

Event Summary – IMNHC Satellite Session

Voices for Change: Elevating Stillbirths on the Maternal and Newborn Health Agenda

The satellite session “Voices for Change: Elevating Stillbirths on the Maternal and Newborn Health Agenda,” held at the International Maternal Newborn Health Conference (IMNHC) on 24 March 2026, brought together more than 200 participants from governments, UN agencies, civil society, academia, and affected families. The session, moderated by Mary Kinney (University of Cape Town), aimed to elevate stillbirths as a critical maternal and newborn health priority, launch *The State of Africa’s Stillbirths* report, and facilitate a consultation to shape collective priorities for action.

The session opened with welcoming remarks from Grace Mwashigadi, bereaved parent and co-chair of the Lancet Stillbirth Advisory Committee, and Helga Fogstad, Head of Health at UNICEF, highlighting the urgency of addressing stillbirths and the importance of elevating lived experience in policy dialogue. These remarks set a powerful tone of partnership, accountability, and collective action.

The keynote was delivered by Dr. Lucy Mazaba Mazyanga, Regional Director at Africa CDC, who emphasised that stillbirth is both a marker of health system performance and a health security issue. She highlighted that preventing stillbirths requires strengthening primary health care, improving quality of care at birth, investing in the workforce, and strengthening data systems to drive accountability.

Following the keynote, the session moved to evidence and action, including presentation of findings from *The State of Africa’s Stillbirths* report and a multi-stakeholder panel titled *Voices from Africa: From evidence to action to end preventable stillbirths*. Moderated by Carlos Kilowe, Regional Lead for Immunization at Africa CDC, the first panel featured Richard Mugahi (Uganda Ministry of Health), Gagan Gupta (UNICEF), Linda Vanotoo (International Stillbirth Alliance, Ghana), Ntuli Kapologwe (ECSA-HC), and Chibugo Okoli (Jhpiego, Nigeria), moderated by Carlos Kilowe (Africa CDC). Panelists highlighted the need for stronger policy integration, sustained financing, improved accountability, and meaningful engagement of affected families to drive progress.

A central feature of the session was the consultation process, which engaged more than 100 participants in small-group discussions across four themes: political prioritisation, sociocultural dynamics, practical solutions, and bereavement care. Participants identified key challenges, research gaps, and priority actions for the next 3–5 years and beyond 2030. Parent voices were embedded throughout the consultation, with particularly powerful reflections shared by Moses Nsubiga, bereaved father from Uganda, on his experience of loss and stigma, underscoring the profound social and emotional impact of stillbirth and the need for respectful, family-centred care.

The final panel, *Voices for Change: Mobilising to accelerate progress*, focused on translating consultation insights into action. Moderated by Étienne Langlois (PMNCH), the panel featured Jacqueline Dunkley-Bent (International Confederation of Midwives), Kapila Jayaratne (University of Colombo, Sri Lanka), Karoline Myklebust Linde (Laerdal Global Health), and Emily Njuguna (PATH). Discussions emphasised strengthening the frontline workforce, improving accountability through data, supporting community-led innovation, and addressing sociocultural barriers to care.

The session concluded with closing reflections from Milcah Mwamadi, bereaved parent and co-chair of the Lancet Stillbirth Advisory Committee, and Dr. Adeniyi Aderoba (WHO African Region), speaking on behalf of the Lancet Stillbirth Advisory Committee co-chairs. Their remarks reinforced the importance of sustaining momentum, centring parent voices, and translating consultation outcomes into policy and implementation action.

Overall, the session demonstrated high-level engagement from UNICEF, WHO, and Africa CDC, while centring lived experience and co-creation. The consultation outcomes will inform advocacy priorities, policy dialogue, and the forthcoming Lancet Stillbirth Series, helping to ensure that stillbirths are no longer invisible and that every pregnancy, birth, and family is counted and cared for.

Summary compiled by Mary Kinney, April 2026