# Improving Stillbirth Data Recording, Collection and Reporting in Africa

AfricaCDC Centres for Disease Control and Prevention

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

MARC MATERNAL ADOLESCENT REPRODUCT

unicef for every child

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GLOBAL SURGERY

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# 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 and UNICEF, London School of Hygiene and Tropical Medicine, and 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:

1. **Definitions:** Definitions of stillbirths varied, though the most common definition was 28 completed gestational weeks or 1000 grams.

2. **Policies:** Half of the countries include stillbirths in legal frameworks, though some lack policies on stillbirth classification, review, and target-setting.

3. **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.

4. **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.




# BACKGROUND

Globally, an estimated 1.9 million stillbirths occur each year since 2010, 98% of which are in low- and middle-income countries, (LMIC) most of which are preventable (1, 2, 3). Prevention of stillbirths requires proper understanding of contributing factors as well as the causes of death, all of which could be informed through existent reporting systems either from the Ministry of Health through routine health information systems or through civil registry. However, in most of the LMICs with the highest burden of stillbirths, there is paucity of data, especially in Africa where routine health information systems, such as District Health Information System (DHIS2) or perinatal death surveillance linked to maternal death surveillance and response (MPDSR), and Civil Registration and Vital Statistics (CRVS) platforms, are still at initial stages of development and implementation. Initiatives, such as the African Health Observatory (AHO), established to strengthen national data collation, have improved routine health data collection but still lag in providing vital information on stillbirths on the continent. There is need to understand if the current dearth of information on stillbirths is due to systems inadequacy in recording or in linking stillbirth data to other routinely collected information.

## Aim and objectives

This study aimed to evaluate the adequacy of existing data systems currently used in African countries to record stillbirths, identify gaps within countries, as well as regional flow of information in view of standardising, enhancing and strengthening stillbirth data recording, capture, and use with available systems. The study was conducted in collaboration between the Africa CDC, University of Cape Town (UCT), London School of Hygiene and Tropical Medicine (LSHTM), and UNICEF Data & Analytics team. The study set out to facilitate understanding of the barriers to functional stillbirth data systems and provide an assessment of existing data systems that record stillbirths in African Union Member States.

Specific objectives included:

- To understand definitions of stillbirth in African Union Member States
- To identify policies related to stillbirths
- To determine existing system for stillbirth data collection, reporting and use
- To identify barriers to enhancing and strengthening stillbirth data recording, capture, and use with available systems.

# METHODOLOGY

**Study design:** This was a cross-sectional online survey.

**Study setting and sampling:** Focal persons on maternal and neonatal health of the ministries of health or national public health institutes in all 55 Member States of the African Union were included in the sample. Focal persons were identified by Africa CDC.

**Data collection tool:** The data collection tool was an online, self-administered survey that was co-designed by UCT, Africa CDC, LSHTM, and UNICEF (Annex 1).

The online self-administered questionnaire comprised four sections:

- **Section 1:** encompassed information about the country and the survey respondent and the definition of stillbirth in the country,
- **Section 2:** focused on the national policy regarding stillbirths,
- **Section 3:** consisted of 19 questions pertaining to the practical aspects of stillbirth data collection, and
- **Section 4:** included 9 questions concerning the Stillbirth data use and dissemination.

Most of the questions were selections from a drop-down menu but some questions were open ended allowing the respondent to write more information. The tool was developed in English, and then translated into three African languages, namely Arabic, French, and Portuguese.

**Data collection and analysis:** The survey was sent in an email request as a RedCap file by Africa CDC to identified focal persons in 55 African countries. Figure 1 presents the timeline of the data collection and processing. The survey was initial sent to focal persons in December 2022 with a follow up reminder after one month. The deadline to complete the survey was extended until June 2023 with correspondence and follow up email directly from Africa CDC to the focal persons. Data were then exported from RedCap to excel, cleaned and then analysed using descriptive statistics. Using the submitted data, country profiles were developed and shared with the respondents in May 2024 for validation. If any inconsistencies or updates to the data were identified by the respondents, the database was updated. Preliminary results were shared with respondents and other country representatives in a webinar hosted by Africa CDC on 30 July 2024 for feedback.

The study received ethical approval from the University of Cape Town's Human Research Ethics Committee (HREC).

Figure 1. Duration of gestation in weeks and days




# RESULTS

## Flow diagram of response rate

Of the 55 countries invited to participate, focal points from 33 countries responded to the survey; of these countries, focal points from 28 countries provided feedback on the country profiles (see Annex 2). Three country focal points did not complete the full survey (Somalia – only section 1; Cameroon – only sections 1 and 2; and Gambia – only sections 1-3). Figure 2 presents the flow diagram of responses; Figure 3 presents a map of countries that contributed to this study.

Figure 2: Flow diagram of responses

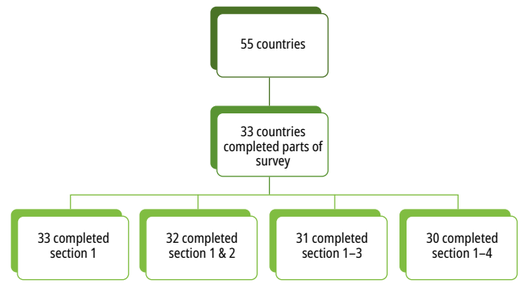
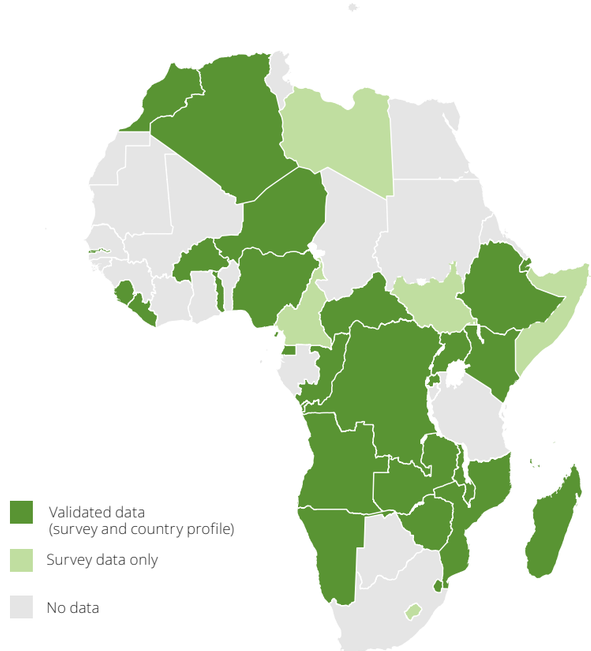


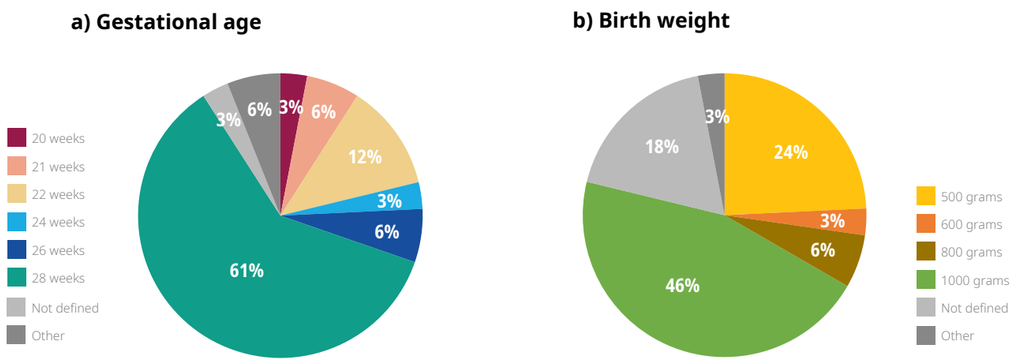

Figure 3: Map of countries that participated in the study




## Section 1: Definition of stillbirth

Box 1 provides details about the global recommended definition of stillbirth, including how it has changed in recent years. The survey results revealed a range of definitions across countries with the most common being ≥ 28 weeks of gestation or ≥ birthweight of 1000 grams (Figure 4). Many countries provided references to their guidelines or commented that their definition aligned with the WHO definition. One respondent commented "Still births are not taken serious as maternal death" and indicated stillbirths were not defined by weight and selected multiple weeks of gestation as criteria from 21 weeks signaling possible uncertainty around the definition.

Figure 4: Stillbirth definition by gestational age and birth weight




### Box 1: Definition of stillbirth

According to the World Health Organization's International Classification of Diseases 11th Revision (ICD-11), Stillbirths are classified as antepartum (before labour) or intrapartum (during labour), and further categorized by gestational age:

- Early gestation stillbirth: 22–27 weeks
- Late gestation stillbirth: ≥28 weeks

For international comparison, the UN IGME focuses on late stillbirths (≥28 weeks) due to limited data availability. Where gestational age is unknown, a birth weight of ≥500 g is used as a proxy.

Previous guidance through ICD-10 did not provide a specific threshold, weeks gestation or birthweight, in their definition for stillbirth resulting in inconsistent reporting across countries due to varying definitions. ICD-11 reporting requirements went into affect in 2022 and provides clearer definitions, requires classification by timing and gestational age, and enhances consistency for global reporting and policy use.

Learn more: Blencowe et al, 2025 (4)



## Section 2: National policies relating to stillbirth

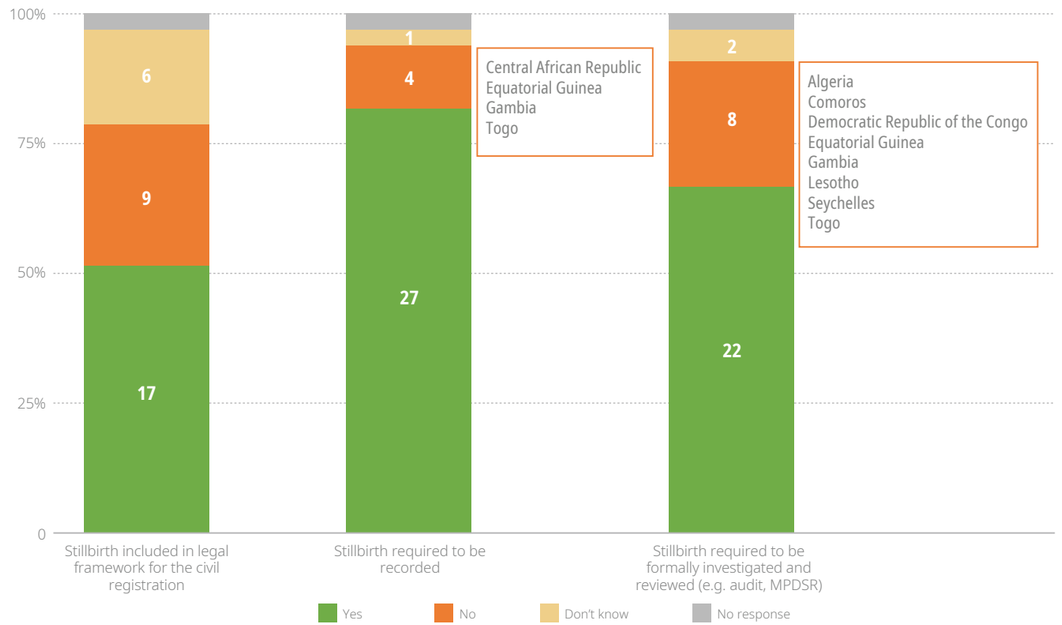
This section of the survey examined national policies related to stillbirths. Just over half of the 33 countries that responded to the survey (17, 52%) reported that stillbirths are included in their legal framework for civil registration, 9 countries indicated no such framework for stillbirths, while focal points in six countries were unsure and 1 had no response for this question. (Figure 5).

A majority of countries (27, 82%) indicated that a national policy, guideline, or law mandates the recording of stillbirths within the health system. These legal or policy instruments included birth and death registration acts (e.g., Zimbabwe, Morocco), national health plans (e.g., Zambia, Algeria), maternal and perinatal death surveillance and response (MPDSR) guidelines (e.g., South Sudan, Liberia, Congo, Burkina Faso, Nigeria), and civil registration and vital statistics (CRVS) frameworks (e.g., Sierra Leone, Mozambique).

Four countries (Central African Republic, Equatorial Guinea, Togo, and Gambia) reported having no such requirement, while one (Lesotho) indicated uncertainty.

Similarly, two-thirds of countries (22, 67%) reported having a national policy, guideline, or law that requires stillbirths to be formally investigated and reviewed. Eight countries reported the absence of a formal policy framework for such investigations, and two countries (Malawi and Libya) were unsure.

Figure 5: Legal aspects of stillbirth data in national laws, policies and guidelines



Nearly half of the surveyed countries (16, or 48%) reported having policies that require the use of a formal classification system to record the causes of stillbirths and neonatal deaths (Table 1). Among these, the most commonly cited systems were ICD-11 (used in 5 countries) and ICD-10 (used in 4 countries), with one country referencing both ICD-10 and ICD-11 and one referencing ICD broadly. Two countries reported using ICD-PM, and three countries listed other systems. These included the National Guidelines for Conducting Institutional Maternal and Perinatal Mortality Audits (Zimbabwe), the Integrated Disease Surveillance Response (Liberia), and the Estratégia para Prevenir as Mortes Materna e Neonatal (Angola).

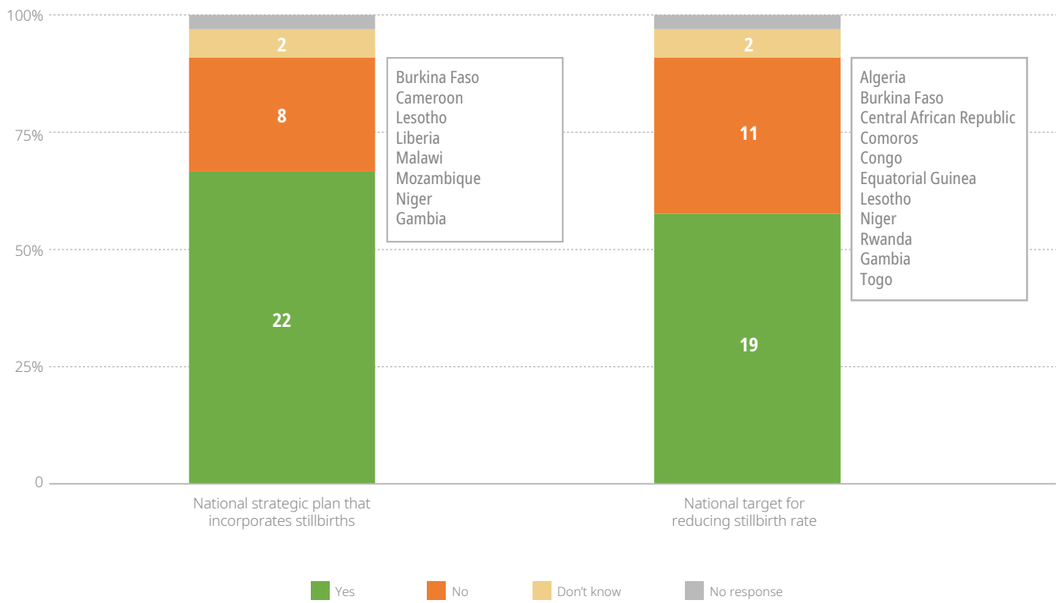
Fourteen countries (42%) indicated that they have no such policy in place, while two countries (Malawi and Seychelles) reported that they did not know whether such a classification requirement exists.

Table 1: Classification systems reported in policy

| Classification System reported in policy | Countries |
|---|---|
| ICD 10 | Algeria, Burkina Faso, Madagascar, South Sudan |
| ICD 11 | Eswatini, Kenya, Namibia, Rwanda, Uganda |
| ICD 11 PM | Djibouti, Zambia |
| ICD (not specific) | Nigeria, Cameroon |
| Other | Angola, Liberia, Zimbabwe |

Most countries (22, 67%) reported a national strategic plan that incorporates stillbirths (Figure 6). Eight countries reported no formal system in policy and two countries did not know (Comoros and Libya). Over half of the countries (19, 58%) reported having set a national target for reducing stillbirth. Eleven countries reported no such target,  two countries did not know (Liberia and Libya).

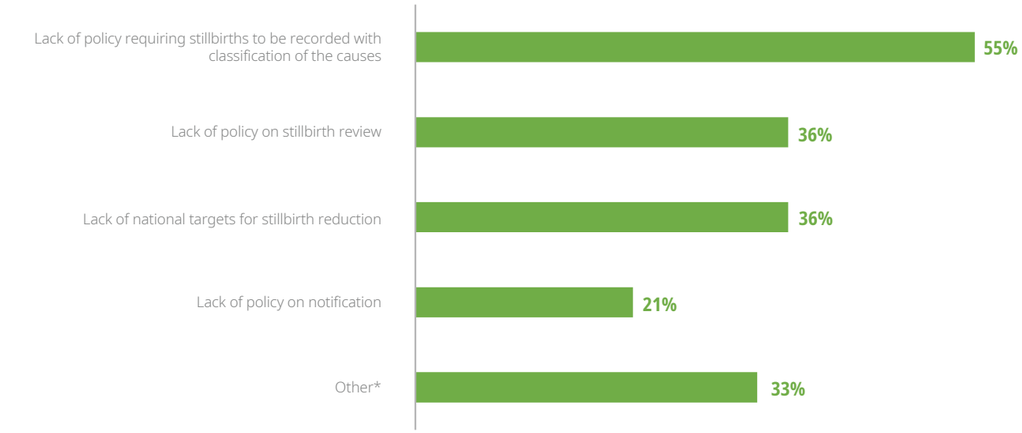
Figure 6: Inclusion of stillbirth in national health plans and as a target






Respondents were asked to indicate the most important gaps in policy that impede stillbirth data collection and use with the option to select more than one option as well as to write in other policy gaps (Figure 7). Over half of the countries (18, 55%) indicated the lack of policy requiring stillbirths to be reported with a classification system. 12 countries (36%) reported lack of stillbirth target and the lack of policy on stillbirth review as important gaps. One third of countries (11, 33%) identified additional issues but many of these had less to do with policy and more to do with implementation of policy including dissemination of policies (Box 2).

Figure 7: Important gaps in policy that impede stillbirth data collection and use




* See Box 2 for the "other" gaps identified by respondents
Note: Respondents could select more than one response

**Box 2: Important gaps in policy that impede stillbirth data collection and use identified by respondents**

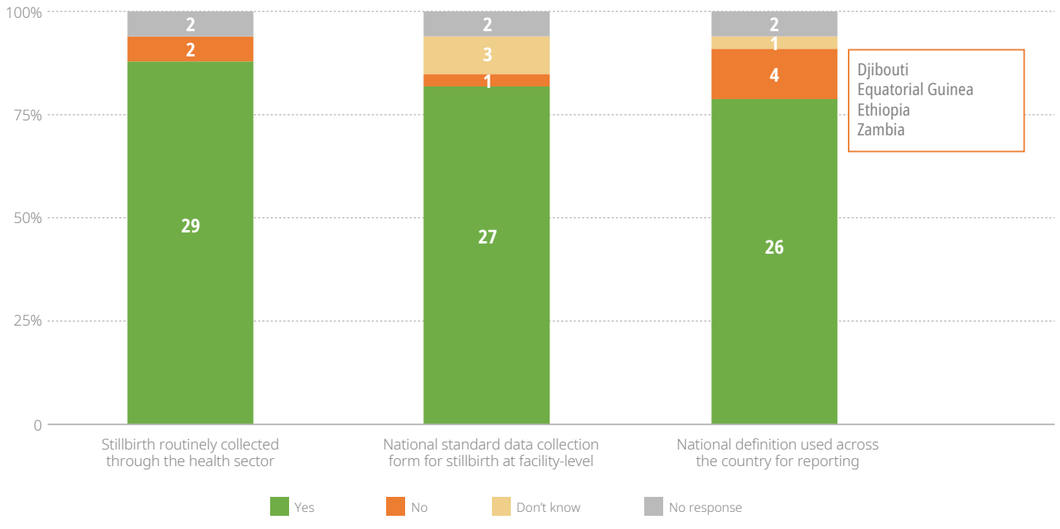
- Inadequate dissemination of policies that guide stillbirth data collection and use
- Inadequate political and financial support for MPDSR platform at facility and community levels for data entering on perinatal deaths.
- Lack of motivation
- Limited training for health care providers in identifying and recording perinatal & stillbirths.
- Lack of system to report on stillbirths to include causes.
- No monitoring and evaluation mechanisms for stillbirths on the Ministry of Health National Strategic Plan
- Dual system of reporting causes of stillbirth with different cause of death classification systems used
- Policy gap on data capture (and use) for babies delivered at home, including still births.

## Section 3: Stillbirth data collection in practice

This section of the survey focused on data collection in practice. Nearly all countries (29 out of 31, or 88%) reported that stillbirths are routinely recorded through the health sector, with the exceptions of Libya and Equatorial Guinea (Figure 8). Twenty-five countries provided data on the number of deliveries, live births, stillbirths, and early neonatal deaths from 2018 to 2021 (Annex 3). Stillbirth data for 2021 ranged from 14 stillbirths in Seychelles to 40,133 stillbirths in Democratic Republic of the Congo. Some countries indicated that these are only the number of deliveries in facilities and birth notification was very low for specific years.

A national standard data collection form for documenting a stillbirth at facility-level was reported in 26 countries (79%). Countries reported using different forms, including HMIS, Perinatal Death Surveillance and Response (PDSR) or perinatal death notification and review forms, monthly reporting summary forms, facility/maternity registers, and death certificates. Most respondents reported using a consistent definition in their countries; but four indicated that there is not a standard definition used (Equatorial Guinea, Zambia, Djibouti, Ethiopia).

Figure 8: Routine data collection for stillbirth

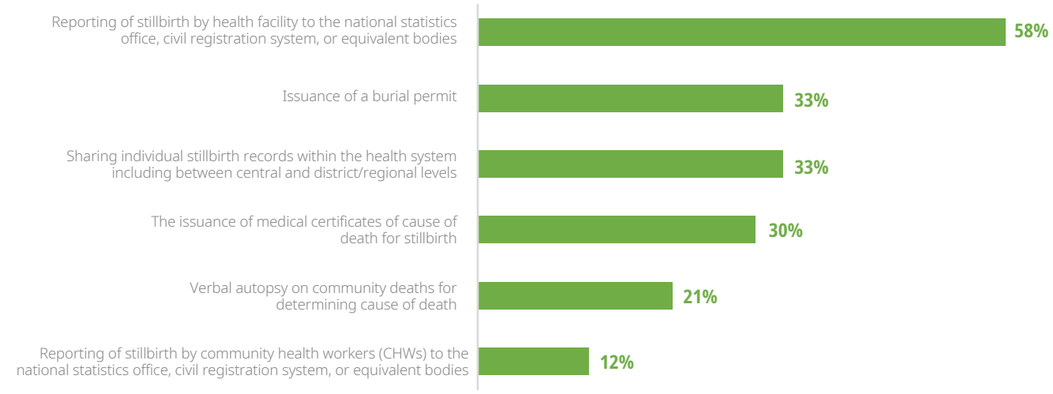





## Data collection systems

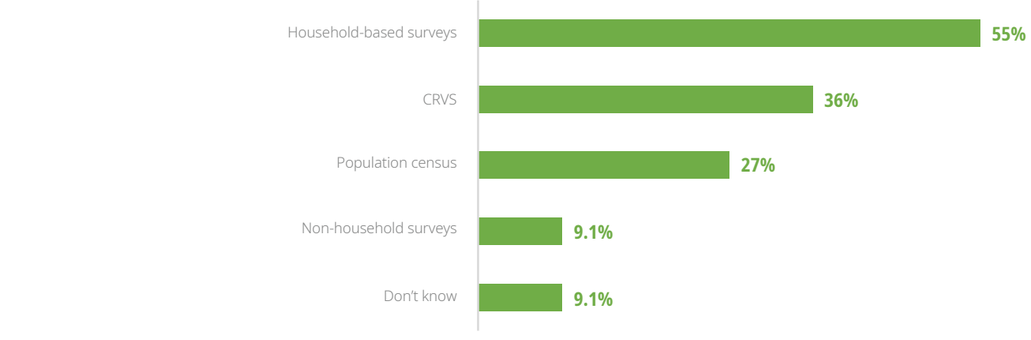
How data are collected for stillbirths varied (Figure 9). In over half of countries (19, 58%), responded reported that health facilities report stillbirths to the national statistics office, civil registration system, or equivalent bodies. Only one third of countries reported routinely issuance of a burial permit and issuance of medical certificates of cause of death for stillbirth (11, 33%). Community related reporting was less frequently identified as being done routinely. Other data sources for stillbirth statistics in addition to the routine health information system mostly commonly identified were household surveys (18, 55%) (Figure 10). CRVS and census data were also identified as a source for stillbirth in about a third of the countries. Respondents were asked if stillbirth data is shared between government departments but few provided a response.

Figure 9: Type of reporting routinely done for stillbirth




Note: Respondents could select more than one response

Figure 10: Type of data sources for stillbirths other than routine data systems

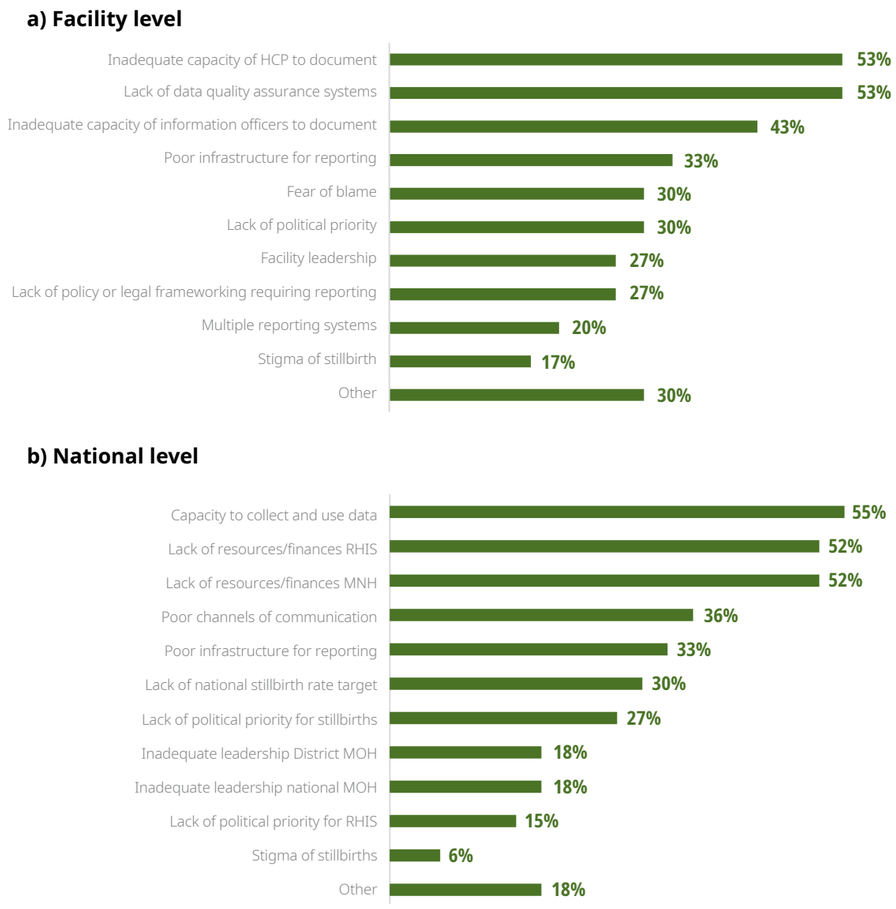



Note: Respondents could select more than one response

Country respondents were asked to identify the main challenges to collecting and reporting data at facility and national level and could select all that applied (Figure 11). The most common challenge related to capacity to capture and use data were:

- The top three main challenges at the facility level included inadequate capacity of health care providers to document, lack of data quality assurance systems, and inadequate capacity of information officers to document.
- The top three main challenges at the national level included capacity to collect and use the data, resources to routine information systems and resources to maternal and newborn health.

Figure 11: Main challenges to collecting and reporting stillbirth data at facility level and national levels




Note: Respondents could select more than one response



## Standard data captured

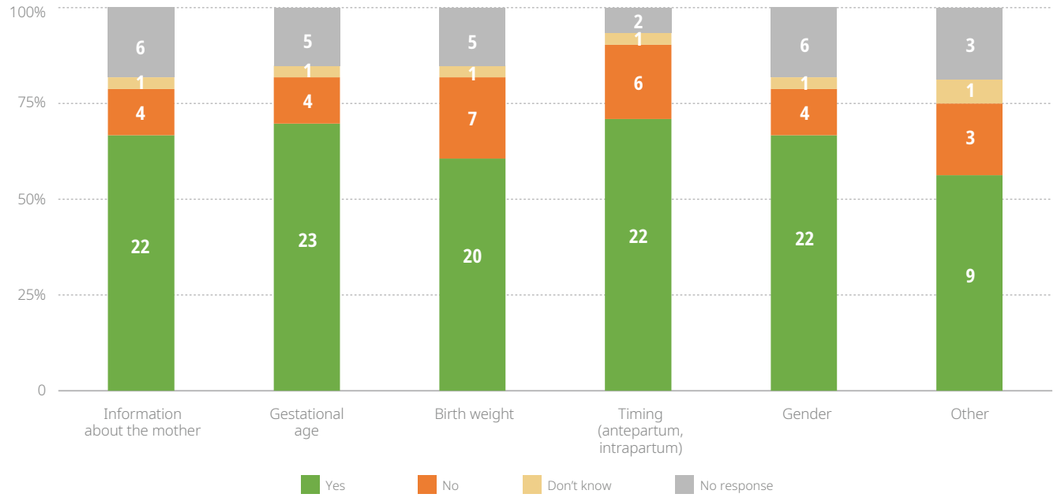
Most countries collect and report on standard information about stillbirth including information about the mother, gestational age, birth weight, timing and gender (Figure 12). Yet information captured is not consistent across countries and only 18 countries capture all information. Libya reported that they did not know and some countries did not provide a response for any option (Somalia, Cameroon, Niger, CAR). Seven countries do not report on birth weight; six countries do not report on timing; and four countries don't report on information about the mother, gestational age, and gender (Table 2).

Data on timing of stillbirth to routine health information systems was mostly determined by skin appearance (fresh/macerated), as reported by 24 countries, and clinical assessment using fetal heart sound or ultra sound (antepartum/intrapartum), as reported by 18 countries.

Respondents reported that, beyond standard indicators, some facilities collect additional clinical and contextual information, including:

- Antenatal details: ANC booking, gravidity/parity, and blood test results (HIV, hepatitis B, syphilis, Rh factor)
- Maternal risk factors and medical conditions, including comorbidities and complications during pregnancy
- Delivery details: Mode of delivery and outcomes
- Fetal examination, including congenital anomalies and classification of stillbirth (e.g., macerated vs fresh)
- Cause of death identification using ICD-10 or CIM-MP tools
- Detailed facility registers often contain this information, but routine reporting tools—especially those programmed into DHIS2—only capture aggregate-level data, limiting the availability of detailed variables in national databases.

Figure 12: Standard information captured and reported through health system on stillbirth




Note: Respondents could select more than one response

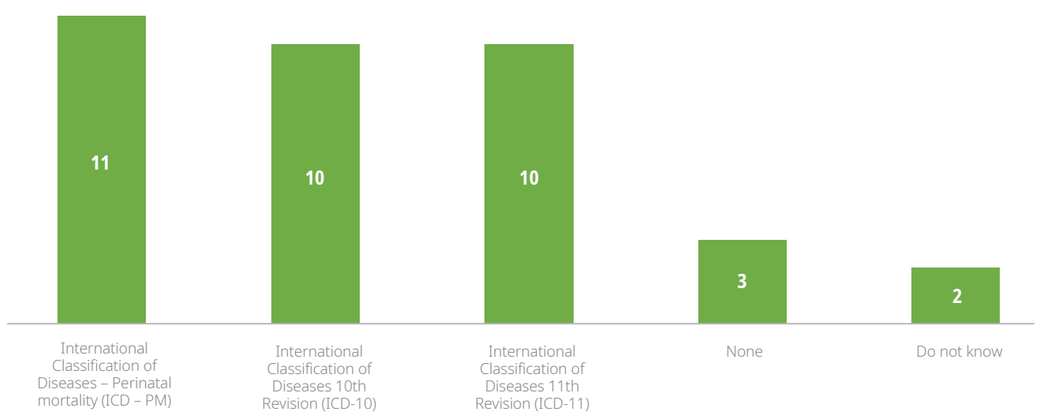
Table 2: Standard information not captured and reported by country

| Country | Information about the mother | Gestational age | Birth weight | Timing | Gender |
|---|---|---|---|---|---|
| Algeria | | | | x | |
| Democratic Republic of the Congo | x | x | x | x | x |
| Equatorial Guinea | x | x | x | x | |
| Ethiopia | x | | x | | x |
| Liberia | | x | x | x | |
| Madagascar | x | x | x | x | x |
| Zambia | x | | x | x | |
| Zimbabwe | | x | x | | x |

## Cause of death classification

Twenty-six countries (79%) reported using a standard classification system for cause of death, mostly ICD-PM or ICD-10 or 11 (Figure 13). Three countries reported no system (CAR, Congo, Equatorial Guinea) and two countries did not respond (The Gambia, Libya). Over half of countries (19, 58%) reported that the cause of death assignment takes place at the facility level (Figure 14). The responsible cadre for assigning the cause of death code varied widely across the countries, but the most common cadre was a doctor or a clinical office.

Figure 13: Standard information captured and reported through health system on stillbirth

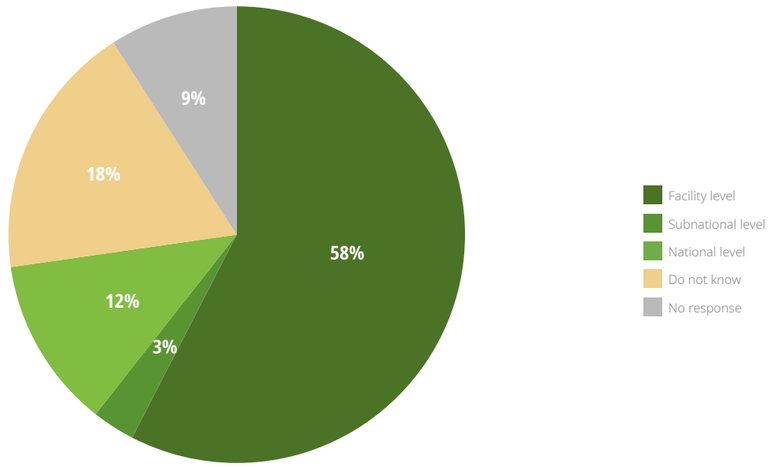



Note: Respondents could select more than one response

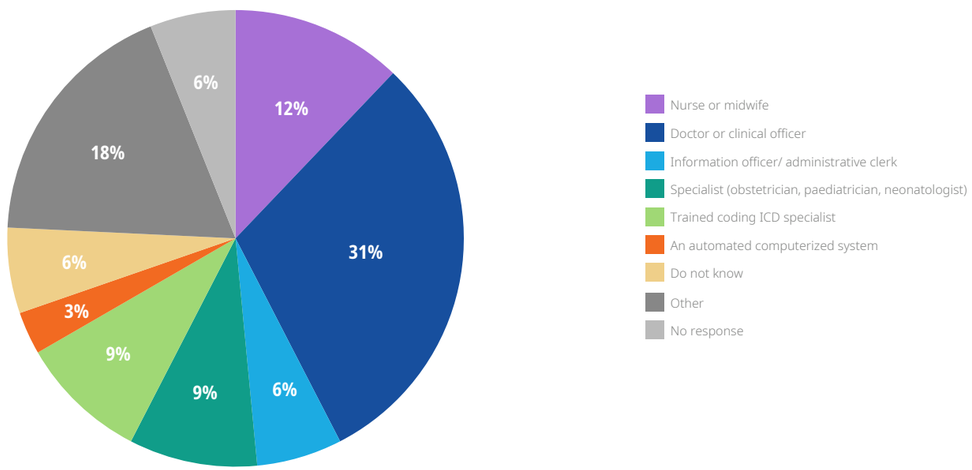


Figure 14: Details on cause of death coding processes, who and where

**a) Level when coding is assigned**




**b) Cadre responsible for coding**



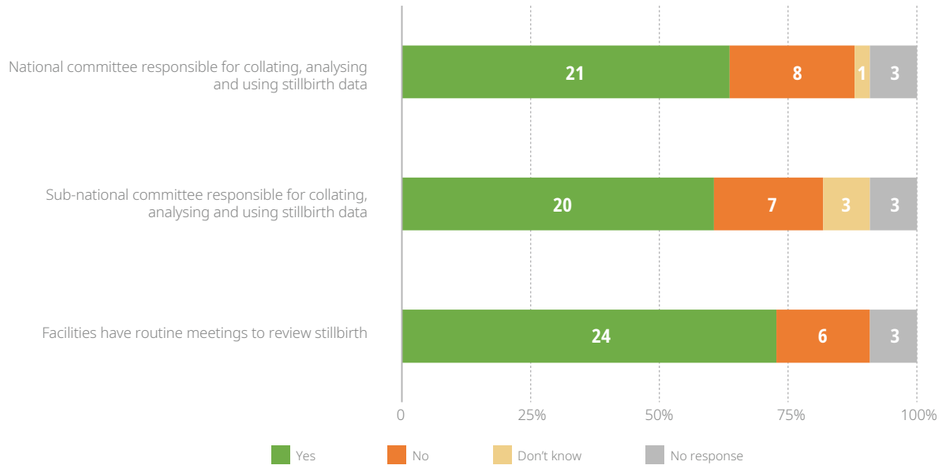
## Section 4: Data use and dissemination

This section of the survey focused on data use and dissemination. Established committees responsible for collating, analysing and using data at multiple levels of the health system are essential for ensuring data use and dissemination. Facility level committees were reported to be in place and functioning in 73% of countries (24); subnational level committees reported in 61% of countries (20); and national level committees reported in 64% of countries (21) (Figure 15). MPSDR committees were the most common type of national committees indicated but also other types of committees were mentioned, e.g. Family or Reproductive Health Directorate meetings. Subnational committees were also identified as MPDSR related committees or district M&E committees.

There are opportunities to establish committees in many countries:

- National committee not reported in Malawi, Guinea Equatorial, Algeria, Democratic Republic of the Congo, Mozambique, Ethiopia, Zambia, Sierra Leone, Niger
- Subnational committees not reported in Guinea Equatorial, Democratic Republic of the Congo, Ethiopia, Niger, Sierra Leone, Djibouti, Seychelles
- Facilities not conducting meetings reported in Equatorial Guinea, Niger, Ethiopia, Democratic Republic of the Congo, Comoros, Libya

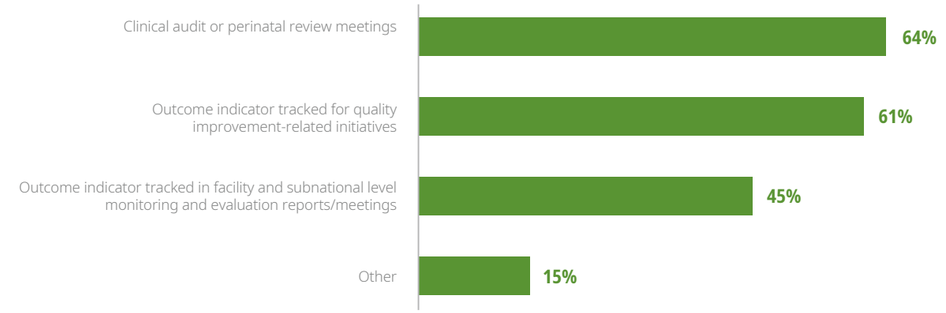

Figure 15: Committees and processes in place for collating, analysing and using data






Health facilities having routine meetings to review stillbirths (e.g. perinatal reviews, MPDSR meetings) were reported by 24 countries (73%). Respondents indicated that data is used a facility and subnational level mostly for clinical audits or perinatal review meetings (21, 64%) but also as outcoming indicators for quality improvement (20, 61%) and as an outcome indicator for routine monitoring and evaluation (15, 45%) (Figure 16).

Figure 16: Use of stillbirth data at facility and/or subnational levels for decision making




Note: Respondents could select more than one response

At a national level, 21 countries (64%) reported that they generated a national report presenting stillbirth data and recommendations to the Ministry of Health (Figure 17). Most of the respondents indicated that these reports were available annually. Over half of countries (17, 52%) reported publishing stillbirth data and making it publicly available. Libya indicated that they did not for both questions. Ethiopia reported that they did not know if the report was publicly available.  When the data is made public, it is most commonly reported as aggregated tables (Figure 19).

Figure 17: Availability of national reports with stillbirth data

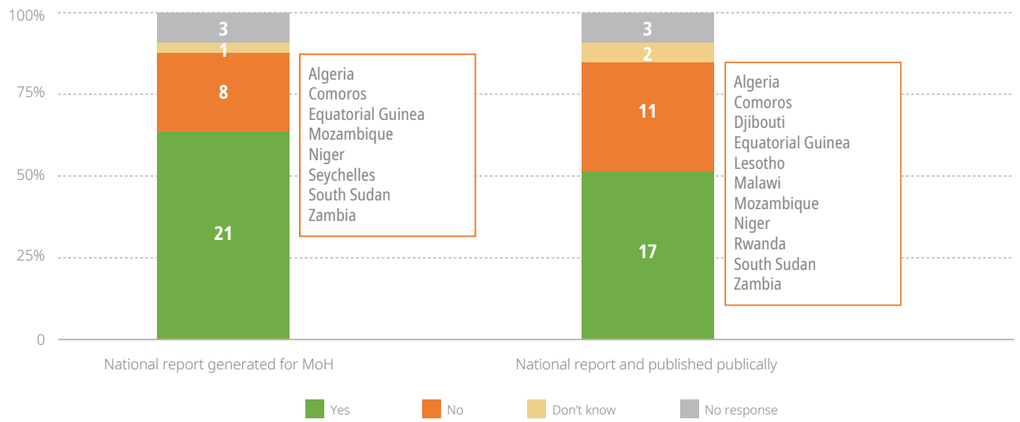
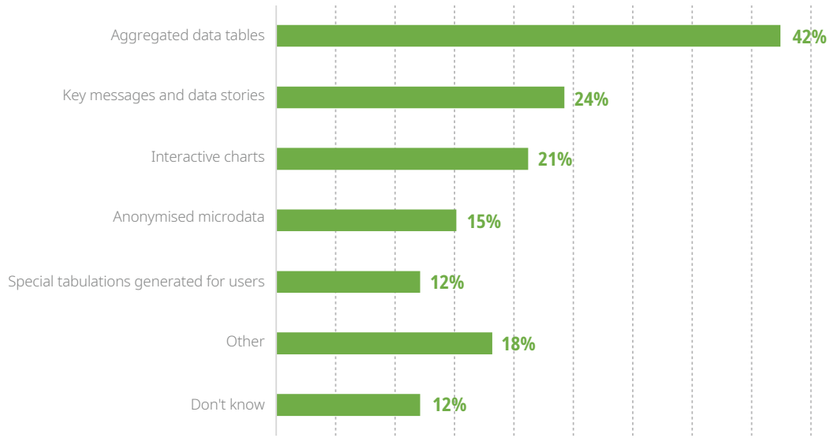



Figure 18: Common formats that stillbirth data are shared with public




Note: Respondents could select more than one response

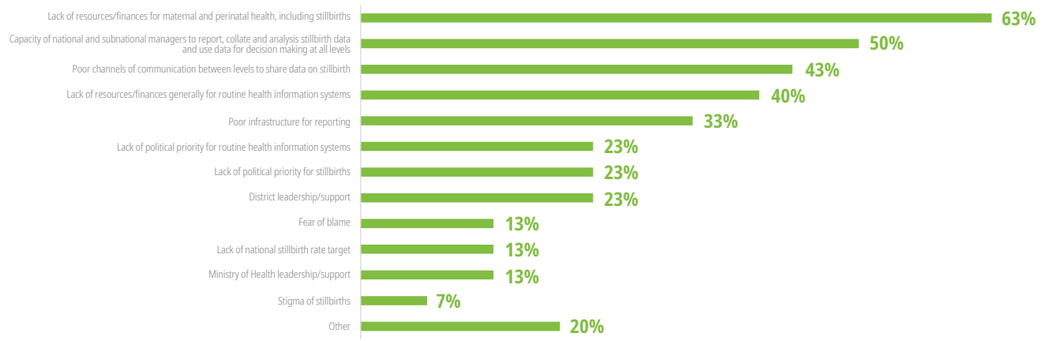


Country respondents were asked to identify the main challenges to stillbirth data use and dissemination at national level, and they could select more than one option (Figure 19). The most common challenges related to resources for maternal and newborn health, capacity of managers to report, collage and analysis data, and poor channels of communication. Respondents provided comments on these challenges with some noting that their country had only recently included perinatal deaths in national guidelines for review. In certain contexts, stillbirth data is actively used for policy-making and broadly disseminated, with no major challenges reported. However, other countries noted limited dissemination of national reports, lack of health worker training on stillbirth surveillance and response, and absence of policies mandating the systematic recording of causes of death.

Respondents were also asked to identify only one challenge of data use and dissemination at subnational and facility level. The most common challenge at this level was also a lack of resources and capacity. Six respondents indicated other but did not provide any description of what this would be.

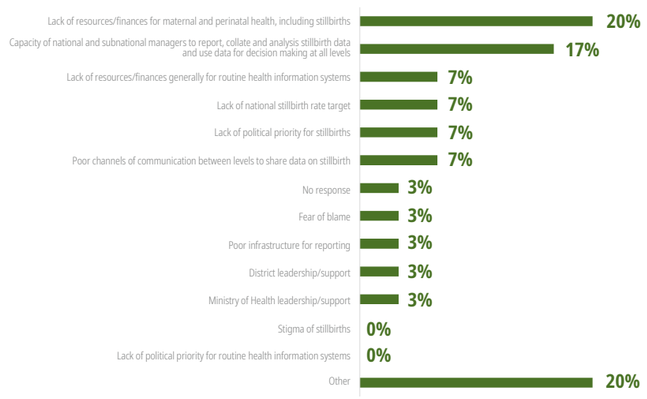
Figure 19: Main challenges or barriers to stillbirth data use and dissemination

**a) National level**




Note: Respondents could select more than one response

**b) Subnational and facility level**



# DISCUSSION

This report presents the current status of stillbirth data systems in policies and practices in African countries. Policies and guidelines for stillbirth data systems are in place in most countries as are systems for practice e.g. facility level committees, standard reporting forms and mechanisms, including standard definitions within countries. Countries identified consistent challenges inhibiting stillbirth data systems at national, subnational and facility levels, notably resources and capacity to collect, collate and analyze the data. Effective stillbirth data collection and use will require more countries to incorporate stillbirths into their national plans and targets, stronger national and subnational platforms to capture and use data, and investment in facility level capacity to complete notification forms, including cause of death classification.

Considering the data from the survey, we have classified countries according to their readiness to strengthen their stillbirth data systems (Figure 20). Countries in the first category have policies and systems in place already and these need to be strengthened. Countries in the second category have some gaps in polices and systems that need to be addressed in order to enable stronger data systems for stillbirth. The last category includes countries that require support in establishing policies and systems for stillbirth data.

Figure 20: Country preparedness to improve stillbirth data systems

| Policies and systems in place & need strengthening | Some policy and systems in place & needs more attention | Policies and systems need to be established |
|---|---|---|
| • Angola<br>• Congo<br>• Kenya<br>• Madagascar<br>• Nigeria<br>• Rwanda<br>• Uganda<br>• Zambia<br>• Zimbabwe | • Burkina Faso<br>• Djibouti<br>• Ethiopia<br>• Eswatini<br>• Lesotho<br>• Malawi<br>• Namibia<br>• Morocco<br>• Sierra Leone<br>• South Sudan<br>• Gambia<br>• Togo<br>• Comoros | • Algeria<br>• Democratic Republic of Congo<br>• Libya<br>• Liberia<br>• Mozambique<br>• Niger |

**Insufficient information:**
- Cameron
- Central Africa Republic
- Gambia
- Mauritania
- Somalia



To our knowledge, this is the first survey focused on stillbirth data systems in Africa. Other surveys have collected related information from the region, including the WHO RMNCAH policy survey which includes questions on stillbirth in policy and guidelines (5) and the Every Women Every Newborn Everywhere tracking tool (6). The United Nations inter-agency African Regional MPDSR biannual survey in East and Southern Africa presents data related to MPDSR, one mechanism linked to data collection, collating and use for stillbirth including committees at all levels (7). Through these other studies, we can identify common countries that are at different phases of readiness for strengthening their stillbirth data systems.

## Strengths and limitations

This report is based upon data from an online self-administered survey. The survey was co-designed by Africa CDC, UNICEF, LSHTM, and UCT through an iterative process and translated into four languages to ensure inclusivity. The survey was sent by Africa CDC to their country focal persons with multiple follow-up reminders by email. The deadlines were extended multiple times to enable more participation. The data cleaning process revealed a number of issues relating to the data including more than one respondent per country, multiple entries by the same person, and incomplete submissions. Therefore, we undertook a validation exercise using country profiles for respondents to check and confirm responses. Most countries participated in this process and provided revisions to their data.

The survey is not designed to measure the quality of data collection and use. As more countries demonstrate readiness to implement with national policies and mechanisms in place and subnational committees established, more focus will need to shift to studies that measure completeness and quality of data.

# RECOMMENDATIONS

## Global and regional level

- Communicate and disseminate the results of this report to key stakeholders, Ministry of Health officials and partners in participating countries, as well as regional and global stakeholders. Dissemination may be done through:
  - a launch event at a conference in Africa;
  - a webinar;
  - a published report and an academic paper
- Work with Ministry of Health and national partners to strengthen stillbirth data systems, including policy gaps, implementation practices, capacity building, and resource mobilization. This may be done through the development of a guidance document adapted from the Global Advocacy and Implementation Stillbirth Guide.
- Support countries to prepare and present "Best Practice" case studies, which highlight what has worked well for strengthening stillbirth data systems.
- Support countries to conduct implementation research to better understand how to overcome the barriers inhibiting robust data system.

## National level

- Identify policy gaps and develop an action plan to address these gaps
- Ensure systems use the same definition for stillbirth and data can be disaggregated by weight and gestation age for different reporting requirements
- Ensure the country has a stillbirth target in their national health plan
- Improve death notification systems, including cause of death classification.
- Capture, align, analyze, and use data
  - Ensure every woman, stillborn and newborn has a complete, accurate, standardized medical record during labour, childbirth and the early postnatal period, including birth and death registration
  - Strengthen national systems to capture information on all events (i.e. births and deaths), and ensure linkage to national systems, such as IDSR, DHIS2, Health Management Information System (HMIS) and civil registration and vital statistics (CRVS).
  - Improve data analyse and use for regular reporting at all levels.
  - Strengthen CEMD through providing guidance at regional level for standardized CEMD process.
  - Continues improvement of data quality to ensure reliability of data—at the moment some countries struggle between a different number coming through IDSR and HMIS.
- Establish and strengthen clear communication channels between and within the different levels of the health system to ensure data relating to stillbirth are shared.



# REFERENCES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4 Blencowe H, et al. Definitions, terminology and standards for reporting of births and deaths in the perinatal period: International classification of diseases (icd-11). Int J Gynaecol Obstet. 2025;168(1):1-9.10.1002/ijgo.15794.

5 Mensah Abrampah NA, et al. Global stillbirth policy review – outcomes and implications ahead of the 2030 sustainable development goal agenda. International Journal of Health Policy and Management. 2023:-

6 WHO, et al. Improving maternal and newborn health and survival and reducing stillbirth - progress report 2023. Geneva: World Health Organization; 2023. Available from: https://www.who.int/publications/i/item/9789240073678.

7 UNFPA East and Southern Africa Regional Office. Maternal and perinatal death surveillance and response: Status report 2021 assessment of countries in east and southern africa. UNFPA; 2023. Available from: https://esaro.unfpa.org/sites/default/files/pub-pdf/esaro_mpdsr_status_report_final.pdf


# ANNEX 1: Survey

## Stillbirth data recording, collection, and use in Africa

# INVITATION TO CONTRIBUTE

As a focal person in maternal and child health in your country, you have been invited to participate in a survey entitled "Stillbirth data recording, collection and use in Africa" conducted collaboratively by Africa CDC, the University of Cape Town and UNICEF. Participation in this survey is voluntary, and choosing to withdraw at any point is at your discretion. This study aims to investigate current practice of stillbirth data recording, collection, and reporting in Africa. Some responses may require consultation with other resource persons within specific fields in maternal and child health. If you feel you are not in the best position to complete the survey, please kindly share it with other experts within your country. If you have any questions, please contact Simphiwe Gumede at Simphiwe.gumede@uwc.ac.za.

**Background**

Globally, an estimated 2 million stillbirths occur each year, 98% of which are in low- and middle-income countries, (LMIC) most of which are preventable.[1] Prevention of stillbirths requires proper understanding of contributing factors as well as the causes of death in utero, all of which could be informed through existent reporting systems either from the Ministry of Health through routine health information systems or through civil registry. However, in most of the LMICs with the highest burden of stillbirths, there is paucity of data, especially in in Africa where routine health information systems, such as District Health Information System (DHIS2) or perinatal death surveillance linked to maternal death surveillance and response (MPDSR), and Civil Registrations and Vital Statistics (CRVS) platforms, are still at initial stages of development and implementation. Initiatives, such as the African Health Observatory (AHO), established to strengthen national data collation, have improved routine health data collection but still lag in providing vital information on stillbirths on the continent. There is need to understand if the current dearth of information on stillbirths is due to systems inadequacy in recording or in linking stillbirth data to other routinely collected

**Aim of the study**

This survey aims to evaluate the adequacy of existing data systems currently used in African countries to record stillbirths, identify gaps within countries, as well as regional flow of information in view of standardising, enhancing and strengthening stillbirth data recording, capture, and use with available systems.

**Expected Outcomes:**

The study within African Union member states will

- Facilitate understanding of the barriers to functional stillbirth data systems
- Provide an assessment of data systems that record stillbirths in Africa.

**Target participants**

This survey will target focal persons on maternal and neonatal health of the ministries of health or national public health institutes in all 55 member state of the African Union and may also require inputs from resource persons with the routine health information system.

1 United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), Standing Up for Stillbirth: Current estimates and key interventions, United Nations Children's Fund, New York, 2025.

## Consent to participate

Please complete the survey below.
Thank you!

I *([please insert your full name in the space provided])* _____
have been informed about the *study and,*

- ○ I understand the purpose, procedures, and risk and benefits of the study.
- ○ I have been given the opportunity to ask questions about the study and have had answers to my satisfaction.
- ○ I understand that my participation in this study is voluntary and that I may leave the study at any time, without giving a reason.
- ○ I understand that confidentiality, anonymity, and privacy will be respected.
- ○ I understand that all institutions will be given pseudonyms and no identifying details will be revealed to maintain their anonymity.
- ○ I understand that I will be given a copy of this informed consent.
- ○ I understand that the responses that I or other focal persons provide are those of the ministry of health of my country.
- ○ I understand that this information may be used in publications, such as reports and academic articles.
- ○ I understand that if I have any questions or complaints about my rights as a study participant, or if I may have concerns about any aspect of the study or the researcher/s then I may contact the Chairperson of the Faculty Research Ethics Committee, Prof Blockman or Chairperson of University Research Ethics Committee, (Telephone: +27 21 406 6338).

Name and Surname of Participant_____

Today's Date _____
*(day/month/year)*

Participant signature: _____

Date: _____

# Stillbirth data recording, collection, and use in Africa

# SURVEY

Section 1: Information about the country and the person filling out the survey
Section 2: National policy on stillbirths
Section 3: Stillbirth data collection in practice
Section 4: Stillbirth data use and dissemination

## Section 1: Information about the country and the person filling out the survey

Please complete the survey below.
Thank you!

**1.1. Please provide the following details about yourself**

A. Please write your first name and surname

B. What are your affiliations?

C. Please provide the name of your country

D. Please provide your email address (Please provide your email address)

E. Please provide your telephone number

F. What is your position?

**1.2. Please indicate if you completed the survey in consultation with other resource person(s).**

| | | |
|---|---|---|
| A | Yes | |
| B | No | |
| C | If yes, please add their name(s) and affiliations/institution here | |



**1.3. A stillbirth is a baby born with no signs of life after a given threshold. Stillbirths are defined and reported inconsistently across countries. Please indicate the criteria included in the national definition of stillbirth in your country. Tick all that apply.**

| 1.3.a Weeks of completed gestation | Tick |
|---|---|
| From 20 weeks | |
| From 21 weeks | |
| From 22 weeks | |
| From 23 weeks | |
| From 24 weeks | |
| From 25 weeks | |
| From 26 weeks | |
| From 27 weeks | |
| From 28 weeks | |
| Not defined by weeks | |
| Other | |
| If other, please specify | (criteria_weeks) |

| 1.3.b Weight | Tick |
|---|---|
| 500 grams | |
| 600 grams | |
| 700 grams | |
| 800 grams | |
| 900 grams | |
| 1000 grams | |
| Not defined by weight | |
| Other | |
| If other, please specify | (criteria_weeks) |

**1.4. Please provide any additional information and provide the reference of the source of this definition.**

# Section 2: National policies relating to stillbirth

**2.1. Does the legal framework for the civil registration include stillbirths and/or perinatal deaths?**

| | | |
|---|---|---|
| A | Yes | |
| B | No | |
| C | Do not know | |
| D | if yes, please upload the report by clicking the upload file on the right. | |

**2.2. Is there a national policy, guideline or law that includes the requirement of stillbirths to be recorded* through the health system?**
*(*Recorded implies written in patient records and entered into a routine health information system, which is then aggregated in the national health statistics.)*

| | | |
|---|---|---|
| A | Yes | |
| B | No | |
| C | Do not know | |
| D | if yes, please upload the report by clicking the upload file on the right. | |

**2.3. Is there a national policy, guideline or law that requires stillbirths to be formally investigated and reviewed through a system, such as perinatal audit or Maternal and Perinatal Death Surveillance and Response?**

| | | |
|---|---|---|
| A | Yes | |
| B | No | |
| C | Do not know | |
| D | if yes, please upload the report by clicking the upload file on the right. | |



**2.4. Is there a national policy that requires the causes of stillbirths and neonatal deaths to be recorded according to a classification system of causes?**

| | | |
|---|---|---|
| A | Yes | |
| B | No | |
| C | Do not know | |
| D | If yes, what classification system is proposed in the policy (e.g. International Classification of Diseases 10th Revision) | |
| E | if yes, please upload the report by clicking the upload file on the right. | |

**2.5. Does your country have a national strategic plan that incorporates stillbirths?**

| | | |
|---|---|---|
| A | Yes | |
| B | No | |
| C | Do not know | |
| E | if yes, please upload the report by clicking the upload file on the right. | |
| F | If no, please describe if there are plans to revise or update a strategic plan to incorporate stillbirths | |

**2.6. Has your country set a national target for reducing stillbirth rate in any national health policy or strategic plan?**

| | | |
|---|---|---|
| A | Yes | |
| B | No | |
| C | Do not know | |
| D | If yes, what is the proposed national target | |
| E | if yes, please upload the report by clicking the upload file on the right. | |

**2.7. From your point of view, what are the most important gaps in policy that impede stillbirth data collection and use? Tick all that apply.**

☐ Lack of policy on notification

☐ Lack of policy on stillbirth review

☐ Lack of policy requiring stillbirths to be recorded with classification of the causes

☐ Lack of national targets for stillbirth reduction

☐ Other

If other, please (describe)

| |
|---|
| |

## Section 3: Stillbirth data collection in practice

Please complete the survey below.
Thank you!

**3.1. Are primary data on stillbirths routinely collected through the health sector in your country? If no, skip to question 3.16**

| | | |
|---|---|---|
| A | Yes | |
| B | No | |
| C | Do not know | |
| D | If yes, provide all the sources or data collection platforms | |

**3.2. Is there a national standard data collection form for documenting a stillbirth at facility-level? If yes, please indicate which form(s). Please note there may be more than one form.**

| | | |
|---|---|---|
| A | Yes | |
| B | No | |
| C | Do not know | |
| D | If yes, please indicate which form(s). (Please note there may be more than one form) | |



**3.3. Please provide the number of deliveries, stillbirths*, and lives births reported through your country's routine health information system in 2018, 2019, 2020 and 2021:**

| Year | Number of deliveries | Number of live births | Number of stillbirths* | Early neonatal deaths (0-6 days) |
|---|---|---|---|---|
| 2018 | | | | |
| 2019 | | | | |
| 2020 | | | | |
| 2021 | | | | |

* based on national definition

**3.4. Is the national definition of stillbirth used consistently across the country for reporting?**

| | | |
|---|---|---|
| A | Yes | |
| B | No | |
| C | Do not know | |
| D | If no, what other definitions are used? | |

**3.5. Are the following data on each stillbirth routinely captured and reported through the health system in your country? Mark as Yes/No/I Do not know**

| | Information collected | Mark as Yes/No/I Do not know |
|---|---|---|
| A | Information about the mother | |
| B | Gestational age | |
| C | Birth weight | |
| D | Timing (antepartum, intrapartum) | |
| E | Gender | |
| F | Other | |
| | If other, please explain | |

**3.6. If you collect data on timing of stillbirth through your routine health information system, please indicate the mode of assessment. Tick all that apply**

| | | |
|---|---|---|
| A | Clinical assessment using fetal heart sound or ultra sound (antepartum/intrapartum) | |
| B | Skin appearance (fresh/macerated) | |
| C | Other | |
| D | Do not know | |
| | If other, please explain | |

**3.7. Who is responsible at facility-level for capturing or entering in the data related to stillbirths in the routine health information system? Tick all who apply.**

| | | |
|---|---|---|
| A | Nurse or midwife | |
| B | Doctor or clinical officer | |
| C | Information officer/ administrative clerk | |
| D | Do not know | |
| E | Other (indicate the staff responsible) | |

**3.8. Is there a cause of death coding system does your country? If no, skip to question 3.12**

| | | |
|---|---|---|
| A | Yes | |
| B | No | |

**3.9. If there a cause of death coding system does your country, does it include stillbirths and/or perinatal mortality? Tick all that apply**

| | | |
|---|---|---|
| A | International Classification of Diseases – Perinatal mortality (ICD – PM) | |
| B | International Classification of Diseases 10th Revision (ICD-10) | |
| C | International Classification of Diseases 11th Revision (ICD-11) | |
| D | None | |
| E | Do not know | |
| F | Other (please specify) | |



**3.10. At which level is the cause of death coding assigned (facility, subnational, national)?**

| | | |
|---|---|---|
| A | Facility level | |
| B | Subnational level | |
| C | National level | |
| D | Do not know | |

**3.11. If a death coding system is used, who is responsible for doing the cause of death coding?**

| | | |
|---|---|---|
| A | Nurse or midwife | |
| B | Doctor or clinical officer | |
| C | Information officer/ administrative clerk | |
| D | Specialist (obstetrician, paediatrician, neonatologist) | |
| E | Trained coding ICD specialist | |
| F | An automated computerized system | |
| G | Do not know | |
| H | Other (please specify) | |

**3.12. Please indicate if stillbirth data is shared between government departments (e.g. Health Management Information System (HMIS), Civil Registration and Vital Statistics (CRVS), National Statistics Office (NSO), other). Tick all that apply.**

| | | |
|---|---|---|
| A | HMIS shares data with CRVS | |
| B | HMIS shares data with other department (e.g. NSO) | |
| C | Do not know | |
| D | Other ((e.g. Health Management Information System (HMIS),<br>Civil Registration and Vital Statistics (CRVS),<br>National Statistics Office (NSO),<br>other.<br>(Tick all that apply. If other, provide the name of the department) | |

**3.13. Which of the following are routinely done in your country for stillbirth. Tick all that apply.**

| | | |
|---|---|---|
| A | The issuance of medical certificates of cause of death for stillbirth | |
| B | Reporting of stillbirth by community health workers (CHWs) to the national statistics office, civil registration system, or equivalent bodies | |
| C | Reporting of stillbirth by health facility to the national statistics office, civil registration system, or equivalent bodies | |
| D | Sharing individual stillbirth records within the health system including between central and district/regional levels | |
| E | Verbal autopsy on community deaths for determining cause of death | |
| F | Issuance of a burial permit | |

**3.14. What are other data sources for stillbirth statistics in your country in addition to the routine health information system? (choose all the relevant ones)**

| | | |
|---|---|---|
| A | Population census | |
| B | CRVS | |
| C | Household-based surveys | |
| D | Non-household surveys | |
| E | Do not know | |
| F | Other (please specify) | |

**3.15. Apart from government offices, do you know of any efforts to collect stillbirth statistics by other stakeholders or private sectors or NGOs in your country?**

| | | |
|---|---|---|
| A | Yes, please list all the organizations involved | |
| B | No | |
| C | Do not know | |
| If yes, please list all the organizations involved | | |



**3.16. Has your country done an assessment on the completeness and quality of stillbirth data in the routine health information system in the past 10 years?**

| | | |
|---|---|---|
| A | Yes | |
| B | No | |
| C | Do not know | |
| D | If yes, please describe the completeness and quality of the routine data sources for stillbirth on a scale of 1 (low) – 5 (high)? | |
| E | Do not know If yes, please upload the report by clicking the upload file on the right. | |

**3.17. From your point of view, what are the main challenges or barriers to collecting and reporting stillbirth data at the facility level? Tick all that apply.**

- ☐ Lack of policy or legal frameworks requiring stillbirth reporting
- ☐ Lack of political priority for stillbirths
- ☐ Multiple reporting systems
- ☐ Poor infrastructure for reporting
- ☐ Inadequate capacity of health workers to document stillbirths
- ☐ Inadequate capacity of information managers/officers to document stillbirths
- ☐ Facility leadership/support
- ☐ Stigma of stillbirths
- ☐ Fear of blame
- ☐ Lack of data quality assurance systems to support facilities in capturing data
- ☐ Other

If other, describe other challenges and expand on selected challenges here:

**3.18. From your point of view, what are the main challenges or barriers to collecting and reporting stillbirth data at the national and subnational levels via health sector? Tick all that apply.**

☐ Inadequate leadership and support from the national Ministry of Health

☐ Inadequate leadership/support from district health management

☐ Poor channels of communication between levels to share data on stillbirth

☐ Lack of political priority for stillbirths

☐ Lack of political priority for routine health information systems

☐ Lack of national stillbirth rate target

☐ Lack of resources/finances generally for routine health information systems

☐ Lack of resources/finances for maternal and perinatal health, including stillbirths

☐ Poor infrastructure for reporting

☐ Capacity of national and subnational managers to report, collate and analysis stillbirth data and use data for decision making at all levels

☐ Stigma of stillbirths

☐ Other

(Please note there may be more than one answer)
If other, describe other challenges and expand on selected challenges here:



# Section 4: Data use and dissemination

Please complete the survey below.
Thank you!

**4.1. Do health facilities routinely have meetings to review stillbirths (e.g. perinatal reviews, MDPSR meeting)?**

| | | |
|---|---|---|
| A | Yes | |
| B | No | |
| C | Do not know | |
| D | Comment: | |

**4.2. How is stillbirth data used at facility and/or subnational levels for decision making?**

☐ Clinical-audit or perinatal review meetings

☐ Outcome indicator tracked in facility and subnational level monitoring and evaluation reports/meetings

☐ Outcome indicator tracked for quality improvement-related initiatives

☐ Other

If other, describe how stillbirth data is used

**4.3. Is there a national committee, panel or technical working group that is responsible for collating, analysing, and using stillbirth data for informing policy and practice?**

| | | |
|---|---|---|
| A | Yes | |
| B | No | |
| C | Do not know | |
| D | If yes, please name and describe the group: | |

**4.4. Is there a sub-national committees, panels or technical working groups that is responsible for checking data quality, collating, analysing and using data for informing policy and practice?**

| | | |
|---|---|---|
| A | Yes | |
| B | No | |
| C | Do not know | |
| D | If yes, what is the name of the group? | |
| E | If no, please explain if there is another mechanism to check data quality and collate data for reporting: | |

**4.5. Is there a national report generated which presents stillbirth data and recommendations to the Ministry of Health? Note, this report may include other data in addition to stillbirth.**

| | | |
|---|---|---|
| A | Yes | |
| B | No | |
| C | Do not know | |
| D | If yes, how frequently is a report produced? | |



**4.6. Is there a national report published and made publicly available that includes stillbirth data and recommendations?**

| | | |
|---|---|---|
| A | Yes | |
| B | No | |
| C | Do not know | |
| D | If yes, what is the name of the group? | |
| E | If yes, please upload the report by clicking the upload file on the right. | |

**4.7. In what form(s) are stillbirth data disseminated to the public? Select all that apply.**

| | | |
|---|---|---|
| A | Anonymised microdata | |
| B | Aggregated data tables | |
| C | Key messages and data stories | |
| D | Interactive charts | |
| E | Special tabulations generated for users | |
| F | Other | |
| If other, please describe | | |
| If yes, please upload the report by clicking the upload file on the right. | | |

**4.8. From your point of view, what are the main challenges or barriers to stillbirth data use and dissemination at <u>national level</u>? Tick all that apply.**

- ☐ Ministry of Health leadership/support
- ☐ District leadership/support
- ☐ Poor channels of communication between levels to share data on stillbirth
- ☐ Lack of political priority for stillbirths
- ☐ Lack of political priority for routine health information systems
- ☐ Lack of national stillbirth rate target
- ☐ Lack of resources/finances generally for routine health information systems
- ☐ Lack of resources/finances for maternal and perinatal health, including stillbirths
- ☐ Poor infrastructure for reporting
- ☐ Capacity of national and subnational managers to report, collate and analysis stillbirth data and use data for decision making at all levels
- ☐ Stigma of stillbirths
- ☐ Fear of blame
- ☐ Other

If other, describe other challenges and expand on selected challenges here:



**4.9. From your point of view, what are the main challenges or barriers to stillbirth data use and dissemination at <u>subnational and facility levels</u>? Tick all that apply.**

- ☐ Ministry of Health leadership/support
- ☐ District leadership/support
- ☐ Poor channels of communication between levels to share data on stillbirth
- ☐ Lack of political priority for stillbirths
- ☐ Lack of political priority for routine health information systems
- ☐ Lack of national stillbirth rate target
- ☐ Lack of resources/finances generally for routine health information systems
- ☐ Lack of resources/finances for maternal and perinatal health, including stillbirths
- ☐ Poor infrastructure for reporting
- ☐ Capacity of national and subnational managers to report, collate and analysis stillbirth data and use data for decision making at all levels
- ☐ Stigma of stillbirths
- ☐ Fear of blame
- ☐ Other

If other, describe other challenges and expand on selected challenges here:

# ANNEX 2: Country Survey Responses and Validation

| Country | Responded to the survey (any part) | Completed all section of survey | Contributed to the validation process |
|---|---|---|---|
| Algeria | ✓ | ✓ | ✓ |
| Angola | ✓ | ✓ | ✓ |
| Burkina Faso | ✓ | ✓ | ✓ |
| Cameroon | ✓ | ✓ | ✓ |
| Central African Republic | ✓ | ✓ | ✓ |
| Congo | ✓ | ✓ | ✓ |
| Comoros | ✓ | ✓ | ✓ |
| Democratic Republic of the Congo | ✓ | ✓ | ✓ |
| Djibouti | ✓ | ✓ | ✓ |
| Ethiopia | ✓ | ✓ | ✓ |
| Equatorial Guinea | ✓ | ✓ | ✓ |
| Kenya | ✓ | ✓ | ✓ |
| Kingdom of Eswatini | ✓ | ✓ | ✓ |
| Lesotho | ✓ | ✓ | |
| Liberia | ✓ | ✓ | ✓ |
| Libya | ✓ | ✓ | |
| Madagascar | ✓ | ✓ | ✓ |
| Malawi | ✓ | ✓ | ✓ |
| Morocco | ✓ | ✓ | ✓ |
| Mozambique | ✓ | ✓ | ✓ |
| Namibia | ✓ | ✓ | ✓ |
| Niger | ✓ | ✓ | ✓ |
| Nigeria | ✓ | ✓ | ✓ |
| Rwanda | ✓ | ✓ | ✓ |
| Seychelles | ✓ | ✓ | ✓ |
| Sierra Leone | ✓ | ✓ | ✓ |
| Somalia | ✓ | | |
| South Sudan | ✓ | ✓ | |
| The Gambia | ✓ | | ✓ |
| Togo | ✓ | ✓ | ✓ |
| Uganda | ✓ | ✓ | ✓ |
| Zambia | ✓ | ✓ | ✓ |
| Zimbabwe | ✓ | ✓ | ✓ |
| **TOTAL** | **33** | **30** | **28** |



# ANNEX 3: Data submitted on deliveries, births, stillbirths and early neonatal deaths by countries

| location | 2018 | | | | 2019 | | | | 2020 | | | | 2021 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | deliveries | live births | stillbirths | early neonatal deaths | deliveries | live births | stillbirths | early neonatal deaths | deliveries | live births | stillbirths | early neonatal deaths | deliveries | live births | stillbirths | early neonatal deaths |
| Algeria | 815206 | 836286 | 9402 | 7135 | 846730 | 832785 | 9351 | 7305 | 752640 | 755805 | 9344 | 7538 | 630692 | 634322 | 6791 | 7219 |
| Angola | | | | | | | | | | | | | | | | |
| Burkina Faso | 774414 | 759084 | 15330 | 4262 | 761766 | 761766 | | | 767774 | 751098 | 16681 | 4243 | 852081 | 810893 | 17412 | 4981 |
| Cameroon | | | | | | | | | | | | | | | | |
| Central African Republic | | | | | | | | | 143380 | 139418 | 3962 | | 156959 | 155238 | 1727 | |
| Comoros | 15369 | 16318 | 349 | | 16562 | 14390 | 292 | | 15253 | 15448 | 263 | | 17029 | 14539 | 284 | |
| Congo | 51516 | 48195 | | | 37565 | 32402 | | | 36484 | | | | 58352 | 70117 | 1876 | 1263 |
| Djibouti | 13792 | 13474 | 471 | 163 | 13382 | 13339 | 417 | 129 | 13926 | 13739 | 348 | 101 | 13867 | 14620 | 427 | 198 |
| Democratic Republic of the Congo | 3273665 | 3194325 | 43464 | 14887 | 3492910 | 3422936 | 42726 | 14976 | 3801080 | 3704097 | 45330 | 14806 | 3756611 | 3681840 | 40133 | 13.891 |
| Equatorial Guinea | 8612 | 8666 | 94 | | 7642 | 7568 | 113 | | 10060 | 9972 | 166 | | 10473 | 10407 | 227 | |
| Eswatini | 27501 | 27094 | 407 | 226 | 28872 | 28335 | 537 | 227 | 28393 | 27837 | 556 | 247 | 27528 | 26877 | 651 | 273 |
| Ethiopia | 2070799 | 736040 | 30223 | | 2141779 | 721348 | 31878 | | 2201209 | 702938 | 28527 | 0 | 2265986 | 633175 | 27101 | 12670 |
| Kenya | 1107880 | 1078439 | 22356 | | 1155241 | 1127230 | 22534 | 3 | 1176236 | 1144016 | 22559 | 2373 | 1242431 | 1174826 | 14130 | 7042 |
| Lesotho | 30166 | 29649 | 517 | 94 | 30546 | 29933 | 613 | 129 | 29786 | 29119 | 667 | 116 | 30557 | 29958 | 599 | 119 |
| Liberia | 123143 | 114345 | 2394 | | 128111 | 122033 | 2295 | | 129359 | 125121 | 3094 | | 133728 | 130061 | 2489 | |
| Libya | | | | | | | | | | | | | | | | |
| Madagascar | 389632 | 388893 | 3522 | | 368479 | 355198 | 3524 | | 428622 | 418440 | 3827 | | 428982 | 412993 | 3885 | |
| Malawi | 554107 | 540063 | 9141 | | 555187 | 540566 | 9927 | | 534570 | 520361 | 9674 | | 536536 | 521820 | 10529 | |
| Morocco | 468690 | 446758 | 6243 | | 471963 | 462017 | 6562 | | 432636 | 429968 | 7312 | | 388535 | 385681 | 5004 | |
| Mozambique | | | | | | | | | | | | | | | | |
| Namibia | 79116 | 77290 | 1303 | 831 | 78228 | 76992 | 1512 | 799 | 88450 | 86588 | 1510 | 777 | 94529 | 92059 | 1619 | 727 |
| Niger | | | | | | | | | | | | | | | | |
| Nigeria | 456397 | 435132 | 21265 | | 305389 | 285061 | 20328 | | 368033 | 349868 | 18165 | | 302075 | 281747 | 20212 | |
| Rwanda | | | | | | | | | | | | | | | | |
| Seychelles | 1633 | 1645 | 12 | 12 | 1572 | 1586 | 8 | 5 | 1562 | 1570 | 8 | 5 | 1660 | 1672 | 14 | 9 |
| Sierra Leone | 218799 | 209287 | 4708 | | 222910 | 214120 | 7964 | | 223190 | 208470 | 3993 | | 224839 | 215652 | 4123 | 263 |
| Somalia | | | | | | | | | | | | | | | | |
| South Sudan | | | | | | | | | 124195 | 108514 | 15681 | | 146698 | 136044 | 10654 | |
| Gambia | | | | | | | | | | | | | | | | |
| Togo | 175363 | 192590 | 3600 | 918 | 182064 | 175471 | 4212 | 1204 | 180365 | 175808 | 3624 | 1230 | 190888 | 185060 | 3986 | 1167 |
| Uganda | 1135878 | 1123279 | 20755 | 6814 | 1193868 | 1176931 | 21186 | 6988 | 1230986 | 1205870 | 20356 | 6984 | 1413793 | 1391134 | 20261 | 6716 |
| Zambia | | 519972 | 8393 | | | 565891 | 7776 | | | 559897 | 8078 | | | 562579 | 7994 | |
| Zimbabwe | 409898 | 403447 | 6451 | 5299 | 412157 | 405371 | 6786 | 4977 | 407102 | 400166 | 6936 | 4715 | 418326 | 410719 | 7607 | 5086 |

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