



Editor's Note

Celebrating progress, innovations and partnerships

This issue of PPH Insights comes at a time of both urgency and momentum. Across Kenya and beyond, the conversations around maternal health are becoming sharper, more evidence-driven, and increasingly solution-focused. Yet behind every statistic is a mother, a family, and a community whose loss reminds us that preventable maternal death remains a profound injustice.

In this edition, we capture the breadth of engagement shaping our work, from high-level scientific forums and national policy dialogues to media advocacy and emerging technological innovations. The recurring message is clear: innovation alone is not enough. It must be anchored in strong health systems, skilled providers, reliable blood supply, accountable governance, and informed communities.

We are particularly encouraged by the steady progress toward the realization of the PPH School, a bold initiative designed to strengthen structured, simulation-based learning for frontline providers. The integration of virtual reality into obstetric training signals a shift toward practical, scalable solutions that meet clinicians where they are. When knowledge is translated into preparedness, outcomes improve.

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From The Project Lead

As we release Issue 005 of PPH Insights, I am encouraged by the steady progress we continue to make through partnership, science, and systems engagement. Ending preventable maternal deaths requires more than clinical skill alone, it demands coordination across policy, training, innovation, and community action. This month's engagements reflect that multi-layered commitment.

From high-level scientific convenings in Dakar to policy roundtables on artificial intelligence in Nairobi, and national discussions on cervical cancer and obstetric preparedness, our work is increasingly positioned at the intersection of research, systems strengthening, and forward-looking innovation. These platforms are not symbolic. They are strategic spaces where evidence must shape policy, and where African-led solutions must be amplified.

The momentum toward the realization of the PPH School is particularly significant. Structured, simulation-based training, including virtual reality integration, represents a practical pathway to equipping frontline providers with the confidence and competence needed to manage obstetric emergencies effectively. When innovation is embedded within health systems, aligned with Ministry guidance, and supported by credible partners, it becomes transformative rather than theoretical.



*Prof Moses Obimbo
Project Lead,
End Postpartum
Haemorrhage Initiative*

Equally important is our continued advocacy on safe blood systems, workforce readiness, and accountability in maternal care. Preparedness saves lives. Data saves lives. Strong partnerships save lives.

Our work remains anchored in one unwavering principle, that no woman should die while giving life. Every forum we attend, every partnership we forge, and every innovation we explore is guided by this commitment.

Together, through knowledge and action, we move closer to a future where postpartum haemorrhage is no longer a death sentence for mothers in Kenya or across the continent.

“ Our work remains anchored in one unwavering principle, that no woman should die while giving life

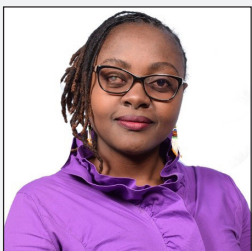
Editor's Note

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This month's features also highlight the power of collaboration, from government commitments and global scientific partnerships to private sector engagement. These are not parallel efforts; they are interconnected building blocks of a safer maternal health ecosystem.

As we continue to amplify evidence, convene partners, and advocate for accountability, our goal remains unwavering: to champion safe motherhood through knowledge and action.

Thank you for walking this journey with us.



*Warm regards,
Rose Mukonyo
Project Administrator,
Public Relations & Media Liaison
officer
PPH Foundation*



Updates

Partnership in Action: Advancing Postpartum Hemorrhage Awareness and Preparedness



At the EndPPH Initiative, we have had the opportunity to collaborate with FERRING in strengthening awareness around postpartum hemorrhage (PPH). Through shared advocacy efforts, we have worked to ensure that healthcare workers and communities alike better understand the risks of PPH and the importance of timely, evidence-based response.

Preparedness remains central to improving maternal outcomes. When healthcare professionals are equipped with the right knowledge, training, and tools, they are better positioned to manage PPH and other obstetric emergencies effectively.

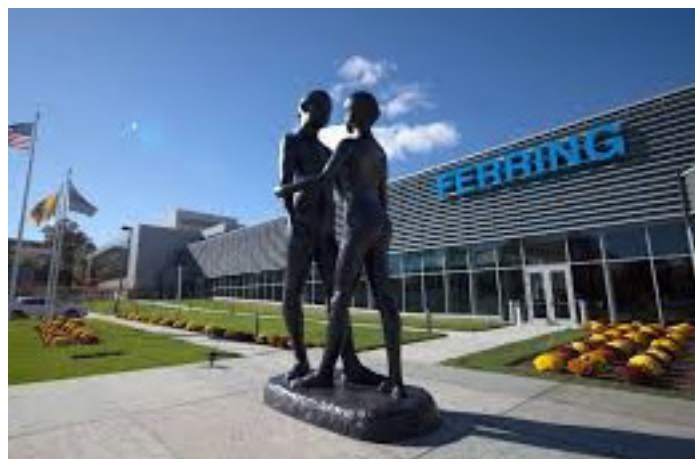
Our engagement activities, with support from FERRING in our inaugural National PPH Run on 6th October 2024 and the second International PPH Run on 28th September 2025, have helped amplify public awareness and reinforce the importance of maternal health preparedness at community level.

We also recognize innovations such as heat-stable carbetocin have expanded the range of options available to clinicians, particularly in low-resource settings where maintaining cold-chain storage can be difficult. Continued research and development in this field contribute meaningfully to global efforts aimed at reducing preventable maternal deaths.

The EndPPH Initiative remains committed to fostering multi-stakeholder collaboration including healthcare

professionals, policymakers, community leaders, and industry partners to promote education, preparedness, and sustainable solutions in maternal health. Together, we move closer to a future where no mother loses her life to preventable postpartum hemorrhage.

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PPH Dominates KOGS 50th Anniversary Conference



Postpartum haemorrhage was a defining theme at the Kenya Obstetrical and Gynaecological Society Golden Jubilee Scientific Conference held from 9th-13th February 2026 in Mombasa, drawing urgent attention to the leading cause of maternal deaths in Kenya.

Prof Moses Obimbo, the End PPH Initiative Project Lead, underscored that many life-threatening haemorrhages are rooted in conditions that go undetected long before pregnancy. He explained that chronic abnormal uterine bleeding, fibroids and other gynaecological disorders often leave women severely anaemic, compounding risks during childbirth. Prof Obimbo also presented research on artificial intelligence-supported point-of-care ultrasound, demonstrating how portable, AI-enabled imaging can help frontline providers detect high-risk conditions early and improve referral decisions in low-resource settings.

Dr Kireki Omanwa, KOGS President and End PPH Initiative Co-Lead, highlighted critical workforce shortages, noting that midwives in referral hospitals may manage up to 60 patients at once, delaying emergency response. Both leaders called for stronger systems, innovation and sustained investment to prevent avoidable deaths from PPH.

Prof Ann Beatrice Kihara, FIGO President Emeritus and a Co-Lead at the End PPH Initiative was also celebrated by KOGS for her leadership that continues to inspire the society, they said when global expertise meets local dedication, the result is better care for every woman.

Dr Kireki Omanwa, KOGS President and End PPH Initiative Co-Lead, highlighted critical workforce shortages, noting that midwives in referral hospitals may manage up to 60 patients at once, delaying emergency response



Increasing visibility of EPPH agenda

Expanding PPH Advocacy: Linking PPH with Other Women's Health Conditions

Prof Moses Obimbo, the End PPH Initiative Project Lead, represented the PPH Foundation at the University of Nairobi–University of Manitoba STI Collaboratory Meeting held at Serena Hotel Nairobi from 26 to 28 January 2026. The high-level forum convened clinicians, researchers, public health experts, and policymakers under the leadership of University of Nairobi and University of Manitoba to review progress and address gaps in cervical cancer prevention, screening, and treatment.



“Strengthening frontline capacity through structured task shifting, enabling nurses and mid-level providers to support early detection and screening under specialist guidance, will help expand services and protect women's lives”

During the plenary discussion, Prof Obimbo highlighted the critical link between postpartum haemorrhage advocacy and broader women's health challenges, noting that cervical cancer control is integral to reducing maternal morbidity and mortality. He stressed that eliminating cervical cancer must be treated as a moral and public health priority.

While preventive tools such as HPV vaccination, screening, and treatment for precancerous lesions exist, many women still present with advanced disease due to inequitable access. He emphasized strengthening frontline capacity through structured task shifting, enabling nurses and mid-level providers to support early detection and screening under specialist guidance, helping expand services and protect women's lives.



High-Level Roundtable in Advancing AI for Public Good

Emerging technologies are shaping the future of health systems and development across the Global South, making responsible artificial intelligence adoption essential for public benefit. On 30 January 2026, Professor Moses Obimbo participated in a high-level roundtable on advancing Artificial Intelligence for public good at the Trademark Hotel Nairobi. The meeting was convened by the High Commission of India in Nairobi and the Special Envoy of Technology, Government of Kenya, in partnership with Wadhvani AI Global, with support from Qhala, Microsoft, UNDP, and PATH.

The forum provided a peer-level dialogue ahead of the India AI Impact Summit 2026, focusing on practical experiences, implementation challenges, and opportunities for South–South collaboration. Discussions highlighted the role of AI in health, agriculture, education, and public service delivery. Prof Obimbo’s participation reflected the Foundation’s commitment to leveraging emerging technologies to strengthen health systems and promote inclusive, real-world impact.



Fronting cross-disciplinary approaches in Dakar, Senegal

Professor Moses Obimbo had the opportunity of increasing the visibility of the EPPH agenda in the global arena where he presented research on the vaginal microbiome and metabolomics in postpartum haemorrhage at the US–Africa Frontiers of Science, Engineering, and Medicine Symposium held in Dakar from 12 to 14 February 2026, sponsored by the United States National Academies of Sciences, Engineering, and Medicine. He also highlighted ongoing work applying omics, digital technology, and artificial intelligence to strengthen maternal health systems.

He co-chaired the Maternal and Child Health session with Lee C. C. (Brown University), facilitating scientific dialogue among African and U.S. researchers. Session contributors included Bosede Afolabi, Christopher Rees, and Emily Smith. Prof Obimbo presented

The symposium also covered critical minerals, AI for decision-making, bioinformatics, and food security. Participation in this forum expands the Foundation’s global scientific networks and supports evidence-driven progress in maternal and child health.



“ The symposium also covered critical minerals, AI for decision-making, bioinformatics, and food security

Towards the Realization of the PPH School

Preventing postpartum haemorrhage requires more than awareness, but also structured, scalable training for frontline health workers. The Foundation is making steady progress toward establishing the PPH School, a dedicated platform designed to strengthen clinical capacity for the prevention and management of postpartum haemorrhage.

Engagements with the Kenya Ministry of Health are ongoing to secure technical oversight and alignment with national obstetric protocols, quality standards, and maternal health priorities. This collaboration will help embed the initiative within Kenya's health system and support sustainability.

Discussions are also advancing with the Clinton Health Access Initiative to explore potential partnership and sponsorship opportunities to support implementation, resource mobilization, and impact evaluation.

A key innovation in the PPH School is the integration of virtual reality-based simulation training to allow

healthcare providers to practice emergency obstetric scenarios in safe environments, improving clinical readiness, decision-making, and teamwork. The model also presents opportunities for scaling across African countries and medical training institutions.

The PPH School represents a strategic step toward equipping clinicians with skills and confidence to prevent maternal deaths from postpartum haemorrhage.

“Engagements with the Kenya Ministry of Health are ongoing to secure technical oversight and alignment with national obstetric protocols, quality standards, and maternal health priorities”



Image by DC Studio on Freepik

Activities

Forging new partnerships

Safe blood storage can mean the difference between life and death, particularly for mothers experiencing postpartum haemorrhage. Strengthening cold chain systems is therefore not just a technical priority, but a lifesaving one.

In line with this commitment, the Foundation met with the Drop Access team to explore a strategic partnership aimed at enhancing cold chain capacity across our blood initiatives. The discussions focused on the potential integration of Drop Access's IoT-enabled portable solar fridge, an innovation designed to maintain required temperatures in weak and off-grid settings, with remote usage monitoring capability. The solution presents strong potential for use during the Roaming Blood Run Drive and upcoming blood donation campaigns.

The meeting, held on 17th February 2026 at Viken Thirty Industrial Park, identified several collaboration pathways, including co-branding opportunities, product showcases during the Blood Run campaign, integration into blood



storage initiatives, and possible sponsorship engagement. Detailed sponsorship tiers will be shared for review, after which both teams will align on activity calendars and next steps.

This engagement reflects our deliberate effort to onboard partners who strengthen systems and safeguard the blood supply that saves mothers' lives.

Securing Government Commitment on Ending Preventable Maternal Deaths

The Ministry of Health reaffirmed its commitment to ending preventable maternal deaths during the 50th Annual Conference of the Kenya Obstetrical and Gynaecological Society held in February in Mombasa from 9th -13th February 2026. The Director General Dr Patrick Amoth said maternal deaths are largely driven by system failures rather than lack of clinical knowledge, that blood is often unavailable during obstetric emergencies, contributing to deaths from postpartum haemorrhage.

He further noted that public blood donation has improved, with 101,000 pints collected against a target of 80,000. He assured that the government is strengthening national blood transfusion infrastructure and revamping the regional blood transfusion centre in Garissa to improve access for neighbouring counties. To address these gaps, the government is strengthening workforce capacity, commodity supply, equipment availability, and referral systems.



A rapid response initiative will prioritize 26 high-burden counties responsible for more than 60 per cent of maternal and newborn deaths, while the 2026 Basic Obstetric Protocol will guide management of postpartum haemorrhage, sepsis, anaemia, and hypertensive disorders. The government is also reinforcing maternal and perinatal death surveillance and response systems to improve governance and accountability in maternal health care.

Media Advocacy

Amplifying Maternal Health Through Strategic Media Advocacy

In February, the Foundation intensified media advocacy to sustain national attention on maternal and neonatal health, particularly postpartum haemorrhage, a leading cause of maternal deaths in Kenya. Through targeted storytelling and expert commentary, public dialogue on preventable maternal and newborn deaths was strengthened. A TV47 Kenya report highlighted rising postpartum haemorrhage cases in Makueni County, including maternal deaths recorded in December and early January linked to gaps in emergency response, blood availability, and timely treatment.

On Capital FM Kenya, Dr Richard Mogeni authored an opinion piece titled Breaking the Silence on Preventable Stillbirths in Kenya, addressing overlooked neonatal mortality. Additional national coverage appeared in Daily Nation and Citizen Digital, examining governance gaps and maternal health system failures while highlighting emerging solutions such as artificial intelligence and virtual reality applications in maternal care.

These media engagements are strengthening accountability, informing policy discussions, and positioning maternal and neonatal health as national priorities through evidence-based advocacy.



DAILY NATION TUESDAY, FEBRUARY 24, 2026

Maternal health HealthyNation

Technology

Thirty-five per cent of maternal deaths in Kenya are caused by postpartum haemorrhage. Another 22per cent by pre-eclampsia. Now, a University of Nairobi team is fighting back with virtual reality

BY HELLEN SHIKANDA

When we arrive at Human Anatomy and Medical Physiology Department of the University of Nairobi a few minutes past 11am. Medical students in white lab coats stride through the halls, moving to and fro from class, though the corridors are quiet. We are here to meet Prof Moses Obimbo, chairperson of the Human Anatomy department, for an interview. He is about to give us an immersive look at a technology poised to transform how doctors are trained and retained in Kenya: virtual reality (VR).

While new to Kenya, the technology is being used for medical education in countries such as the United States, the United Kingdom, several European nations, Canada, India, South Korea, among others.

When we enter the department's boardroom, Prof Obimbo hands my colleague and I headset and a VR cursor. The equipment is white, similar to the kind you might have seen used for gaming. The word 'VRIMS' is printed on it, short for Virtual Reality in Medicine and Surgery.

After helping us set it up, he advises us not to move around. The device, he explains, has built-in boundaries that also serve as a safety feature. Anytime you step beyond them, you lose the ongoing session.

I've been in the operating theatre before, covering real-life surgeries. But this is different. The session features pre-recorded videos of real patients in an actual operating theatre. I choose to watch craniotomy surgery the surgical removal of part of the skull to expose the brain. Using the cursor, I zoom in to observe every detail. Everything is in three dimensions.

When I look up, I see the surgical lights directly above me. Camera capture the procedure from multiple angles. A senior surgeon, the one performing the operation, explains each step in detail. The sound is clear. I have no trouble identifying which part of the body is being incised. I hear clearly as he requests instruments during the surgery. I watch him extract something from the head, then carefully stitch it back up, all while describing his actions.

The images have stayed with me to this day; I can recount the process step by step. Prof Obimbo and his team from the End Post-Partum Haemorrhage Initiative are now introducing this tool to help retain experienced doctors in managing excessive bleeding during childbirth.

This condition is called postpartum haemorrhage (PPH). Last year, the World Health Organization updated its guidelines, recommending early intervention for PPH when blood loss reaches 300 millilitres or if vital signs become abnormal: moving away from the traditional 500 millilitres threshold. PPH remains the leading cause of maternal deaths in Kenya.

Prof Obimbo notes that while managing such cases is taught in medical school, skills



Kenyan doctors turn to virtual reality to slash maternal deaths

can decay if doctors are not regularly exposed to these emergencies.

How does this work?

Virtual Reality (VR) and Extended Reality (XR) create immersive, high-fidelity environment for life-threatening emergencies such as PPH and pre-eclampsia. These technologies allow healthcare providers to repeatedly practise rare but critical scenarios in a safe environment, without putting real patients at risk.

"It is like what pilots do during simulation training," Prof Obimbo explains. "You realise that accidents in the air industry are not frequent, and the reason for that is regular training. Pilots are always prepared on how to navigate turbulence, bad weather or stormy conditions."

In medicine, he notes, doctors often rely on a patient presenting with a complication for them to respond. If they haven't performed a procedure in a while, there is a real chance they might fumble.

VR and XR can simulate escalating blood loss, hypertensive crises, or seizure events with real-time feedback, reinforcing rapid recognition, protocol adherence, and teamwork. They use a system called metaverse, which is the convergence of physical and virtual space accessed through computers and enabled by immersive technologies.

Prof Obimbo explains that unlike traditional didactic lectures, immersive training recreates the urgency and cognitive load of real emergencies, strengthening decision-making under pressure.

"Knowing the protocol is not the same as executing it under pressure," he says. "One content is developed in one centre, VR and XR can democratise its access and make them accessible to peripheral centres without actual simulation labs. Teams can therefore rehearse coordinated responses, refine communication, and build muscle memory."

"Repetition reduces knowledge or skill decay; immersive practice improves retention; structured digital modules ensure standardised quality across settings," he says.

About 35 per cent of maternal deaths in Kenya resulting from pregnancy-related complications are caused by postpartum haemorrhage, while 22 per cent are due to pre-eclampsia. Together, they are the leading causes of maternal mortality in the country.

Special modules

"If you tackle the first two, then you are able to reduce almost 60 per cent of maternal deaths," Prof Obimbo says.

He and his team have developed specific modules for PPH that can be used by healthcare providers dealing with maternal health, from community health promoters and midwives to medical officers and consultant gynaecologists. The modules, he explains, have been curated to address the challenges commonly experienced across Africa.

He goes on to explain that there is also an augmented reality component to the technology. This means that trainees can use the

University of Nairobi's Human Anatomy and Medical Physiology Department Chairman, Prof Moses Obimbo, during the interview at the institution on February 17. PHOTOS: ILLUSTRATION BY WANJIRU

cursor to select virtual tools and practise performing actual surgical procedures they may never have encountered.

"If you have a patient with a tear, for example one of the causes of postpartum haemorrhage, the system will show you how to identify the tear, how to place the stitches, and how to ensure you stop the bleeding," he explains.

The initiative will work with a team from the United Kingdom digital firms, which will help introduce this digital model of virtual and augmented reality and assist in developing the content. The goal is to establish something akin to a PPH school, structured as a Continuing Professional Development programme.

"Our initial target is consultants, medical officers, and midwives," Prof Obimbo says. "The team is also working with the government. In partnership with the Kenya Obstetrics and Gynaecology Society during its conference in Mombasa last week they have since integrated the Basic Obstetric Protocols into their curriculum."

They plan to launch the school by April. The initial idea is to have interested clinicians join the school free of charge as the founders are seeking funding to cover the training costs.

The content will have basic information step-by-step on what to do in case of an obstetric emergency and building up to a final module on team leadership.

"Team leadership is so important. If you do not provide good leadership in clinical care service, you cannot achieve excellence and quality," says Prof Obimbo.

An analysis published in the journal *Multimedial Technologies and Interaction* shows that virtual reality has emerged as an effective educational tool capable of enriching and transforming health sciences education, including healthcare, nursing, and medical training.

"Increased learning outcomes in areas such as performance, engagement, clinical skills development, knowledge acquisition, critical thinking, and decision-making are observed," shows the study.

However, it also notes a limitation: a small number of students reported adverse effects, including blurred vision, dizziness, and headaches.

Another study, published in the scientific journal *Frontiers of Digital Health*, recommends that as virtual reality and augmented reality technologies become more entrenched in the educational landscape, it is crucial to navigate the accompanying ethical considerations and privacy concerns surrounding patients.

"Subsequent research should rigorously examine these aspects, with a particular focus on the ethical handling of simulated patient data and the implications of using such technologies in student evaluation and training," the study states.

Dr Loise Nyanjau, maternal lead at the Health ministry says the government is highly receptive to high-impact research and has a long-standing history of adopting evidence-based findings into national policies such as PPH prevention and management interventions developed in collaboration with the University of Nairobi.

"Regarding the pilot programme by the End Postpartum Haemorrhage Initiative, the Ministry regards VR as a promising resource for clinical capacity building," she says.

She adds that the ministry continues to operationalise the Digital Health Act and professional guidelines, pathways for such innovative technology-based simulation-based training to be integrated into Continuing Professional Development mechanisms for healthcare providers.

"The ministry actively encourages robust local clinical trials and implementation research on VR training modality to build a strong evidence base that informs national health outcomes. Once implementation research from this pilot provides a robust evidence base, the Ministry of Health welcomes the dissemination of findings to all stakeholders."

Through targeted storytelling and expert commentary, public dialogue on preventable maternal and newborn deaths was strengthened

Consolidating partnership with the Scouts, and Girl Guides Associations

The PPH Foundation has finalized a Memorandum of Understanding with the Scouts Association to collaborate over the next three years. Dr Kireki Omanwa, a Co-Lead of the PPH Foundation, met with the Director of the Boys Scouts Association and the Executive Officer of the Girl Guides Association in February, 2026, where they agreed to collaborate on advocacy by developing content for scouts and girl guides.

They also agreed to create a badge for those who will complete PPH awareness classes. The directors assured that over 5,000 young people who are scouts and girl guides will participate in the upcoming 3rd PPH Run.

The PPH Foundation had earlier visited the two associations to thank them for their participation in the 2nd PPH Run, where scouts and girl guides drawn from different parts of the country took part in the run at Ulinzi Sports Ground and in five other counties across the country.

“Engagements with the Kenya Ministry of Health are ongoing to secure technical oversight and alignment with national obstetric protocols, quality standards, and maternal health priorities



Science Corner

The Microbiome and Postpartum Hemorrhage

By Prof Moses Obimbo



Image by pikisuperstar on Freepik

During pregnancy and childbirth, inflammatory changes linked to dysbiosis may influence uterine function

The human microbiome—particularly in the gut and vagina—plays a vital role in maintaining health and preventing disease. The gut microbiome is dynamic, constantly adapting to diet, environment, and hormonal changes. In contrast, the vaginal microbiome is typically more stable and is dominated by the *Lactobacillus* spp that help maintain an optimal vaginal environment.

Disruption of this balance, known as dysbiosis, can trigger local and systemic immune responses, including inflammation. During pregnancy and childbirth, inflammatory changes linked to dysbiosis may influence uterine function. In some cases, this may contribute to uterine atony, which is a leading cause of postpartum hemorrhage (PPH).

In the postpartum period, microbiome imbalance may also increase susceptibility to infections such as endometritis. Uterine infection and inflammation can further impair uterine contraction and healing, potentially increasing the risk of secondary PPH. Ongoing research continues to explore the complex relationship between the microbiome, inflammation, and maternal outcomes.

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Closing Remarks



Issue 005 reflects momentum in motion. From global scientific platforms in Dakar to national policy dialogues, from strengthening blood systems to advancing the PPH School and virtual reality training, this edition captures a movement that is no longer theoretical, but operational.

The message across every page is consistent, preparedness saves lives. Systems save lives. Collaboration saves lives.

As we champion safe motherhood through knowledge and action, we move deliberately toward a future where postpartum haemorrhage is no longer a crisis headline, but a preventable condition within a responsive, accountable health system.



PPH Foundations Partners

