Merck|MSD for Mothers

GBHealth commends the Merck for Mothers program (known as MSD for Mothers outside the United States and Canada), a 10-year, US$500 million initiative to expand women’s access to affordable, quality care in India, Senegal, Uganda, the United States, Zambia and more than 30 other countries around the world.

INTRODUCTION

Maternal mortality is shockingly high. Though progress has been made – maternal mortality has dropped 44 percent since 1990 – there is still much more to be done. According to the WHO, approximately 830 women die from preventable causes related to pregnancy and childbirth every day, and 99 percent of those deaths occur in developing countries. Progress in the US has stalled, with one of the worst maternal mortality rates in the industrialized world. In fact, the number of women dying in pregnancy and childbirth in the US increased from 1990 to 2015, despite the drop in maternal mortality on a global scale.

The challenges to maternal health vary greatly across countries and communities. To combat these diverse challenges, Merck for Mothers tailors local programs to improve the health and well-being of mothers around the world. When a woman dies, her baby is more likely to die and her other children are up to 10 times more likely to leave school, suffer from poor health or die prematurely. Merck for Mothers is committed to helping all mothers have a healthy pregnancy and a safe childbirth. In this way, the program is able to enact community-wide change.
ABOUT THE PROGRAM

Merck for Mothers (MfM) is a global health program focused on creating a world where no woman dies giving life. After consultation with nearly 100 maternal health experts and meeting with leading researchers to gain a better understanding on how to enact change in global maternal health, MfM has identified and invested primarily in two areas:

- Improving quality of care, which reduces maternal deaths, stillbirths and newborn deaths, and
- Empowering women to choose the timing of pregnancy and birth spacing, which can prevent up to one-third of maternal deaths.

Based on extensive research, which included individual national assessments and identification of countries with the greatest needs — and governments that were as devoted to reducing maternal mortality as MfM was — the program identified India, Senegal, Uganda, Zambia and the United States as sites for its main programs.

Depending on each country’s unique challenges, MfM’s goals are emphasized and implemented in different ways. Practically, this translates into three methods:

- **Enabling health providers** - equipping health providers with the skills, tools and technologies they need to deliver high-quality maternity and family planning services.
- **Developing and delivering lifesaving products** - placing lifesaving maternal health products in the hands of women and their providers – like a new formulation of carbocetin, a drug that can prevent excessive bleeding postpartum even if stored in warmer temperatures.
- **Empowering women** - empowering women to make informed choices about contraception and get the quality care they need for a healthy pregnancy and safe childbirth – like a new crowd-sourced community accountability service for maternal health, akin to “Yelp,” that will allow women to use mobile phones to learn about quality of care and rate the care they receive.

The program is not yet complete, but evaluation is already underway to correct MfM’s course if needed. Merck has engaged a team of experts from the London School of Hygiene & Tropical Medicine to help evaluate the effectiveness and sustainability of its programming. In addition, the program is employing quantitative analysis to better understand the context of its investments and to advance knowledge about maternal health in general. Where do women seek maternal health services? What do they seek to get out of it?

CRITICAL SUCCESS FACTORS

**Tailoring to local needs.** Each country had different needs, which were informed the way solutions were identified and designed. For example, India had the world’s highest maternal deaths at the time the program was started – but its government was committed to changing that. MfM worked with the Indian government to enable private health providers, who deliver a surprisingly high proportion of maternity care, to increase their geographic reach to rural and peri-urban areas; helped develop accreditation and quality improvement metrics; linked public and private health sectors; and created a free “Yelp”-like mobile service to rate maternal health services.

But MfM’s approach in the US was very different. In the US, chronic health problems like obesity, high blood pressure and diabetes complicate not just the actual pregnancy, but also may cause problems before and after childbirth. This is especially true among lower income women and women of color. Thus, MfM is implementing a set of different plans, which include new community initiatives to help women with chronic health problems access appropriate care before, during and after pregnancy; educating nurses on how to advise women on signs and symptoms that may require medical attention after childbirth; building the capacity of health systems to collect stronger data and review cases more effectively; along with a variety of other programs.

**Extensive research pre-implementation.** Extensive research was conducted before MfM began work on any programs. They met with national ministries of health, the Bill & Melinda Gates Foundation, Jhpiego, PSI, WHO, USAID and other major players in the maternal health field, along with researchers in global health to better understand the issues at hand and the underlying problems with existing programs.

In identifying countries to act in, MfM took a multifaceted approach to assessing which countries had the greatest need as well as the greatest possibility for success – countries that had governments and multiple groups and sectors working toward reducing or eliminating maternal mortality. Even within countries, MfM conducted a needs analysis to find specific cities and regions to target.

**Variety of partners.** In terms of selecting outstanding partners on the ground, MfM used a competitive process and rigorous evaluation criteria. They first defined a clear vision for what they wanted to accomplish, developed Requests for Proposals with five highly specific objectives, identified qualified organizations to submit proposals, and then assessed proposals with input from technical experts. After five years, MfM is now working in over 30 countries on more than 50 projects with more than 90 partners.
LESSONS LEARNED

Quality improvement requires a culture change. In US hospitals, MfM requires all members of the care team to be on board with new care systems. Obstetricians, midwives and nurses – as well the blood bank, the intensive care unit and other departments – must change their individual and collective behavior to create an ethos of quality care.

Different strokes for different folks. Private providers are a diverse group, making it challenging to standardize the care they deliver. Private care is offered by midwives, drug shop owners and formal and informal providers, most of whom work independently. In India, for example, there are more than 80 types of private providers. Due to the fragmentation, MfM engaged a market research agency to conduct a market segmentation study to try and simplify the perceived diversity and complexity. The market segmentation revealed four key private provider segments in the two states studied in India. These segments have been helpful in designing program interventions and key communications to help scale the programs.

Customization of reporting structures. Time is money for private providers. They have limited availability to take on complex quality assurance and quality improvement efforts. Private providers will engage in delivering higher quality care as long as incentives are aligned. In working with private providers, MfM program partners were able to identify the most critical indicators and an approach that was more private sector friendly. This work culminated in a Quality of Care toolkit designed specifically for private providers.

ABOUT MERCK

Merck & Co. Inc., Kenilworth, NJ USA (known as MSD outside the United States and Canada) is an innovative, global healthcare leader that is committed to improving health and well-being around the world. The company delivers innovative health solutions through its prescription medicines, vaccines, biologic therapies and animal health products, and it continues to research conditions that represent some of the worst health challenges today.

Merck has also been at the forefront of global health for more than 100 years, taking on diseases ranging from HIV/AIDS to cervical cancer to river blindness. Merck for Mothers is one of its flagship programs to improve maternal health around the world.

LEARN MORE

Explore the “Merck for Mothers” program:

on the web:
- MfM website
- In India
- In Senegal

on Social Media:
- On Facebook
- On Instagram

To learn more about the program, please contact Merck & Co. at www.merckformothers.com.

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