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ɔred by the Mohamed bin Zayed Foundation for Humanity

African countries are setting a new agenda for maternal and newborn health

From Malawi to Rwanda, country-led approaches to maternal and newborn health are delivering. Philanthropy can help them go further, faster.

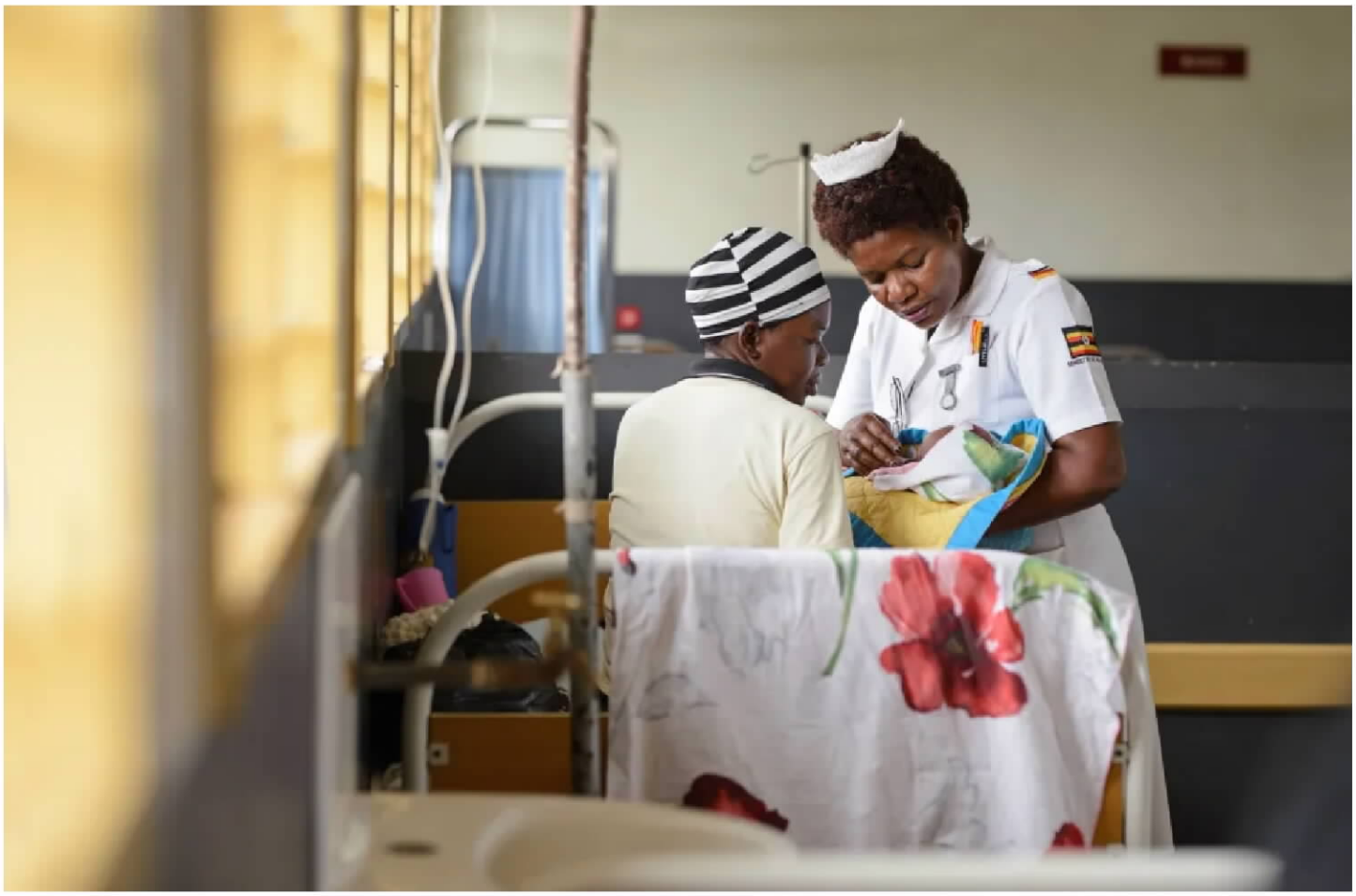


Photo credit: the Beginnings Fund

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Every 30 seconds, a baby is stillborn in Africa. Every year, more than 178,000 mothers on the continent die from complications in pregnancy or childbirth. Most of these deaths are preventable – and using solutions that are known, proven, and affordable.

That knowledge has already saved millions of lives. From 2000 to 2023, maternal deaths globally fell by 40%, driven by investment in skilled health workers, better facilities, and proven interventions that reached mothers when they were needed. Progress was real, measurable, and hard-won.

Then it stalled. Today, over 60 countries are off-track to meet the Sustainable Development Goal targets on newborn survival and Africa accounts for 70% of global maternal deaths. The gap between what is possible and what is happening is not a mystery. It is a failure to reach women with quality care, when they need it.

The solutions are not waiting to be invented. A point-of-care ultrasound machine, costing a few hundred dollars, can identify dangerous complications before they become fatal. Oxytocin, correctly administered after birth, dramatically reduces postpartum haemorrhage – still the leading cause of maternal death worldwide. Immediate kangaroo mother care, or holding a premature or low-weight newborn skin-to-skin, improves survival rates at minimal cost.

Paired with skilled birth attendants, emergency services when complications arise, and facilities stocked with essential medicines and basic supplies, these individual interventions can form a system that consistently prevents deaths. So why aren't they reaching every mother and baby?

Across much of Africa, maternal and newborn health has historically been supported by external funding, and that funding is now contracting. A December 2025 report by PATH estimated that donor aid for maternal, newborn and child health in 10 sub-Saharan African countries fell by 49% in 2025. Of every US$10 spent on health across those countries, just $2.10 came from domestic government resources. If that funding gap is not filled, PATH forecasts over 1 million additional maternal deaths by 2040.

African governments are not waiting for that moment. Across the continent, a decisive shift is underway, one driven by governments that have made the health of mothers and newborns a national priority. The countries making sustained progress share common features: domestic investment, national strategies, and strong coordination.

In Malawi, a 'One Budget, One Plan, One Report' model has aligned domestic and external resources behind a single national strategy, directing funding to the districts where maternal and newborn deaths are highest. Working with partners, the government

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identified a specific problem: the number of women dying following C-sections, which accounted for more than half of maternal deaths in the country. They responded with targeted investments in surgical care and emergency referral.

In Ethiopia, domestic budget allocations for maternal and newborn health have increased by over 300%. And in Rwanda, investment in digital systems and the introduction of new technologies is providing clinicians with real-time data to inform care and rapid decision-making.

Across these countries and more, governments are setting their own agenda in support of healthy mothers and babies.

Philanthropic capital has a critical role to play in supporting this shift. That was the conviction behind the Beginnings Fund, launched a year ago by partners including the Mohamed bin Zayed Foundation for Humanity, The ELMA Foundation, the Gates Foundation, the Children's Investment Fund Foundation, and Delta Philanthropies, to help change the trajectory of birth outcomes for mothers and newborns in Africa.

The Fund works alongside governments to target the specific drivers of maternal and newborn deaths in each country, equipping health workers with the tools and training they need, ensuring facilities have the drugs and equipment to manage complications in real time, strengthening referral networks, and building the data systems needed to support continuous improvement.

In its first year, the Beginnings Fund has approved 30 grants totalling $199 million across six countries: Malawi, Kenya, Ethiopia, Rwanda, Zimbabwe, and Tanzania, including Zanzibar. By 2031, the Fund aims to improve the quality of care for 34 million women and newborns across 10 Africa countries, preventing over 300,000 deaths.

That is not a target set by donors for countries to meet. It is a shared commitment between governments leading this work and partners who have chosen to back them.

We know what puts mothers and babies at risk. We also know what saves them. What has been missing – too often and for too long – is the will to fund systems that governments own and communities trust. Every funder, every government, every partner that chooses to align behind country-led plans rather than build their own is part of the answer. The mothers and babies who will be born in Africa over the next five years deserve nothing less.

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