

MSD for Mothers is our 10-year, \$500 million initiative that applies MSD's scientific and business expertise – as well as its financial resources and experience in taking on tough global healthcare challenges – to reduce preventable maternal mortality worldwide. To achieve this, we are providing transformational and sustainable solutions focused on improving the quality of maternal healthcare women receive at a health facility and increasing women's access to family planning.

Maternal Mortality in Uganda

There are approximately 1.6 million births and 5,700 maternal deaths every year in Uganda, yielding a maternal mortality ratio of approximately 343 deaths per 100,000 live births in 2015.

In Uganda, as in several other sub-Saharan African countries, more than half of the poor seek healthcare from private health providers, both formal and informal. Independent midwives, private clinics, and local pharmacies play a vital, but often overlooked role in delivering care. Though these locally-based providers are often the first source of care, their services are not always regulated and are of variable quality.

Programs and Partners

The MSD for Ugandan Mothers Program (MUM) is a partnership between MSD and Population Services International (PSI), as well as its local affiliate, the Program for Accessible Health, Communication and Education (PACE), to improve the private delivery of maternal healthcare in 30 districts. The program is exploring the ability of local private providers and health businesses to deliver affordable, high-quality, and equitable maternal healthcare to women in Uganda. It is valued at \$9 million and estimated to reach more than 150,000 pregnant women over three years.

The MUM program is led by PACE and integrates the diverse expertise of several partners: the Association of Obstetricians and Gynecologists of Uganda (clinical experts), Save for Health Uganda (an NGO specializing in community insurance), and TransAid (a UK-based non-profit specializing in transportation). PACE is carefully evaluating the program to determine its effectiveness and identify best practices and areas for improvement. The London School of Hygiene and Tropical Medicine is providing technical support for the evaluation.

Our programs in Uganda are being carried out as part of *Saving Mothers, Giving Life* (SMGL), a public-private partnership to reduce maternal mortality in sub-Saharan Africa. Partners are the U.S. Government, the Government of Norway, the American College of Obstetricians and Gynecologists, Every Mother Counts, Project C.U.R.E., and MSD. As a founding member of SMGL, *MSD for Mothers* is committed to supporting programming in Uganda that complements other SMGL activities and ongoing efforts to strengthen the maternal health system. *MSD for Mothers* is working in six districts in Uganda, including three districts where SMGL activities are already underway.

Key components of the comprehensive program include:

Strengthened network of private health providers

- Expanding PACE's ProFam franchise network of private clinics, and building their capacity to offer highquality maternal health services
- Providing technical and business training for private providers as incentives for participating in the network
- Linking private providers to a loan guarantee program allowing them to upgrade their health facilities

Accessible supplies and information

- Developing a sustainable supply chain for maternal health products through wholesale pharmacies and drug shops
- Supporting Mama Ambassadors (community health workers) to provide education, sell essential maternal health products, and facilitate referral and transportation to facilities for care
- Developing and distributing midwifery kits to providers

Affordable care

- Implementing community health insurance programs for maternal health services
- Establishing "mothers clubs" to offer community saving schemes to pay for maternal health services

Transportation to Care

 Working with local transportation providers to develop models that get women in the community to a health facility to give birth

Implementing Partners













¹Trends in Maternal Mortality: 1990 to 2015 http://apps.who.int/iris/bitstream/10665/194254/1/9789241565141_eng.pdf?ua=1

ⁱⁱ Patouillard E, Goodman CA, Hanson KG, Mills AJ. Can working with the private for-profit sector improve utilization of quality health services by the poor? A systematic review of the literature. Int J Equity Health 2007; 6:17.

iii International Finance Corporation. The Business of Health in Africa: Partnering with the Private Sector to Improve People's Lives. (World Bank Group: Washington, DC)