



# State of Africa's Stillbirths – Fact sheet

## Key facts:

- ~1 million late gestation stillbirths each year in Africa; nearly one every 30 seconds.
- No progress in two decades. The total number of stillbirths today is similar to 2000.
- 48% occur during labour signalling failures in quality of care
- 43 times higher intrapartum stillbirth rate than Europe
- Up to 70% are preventable with existing interventions
- 5 million stillbirths projected (2026–2030) without accelerated action
- 44% of countries have national stillbirth reduction targets

## Africa's Most Preventable Health System Failure

Stillbirth remains one of the most neglected outcomes in maternal and newborn health in Africa. Nearly 1 million babies are stillborn each year on the continent — approximately one every 30 seconds. Despite its scale and preventability, stillbirth is often unaccounted for in data systems, under-prioritised in policy, and underfunded in health investments.

Nearly 1 million third-trimester stillbirths occurred in Africa in 2023. There has been little progress in decades, and the total number of stillbirths today is similar to 2000. Without accelerated action, 5 million stillbirths are projected between 2026–2030. Most African countries remain in high or moderate mortality phases, requiring tailored strategies.

Half of stillbirths occur during labour, many in health facilities. Africa's intrapartum stillbirth rate is 43 times higher than Europe. Stillbirth is one of the clearest indicators of quality of care at the point of birth. These deaths reflect gaps in quality of antenatal and intrapartum care, emergency obstetric readiness, referral systems, and accountability mechanisms.

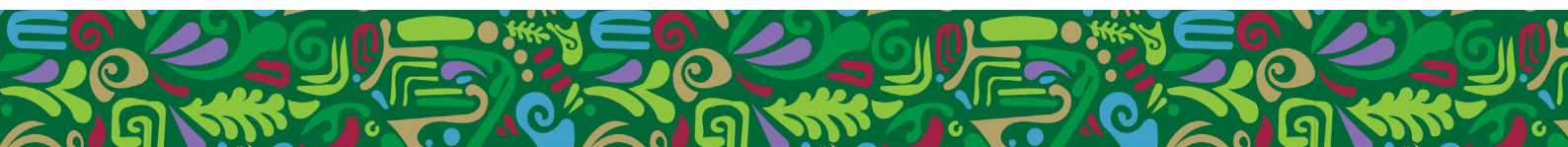
Less than half of African countries have a stillbirth reduction target. Stillbirth is often excluded from MNH policies, financing, and accountability frameworks. Data gaps limit visibility, prioritisation, and action.

## Why it matters

**Stillbirth is a sensitive indicator of health system performance and equity.** Countries cannot claim progress toward universal health coverage, health security, or sovereignty while stillbirth rates remain high and unexplained. Stillbirth also has profound social, psychological, and economic impacts on families, health workers, and communities.

High stillbirth rates signal that:

- Health systems are not delivering timely, high-quality care
- Progress toward universal health coverage and health security is incomplete
- Women and families are not receiving respectful and equitable care



## Solutions and a smart investment

Ending preventable stillbirths is a strategic investment in Africa's health, equity, and resilience. Up to 70% of stillbirths are preventable with existing interventions. Preventing stillbirth is a test of whether health systems are delivering safe, high-quality care at the moment of birth. Addressing stillbirth will accelerate progress across: maternal survival, newborn survival, health system strengthening, and equity and trust in care.

Key interventions include:

- Family planning
- Quality antenatal care
- Skilled care during labour
- Emergency obstetric and newborn care

Many countries have demonstrated innovative approaches to addressing the burden of stillbirths - the report features 10 country spotlights, including Nigeria, Kenya, Republic of Congo, Namibia, and others.

## Call to action – continent-led mobilization

Africa must move from silence to accountability. *The State of Africa's Stillbirths* report is the first Africa-wide stocktake dedicated exclusively to stillbirth, developed by more than 80 African experts from over 20 countries and led by Africa CDC, the International Stillbirth Alliance, the London School of Hygiene & Tropical Medicine (LSHTM), UNICEF, the University of Cape Town (UCT), and WHO.

**Between now and 2030, countries and partners must:**

- **Commit, lead & invest** in integrating stillbirth into national policies, budgets, and accountability mechanisms.
- **Capacitate the health system** to deliver quality care in pregnancy and at birth with a skilled, supported workforce and functional referral systems.
- **Count, use & learn** by turning one million losses into action through registration, review, and the systematic use of data.
- **Centre families and community** by empowering parents, raising awareness, and ensuring respectful, culturally appropriate bereavement care.
- **Contextualize action** by tailoring strategies to the mortality phase to maximise impact and equity.

