

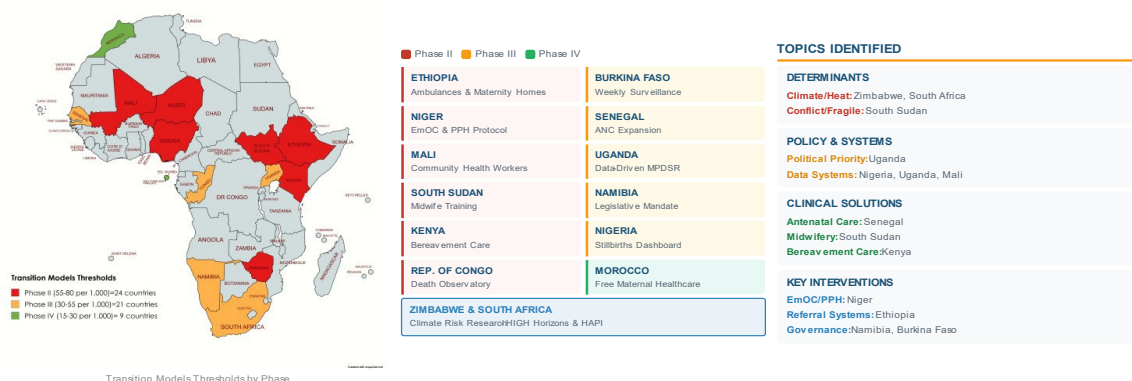


Country Spotlights

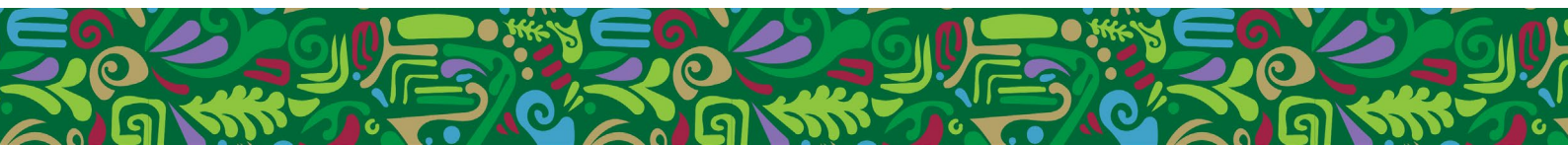
Overview

Africa bears half the world’s stillbirth burden. Nearly one million late-gestation stillbirths annually, yet these losses remain largely invisible in policy and financing. The State of Africa’s Stillbirths Report, the first continent-wide assessment, was developed by Africa CDC, the University of Cape Town, UNICEF, LSHTM, the International Stillbirth Alliance, and WHO, with over 80 African experts from 20+ countries. This synthesis of 13 country spotlights is from the report, covering 14 countries across all five African sub-regions and three mortality transition phases. The spotlights document how African nations are advancing stillbirth prevention through governance reform (Namibia, Uganda, Burkina Faso), data system innovation (Nigeria, Mali, Republic of Congo), clinical and service delivery strengthening (Ethiopia, Niger, South Sudan, Senegal, Morocco), bereavement care (Kenya), and climate-health research (Zimbabwe and South Africa).

COUNTRY SPOTLIGHTS | African Stillbirth Prevention Initiatives



Source: Exemplars in Global Health & National Health Programs



Ethiopia: Improving Access Through Ambulances and Maternity Waiting Homes

To demonstrate effective strategies, Ethiopia launched a national plan in 2012 providing one free ambulance per rural district, totalling 1,250 ambulances dedicated to maternal emergencies, and scaled up maternity waiting homes (MWHs) near health facilities. By 2016, 56% of health centres had MWHs, which improved timely access to skilled birth attendance, reducing delays and obstetric complications, including intrapartum stillbirths. Recognising that access alone is insufficient, Ethiopia prioritised quality of care transformation to ensure facility-based births lead to better perinatal outcomes.

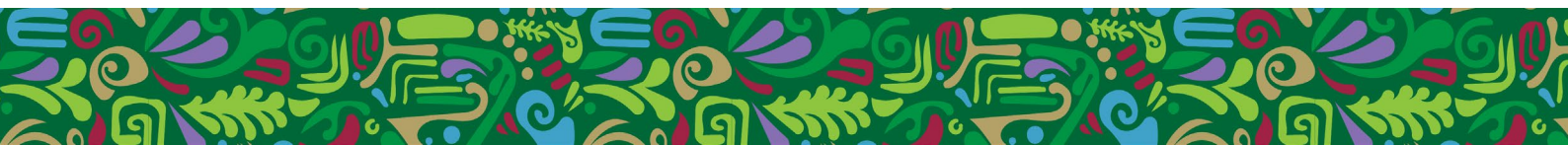
Learn more:

<https://www.exemplars.health/topics/neonatal-and-maternal-mortality/ethiopia>

Contributors: *Yohanis Alemeshet; Mary Kinney*

Niger : Strengthening Emergency Obstetric Care Through Innovative PPH Protocol

To combat postpartum haemorrhage (PPH), Niger implemented a low-cost, three-step treatment protocol starting in 2008 to strengthen EmONC functions. The approach combines misoprostol administration, uterine balloon tamponade, and anti-shock garments with blood transfusions when needed. By identifying blood-soaked wraps after birth, health workers can quickly identify women who require intervention. Within six months of the national rollout, Niger reduced PPH mortality to levels comparable to those in the United States, preventing 1,417 deaths between 2015 and 2020.



The strengthened EmONC capacity and rapid response systems also improve intrapartum care, reducing the risk of stillbirths.

Learn more:

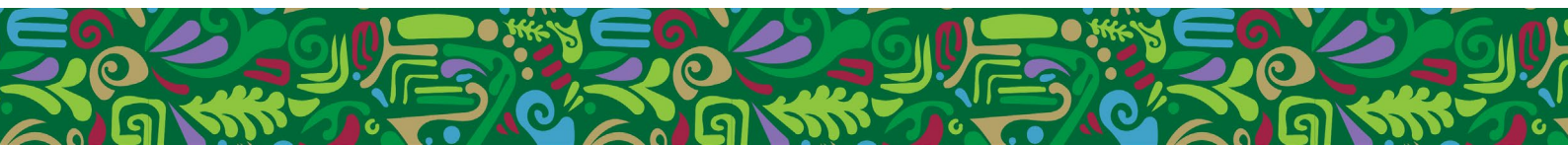
<https://www.exemplars.health/stories/how-niger-halved-maternal-mortality-caused-by-postpartum-hemorrhage>

Contributors: Tomomi Kitamura; Moses Isiagi

Mali: Strengthening Stillbirth Data Systems Through Community Health Workers

Mali faces stillbirth as a critical public health issue, with perinatal mortality at 47 per 1,000 live births, of which 52% are stillbirths (EDSM-VII 2023-24). The country has used Maternal and Perinatal Death Surveillance and Response (MPDSR) since 2014, but challenges persist in data collection, transmission, and analysis. Innovative projects are improving birth and perinatal death registration at the community level through community health workers in four health districts. Key priorities include strengthening data interoperability between health system stillbirth data and civil registry systems and expanding community health worker notification capacity nationwide.

Contributors: Mamadou Berthe; Hannah Kerac Blencowe



Burkina Faso: Pioneering Weekly Stillbirth Surveillance in Sub-Saharan Africa

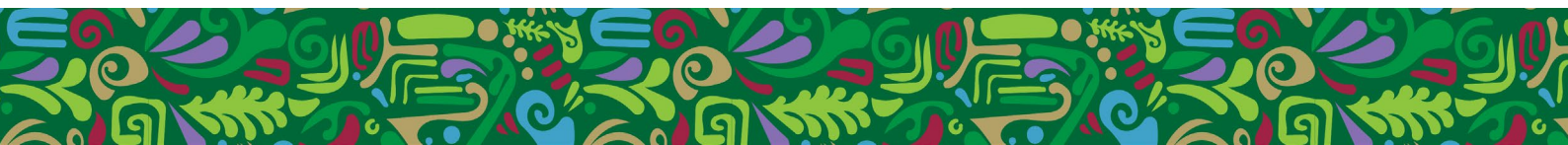
Burkina Faso has made stillbirth reduction a national priority through its 2025–2030 RMNCAH Strategic Plan. In 2022, the country became the first in West Africa to include stillbirths in weekly national surveillance via the Compulsory Weekly Telegram Letter (TLHO), enabling rapid identification of high-incidence areas. Key interventions include EmONC training, extended perinatal audits to include stillbirths, and improved equipment availability. Innovations such as neonatal thermal bracelets, digitised community surveillance, and solar-powered delivery rooms address challenges in fragile contexts. These efforts reflect growing political commitment to preventing perinatal deaths.

Contributors: Dr Yeri Sylvie YOUL TRAORE, Director of Family Health; Dr Moussa DADJOARI, Head of the Office for Women's, Youth and Elderly Health, Family Health Directorate

Republic of Congo: Strengthening Stillbirth Surveillance Through National Death Observatory

The Republic of Congo integrates stillbirth prevention within its RMNCAH Strategy 2022–2026, prioritising emergency obstetric and newborn care (EmONC), improved referral systems, and quality intrapartum care. The country operates a National Maternal, Neonatal and Infant Death Observatory that actively tracks stillbirths using standardised tools and mandatory annual reports. Stillbirths are notified and investigated through the Maternal, Perinatal, Neonatal, and Child Deaths Surveillance and Response platform. Surveillance findings directly inform programmatic responses, including strengthening EmONC capacity and addressing referral delays.

Contributors: Djariatou Sow Sall, Gildas Martial Gangoue, Mackendy Jeunay, Emmanuel Kabore, UNICEF Congo



Senegal: ANC Increase Through Community Health Workers to Prevent Stillbirths

Senegal has built one of Africa's largest community health systems through Cases de Santé (health huts) since the 1950s, employing over 16,000 community health workers across five major types to serve rural areas. This decentralised approach compensates for the scarcity of formally trained health professionals (only 0.38 per 1,000 population, versus the WHO-recommended 2.3). Results have been transformative: prenatal visits increased from 14% to 57%, skilled birth attendance nearly doubled from 29% to 56%, and exclusive breastfeeding rose from 5% to 42% between 1993–2017, demonstrating community health workers' vital role in improving outcomes, including early detection of high-risk pregnancies that can lead to stillbirth.

Learn more: <https://www.exemplars.health/topics/stunting/senegal/how-did-senegal-implement>

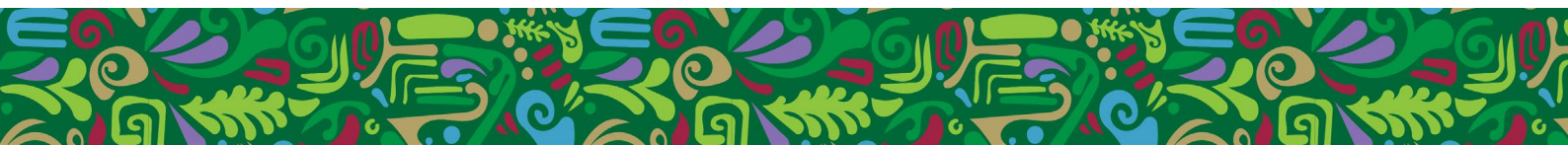
Contributors: *Tomomi Kitamura; Moses Isiagi*

South Sudan: Training Midwives to Reduce Maternal and Perinatal Deaths

Strengthening and investing in midwives is one of the most effective ways to prevent stillbirths and avoidable maternal and newborn deaths. Countries affected by armed conflict experience higher stillbirth rates, and South Sudan, where long-term instability has severely weakened the health system, has one of the world's highest stillbirth rates, making skilled midwife expansion essential. In 2010, the Catholic Health Training Institute was established, delivering a rigorous three-year programme combining classroom learning, clinical practice, and hospital internships. More than 350 graduates now work nationwide, contributing to maternal mortality declining from 2,054 to 1,223 per 100,000 births between 2010–2020.

Learn more: <https://borgenproject.org/maternal-mortality-in-south-sudan-2/>

Contributors: *Mary Kinney; Moses Isiagi*



Morocco: Expanding Access Through Free Maternal Healthcare and Women's Empowerment

Morocco achieved dramatic improvements through policy reforms and expanded access to services. The country removed user fees for delivery care, including caesarean sections, and upgraded public facilities. Antenatal care coverage surged from 9.4% to 60.9% receiving at least four visits, while institutional delivery tripled from 28.3% to 86.1% between 1992–2018. Simultaneously, Morocco increased modern contraceptive use from 28.9% to 59.1% and raised the legal marriage age to 18, empowering women's education and autonomy. These combined interventions, removing financial barriers while strengthening services, drove substantial maternal and perinatal mortality reductions, including stillbirths.

Learn more:

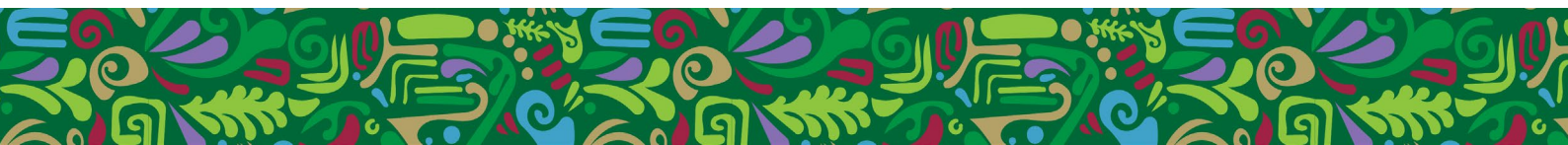
<https://www.exemplars.health/topics/neonatal-and-maternal-mortality/morocco/what-did-morocco-do>

Contributors: *Moses Isiagi*

Uganda (East Africa): Turning Data into Action

Uganda has emerged as a leading example of strengthening Maternal and Perinatal Death Surveillance and Response (MPDSR), moving from fragmented reviews to coordinated, learning-focused national programming. Progress accelerated when leaders at all levels consistently engaged with routine DHIS2 data to guide decisions. Uganda's turning point came when teams acknowledged that high stillbirth and maternal mortality rates were incompatible with a functioning health system, creating urgency and collective ownership. The country's distinctive strength lies in translating reviews into action through deliberate follow-through on recommendations. Uganda also adopted Tanzania's "deep-dive" review practice, demonstrating how South-South learning can rapidly strengthen systems.

Contributors: *Richard Mugahi*



Nigeria: Strengthening Stillbirths Data Visibility and Use for Decision-making

Nigeria is advancing stillbirth data visibility through a national Stillbirths Dashboard developed by the Federal Ministry of Health and Social Welfare in collaboration with the IHVN-IRCE SPEED Project. The dashboard consolidates DHIS2 data across all 36+1 states, providing real-time insights for programme planning, budgeting, and rapid response. By making state-level trends publicly accessible, Nigeria has enabled health leaders to act on timely evidence. Dashboard analysis identified Zamfara State as having Nigeria's highest stillbirth rate (53 per 1,000 live births), prompting expansion of Helping Babies Breathe (HBB) neonatal resuscitation training to the state.

Learn more:

<https://www.ihvnigeria.org/project-improves-nigerias-still-birth-data-access-use/>

Contributors: Oghome Emembo – SPEED Initiative, Dr. John Ovuoraye DFH-FMoHSW

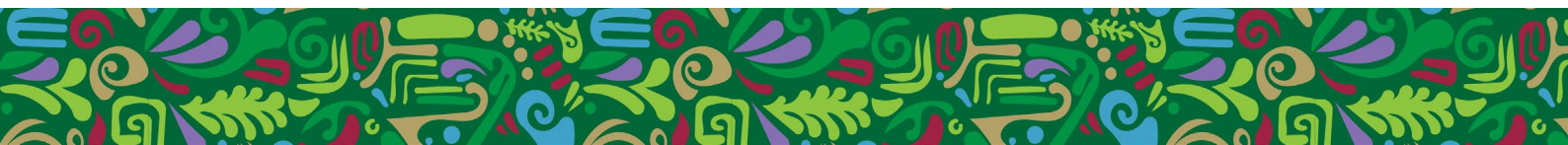
Kenya : Strengthening Bereavement Care for Parents After Stillbirth

Kenya is strengthening bereavement care as part of respectful maternity and newborn services, with counties leading practical innovations to support families after stillbirth or neonatal loss. Structured bereavement care trainings build health workers' confidence and communication skills, responding to evidence that providers felt ill-equipped caring for bereaved families. Facilities are designating bereavement champions who mentor colleagues and embed compassionate practices. Peer-support models are expanding, with civil society organisations like the TEARS Foundation Kenya broadening counselling networks. Kenya is seeing stronger collaboration between parent groups, professional associations, and government actors using Raising Parents' Voices tools.

Learn more:

<https://pmnch.who.int/resources/tools-and-toolkits/stillbirths-toolkit/kenya>

Contributors: Odessa Omanyoo; Mary Kinney



Zimbabwe and South Africa: Addressing Climate-Related Risks to Stillbirth Prevention

Rising temperatures are an emerging threat to maternal and newborn health, including stillbirth. Extreme heat during pregnancy increases risks of stillbirth, preterm birth, and hypertensive disorders through dehydration, inflammation, and reduced placental blood flow. Through the HIGH Horizons Project, Zimbabwe and South Africa are generating evidence on the effects of heat on pregnant women, newborns, and health workers. HIGH Horizons is testing heat-adaptation strategies, including low-cost facility cooling and MotherHeatAlert, a mobile app providing climate-health information. The complementary HAPI Project examines heat-adaptation interventions, positioning both countries as leaders in climate-related stillbirth prevention.

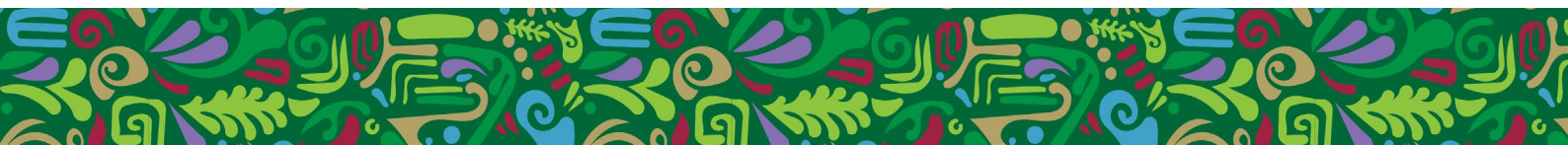
Learn more: www.high-horizons.eu/

Contributors: Beatrix Callard, Vivian Gaiko, Nonkululeko Shibula

Namibia: Strengthening Governance Through Legislative Mandate

Namibia's Public and Environmental Health Act (2015) mandates the reporting of maternal, neonatal, and stillbirth deaths within 7 days, with confidential enquiries conducted by a National Committee. Death reviews began in 2010 and now cover all regions. The latest triennial report (2021–2024) shows that stillbirths far outnumber neonatal deaths, mainly occurring before labour onset despite antenatal care attendance.

Challenges include limited review capacity; only 30% of submitted stillbirth files are reviewed nationally, and there were misclassifications between miscarriages and stillbirths. Priorities include aligning data practices with international guidelines and strengthening private sector engagement in reviews.



Authors

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