

MSD FOR MOTHERS | PROGRAM REPORT

ALL FOR MOTHERS

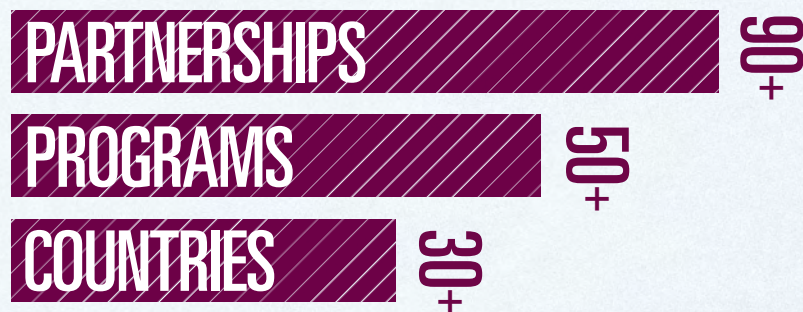


EVERY TWO MINUTES THERE IS A WOMAN IN THE WORLD WHO WILL ~~LOSE THEIR LIFE TRYING TO GIVE BIRTH. THESE WOMEN DIE FROM EASILY PREVENTABLE CHILDBIRTH COMPLICATIONS LIKE HEMORRHAGES, INFECTIONS, AND ECLAMPSIA, KEEPING THEM FROM EVER BEING CALLED MOM. THEY DON'T GET TO LIVE THE LIFE THEY DREAMED OF AND IF THEY SURVIVE, THEY DON'T TYPICALLY HAVE THE SAME HEALTH THEY DID BEFORE PREGNANCY. NOT EVERY WOMAN HAS ACCESS TO THE SAME QUALITY OF CARE. WE NEED TO WORK TOGETHER TO END MATERNAL MORTALITY.~~

EVERY TWO MINUTES, ONE WOMAN DIES
DURING PREGNANCY OR CHILDBIRTH.
THIS STATISTIC NEEDS TO CHANGE.



THE KIND OF PARTNERSHIP IT TAKES TO END MATERNAL MORTALITY



IT TAKES TRAINING

11,400+

HEALTH PROVIDERS AND COMMUNITY HEALTH WORKERS

IT TAKES STRENGTHENING

2,700+

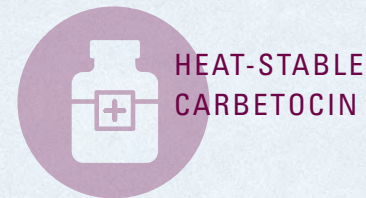
HEALTH FACILITIES TO PROVIDE QUALITY CARE

IT TAKES COMMITTING

500 MILLION DOLLARS

TO OUR WORK WITH MOTHERS

WITH OUR PARTNERS, WE ARE SUPPORTING THE DEVELOPMENT OF NEW TECHNOLOGIES AND PRODUCTS FOR WOMEN AND HEALTHCARE PROVIDERS AND INCREASING ACCESS TO QUALITY MATERNAL CARE



SIX MILLION WOMEN

WITH IMPROVED ACCESS TO QUALITY MATERNAL HEALTHCARE AND MODERN CONTRACEPTIVES

2.8 MILLION WOMEN WITH IMPROVED ACCESS TO QUALITY MATERNAL HEALTHCARE



3.2 MILLION WOMEN WITH IMPROVED ACCESS TO MODERN CONTRACEPTIVES





WE'RE WORKING TO ENABLE HEALTH PROVIDERS

PREPARED TO SAVE A LIFE

Marie was being prepped for a caesarean section at Englewood Hospital in New Jersey when she began severely bleeding. Before her doctor asked for it, a nurse prepped a Bakri balloon, a device used to temporarily control or reduce bleeding after childbirth. Another nurse was halfway to the lab by the time someone called out, "Who's the runner?" The lab and blood bank were ready. And before Marie was even stabilized, preparations had been made in the intensive care unit and the main operating unit, just in case.

The team that saved Marie's life that day did so by activating its protocol to manage obstetric emergencies. This success is the result of our partnership with the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN).

Marie was discharged three days later and went home with her baby — without any lasting health problems.

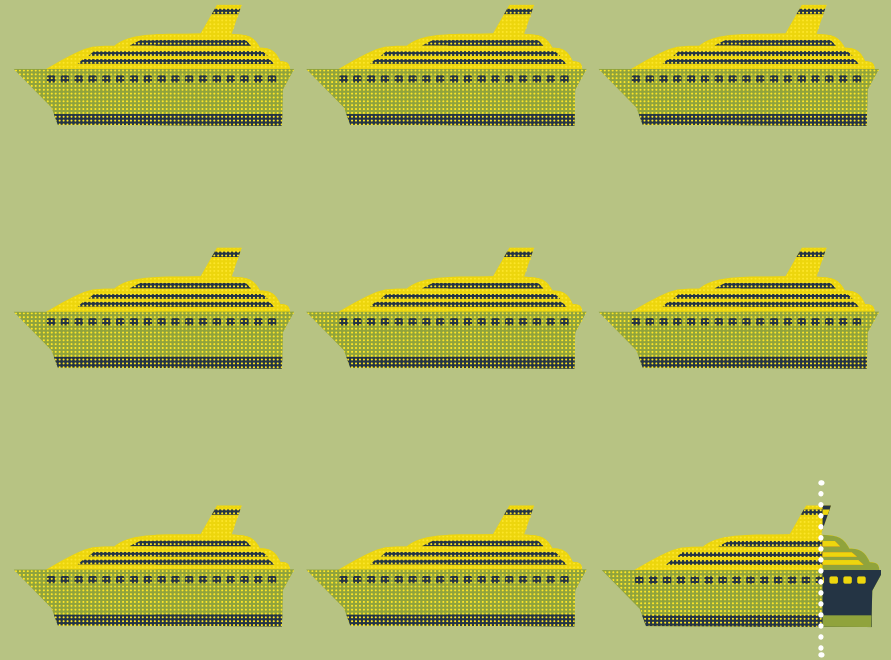
THERE ARE
HEALTHCARE PROVIDERS
AROUND THE WORLD
WHO ARE
EQUIPPED WITH
THE STANDARDS,
SKILLS, AND TOOLS
THEY NEED TO SAVE
WOMEN'S LIVES.



WOMEN'S HEALTHCARE ASSOCIATIONS SET NEW STANDARDS TO COMBAT RISING MATERNAL MORTALITY RATES IN THE UNITED STATES

i U.S. SAFETY BUNDLES

MATERNAL MORTALITY IS ON THE RISE IN THE UNITED STATES. Clinical practices for treating obstetric emergencies have been inconsistent across hospitals and clinics. To reverse these trends, we supported the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), the California Maternal Quality Care Collaborative (CMQCC), and The American Congress of Obstetricians and Gynecologists (ACOG) District II to create and implement "safety bundles" — sets of evidence-based tools and practices — to help standardize how health providers recognize and respond appropriately to the leading causes of maternal death in the United States.



EVERY YEAR IN THE UNITED STATES, APPROXIMATELY 60,000 WOMEN — ENOUGH TO OCCUPY 8.8 OF THE WORLD'S LARGEST CRUISE SHIPS — NEARLY DIE DURING PREGNANCY OR CHILDBIRTH.



NEARLY 50%

OF MATERNAL DEATHS IN THE U.S. ARE PREVENTABLE

A NEW RESOURCE DEDICATED TO IMPROVING PRIVATE MATERNITY CARE

i PRIVATE MATERNITY CARE QUALITY TOOLKIT

MANY WOMEN IN DEVELOPING COUNTRIES RECEIVE MATERNITY CARE FROM PRIVATE HEALTH PROVIDERS. Unfortunately, the quality of care they receive can be inconsistent and they don't have the resources to evaluate the care they do receive, especially surrounding labor and birth. We tackled this issue by supporting the Private Maternity Care Quality Toolkit, which will help private health providers measure and improve the quality of their maternity care. Key features include clinical standards that target the most essential life-saving practices, clear metrics for measurement and simple data collection tools. The toolkit was designed to meet the needs of a range of private providers — from the village midwife to the city doctor — to ensure all women get the best care possible.



40%

OF WOMEN IN LOW- AND MIDDLE-INCOME COUNTRIES RECEIVE MATERNAL AND FAMILY PLANNING CARE FROM PRIVATE PROVIDERS.

INNOVATIVE MOBILE APP SUPPORTS PROVIDERS IN CHALLENGING SETTINGS

i SAFE DELIVERY APP PROGRAM

YOU ARE A MATERNITY CARE PROVIDER IN A REMOTE CORNER OF THE COUNTRY, YOUR PATIENT IS IN LABOR, AND A COMPLICATION ARISES. Do you know what to do? Many birth attendants have limited experience in managing childbirth emergencies. With our partners, we supported the development of the Safe Delivery App, which keeps healthcare workers up-to-date on best practices with instructional videos so that they can provide the best care possible, and be more prepared in the event of an emergency.

A TOOLKIT THAT HELPS DELIVER LIFE-SAVING TUTORIALS ON DEMAND



NEWBORN
MANAGEMENT



HYPERTENSION



PROLONGED LABOR



POSTPARTUM
HEMORRHAGE



MANAGEMENT OF
THIRD STAGE LABOR



NEONATAL
RESUSCITATION



POST-ABORTION CARE



MATERNAL SEPSIS



INFECTION
PREVENTION



MANUAL REMOVAL
OF PLACENTA





WE'RE WORKING TO DELIVER LIFE- SAVING PRODUCTS

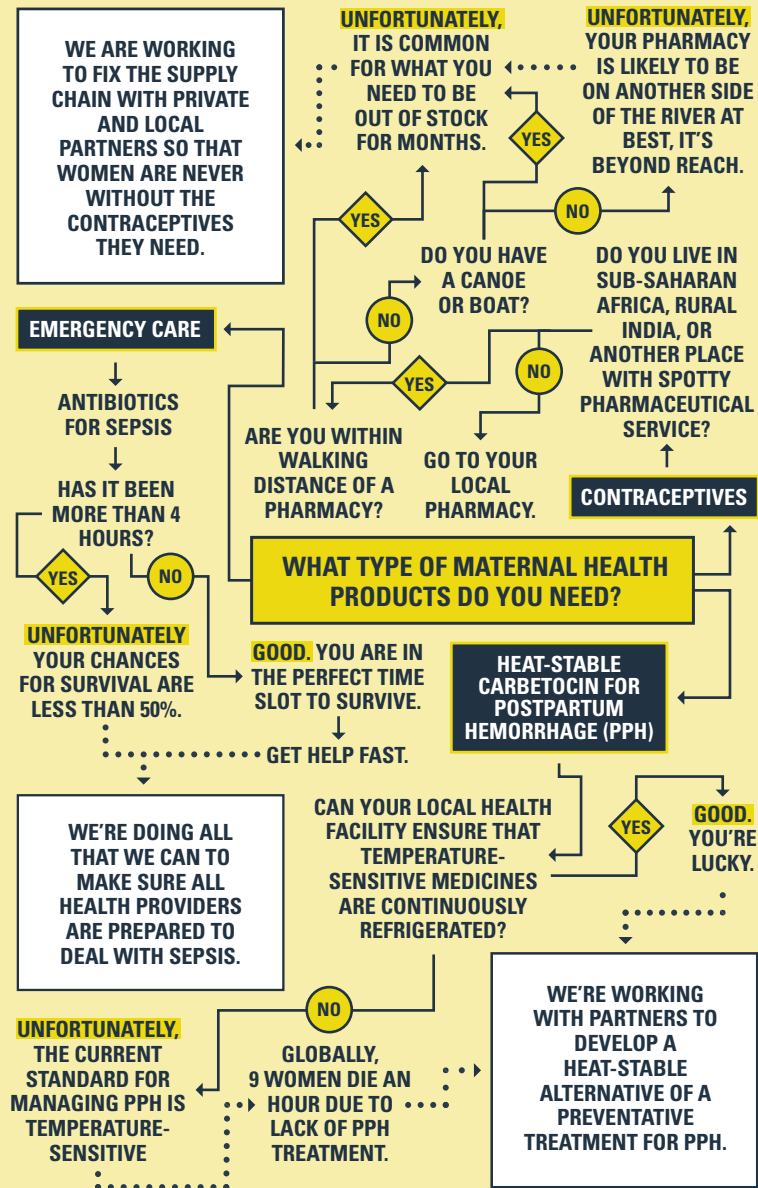
HOW A PRIVATE SECTOR APPROACH TRANSFORMED ACCESS TO FAMILY PLANNING IN SENEGAL

"I would travel up to nine kilometers — then they would tell me to come back within a week. I'd feel stressed because you're at risk when you undergo an unplanned pregnancy."

That's Antoinette Tine, a 41-year-old mother from Senegal, recounting her struggles to gain access to quality contraceptives. In West Africa, and in other parts of the world, family planning is recognized as one of the most cost-effective ways to lower maternal mortality rates. For many years, in pharmacies, clinics, and hospitals in Senegal, shelves often sat empty, and restocking contraceptives was far from consistent.

"I WOULD TRAVEL UP TO NINE KILOMETERS — THEN THEY WOULD TELL ME TO COME BACK WITHIN A WEEK."

Stories like this led us to collaborate with many partners to transform Senegal's supply chain, using practices from the commercial sector. Now the Informed Push Model (IPM-3PL) — which relies on private third-party logistics providers (3PLs) to deliver contraceptives directly to health facilities — is used across the country. "It's a great initiative — I haven't experienced any product shortage since I started using family planning products," says Dior Cisse Dieng, a 29-year-old mother. "It deserves a warm welcome."



HOW A PRACTICE BORROWED FROM THE PRIVATE SECTOR REVOLUTIONIZED ACCESS TO CONTRACEPTIVES IN SENEGAL

OVER THE PAST 3 YEARS, THE INFORMED PUSH MODEL HAS INCREASED CONTRACEPTIVE AVAILABILITY IN SENEGAL



OVER 3.2 MILLION WOMEN NOW HAVE IMPROVED ACCESS TO CONTRACEPTIVE PRODUCTS



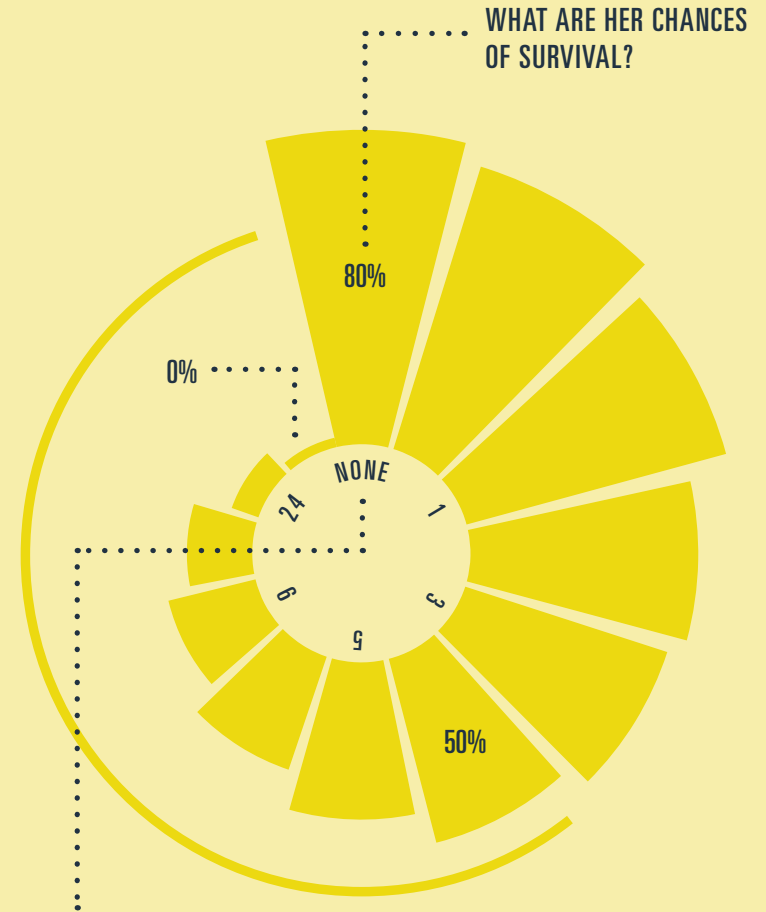
i INFORMED PUSH MODEL

SOMETIMES, THE BEST IDEA ALREADY EXISTS. To increase women's access to quality contraceptives in Senegal, we, along with our partners, transformed the supply chain using practices from the commercial sector. The Informed Push Model (IPM-3PL) is a life-saving innovation. Family planning is one of the best ways to prevent maternal deaths, but access to contraceptives is often inconsistent. The Informed Push Model has improved logistics, forecasting, and delivery of contraceptives. The program will transition to the Senegalese government and extend beyond maternal health to include other essential medical products.

THE ISSUE WE CANNOT IGNORE

i SEPSIS

YOU'VE JUST HAD A BABY — EVERYONE IS CELEBRATING. But inside of your body, there is an infection trying to take your life. It results in sepsis — the third leading cause of maternal death. It accounts for more than one-tenth of all deaths in mothers during childbirth. We are not only making the prevention and early diagnosis of maternal sepsis a priority for the healthcare community, but also giving them the tools to fight it. We are exploring avenues to find, fund, and build innovative tools so that no new mother dies from an infection.



HOW MANY HOURS DOES SHE HAVE TO WAIT FOR ANTIBIOTICS?

THE MOMENT A WOMAN DEVELOPS SEPSIS, HER SURVIVAL RATE DECREASES HOURLY. THE LONGER IT TAKES TO DIAGNOSE AND TREAT HER WITH ANTIBIOTICS, THE LESS LIKELY SHE IS TO LIVE.



WE'RE WORKING TO EMPOWER WOMEN

THEY SAVED HER LIFE BY LISTENING TO HER LIFE'S STORY

Anxiety. Depression. Obesity. High blood pressure. A pulmonary embolism. At 40-years-old, Jennifer was battling serious medical conditions before she became pregnant. Her high blood pressure led to preeclampsia during pregnancy, but Jennifer recently delivered a healthy 6lb. 4 oz. baby boy via emergency C-section at a hospital in Camden, New Jersey.

That's where the Camden Coalition team first met Jennifer. She agreed to meet with them again at home, but when the time came, she hesitated. It took nearly a month to reconnect with her after that first meeting. Jennifer just wasn't up for visitors yet. Something was wrong.

The Camden Coalition's community health workers were persistent; in lieu of home visits, they settled for phone calls. It was during one of those that Jennifer finally opened up. She told the team member something she hadn't shared with any other health provider: while she was pregnant, both Jennifer's mom and her best friend had died. This new mom was too depressed to leave the house — and her depression was preventing her from managing her own medical care. The team continued to support Jennifer, in ways that were convenient and comfortable for her.

They've stayed connected and helped her manage her post-pregnancy state. Now Jennifer makes it out to her appointments and keeps tabs on her blood pressure. It's a new day.

DESPITE WHAT PEOPLE THINK
THE EXPERIENCE OF CHILDBIRTH IS
NOT THE SAME
OR SAFE FOR ALL WOMEN

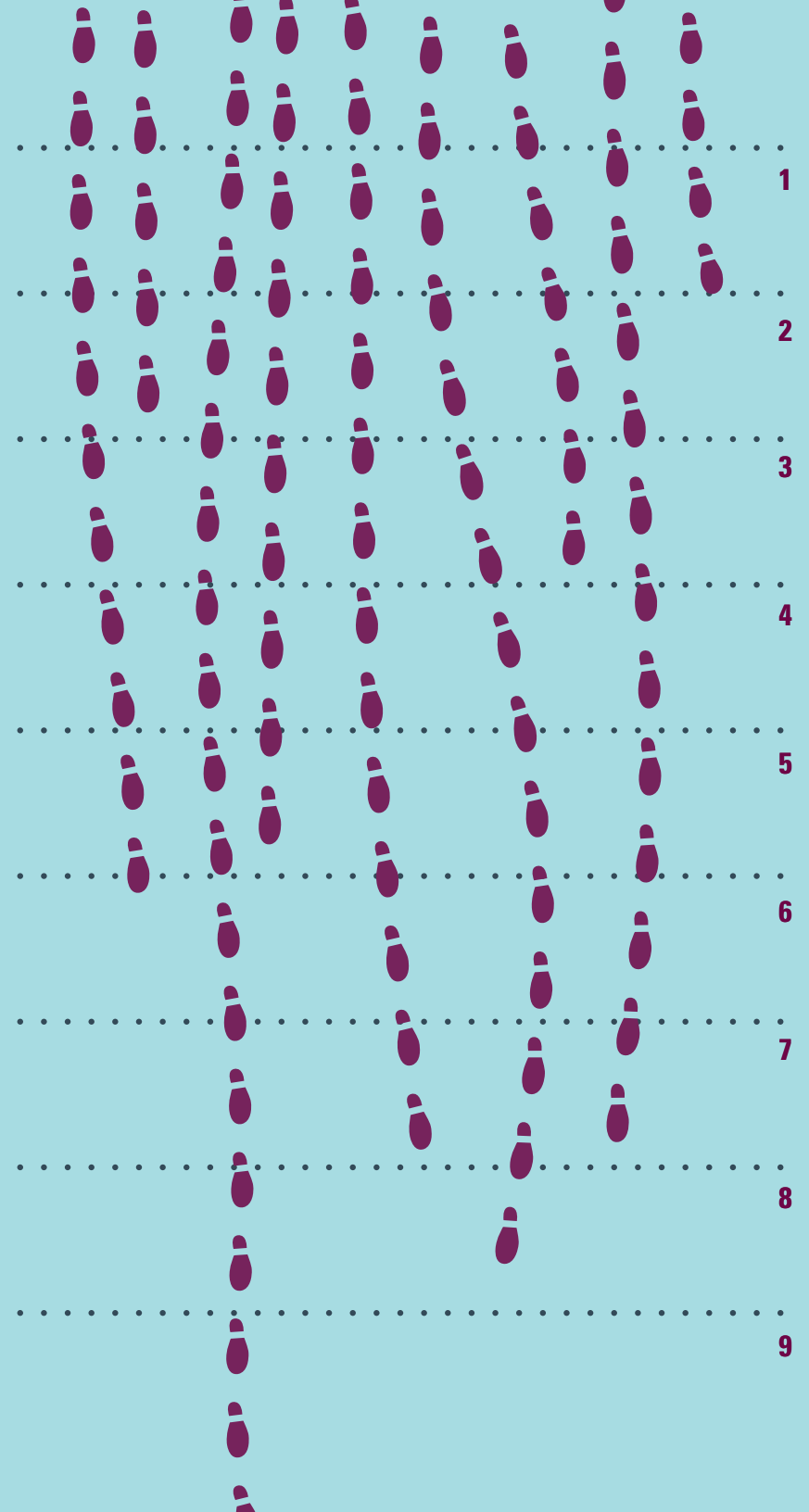
— IT TAKES EMPOWERING WOMEN AROUND THE WORLD
WITH MORE THAN HALF THE STORY
SO THEY CAN MAKE WELL-INFORMED
DECISIONS ABOUT THEIR HEALTH



WOMEN SHOULDN'T HAVE TO WALK 9 MILES AT 9 MONTHS PREGNANT

i MATERNITY WAITING HOMES ALLIANCE

ALTHOUGH IT'S OFTEN A TIME FULL OF EXCITEMENT, PREGNANCY AND CHILDBIRTH CAN ALSO BE ISOLATING. Emotionally, and sometimes physically. In Zambia, many women live far from their nearest health facility. They have few, if any, safe and accessible transportation options, but they need quality care and support before they deliver. As a result of successful early investments, we joined with the Bill & Melinda Gates Foundation and other partners to form the Maternity Waiting Homes Alliance, which will now be upgrading and supporting 24 maternity waiting homes — all close to health facilities — where women can stay to ensure they are nearer to quality care.



NEW MOBILE SERVICE PUTS POWER IN THE HANDS OF WOMEN

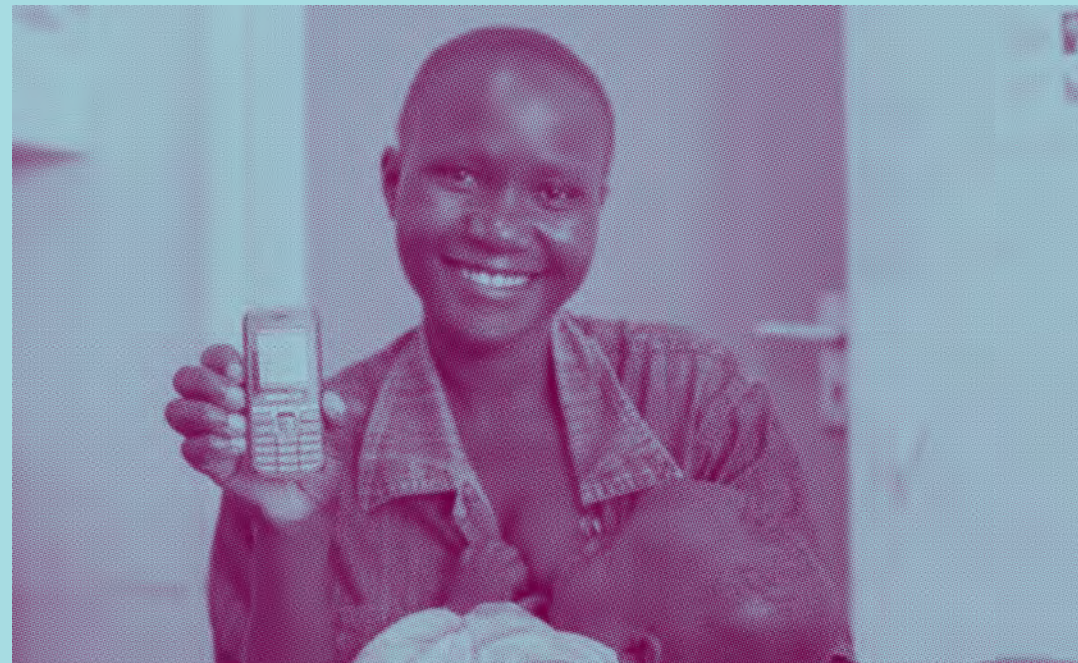
i NIVI

Nivi is a simple mobile phone-based service that uses interactive voice response to help women learn about contraceptive options and identify the ones that meet their needs. The service refers women to nearby clinics that have their selected methods available, and follows up to ask them to evaluate the quality of the care they received. The system also encourages providers to offer a broader range of contraceptive methods.

In collaboration with the Population Council, we've helped make family planning as easy as placing a phone call. Nivi empowers women by helping them make informed choices and find providers who offer quality services and have their preferred method available. Nivi provides us with an opportunity to gain real-time insights into consumer behaviors and demand, reach more women in a cost-effective manner, and assess providers' effectiveness in meeting demand for family planning services and products.

1,000+

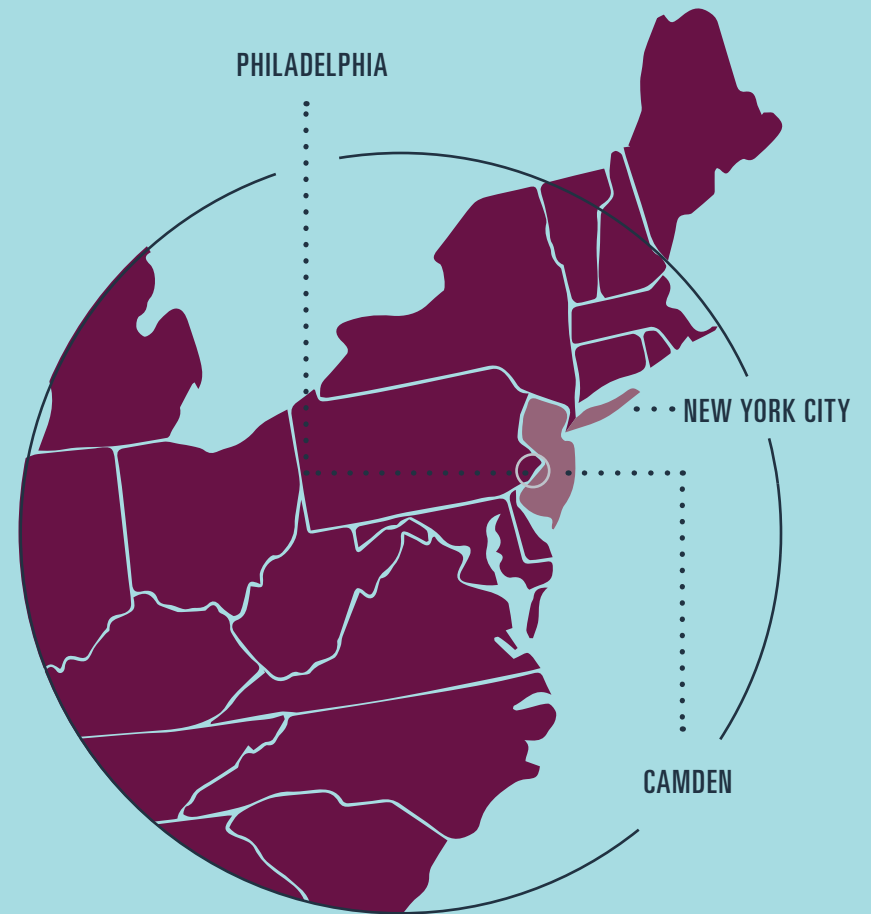
DURING THE PILOT PHASE IN KENYA, NIVI HAS HELPED REFER MORE THAN 1,000 WOMEN TO FAMILY PLANNING SERVICES.



COMMUNITY HEALTH PARTNERS OFFER LIFELINE FOR PREGNANT WOMEN ACROSS NORTHEAST

i U.S. COMMUNITY PROGRAMS

IN THE UNITED STATES, CHRONIC CONDITIONS LIKE DIABETES, HYPERTENSION AND OBESITY CAN LEAD TO COMPLICATIONS IN PREGNANCY. Treatment of these conditions are further confounded by the fact that a woman's race, level of education, and other social issues can impact the care she receives. We've supported the development of a new, community-based model of care so that women can receive improved primary and prenatal care and manage their health before, during, and after childbirth.



WITH A GROUP OF PARTNERS, WE'RE SUPPORTING COMMUNITY HEALTH PROGRAMS IN NEW YORK CITY, PHILADELPHIA, AND CAMDEN.

OUR TEAM: NORTHERN MANHATTAN PERINATAL PARTNERSHIP, CAMDEN COALITION OF HEALTHCARE PROVIDERS, AND THE MATERNITY CARE COALITION.

EVERY 2
MINUTES,
A WOMAN
DIES DURING
PREGNANCY
OR CHILD BIRTH.

THE SOLUTION REQUIRES ALL
OF OUR SKILLS & EXPERTISE.

A FEW OF OUR BEST MINDS

We have the advantage of being able to tap into MSD's scientific and business expertise to support our mission. One way that we leverage that talent is through our Global Fellows program, an opportunity for MSD professionals to work side by side with our partners in the field.



VRINDA KHANDEKAR,
RESEARCH AND ANALYTICS

Guided a study on the challenges faced by healthcare providers to inform MSD for Mothers' strategy.



SCOTT WRIGHT AND SAMANTHA BRUNO,
GLOBAL COMMUNICATIONS AND MARKETING

Helped develop a communications and brand strategy for maternity providers in India.



**TARA FRENKL, CLINICAL RESEARCH
FOR WOMEN'S HEALTH FROM
MSD RESEARCH LABS**

Collaborated with the World Health Organization to design and execute our Heat-Stable Carbetocin clinical trial.



EIRUM CHAUDHRI, MD,
SCIENTIFIC AFFAIRS

Supports investigator initiated proposals to advance promising biomarkers and diagnostics to improve maternal outcomes in low resource settings.



CAROLINE THOMPSON,
INFORMATION TECHNOLOGY

Helps steer our investments in Nivi and other digital health products.



"I am inspired by all of the individuals that Every Mother Counts supports who are leading grassroots initiatives around the world. These people work tirelessly every day in service to women, before, during and post-partum, to ensure access to the highest attainable standard of maternal healthcare possible. Their dedication is proving what is possible to make pregnancy and childbirth safe for every mother, everywhere."

Christy Turlington Burns, Founder & CEO, Every Mother Counts



"Improving pregnancy outcomes for NYC mothers is part of my commitment to promote health equity, while also naming and addressing how structural racism affects health outcomes. It is unacceptable that black women in New York City are 12 times more likely to die from a pregnancy-related cause than white women. To address this and other injustices that affect maternal health, the NYC Health Department is committed to addressing these issues."

Leslie D. Mancuso, PhD, RN, FAAN, President and Chief Executive Officer of Jhpiego



"Improving pregnancy outcomes for NYC mothers is part of my commitment to promote health equity, while also naming and addressing how structural racism affects health outcomes. It is unacceptable that black women in New York City are 12 times more likely to die from a pregnancy-related cause than white women. To address this and other injustices that affect maternal health, the NYC Health Department is committed to addressing these issues."

Mary T. Bassett, Commissioner, New York City Department of Health and Mental Hygiene



"At the CDC, we recognize that health mothers are a vital piece of health families and we're committed to helping women have safe and healthy pregnancies. Many women will see their healthcare provider more often while pregnant than at any other time. For this reason, pregnancy offers a unique opportunity for healthcare providers to help women address not only complications associated with pregnancy, but also take steps to prevent future health concerns."

Dave Goodman, MS, PhD, Team Lead, Maternal Health Team Centers for Disease Control and Prevention



"The Bill and Melinda Gates Foundation believes that all individuals have equal value, and that women and girls must be at the center of development efforts."

The Millennium Development Goals (MDGs) showed that it can be done – nine countries met the MDG for maternal health and another 38 made good progress.

What drives me personally is my 10 years in low income countries, showing how many more mothers can be saved with the right local interventions especially when the government is committed."

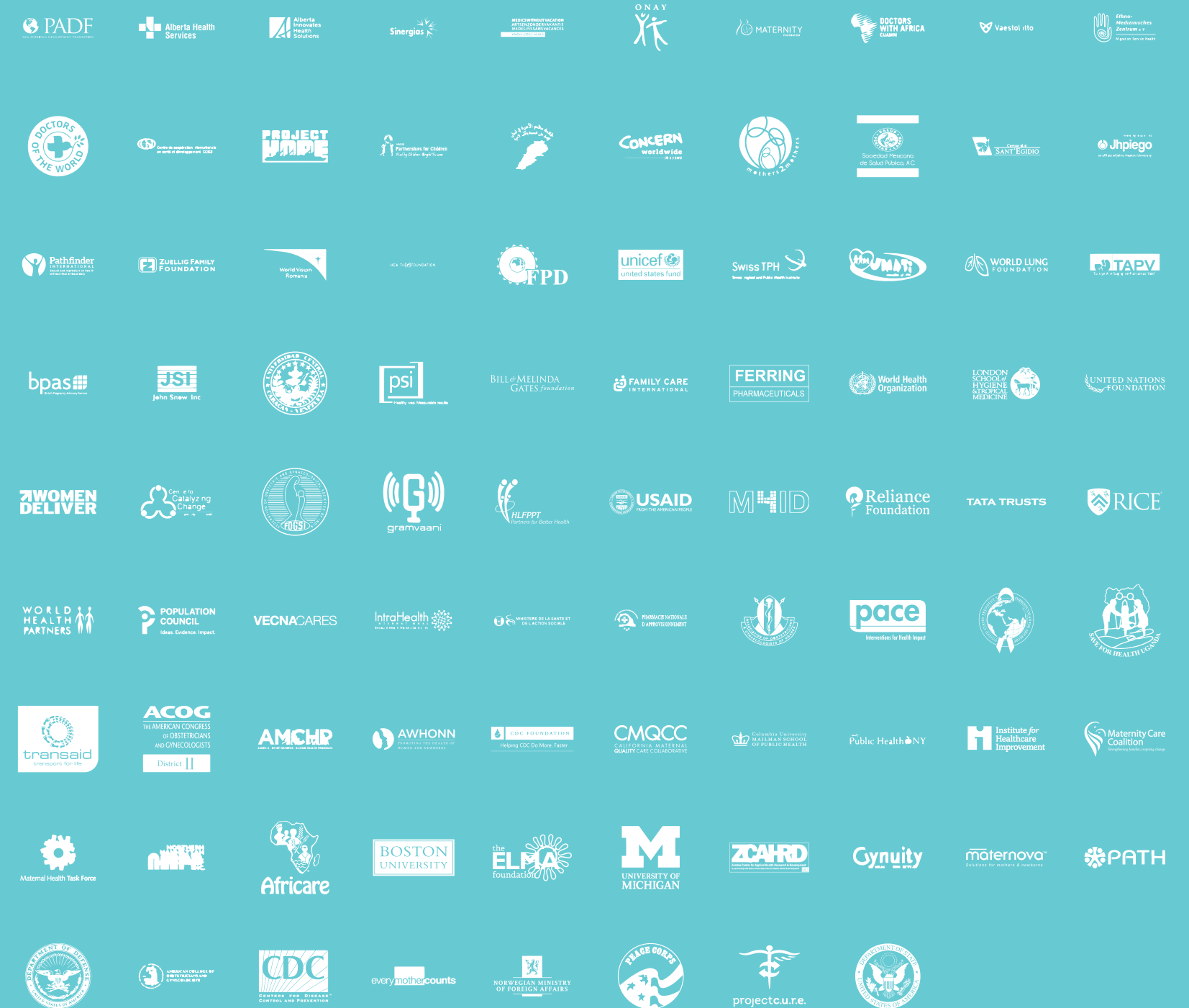
Jerker Liljestrand, MD, PhD, Senior Program Officer of Maternal, Newborn and Child Health at the Bill and Melinda Gates Foundation



"I am inspired daily by the ambitious goal of ending preventable maternal deaths in our lifetime, which we at the Maternal Health Task Force believe is attainable through sustained and well-coordinated global and country level efforts focused on improving quality, equity and dignity for all women everywhere."

Ana Langer, MD, Director, Women and Health Initiative, Maternal Health Task Force

THANK YOU TO OUR PARTNERS, WHO BELIEVE IN GIVING THEIR ALL FOR MOTHERS.



WE'RE WORKING TO HELP SAVE WOMEN'S LIVES.
WE'RE TRANSFORMING ACCESS TO CONTRACEPTIVES AND LIFE-SAVING PRODUCTS.
WE'RE ENABLING HEALTHCARE PROVIDERS AND
EMPOWERING WOMEN AROUND THE WORLD.
WE'RE FOCUSED ON CHANGING THE FACT
THAT ONE WOMAN DIES EVERY TWO MINUTES DURING PREGNANCY OR CHILDBIRTH.
IF YOU HEAR OUR MESSAGE, PLEASE, JOIN US.
IF YOU ARE READY TO ROLL UP YOUR SLEEVES, JOIN US.
IF YOU ARE PASSIONATE ABOUT HELPING IMPROVE
THE LIVES OF WOMEN AROUND THE WORLD,
JOIN US. ALL FOR MOTHERS.
TOGETHER, LET'S MAKE MATERNAL MORTALITY
A THING OF THE PAST.

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DR. MARY-ANN ETIEBET – EXECUTIVE DIRECTOR, MSD FOR MOTHERS