

Improving the quality of sexual and reproductive health and rights (SRHR)
through pre-service training, research, and evidence-based clinical care
delivery in Sub-Saharan Africa



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Investing in Surgical Care: A Way to Avert a Major Backslide in Maternal and Neonatal Health

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The 2025 World Health Day report by the World Health Organization (WHO) highlighted progress and persistent maternal and neonatal health disparities. While global maternal and neonatal mortality rates have declined significantly over the last two decades, these gains remain inequitably distributed, with Sub-Saharan Africa still bearing a disproportionate burden of as high as 70% and 40% of global maternal and neonatal deaths, respectively. Moreover, there is a risk of major backsliding, especially due to cuts in humanitarian funding. Many maternal and neonatal deaths are due to preventable causes, such as abortion and related complications, postpartum hemorrhage, premature and birth complications, the majority of which are amenable to surgical care, including but not limited to manual vacuum aspiration and cesarean sections. For example, studies have shown that cesarean section has the potential to prevent nearly 100,000 maternal deaths and reduce neonatal deaths by 30-70%. Unfortunately, many women lack access to timely, safe, and quality surgical care. Moreover, it is estimated that those in low-middle-income countries who access it are 50-100x more likely due to complications of CS, including PPH and sepsis, than women in high-income countries. Accessing surgical services such as CS in these settings doesn't guarantee better maternal or neonatal outcomes. Surgical care systems in these areas are ill-equipped to save the lives of mothers and their unborn or newborn babies, with not only delays in deciding to seek care and reaching care but also delays in receiving care.

Therefore, strengthening surgical care systems is essential to promote health for "every woman, every newborn, everywhere". Governments should prioritize investing in building surgical systems that are responsive, resilient, and robust to effectively meet current needs and withstand future maternal and neonatal health challenges. Strategies should be put in place to increase the number of women with access to quality surgical care, increase the number of surgical workforces, reduce the need for surgical intervention, especially when not medically indicated, improve the quality of surgical care, reduce the financial burden associated with seeking surgical care for women and their babies. Surgical care should be treated as a high-value, essential component of maternal and neonatal health, crucial for achieving universal health coverage; failure of which would risk undermining the hard-won progress made over the past two decades.

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