

survive & thrive

professional associations, private sector and global health scholars
saving mothers, newborns and children

Partners and Roles

Professional Associations:

Lead the development and implementation of Global Health Scholars educational program in collaboration with universities; equip and mobilize members to volunteer technical support, training, and quality improvement to improve clinical practice in health facilities; strengthen national professional associations; develop and contribute educational programs and materials.

Private Sector:

Co-develop and make available innovative educational materials and highly affordable diagnostic or therapeutic technologies on a not-for-profit basis; contribute communications expertise, facilitate access to social media outlets, provide global-level technical leadership and advocacy for maternal, newborn and child health through global communications, trend analysis, evaluation, resource leveraging; and financial support.

US Government:

Provide global-level technical leadership and advocacy for maternal, newborn and child health, lead the development, implementation, and evaluation of program activities, provide global program sites for Global Health Scholars program, coordinate with Governments and UN Agencies, and contribute financial support.

The alliance will welcome new partners who wish to contribute to the same goal and will abide by the alliance guiding principles.



A Global Development Alliance to harness the resources, expertise, innovation, and experience of professional associations, private sector, universities & the U.S. Government



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Odile Razafingamahary gave birth to twins in a health facility in Itaasy, Madagascar with the help of Midwife Agnes Haingo (left). Odile bled heavily but Agnes followed a drill she had practiced many times, and Odile survived this dreaded complication.



Almaz Manja lives in Tula in Ethiopia. When her daughter Shito developed a persistent cough, she was taken to a health post, and diagnosed suffering from life threatening pneumonia. As a result of curative medication it took only a week before she had fully recovered.



Ritka Begum gave birth in Sadipur, Bangladesh. The baby girl was not breathing on delivery, but luckily, Sakhina, her Skilled Birth Attendant, had attended a Helping Babies Breathe course only two weeks earlier. Thanks to this training and available resuscitation equipment, Tayiaba survived and is thriving.

The Challenge

Every year, 290,000 mothers and 7.6 million children under five die. 3.1 million of these are newborns.

Policies are in place but practice is far behind evidence-based maternal newborn and child health services in health facilities. There is a need to improve quality of services in health facilities as institutional deliveries and care-seeking for sick newborn and child care increase in many countries.

The Response

Survive & Thrive - A public-private partnership to align and leverage resources among professional associations, the private sector, universities, U.S. Government, and countries.

The Priority Interventions

Maternal health

- Basic and comprehensive emergency obstetric and newborn care
- Long acting reversible and permanent contraception
- Prevention and management of maternal infections and health care-acquired infections

Child health

- Case management of pneumonia and diarrhea
- Early childhood development and prevention and management of non-communicable diseases
- Prevention and management of health care-acquired infections

Newborn health

- Newborn resuscitation
- Immediate essential newborn care
- Prevention and management of newborn and health care-acquired infections
- Prevention and management of preterm/low-birth weight newborns
- Newborn screening and management

Targeted Results

Short Term

1. Facility-based MNCH interventions and clinical competencies are supported and sustained through training, quality improvement approaches, and effective technologies
2. Members of professional associations are mobilized and equipped to improve the quality of high-impact MNCH interventions in health facilities and to be champions in MNCH
3. Newly graduated clinicians are mobilized as global health scholars to learn from and champion high-quality, high-impact MNCH programs

Medium Term

Increased utilization of high-quality, high-impact maternal, newborn, and child health services

Long Term

Contribution to USG Global Health Initiative goal of reducing maternal mortality by 30% & child mortality by 35%

Guiding principles

The Parties to the GDA will abide by the following principles:

- **Inclusiveness and Collaboration:** Coordinate activities with other organizations or agencies and welcome new members if such relationships contribute to the achievement of the goal of this Alliance to help mothers, newborns, and children survive and thrive.
- **Country Owned and Country Led:** Be responsive to national health priorities and plans developed and owned by the participating national government. The GDA will play a supportive role to countries that request assistance to improve the quality of facility-based MNCH services.

- **Integration:** Priority interventions will be integrated within national MNCH services.
- **Shared Goal, Results, and Recognition:** Work towards a common goal of supporting countries to reduce maternal, neonatal, and child mortality, and share results and information on program implementation and outcomes.
- **Brand Non-Exclusivity:** Improve quality of, and expand access to, a menu of MNCH interventions and associated technologies that governments and partners may choose to include in their programs.