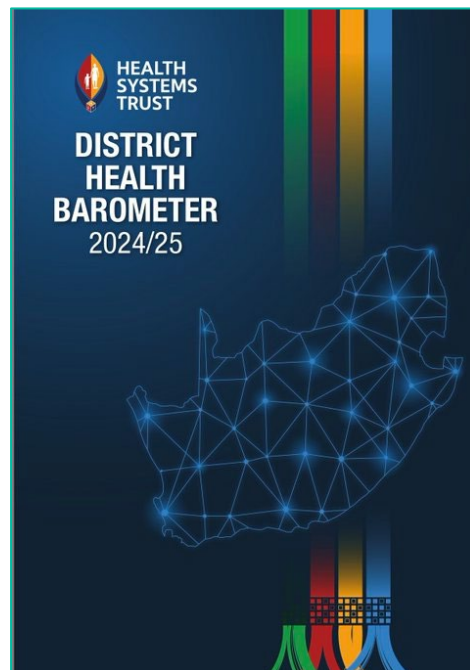


USINGA Authors a Chapter on Maternal Mortality in the 2024/25 HST District Health Barometer

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The Umlazi Surveillance Initiative to Nurture Grassroots Action (USINGA) continues to help shape South Africa's public health agenda through its latest contribution to the Health Systems Trust (HST) District Health Barometer 2024/25. USINGA HDSS Director; Dr Nompumelelo Mbeke, Livhuwani Mashamba, Sindisiwe Ngobese, and Minenhle Mbanjwa authored a chapter on in-facility maternal mortality, providing robust evidence on gaps in maternal healthcare services and highlighting opportunities for the Department of Health to accelerate progress towards the Sustainable Development Goals (SDGs).

The chapter delivers sobering insights into the current trajectory of maternal health across South African facilities:

National Trajectory: The chapter highlights a concerning upward trend, noting that the national institutional maternal mortality ratio (iMMR) increased from 100.6 per 100,000 live births in 2023/24 to 105.4 per 100,000 live births in 2024/25. This exceeds the National Department of Health (NDoH) target of keeping maternal mortality below 100 per 100,000 live births.

Provincial Disparities: The chapter uncovers sharp provincial inequalities. The Free State recorded the highest iMMR at 162.8 deaths per 100,000 live births, while the Western Cape stood out as the top-performing province and the only one to successfully meet the SDG 3.1 target, achieving a ratio of 54.1 maternal deaths per 100,000 live births.

District-Level Inequities: The data reveals that Lejweleputswa (Free State) became the worst-performing district in the country, experiencing a massive spike from 50.8 deaths in 2023/24 to 216.5 deaths per 100,000 live births in 2024/25. Conversely, Zululand (KwaZulu-Natal) demonstrated exemplary performance with the lowest iMMR at 28.1 deaths per 100,000 live births.

Some of the challenges highlighted by this chapter include:

Metropolitan and Rural Burdens: There is a heavy concentration of maternal deaths within major metropolitan hubs housing secondary and tertiary hospitals, specifically Johannesburg (83), Tshwane (72), Ekurhuleni (70), and eThekweni (55). Among rural areas, the OR Tambo and Capricorn districts faced the highest burdens.

Systemic Red Flags: Crucially, the chapter reveals a regression in district-level achievements: only 14 of 52 districts met the SDG 3.1 target in 2024/25, down from the 17 that had achieved it the previous year. Furthermore, no single district in the country reported zero maternal deaths.

The ultimate value of this chapter lies in its power to drive strategic intervention. Maternal mortality remains a critical barometer for the adequacy of the entire health system. By reinforcing that most of these deaths are entirely preventable and linking them to known clinical causes like non-pregnancy-related infections, obstetric hemorrhage, and hypertension, the authors provide actionable clarity.

The dedicated synthesis of data from the District Health Information System (DHIS), South Africa Demographic Health Survey (SADHS), and Maternal Mortality and Morbidity Audit System (MAMMAS) databases equips policymakers with precise coordinates of system failures. Their work serves as an indispensable tool for the Department of Health, providing the diagnostic evidence needed to optimize resource allocation, improve facility-level care, and aggressively pursue the SDG 3.1 target of reducing maternal mortality to below 70 deaths per 100,000 live births by 2030. For full access to the health barometer, please use this link: https://hst-assets-s3-af-south-1.s3.af-south-1.amazonaws.com/publications/District-Health-Barometer-2024_2025.pdf