



THE FREETOWN CHARTER

on Technology-Enabled, Data-Driven Pathways for the
Reduction of Maternal, Newborn and Child Mortality



*Adopted at the 27th Ordinary Session of the ECOWAS Assembly of Health Ministers
Freetown, Republic of Sierra Leone • 24–25 April 2026*

PREAMBLE

We, the Health Ministers of the Economic Community of West African States (ECOWAS), assembled in Freetown, Republic of Sierra Leone, for the 27th Ordinary Session of the Assembly of Health Ministers on 24–25 April 2026,

RECALLING the ECOWAS Treaty and the mandate of the West African Health Organisation (WAHO) to coordinate and harmonize health policies and interventions across Member States;

RECALLING the Sustainable Development Goals, in particular Goal 3 on Good Health and Well-Being, and the targets set therein for the elimination of preventable maternal, neonatal and child mortality;

RECALLING the World Health Assembly Resolution A/77.5 (2024) commits to accelerate progress to tackling the leading causes of maternal, newborn and child deaths, especially in the worst affected countries, while improving access to maternal, sexual and reproductive and comprehensive child health services through stronger primary health care.

RECALLING the Regional Strategic Plan for the Acceleration of the Reduction of Maternal, Newborn, and Child Mortality in ECOWAS region, and the interim target of 140 maternal deaths per 100 000 lives births due to the unlikelihood, at the current rate of decline, of attaining the SDG target.

RECALLING the International Health Regulations (2005), as amended; the WHO Pandemic Agreement adopted by the World Health Assembly; the African Union Continental Strategy on Pandemic Preparedness and Response and the New Public Health Order championed by the Africa Centres for Disease Control and Prevention; and the mandate of the ECOWAS Regional Centre for Surveillance and Disease Control to coordinate integrated disease surveillance, laboratory networks and emergency response across the region;

RECOGNIZING that infectious disease outbreaks, epidemics and pandemics disproportionately affect pregnant women, newborns and children, as demonstrated by the excess maternal mortality documented during the 2014–2016 Ebola outbreak in the region and by the disruption of routine antenatal, delivery, postnatal and immunization services observed during the COVID-19 pandemic; and that investments in pandemic preparedness, response and biosecurity therefore constitute direct investments in the protection of maternal, newborn and child health, and are inseparable from the ambitions of this Charter;

RECOGNIZING that maternal, newborn and child mortality remain among the most urgent and preventable public health challenges confronting the ECOWAS region;

ACKNOWLEDGING that Member States across the ECOWAS region have made meaningful and substantial progress in reducing maternal, newborn and child mortality through sustained investments in health systems, service delivery, and community health, and that this progress, while uneven across the region, demonstrates that further acceleration is within reach;

INSPIRED BY the experience of Sierra Leone, Cabo Verde and other ECOWAS Member States which has demonstrated that deliberate investments in data systems, digital infrastructure, and evidence-driven governance can produce accelerated reductions in maternal newborn and child mortality, offering lessons of regional relevance and significance;

RECOGNIZING that fragmented reporting structures, delayed data flows, and siloed information platforms continue to impede coordinated policy action, efficient resource allocation, and timely care delivery;

CONVINCED that technology, data, and digital health systems are not peripheral innovations but central instruments for saving lives, strengthening health system resilience;

CONVINCED that the transformative potential of health technology, digital systems and artificial intelligence can only be realized when they are intentionally designed to serve local realities, governed through ethical and inclusive frameworks, and deployed with deliberate attention to the needs of women, newborn, children, and the most vulnerable;

AFFIRMING that health sovereignty, domestically anchored systems, and the solidarity of collective regional action are the foundations upon which resilient and equitable health systems in West Africa must be built, and that harmonized data standards, interoperable platforms, and locally developed digital tools are the practical infrastructure through which that foundation is strengthened;

Hereby adopt this Freetown Charter and commit to its principles, aspirations and implementation across ECOWAS Member States:

ARTICLE I – PURPOSE AND SCOPE

This Charter establishes a shared regional normative framework and action agenda to accelerate the reduction of maternal, newborn and child mortality across ECOWAS Member States through technology-enabled, data-driven health systems governance.

It encompasses all components of health systems that bear upon maternal, newborn and child health outcomes including primary health care, emergency obstetric and newborn care, community health, supply chain management, health information systems, and health workforce development, and health financing.

This Charter complements and reinforces existing regional and international commitments. Its implementation shall respect the sovereignty of each Member State and the diversity of national health system contexts, capacities and priorities across the ECOWAS region.

ARTICLE II – GUIDING PRINCIPLES

The implementation of this Charter shall be guided by the following principles:

- **Health Sovereignty:** Member States affirm the right and responsibility to build, own, and govern their health data systems and digital infrastructure in ways that strengthen long-term independence and resilience.
- **Equity and Inclusion:** Technology and data systems should be designed and deployed with attention to the needs of women, newborns, children, adolescents, and communities in remote and underserved areas.
- **Evidence-Driven Governance:** Health policy and resource allocation at all levels should be grounded in timely, accurate, and disaggregated data, progressively moving from reactive reporting to proactive, accountability-driven governance.
- **Human Rights:** Respect for, promotion, and protection of human rights and the rights of people, with recognition of and compliance with the Community's legal rules and principles
- **Regional Solidarity:** Member States commit to mutual support, knowledge exchange, and collective action, recognizing that health security in any one Member State strengthens the health security of the region.
- **Sustainability:** Health investments, digital systems, and capacity-building initiatives should be designed for domestic ownership, with progressive reduction of reliance on external financing.
- **Ethical Use of Technology:** The application of digital tools and artificial intelligence in health should adhere to principles of transparency, accountability, contextual relevance, and protection of patient privacy and rights.

ARTICLE III – DATA GOVERNANCE AND SURVEILLANCE

Member States recognize that the timely collection, analysis, and use of high-quality health data is foundational to maternal, newborn and child mortality reduction. Toward this end, Member States commit to strengthen data-to-action cycles through investments in surveillance, real-time reporting, and evidence-driven accountability at national and sub-national levels.

Member States commit to advancing the following:

- Institutionalizing Maternal and Child Death Audit (MCDA) systems, at national and sub-national levels, including community verbal autopsy with timely investigation and corrective action
- Working toward the harmonization of health data standards and reporting frameworks to enable cross-border comparability and regional benchmarking.
- Investing in data platforms that enable frontline health managers to act on emerging mortality trends without delay.
- Progressively transitioning from paper-based to interoperable electronic reporting systems for maternal, newborn and child and health indicators, in line with national capacity and readiness.
- Integrating Maternal and Perinatal Death Surveillance and Response (MPDSR) with Integrated Disease Surveillance and Response (IDSR) platforms, and aligning community-based event detection with verbal autopsy systems, so that a single data-to-action cycle serves both mortality reduction and outbreak response.

Indicative Regional Benchmarks — Aspirational Targets for 2030 (binding)

- All ECOWAS Member States with a functional national Maternal, Newborn and Child Death Audit system, operationalized by 2030.
- A common core set of harmonized maternal and newborn health indicators adopted and reported by all Member States, operationalized by 2030.
- 75% of maternal deaths reviewed and responded to within 30 days of occurrence across the region, operationalized by 2030.
- All Member States achieving and maintaining IHR State Party Self-Assessment Annual Report (SPAR) average scores above 70% by 2030.

ARTICLE IV – DIGITAL INFRASTRUCTURE AND INTEROPERABILITY

Member States recognize that equitable, interoperable digital health infrastructure is essential to supporting the full continuum of maternal, newborn and child care, from community-level identification of at-risk pregnancies through to emergency referral and postnatal follow-up. Member States shall invest in context-appropriate digital systems that strengthen care coordination and health system performance.

Member States commit to advancing the following:

- Developing or strengthening national digital health strategies that prioritize maternal, newborn and child health, with defined targets, timelines, and financing commitments appropriate to national context.
- Deploying and sustaining electronic health information platforms capable of tracking pregnant women across the continuum of care, from first antenatal contact through delivery and postnatal care.
- Establishing or strengthening digital referral coordination systems to reduce delay in accessing emergency obstetric, newborn and child care, particularly in underserved settings.
- Working toward interoperability between health information systems, supply chain platforms, and community health worker reporting tools.
- Ensuring interoperability between maternal, newborn and child health digital platforms, Integrated Disease Surveillance and Response (IDSR) systems, and early warning and response platforms, such that the data flows designed to protect mothers, newborns and children also serve timely pandemic detection and response.

- Designing health supply chain platforms with dual-purpose capability to serve routine essential medicines and commodities for maternal, newborn and child health during peacetime, and to pivot rapidly to the distribution of medical countermeasures during public health emergencies.
- Deploying and sustaining digital platforms for public health emergency operations and referral coordination that build upon, rather than parallel, the infrastructure supporting routine maternal and newborn care, so that the same systems serve both continuity of care and outbreak response.
- Developing and adopting a legislative and regulatory frameworks for the institutionalization of Maternal and Perinatal Death Surveillance and Response (MPDSR)

Indicative Regional Benchmarks — Aspirational Targets for 2030 (binding)

- All Member States with a national digital health strategy inclusive of maternal, newborn and child health targets, operationalized by 2030.
- Digital antenatal care tracking systems operational in at least 80% of health facilities per Member State, operationalized by 2030.
- Emergency referral coordination platforms functional in all capital cities and the majority of district hospitals, operationalized by 2030.
- All Member States with legislative and regulatory framework for of Maternal and Perinatal Death Surveillance and Response (MPDSR) institutionalized by 2030.
- A functional digital public health emergency operations capability established in each Member State, integrated with national maternal and newborn care referral systems, operationalized by 2030.

ARTICLE V – CONTEXTUAL ARTIFICIAL INTELLIGENCE AND INNOVATION

Member States recognize the potential of artificial intelligence and digital innovation to strengthen maternal, newborn and child health outcomes, and affirm that such tools must be grounded in African clinical, demographic and linguistic realities to deliver meaningful benefit. Member States commit to promote responsible AI development and deployment that serves frontline health workers and the populations they care for.

Member States commit to advancing the following:

- Supporting the development and adaptation of AI-assisted clinical decision-support tools appropriate to local health system capacities and cadres.
- Investing in locally relevant training datasets drawn from West African health facilities and populations, and establishing governance frameworks for the safe and accountable use of AI in clinical settings.
- Promoting tele-mentorship, tele-consultation and remote support platforms that extend specialist expertise to under-resourced facilities, particularly for obstetric, neonatal and paediatric care.
- Sharing AI implementation learnings and innovation experiences across ECOWAS Member States through WAHO-facilitated knowledge exchange platform.

Indicative Regional Benchmarks — Aspirational Targets for 2030 (binding)

- At least one contextually developed AI-assisted clinical decision-support tool piloted and evaluated in maternal or newborn health in each Member State, operationalized by 2030.
- Regional AI ethics and governance guidelines for health developed and endorsed by all Member States, operationalized by 2030.

ARTICLE VI – HUMAN CAPACITY AND WORKFORCE READINESS

Member States affirm that technology is only as effective as the capacity of the people deploying it. Sustainable health system transformation depends on a workforce that is digitally competent, data literate, and equipped to govern and use health systems effectively at every level of care. Member States shall invest in workforce readiness as an integral component of digital health system development.

Member States commit to advancing the following:

- Integrating digital health competencies into pre-service training curricula for health workers, in a manner consistent with ECOWAS harmonised curricula for health professionals and institutional capacity.
- Implementing structured in-service training on digital health tools, with particular attention to community health workers, midwives, and nurses who form the frontline of maternal newborn and child care.
- Expanding the Field Epidemiology Training Programme (FETP) at frontline, intermediate and advanced tiers, with deliberate integration of maternal and perinatal death surveillance and response competencies and dedicated pathways for midwives and community health workers.
- Embedding infection prevention and control competencies — including outbreak-specific protocols for antenatal, delivery, postnatal and newborn care settings — in pre-service and in-service training curricula for midwives, nurses and community health workers.
- Supporting a regional health emergency workforce, including cross-border surge-deployment mechanisms coordinated by WAHO and the ECOWAS Regional Centre for Surveillance and Disease Control, to maintain continuity of essential maternal, newborn and child health services during outbreaks and humanitarian crises.
- Designating health informatics focal points at national and sub-national levels responsible for data quality oversight and user support, as resources and system maturity permit.
- Working toward regional training standards and mutual recognition frameworks for digital health competencies, enabling cross-border learning and skill transfer.

Indicative Regional Benchmarks — Aspirational Targets for 2030 (binding)

- Digital health competencies integrated into pre-service health training curricula in all Member States, operationalized by 2030.
- At least one trained health informatics focal point per district health management team across the region, operationalized by 2030.
- At least ten Field Epidemiology Training Programme graduates per one million population across the region by 2030, in line with Africa CDC workforce targets.
- A regional surge-deployment mechanism, coordinated by WAHO through the ECOWAS Regional Centre for Surveillance and Disease Control, operationalized by 2030.

ARTICLE VII – ACCOUNTABILITY AND PERFORMANCE MONITORING

Member States commit to establishing transparent accountability mechanisms for tracking progress in maternal, newborn and child mortality reduction, and affirm the importance of harmonized performance metrics and voluntary regional reporting to WAHO.

Member States commit to advancing the following:

- Adopting or adapting a national accountability framework for maternal, newborn and child mortality reduction, aligned with SDG targets and ECOWAS health commitments.
- Reporting periodically to WAHO on national progress against Charter commitments, using the harmonized ECOWAS RMNCAHScorecard indicators, with reports made publicly available where possible.
- Participating in voluntary peer review mechanisms within ECOWAS to share lessons, identify barriers, and provide mutual technical support.

- Integrating Charter accountability indicators into existing national health monitoring frameworks and annual health sector reviews.
- Developing and maintaining national emergency preparedness plans that explicitly safeguard the continuity of essential maternal, newborn and child health services during outbreaks, epidemics and humanitarian crises, and integrating these plans into annual health sector reviews and Charter progress reporting
- Reinforcing the accountability of health professionals through the formal engagement of medical councils, nursing boards, and other regulatory bodies in the management of cases of negligence

Indicative Regional Benchmarks — Aspirational Targets for 2030 (binding)

- Annual Charter progress reports submitted by all ECOWAS Member States to WAHO from 2027 onward.
- A reduction of at least 50% in the ECOWAS regional maternal mortality ratio, newborn mortality rate and under-five mortality rate by 2030 from 2023 baselines.
- Skilled birth attendance coverage of at least 90% across all ECOWAS Member States by 2030
- National emergency preparedness plans with explicit provisions for the continuity of essential maternal, newborn and child health services in place in all Member States by 2030.

ARTICLE VIII – HEALTH DATA SOVEREIGNTY, ETHICS, AND CYBERSECURITY

Member States affirm that the integrity, security, and sovereign ownership of health data are foundational to sustainable, data-driven health systems. Member States shall strengthen national and regional governance frameworks that protect patient rights, ensure data security, and uphold ethical standards in the use of digital tools.

Member States commit to advancing the following:

- Enacting or strengthening national legislation governing the collection, storage, and sharing of health data, with particular attention to patient privacy and informed consent.
- Working toward common regional principles for health data sovereignty, affirming that health data generated and shared within ECOWAS must be governed primarily through mechanism and existing or established body within the region.
- Establishing cybersecurity standards and incident response protocols for national health information systems.
- Adopting a common ECOWAS position on pathogen data sovereignty in line with the Pathogen Access and Benefit-Sharing system of the WHO Pandemic Agreement, ensuring that Member States' contributions to global pathogen surveillance are matched by equitable and enforceable access to resulting vaccines, diagnostics and therapeutics.
- Establishing mutual-assistance cybersecurity protocols between Member States for rapid response to attacks on health information systems, with particular attention to the protection of maternal, newborn and child health data during public health emergencies.
- Developing legislations and regulation, including ethical guidelines for AI in health that address algorithmic bias, accountability for AI-assisted decisions, and the rights of patients — with special attention to women and marginalized populations.

Indicative Regional Benchmarks — Aspirational Targets for 2030 (binding)

- National health data governance legislation enacted or strengthened in all Member States, operationalized by 2030.
- A common regional framework for health data sovereignty principles endorsed by all Member States, operationalized by 2030.
- Regional AI ethics guidelines for health adopted by all Member States, operationalized by 2030.

ARTICLE IX – SUSTAINABLE FINANCING

Member States commit to progressively mobilizing domestic resources for digital and maternal newborn and child health systems, and to exploring collective regional mechanisms that reduce dependence on external financing while sustaining high-impact health interventions for women, children, and newborns.

Member States commit to advancing the following:

- Progressively increasing domestic budget allocations to digital health infrastructure and maternal, newborn and child health programs, with transparent annual reporting of health expenditure.
- Exploring collective procurement, shared licensing, and pooled investment mechanisms for digital health platforms at the ECOWAS regional level.
- Engaging domestic private sector actors, including diaspora, telecommunications companies and technology firms as strategic partners in financing and deploying digital health infrastructure.
- Developing transition plans for programs currently dependent on external financing, identifying sustainable domestic and regional financing sources for key maternal, newborn and child health interventions.
- Ensuring that external resources mobilized for the health sector including international aid, donor financing, and development assistance, are ring-fenced and disbursed to the health sector as intended; and committing to transparent tracking, public reporting, and governance mechanisms that prevent the diversion of health-designated funds to other government priorities.

Indicative Regional Benchmarks — Aspirational Targets for 2030 (binding)

- All Member States progressing toward the Abuja Declaration target of at least 15% of national budgets allocated to health by 2030.
- At least one ECOWAS-level pooled procurement or collective digital health financing mechanism operationalized by 2030.
- All Member States with documented transition plans for their highest-impact maternal, newborn and child health programs, operationalized by 2030.

ARTICLE X – IMPLEMENTATION, COORDINATION, AND REVIEW

We call upon WAHO to serve as the coordinating body for the implementation and monitoring of this Charter; to facilitate inclusive regional technical processes for the development of supporting frameworks and standards; to convene periodic reviews of progress; and to report on regional advancement toward the goals of this Charter at each subsequent session of the Assembly of Health Ministers.

Each Member State shall designate a national focal point responsible for coordinating Charter implementation across relevant ministries, agencies, and sub-national health authorities.

This Charter shall be reviewed and updated by the Assembly of Health Ministers as necessary, in response to evolving evidence, technology, and regional health priorities.

We further call upon development partners, civil society organizations, the private sector, academic institutions, medical councils, nursing, midwifery boards, and health professional associations, and all stakeholders in the health sector and other relevant sectors to align with and support the ambitions of this Charter, in recognition of the shared imperative to end preventable maternal, newborn and child mortality in West Africa.

DONE AND ADOPTED

in Freetown, Republic of Sierra Leone