



## ORIGINAL ARTICLE OPEN ACCESS

# Ending Preventable Stillbirths and Improving Bereavement Care: A Global Scorecard

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## ABSTRACT

**Background:** The Lancet Ending Preventable Stillbirths series issued a global Call to Action to reduce stillbirths and improve bereavement care. To monitor progress, we developed a global scorecard to track performance on key indicators.

**Objectives:** To introduce the scorecard and demonstrate its utility with a worked example by comparing global and regional performance in 2022 versus 2018.

**Methods:** Descriptive analysis of performance across 20 nominated indicators spanning mortality targets, universal health coverage targets and milestones for ending preventable stillbirths. Data were extracted from global tracking processes undertaken by United Nations agencies and foundations. Data were summarised globally and by region, with performance against indicators coded as below expectation, in progress, on track, or fully achieved.

**Results:** Seven of the 20 indicators had no available data to assess performance, including those related to stillbirth rate equity, subnational stillbirth rates, national reproductive health plans, the quality of antenatal and intrapartum care, and national processes for stigma reduction. As yet, there is no global consensus on respectful care after a perinatal death. Data were sparse for all indicators in *Oceania, Europe and North America, and Latin America and the Caribbean*. For most regions and most of the 13 other indicators with available data or estimates, progress was often modest or lacking. *Central and South Asia* and *East and South-East Asia* were ‘on track’ for more indicators than other regions, and there was substantial progress on three indicators in *Sub-Saharan Africa*. However, for the 10 highest-burden countries, progress remained below expectations. Progress was highest for indicators assessing the existence of plans, and worst for indicators assessing implementation.

**Conclusions:** The Global Scorecard for Ending Preventable Stillbirths can be used to provide advocates, policymakers, and practitioners with a detailed status check on data availability and progress in ending preventable stillbirths and improving care after stillbirth.

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## 1 | Background

An estimated 1.9 million late gestation stillbirths occurred worldwide in the year 2023 (fetal deaths  $\geq 28$  weeks gestation) [1]. Most of these deaths could have been prevented with improved women's health and high-quality antenatal and intrapartum care [1]. Despite growing recognition of the stillbirth rate as a key indicator of the quality of maternal and child healthcare [2], progress to reduce the burden of stillbirth and improve care for bereaved families has been slow.

In 2014, the Every Newborn Action Plan (ENAP) was endorsed by 194 member states at the 67th World Health Assembly (Resolution WHA 67.10). ENAP set the first global stillbirth rate target of 12 or fewer late gestation (28 weeks' gestation or greater) stillbirths per 1000 total births in all countries by 2030, while also aiming to reduce stillbirth equity gaps [3]. In 2016, the Lancet's Ending Preventable Stillbirths series highlighted opportunities for accelerated progress to end preventable stillbirths and improve bereavement care. The series concluded with a Call to Action within the context of integrated healthcare [2] covering: (1) mortality targets, (2) universal health care coverage targets, and (3) global and national milestones for improving care and outcomes for all mothers and their babies [2]. However, without a way to track performance, the potential of the Call to Action to minimise the global stillbirth burden remains unrealised, perpetuating insufficient awareness and limited action at program and policy levels.

To address this gap, the Stillbirth Advocacy Working Group of the International Stillbirth Alliance (ISA-SAWG) developed a Global Scorecard for Ending Preventable Stillbirths in 2018. The scorecard collates and presents relevant data to track the implementation of the components of the Call to Action, thereby highlighting where and how progress is being made, where performance cannot be assessed due to a lack of data, and where further action is needed.

Here, our main aim was to introduce the Global Scorecard for Ending Preventable Stillbirths (hereafter 'the scorecard'), outline its development, and describe how it can be used for stillbirth prevention advocacy, policy, and program purposes. To demonstrate its potential utility with a worked example, we used

the scorecard to compare regional performance against the Call to Action in the year 2022 versus 2018.

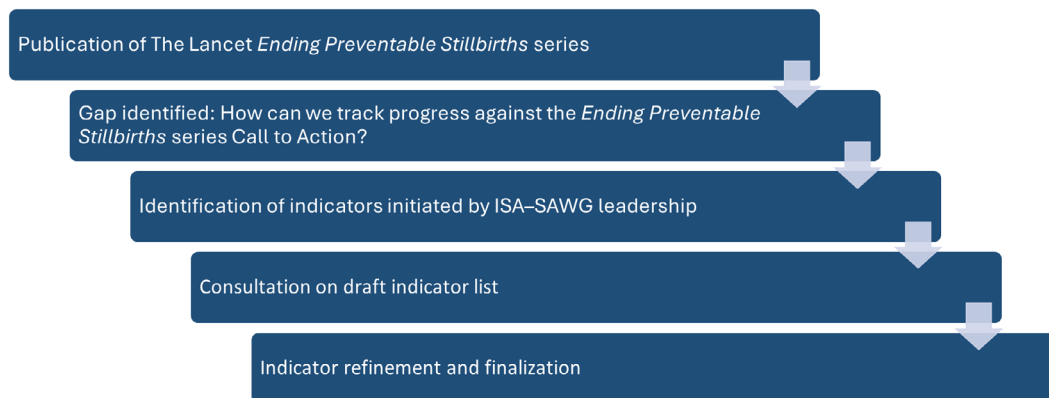
## 2 | Methods

### 2.1 | Development of the Scorecard

The scorecard was co-developed by a multi-disciplinary team representative of community organisations, academic institutions and advocacy groups led by and including bereaved parents. The scorecard metrics are based on key targets and milestones related to stillbirth prevention, such as family planning, antenatal care and care during labour and birth. As a purpose-built tool, the scorecard is intended for use by a wide range of stakeholders, including national governments, UN bodies, donors, non-government organisations and parent organisations.

The development of the scorecard is summarised in Figure 1. For each component of the Lancet's Ending Preventable Stillbirths Call to Action (Box 1), between one and three candidate indicators were identified by an informal group among the ISA-SAWG members, including bereaved parents ([www.stillbirthalliance.org](http://www.stillbirthalliance.org)). Most indicators were identified from key documents and data collection processes of United Nations (UN) agencies and other partners. Indicators already being collated through existing global data collection processes were prioritised, including the ENAP and Ending Preventable Maternal Mortality (EPMM) Joint Country Implementation Tracking Tool, which has had various forms since 2015 and was last updated in 2022 [4]. Hereafter, we refer to this tracking tool as part of *Every Woman Every Newborn Everywhere* (EWENE), the combined name for ENAP and EPMM that was coined in 2024 in recognition of the interconnectedness of the two initiatives [5]. For components of the Call to Action without extant indicators, the ISA-SAWG subgroup proposed new ones. Indicators were chosen to capture not only the ultimate outcomes of a given component but also processes and policies required for its achievement.

The draft list of proposed indicators for the scorecard was circulated for comment in several rounds to ISA-SAWG members for feedback and key organisations including the United Nations



**FIGURE 1** | Graphical representation of scorecard development.

**BOX 1** | The Lancet's Ending Preventable Stillbirths Series Call to Action\* [2].

#### Mortality targets by 2030

- *National level*: 12 late gestation stillbirths or fewer per 1000 total births in every country
- *Subnational level*: All countries to set and meet targets to close equity gaps and use data to track and prevent stillbirths

#### Universal health care coverage targets

- *Family planning*: By 2020, 120 million more women and girls with access to contraceptives; by 2030, universal access to sexual and reproductive healthcare services and integration of reproductive healthcare services into national strategies and programmes
- *Antenatal care*: By 2030, universal quality of care and comprehensive antenatal care for all women in all countries
- *Care during labour and birth*: By 2030, effective and respectful intrapartum care to all women in all countries

#### Milestones

- *Respectful care, including bereavement support after a death*: By 2020, global consensus on a package of care after a death in pregnancy or childbirth for the affected family, community and caregivers in all settings
- *Reduce stigma*: By 2020, all countries to identify mechanisms to reduce stigma associated with stillbirth among all stakeholders, particularly health workers and communities
- *Every newborn global and national milestones met by 2020*, including the Measurement Improvement Roadmap [6]

\*This Call to Action was published in 2016 with an aim to align to existing targets at the time of publication and to achieve milestones by 2020.

Children's Fund (UNICEF), the World Health Organization (WHO) and the White Ribbon Alliance. Ultimately, 20 indicators were chosen to measure performance against each of the eight Call to Action components (see Table 1).

## 2.2 | Data Sources

Data for six of the 20 indicators were sourced from the [ENAP tracking tool](#) undertaken in high-burden countries annually by UNICEF (data not publicly available). To assess whether countries had achieved the  $\geq 28$  week stillbirth rate global target (one indicator), modelled  $\geq 28$  week stillbirth rate estimates were sourced from the UN Inter-agency Group for Child Mortality Estimation child mortality, stillbirth and causes of death estimates [7]. Data for two family planning indicators were sourced from the [FP2030 Data Dashboard](#) [8]. Coverage indicators for antenatal care and skilled birth attendants (one indicator each) were sourced from the joint tracking tool by [WHO/UNICEF](#) based on population-based national household survey data and routine health systems [9]. Global standards for antenatal and intrapartum care (one indicator each) were considered met with

the publication of corresponding WHO clinical practice guidelines [10, 11]. For seven indicators, data were not being tracked and/or there were no existing validated indicators available. Table 1 presents a detailed mapping of the indicators including their data sources. Since global maternal and newborn health indicators and data collection processes have changed over time, the wording for some scorecard indicators also changed slightly since the scorecard was developed in 2018. These wording changes did not alter the essence of the indicator for the current purpose, but rather enabled further granularity (e.g., sub-national implementation plans at the state/regional/provincial level and at the district or equivalent level, rather than subnational newborn plans more broadly). Table S1 describes wording changes and how these were handled in data extraction.

## 2.3 | Country Groupings

Data for the scorecard indicators were presented at the global level (for all 195 countries) and across three subgroups: (1) the *Every Woman Every Newborn Everywhere* (EWENE) grouping, which comprised all countries that were part of the EWENE tracking process in 2018 ( $n=90$ ) and 2022 ( $n=106$ ); (2) a high-burden grouping, which comprised the 10 countries in the EWENE tracking process that had the highest stillbirth rates for 2018 and 2022; and (3) regional groupings, which comprised the countries in the EWENE tracking process, which we then grouped into the seven Sustainable Development Goals (SDG) geographical regions (i.e., *Sub-Saharan Africa*; *North Africa and West Asia*; *Central and South Asia*; *East and South-East Asia*; *Europe and North America*; *Latin America and the Caribbean*; and *Oceania*) [12]. Table S2 presents the lists of countries included in each subgroup for both 2018 and 2022. To ensure comprehensiveness, all reporting countries for each year were included rather than only the countries that reported data for both years.

## 2.4 | Indicator Measurement and Coding

For each country, indicators were deemed to be achieved if reported as such in the EWENE tracking tool for the relevant year, or if evidence was available of the establishment of a relevant policy/initiative (e.g., existence of a Newborn/Reproductive, Maternal, Newborn, Child and Adolescent Health [RMNCAH] plan) or of the achievement of a relevant target (e.g., achievement of the stillbirth rate global target) (Table 1).

Taking a slightly adapted normative approach, indicators were colour-coded within country groupings as follows:

- Below expectation: 0% to < 50% of countries (orange)
- In progress (ongoing): 50% to < 75% of countries (yellow)
- On track: 75% to < 100% of countries (light green)
- Fully achieved: 100% of countries (dark green)

Where less than 50% of countries contributed data for an indicator, data were not colour-coded. Countries with missing data were removed from the denominator.

TABLE 1 | Mapping of global scorecard indicators to the call to action and indicator coding.

Call to action component	Indicator <sup>a</sup>	Definition	Data sources	Scoring			
				100%	≥ 75% to <100%	≥ 50% to <75%	0% to <50%
Mortality	By 2030: 12 stillbirths or fewer per 1000 total births in every country	Percentage of ENAP/EPMM countries with an ENAP plan or sharpened maternal-newborn component within the RMNCAH plan	2018: <a href="#">ENAP tracking tool</a> undertaken in high-burden countries annually by UNICEF 2022: ENAP and EPMM joint country implementation tracking tool (EWENE)	100%	≥ 75% to <100%	≥ 50% to <75%	0% to <50%
	1.1 Countries with newborn/RMNCAH plan	Percentage of ENAP/EPMM countries with a late-gestation (28 weeks' gestation or greater) stillbirth rate target within their ENAP or RMNCAH plan	2018: <a href="#">ENAP tracking tool</a> undertaken in high-burden countries annually by UNICEF 2022: ENAP and EPMM joint country implementation tracking tool (EWENE)	100%	≥ 75% to <100%	≥ 50% to <75%	0% to <50%
	1.2 Countries with a national stillbirth rate target	Percentage of all countries reaching a late-gestation (28 weeks' gestation or greater) stillbirth rate of 12 or fewer per 1000 total births	Stillbirth estimates provided at <a href="https://childmortality.org/">https://childmortality.org/</a> For scorecard year 2018, estimates are for 2018. For scorecard year 2022, estimates are for 2021 (the closest year available as stillbirth estimates are produced on alternate years)	100%	≥ 75% to <100%	≥ 50% to <75%	0% to <50%
By 2030: All countries set and meet targets to close equity gaps and use data to track and prevent stillbirths	1.3 Countries achieving the stillbirth rate global target	Percentage of ENAP/EPMM countries with a subnational ENAP plan or sharpened maternal-newborn component within the RMNCAH plan	2018: <a href="#">ENAP tracking tool</a> undertaken in high-burden countries annually by UNICEF 2022: ENAP and EPMM joint country implementation tracking tool (EWENE)	100%	≥ 75% to <100%	≥ 50% to <75%	0% to <50%
	1.4 Countries with a subnational newborn/implementation plan	Percentage of all countries with a late-gestation (28 weeks' gestation or greater) stillbirth rate equity target	Equity targets are not being routinely tracked. Case studies may be available for some high-income countries	100%	≥ 75% to <100%	≥ 50% to <75%	0% to <50%
	1.5 Countries with a stillbirth rate equity target	Percentage of all countries reporting subnational late-gestation (28 weeks' gestation or greater) stillbirth rates	UN-IGME is collecting these data from administrative data sources as part of ongoing stillbirth estimates work. There is no current plan for reporting subnational stillbirth rates in UN-IGME	100%	≥ 75% to <100%	≥ 50% to <75%	0% to <50%

(Continues)

TABLE 1 | (Continued)

Call to action component	Indicator <sup>a</sup>	Definition	Data sources	Scoring			
				Dark Green	Light Green	Yellow	Red
<b>Universal health care—Family planning</b>							
By 2020, 120 million more women and girls with access to contraceptives; by 2030, universal access to sexual and reproductive healthcare services and integration of reproductive health into national strategies and programmes	2.1 Additional users of modern contraceptive methods	The number of additional women of reproductive age (or their partners) currently using a modern contraceptive method compared with 2012	FP2030 Data Dashboard (FP2030 indicators by country)	≥ 120 million additional users	≥ 90 to < 120 million additional users	≥ 60 to < 90 million additional users	< 60 million additional users
	2.2 Percentage demand for contraception satisfied	The percentage of women (or their partners) who desire either to have no additional children or to postpone the next child and who are currently using a modern contraceptive method. Women using a traditional method are assumed to have an unmet need for modern contraception.	FP2030 Data Dashboard (FP2030 indicators by country)	100%	≥ 75% to < 100%	≥ 50% to < 75%	0% to < 50%
	2.3 Countries with a reproductive health plan	Percentage of ENAP/EPMM countries with a reproductive health plan or sharpened reproductive component within the RMNCAH plan	Not being tracked.	100%	≥ 75% to < 100%	≥ 50% to < 75%	0% to < 50%
<b>Universal health care: Antenatal care</b>							
By 2030, universal quality of care and comprehensive antenatal care for all women	3.1 Global standards for antenatal care	Availability of global standards for antenatal care	WHO clinical guidance updated as follows: 'Pregnancy, childbirth, postpartum and newborn care: A guide for essential practice' (2015); 'WHO recommendations on antenatal care for a positive pregnancy experience' (2016); and 'Managing complications in pregnancy and childbirth: A guide for midwives and doctors' (2017)	Fully achieved	n/a	n/a	n/a
	3.2 Antenatal care coverage	Percentage of women who receive at least 4 antenatal care visits	Joint tracking by WHO/UNICEF based on latest population-based national household survey data or routine health system data. <sup>b</sup>	100%	≥ 75% to < 100%	≥ 50% to < 75%	0% to < 50%
	3.3 Quality of antenatal care	No validated indicator currently available for effective coverage of antenatal care, but methodological work is ongoing at WHO	n/a	TBC	TBC	TBC	TBC




(Continues)

TABLE 1 | (Continued)

Call to action component	Indicator <sup>a</sup>	Definition	Data sources	Scoring			
				Fully achieved	n/a	n/a	n/a
<b>Universal health care: Care during labour and birth</b>							
By 2030, effective and respectful intrapartum care to all women in all countries	4.1 Global standards for intrapartum care	Availability of global standards for intrapartum care	WHO clinical guidance updated as follows: 'Pregnancy, childbirth, postpartum and newborn care: A guide for essential practice' (2015); 'Managing complications in pregnancy and childbirth: A guide for midwives and doctors' (2017); 'WHO recommendations: intrapartum care for a positive childbirth experience' (2018); and 'WHO labour care guide: user's manual' (2021)	100%	≥ 75% to < 100%	≥ 50% to < 75%	0% to < 50%
	4.2 Skilled birth attendant coverage	Proportion of births attended by skilled health personnel	Joint tracking by WHO/UNICEF based on latest population-based national household survey data or routine health system data. <sup>b</sup>	TBC	TBC	TBC	TBC
	4.3 Quality of intrapartum care	No validated indicator currently available for effective coverage of intrapartum care, but methodological work is ongoing at WHO	n/a	TBC	TBC	TBC	TBC
<b>Milestones</b>							
Every Newborn global and national milestones met by 2020, including the Measurement Improvement Roadmap	5.1 National quality improvement plan focusing on MNH	Percentage of ENAP/EPMM countries reporting a national quality improvement plan with a specific focus on maternal and newborn health	2018: <b>ENAP tracking tool</b> undertaken in high-burden countries annually by UNICEF 2022: ENAP and EPMM joint country implementation tracking tool (EWENE)	100%	≥ 75% to < 100%	≥ 50% to < 75%	0% to < 50%
	5.2 Perinatal death review systems	Percentage of ENAP/EPMM countries reporting a perinatal death review system in place, either stand-alone or as part of maternal death review and response programmes.	2018: <b>ENAP tracking tool</b> undertaken in high-burden countries annually by UNICEF 2022: ENAP and EPMM joint country implementation tracking tool (EWENE) (tracking item used was that specific to review of stillbirths)	100%	≥ 75% to < 100%	≥ 50% to < 75%	0% to < 50%
	5.3 Research focusing on stillbirths planned by country	Percentage of ENAP/EPMM countries reporting research focusing on stillbirths under way or planned in their country	2018: <b>ENAP tracking tool</b> undertaken in high-burden countries annually by UNICEF 2022: ENAP and EPMM joint country implementation tracking tool (EWENE)	100%	≥ 75% to < 100%	≥ 50% to < 75%	0% to < 50%

(Continues)

TABLE 1 | (Continued)

Call to action component	Indicator <sup>a</sup>	Definition	Data sources	Scoring		
						
By 2020, global consensus on a package of care after a death in pregnancy or childbirth for the affected family, community and caregivers in all settings	5.4 Global consensus on respectful care after a death	Global consensus on a package of care after a death in pregnancy or childbirth for the affected family, community and caregivers in all settings agreed by global stillbirth community including WHO	Preliminary discussions are underway between ISA and WHO around next steps toward developing consensus on a global package in partnership with a wide range of stakeholders from all geographical regions, including parents and front-line health workers. Funding is yet to be secured.	TBC	TBC	TBC
By 2020, all countries to identify mechanisms to reduce stigma associated with stillbirth among all stakeholders, particularly health workers and communities	5.5 National process for stigma reduction	Number of countries instituting a process to identify mechanism to reduce stigma associated with stillbirth among all stakeholders, particularly health workers and communities	Not being tracked.	TBC	TBC	TBC

Abbreviations: ENAP, Every Newborn Action Plan; EPMM, Ending Preventable Maternal Mortality; EWENE, Every Woman Every Newborn Everywhere; ISA, International Stillbirth Alliance; RMNCAH, Reproductive, Maternal, Newborn, Child and Adolescent Health; UNICEF, United Nations Children's Fund; UN-IGME, UN Inter-agency Group for Child Mortality Estimation; WHO, World Health Organization.  
<sup>a</sup>Since global maternal and newborn health indicators and data collection processes have changed over time, the wording for some scorecard indicators also changed slightly since the scorecard was developed in 2018. Refer to Table S1 for a list of changes between 2018 and 2022.  
<sup>b</sup>Data year(s) reported by WHO vary across countries and may have been provided as an exclusive year (e.g., '2018'), or as a span of years (e.g., '2016–2018').

Data on demand for contraception satisfied (Indicator 2.2), antenatal care coverage (Indicator 3.2) and skilled birth attendant coverage (Indicator 4.2) were provided as a percentage per country (Table 1). To calculate the percentage coverage for each country subgroup, numerators for each country were calculated by applying the coverage percentage to the number of live births (as a proxy for total births) for each country. Country numerators were then summed and divided by the total number of live births for each country subgroup (denominator) and subsequently reported as a percentage and coded as described previously.

Total users of modern contraceptive methods were reported as a frequency per country per year, with data reporting commencing in the year 2012 in the FP2030 Data Dashboard [8]. To obtain an estimate of the total number of *additional* users (Indicator 2.1), the total number of users in the year 2012 was subtracted from the total number of users per country in 2018 and 2022, respectively. Summed data were added to the scorecard for each country grouping. As less than 50% of all countries contributed data for this indicator, data were not coded. Had there been sufficient data for coding, additional users would have been coded at the global level only, using the FP2023 classification as follows [13]:

- Below expectation: < 60 million additional users (orange)
- In progress (ongoing): ≥ 60 to < 90 million additional users (yellow)
- On track: ≥ 90 to < 120 million additional users (light green)
- Fully achieved: ≥ 120 million additional users (dark green)

Data were extracted in July and August 2024. Data analyses were completed using Microsoft Excel pivot tables.

## 2.5 | Parent Involvement

The ISA, founded by bereaved parents in 2003, has a long history of partnership with parents and others with lived experience of stillbirth. Bereaved parents from all global regions are members of ISA. The ISA-SAWG presented the scorecard concept, discussed and disseminated drafts, and monitored the progress of the scorecard's development. During this time, the ISA-SAWG included parent members from Africa, Australia, Europe and North America. The core group of members who provided input into the scorecard drafts included parents from Australia, Nigeria, Spain, the UK and the USA. The co-chair of ISA-SAWG—who is the lead author of this manuscript and who co-led the process of scorecard development—is a bereaved parent of a stillborn son named Wilder.

## 3 | Results

The Global Scorecard for Ending Preventable Stillbirths is presented in Table 2 with data for 2018 and 2022 at the global level and for country subgroups.

### 3.1 | Performance on Mortality Targets

From 2018 to 2022, there was an increase in the proportion of EWENE countries with national newborn plans from 59% to 87% (Indicator 1.1), reflected in progress among high-burden countries and in all regions (including all seven tracked countries in *East and South-East Asia* in 2022). The proportion of EWENE-tracked countries with a subnational newborn/implementation plan (Indicator 1.4) nearly doubled, from 27% to 50%, driven by substantial progress in *Sub-Saharan Africa*, *Central and South Asia*, *East and South-East Asia*, and *Latin America and the Caribbean*.

The proportion of EWENE-tracked countries with a stillbirth rate target (Indicator 1.2) remained stagnant between 2018 and 2022 at just over 30%. Other than *Central and South Asia*, all regions were 'below expectation' for this indicator, with little to no improvement between 2018 and 2022, and with just one of 12 countries in *Oceania* and none of five countries in *Europe and North America* having a stillbirth rate target in 2022. Based on modelled estimates, the proportion of all countries that had achieved the global stillbirth rate target of 12 or fewer deaths per 1000 births increased slightly from 65% in 2018 to 68% in 2022 (Indicator 1.3). There was improvement in *North Africa and West Asia* and in *Oceania* and, by 2022, all five of the countries tracked in *Europe and North America* had met this target. In contrast, performance remained 'below expectation' in the EWENE grouping, with just 5% of Sub-Saharan African countries meeting the stillbirth rate target, and *Latin America and the Caribbean* being reclassified from 'fully achieved' to 'in progress', following the inclusion of data from additional countries in 2022.

### 3.2 | Performance on Universal Health Coverage Targets

#### 3.2.1 | Family Planning

There were almost 84 million additional users of modern contraceptive methods in 2022 compared with just over 48 million in 2018 (Indicator 2.1). The percentage demand for contraception satisfied remained steady globally and in EWENE-tracked countries, at just over 60% (Indicator 2.2), with performance improving from 'in progress' to 'on track' in *East and South-East Asia*, and movement out of the 'below expectation' category to 'in progress' for *Sub-Saharan Africa*. There were no data available on either indicator for the *Europe and North America* grouping.

#### 3.2.2 | Antenatal and Intrapartum Care

Targets for the availability of global standards for antenatal and intrapartum care (Indicators 3.1 and 4.1, respectively) were fully achieved by 2018 with the creation of WHO clinical guidance. Antenatal care coverage (Indicator 3.2) reached 69% globally in 2022, while coverage of skilled birth attendants (Indicator 4.2) reached 78% globally, but the number of countries with available

**TABLE 2** | Global Scorecard for Ending Preventable Stillbirths, 2018 and 2022.

	Global		EWENE grouping				High burden grouping				Sub-Saharan Africa				North Africa and West Asia				Central and South Asia				East and South-East Asia				Europe and North America				Latin America and the Caribbean				Oceania			
	Year		2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022						
	Total countries (n)		195	195	90	106	10	10	44	44	15	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14						
Mortality targets by 2030			53/90 (59%)	92/106 (87%)	6/10 (60%)	9/10 (90%)	25/44 (57%)	42/44 (95%)	10/14 (71%)	14/15 (93%)	9/14 (64%)	13/14 (93%)	8/9 (89%)	7/7 (100%)	0/2 (0%)	4/5 (80%)	0/3 (0%)	6/9 (67%)	1/4 (25%)	6/12 (50%)																		
1.1 Countries with a new born/RMNCAH plan			28/88 (32%)	33/106 (31%)	3/9 (33%)	2/10 (20%)	13/43 (30%)	17/44 (39%)	4/14 (29%)	3/15 (20%)	8/14 (57%)	7/14 (50%)	3/9 (33%)	2/7 (29%)	0/1 (0%)	0/5 (0%)	0/3 (0%)	3/9 (33%)	0/4 (0%)	1/12 (8%)																		
1.2 Countries with a national stillbirth rate target			34/90 (38%)	49/106 (46%)	0/10 (0%)	0/10 (0%)	2/44 (5%)	2/44 (5%)	9/14 (64%)	12/15 (80%)	9/14 (64%)	9/14 (64%)	7/9 (78%)	5/7 (71%)	2/2 (100%)	5/5 (100%)	3/3 (100%)	6/9 (67%)	2/4 (50%)	10/12 (83%)																		
1.3 Countries achieving the stillbirth rate global target (based on modelled stillbirth estimates)			127/195 (65%)	132/195 (68%)																																		
1.4 Countries with a subnational newborn/implementation plan			24/89 (27%)	52/105 (50%)	1/10 (10%)	2/10 (20%)	8/44 (18%)	22/44 (50%)	6/14 (43%)	5/15 (33%)	6/14 (43%)	9/14 (64%)	3/8 (38%)	6/7 (86%)	0/2 (0%)	0/5 (0%)	1/3 (33%)	7/8 (88%)	0/4 (0%)	3/12 (25%)																		
1.5 Countries with a stillbirth rate equity target																																						
1.6 Countries reporting subnational stillbirth rates																																						
UHC: Family planning			48,110,700 (n = 85)	83,819,000 (n = 85)	46,805,700 (n = 73)	80,966,000 (n = 76)	3,435,000 (n = 10)	7,475,000 (n = 10)	15,837,000 (n = 41)	27,635,000 (n = 42)	2,630,000 (n = 9)	4,970,000 (n = 9)	25,012,000 (n = 11)	44,581,000 (n = 11)	3,071,000 (n = 7)	2,722,000 (n = 6)	No data	No data	130,000 (n = 1)	850,000 (n = 3)	125,700 (n = 4)	208,000 (n = 5)																
2.1 Additional users of modern contraceptive methods			61% (n = 73)	63% (n = 85)	39% (n = 10)	42% (n = 10)	46% (n = 41)	50% (n = 42)	61% (n = 9)	62% (n = 9)	72% (n = 11)	74% (n = 11)	74% (n = 7)	79% (n = 6)	No data	No data	88% (n = 1)	62% (n = 3)	49% (n = 4)	51% (n = 5)																		
2.2 Percentage demand for contraception satisfied			61% (n = 73)	63% (n = 85)	39% (n = 10)	42% (n = 10)	46% (n = 41)	50% (n = 42)	61% (n = 9)	62% (n = 9)	72% (n = 11)	74% (n = 11)	74% (n = 7)	79% (n = 6)	No data	No data	88% (n = 1)	62% (n = 3)	49% (n = 4)	51% (n = 5)																		
2.3 Countries with a reproductive health plan																																						
UHC: Antenatal care			63% (n = 97)	69% (n = 36)	57% (n = 52)	58% (n = 21)	45% (n = 7)	33% (n = 1)	52% (n = 28)	64% (n = 11)	74% (n = 8)	49% (n = 3)	55% (n = 7)	86% (n = 2)	88% (n = 2)	94% (n = 4)	49% (n = 7)	85% (n = 2)	49% (n = 2)	No data																		
3.1 Global standards for antenatal care																																						
3.2 Antenatal care coverage			63% (n = 97)	69% (n = 36)	57% (n = 52)	58% (n = 21)	45% (n = 7)	33% (n = 1)	52% (n = 28)	64% (n = 11)	74% (n = 8)	49% (n = 3)	55% (n = 7)	86% (n = 2)	88% (n = 2)	94% (n = 4)	49% (n = 7)	85% (n = 2)	49% (n = 2)	No data																		
3.3 Quality of antenatal care																																						
UHC: Intrapartum care			80% (n = 107)	78% (n = 48)	70% (n = 40)	72% (n = 25)	70% (n = 7)	68% (n = 1)	60% (n = 17)	68% (n = 10)	94% (n = 6)	68% (n = 8)	94% (n = 3)	99% (n = 1)	98% (n = 2)	100% (n = 2)	99% (n = 2)	72% (n = 1)	57% (n = 2)	99% (n = 1)																		
4.1 Global standards for intrapartum care																																						
4.2 Skilled birth attendant coverage			80% (n = 107)	78% (n = 48)	70% (n = 40)	72% (n = 25)	70% (n = 7)	68% (n = 1)	60% (n = 17)	68% (n = 10)	94% (n = 6)	68% (n = 8)	94% (n = 3)	99% (n = 1)	98% (n = 2)	100% (n = 2)	99% (n = 2)	72% (n = 1)	57% (n = 2)	99% (n = 1)																		
4.3 Quality of intrapartum care																																						

(Continues)

TABLE 2 | (Continued)

Milestones	Global		EWENE grouping		High burden grouping		Sub-Saharan Africa		North Africa and West Asia		Central and South Asia		East and South-East Asia		Europe and North America		Latin America and the Caribbean		Oceania	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
Total countries (n)	195	195	90	106	10	10	44	44	14	15	14	14	9	7	2	5	3	9	4	12
5.1 National quality improvement plan focusing on MNH	44/89 (49%)	82/106 (77%)	4/10 (40%)	8/10 (80%)	19/43 (44%)	39/44 (89%)	7/14 (50%)	9/15 (60%)	10/14 (71%)	13/14 (93%)	4/9 (44%)	6/7 (86%)	0/2 (0%)	4/5 (80%)	2/3 (67%)	9/9 (100%)	2/3 (67%)	9/9 (100%)	2/4 (50%)	2/12 (17%)
5.2 Perinatal death review systems	48/86 (56%)	60/104 (58%)	1/10 (10%)	3/10 (30%)	22/42 (52%)	24/44 (55%)	8/14 (57%)	9/15 (60%)	7/14 (50%)	10/14 (71%)	5/8 (63%)	3/7 (43%)	1/1 (100%)	2/4 (50%)	2/3 (67%)	4/8 (50%)	3/4 (75%)	4/8 (50%)	3/4 (75%)	8/12 (67%)
5.3 Research focusing on stillbirths planned by country	39/56 (70%)	26/106 (25%)	4/6 (67%)	2/10 (20%)	19/27 (70%)	13/44 (30%)	3/6 (50%)	3/15 (20%)	9/11 (82%)	7/14 (50%)	3/4 (75%)	1/7 (14%)	1/1 (100%)	0/5 (0%)	2/3 (67%)	2/9 (22%)	2/4 (50%)	2/9 (22%)	2/4 (50%)	0/12 (0%)
5.4 Global consensus on respectful care after a death																				
5.5 National process for stigma reduction																				

Note: Data for each country grouping are presented only where the data were being tracked explicitly at that level. Therefore, global data for some indicators remains missing despite the availability of subgroup data. Legend (for a detailed description, see Table 1): Cells were only coded where data were available from ≥ 50% of available countries. No coding applied for 2.1: Additional users of modern contraceptive methods (see Methods). Fully achieved; On track; In progress (ongoing); Below expectation. Abbreviations: EWENE, Every Woman Every Newborn Everywhere; MNH, Maternal and Newborn Health; RMNCAH, Reproductive, Maternal, Newborn, Child, and Adolescent Health; UHC, universal health coverage.

data decreased markedly between comparison years for both indicators.

### 3.3 | Performance on Milestones

Seventy-seven per cent of EWENE-tracked countries and 80% of high-burden countries had a national quality improvement plan focusing on maternal and newborn health in 2022 (Indicator 5.1), which marked a substantial increase from 2018 (49% and 40%, respectively). This increase was driven by improvement in most regions, of which four became ‘on track’ by 2022. The milestone was fully achieved in *Latin America and the Caribbean* by 2022; only *Oceania* regressed compared to 2018, from ‘in progress’ to ‘below expectation’ following the inclusion of data from eight additional countries in 2022. Availability of perinatal death review systems (Indicator 5.2) increased slightly to 58% of EWENE-tracked countries in 2022. Performance on the indicator was ‘below expectation’ in 2022 for high-burden countries and for the *East and South-East Asia* region, where performance regressed. Performance also regressed in *Europe and North America* and in *Oceania*, following the inclusion of data from additional countries in 2022. Performance on research focusing on stillbirths (Indicator 5.3) had regressed or was below expectation for all country groupings in 2022, with just 25% of EWENE-tracked countries achieving this milestone by 2022.

### 3.4 | Data Availability

Global performance was assessable for seven of the 20 scorecard indicators. There is currently no global tracking for another seven of the indicators, including the proportion of countries with a stillbirth rate equity target and those reporting subnational stillbirth rate estimates (Indicators 1.5 and 1.6), the proportion of countries with a reproductive health plan (Indicator 2.3), quality of antenatal and intrapartum care (Indicators 3.3 and 4.3), and a global consensus for respectful care after death and a national process for stigma reduction (Indicators 5.4 and 5.5); hence, performance on these indicators could not be assessed due to lack of data or modelled estimates.

Table 3 presents the proportion of available data or modelled estimates for each indicator by country subgroup. Data availability was consistently highest for mortality targets and milestones. Estimated stillbirth rates were available for all 195 countries for both comparison years, but data were limited for antenatal care coverage (Indicator 3.2) and skilled birth attendant coverage (Indicator 4.2) globally (50%–55% and 18%–25% in 2018 and 2022, respectively) and across most country subgroups. Data availability for family planning varied across the country subgroups.

## 4 | Comment

### 4.1 | Principal Findings

The Global Scorecard for Ending Preventable Stillbirths uses a ‘stoplight’ approach to track performance against 20 indicators measuring the implementation of the Ending Preventable

TABLE 3 | Data availability for the global scorecard, 2018 and 2022.

	Global		EWENE grouping		High burden grouping		Sub-Saharan Africa		North Africa and West Asia		Central and South Asia		East and South-East Asia		Europe and North America		Latin America and the Caribbean and Oceania			
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
<b>Total countries (n)</b>	195	195	90	106	10	10	44	44	14	14	14	14	9	7	2	5	3	9	4	12
Mortality targets by 2030			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
1.1 Countries with a newborn/newborn/ RMNCAH plan			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
1.2 Countries with a national stillbirth rate target			98%	100%	90%	100%	98%	100%	100%	100%	100%	100%	100%	100%	50%	100%	100%	100%	100%	100%
1.3 Countries achieving the stillbirth rate global target (based on modelled stillbirth estimates)			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
1.4 Countries with a subnational newborn/implementation plan			99%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	89%	100%	100%	100%	89%	100%	100%
1.5 Countries with a stillbirth rate equity target																				
1.6 Countries reporting subnational stillbirth rates																				

(Continues)

TABLE 3 | (Continued)

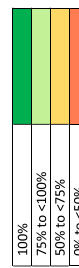
	Global		EWENE grouping		High burden grouping		Sub-Saharan Africa		North Africa and West Asia		Central and South Asia		East and South-East Asia		Europe and North America		Latin America and the Caribbean				Oceania	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
<b>Total countries (n)</b>	195	195	90	106	10	10	44	44	14	15	14	14	9	7	2	5	3	9	4	4	12	12
UHC: Family planning	44%	44%	81%	72%	100%	100%	93%	95%	64%	60%	79%	79%	78%	86%	No data	No data	33%	33%	100%	100%	42%	42%
2.1 Additional users of modern contraceptive methods																						
2.2 Percentage demand for contraception satisfied	44%	44%	81%	72%	100%	100%	93%	95%	64%	60%	79%	79%	78%	86%	No data	No data	33%	33%	100%	100%	42%	42%
2.3 Countries with a reproductive health plan																						
UHC: Antenatal care	Achieved																					
3.1 Global standards for antenatal care																						
3.2 Antenatal care coverage	50%	18%	58%	20%	70%	10%	64%	25%	57%	20%	29%	50%	22%	14%	100%	No data	100%	22%	50%	No data	No data	
3.3 Quality of antenatal care																						
UHC: Intrapartum care	Achieved																					
4.1 Global standards for intrapartum care																						
4.2 Skilled birth attendant coverage	55%	25%	44%	24%	70%	10%	39%	23%	43%	27%	43%	57%	33%	14%	100%	40%	67%	11%	50%	8%	8%	
4.3 Quality of intrapartum care																						

(Continues)

TABLE 3 | (Continued)

	Global		EWENE grouping		High burden grouping		Sub-Saharan Africa		North Africa and West Asia		Central and South Asia		East and South-East Asia		Europe and North America		Latin America and the Caribbean		Oceania		
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	
<b>Total countries (n)</b>	195	195	90	106	10	10	44	44	14	14	14	14	9	7	2	5	3	9	4	4	12
5.1 National quality improvement plan focusing on MNH			99%	100%	100%	100%	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
5.2 Perinatal death review systems			96%	98%	100%	100%	95%	100%	100%	100%	100%	100%	89%	100%	50%	80%	100%	89%	100%	100%	100%
5.3 Research focusing on stillbirths planned by country			62%	100%	60%	100%	61%	100%	43%	100%	79%	100%	44%	100%	50%	100%	100%	100%	100%	100%	100%
5.4 Global consensus on respectful care after a death																					
5.5 National process for stigma reduction																					

Note: Data for each country grouping are presented only where the data were being tracked explicitly at that level. Therefore, global data for some indicators remains missing despite the availability of subgroup data. Data captured across available countries.



Abbreviations: EWENE, Every Woman Every Newborn Everywhere; MNH, Maternal and Newborn Health; RMNCAH, Reproductive, Maternal, Newborn, Child and Adolescent Health; UHC, universal health coverage.

Stillbirths Call to Action. We used the scorecard to assess global and regional performance against the Call to Action from 2018 to 2022. Seven indicators had no available data to assess progress, and data were sparse for all indicators in *Oceania, Europe and North America*, and *Latin America and the Caribbean*. For most regions and most of the 11 other indicators with available data, progress was often modest or lacking. *Central and South Asia* and *East and South-East Asia* were 'on track' for more indicators than other regions, and there was also substantial progress on three indicators in *Sub-Saharan Africa* between 2018 and 2022. However, for the 10 countries with the highest stillbirth rates, progress remained below expectation for six of the 11 indicators with available data or modelled estimates. Progress was greatest for indicators assessing the existence of plans and worst for indicators assessing implementation.

#### 4.2 | Strengths of the Study

The Global Scorecard for Ending Preventable Stillbirths can be used to track performance against the Ending Preventable Stillbirths Call to Action, at global and regional levels and over time, in a format that allows at-a-glance identification of successes, areas of concern and lack of data. Informal uptake of the scorecard suggests it meets a need for monitoring performance. Preliminary versions have been translated into Spanish and Italian, coinciding with the release of the scorecard for use in high-resource settings [14]. A preliminary version was also presented in the 2019 ENAP progress report [6]. Regional versions have been produced for the Western Pacific [15] and the Middle East and North Africa regions [16], the latter also translated into French and Arabic. In addition, the high-resource settings version of the scorecard is included in Australia's National Stillbirth Action and Implementation Plan [17]. Updating of the global scorecard will coincide with post-2030 planning and will include tracking of performance in humanitarian and conflict affected countries, and concerted efforts to monitor stillbirth equity, for which no data were available on the relevant indicator. Given equity is central to the Ending Preventable Stillbirths Call to Action, further development of equity indicators is needed.

#### 4.3 | Limitations of the Data

The scorecard's utility as an accountability tool is limited by its reliance on data from the EWENE joint tracking tool, which is currently not publicly available. Significant parent involvement in the conceptualisation and creation of the scorecard notwithstanding, there was still limited review by bereaved parents, with limited representation of parents from high-burden regions, countries and populations. Future revisions of the scorecard will benefit from a methodical, participatory approach rooted in best practices for engagement of people with lived experience. To maximise the utility of the scorecard, it is crucial to address commonly reported barriers to the use of routine health information systems data, particularly organisational/environmental challenges [18]. With seven of the 20 indicators having no available data to assess performance, a potential reporting bias must be acknowledged. Finally, data quality may also impinge on the accuracy of the scorecard. Given the paucity of

empirical data on stillbirth rates from many settings—with reliable data on stillbirths available for fewer than 60% of low- and middle-income countries [19]—the data on stillbirth rates rely on the UN Inter-agency Group for Child Mortality Estimation (UN-IGME) modelled point estimates and do not account for the uncertainty around these estimates for countries without data. Overall, UN-IGME found 24 (12%) and 38 (19%) of the 195 countries from which stillbirth estimates are generated had either no data or lacked quality data, respectively. These countries may account for 29% of all stillbirths worldwide [19].

#### 4.4 | Interpretation

In our worked example comparing regional performance against the Call to Action for the year 2018 versus 2022, completion of the scorecard identified areas of progress, areas where progress has been insufficient and areas where performance cannot yet be ascertained due to lack of data. The main area of progress was the creation of plans, as reflected in indicators for national and subnational plans for newborn/RMNCAH and for quality improvement in maternal and newborn health. However, the existence of national plans does not necessarily translate into improved care or outcomes. Indeed, the main area of stagnation/regression identified by the current worked example was at the implementation level, as reflected in the indicators for skilled birth attendants and antenatal care—especially in high-burden regions. This highlights the challenges associated with timely tracking of coverage where indicators rely on information collected via nationally representative household surveys. Fewer than half of the countries with available data for these indicators in 2018 had available data in 2022 at the time of data extraction. It is therefore not possible to accurately compare the two time periods, as apparent observed declines in coverage of these indicators may be attributable to differential data availability by coverage level, or even differential reporting by coverage level. Explanations point to different issues that require different solutions; for instance, program-level solutions to increase coverage at country level versus process-level solutions to increase data availability and reporting. Critically, achieving progress toward ending preventable stillbirths depends on workforce preparedness, support and emotional safety—factors that must be recognised in the design of any program-level solutions.

Another noteworthy observation from the current worked example is the contrast between performance on family planning access and stagnation of stillbirth rate targets. One hypothesis is that this contrast is a manifestation of the difference in attention to these two public health issues at the global level, with family planning integrated into global public health policy at the highest level through SDG 3.7, versus stillbirth, which was excluded from the SDGs. Even a decade after the so-called global policy fix of ENAP, progress in stillbirth rate targets and stillbirth rate reduction is slower than progress in other areas that were integrated into the global public health architecture from the start. Advocates can use this information to promote inclusion of stillbirth in the post-2030 agenda. Although not a focus of the current worked example, it is also notable that target setting for maternal and neonatal mortality occurs far more frequently than that for stillbirth.

As noted above, the completion of the scorecard highlighted distinct challenges for stillbirth prevention: insufficient *progress* and insufficient *data*. We found insufficient progress on perinatal death review systems, despite the collation of comprehensive global guidance and relevant tools to do so [20]. Likewise, we found insufficient progress on stillbirth research programs, consistent with recent investigations into stillbirth donor and research funding, which found that <0.1% of all RMNCH aid funding from 2000 to 2019 mentions stillbirth and just \$2.8 million of research funding globally in 2020 was stillbirth focused, despite stillbirth accounting for around a quarter of the mortality burden [21, 22]. On the other hand, data on stillbirth equity (countries with a stillbirth rate equity target) and on less easily quantifiable indicators, including those for quality of antepartum and intrapartum care, stigma and respectful care after stillbirth, were simply unavailable. The absence of such data likely reflects the structural limitations of current monitoring frameworks, which tend to privilege measurable interventions over relational and emotional dimensions of care. This represents a large gap, especially in view of the close linkages between stigma, respectful bereavement care and maternal mental health outcomes [23]. In all, the current worked example suggests that a global emphasis on plans over action, quantitative over qualitative tracking and physical over mental healthcare may contribute to the explanations for insufficient progress toward ending preventable stillbirths.

## 5 | Conclusions

The Global Scorecard for Ending Preventable Stillbirths can be used to provide advocates, policy makers and practitioners with a detailed status check on data availability and progress in stillbirth action. To increase its effectiveness as a public health accountability tool, it will be important to increase public access to globally tracked country-specific indicators, including those from the EWENE joint tracking tool. Further, the scorecard indicators should be reviewed and revised periodically through an inclusive process to ensure alignment with evolving global targets and to enable opportunities for feedback from end users. To increase accessibility and uptake, hosting the scorecard online and producing a guide on adaptation to country or regional contexts (including translation) could prove useful, including how to update the scorecard and interpret it, and how to use it for advocacy, program and policy purposes.

SDG 17, which aims to revitalise the global partnership for sustainable development, includes a specific target to increase the availability of high-quality, timely and reliable data [24]. The scorecard helps to fill this need and we encourage stillbirth prevention champions to use it.

### Author Contributions

S.H.L.: conceptualization, methodology, writing – original draft, review and editing, supervision. A.M.W.: methodology, formal analysis, data curation, visualization, writing – original draft, review and editing. J.S.: methodology, formal analysis, writing – original draft, review and editing. E.d.G.: methodology, formal analysis, writing – original draft, review and editing. G.G.: methodology, data curation, writing – review and editing. M.K.: methodology, writing – review and editing. H.L.S.L.:

methodology, formal analysis, data visualization, writing – original draft, review and editing. P.Q.: writing – original draft, review and editing, supervision. V.F.: methodology, writing – review and editing. H.B.: conceptualization, methodology, writing – original draft, review and editing, supervision.

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### Ethics Statement

The authors have nothing to report.

### Consent

The authors have nothing to report.

### Conflicts of Interest

The authors declare no conflicts of interest.

### Data Availability Statement

Some of the data that support the findings of this manuscript are openly available via UN Inter-agency Group for Child Mortality Estimation child mortality, stillbirth and causes of death estimates (<https://childmortality.org/>), the FP2030 Data Dashboard ([www.fp2030.org/data-hub/tracker](http://www.fp2030.org/data-hub/tracker)) or the Global Health Observatory ([www.who.int/data/gho](http://www.who.int/data/gho)). Other data were sourced from the ENAP tracking tool undertaken in high-burden countries annually by UNICEF. Requests for data should be made to UNICEF.

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### Supporting Information

Additional supporting information can be found online in the Supporting Information section. **Table S1:** Changes in indicator data source and measurement between 2018 and 2022. **Table S2:** Countries included in Scorecard Country groupings in 2018 and 2022.