

Reflections on maternal mortality in Africa: a closer look at Angola

Maternal mortality remains one of the most sensitive indicators on the quality of health systems, social equity, and respect for reproductive rights. In the global context, it is an unmistakable marker of the structural inequalities that permeate countries and regions. In 2023, it is estimated that approximately 700 women died every day from preventable causes related to pregnancy and childbirth — equivalent to one death every two minutes.¹ Approximately 95% of these deaths occurred in low- and middle-income countries, with Sub-Saharan Africa accounting for about 70% of the global total.²

Despite some decline, the global reduction in maternal mortality has been insufficient to achieve the Sustainable Development Goals target, which aims to reduce the maternal mortality ratio (MMR) to less than 70 per 100,000 live births by 2030.³ Globally, the MMR remains high in vulnerable regions, revealing persistent gaps in the coverage of essential reproductive health services.⁴

In Angola, the estimated MMR in 2023 was 183 deaths per 100,000 live births, an improvement compared to the 202 deaths per 100,000 recorded in 2019, but still far from the global targets.^{1,5} This reduction may be due to public policies implemented to guarantee reproductive rights and reduce inequalities, improving these indicators. After decades of conflict and institutional fragility, women's health is now a strategic priority, although significant challenges persist.⁵ The Angolan government has developed and implemented several strategies to promote women's health, among which the following stand out:^{5,6}

- National Maternal and Neonatal Health Strategy 2023–2027: aims to expand access to quality obstetric care, reduce maternal and infant mortality, and strengthen prenatal and postnatal care;
- National Reproductive Health Plan: focuses on promoting family planning, preventing sexually transmitted infections, ensuring safe childbirth assistance, and combating preventable maternal mortality;
- Women's Education and Empowerment Programs: promote access to information on reproductive rights, sexual health, and prevention of violence against women;
- Strengthening Primary Health Care: expanding health centers, training professionals, and improving infrastructure in remote areas.

However, despite these efforts, multiple determinants persist that contribute to the vulnerability of reproductive health: internal political factors such as deep territorial inequalities, a shortage of qualified professionals, fragility in referral and counter-referral networks, precarious infrastructure, and limitations in health financing;⁷ external factors such as economic crises, population displacements, and reduced international aid that exacerbate existing vulnerabilities; and sociocultural factors such as high adolescent pregnancy rates, low female education, and cultural barriers.⁵

The main causes of maternal death — postpartum hemorrhage, severe hypertension (preeclampsia/eclampsia), puerperal sepsis, and complications from unsafe abortions — remain largely preventable.^{7,8} Preventing these conditions requires relatively simple interventions but depends on adequate infrastructure: skilled birth attendance, availability of blood and blood products, access to essential medicines such as oxytocin and magnesium sulfate, broad-spectrum antibiotics, and specialized emergency obstetric services for high-risk pregnancies.⁸

Strengthening prenatal care is equally essential, focusing on early risk identification, promotion of reproductive health, and family planning. This not only improves maternal safety but also helps reduce costs and optimize resources within the health system.⁹ Furthermore, reorganizing primary care and regionalizing health services are crucial strategies to mitigate these inequalities, as pointed out by Oliveira and Artmann¹⁰ and reaffirmed in recent reports by the Angolan Ministry of Health.^{5,6}

Challenges persist, such as the unequal distribution of human resources in health; concentration of professionals in urban areas; lack of incentives for retention in remote regions; deficiencies in medical transportation; and inequalities in access to obstetric care.⁵ Addressing these challenges requires integrated and intersectoral public policies that include: expanding



coverage and improving the quality of essential obstetric care; continuous training and valuing of health professionals with a focus on territorial equity; strengthening maternal health surveillance and information systems; and joint actions in women's education, basic sanitation, and food security.¹¹

Such measures demand sustainable investments, political commitment, and transparent monitoring mechanisms. Maternal mortality is not only a health issue — it is also a challenge of human rights, social justice, and economic development,¹² as each preventable death represents a significant loss of human capital, a negative impact on family income, and a weakening of the social fabric.¹³

Reducing maternal mortality is an ethical and political choice that requires continuous engagement. Angola has made progress but still faces structural challenges that demand coordinated action and sustained investment. Maternal mortality reflects structural inequalities and represents a shared responsibility among the State, society, and the health system.

Ensuring that no woman dies while giving birth transcends borders and stands as a civilizational imperative. Commitment to this agenda is a collective responsibility that requires scientific, political, and community engagement.


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At the invitation of the Editor-in-Chief: Lygia Vanderlei

Bebiana Calisto Bernardo ¹

 <https://orcid.org/0009-0006-3295-8207>

Alex Sandro Rolland Souza ^{2,3,4}

 <https://orcid.org/0000-0001-7039-2052>

¹ Departamneto de Ginecologia e Obstetrícia. Universidade Agostinho Neto. Luanda, Angola.

² Instituto de Medicina Integral Prof. Fernando Figueira. Rua dos Coelhos, 300. Boa Vista. Recife, PE, Brasil. CEP: 50.070-902. E-mail: alexrolland@uol.com.br

³ Universidade Católica de Pernambuco. Recife, PE, Brazil.

⁴ Universidade Federal de Pernambuco. Recife, PE, Brazil.