Theory of Change for the PPH Summit





Problems





Public health needs

- PPH is the leading cause of maternal death globally and accounts for over 20% of deaths annually despite being preventable and treatable
- The risk of PPH and PPH related morbidity and mortality is disproportionately higher in LMICs (especially sub-Saharan African and Southeast Asian countries) due to higher baseline risk of predisposing risk factors e.g. anemia
- Several LMICs are not on track to meet their SDG-3 maternal mortality targets

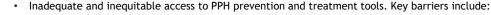
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Innovation deficit



Access barriers

- PPH research and normative horizons are somewhat stagnant
- · Only two new PPH medicines (HSC and TXA) identified for PPH management over the last 30 years
- Lack of Target product profiles (TPP) prior to R & D of PPH medicines and devices and lack of target policy profiles [TPOP]



- Lack of evidence lack of data on efficacy and safety on emerging interventions; lack of regulatory approval for key indications; lack of research priorities from previous international guideline development processes remain unaddressed
- Demand and adoption lack of WHO guidelines for key indications; lack of updated national PPH policies incorporating PPH priority drugs, devices, interventions; low uptake due to limited stakeholders' awareness and knowledge; challenges regarding training, task shifting, referral pathways, and workforce; country level duplication of research
- Supply and delivery lack of quality assured PPH medicines throughout LMIC systems, poor quantification, storage challenges, distribution challenges



Global

- · Inconsistencies in international and national PPH normative guidelines
- No PPH-focused global or regional research agenda or coherent action plans to guide researchers, industry experts, guideline developers, policy makers, and funders, as they design and fund research, and use evidence to influence policies and practices in different settings

Pathway to impact



Inputs

HRP leadership.

· Leveraged funds from

BMGF and MfM funding

contributions

coordination, and in-kind

grantees of BMGF and MfM





Outputs





- Identify and collate wider determinants for PPH related mortality and morbidity and key research gaps for existing PPH interventions
- Identify and collate key implementation gaps and wider health system challenges for PPH interventions
- Landscape analysis of PPH innovations - medicines, devices, and interventions
- Determine TPP and TPoP priorities

Outcomes







- Summit to agree on global and regional action plans to improve quality of PPH care in LMICs
- Highest global priorities for research, guidelines, implementation, and advocacy identified and prioritised
- Roadmap for global advancement on the key challenges
- Wide and diverse coalitions established to tackle key implementation challenges
- Boost funding streams identified to advance Summit Road map and address key challenges
- Accelerated breakthrough innovation and product development
- Coordinated regional and/or country-tailored PPH priorities
- **International partnerships and networks engaged** between industry experts, researchers, regulators, guideline developers and policy makers
- Global and country-level normative and advocacy activities to reduce PPH burden

- Public health impact
 - Maternal lives saves
 - Decreased PPH morbidity
 - Decreased PPH incidence
- Economic impact
- _ .* . .
- Fast-tracked knowledge translation pathways
- Positive externalities
 - PE and maternal sepsis
 Summit implemented using the same model



- All stakeholders (researchers, industry experts, implementers, donors) subscribe to the roadmap to advance PPH work across countries; duplication of activities in the PPH space minimized or stopped
- National governments adopt the plans to address key challenges identified and create national fiscal space for PPH priority medicines and devices
- · Political environment is conducive for national governments to implement the road map from the Summit



