Saving mothers, giving life: An assessment of a partnership for making progress toward sustainable reductions in global maternal mortality

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Abstract: On June 1st 2012 former U.S. Secretary of State, Hillary Clinton, launched the Saving Mothers, Giving Life partnership to reduce global maternal mortality. Ensuring the partnership's success and sustained impact is a priority for the U.S. Government as it moves from Phase 1 (Year 1, June 1, 2012 to September 30, 2013) to Phase 2 (Years 2-5, October 1, 2013 to September 30, 2017). This study systematically assessed the strengths and weaknesses of the Saving Mothers, Giving Life partnership and offers recommendations for strengthening the partnership to ensure progress in Phase 2 and sustained impact over time.

A literature review identified key factors that contributed to the success and/or failure of global health partnerships. Semi-structured interviews were conducted among 22 leaders representing: (1) the U.S. Government, (2) global-level partners, and (3) countries, Zambia and Uganda - who were instrumental in the development and/or implementation of Saving Mothers, Giving Life.

Key findings include: (1) Its membership is comprised of high-caliber partners, but the country representatives are not engaged as leaders at the global-level; (2) It enjoyed the political support from the highest levels of leadership, but caused concern as this leadership transitioned; (3) It began with a shared vision for Phase 1, but differing visions of success exist for Phase 2; (4) It focused on results and strengthened local capacities, systems and ownership at the district-level, yet resulted in opposing strategies for scaling at national-levels; and (5) It established a comprehensive governance structure, but inadvertently created a Headquarters echo-chamber.

Recommendations for strengthening the partnership include: (1) Recreating a sense of urgency by renewing the commitment of a senior-level champion, (2) Creating and sharing a common vision with short- and long-term strategies, (3) Reconfiguring the governance structure to be less cumbersome, while expanding it to include country representatives; and (4) Developing processes and guidance to institutionalize country-level efforts for sustained reductions in maternal mortality.

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