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30 March 2026

UCT co-led report paints a dull picture of stillbirths in Africa, calls for improvement

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.

Without accelerated action, an estimated five million stillbirths will occur between 2026 and 2030, the [State of Africa's Stillbirths \(SOAS\) Report](#), developed by more than 80 African experts from over 20 countries, including researchers from the University of Cape Town (UCT), warns.

In 2023 alone, nearly one million third-trimester stillbirths occurred across Africa, most of them preventable. Countries cannot claim progress toward health security or universal health coverage while stillbirth rates remain high and unexplained, the report states.

"Behind every stillbirth is a mother, a family and a loss that is too often invisible. What is most striking is that the majority of these deaths are preventable. This report is a call to recognise these losses, count them and act decisively to prevent them," said Lumbani Ngulube from UCT's [Division of Global Surgery](#), who is the project coordinator.

A call for urgent action

Launched on Tuesday, 24 March 2026, at the [International Maternal and Newborn Health Conference](#) (IMNHC), the SOAS report is the first continent-wide stocktake dedicated exclusively to stillbirths. It calls for urgent action to transform stillbirth prevention into a catalyst for strengthening health systems and advancing Africa's health security and resilience.

The report is led by Africa Centres for Disease Control and Prevention (CDC), the International Stillbirth Alliance, the London School of Hygiene & Tropical Medicine (LSHTM), United Nations Children's Fund (UNICEF), UCT and the World Health Organization (WHO). It reflects growing continental leadership and demand to elevate stillbirth on the political agenda and strengthen accountability.

It calls for a continental shift from silence to accountability, ensuring that every stillbirth is counted, reviewed and prevented wherever possible. "Behind each loss is a mother, a

family, and a community whose grief is too often unseen, and whose tragedy is, in most cases, preventable,” the report stated.

The report has five main sections to address key questions:

- the burden: how big is the problem; what are the trends and variations;
- the drivers: why stillbirths happen;
- the impact: why stillbirths matter;
- the solutions: what works to prevent stillbirths; and
- the pathways: how can countries accelerate progress.

Stillbirths are not inevitable. Stillbirths persist because women and families face avoidable medical conditions driven by cultural, social, financial and structural barriers to timely, high-quality care. Nearly half of stillbirths occur during labour, reflecting a critical health systems failure.

The impact

Globally, there were an estimated 1.9 million late gestation stillbirths in 2023. Around half of these stillbirths occurred in African countries. Half occur during labour, often within health facilities, signalling preventable failures in the quality of care at a period when risk is highest.

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, the report states.

It also incurs high economic costs through lost productivity, increased healthcare needs and reduced human capital, undermining broader social and economic development.

The solutions

The report states that 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, the report suggests.

Ending preventable stillbirths is both a strategic investment in Africa’s health, equity and resilience and a moral imperative.

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