PRESS STATEMENT

Communities and civil society launch a campaign calling on governments, funders and product developers to make sure proven tools to prevent, detect and treat pre-eclampsia and maternal anemia reach the women who need them to reduce preventable deaths and to promote quality of life.

NAIROBI, 29 September 2026 — A coalition of community and civil society organisations from five African countries today called on governments to scale up proven tools for preventing, detecting and treating pre-eclampsia and maternal anemia, and to accelerate the introduction of new diagnostic innovation. Pre-eclampsia and maternal anemia are among the leading preventable causes of maternal and newborn deaths. Yet the diagnostics, medicines, and devices that could save lives still fail to reach the women who need them.

The call came as representatives from Kenya, Ghana, Malawi, Senegal and Tanzania gathered in Nairobi to review evidence and outline how women's and community voices will shape the introduction and scale-up of these tools in each country. The work is part of SUPREME, a Unitaid-funded project working to expand access to tools for preventing, detecting and treating pre-eclampsia and maternal anemia.

Pre-eclampsia/eclampsia is a hypertensive disorder in pregnancy and is the second leading cause of maternal death globally after postpartum haemorrhage. Every year, an estimated 76,000 women and 500,000 babies die from pre-eclampsia and eclampsia. Maternal anemia affects 37% of pregnant women globally, with the greatest burden in sub-Saharan Africa and South Asia. It raises the risk of preterm birth, low birth weight and stillbirth, and severe anemia raises the risk of both pre-eclampsia and postpartum haemorrhage.

In Kenya, maternal mortality remains unacceptably high, with 355 deaths for every 100,000 live births. This means that around 16 mothers die in Kenya every day from preventable causes. Behind the numbers lie the experiences of real women and their families. A mother of four, speaking at a focus group convened by the Zuri Nzilani Foundation earlier this year in Nairobi, shared: "Two of my children died because of pre-eclampsia. I didn't know about the condition at the time."

This is not an isolated story. Pre-eclampsia is often detected late, only once symptoms become severe. Some clinics have only one or two blood pressure machines, with unreliable devices and cuffs that do not fit every woman. Transport costs and long waits keep women from care. Community health workers, among the most trusted actors in maternal health, said they often lack portable diagnostic tools, and some pay for batteries and repairs themselves.

Gaps also exist in the prevention, detection, and management of anemia, with few women completing the recommended iron course and limited diagnostic testing available to identify the underlying cause. These challenges are not just experienced in Kenya, and maternal and newborn mortality remains a regional challenge.

In this context, civil society partners convened under the SUPREME project today launched an awareness campaign "Bring the pressure down. Put the pressure on." The campaign asks governments, funders, manufacturers and regulators to act on pre-eclampsia. The campaign is the first of the coalition's public mobilisation efforts, alongside continued advocacy on maternal anemia.

"No woman should die while giving life from complications we know how to prevent and treat," said Catherine Kakolo Mongella, Chair and CEO of the Thrive Beyond Preeclampsia Foundation, SUPREME partner organisation in Tanzania. "The medicines and diagnostics exist. But tools alone are not enough. They must reach women at the right time and in the right place. We are working to bring the pressure down for mothers, health workers and health systems by putting the pressure on those with the power to act."

Informed by the lived experiences of women, community representatives, and community health workers, the organisations call on:

- **Governments and funders** to make maternal health an uncompromised budget priority within strong primary health care and to turn national and regional commitments such as the African Union Champion's Roadmap for Maternal, Newborn, Child and Adolescent Health 2026–2030 into funded action.
- **Product developers, manufacturers and regulators** to develop and bring to market new innovations and to deliver medicines, diagnostics and tools that are rigorously tested, reliably supplied and priced within reach of the health systems that need them.
- **Government and clinical decision-makers** to formally recognise, resource, train and equip community health workers, who are often the first and sometimes the only point of contact for pregnant women.
- **All partners** to treat women and communities as central and active partners in designing maternal health solutions.

"I am a survivor of pre-eclampsia, and I know that a woman's survival should never depend on luck, or on whether the nearest clinic happens to have what she needs," said Ruth Wangari Gitau, pre-eclampsia survivor and member of the Kenya Community Advisory Board for the SUPREME project. "Women who have lived through these conditions understand the barriers,

whether it is cost, distance, stigma or trust, better than anyone. We are asking to help shape the solutions from the start."

The SUPREME project works with community members, civil society organisations, manufacturers, governments and health workers to turn the needs identified by women and health workers into policy change, access to tools and care, and lives saved. The project supports Community Advisory Boards in five focal countries to ensure communities help shape how innovations are introduced and scaled.

Over the coming months, SUPREME community and civil society partners will take these calls into communities and national decision-making spaces in each country, guided by the country action plans developed in Nairobi. The tools to prevent these maternal and newborn deaths already exist and more innovations are on the way. But their potential for impact depends on whether governments choose to scale up what works and accelerate what comes next, so that every woman who walks into an antenatal clinic leaves with tests, medicines and the care she needs.

ENDS

Available for interview

Rosemary Mburu - *Executive Director, WACI Health,* Kenya

Dr Hilda Gikunda - *Technical Advisor for Maternal, Newborn, and Child Health, Amref Health Africa,* Kenya

Catherine Kakolo Mongella - *Pre-eclampsia survivor and Chair and CEO of the Thrive Beyond Preeclampsia Foundation*, Tanzania

Ruth Wangari Gitau - *Pre-eclampsia survivor, advocate, and member of the Kenya Community Advisory Board for the SUPREME project,* Kenya

Dr. Ofosua Elha - *Clinical Pharmacist, global health advocate, and Member of the Ghana Community Advisory Board as part of the SUPREME project,* Ghana

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About SUPREME:
SUPREME (Sustained Uptake of Products for Pre-Eclampsia and Maternal Anemia) is a four-year project working in Ghana, Kenya, Malawi, Senegal and Tanzania supported by Unitaid with additional funding from the Gates Foundation. Its SECURE stream, led by the Clinton Health Access Initiative (CHAI) with Concept Foundation, WACI Health, the Aurum Institute and the Burnet Institute, focuses on ensuring products are rigorously tested, reliably supplied and affordable. Its LIFELINES stream, led by Amref Health Africa with Jhpiego, Solthis and Market Access Africa, focuses on in-country introduction and implementation research. WACI Health leads community and civil society engagement for SECURE, including Community Advisory Boards hosted by the Alliance for Reproductive Health Rights (Ghana), Zuri Nzilani Foundation (Kenya), Malawi Health Equity Network (Malawi), Association pour le Maintien des Filles à l'École (Senegal) and Thrive Beyond Preeclampsia Foundation (Tanzania).

About the Partners:

Unitaid Unitaid is a global health organization that saves lives by making critical health products available and affordable for people in low- and middle-income countries. Unitaid works with partners to identify innovative treatments, tests, and tools, help tackle market barriers, and get them to the people who need them most—fast. Since 2006, Unitaid has unlocked access to more than 100 health products to address HIV, TB, malaria, women's and children's health, and pandemic prevention. Every year, more than 300 million people benefit from products Unitaid has helped roll out. Unitaid is hosted by the World Health Organization.

Amref Health Africa Amref Health Africa, headquartered in Kenya, is the largest Africa-based international health and development organization providing training and health services to over 20 million people annually in at least 30 countries in Africa. Amref Health Africa continues to evolve and innovate the approaches to increase sustainable health access among communities. Amref manages a full range of medical and public health programs tackling the most critical health challenges facing the continent – including global health emergencies, communicable and non-communicable disease, neglected tropical diseases, maternal and childcare, as well as water, sanitation and climate change. Much of our credibility with local communities and African governments stems from the relationship and trust that we have built over the past 69 years. Our subsidiaries include Amref Flying Doctors and the Amref International University.

Clinton Health Access Initiative The Clinton Health Access Initiative, Inc. (CHAI) is a global health organization committed to saving lives and improving health outcomes in low- and middle-income countries by enabling the government and private sector to strengthen and sustain quality health systems.

WACI Health WACI Health is an African regional advocacy organization that champions an end to life-threatening epidemics and advances health for all, shaping political priorities through an effective, evidence-driven Pan-African civil society voice and action. It convenes the African Civil Society Platform on Health (CiSPHA), Global Fund Advocates Network Africa (GFAN Africa), and the HEAR-CSO Consortium on global health architecture reform, among others.