



# Web Appendices

Access the full report and other supporting materials at <https://africacdc.org/download/state-of-africas-stillbirths/>

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# Introduction

Table: Mapping of African regional policies and stillbirth

Policy / Framework	Reference	Is stillbirth, perinatal/fetal death, mentioned explicitly?	Opportunity for stillbirth integration
<b>Africa Health Strategy (2016–2030)</b>	African Union Commission (2016) <i>Africa Health Strategy 2016–2030</i> . Addis Ababa: African Union. <a href="#">Africa Health Strategy 2016 – 2030   African Union</a>	No	<ul style="list-style-type: none"> <li>- Include stillbirths explicitly within burden of disease metrics and health system performance indicators.</li> <li>- Integrate stillbirth prevention into health systems strengthening pillars, especially emergency obstetric and neonatal care.</li> <li>- Institutionalise Maternal and Perinatal Death Surveillance and Response (MPDSR) across all Member States.</li> <li>- Ensure stillbirth data is included in routine HMIS and continental reporting systems.</li> </ul>
<b>CARMMA Plus Roadmap (2021–2030)</b>	African Union Commission (2021) <i>Re-strengthened Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA Plus) Roadmap 2021–2030</i> . Addis Ababa: African Union. <a href="#">Resources   Carmma</a>	Yes. Explicitly calls for strengthened maternal and newborn health programs to prevent avoidable maternal and perinatal deaths; includes Maternal and Perinatal Death Surveillance and Response (MPDSR) as a key component.	<ul style="list-style-type: none"> <li>- Expand the focus from maternal mortality to include stillbirth reduction targets and indicators explicitly.</li> <li>- Integrate stillbirths into MPDSR systems and national scorecards.</li> <li>- Ensure all RMNCAH interventions include intrapartum care quality indicators linked to stillbirths.</li> </ul>

			<ul style="list-style-type: none"> <li>- Strengthen accountability mechanisms for preventable stillbirths at the facility and national levels.</li> </ul>
<b>Maputo Plan of Action (2016–2030)</b>	<p>African Union Commission (2016) <i>Maputo Plan of Action 2016–2030: Universal Access to Comprehensive Sexual and Reproductive Health Services in Africa</i>. Addis Ababa: African Union.</p> <p><a href="https://au.int/sites/default/files/documents/24099-poa_5-revised_clean.pdf">https://au.int/sites/default/files/documents/24099-poa_5-revised_clean.pdf</a></p>	<p>Yes. Optimize the functioning of the health system and improve human resources for RMNCAH, using the stillbirth rate (and intrapartum stillbirth rate) as an indicator to monitor progress.</p>	<ul style="list-style-type: none"> <li>- Explicitly include stillbirth rate reduction targets within SRHR indicators.</li> <li>- Integrate stillbirth prevention into family planning, antenatal care, and skilled birth attendance strategies.</li> <li>- Include stillbirths in monitoring and evaluation frameworks and national reporting.</li> <li>- Strengthen investment in intrapartum care (e.g., fetal monitoring, emergency obstetric care) as a key intervention area.</li> </ul>
<b>African Union Agenda 2063</b>	<p>African Union Commission (2015) <i>Agenda 2063: The Africa We Want (Popular Version)</i>. Addis Ababa: African Union.</p> <p><a href="https://au.int/sites/default/files/documents/36204-doc-agenda2063_popular_version_en.pdf">36204-doc-agenda2063_popular_version_en.pdf</a></p>	<p>No</p>	<ul style="list-style-type: none"> <li>- Introduce a continental stillbirth reduction target aligned with SDG 3.2 and embed it within Agenda 2063 health indicators.</li> <li>- Integrate stillbirths into continental monitoring frameworks (e.g., AU scorecards, STATAFRIC reporting).</li> <li>- Mandate inclusion of stillbirths in civil registration and vital statistics (CRVS) strengthening strategies.</li> <li>- Position stillbirths as a key indicator of</li> </ul>

			health system performance and equity in Agenda 2063 implementation plans.
<b>Abuja Declaration</b>	<p>Organisation of African Unity (2001) <i>Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases</i>. Abuja: OAU.</p> <p><a href="https://au.int/sites/default/files/pages/32894-file-2001-abuja-declaration.pdf">https://au.int/sites/default/files/pages/32894-file-2001-abuja-declaration.pdf</a></p>	No	<ul style="list-style-type: none"> <li>- Expand the scope beyond infectious diseases to include maternal and perinatal outcomes including stillbirths as co-indicators of health investment.</li> <li>- Allocate part of the 15% health budget commitment specifically to maternal, fetal, and newborn care.</li> <li>- Integrate stillbirth surveillance within HIV/PMTCT and TB programmes, given shared risk factors (e.g., infection in pregnancy).</li> <li>- Include stillbirth indicators in national health financing accountability frameworks.</li> </ul>
<b>Africa CDC-New Public Health Order</b>	<p>African Union (2022) <i>Africa's New Public Health Order: Call to Action</i>. Addis Ababa: Africa CDC.</p> <p><a href="#">Call To Action: Africa's New Public Health Order – Africa CDC</a></p>	No	<ul style="list-style-type: none"> <li>- Integrate stillbirths into public health surveillance systems and epidemic preparedness frameworks.</li> <li>- Include stillbirth indicators in health workforce training and competency frameworks.</li> <li>- Promote local manufacturing of essential maternal and neonatal commodities (e.g., fetal monitoring tools, obstetric supplies).</li> <li>- Include stillbirths in data systems for health security and resilience planning.</li> </ul>

<p><b>AU Continental Sexual Reproductive Health and Rights Framework (2022–2030)</b></p>	<p>African Union Commission (2006) <i>Sexual and Reproductive Health and Rights Continental Policy Framework</i>. Addis Ababa: African Union.  <a href="https://au.int/sites/default/files/documents/30921-doc-srhr_english_0.pdf">https://au.int/sites/default/files/documents/30921-doc-srhr_english_0.pdf</a></p>	<p>Yes. As one of the strategies for reducing maternal morbidity and mortality, one of the checklists for monitoring progress is stated as the “reduction in stillbirths and neonatal mortality”.</p>	<ul style="list-style-type: none"> <li>- Explicitly include stillbirth reduction as a core SRHR outcome alongside maternal and neonatal mortality.</li> <li>- Integrate stillbirth prevention into antenatal, intrapartum, and postnatal care packages.</li> <li>- Include bereavement care and respectful maternity care after stillbirth as part of SRHR rights.</li> <li>- Strengthen community awareness and stigma reduction strategies around stillbirths.</li> </ul>
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# The Burden

Content pending

# The Drivers

## Mapping of related data systems

Table: Overview of Data Systems for Stillbirth and Newborn Death Information

System	What the System Provides	Who Owns the Data	Nationally Representative	Subnationally Accurate	Frequency of Data Collection	Cause of Death Information
<b>HMIS</b> ( <i>Health Management Information System</i> )	Routine facility-based data on service use, births, deaths, and complications.	Ministry of Health	✗ No – limited to facilities.	☑ Yes – facility-level, though quality varies.	Continuous (monthly/quarterly reporting).	✗ Usually not – few systems capture cause of death reliably.
<b>CRVS</b> ( <i>Civil Registration and Vital Statistics</i> )	Legal record of all births and deaths, including stillbirths where registered.	Ministry of Home Affairs / Civil Registration Authority	☑ Yes – when complete.	☑ Potentially, but coverage often uneven.	Continuous (real-time registration).	☑ Yes – when cause certified (medical or verbal autopsy).
<b>IDSR</b> ( <i>Integrated Disease Surveillance and Response</i> )	Tracks notifiable diseases and public health events; limited MNH data.	Ministry of Health / Surveillance Unit	✗ No – focuses on outbreaks.	☑ Often used for district-level alerts.	Continuous with rapid reporting.	✗ No – not designed for cause-of-death data.
<b>MPDSR</b> ( <i>Maternal and Perinatal Death Surveillance and Response</i> )	Case-based reviews of maternal and perinatal deaths to identify causes and actions.	Ministry of Health	✗ No – depends on facility coverage.	☑ Yes – strong at subnational/facility level.	Continuous case reporting with periodic reviews.	☑ Yes – cause of death identified and discussed.

<b>System</b>	<b>What the System Provides</b>	<b>Who Owns the Data</b>	<b>Nationally Representative</b>	<b>Subnationally Accurate</b>	<b>Frequency of Data Collection</b>	<b>Cause of Death Information</b>
<b>Household Surveys</b> (e.g., <i>DHS, MICS</i> )	Population-based estimates of mortality, service coverage, and risk factors.	National Statistics Office (with MOH collaboration)	<input checked="" type="checkbox"/> Yes – nationally representative.	<input checked="" type="checkbox"/> No – subnational data limited by sample size.	Every 3–5 years.	<input type="checkbox"/> Partial – limited stillbirth and no medical cause detail.

### Policy and systems readiness related to stillbirth

Category	Indicator	Status (out of 48, %)
Policies	RMNCAH strategy including newborns & stillbirths	46 (96%)
	National stillbirth rate target	17 (35%)
	Achieving global stillbirth rate target ( $\leq 12$ per 1,000 births)	2 (4%)
	Updated ANC policy (8 contacts)	35 (73%)
	Intrapartum care or labour monitoring policy with birth companion	29 (60%)
	Intrapartum care or labour monitoring policy with revised partograph	31 (65%)
	Strategy for the scale-up of Emergency Obstetric Care	26 (54%)
	National strategy includes MNH quality of care standards	36 (75%)
	Bereavement care policy	Not tracked
System readiness	MNH component of plan costed	38 (79%)
	MNH component of plan budgeted or financed (full or partial)	36 (75%)
	National emergency transport system for all pregnant women and newborns (entire country)	13 (27%)
	>80% of facilities identified for basic EmOC services provide it	24 (50%)
	Specific budget line for EmOC	10 (21%)
	Defined essential competencies for midwifery practice	41 (85%)
	National prioritised research agenda for MNH and stillbirths.	13 (27%)

Source: ENAP-EPMM Tracking Tool 2023 [1]. Sub-analysis of existing data set used with permission from UNICEF.

# The Impact

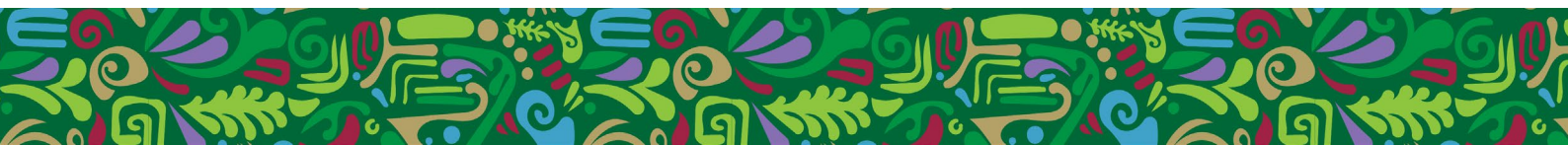
**Table: Mapping the cost of stillbirth in Africa**

Group	Direct Costs	Indirect Costs	Intangible & Systemic costs
Individual women	<p>Increased healthcare costs, including out-of-pocket expenditure and bereavement support; funeral and burial costs.</p> <p>Difficulty in providing adequate psychological and emotional to their partner</p>	<p>Loss of earnings and productivity (especially where social protection or maternity leave is limited).</p> <p>Healthcare interventions without health benefit (e.g., caesarean section for a baby already deceased).</p>	Grief, trauma, depression, self-blame, stigma, and isolation.
Fathers		—	Grief, psychological distress, depression/anxiety, and social isolation.
Siblings / Wider families	<p>Additional care burden when filling the gap for a mother/father who is emotionally incapacitated for a season.</p> <p>Emotional disassociation with other siblings following the loss.</p>	—	Grief and bereavement stress: long-term mental health impacts.
Healthcare workers	Increased care burden and workload, especially around emergencies.	Loss of productivity due to burnout, absenteeism, or litigation-related stress.	Grief, guilt, fear of blame, moral injury, and psychological distress contributing

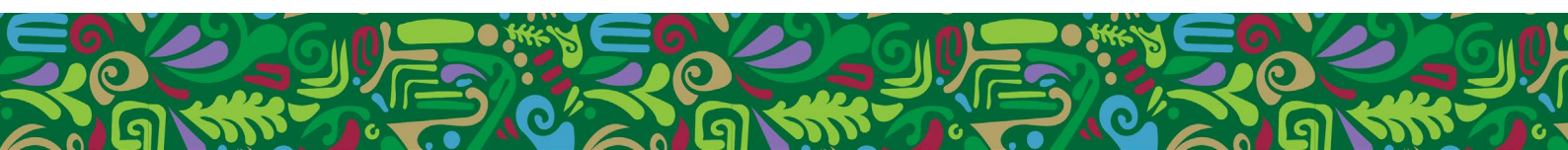
Group	Direct Costs	Indirect Costs	Intangible & Systemic costs
	Possible litigation expenses or increased insurance premiums to practice in obstetrics.	Staff attrition from the profession of midwifery/obstetrics	to workforce attrition (reducing surge capacity for emergencies).
Wider society	<p>Health system expenditure without societal benefits with long-term costs, such as a caesarean section</p> <p>Emergency obstetric failures (no oxygen, no blood, no theatre team) reflect the same system bottlenecks that undermine outbreak readiness.</p>	<p>Loss of productivity and reduced human capital.</p> <p>Workforce shortages due to burnout or litigation weaken emergency and pandemic response capacity.</p> <p>Long-term strain on health systems from preventable interventions (e.g., unnecessary caesareans) reduces resilience.</p>	<p>Collective mental health impacts. Trauma in communities undermines trust in health facilities—reducing care-seeking during crises.</p> <p>Weak routine systems for stillbirth detection/review mirror weaknesses in surveillance essential for early warning and pandemic preparedness.</p>

## Opportunities – continuum of care

Topic	WHO recommendations
WHO recommendations: Intrapartum care for a positive childbirth experience	<ul style="list-style-type: none"> <li>• WHO recommendations: intrapartum care for a positive childbirth experience (2018) <a href="https://www.who.int/publications/i/item/9789241550215">https://www.who.int/publications/i/item/9789241550215</a></li> </ul>
WHO recommendations: Induction of labour at or beyond term	<ul style="list-style-type: none"> <li>• WHO recommendations: Induction of labour at or beyond term (2022) <a href="https://www.who.int/publications/i/item/9789240052796">https://www.who.int/publications/i/item/9789240052796</a> <ol style="list-style-type: none"> <li>a. WHO recommendations on outpatient settings for induction of labour (2022) <a href="https://www.who.int/publications/i/item/9789240055810">https://www.who.int/publications/i/item/9789240055810</a></li> <li>b. WHO recommendations for mechanical methods for induction of labour (2022) <a href="https://www.who.int/publications/i/item/9789240055780">https://www.who.int/publications/i/item/9789240055780</a></li> </ol> </li> </ul>
WHO recommendations for augmentation of labour	<ul style="list-style-type: none"> <li>• WHO recommendations for augmentation of labour (2014) <a href="https://www.who.int/publications/i/item/9789241507363">https://www.who.int/publications/i/item/9789241507363</a></li> </ul>
WHO recommendations for prevention and treatment of pre-eclampsia and eclampsia	<ul style="list-style-type: none"> <li>• WHO recommendations for prevention and treatment of pre-eclampsia and eclampsia <a href="https://www.who.int/publications/i/item/9789241548335">https://www.who.int/publications/i/item/9789241548335</a> <ol style="list-style-type: none"> <li>a. WHO recommendations: Drug treatment for severe hypertension in pregnancy (2018) <a href="https://www.who.int/publications/i/item/9789241550437">https://www.who.int/publications/i/item/9789241550437</a></li> </ol> </li> <li>• WHO recommendations Policy of interventionist versus expectant management of severe pre-eclampsia before term (2018) <a href="https://www.who.int/publications/i/item/9789241550444">https://www.who.int/publications/i/item/9789241550444</a></li> <li>• WHO recommendation: calcium supplementation during pregnancy for prevention of pre-eclampsia and its complications (2018) <a href="https://www.who.int/publications/i/item/9789241550451">https://www.who.int/publications/i/item/9789241550451</a></li> <li>• WHO recommendations on calcium supplementation before pregnancy for the prevention of pre-eclampsia and its complications (2020) <a href="https://www.who.int/publications/i/item/9789240003118">https://www.who.int/publications/i/item/9789240003118</a></li> <li>• WHO recommendations on drug treatment for non-severe hypertension in pregnancy (2020) WHO recommendations on drug treatment for non-severe hypertension in pregnancy (2020)</li> <li>• WHO recommendation on antiplatelet agents for the prevention of pre-eclampsia (2021) <a href="https://www.who.int/publications/i/item/9789240037540">https://www.who.int/publications/i/item/9789240037540</a></li> </ul>



<p>WHO recommendations for prevention and treatment of maternal peripartum infections</p>	<ul style="list-style-type: none"> <li>• WHO recommendations for prevention and treatment of maternal peripartum infections (2015) <a href="https://www.who.int/publications/i/item/9789241549363a">https://www.who.int/publications/i/item/9789241549363a</a>.</li> <li>• WHO recommendation on routine antibiotic prophylaxis for women undergoing operative vaginal birth (2021) <a href="https://www.who.int/publications/i/item/9789240027992">https://www.who.int/publications/i/item/9789240027992</a></li> <li>• WHO recommendation on prophylactic antibiotics for women undergoing caesarean section (2021) <a href="https://www.who.int/publications/i/item/9789240028012">https://www.who.int/publications/i/item/9789240028012</a> .</li> <li>• WHO recommendations on choice of antiseptic agent and method of application for preoperative skin preparation for caesarean section (2021) <a href="https://www.who.int/publications/i/item/9789240028036">https://www.who.int/publications/i/item/9789240028036</a> .</li> <li>• WHO recommendation on vaginal preparation with antiseptic agents for women undergoing caesarean section (2021) <a href="https://www.who.int/publications/i/item/9789240028067">https://www.who.int/publications/i/item/9789240028067</a></li> <li>• WHO recommendation on antibiotic prophylaxis during labour for vaginal birth (2025) <a href="https://www.who.int/publications/i/item/9789240115750">https://www.who.int/publications/i/item/9789240115750</a></li> </ul>
<p>WHO recommendations for the prevention and treatment of postpartum haemorrhage</p>	<ul style="list-style-type: none"> <li>• WHO recommendations for the prevention and treatment of postpartum haemorrhage <a href="https://www.who.int/publications/i/item/9789240115637">https://www.who.int/publications/i/item/9789240115637</a> (2025)</li> </ul>



## Care for women after stillbirth

### ESSENTIAL ELEMENTS OF PHYSICAL CARE OF WOMEN AFTER DIAGNOSIS OF STILLBIRTH

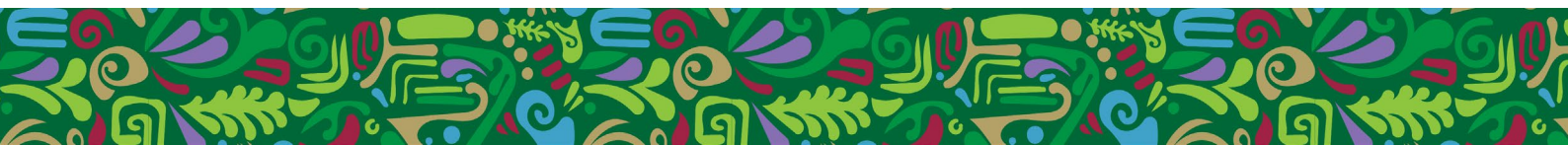
#### Labour and birth

- Sensitive shared decision-making on options for timing and mode of birth (vaginal or caesarean birth)
- Discussion of options for pain relief and management of the third stage of labour (for vaginal births)
- Planning for a birthing companion, according to the woman's preferences
- Treatment for any maternal conditions

#### Postnatal care

- Comprehensive postnatal physiological assessment
- Management of postpartum perineal and uterine pain following vaginal birth
- Pain management and wound care following caesarean birth
- Dietary advice and information for preventing constipation
- Lactation management, including lactation suppression where required
- Treatment of breast engorgement and prevention of mastitis
- Comprehensive contraceptive information and services
- Ongoing treatment for any maternal conditions and counselling around subsequent pregnancy planning

(Stillbirth guidance 2023)



# Acknowledgements

## Governance and advisory structure

The development and dissemination of the report were guided through three interconnected groups:

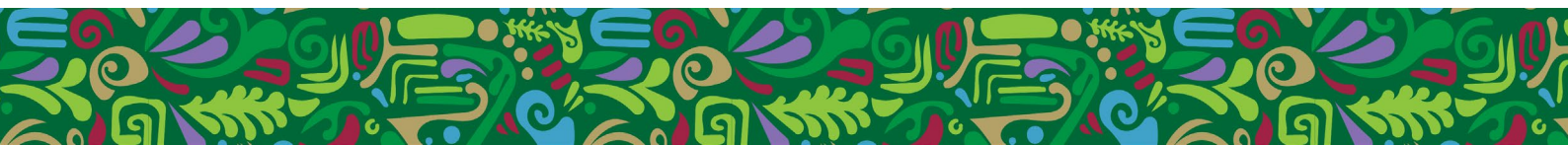
- **Strategic Advisory Group:** Comprising representatives from core partner institutions, this group provided overall strategic direction and oversight for the development and dissemination of the report.
- **Technical Advisory Group:** A multidisciplinary group of 46 experts, including academics, implementing partners, policymakers, health workers, and parents with lived experience of stillbirth.
- **Advocacy and Communications Group:** Comprising members from the International Stillbirth Alliance, UNICEF and WHO Regional Office communications teams, PMNCH, and PATH.

Group members were selected based on demonstrated expertise, regional representation within Africa, lived or professional experience (including representation of affected parents and health workers in each group), a strong track record of contribution, ability to commit time and leadership, and alignment with the values underpinning this report.

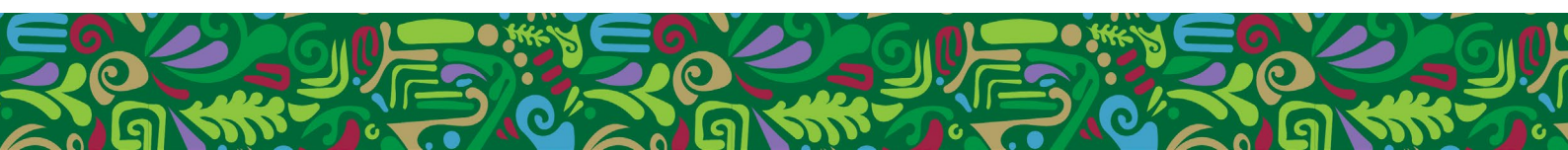
The University of Cape Town served as the Secretariat for the partnership, coordinating collaboration, process, and delivery. The work was supported through a Laerdal Foundation award and UNICEF, through a grant from the Gates Foundation.

## List of contributors

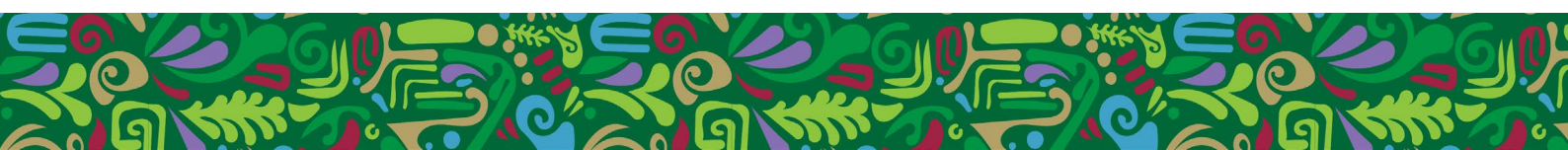
Name	Organisation	Country	Group
Abdullah, Muna	UNFPA	South Africa	TAG
Abrampah, Nana Mensah	WHO	Ghana	TAG
Aderoba, Adeniyi	WHO AFRO	Nigeria	SAG
Afifi, Mohamed	WHO EMRO	Egypt	TAG
Ahmed, Abdihamid Ibrahim	UNICEF	Kenya	TAG
Akello, Jackline	Makerere University	Uganda	TAG
Akuze, Joseph Waiswa	Makerere University	Uganda	TAG
Alemeshet Asefa, Yohanis	Haramaya University / LSHTM	Ethiopia	TAG
Atuheire, Emily	Africa CDC	Ethiopia/Uganda	SAG, Advocacy
Attachie, Irene Torshie	University of Health and Allied Sciences	Ghana	TAG
Ayebare, Elizabeth	Makerere University	Uganda	TAG



Bain, Robert	UNICEF	Kenya	TAG
Berthe, Mamadou	SAWG-Africa	Mali	TAG
Blencowe, Hannah	LSHTM	United Kingdom	SAG
Callard, Beatrix	Ministry of Health	Namibia	Advocacy
Chahbi, Aroua	Tunisian Midwifery Association	Tunisia	TAG
Dao, Blami	University Nazi Boni	Burkina Faso	TAG
Dadjoari, Moussa	University Nazi Boni	Burkina Faso	Advocacy
Doe, Roseline	WHO	South Africa	TAG, Advocacy
Dossou, Jean-Paul	CERRHUD	Benin	TAG
Emembo, Oghome	WHO	Nigeria	TAG, Advocacy
Faye, Cheikh	APHRC	Senegal	TAG
Fotso Fokam, Zacharie	UNICEF WCARO	Senegal	TAG
Gadama, Louis	Kamuzu University of Health Sciences	Malawi	TAG
Gaga, Fidele Ngabo	Africa CDC	Ethiopia	TAG
Gaiko, Vivian	International Stillbirth Alliance	USA/Kenya	SAG
Gangoue, Gildas Martial	University of Yaoundé	Cameroon	Advocacy
Gupta, Gagan	UNICEF	Kenya/India	SAG
Hanson, Claudia	Karolinska Institute	Sweden	TAG
Hug, Lucia	UNICEF	USA	SAG
Isiagi, Moses	University of Cape Town	South Africa/Uganda	SAG
Joseph, Martin	WHO	Uganda	TAG
Kabore, Emmanuel	Ministry of Health	Burkina Faso	Advocacy
Kapologwe, Ntuli	ECSA-HC	Tanzania	TAG
Kayita, Janet	WHO	Uganda	TAG
Kekimuri, Denise	UNICEF	Uganda	Advocacy
Khalil, Merette	YourEgyptianDoula	Egypt	TAG



Kinney, Mary	University of Cape Town	South Africa/USA	SAG
Kitamura, Tomomi	UNICEF WCARO	Senegal	TAG, Advocacy
Magaya, Paidamoyo	LSHTM	Zimbabwe	Advocacy
Magge, Hema	Gates Foundation	United Kingdom	TAG
Maina, Rose	Aga Khan University	Kenya	TAG
Maswime, Salome	University of Cape Town	South Africa	SAG
Murewanhema, Grant	University of Zimbabwe	Zimbabwe	Advocacy
Mugahi, Richard	Ministry of Health	Uganda	TAG
Mutemi, Ashley	Parent Advocate	Kenya	Testimonials
Mutowo, Jessica	UNICEF	Zimbabwe	Advocacy
Mwashigadi, Grace	Parent Advocate	Kenya	TAG
Mwandumba, Owen	ECSA-HC	Tanzania	Advocacy
Nasikye, Ester	Ministry of Health	Uganda	Advocacy
Ngabonzima, Anaclet	WHO AFRO	Rwanda	TAG
Ngulube, Lumbani	University of Cape Town	South Africa/Malawi	SAG
Ngwa, Chris	Africa CDC	Cameroon	Advocacy
Ntaganira Uwase, Marie	University of Rwanda	Rwanda	Advocacy
Okomo, Uduak	MRC Unit The Gambia / LSHTM	The Gambia	TAG
Okong, Pius	MUST	Uganda	TAG
Omanyoo, Odessa	SAWG / Kenyatta National Hospital	Kenya	TAG, Advocacy
Ovuoraye, John	WHO	Nigeria	Advocacy
Quigley, Paula	International Stillbirth Alliance	Italy/Ireland	SAG
Rerimoj, Anne	Kenya Paediatric Research Consortium	Kenya	TAG
Rulisa, Stephen	University of Rwanda	Rwanda	TAG
Sall, Djariatou Sow	UNICEF WCARO	Senegal	Advocacy
Selim, Leah	UNICEF	Egypt	Advocacy
Ssegujja, Eric	Makerere University	Uganda	TAG



Shibula, Nonkululeko	International Stillbirth Alliance	South Africa	Advocacy
Shikwambi, Hilma	UNFPA	Namibia/Senegal	TAG
Siddeeg, Khalid	WHO EMRO	Sudan	TAG
Silumesii, Andrew	UNICEF	Zambia	Advocacy
Sono, Lino	SA Ministerial Committee	South Africa	TAG
Temfack, Elvis	Africa CDC	Ethiopia/Cameroon	SAG
Temmerman, Marleen	Aga Khan University	Kenya	Advocacy
Torshie Attachie, Irene	University of Health and Allied Sciences	Ghana	TAG
Toure, Kadi	PMNCH	Senegal/Switzerland	Advocacy
Traore, Yeri Sylvie Youl	WHO	Burkina Faso	Advocay
Uwizeye, Sabine	University of Rwanda	Rwanda	Advocacy
Vanotoo, Linda	International Stillbirth Alliance	Ghana/USA	SAG
Wannis, Hrayr	UNICEF ESARO	Kenya	TAG
Wiklund, Josefin	UNICEF	Sweden	Advocacy
You, Danzhen	UNICEF	USA	SAG
Yourkavitch, Jennifer	International Stillbirth Alliance	USA	TAG
Yur, Chol Thabo Ayul	UNICEF	Kenya	TAG

1. WHO U, UNFPA,. Improving maternal and newborn health and survival and reducing stillbirth: progress report 2023. Geneva: World Health Organization, 2023. [cited on 04/12/2025]. Available from: <https://www.who.int/publications/i/item/9789240073678>.

