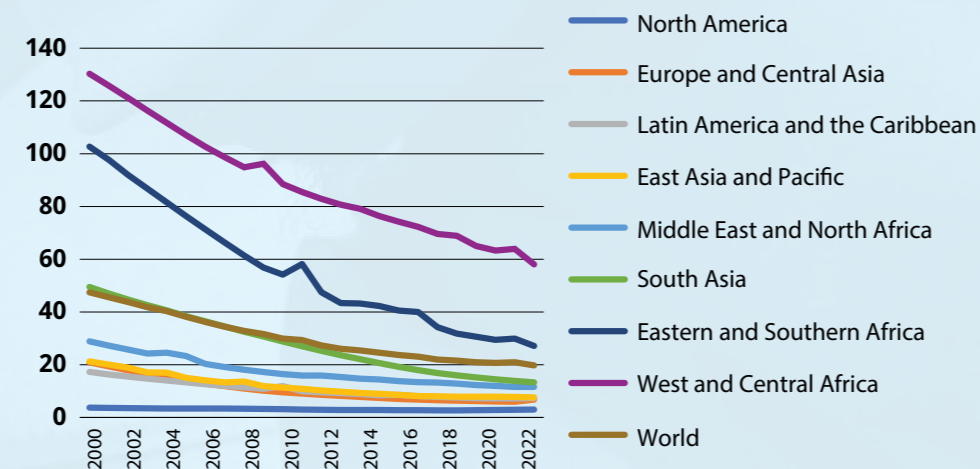
Figure 5. Number of deaths among children aged 1-59 months, by region, 2000-2023



Despite this reduction, deaths in WCAR still account for **46% of the total deaths of children aged 1-59 months worldwide.**

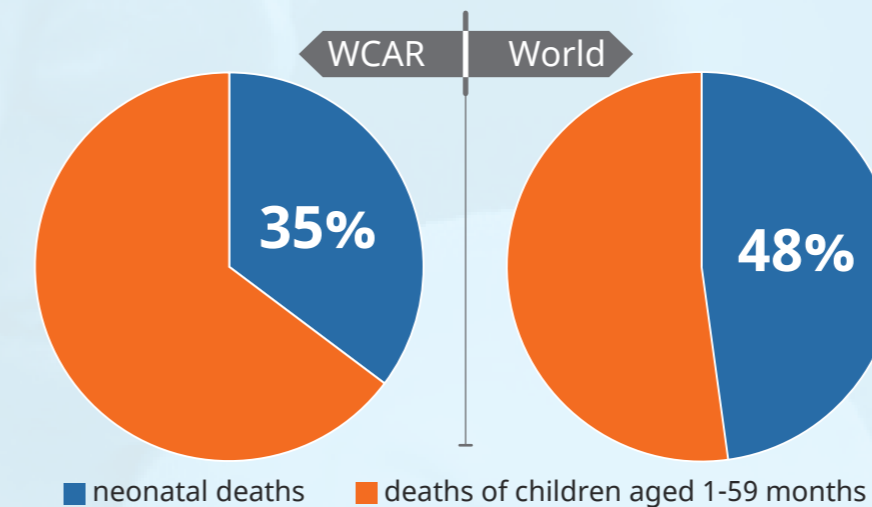
The region had the highest mortality rate of children aged 1-59 months (MR 1-59) of **58 per 1,000 children aged 28 days** while reducing more than half comparing to the one in 2000 (Fig.6).

Figure 6. Mortality rate among children aged 1-59 months, by region and world, 2000-2023



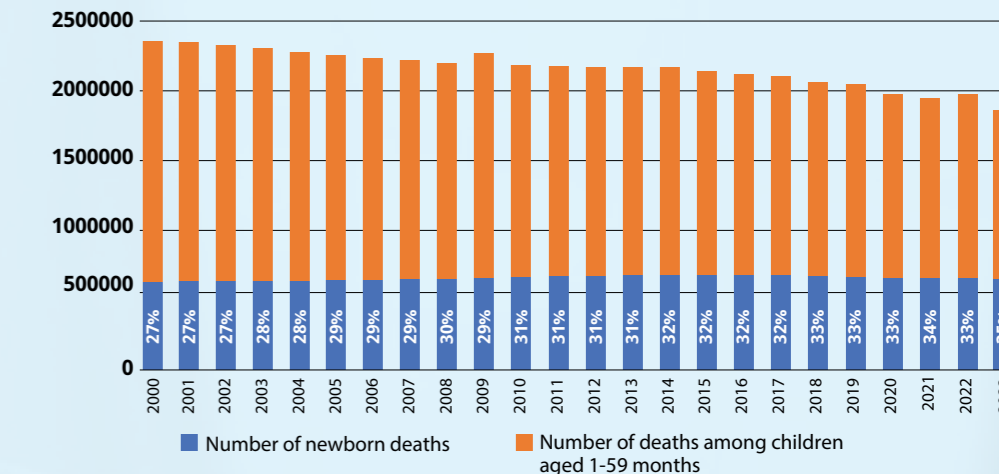
Newborn deaths account for 35% of all deaths of children under the age of five in the WCAR, while the proportion of newborn deaths accounts for 48% worldwide (Fig.7).

Figure 7. Proportion of deaths among under-five deaths in the WCAR and globally, 2023



In general, the proportion of neonatal deaths among under-five deaths tends to increase as countries decrease under-five mortality; however, this proportion **has not changed substantially** in the WCAR over the last decade (Fig.8).

Figure 8. Trends of proportion of child deaths, by age group in WCAR, 2000-2023



The highest numbers of deaths among under-five children, children aged 1-59 months and newborn infants were recorded in Nigeria, the Democratic Republic of Congo (DRC), and Niger (67% of under-five deaths, 64% of newborn deaths and 69% of deaths of children aged 1-59 months were from these three countries) (Fig.9, 10 & 11).

Figure 9. Number of under-five deaths, by country, 2023

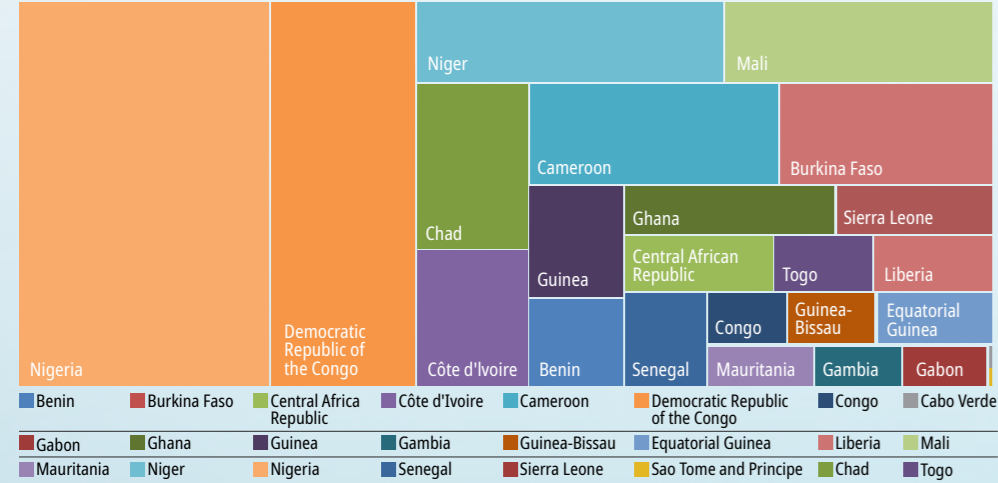


Figure 10. Number of neonatal deaths, by country, 2023

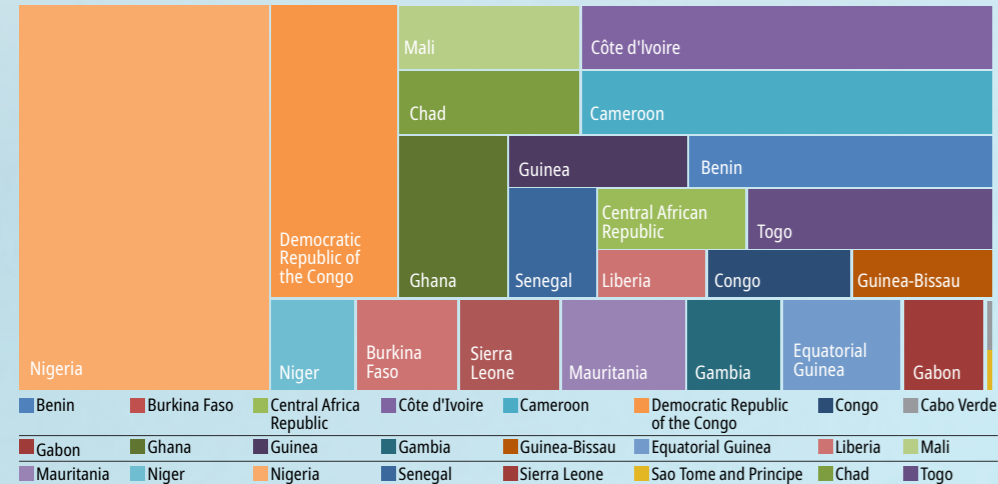
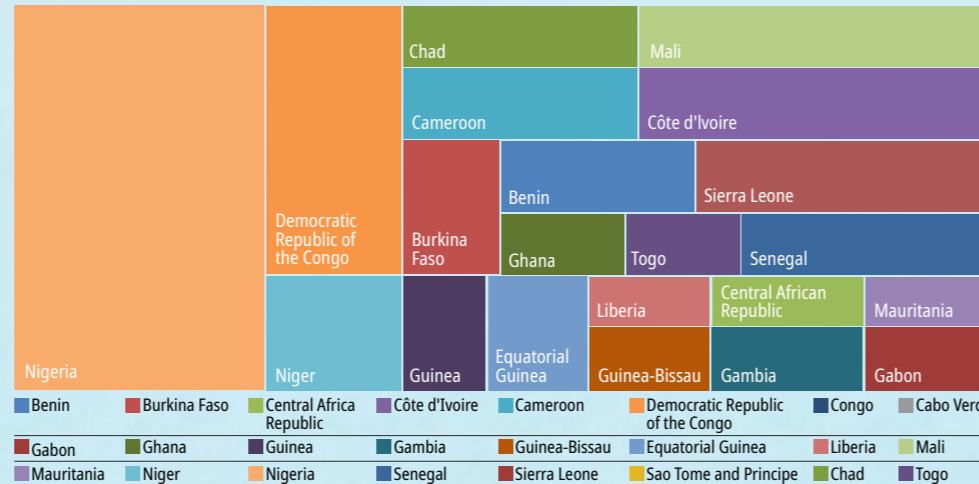
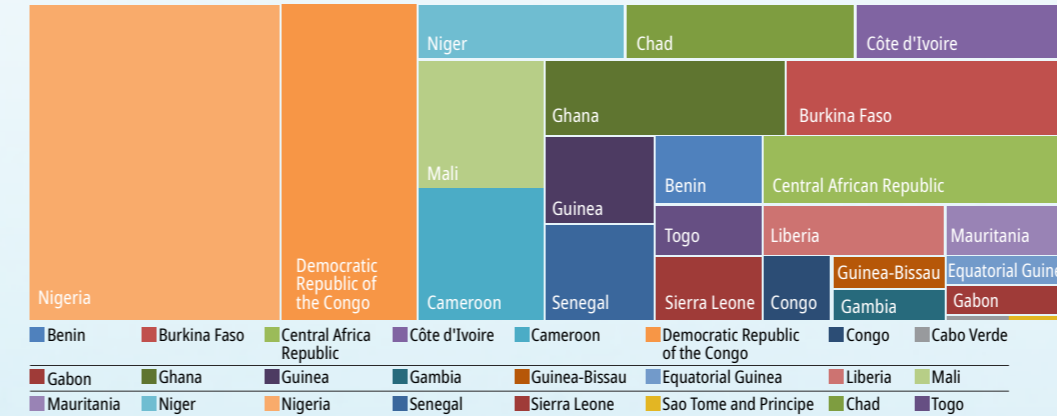


Figure 11. Number of deaths of children aged 1-59 months, by country, 2023



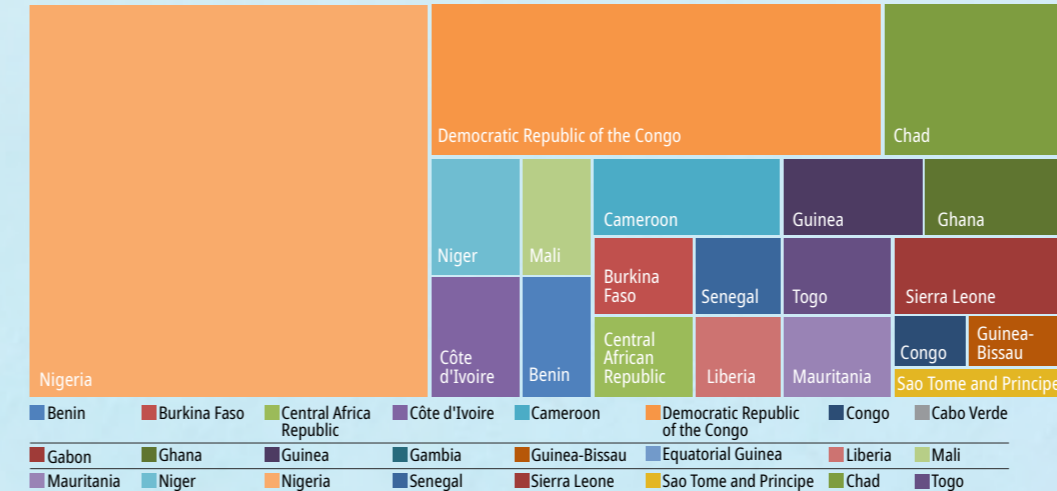
In 2023, more than 500,000 babies were stillborn in the WCAR, which accounted for **27% of stillbirths globally**. Accordingly, one in 43 babies was stillborn in the WCAR, whereas one in 70 babies was stillborn globally. Nigeria, DRC, and Niger have the highest number of stillbirths (64% of stillbirths are from these three countries) (Fig.12).

Figure 12. Number of stillbirths per country, 2023



In total, **135,000 women died from pregnancy- and childbirth-related causes** in the WCAR in 2023. The WCAR represents more than half of maternal deaths globally. The top three countries with the highest maternal deaths were Nigeria, the DRC, and Chad (74% of maternal deaths occurred in these three countries) (Fig.13).

Figure 13. Number of maternal deaths by country, 2023





The WCAR has the **highest mortality rate globally for mothers, stillbirths, newborns, children aged 1–59 months, and children under five** (from 0 to 59 months). In 2023, the maternal mortality ratio was 629 per 100,000 live births, while the stillbirth rate was 23 per 1,000 births. The NMR, MR 1-59, and U5MR were 29, 58, and 86 in 2023, respectively (per 1,000 live births for NMR and U5MR and per 1,000 children aged 1 month for MR 1-59). Mortality rates vary across countries and regions (Fig.14, 15, 16, 17 & 18). Niger has the highest NMR, MR 1-59, and U5MR, respectively.

Figure 14. Maternal mortality ratio, by country, 2023

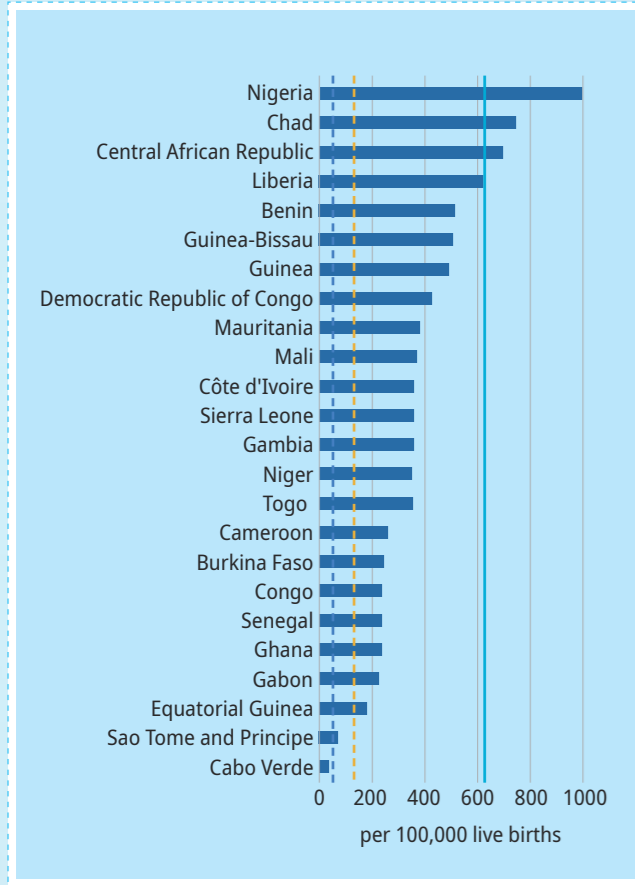


Figure 15. Stillbirth rate, by country, 2023

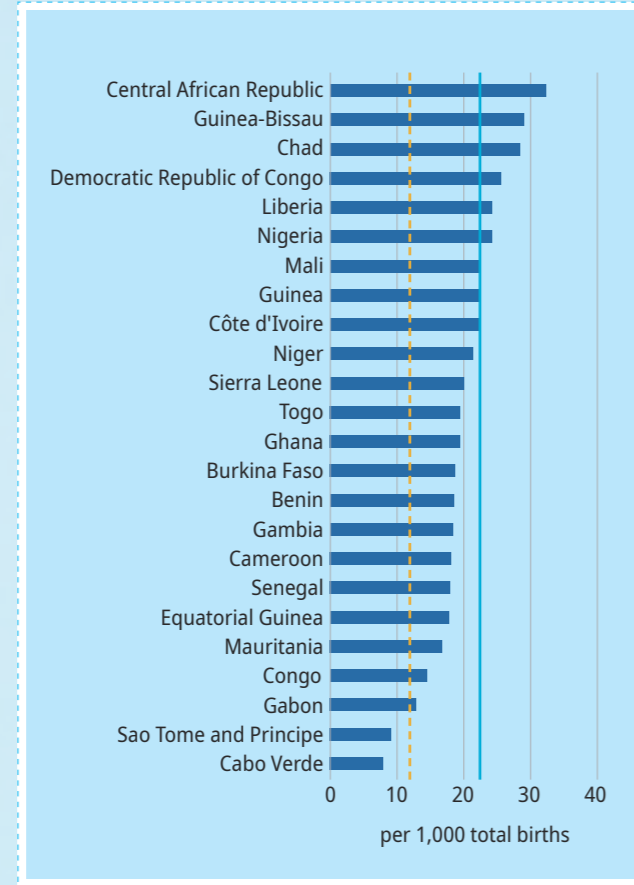


Figure 16. Neonatal mortality rate, by country, 2023

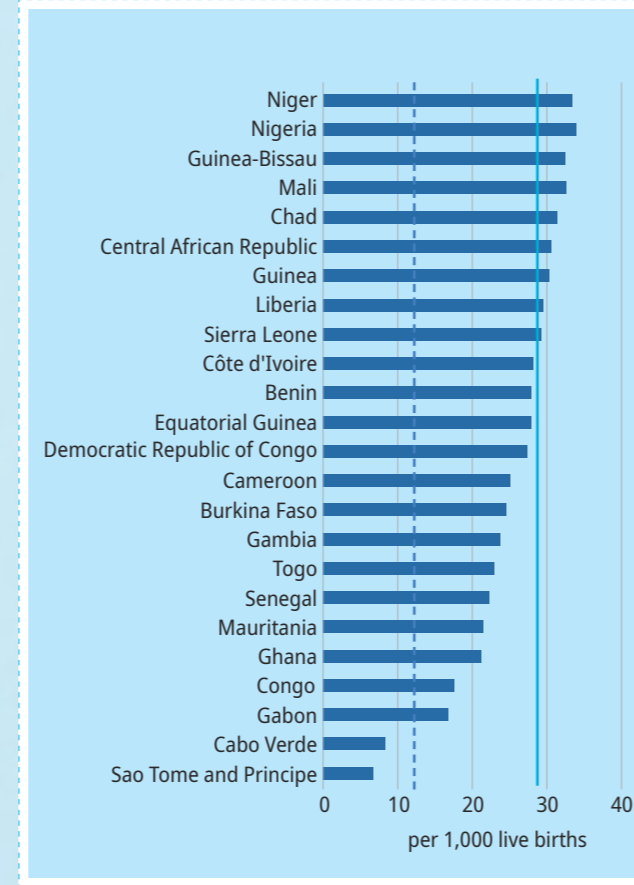


Figure 17. Mortality rate of children aged 1–59 months, by country 2023

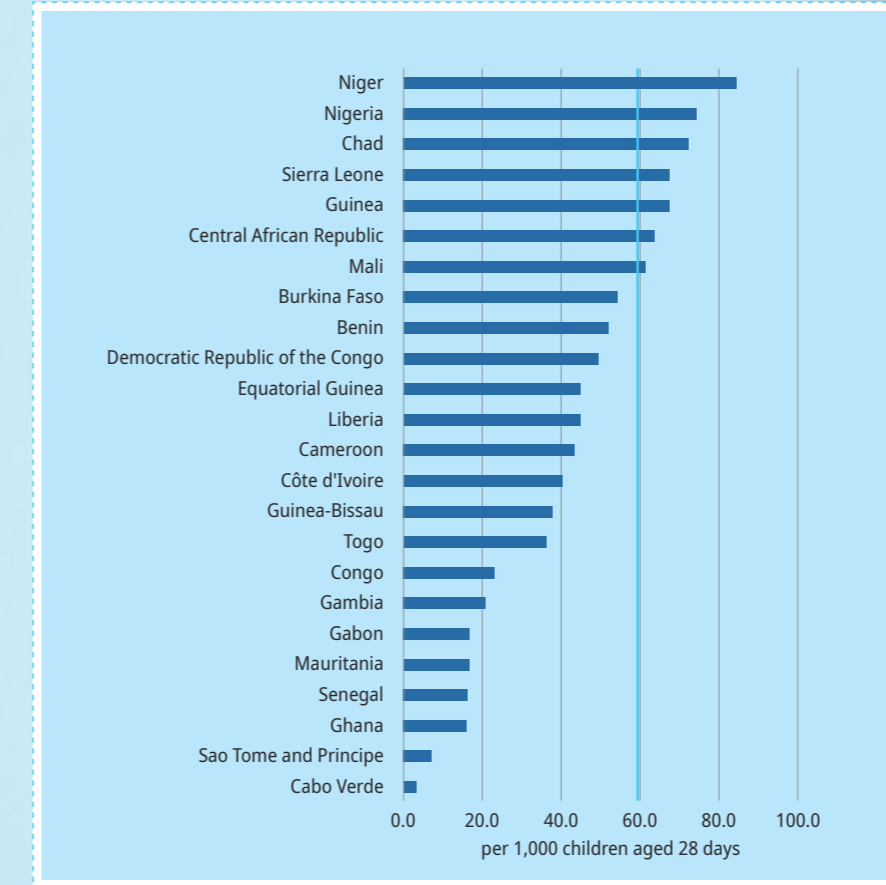
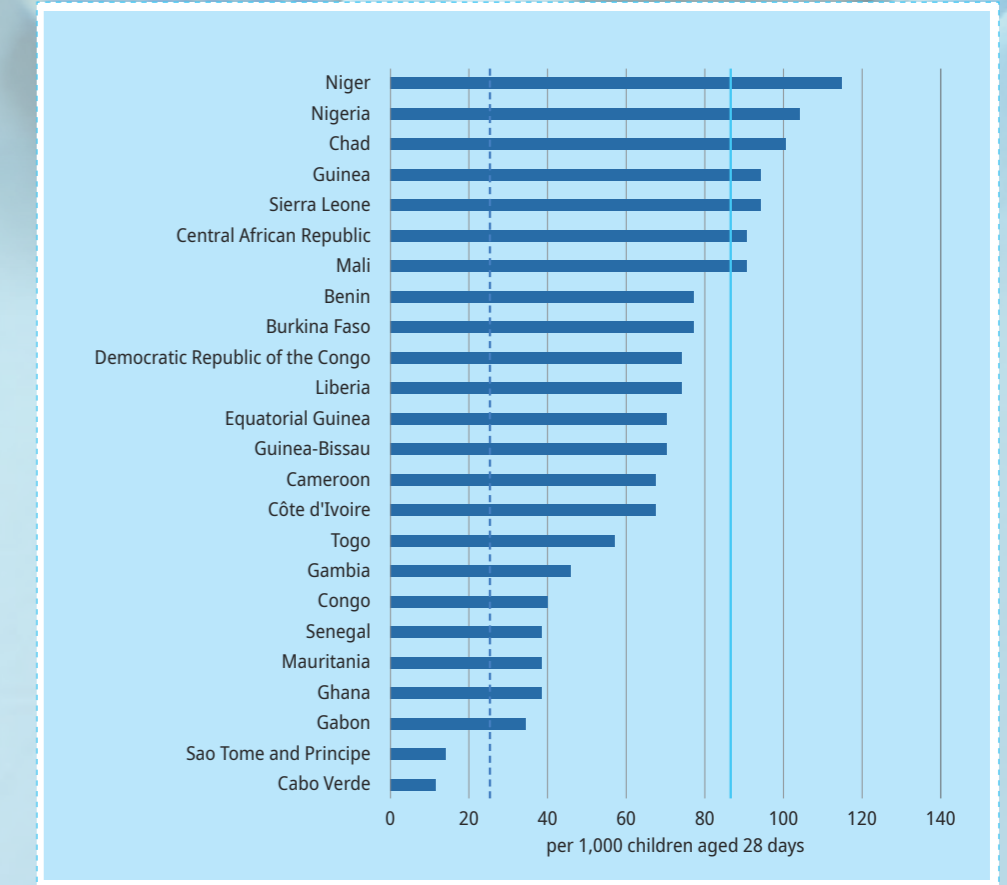


Figure 18. Under-five child mortality rate, by country, 2023



(Line: WCAR average, Dotted line in blue: SDG targets or calculated from SDG targets, Dotted line in yellow: EWENE (Every Woman, Every Newborn, Everywhere) targets)

(Line: WCAR average, Dotted line: SDG targets)

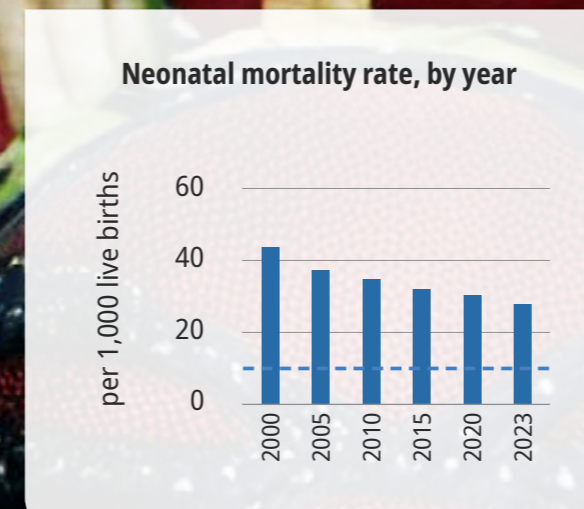
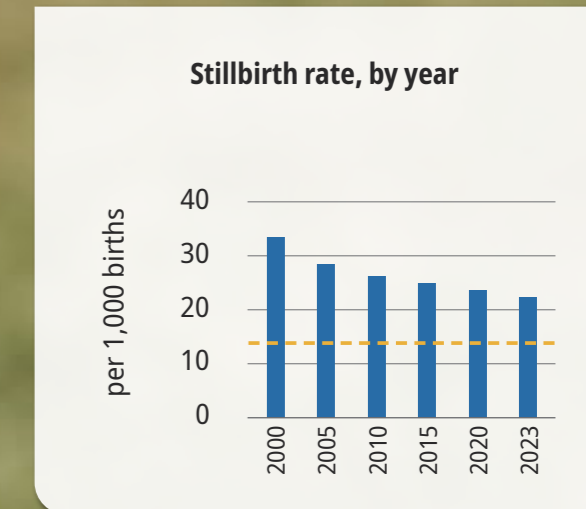
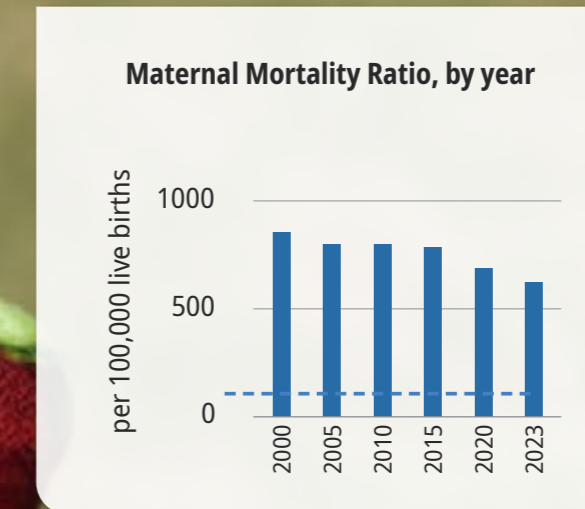
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The WCAR has made **substantial progress since 2000**, reducing the maternal mortality ratio by 27%, the stillbirth rate by 29%, the NMR by 32%, MR 1-59 by 55%, and U5MR by 49% (Fig. 19).



Figure 19. Trend of mortality in WCAR by year



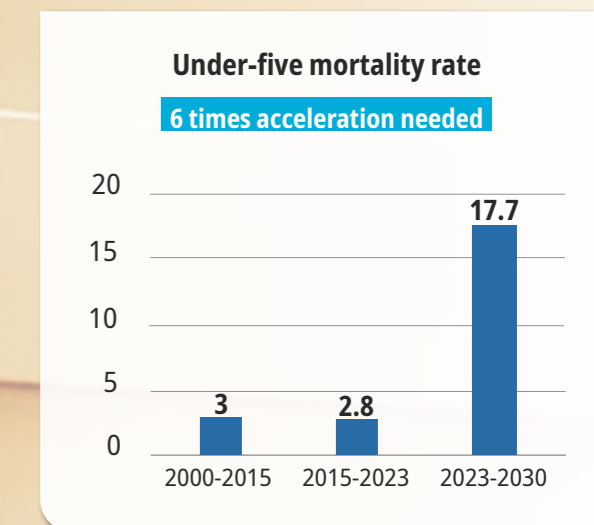
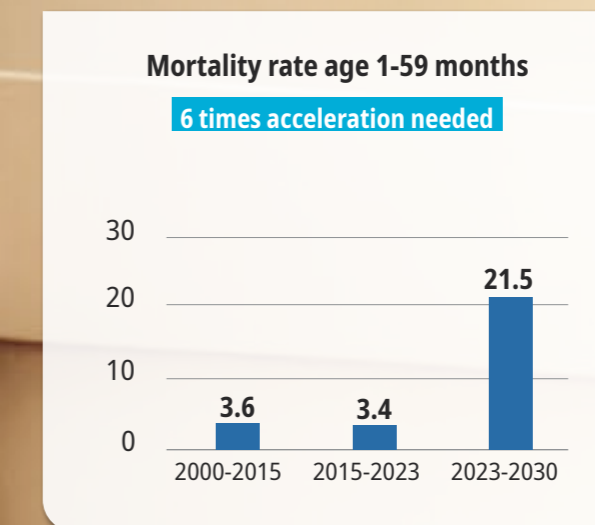
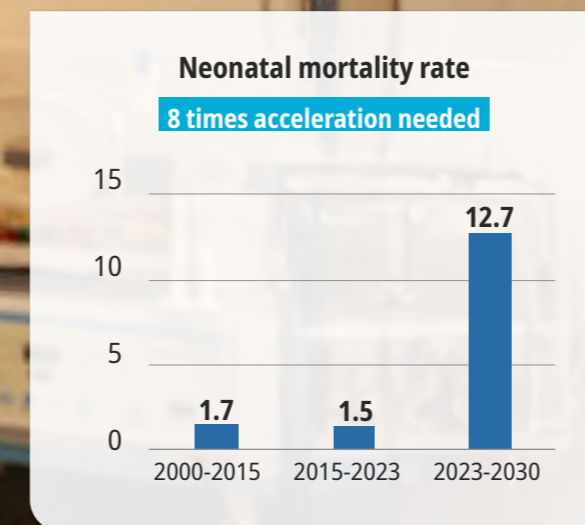
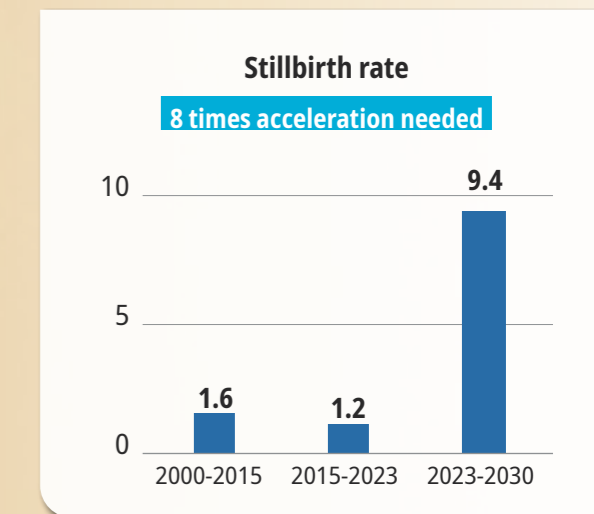
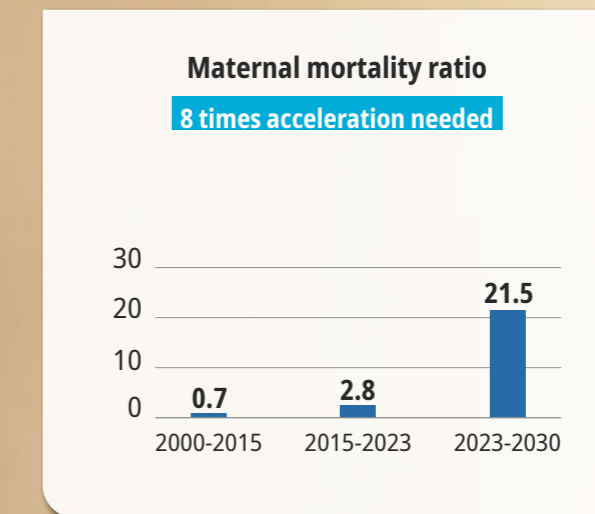
Dotted line: SDG targets (or calculated from SDG targets) or EWENE target'



Despite this progress, 22 countries in the WCAR will not achieve the **Sustainable Development Goals** for maternal and child mortality and stillbirth targets as outlined in the **Every Woman, Every Newborn, Everywhere (EWENE) initiative**. Comparing the period from 2015 to 2023, the region needs to accelerate efforts eightfold in reducing maternal mortality⁵, eightfold in reducing the stillbirth rate, eightfold in reducing the NMR, sixfold in reducing the MR 1-59, and sixfold in reducing the U5MR⁶ (Fig. 20).



Figure 20. Average rates of reduction (ARR) for 2000–2015 and 2015–2023, the required ARR (RARR) 2023–2030 to meet targets in SDG and EWENE, WCAR



⁵ Considering the national target of reducing the 2010 MMR by at least two-thirds or 140 -- whichever is lower, 140 is considered the regional target for WCAR. Note that a regional MMR value of 140 does not necessarily mean all countries in the region have achieved the target.

⁶ The required ARR was derived under the assumption that all countries in the region must achieve the SDG target by 2030. Countries that have already met the target, or are on track to do so before 2030, are expected to maintain their observed trends from 2015 to 2023 for neonatal, 1–59 months, and under-five mortality rates, and from 2000 to 2023 for the stillbirth rate.

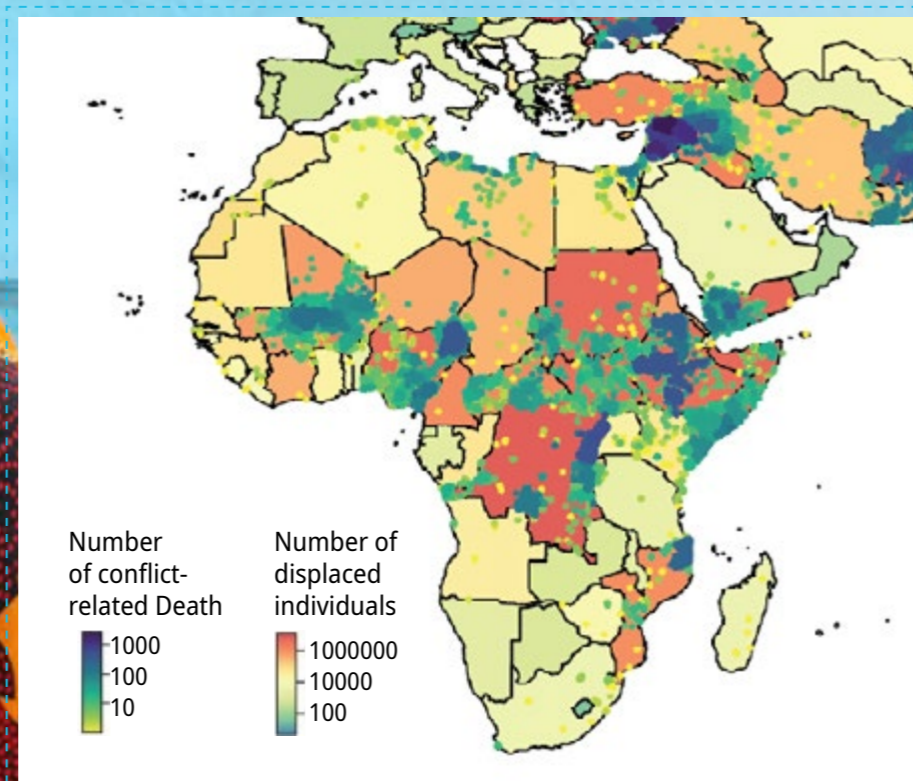


Children and mothers in the WCAR face several aggravating factors that hinder progress in reaching SDG targets. Economic threats, such as poverty, slow economic growth, and rising public external debt, are crucial determinants of mortality⁷. The region remains one of the **most vulnerable economically**, and **recent cuts in foreign aid have exacerbated ongoing challenges**. A recent modeling study warns that this foreign aid cut could reverse the long trend of decline in maternal, neonatal, and child deaths and stillbirths, particularly impacting children^{8,9}.



The WCAR is a fragile and conflict-affected region. The latest World Bank Group classifies **seven countries as experiencing conflict** (Burkina Faso, Cameroon, Central African Republic, Democratic Republic of Congo, Mali, Niger, and Nigeria) and four countries with institutional and social fragility (Chad, Republic of Congo, Guinea-Bissau, Sao Tome, and Principe)¹⁰. Recent data has revealed that children born in countries classified as fragile and conflict-affected are nearly **three times more likely to die before reaching age 5** than those born in non-fragile and non-conflict countries¹⁷ (Fig.21).

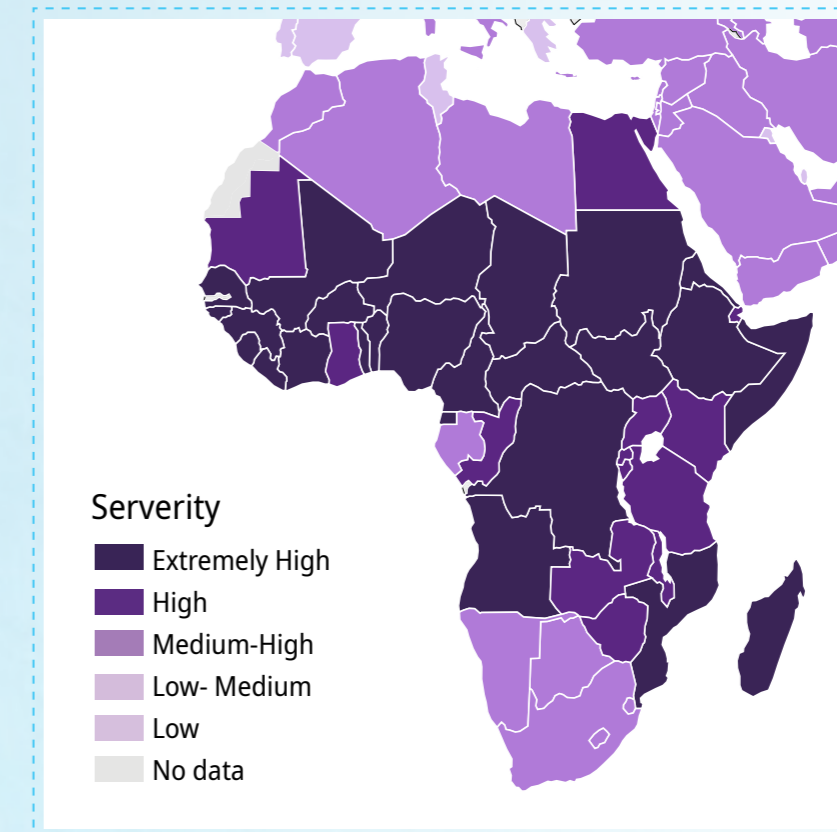
Figure 21. Number of individuals displaced and localization of events



Women, newborn infants, and young children are particularly **vulnerable to the impacts of climate-related environmental changes, extreme weather, and weather-related events**. They are vulnerable to extreme heat and heatwaves, floods, droughts, air pollution, increased vector populations, and changes in the environmental sustainability of infectious pathogens such as malaria, dengue, and gastrointestinal pathogens. The Children's Climate Risk Index indicates that 17 countries in the region present a high risk to children¹¹ (Fig.22).



Figure 22. Children's Climate Risk Index



⁷ 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. Accessed in May 2025

⁸ The Effects of Reductions in United States Foreign Assistance on Global Health by John Stover, Emily Sonnevelft, Yvonne Tam, Rebecca Clark, Andrew N. Phillips, Jennifer Smith, Rowan Martin-Hughes, Debra ten Brink, Daniel Citron, Hae-Young Kim, Adam Akullian, Edinah Mudimu, Michael Pickles, Anna Bershtyn, Jessica Williamson, Gesine Meyer-Rath, Lise Jamieson, Elizabeth Sully, Julia N. White, Alexis Heaton, Katherine C. Horton, Hannah Tong, Alexandra S. Richards, Finn McQuaid, Rein M. G. J. Houben, Richard G. White, Dobromir Dimitrov: SSRN. Accessed in May 2025

⁹ Child Survival Action: World Health Assembly 2025. Accessed in May 2025

¹⁰ Classification of Fragile and Conflict-Affected Situations FCSListFY25.pdf. Accessed in May 2025

¹¹ The climate crisis is a child rights crisis: Introducing the Children's Climate Risk Index - UNICEF DATA

In children under five years of age, the causes of death were (Fig.23).

Malaria 19%



Lower respiratory infections 18%



Diarrhea 12%



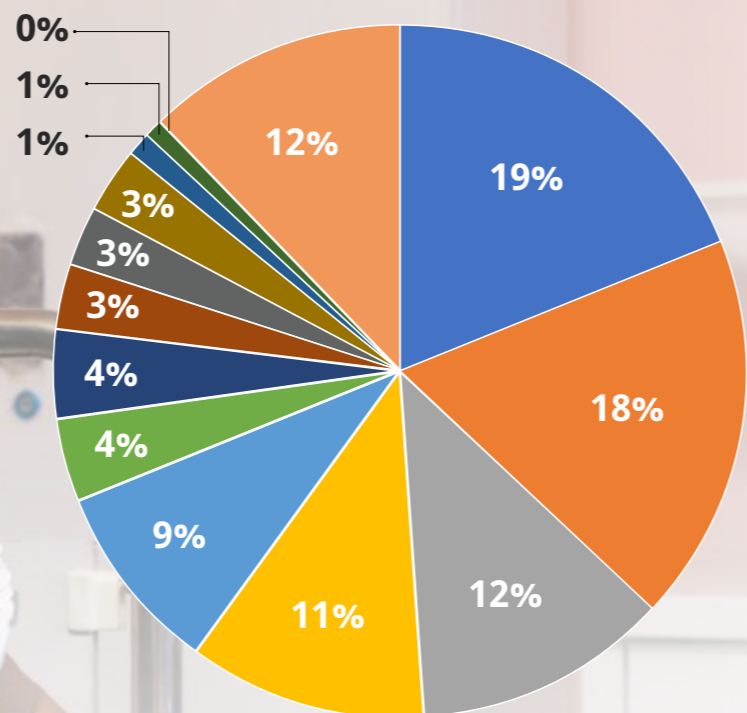
Prematurity 11%



Birth asphyxia and trauma 9%



Figure 23. Causes of death, under-five children, 2021



- Malaria
- Lower respiratory infections
- Diarrhea
- Prematurity
- Birth asphyxia/trauma
- Birth asphyxia/trauma
- Injuries
- Congenital anomalies
- Sepsis
- Measles
- Meningitis/encephalitis
- HIV/AIDS
- Tuberculosis
- Other under-5 deaths
- Tetanus



The deaths of children under five years of age could be prevented and rescued by high-impact interventions such as **antenatal and postnatal care, skilled care at birth, care for small and sick newborns, immunization, prevention, diagnosis, and treatment of key causes of childhood illness**, including Integrated Management of Childhood Illness and Integrated Community Case Management. However, the coverage of key high-impact interventions remains low in the WCAR (Fig.24).

Figure 24. Coverage of essential services (bar: average regional coverage)

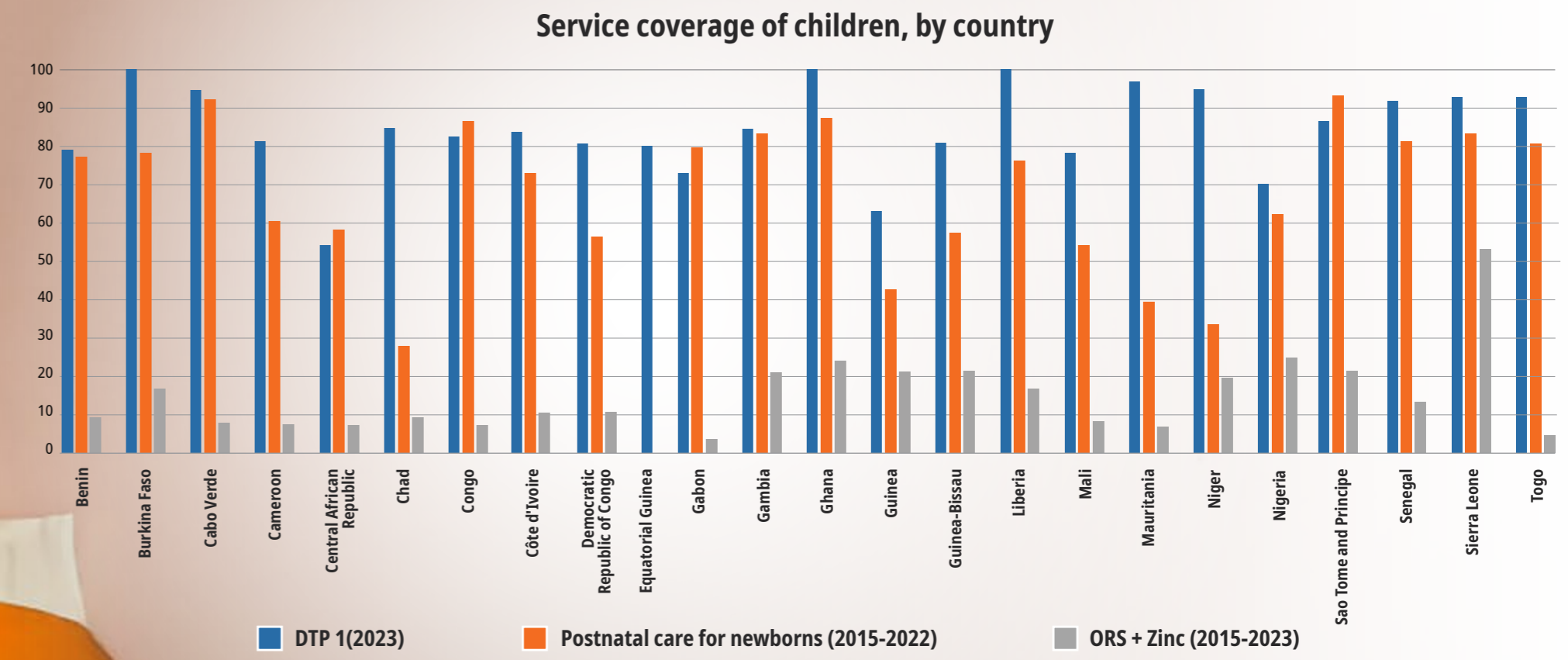


- Benin
- Burkina Faso
- Cabo Verde
- Cameroon
- Central African Republic
- Chad
- Congo
- Côte d'Ivoire
- Democratic Republic of the Congo
- Equatorial Guinea
- Gabon
- Gambia
- Ghana
- Guinea
- Guinea-Bissau
- Liberia
- Mali
- Mauritania
- Niger
- Nigeria
- Sao Tome and Principe
- Senegal
- Sierra Leone
- Togo



Upon closely examining the coverage of the first dose of the diphtheria/tetanus/pertussis (DTP) vaccine, postnatal care for newborns, and diarrhea treatment with oral rehydration salts (ORS) and zinc by country in the region, the coverage of postnatal care for newborns **within two days postnatally** is lower in several countries than the coverage of the first dose of the DTP vaccine (Fig.25). This is an important period to follow up on the status of newborn infants. The coverage of treatment for diarrhea with ORS and zinc was substantially lower than that of postnatal care for newborns, even though this intervention can tackle one of the major causes of death.

Figure 25. Coverage of the first dose of DTP vaccine, postnatal care for newborns, and diarrhea treatment with ORS and zinc, by country



These interventions must be **implemented, scaled up, and sustained** with equity and quality for pregnant women, mothers, newborns, and children to survive and thrive. These interventions are simple and affordable, given that an injectable antibiotic to treat neonatal infections and pneumonia costs less than USD 0.30 per dose, and essential medicines to treat malaria, pneumonia, and diarrhea cost less than USD 1 per dose. The vaccine against diphtheria, tetanus, and whooping cough costs USD 0.19, and the vaccine against measles costs USD 0.42.

With an additional USD 4 million, we could **provide lifesaving care to 10 million newborns** at birth.

With USD 2 billion, **360 million malaria treatments** could be provided to children in the WCAR.

With USD 200 million, we could **distribute 162 million doses of oral rehydration salts** to children with diarrhea.¹²



With an additional USD 4 million, we could provide neonatal resuscitation services to **670,000 newborn infants with asphyxia**.

With USD 200 million, we could provide **84 million treatments for pneumonia**.



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¹² Calculated as incremental costs necessary to improve from current country-level coverages to scaling up to 100% coverage using the Lives Saved Tool. The Lives Saved Tool

Every life counts.

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