SAVING LIVES AT BIRTH: A GRAND CHALLENGE FOR DEVELOPMENT

USAID, the Government of Norway, the Bill & Melinda Gates Foundation, Grand Challenges Canada, and The World Bank call for groundbreaking prevention and treatment approaches for pregnant women and newborns in rural, low-resource settings around the time of delivery.

We are accustomed to advances in computers and cell phones that leapfrog existing solutions. Saving Lives at Birth: A Grand Challenge for Development is about nurturing that same energy and innovation to protect mothers and newborns in the poorest places on earth during their most vulnerable hours.

Throughout history, specific scientific, technological and operational breakthroughs have transformed insurmountable development challenges into solvable problems. To accelerate substantial and sustainable progress against maternal and newborn deaths and stillbirths at the community level, we need to harness the collective imagination and ingenuity of experts across a broad range of disciplines and expertise.

THE PROBLEM

- The onset of labor marks the start of a high-risk period for both mother and baby that does not ease until at least 48 hours after birth. During this short period of time, 150,000 maternal deaths, 1.6 million neonatal deaths, and 1.2 million stillbirths occur each year.
- Almost all of these deaths are in low- and middle-income countries, especially in Sub-Saharan Africa and South Asia, which also have the lowest use of hospitals for delivery or newborn care. Less than half the women deliver with a skilled birth attendant, and uptake of many potentially life-saving interventions aimed at the mother or infant are equally low. In those locations, people often have few resources, little or no electricity, lack of clean water, and poor transportation. There are also few trained health professionals or functional hospitals.
- This leaves poor, rural women, who have the greatest geographical and financial challenges in securing the care of skilled birth attendants at the highest risk of poor pregnancy outcomes. Local cultures, traditions, and beliefs may also prevent women from seeking and receiving life-saving care at the time of birth.

THE CHALLENGE

THIS CHALLENGE seeks innovative approaches to prevention and treatment across the following three areas.

technologies.

Roadblock: lack of medical technologies appropriate for the community or clinic setting

We invite bold ideas for *science and technology* advances that prevent, detect or treat maternal and newborn problems at the time of birth.

service delivery.

Roadblock: too few trained, motivated, equipped and properly located health staff and caregivers

We invite bold ideas for new approaches to provide high-quality care at the time of birth including new ways of using information and communication technology to improve health and healthcare delivery.

demand.

Roadblock: mothers in resource-poor settings often lack information about what services they need, what they can do, and what a difference it can make to access health care or adopt healthy behaviors.

We invite bold ideas for empowering and engaging pregnant women and their families including innovative uses of information and communication technology and mass communication methods that can change individual and collective behavior to improve outcomes around the time of birth.

SOLUTIONS SHOULD

- Be "off the beaten track," daring in premise, and CLEARLY DIFFERENTIATED from standard practice.
- Enhance uptake, acceptability and provide for SUSTAINED USE of service
- Enable or provide for LOW-COST solutions
- Have a strong likelihood of achieving a SUBSTANTIAL IMPACT on one or more important adverse maternal, fetal, or neonatal health conditions
- Be SCALABLE in resource-poor settings
- Be able to be MONITORED, MEASURED and EVALUATED.

The Saving Lives at Birth Challenge will support grants for innovations with the potential for transformational change. Significant breakthroughs in innovation often come about when new ideas and disciplines are applied to long-entrenched problems. We encourage partnerships that bring together diverse expertise from non-traditional partners. We are calling on for-profit companies, non-governmental organizations, academic/medical research institutions, faith-based organizations, civic groups and foundations—individually or in partnership—to take up this challenge.

For more information, including how to apply, please visit **www.savinglivesatbirth.net**