



State of Africa's Stillbirths





Policy Brief

Summary

Stillbirth is Africa's silent epidemic and one of the clearest indicators of health system failure.

Every 30 seconds, a baby is stillborn on the continent. In 2023 alone, nearly one million third-trimester stillbirths occurred across Africa - most are preventable. Countries cannot claim progress toward health security or universal health coverage while rates remain high and unexplained. Without accelerated action, five million stillbirths will occur between 2026 and 2030.

The State of Africa's Stillbirths Report calls for urgent action to transform these losses into a catalyst for strengthening health systems and advancing Africa's health security and resilience.

Why this report

Stillbirths are among the most sensitive indicators of health system performance. Africa's Health Security and Sovereignty Agenda aims to strengthen Africa's capacity to prevent, detect, and respond to health threats through resilient, self-reliant health systems. Stillbirths expose weaknesses in quality of care, surveillance, and emergency readiness, which are the same system capacities required to protect populations during outbreaks, crises, and routine care. Yet, stillbirth remains largely invisible in policy, financing, and accountability frameworks. This landmark Africa-led report provides the first continent-wide stocktake dedicated exclusively to stillbirths with a call to action, which was developed by more than 80 African experts from over 20 countries.

The Burden

Africa accounts for roughly half of the global burden of stillbirths, with nearly one million losses each year [1]. Half occur during labour, often within health facilities, signalling preventable failures in the quality of care at a period when risk is highest. Africa's intrapartum stillbirth rate is more than 40 times higher than that of Europe. While some countries have reduced stillbirth rates, progress has been slow. Africa experiences nearly the same number of stillbirths today as in 2000.

The Drivers

Stillbirths persist because women and families face avoidable medical conditions driven by cultural, social, systemic, and structural barriers to timely, high-quality care. Shortages of skilled health workers, limited emergency obstetric services, weak supply chains, and delayed referrals continue to compromise care. Policy, data, and implementation gaps are a challenge with only 44% of African countries reporting a national stillbirth target.

The Impact

Stillbirth causes cascading harm beyond the loss of a baby. It increases risks in subsequent pregnancies, contributes to long-term physical and mental health consequences for women and families, fuels burnout and attrition among health workers, and signals fragile health systems. Stillbirth incurs significant economic costs through lost productivity, increased healthcare needs, and reduced human capital, undermining broader social and economic development.

The Solutions

Preventing stillbirth protects Africa's human capital at the very start of life and strengthens resilient systems capable of responding to both routine health needs and emergencies. Up to 70% of stillbirths are preventable with existing interventions. Investments in quality care at birth — including skilled workforce, emergency obstetric and newborn care, intrapartum monitoring, and referral systems — simultaneously reduce maternal mortality, neonatal mortality, and stillbirth and improve developmental outcomes. Prevention strategies must be tailored to the country context and mortality level.

Pathways to progress

Ending preventable stillbirths is both a strategic investment in Africa's health, equity, and resilience and a moral imperative. The report calls for a continental shift from silence to accountability through five priority actions: commit, lead, and invest; strengthen health systems to deliver quality care; count, review, and learn from every stillbirth; centre families and communities; and tailor action to country context.

Call to action to 2030

Every Woman Every Newborn Everywhere Mortality Targets

Maternal mortality ratio
global average
<70 / 100 000 live births

Stillbirth rate
≤12 / 1 000 total births

Newborn mortality rate
≤12/1 000 live births



Every Woman Every Newborn Everywhere Coverage Targets

90% of women receive at least four or more antenatal care contacts

80% of women receive postnatal care, including those who experience a stillbirth

80% of the population is able to access emergency obstetric care within two hours

Universal access to family planning

90% of births attended by a skilled health worker



Priority Actions (2026–2030)

Commit, lead, & invest in integrating stillbirth prevention into national policies, budgets, and accountability mechanisms.

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.

Capacitate the health system to deliver quality care in pregnancy and at birth with a skilled, supported workforce and functional referral systems.



Contextualise action by tailoring strategies to mortality phase to maximise impact and equity.

The State of Africa's Stillbirths report reflects a continent-wide effort to accelerate progress on stillbirth prevention. The report was led by Africa CDC, the University of Cape Town, UNICEF, LSHTM, the International Stillbirth Alliance, and WHO, with contribution from more than 80 African experts. Access the report at <https://africacdc.org/download/state-of-africas-stillbirths/>

1. UN Inter-Agency Group for Child Mortality Estimation. Standing Up for Stillbirth: Current estimates and key interventions. New York, NY: United Nations Children's Fund; 2025. [cited on 09 July 2025]. Available from: <https://data.unicef.org/resources/standing-up-for-stillbirth-report/>.
2. Africa CDC, UCT, UNICEF, LSHTM. Improving Stillbirth Data Recording, Collection and Reporting in Africa. Observatory, South Africa: University of Cape Town, 2025. [cited on 26 November 2025]. Available from: <https://africacdc.org/improving-stillbirth-data-recording-collection-and-reporting-in-africa/>



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