Providing quality health care to a woman or baby who needs it requires a complex web of organizations, individuals, processes, and actions that, together, make up a health system. When the health system doesn’t work well, women and their families have nowhere else to turn. When it does, more women and children survive and thrive. MSH collaborates with countries and communities to build strong, resilient, sustainable health systems that support universal health coverage—equitable, affordable access to high-quality health services for every woman and child who needs them.
MSH brings a unique systems perspective to sustainably improve the health of women and newborns. Working at every level of the health system and across the public and private sectors, we support national and local partners in developing integrated, equitable, people-centered health systems that work.

**Strengthening leadership, management, and governance.**
Because better health system performance begins with inspired and inspiring leadership, sound management, and consistent, transparent governance, MSH strengthens the capacity of health leaders and managers at every level to motivate staff, improve service quality, use data to make good decisions, and correctly implement interventions that improve maternal and newborn health outcomes. And we help communities mobilize and empower themselves to hold the health system accountable for providing high-quality, people-centered care.

**Supporting sustainable health financing.**
In a well-financed health system, budgets are based on real community needs and actual service costs, health workers get paid on time, and medicines and services are available to the women and babies who need them. User fees for pregnancy care, delivery, and essential newborn care are eliminated or cut to affordable levels; insurance or prepayment plans prevent out-of-pocket costs from devastating families; and midwives and other health workers are incentivized to deliver higher-quality care and meet performance goals. MSH helps countries mobilize resources for health, and spend them more efficiently; make health budgets more transparent; and develop innovative results-based financing and health insurance programs that motivate health workers and make services accessible to the poorest and most vulnerable.

**Improving quality of care.**
Midwives and other frontline health workers face extraordinary demands, and often receive minimal support. MSH improves the quality of maternal and newborn care by driving structural and management changes addressing staff performance, supervision, working conditions, motivation, and morale, using mentoring and coaching approaches that are more effective than simple clinical training for introducing and reinforcing positive practices. We strengthen the ability of actors at all levels of the health system to lead quality improvement, translate evidence into action, learn from both successes and failures, and foster innovation and experimentation in redesigning health services to provide integrated, people-centered care. And MSH supports governments in designing evidence-based policies, norms, and guidelines that reflect up-to-date standards of high-quality care for women and newborns.

**Implementing proven interventions at scale.**
From new models of facility- and community-based care to results-based financing, from quality improvement to data management, MSH and our partners adapt innovations to new contexts, test new models, and implement proven interventions for population-level impact. Instead of pursuing innovation for its own sake, MSH links every new approach to the specific needs of women, children, and communities. We meticulously capture and analyze data in sophisticated, user-friendly health information systems to ensure that scaled-up services are responsive to needs, results are reported accurately, and implementation is adapted based on experience.

For more information about MSH’s work on maternal and newborn health, contact Kate Ramsey, kramsey@msh.org.