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PRESS RELEASE

## ***Saving Lives at Birth: A Grand Challenge for Development*** **Announces Three New Award Nominees**

*Approximately \$4.2M in Awards will Accelerate Innovative Solutions to Prevent Maternal, Infant Deaths in the Hardest to Reach Regions of the World*

WASHINGTON – *Saving Lives at Birth: A Grand Challenge for Development* announced three new award nominees in its fifth global call for groundbreaking solutions to protect mothers and newborns during their most vulnerable hours. These awards include two transition-to-scale awards (approximately \$2 million each), which will support innovators with demonstrated proof-of-concept in transitioning their solutions towards scale, and one validation grant (approximately \$250,000) to support the introduction and validate the effectiveness of the innovation to reach proof-of-concept.

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and Partners In Health (PIH) were nominated for the two transition-to-scale awards. EGPAF will develop a model for national scale-up of the life-saving “Pratt Pouch” in Uganda, an innovative delivery method to provide HIV prophylaxis to babies and prevent mother-to-child transmission of HIV. PIH will transition its successful quality improvement model to seven new, high need districts in Rwanda. Receiving a validation grant, the University of Washington will develop a business model to sustain and scale Mobile WACH NEO, a virtual communication system that connects mothers with health care providers in Kenya.

These innovations join 17 other awardees who were selected from more than 750 submissions in *Saving Lives at Birth’s* fifth call for innovations. They are now part of a growing community of over 90 innovators supported by the *Saving Lives at Birth* partnership to prevent maternal and infant deaths in the hardest to reach regions of the world.

The transition-to-saward nominees include:

### **[The Elizabeth Glaser Pediatric AIDS Foundation \(EGPAF\): Scaling the Pratt Pouch in Uganda](#)**

Every year, 120,000 infants in Uganda are born exposed to HIV, and nearly 16,000 become infected during pregnancy, delivery, or breastfeeding with their HIV-positive mothers. Antiretroviral prophylaxis Nevirapine (NVP) given from birth to six weeks of age can dramatically reduce the risk of transmission, yet 68 percent of HIV-exposed infants do not receive it in Uganda. The Pratt Pouch, which was developed by a team at Duke University and funded through Saving Lives at Birth, is a polyethylene pouch, similar to a ketchup packet, proven to safely store NVP for newborns. The innovative delivery mechanism/device simplifies dosing, enhances access and empowers HIV positive women to administer NVP to their babies. EGPAF and its partners will introduce and scale up the Pratt Pouch in antenatal care, delivery, and postnatal care services in Uganda with the goal of reaching 40,000 infants in three years.

### **[Partners In Health: Eliminating Preventable Neonatal Deaths in Rwanda](#)**

WHO estimates that two-thirds of newborn deaths could be prevented if effective health measures were provided during birth and in the first week of life. In Rwanda, 91 percent of births take place in health facilities, yet 46 percent of newborns still die on the first day of life. To change this, Partners In Health (PIH) developed a health-system capacity-strengthening model called All Babies Count (ABC) – an integrated, low-cost approach that boosts demand for antenatal and delivery services by improving patient satisfaction through patient-centered care. ABC is an intensive 18-month change acceleration process that (i) equips health workers with essential supplies; (ii) provides on-site, regular clinical mentorship to improve delivery of evidence-based interventions; and (iii) launches learning collaboratives to promote data utilization for continuous improvement. During a successful pilot of the ABC model in two districts in Rwanda, the neonatal mortality rate dropped by 33 percent. This grant will help PIH expand the ABC model to seven new districts, reaching over 50,000 women.

The validation award nominee is:

### **[University of Washington: The Mobile WACH NEO - Communication Empowering Mothers and Newborns](#)**

In 2015, Kenya reported over 60,000 maternal and neonatal deaths, many of which were preventable with access to adequate healthcare. In response, The University of Washington designed Mobile WACH NEO, a unique mobile health platform that enables a remote provider-patient relationship, to provide crucial health information at critical times for pregnant and postpartum women. Mobile WACH NEO offers tailored support from a skilled provider during the most vulnerable period for mothers and babies in three strategic domains: facility delivery planning, contraceptive decision support, and clinical assessment of newborns and their postpartum mothers. Initial testing revealed a significant uptake in family planning, increased engagement during high-risk periods, and a benefit to reducing neonatal mortality. With Saving Lives at Birth funding, Mobile WACH NEO will work with collaborative research partners to further evaluate this intervention, develop a sustainability model, and closely

integrate it into the Kenyan Ministry of Health e/mHealth strategies and targets for maternal, newborn, and child health.

*The Saving Lives at Birth* partnership, launched in 2011, includes the U.S. Agency for International Development (USAID), the Government of Norway, the Bill & Melinda Gates Foundation, Grand Challenges Canada (funded by the Government of Canada), the U.K.'s Department for International Development (DFID) and the Korea International Cooperation Agency (KOICA). It is a global call for groundbreaking, scalable solutions to infant and maternal mortality around the time of birth. It aims to address the 303,000 maternal deaths, 2.7 million neonatal deaths, and 2.6 million stillbirths that occur each year around the world. To date, Saving Lives at Birth innovations have benefited over 1.5 million women and newborns, saving at least 7,000 lives. Saving Lives at Birth innovators and Round 6 finalists will come together this July at the annual DevelopmentXChange, which serves as a launching pad for finalists and grantees to network, collaborate, learn and forge partnerships to help develop and scale the next transformational innovations in childbirth.

To learn more about the Saving Lives at Birth and its five rounds of innovators working in maternal and newborn health, go to: [www.savinglivesatbirth.net](http://www.savinglivesatbirth.net).

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