Improving Stillbirth Data Recording, Collection and Reporting in Africa

ABSTRACT

Background: Stillbirths remain a major yet under-prioritized public health concern, with an estimated 1.9 million stillbirths occurring globally each year—most in low- and middle-income countries. Despite this burden, stillbirth data collection, classification, and use vary widely across countries, undermining effective response. In collaboration with Africa CDC, UNICEF, London School of Hygiene and Tropical Medicine, the University of Cape Town conducted a survey across African Union member states to assess the status of stillbirth data systems, including definitions, policies, data practices, and use.

Methods: A cross-sectional online survey was disseminated between 2022 and 2023 to maternal and neonatal health focal points in all 55 African Union countries. The survey explored national definitions of stillbirth, policy frameworks, data collection systems, and mechanisms for data use. Responses were validated through follow-up with countries, including profile reviews and a regional feedback webinar. Data were analyzed using descriptive statistics.

Results: Of the 55 invited countries to participate in the survey, 33 submitted responses and 30 completed the full survey. Main findings include:

- **Definitions**: Definitions of stillbirths varied, though the most common definition was 28 completed gestational weeks or 1000 grams).
- **Policies**: Half of the countries include stillbirths in legal frameworks, though some lack policies on stillbirth classification, review, and target-setting.
- **Data practice**: Nearly all countries reported that stillbirths are routinely recorded through the health sector with standard data collection forms and a nationally agreed definition for reporting. Stillbirth data collection varies across countries, with most relying on health facility reporting to national systems. Most countries (79%, 26 of 33) reported using a standard classification system for assigning stillbirth causes of death, typically at the facility level by doctors or clinical officers, though practices and cadres varied. Challenges to collecting and reporting data at facility and national levels include limited resources for routine information systems and maternal newborn health and limited capacity of staff to collect and use the data.
- **Data Use & dissemination**: More than 60% of countries have committees at various levels to review stillbirth data, but data use is hindered by insufficient resources and capacity. National reports with data on stillbirth are generated for the Ministry of Health in 21 countries (64%), though only 17 countries (52%) reported publishing the data publicly.

Conclusion and recommendations: This report provides a snapshot of stillbirth data systems in Africa as of 2023–24. Countries fall into three readiness categories: (1) those with systems in place requiring strengthening, (2) those with policy or implementation gaps, and (3) those needing foundational support. Investments in national policies, data systems integration, and workforce capacity are critical to improving stillbirth surveillance and use. Regional guidance, implementation research, and case studies of best practice may support countries in moving from data collection to action.

Access the report: https://africacdc.org/improving-stillbirth-data-recording-collection-and-reporting-in-africa/

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