

A close-up photograph of a woman's face, partially in shadow, looking down at a newborn baby she is holding. The baby is wearing a bright red, textured knit cap and is swaddled in a colorful, patterned blanket. The background is softly blurred.

A Philanthropic Initiative to  
Accelerate Maternal and Newborn  
Survival in Africa

January 2026

# Introduction

Every woman deserves a healthy pregnancy, and every newborn deserves a healthy start to life. Yet mothers and newborns in Africa struggle to survive ***preventable*** complications during pregnancy, birth, and the postpartum period.

The Beginnings Fund partners with African governments and organizations to accelerate progress in saving maternal and newborn lives on the continent.

**Together, we have the power to save over 300,000 lives<sup>1</sup> by 2030.**



*Photo: Jumba Martin*

<sup>1</sup> Beginnings Fund Impact Model

What could be more tragic than a mother *losing* her life in the moment she is *giving* life  
—and for the first day of life to be the riskiest for many newborns?



**182k**

women die from preventable causes related to pregnancy and childbirth in sub-Saharan Africa every year.<sup>1</sup> This is 70% of the global total.<sup>1</sup>



**950k**

babies are stillborn in sub-Saharan Africa annually:  
48% of the global total.<sup>2</sup>



**1.2m**

newborns die each year in sub-Saharan Africa: 47% of the global total.<sup>3</sup>

<sup>1</sup> (2025) WHO, Maternal Mortality Fact Sheet.

<sup>2</sup> (2025) UNICEF, Stillbirth data page.

<sup>3</sup> (2025) UNICEF, Neonatal mortality data page.

## The leading causes of maternal and neonatal deaths and stillbirths are tri-fold

1. Maternal and neonatal deaths, and stillbirths in sub-Saharan Africa are caused by a handful of largely preventable conditions:
  - **Hemorrhage, eclampsia, and sepsis** account for approximately 50% of all maternal deaths.
  - **Preterm birth complications, birth asphyxia, and infection** account for more than 80% of neonatal mortality.
  - Most stillbirths are caused by **intrauterine hypoxia**, often preceded by placental malperfusion and clinical indications of preeclampsia, placental abruption, and small-for-gestational-age fetus.
2. A shortage of health workers and inadequate training prevent quality emergency obstetric, newborn, and neonatal care.
3. Facilities lack access to key infrastructure and equipment, quality medicines, and supplies to effectively prevent and treat complications.



# Opportunity

Through unprecedented collaboration between government, philanthropy, and partners, we have a unique opportunity to change the trajectory for maternal and newborn survival—beyond what any donor can tackle individually.



**The Beginnings Fund has the potential to save over 300,000 lives by 2030**



# A different approach

The Beginnings Fund aims to reach its objective through a targeted approach and collaboration:

## Targeted

1. **Scale evidence-based interventions** that address the leading causes of maternal and neonatal mortality and stillbirths.
2. **Focus on health facilities** in target countries, where, on average more than 87%<sup>1</sup> of births take place
3. **Target high-burden facilities** where most deaths occur with the aim to reach at least 50% of these deaths

## Collaborative

- **Co-invest alongside government** and bilateral/multi-lateral funding partners such as FCDO and the World Bank.
- **Pool philanthropic funding** to meaningfully tackle the issue.
- **Support defragmentation** by investing in multiple partners working together and with governments.
- **Leverage the technical expertise and comparative advantages** of founding philanthropic partners and their in-country partners.

<sup>1</sup> Weighted average of focus countries excludes Ethiopia, where 50% of births take place in facilities

# A comprehensive package



## People

Strengthen the health workforce capacity and skills to deliver quality maternal and newborn health care.



## Products

Scale high-impact interventions by deploying proven MNH innovations at the facility level.



## Systems

Invest in quality data for decision making and quality improvement – and emergency transport and referral systems.

We make targeted investments in the **people, products, and systems** necessary to improve maternal and newborn care at scale.

# Our focus interventions are informed by key drivers of maternal and newborn mortality throughout the continuum of care

## Healthy Pregnancy

Support availability and uptake of preventive interventions most likely to impact mortality, based on country-specific context:

- **Key diagnostics and management of infections, anemia, and pre-eclampsia**
- **Point-of-care ultrasound**

## Intrapartum Care

Improve the quality of intrapartum care through rollout of evidence-based bundles:

- Post partum hemorrhage (PPH): **PPH uterotronics: oxytocin, heat-stable carbetocin, misoprostol, tranexamic acid, and detection drapes**
- Sepsis: **intrapartum azithromycin**
- Prematurity: **antenatal corticosteroids**
- Prolonged/Obstructed Labor: **intrapartum monitoring, safe caesarean section, and neonatal resuscitation**

## Small and Sick Newborn Care

Improve quality of care for pre-term and low birth weight babies through scale up of neonatal care at district level.

- Prematurity: **Level 2 Care plus CPAP and iKMC**: phototherapy, radiant warmers, syringe pumps, pulse oximeters, O<sub>2</sub> concentrators, hemoglobinometers, suction machines, glucometers, and caffeine citrate
- Sepsis: **in-patient management of Possible Serious Bacterial Infection (PSBI)**. *Community-level interventions will be included based on government priorities*



### Products



### Workforce

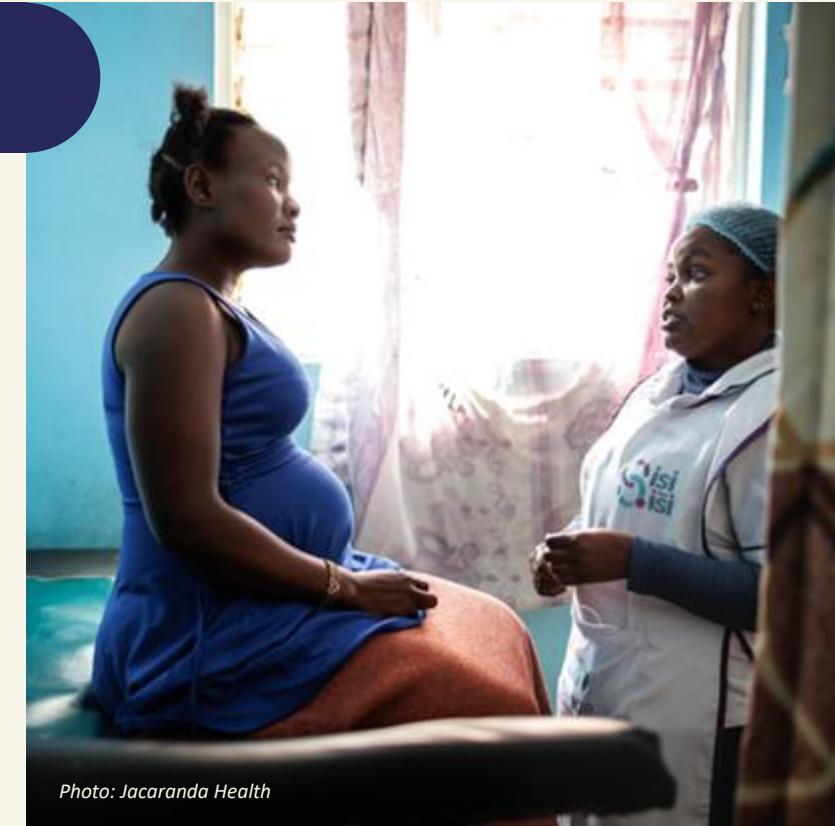


### System Enablers

# Opportunity | People

Strengthen and expand health workforce capacity and skills to deliver quality health care in high-burden facilities

- **Support workforce planning** to increase maternal and newborn health cadres
- **Recruit additional unemployed nurse-midwives, clinical officers, and other entry-level cadres** with agreed government absorption to increase staff:patient ratios in maternity and neonatal units
- **Institutionalize in-service mentoring** for emergency obstetric and newborn care and small and sick newborn care to reach clinical competency and improve coverage of key interventions
- **Support postgraduate training** to increase the number of midwives, neonatal nurses, specialist clinical officers, pediatricians, obstetricians/gynecologists, and neonatologists





## Health worker shortages threaten maternal and newborn survival

There is a global shortage of ~900,000 midwives.<sup>1</sup>

The situation for women in labor and newborns is dire.

### ► Malawi, with 679,000 annual births, has:

- 1 neonatologist
- 18 pediatricians
- 22 obstetricians
- 0 trained neonatal nurses
- 65% vacancy rate for nurse-midwife technicians

### ► A modest 10% increase of service coverage by midwives every 5 years could avert:

- 22% of maternal deaths
- 23% of newborn deaths
- 14% of stillbirths

...saving 1.35M lives by 2035

### ► With quality midwifery care, mothers are<sup>2</sup>:

- 16% less likely to lose their baby at any time
- 19% less likely to lose their baby before 24 weeks
- 24% less likely to experience pre-term birth

<sup>1</sup> (2021) [The State of World's Midwifery](#) report, UNFPA

<sup>2</sup> (2020) LIST modelling study, *Lancet*

# Opportunity | Products



Introduce and scale quality, high-impact, evidence-based, low-cost innovations targeted to the primary drivers of risk and mortality

- **Roll out the PPH bundle** for early detection and management of postpartum hemorrhage.
- **Improve anemia** as a primary risk factor for adverse outcomes from PPH.
- **Provide maternal azithromycin during labor** to prevent sepsis.
- **Enable risk-differentiated care**, earlier entry to antenatal care, and improved labor management through use of AI-enabled point-of-care ultrasound.

Provide small and sick newborn care

- **Roll out the NEST bundle of technology**, including the Continuous Positive Airway Pressure (CPAP) Machine to help small and sick newborns breathe.
- **Support Immediate Kangaroo Mother Care (iKMC)** to maintain body temperature, among other benefits, such as improved respiratory rate or breathing pattern.
- **Implement simplified antibiotics** for possible serious bacterial infection.



# Opportunity | Systems



Invest in critical health systems enablers necessary to drive quality care and deliver outcomes that countries can sustain. These include, for example:

## Data and quality improvement

- Improve data quality, integration with national data systems, and data utilization for quality improvement and decision-making.

## Referral systems

- Strengthen referral systems and emergency transport to transfer mothers and newborns in a safe and timely manner and ensure optimal clinical outcomes.

## Sustained financing

- Negotiate government commitments, including co-financing and in-kind contributions up front.



*Photo: Ambulances Tanzania | Project Wise*

# Measuring progress

Efficient and low-cost monitoring and evaluation is critical to track performance, enable iterative learning, and assess impact at scale.

## Examples: Process Indicators

- % of targeted hospitals achieving targeted staff:patient ratio in newborn and maternity units
- % of targeted facilities equipped with appropriate MNH product bundle

## Health Coverage

- % of women with PPH who receive early detection of blood loss and treatment bundle
- % of babies between 1,500 and 1,999g with respiratory distress symptoms receiving CPAP

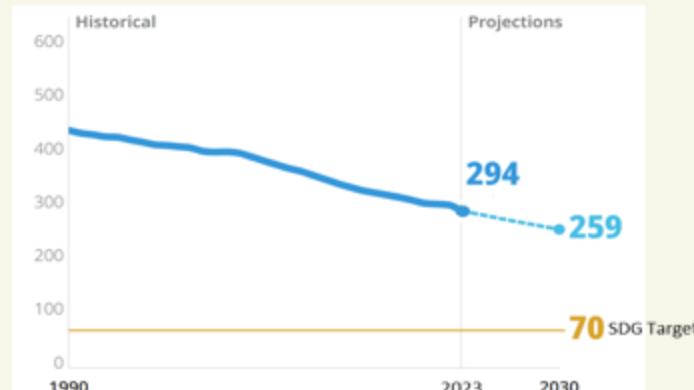
## Impact

Country-level:

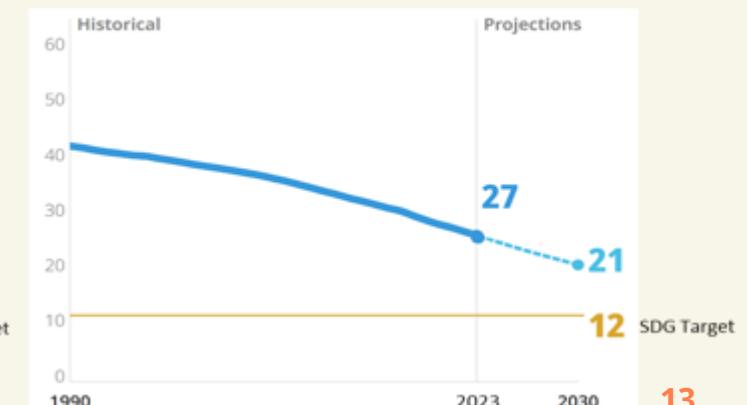
- Morbidity prevalence
- MMR
- NMR
- SBR<sup>1</sup>

We will monitor process, outcomes, and impact metrics, using routine data systems (e.g., HMIS, DHIS-2) and independent evaluations led by local partners.

Maternal mortality ratio (MMR), sub-Saharan Africa



Neonatal mortality ratio (NMR), sub-Saharan Africa



<sup>1</sup> MMR: Maternal Mortality Rate; NMR: Newborn Mortality Rate; SBR: Stillbirth Rate

- The Beginnings Fund will partner with governments to accelerate progress in up to 10 countries<sup>1</sup>.
- Should the Beginnings Fund achieve early indications of success, it will raise a second round of funding (**Fund Two**) to achieve the ten-year goal of deploying **USD 1 billion** towards high-impact maternal and newborn survival programs.



<sup>1</sup> Nigeria will be added in 2028, assuming Fund Two of another USD 500 million for 2030-2034 is raised. Other African countries will be considered during Fund Two.

# Investment Team



**Alice Kang'ethe, MSc**  
CEO

- Chair, Technical Advisory Group (TAG)
- Former global Chief Operating Officer at Clinton Health Access Initiative
- Over 18 years' experience in global health programs strategy and execution in Africa, SE Asia, and Latin America



**Anne Magege, MSc**  
Program Director

- Director of Programs, Health, ELMA Philanthropies
- 14 years' experience building the Health investment portfolio at ELMA
- Seven years in health program implementation in South Africa



**Professor Eric Ohuma, MSc, PhD**  
Director of Statistics and Impact Evaluation

- Professor of Medical Statistics and Epidemiology, the London School of Hygiene & Tropical Medicine, UK
- 15 years' experience in maternal, newborn, and child health and impact evaluation of complex interventions in Africa



**Fred Lwegaba, FCCA**  
Director of Finance and Operations

- Over 30 years' experience in finance and business strategy across nonprofit, private, and public sectors
- Executive and corporate services expertise and leadership in healthcare, energy, and taxation industries



**Patricia Wamala, MA**  
Program Director

- Senior Program Management specialist with over 20 years' experience in international development, with a specific focus on reproductive, maternal, newborn, and child health



**Dr. David Gathara, MSc, PhD**  
Program Measurement and Evaluation Manager

- Assistant Professor, Health Systems, London School of Hygiene and Tropical Medicine
- Nursing graduate and epidemiologist with 15 years' experience in health systems research, and evaluation, with a focus on health workforce and newborn care



**Jingyi Song, MIA**  
Senior Program Officer

- 12 years' experience developing health investments at ELMA Philanthropies and managing health programs across Africa at Clinton Health Access Initiative



**Flavia Kibor, BSc**  
Executive Assistant

- 10 years' experience in administration and program management, most recently with WHO in the Sexual and Reproductive Health and Emergency Preparedness and Response Clusters



**Jessica Flamholz, BA**  
Head of Investor Relations

- Philanthropy Advisor, Geneva Global
- 14 years' experience in local and global nonprofit fundraising, donor/stakeholder relations, and community engagement

West Africa  
Program  
Director

Senior Country  
Program  
Officer

Measurement,  
Evaluation,  
and Learning  
Officer

Senior Country  
Program  
Officer

Senior  
Program  
Officer

Program  
Officer

Grants and  
Finance  
Officer

# Technical Advisory Group



**Sanjana Bhardwaj, MD, MPH,  
FFPH**

Deputy Director, Women's Health and Primary Health Care, Policy and Advocacy and Communications, Gates Foundation

- 30 years of public health experience globally and in Asia Pacific, North America, Africa



**Silvia von Löwis of Menar**

Deputy Director, Product Introduction, Maternal, Newborn, Child Nutrition and Health, Gates Foundation

- 17 years of product introduction experience with large-scale pharmaceutical companies, previously heading the Africa Public Sector Team in Novartis



**Meron Makonnen**

General Counsel, ELMA Philanthropies Services

- 15 years of experience providing legal and strategic advice on program and institutional development, as well as political and economic risk



**Rhobhi Matinyi, MPH**

Director & Portfolio Lead, Health & Climate, Children's Investment Fund Foundation (CIFF)

- 15 years of healthcare experience in Africa & Asia as Co-founder & Chief Strategy Officer at Epione, and Associate Partner at Dalberg



**Rebecca Mwabvu, MEc, MPM,  
ACP**

Head of Global Health Program, Higherlife Foundation

Maternal and Newborn Health Lead, Delta Philanthropies

- 10 years of experience in grant and program design and management for health and social development



**Tej Nuthulaganti, MS, MPH**

Head of Global Health & Impact, Mohamed Bin Zayed Foundation for Humanity

Team Lead & Senior Specialist, Health Workforce at The Global Fund

- 15 years of health policy and program implementation experience in Africa

# Investment Committee



**Faustina Fynn-Nyame, BSN**  
Executive Director, Africa  
Children's Investment Fund  
Foundation (CIFF)

**Relevant Experience**

- Over 16 years of experience in sexual reproductive health (SRH) and private sector health care delivery in Europe and Africa
- Former Director at Women's Health Project (2016-2019)
- Former Country Director at Marie Stopes International (2014-2016)



**Robyn Calder Harawi, MSc, MBA**  
President  
The ELMA Philanthropies Services (U.S.)  
Inc.

**Relevant Experience**

- 13 years of experience leading The ELMA Philanthropies
- Member of the board of The END Fund
- Early work experience with CHAI and CIFF



**Paulin Basinga, MD, MS, PhD**  
Director, Africa  
Gates Foundation

**Relevant Experience**

- 20 years of experience strengthening health systems, research, partnerships, and delivery in HIV, TB, and maternal and child health
- Various roles across health delivery, advocacy in Africa and globally, Gates Foundation (2012-2024)
- Former Senior Advisor, Rwanda Biomedical Centre (2015-2016)
- Former Deputy Director, Research, National University of Rwanda's School of Public Health (2002-2011)



**Elizabeth Tanya Masiyiwa, MS, MBA**  
President and Chief Executive Officer  
Delta Philanthropies and Higherlife  
Foundation

**Relevant Experience**

- Seven years of experience at Delta Philanthropies
- Co-Founder and Director of STAR Leadership Academy
- CEO of Akello, an e-learning platform
- Non-Executive Director of Econet Wireless Zimbabwe

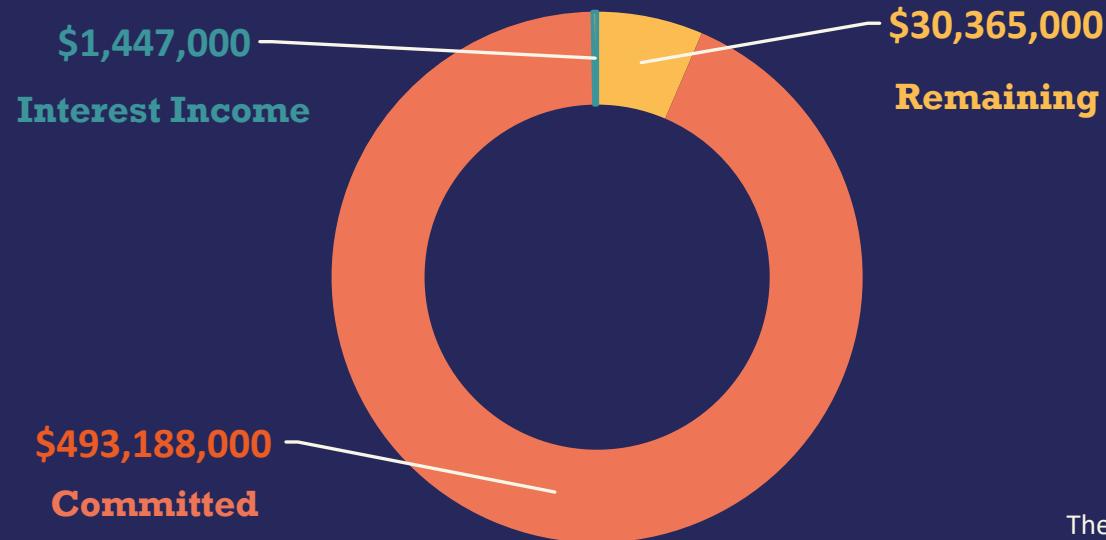


**Tala Al Ramahi, MA**  
Mohamed Bin Zayed Foundation for  
Humanity

**Relevant Experience**

- 12 years of experience leading public policy initiatives, including health, for the UAE government
- Member of the steering committee for the Reaching the Last Mile Fund
- Former Chief Strategy Officer, Reaching the Last Mile and Special Olympics World Games 2029

# Targeting \$525M in commitments for the first five years



*\$30 million to be raised*

The Beginnings Fund is hosted and fiscally sponsored by



Anonymous<sup>1</sup>



CIFF CHILDREN'S INVESTMENT FUND FOUNDATION

DELTA PHILANTHROPIES



ENLIGHT FOUNDATION

Gates Foundation

General Atlantic Foundation

Mohamed Bin Zayed Foundation  
محمد بن زايد  
لأثر الإنساني

Molly and Bill Ford

Roots & Wings FOUNDATION

The Horace W. Goldsmith Foundation

THE PATCHWORK COLLECTIVE

TROPER WOJCICKI FOUNDATION

Zegar Family Fund

<sup>1</sup> Four anonymous donors have made commitments to the Beginnings Fund to date.



# the Beginnings Fund

For more information, contact [info@beginningsfund.org](mailto:info@beginningsfund.org) or visit  
[beginningsfund.org](http://beginningsfund.org)