2026 Impact Report

HEALTH WORKERS SAVE LIVES

Seed GLOBAL HEALTH



Dr Olivetta Shamitta, a paediatric resident doctor, attends to a child at the Kamuzu Central Hospital.



Contents



Students enrolled in Sierra Leone's Direct Entry to Midwifery program at the School of Midwifery Kenema following a lecture.

Executive Letter & Overview 3

By the Numbers 4

The Challenge 6

Who We Are 7

Our Program Model 8

Malawi: Strengthening a System That Works at Every Level 9

Uganda: Building a Responsive Health System 14

Sierra Leone: Building a National Midwifery Workforce to Save Mothers and Newborns 19

Zambia: Strengthening the Health System through Workforce Development 23

Point-of-Care Ultrasound 29

Policy and Advocacy 30

Financials at a Glance 33

Our Philanthropic Partners 34

A Global Team. Country Led. 35

Dear Friends & Partners,

This was the year disruptions to global health tested every assumption on which we had relied.

Long-standing funding models shifted. Budgets tightened. Countries were asked to meet rising health needs with fewer resources than ever. Yet amid this uncertainty, one truth held: strong health systems are built by people.

They are built by the midwife who manages a hemorrhage with a confident, steady hand. By the family medicine physician who brings advanced diagnostics once reserved for referral hospitals into a rural clinic. By the neonatal specialist who trains the next generation to recognize a newborn in distress before it is too late. And they are sustained by governments willing to invest in the workforce and institutions that keep delivering high-quality care long after any single grant or program ends.

For nearly 15 years, Seed has partnered with ministries of health, universities, and teaching hospitals to strengthen national health systems from within, not by building around them, but by expanding what they can already do: educate, deploy, and retain the health workers their communities need.

This year, that work translated into results our 2026 Impact Report lays out in detail. Maternal mortality from direct obstetric complications fell **19%**. Deaths from hemorrhage fell by **41%** and deaths from sepsis fell by **32%**. Newborn mortality fell by **20%** across nearly three-quarters of Seed supported facilities. And even as the number of patients we served increased by **46%**, more health workers than ever gained access to specialized education and mentorship. (2025 results compared with the 2024 baseline.)

Behind every one of those numbers is a person: a mother who returned home to her family, a newborn given a healthier start in life, a clinician better equipped to serve her community.

Most importantly, this work lasts. Governments are integrating new training programs into their universities, expanding specialist education, and treating the health workforce as a cornerstone of national infrastructure, not as a line item that depends on outside funding. As global health enters a new chapter, our conviction has only sharpened: the future belongs to health systems that are nationally led and built on a skilled, supported workforce. With our partners, we are building that future now.

With gratitude,





Vanessa Kerry, MD, MSc
CEO and Co-Founder

Andrew C. Musoke, MSc
Chief Operating Officer

By the Numbers



Dr. Jesca Nakibuuka, head of the neonatology department at the Mulago Specialized Women and Neonatal Hospital in Kampala, Uganda.

Building stronger health systems starts with health workers



Trained

12,300+

actively practicing doctors, nurses, and midwives

Graduated

930+

new doctors, nurses, and midwives



Provided care to

619,000+

patients, while students learned at the bedside

Improved quality of care at

31

health facilities



108 Million

Catchment population of Seed-supported health facilities

All data within this report is from 2025 in comparison to 2024, unless specified otherwise.

Maternal, newborn, and child health



Decreased maternal deaths caused by direct obstetric complications by

19%

Accompanied nearly

100,000

births, often managing complex obstetric emergencies

Deaths from hemorrhage fell by **41%**

Deaths from sepsis fell by **32%**

Reduced newborn mortality by

20%

at across nearly three-quarters of Seed supported facilities

Primary health care



Increased number of patients seen at Seed facilities by

46%

suggesting earlier care-seeking, improved access to care, and greater trust in the health system

Seed-supported family medicine residents managed

270,000+

outpatient consultations

Patients who received management according to national clinical guidelines:

92% of those diagnosed with diabetes

81% with sepsis

92% with hypertension

Emergency care



24-hour mortality declined by

39%

at Mbarara Hospital (Uganda), despite increasing emergency admissions

The Challenge



Khadijjah Kantono feeds her newborn at home in Butebo village, nearly 40km from Mbale. Her ninth childbirth nearly cost her life, but timely intervention and skilled care from health workers at Butebo Health Centre IV helped save her.

Millions of people still lack access to skilled health workers across Africa.

Across sub-Saharan Africa, people often reach a health facility only to find that no trained clinician is available to treat them. Health facilities are overwhelmed by demand but face a severe shortage of doctors, nurses, and midwives. Without a strong health workforce, even the best medicines, equipment, and programs cannot save lives.



Over the past decade, investments in community health have helped more patients reach health facilities across Africa. But access alone is not enough. Too many hospitals and clinics still lack the trained providers needed to deliver quality care. In Sierra Leone, for example, fewer than ten OB/GYNs serve nearly nine million people.

Closing this gap in skilled care is where Seed Global Health focuses. We partner with governments, health facilities, and training institutions to train and support the next generation of doctors, nurses, and midwives where they are needed most.

Health Workers Drive Broader Gains

Studies show investing in health workers can generate up to a **10:1 return** through lives saved, stronger economies, and more resilient health systems.

~1.6 billion people live on the African continent, the fastest growing population globally *(World Population Review)*

24% of the global disease burden is in Africa, but just **4%** of the world health workforce is there to manage it *(WHO)*

8 million deaths each year in low and middle-income countries could be prevented with better quality care *(WHO)*

Who We Are

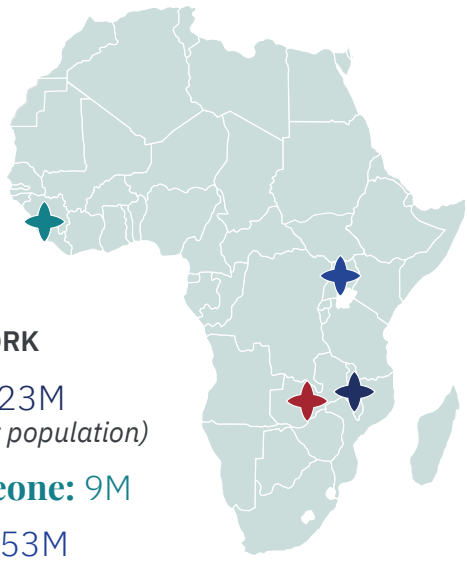
Building the health workforce where it is needed most

Seed Global Health trains the next generation of midwives, nurses, and doctors while strengthening the health systems where they serve. By working alongside governments, universities, and public health facilities, Seed improves clinical training, strengthens patient care, and builds the health workforce countries need for the future.

Seed Global Health focuses on strengthening the areas of care where skilled providers are most urgently needed:

- **Maternal, Newborn, and Child Health**
- **Primary Care**
- **Emergency Care**

These priorities reflect the needs identified by our government partners and represent some of the most effective opportunities to improve health outcomes across the continent.



WHERE WE WORK

- **Malawi:** 23M *(catchment population)*
- **Sierra Leone:** 9M
- **Uganda:** 53M
- **Zambia:** 22M

Each country partnership focuses on:

- **Strengthening** health worker training
- **Improving** clinical care in high-volume hospitals and health centers
- **Building** national capacity to sustain these programs long term

How health systems change — today, tomorrow, and generationally

Our integrated model delivers results across time:

Today
Care improves in the very hospitals where training occurs. Morbidity and mortality begin to fall as clinical quality rises.

Tomorrow
Newly trained health workers enter the workforce skilled, confident, and ready to save lives.

For Generations
Graduates become faculty, mentors, and leaders who expand care access, shape national specialties, and strengthen resilient health systems and economies.

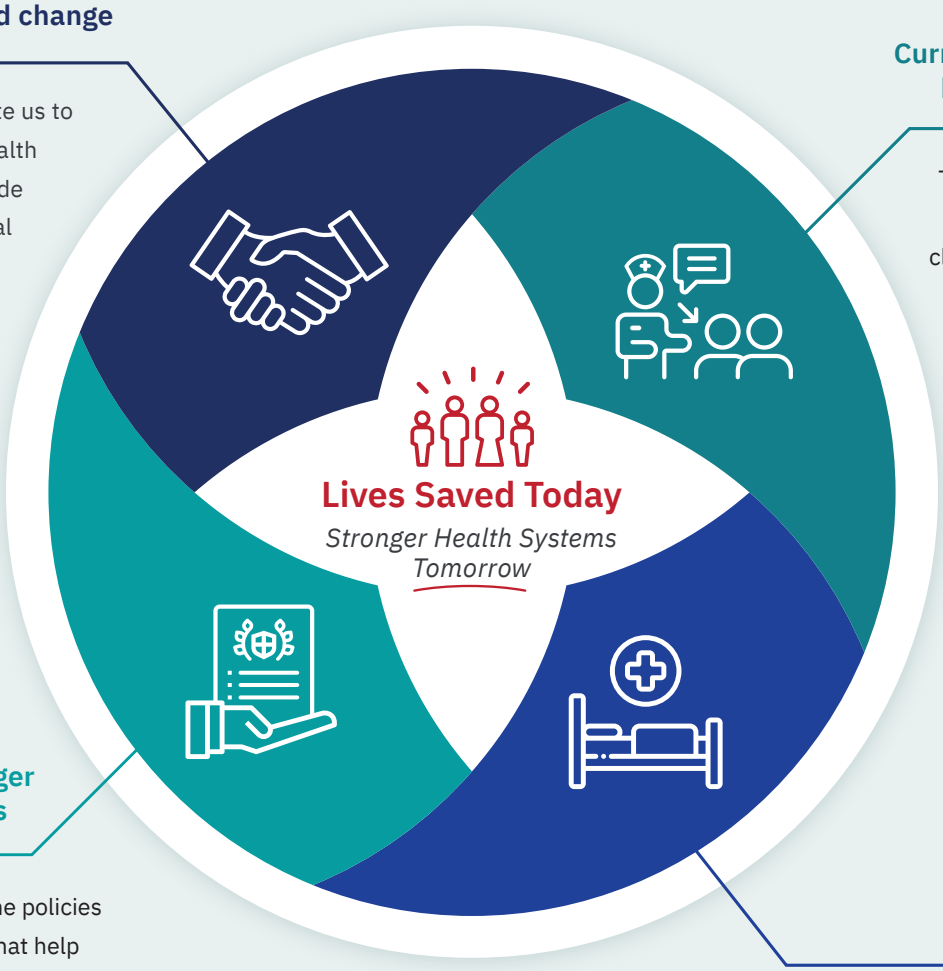
Our Program Model

1
Partner
For country-led change

Governments invite us to strengthen the health workforce alongside health professional schools, universities, hospitals, and clinics.

2
Educate
Current and future health workers

Through classroom learning, hands-on clinical training, and mentorship, we strengthen health worker skills, knowledge, and leadership.



3
Improve Care
In health facilities

We sharpen how care is led, taught, and delivered at the bedside, bridging the gap between education and practice to improve patient outcomes and save lives.

4
Sustain Progress
Through stronger health systems

We advocate for the policies and investments that help countries build, support, and retain the health workforce for generations to come.

Malawi: Strengthening a System That Works at Every Level



POPULATION

23 Million

FOCUS

Maternal, newborn, and child health; primary health care



From L to R: Naomi Meke, Elyvin Tembo and Martha Antonio, senior paediatrics nurses at the Kamuzu Central Hospital.

Malawi has fewer than one physician and five midwives per 10,000 people, making it one of the most constrained health workforces in the world.

As more women seek facility-based deliveries and communities demand care earlier in the course of illness, that workforce is being asked to deliver more. In severely overcrowded and understaffed public hospitals, many people die of preventable causes.

Seed works within Malawi's public health system to change that dynamic: training the next generation of health care providers, strengthening those already in the system, integrating care across services, and building a health system that holds — from primary health centers to the country's largest referral hospitals.



Esther Chapasuka, a midwife checks the baby's growth and position during an antenatal examination at Limbe Health Centre in Blantyre.

Maternal, newborn, and child health: Skilled health workers are transforming care

In Malawi, approximately 224 women die for every 100,000 live births—almost three times the global average. Nearly one in every 53 newborns does not survive its first month of life.

Behind those numbers is a pattern: hemorrhage, sepsis, obstructed labor, and neonatal distress, which are conditions that escalate in minutes. With a skilled provider present, they are also survivable. The gap between dying and living is not a question of medical complexity. It is a question of who is in the room, what they know how to do, and whether the system supports them to respond in time.

Seed's approach improves the capability of providers and the performance of the system simultaneously.

- Since the start of Seed interventions, we supported the graduation of nearly

2,700

doctors, nurses, and midwives



and strengthened the skills of

1,730

in-service health workers

through competency-based training

MALAWI OUTCOMES

- **Institutional newborn mortality ratio**

declined by

10%



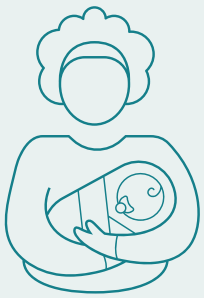
at Seed-supported facilities

- **Number of births**

at Seed-supported facilities increased by about

4%





Why outcomes improved

- Stronger management of complex cases, including referrals
- Better processes for triage and faster response to emergencies, including sepsis and asphyxia
- Quality improvement initiatives strengthened antenatal, intrapartum, and postpartum care

LIMBE HEALTH CENTER

A midwifery model that's changing Malawi

- Delivered more than **5,000** babies
- Treated **570** women for life-threatening obstetric complications
- **Zero** maternal deaths over the past two years



Every year, Limbe Health Center in Blantyre serves over 85,000 people across southern Malawi. The facility provides a range of services, including sexual and reproductive health, children's immunization, HIV treatment, emergency services, and care for illnesses such as malaria.

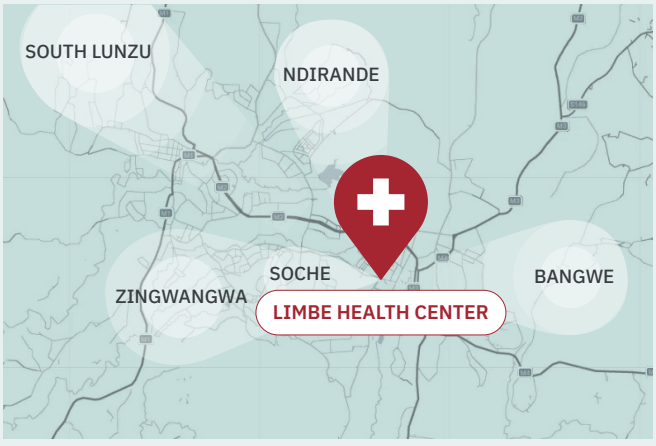
Yet the excellent delivery of maternal care stands out the most at Limbe.

Respectful maternity care builds trust and improves outcomes

At the heart of Seed's unique midwifery model of care is a commitment to respectful maternity care. Women are greeted, informed, and supported throughout their care. Communication is prioritized, privacy is protected, and providers involve women in decisions about their care.

Seed supported the creation of cubicles where women can labor with dignity, privacy, and a companion.

Women are choosing to come to Limbe because of its reputation for outstanding care





A group of nurses and midwives at Limbe Health Centre. They are responsible for zero maternal deaths over two years.

"When I got to Limbe (to deliver my baby), I was given a warm welcome by the midwives who assessed me promptly ... I felt like the midwife was fully attentive to me so much so that when I left that day, I recommended her to some friends from my area."

– A mother who gave birth to her second child, a girl, at Limbe Health Center

Limbe has built a strong reputation for high quality and respectful care. Many travel from as many as 20 kilometers for maternity care at Limbe. Crucially, they are arriving earlier in labor, before complications escalate, giving providers time to act.

There is a direct relationship between trust and outcomes. When patients trust the system, they engage with it earlier, and outcomes improve. The success at Limbe is informing national discussions on how to scale midwifery-led patient-centered care models. With support from partners including the Beginnings Fund, this model is scaling up to **12 new facilities** across Malawi.



Yankho Godia, a midwife, cares for a distressed newborn at the Chatinkha Labor Ward at Queen Elizabeth Central Hospital in Blantyre.

Excellence spreads when referral hospitals become training centers

Facilities like Limbe don't operate in isolation. Limbe is one part of a coordinated system that includes strong referral pathways to high-volume facilities like Queen Elizabeth Central Hospital, where Seed, with support from Abbott and Takeda, is partnering with the Kamuzu University of Health Sciences to establish a center of excellence in maternal and newborn care for the region.

Queen Elizabeth Central Hospital handles some of the country's most complex cases. There, Seed and Kamuzu University of Health Sciences are strengthening high-quality care while training the next generation of obstetricians and gynecologists, neonatologists, pediatricians, and critical care nurses. The goal is not only to improve outcomes at Queen Elizabeth itself, but to create a model of excellence that can influence care across the entire health system. A strengthened Queen Elizabeth Central Hospital becomes more than a referral hospital; it is one at which providers from across Malawi can train, learn, and bring improved practices back to their own facilities.

Through Seed's training and embedded bedside mentorship, providers have strengthened their ability to recognize early warning signs and refer patients before complications escalate. In Blantyre, at Chatinkha Maternity, which is part of Queen Elizabeth Central Hospital and is one of southern Africa's busiest maternity wards, Seed-supported training reached every level of the workforce. The result: death from obstetric hemorrhage, the leading cause of maternal mortality worldwide according to the World Health Organization, fell by nearly half.

Training Saves Lives at Chatinkha:

- Trained **12** specialist physicians (OB/GYN, pediatrics and child health, family medicine)
- **187** health workers completed in-service training
- Supported delivery of care for more than **10,000** births

Decreased maternal deaths due to obstetric hemorrhage by 60%

Integrated health services: One visit. Better care.

Beyond maternal health, Malawi has long faced a structural barrier to effective primary care: fragmentation. Patients navigated multiple clinics on different days for HIV care, diabetes treatment, antenatal services, and child health—a system that created inefficiencies, delayed diagnosis, and reduced opportunities for early intervention. Seed partnered with district and facility teams in Rumphi and Nkhotakota to train providers to screen, diagnose, and manage multiple conditions in one visit.

This streamlined model has been implemented across 14 facilities, serving a total of 800,000+ people.

Health workers now can provide care across eight different clinical programs during a single patient's visit. For example, chronic care (HIV, diabetes, hypertension, mental health) and reproductive, maternal, and child health can all be provided on the same day.



Dr. Samuel Meja (left), an obstetrics and gynaecology lecturer at KUHeS, trains medical residents on using an ultrasound scanner during an examination of a pregnant woman at Queen Elizabeth Central Hospital.



Dr. Tiyanjane Chitani, a paediatric resident doctor, attends to a child at the Kamuzu Central Hospital.

The lessons are informing the Ministry of Health's plan to scale integrated, patient-centered care nationwide, anchored by the family medicine physicians who Seed has trained to lead it. What makes this progress durable is how it was built: aligned with government priorities, embedded in national institutions, and owned by the Government of Malawi.

Seed's policy engagement has complemented these efforts by helping ensure that financing discussions support the delivery of national health priorities. Throughout 2025, Seed contributed to the Ministry of Health's Health Financing Technical Working Group, broader macroeconomic policy discussions, and national health budget advocacy, while engaging the World Bank and other partners on resource mobilization for maternal and newborn health and health systems strengthening.

These efforts have reinforced the link between financing decisions and the workforce and service delivery investments needed to scale integrated, patient-centered care.

Uganda: Building a Responsive Health System



POPULATION

53 Million

FOCUS

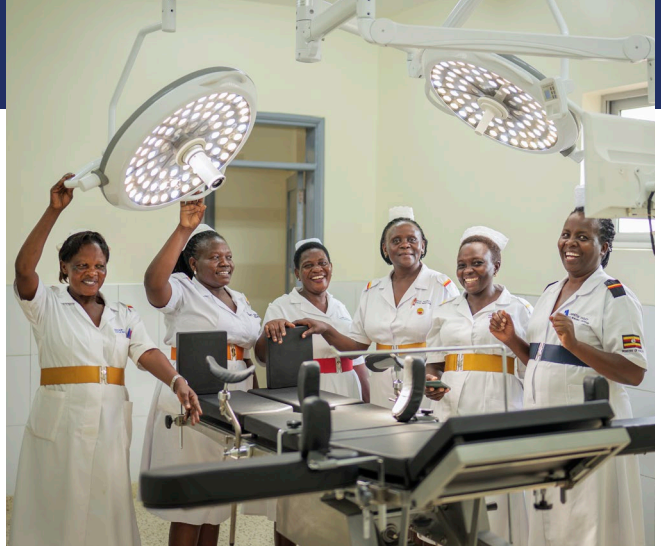
Maternal, newborn, and child health; emergency care



Sister Violet Chemutai, Deputy Senior Nursing Officer, attends to a patient in the delivery unit at Mbale Regional Referral Hospital.

Uganda's health system is grappling with growing demand for emergency, maternal, and newborn care, rising rates of chronic disease, and increasing public health threats. More patients are seeking care earlier and presenting with increasingly complex conditions.

Seed works with the government of Uganda to strengthen systems that determine whether patients receive timely high-quality care. We focus on workforce development in emergency medicine and maternal, newborn, and child health care.



Midwives at Mbale Regional Referral Hospital stand in the newly commissioned obstetrics theatre, a space that was supported by Seed to help give mothers in distress faster access to lifesaving care.

Maternal and newborn health: Better care is reaching more mothers and newborns

Over the past 20 years, Uganda has made significant progress expanding access to care. Approximately 86 percent of women now deliver in health facilities. Yet only 48 percent of women deliver in one that met readiness criteria for childbirth, and just 14 percent receive the full package of essential interventions during childbirth.

The leading causes of maternal and newborn mortality, including hemorrhage, hypertensive disorders, sepsis, birth asphyxia, and prematurity, are preventable with skilled providers and responsive systems.

UGANDA OUTCOMES

- Seed's reach extends to all of Uganda's **146 districts**
- Trained more than **9,700 in-service health workers**
- Reduced institutional **maternal mortality by 23%** across 3 maternity wards and 3 tertiary-level facilities
- With Seed's support, Uganda has **twice as many neonatologists**

Seed's approach integrates

- **Pre-service education**, ensuring new providers are trained to manage complications
- **In-service mentorship**, reinforcing skills in real-time clinical settings
- **Simulation-based training**, allowing providers to practice high-risk scenarios
- **System strengthening**, including referral systems, data use, and facility readiness



Uganda's first locally trained neonatology specialists at graduation.

Uganda doubled its number of neonatologists

Uganda reached a major milestone by doubling the number of practicing neonatologists in the country. Through Seed Global Health's partnership with the Ministry of Health and Makerere University, the nation's first cohort of five locally trained neonatologists graduated, increasing the country's specialist workforce from five neonatologists to ten.

While the need remains significant, this milestone is an important investment in Uganda's capacity to provide advanced care for its sickest and smallest people.

The graduates completed Uganda's first locally accredited fellowship in neonatology, established through a partnership among the Ministry of Health, Makerere University, and Seed Global Health. The fellowship was designed not only to train specialists, but also to build a sustainable, locally led pipeline of expertise. Graduates are strengthening newborn intensive care services, mentoring frontline health workers, improving clinical protocols, and expanding access to specialized newborn care across the country.

In partnership with Makerere and Uganda Martyrs Universities, Seed is supporting Uganda's first postgraduate diploma in neonatal nursing, creating a cadre of highly trained nurses to work alongside neonatologists. These efforts are strengthening specialized teams needed to save lives and ensure that high-quality care is available for more Ugandan families.

MBALE REGIONAL REFERRAL HOSPITAL

Reducing maternal deaths by almost half

- Reduced maternal mortality by **47%**
- Reduced newborn mortality by **20%**
- Added **two** new obstetric operating theaters: one in Lira and one in Mbale

Serving more than four million people, Mbale is one of Uganda's busiest referral hospitals. It manages a high volume of deliveries, including complex and high-risk cases. Through investments in mentorship, referral systems, quality improvement, and expanded surgical capacity, the hospital has seen significant improvements in maternal and newborn health outcomes.

Earlier referrals are saving lives

Seed strengthened transfers between facilities by supporting pre-referral communication systems that allow receiving hospitals to anticipate and prepare for patients.

Providers receive ongoing mentorship and simulation-based training to help them identify complications earlier and make decisions faster. In many cases, delays in care are caused by system constraints. At Mbale, limited access to blood and other essential supplies was a major contributor to high-risk referrals and delayed treatment. Seed worked with partners to improve the availability of blood and emergency supplies, reducing unnecessary transfers and enabling treatment to begin earlier. At the same time, one of the most significant structural improvements was the expansion of surgical capacity.

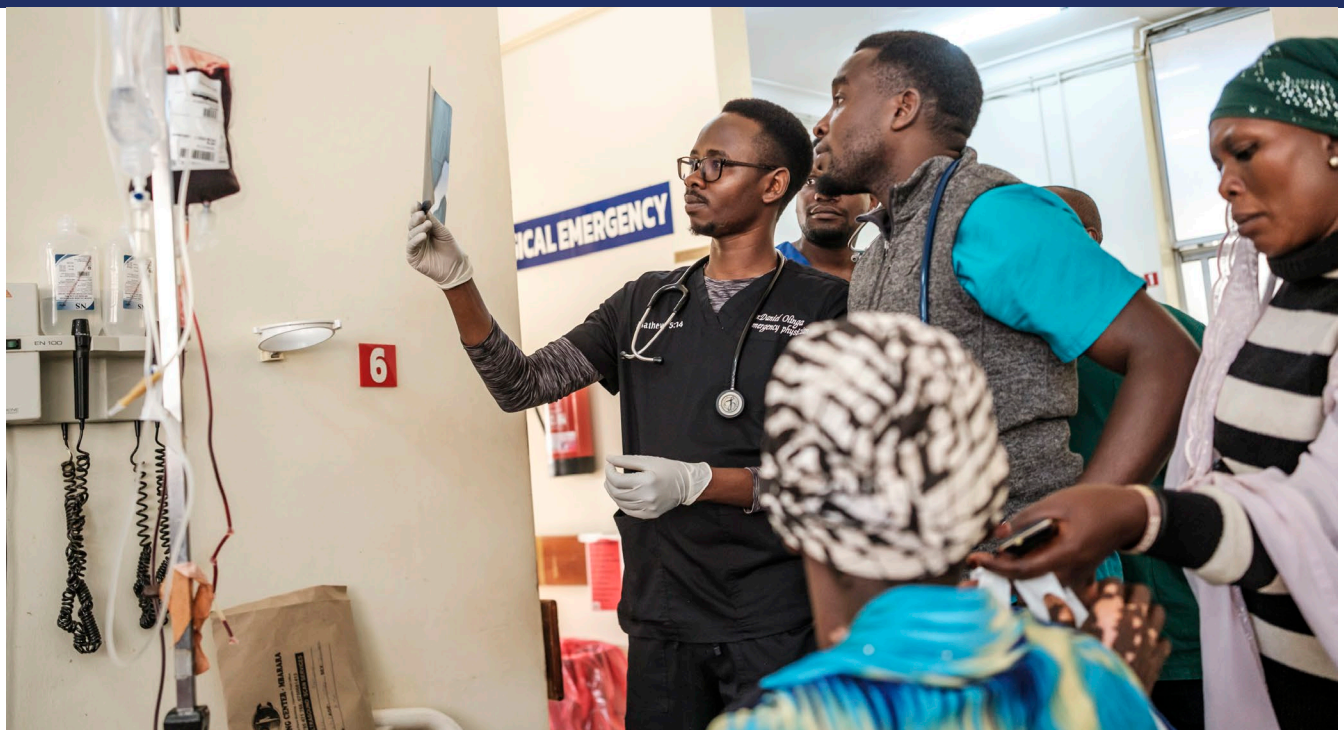
Seed supported the construction of another obstetric operating theater, effectively doubling the hospital's capacity to perform emergency surgeries. This diminishes what is often referred to as the "third delay:" the time from decision to incision. Increasing operating space, improving equipment readiness, and strengthening surgical teams reduce delays for life-saving procedures such as cesarean sections.



Sister Edith Kamishija, a midwife, helps a mother with a newborn at Mbale Regional Referral Hospital.

Mbale demonstrates how integrated investments in workforce, systems, and infrastructure can improve outcomes.

Seed also supported the Ministry of Health and WHO through Uganda's National Health Workforce Accounts process, helping to identify and fill critical workforce gaps from shortages of midwives, anesthesiologists, and emergency physicians to limited district-level and private-sector workforce data. These insights will help workforce investments be guided by both national evidence and frontline experience. As Uganda prioritizes the recruitment of 900 additional midwives, Seed is also helping Parliament and the Ministry of Finance align workforce expansion with broader health system strengthening.



Dr. Daniel Olinga holds an x-ray of a patient at the emergency unit of the Mbarara Regional Referral Hospital.

Emergency care is becoming a national system

Emergency care in Uganda was once largely unstructured. Patients were often seen in the order they arrived, rather than based on clinical urgency. This led to care delays for critical cases. Providers worked under pressure without protocols, and outcomes varied significantly depending on timing and available expertise. Through partnerships with Makerere and Mbarara University of Science and Technology, Seed supported the establishment and expansion of Uganda's first post-graduate emergency medicine training programs. These programs have created a growing cadre of specialists equipped to lead emergency care systems.

- Managed **10,000+** emergency cases
- Trained **30+** emergency medicine specialists
- **50+** physicians currently in training



Mbarara Regional Referral Hospital

At Mbarara Regional Referral Hospital, structured triage systems have transformed emergency care.



- Increased triage coverage from ~15% to **~90%**
- Decreased 24-hour mortality by **39%** despite increasing emergency admissions

Designed to last

What distinguishes Uganda's progress is not only the results, but how they are achieved. Training programs are aligned with national priorities. Emergency medicine is becoming institutionalized as a specialty. Maternal and newborn care are strengthened through integrated approaches, and technology is extending knowledge across the country. Seed's program model ensures that investments are embedded within public institutions and guided by national leadership.

Sierra Leone: Building a National Midwifery Workforce to Save Mothers and Newborns



POPULATION

9 Million

FOCUS

Maternal, newborn, and child health



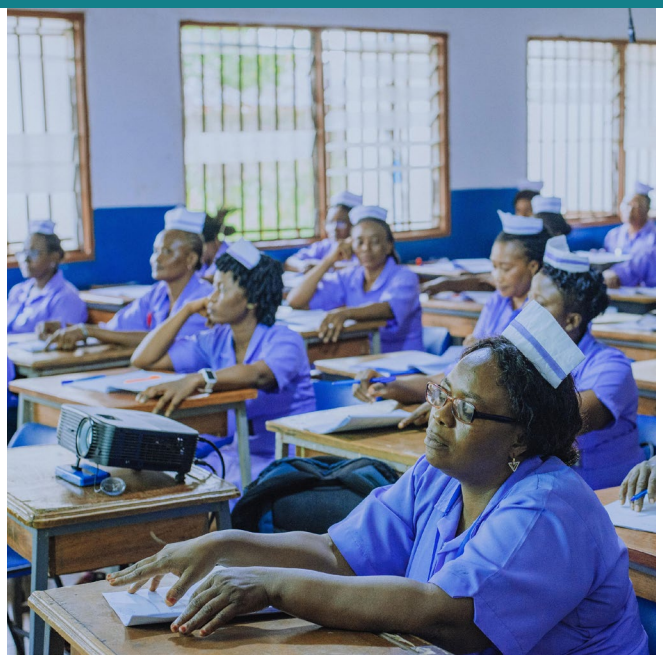
Sister Cecilia Massaquoi, a midwife educator at School of Midwifery Makeni, teaches students using the models from the skills lab.

Sierra Leone has one of the highest maternal mortality burdens in the world. Yet fewer than 500 practicing midwives serve the country's approximately nine million people. As more women seek facility-based care, the country's ability to save mothers and newborns depends increasingly on whether enough skilled providers are available to deliver essential care.

While infrastructure, equipment, and clinical systems are all essential, skilled midwives remain at the heart of safe childbirth. When midwives are well trained, mentored, and supported throughout their careers, they are better equipped to recognize complications early, respond quickly, and deliver lifesaving care for mothers and newborns.

Working at the invitation of government, Seed Global Health supports Sierra Leone's efforts to strengthen midwifery education, expand training pathways, improve clinical mentorship, and reinforce the systems that enable providers to deliver high-quality care.

Together with the government of Sierra Leone, Seed's partnership strengthens the full pathway from education to practice. The approach begins by strengthening clinical training and mentorship within public hospitals, expands through investments in pre-service education, and is reinforced by government-led efforts to grow and sustain the midwifery workforce nationally.



Midwifery students engaged in a classroom session at the School of Midwifery in Makeni, focused on building essential skills and knowledge for maternal and newborn care.

Maternal and newborn health: More skilled midwives. Better outcomes.

What began in Makeni as a model for strengthening midwifery education, clinical mentorship, and quality improvement has expanded to Bo and Kenema, creating a growing network of hospitals where midwives are better able to manage obstetric emergencies and provide high-quality maternal and newborn care.

The results are increasingly visible across Sierra Leone's public health system.

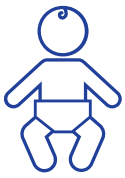
The progression of the model that started in Makeni and moved to Bo and Kenema reflects a deliberate strategy for scale.

Each site has served as a platform for learning, showing how investments in midwives can improve both quality of care and patient outcomes.

SIERRA LEONE OUTCOMES

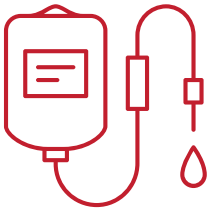
- Reduced institutional maternal mortality ratio by **13%**





- Reduced institutional newborn mortality rate by **27%**

- Reduced maternal deaths due to obstetric hemorrhage by **28%**



SCHOOL OF MIDWIFERY KENEMA

A new midwifery school is boosting the number of graduates

- Sierra Leone's goal is to train and absorb **3,000** midwives by 2030.
- Seed has committed to training approximately **1,100**, more than one-third of the national target

Improving outcomes today requires building the workforce that will sustain those gains tomorrow. That next phase is underway at the School of Midwifery in Kenema the school was established through collaboration between the government of Sierra Leone and Seed Global Health to improve the quantity and quality of the country's midwives. Its first cohort of 52 students will enter the workforce with strong clinical skills and hands-on experience.



Students in the direct-entry to midwifery program, following a lecture.

Education alone is not enough: Education, practice, and policy must work together.

Expanding the workforce requires more than increasing student enrollment in training and degree programs. It also requires strong institutions, effective clinical training, sustained mentorship and supervision, and policies that enable providers to enter practice quickly, safely, and with clear career pathways.

One of the most significant advances in Sierra Leone's workforce strategy has been the adoption of direct-entry midwifery education.

Historically, students had to complete nursing school before specializing in midwifery, limiting the number of people entering the profession. Direct-entry programs allow students to train as midwives following secondary school, significantly expanding the pool of future providers.

Seed has worked alongside Sierra Leone's training institutions to prepare more midwives to provide high-quality care from their first day on the job. This has included strengthening curricula, supporting educators, expanding hands-on simulation, and establishing national training standards. Seed has also helped experienced midwives coach and supervise students during their clinical placements.

Seed also contributed to Sierra Leone's new 10-year National Human Resources for Health Strategy, helping ensure sustained investment in the health workforce.



Midwifery preceptors at completion of POCUS training with Seed Global Health instructors and staff, Bo, Sierra Leone.

Preceptorship: Great midwives train more great midwives

Training more midwives is only part of the solution. Ensuring that graduates can provide high-quality care requires strong clinical mentorship. Seed's preceptorship model equips experienced midwives to serve as clinical educators, mentoring students and newly qualified providers on the job. More than 70 percent of midwifery training occurs in health facilities, where students learn by managing deliveries, responding to complications, and working alongside multidisciplinary teams.

- Trained or in training to date: **107** Seed-trained preceptors
- National target: **220** preceptors by 2030
- Each preceptor trains approximately **20** students a year
- At scale: **4,400** midwifery students a year to be reached by preceptors alone



By building the skills of those responsible for training the next generation of providers, the preceptorship model has a multiplier effect on the health system.

Skills are continuously transferred, clinical standards are reinforced, and new midwives are better prepared to provide safe, high-quality care.

Designed to last

What distinguishes Sierra Leone's progress is not only the number of midwives being trained, but the system being built around them. By strengthening education, mentorship, clinical practice, and policy simultaneously, the country is creating a sustainable pathway to better maternal and newborn outcomes.

This work is also informing national policy. In 2025, Seed worked with the Ministry of Health to support development of the National Health Financing Strategy (2026–2030), the Universal Health Coverage (UHC) Bill, and the Midwifery Investment Case, helping position investment in midwives and the wider health workforce as a national financing priority.

Zambia: Strengthening the Health System through Workforce Development



POPULATION

22 Million

FOCUS

Maternal, newborn, and child health; primary health care



Witness Nyirenda, a midwife preceptor, teaches midwifery and nursing students how to use a non-pneumatic anti-shock garment (NASG) to manage postpartum hemorrhage in emergency situations.

Zambia is pursuing one of the most ambitious health workforce expansion efforts on the African continent. Through the National Health Compacts launched in 2025, the government established a coordinated country-led framework focused on strengthening service delivery, expanding the health workforce, and improving access to high-quality care.

At the center of this effort is a bold goal: recruiting and training 74,000 new health workers by 2030.

Working with the Ministry of Health, training institutions, and public hospitals, Seed supports the development of health workers across the continuum of care, from midwives improving maternal and newborn outcomes to family medicine doctors strengthening primary health care services.



Martha Banda, a midwife preceptor, guides a group of students through the procedure for manual removal of a placenta at Matero Level One Hospital.

Maternal and newborn health: Better trained providers are saving more mothers

In Zambia, Seed is strengthening midwifery education, clinical mentorship, preceptorship, and facility-based learning environments, ensuring that midwives can recognize complications early, respond effectively, and coordinate care when emergencies arise.

OUTCOMES AT SEED-SUPPORTED FACILITIES

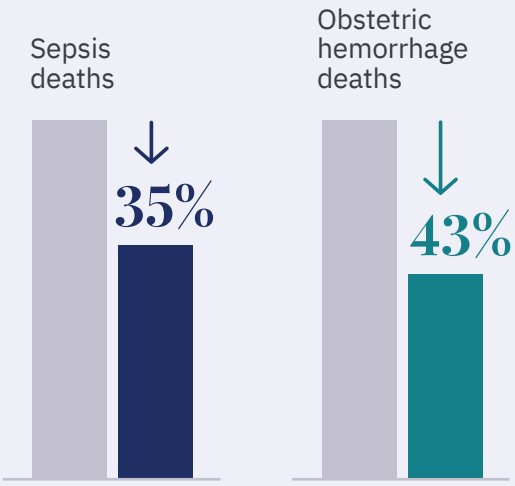
- Reduced maternal deaths from direct obstetric complications by **19%**





- Reduced deaths from birth trauma by **91%**

WHAT CHANGED AT SEED-SUPPORTED FACILITIES:



Behind these improvements are health workers who are increasingly equipped to manage both routine and complex cases, translating greater access to skilled providers into improved survival.

MTENDERE URBAN HEALTH CENTER

Zero maternal deaths starts with strong frontline care

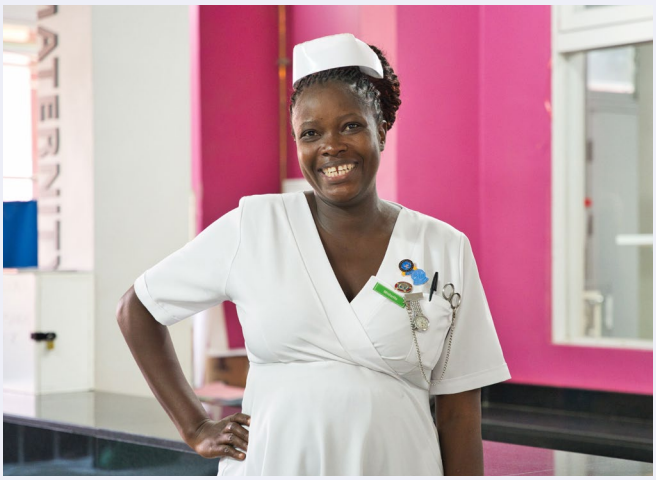
Seed works to bring high-quality care to patients while ensuring the staff can refer patients in need to higher levels of care. Through a long-term partnership with Mtendere Urban Health Center, Seed has helped build a confident, multidisciplinary care team capable of delivering high-quality maternal and newborn care.

Between 2023 and 2025, Mtendere Urban Health Center reported no maternal deaths.

Seed embeds clinical educators within partner institutions like Mtendere to work shoulder-to-shoulder with country-based health workers, pairing classroom instruction and simulation with ongoing bedside mentorship, case reviews, and quality improvement initiatives that strengthen clinical decision-making over time.

Midwives and doctors learn together, gaining the skills and confidence to recognize complications early, provide immediate evidence-based care, communicate effectively across disciplines, and coordinate timely referrals when advanced services are needed. The result is a stronger frontline health system where more women receive high-quality care close to home, while those needing specialized treatment reach Levy Mwanawasa Teaching Hospital earlier, better stabilized, and more likely to have positive outcomes.

Success is not defined solely by what happens within a facility's walls, but also by how patients are connected to the care they need across the health system.



Martha Banda is one of the preceptors trained through the preceptorship program led by Seed and the MOH. She works at Matero Level One Hospital where she provides hands-on training and mentorship for the next generation of midwives and nurses.



Zambia's family medicine doctors and residents come together to commemorate World Family Doctor Day 2025.

Family medicine brings primary care closer to home

As Zambia expands its health workforce, family medicine is emerging as a critical component of the country's primary health care strategy. Family medicine doctors serve as expert generalists, capable of managing more than 70 percent of health conditions locally, reducing unnecessary referrals and bringing care closer to communities.

Seed's partnership with the University of Zambia and the Ministry of Health continues to strengthen family medicine nationwide.

Increasingly, Seed-trained Zambian graduates are leading the next generation of family medicine doctors as faculty, supervisors, and mentors. Today, the University of Zambia's Department of Family Medicine is led by a Seed-trained Zambian family medicine doctor; the university has established seven family medicine faculty positions; and a signed agreement will transition all positions to permanent government-funded roles by 2028, ensuring the specialty is fully sustained within Zambia's health system.

- **50+** doctors enrolled since the launch of the Family Medicine program
- **70%** of all health concerns can be managed by family medicine doctors



"Now when we have a family physician trained, we've got a doctor who can attend to surgery and tend to [most] medical cases. That makes it an amazing opportunity for our country... I believe future generations will be able to really appreciate Seed Global Health. To myself, to many others, and most importantly our patients, this is a great opportunity for this country."

- Dr. Martin Malama, Chilenje Level One Hospital

CHILENJE LEVEL ONE HOSPITAL

When family medicine and midwifery work together



- Reduced newborn deaths by **45%**

Chilenje Level One Hospital is the only Seed-supported facility in Zambia at which the family medicine and maternal and newborn health programs operate side-by-side.

It is an early example of how integrated investments in health workers can lead to better outcomes for patients and stronger performance across the health system.

Family medicine doctors strengthen referral pathways and support the management of an array of cases including complicated pregnancies and infectious diseases. This leads to early identification and management of medical complications, leading to better patient outcomes and reduced patient volume at higher-level facilities. Midwives ensure timely, high-quality services throughout pregnancy, childbirth, and the postpartum period. Together, these providers create a more coordinated system of care that is responsive to both routine and complex needs.



Dr. Chisenga James, a family medicine resident, leads a patient case review at Chilenje Level One Hospital. Looking on are fellow residents and Seed Global Health educators.

Preparing the health system for a changing climate

Zambia's investment in the health workforce is also helping prepare the health system for climate change. Over the reporting period, Seed participated in a range of advocacy engagements, including capacity building for the Parliamentary Committee on Environment and Climate, and a climate diplomacy engagement with the diplomatic community. Both activities were carried out in collaboration with the Civil Society Alliance for Climate Change, a multi-sectoral group, the Ministry of Green Economy and Environment, and the United Nations Development Program.

Through these engagements, Seed worked to ensure the health sector had a seat at the table in discussions where it had not previously been prominent and co-presented alongside the Ministry of Health on climate change and health.

Furthermore, Seed provided input at the stakeholder consultation on Zambia's Nationally Determined Contribution (NDC) ahead of its submission, where Seed advocated for the inclusion of health workers as a critical priority. Zambia's NDC includes health systems among its mitigation measures, mandating the integration of climate risk into public infrastructure planning, and training of health workers. Additionally, climate change is mainstreamed into Zambia's 2026 National Health Policy.

By embedding health workforce priorities within national climate policies, Zambia is helping ensure that future investments in climate resilience also strengthen the health system and protect access to care during climate-related shocks.



Dr. Mwangashi attends to a woman in the postnatal ward at Matero Level One Hospital, Zambia, providing follow-up care to ensure the health and well-being of both mother and baby.

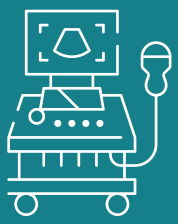


Dr. Erick, a family medicine educator, and residents review an ultrasound scan after performing a point-of-care ultrasound (POCUS) examination on a patient in the paediatric ward at Chilenje Level One Hospital.

Designed to last

Zambia's progress reflects more than the success of individual programs. By investing in education, clinical practice, and policy simultaneously, the country is building a workforce that is larger, stronger, and increasingly capable of sustaining itself.

The result is a health system better positioned to meeting the health care needs of a growing population and deliver better outcomes for generations to come.



Point-of-Care Ultrasound

- Supported **96%** of patient encounters by using POCUS, according to a study of Seed-trained family medicine residents
- Evaluated **366** patient encounters
- Trained nearly **40** family residents at the University of Zambia

Bringing Diagnosis to the Bedside

Across many of the countries in which Seed Global Health works, access to timely diagnosis is one of the greatest barriers to high-quality care.

For many patients, obtaining an ultrasound has historically meant delays, referrals, travel, and uncertainty. In emergency situations and complicated pregnancies, these delays can have life-threatening consequences. Point-of-care ultrasound (POCUS) is changing that reality.

By giving frontline providers portable ultrasound devices and training on their use, Seed is helping to bring diagnostic capability directly to the bedside. What once required multiple visits and long waits can now happen within a single patient encounter. When providers can see what is happening inside the body, they can make faster decisions, initiate treatment sooner, and ensure patients receive the right care at the right time.

POCUS is not being introduced as a standalone tool. Across Uganda, Sierra Leone, and Zambia, Seed is integrating ultrasound into broader efforts to strengthen the health workforce through education, mentorship, and clinical practice.

Ultrasound at the bedside changes clinical decisions

Through Seed's partnership with Zambia's Ministry of Health and the University of Zambia, POCUS has been integrated into the country's growing Family Medicine Program.



Julie, Seed's Associate Director of Midwifery, guides midwives as they learn to read an ultrasound scan.

Whether providing maternal health, emergency care, or reproductive health services, patients are diagnosed earlier, treated sooner, and receive higher-quality care closer to home.

"[POCUS] vastly improves efficiency and decision-making as you can be more confident in your diagnosis and treatment plans."

- Dr. Zimba Lukonde

POCUS is not simply taught; it is embedded into how family medicine doctors learn and practice. Residents receive hands-on instruction through clinical mentorship, ultrasound workshops, and supervised bedside scanning, allowing them to build confidence while caring for patients. When graduates become mentors, they train the next generation of physicians, creating a sustainable model that continues to expand diagnostic capacity across Zambia.

Policy and Advocacy

SEED REACHED 100+ MILLION PEOPLE WITH

- Over **50** media and advocacy moments across 10+ countries
- **19** news features and partner country stories
- **14** op-eds and policy essays
- **6** video, podcast, and broadcast features
- **6** featured in-depth policy pieces in Devex

Countries take the lead

Countries already have national health priorities, strategies, and investment plans. Often, the challenge is getting governments, development partners, and funders aligned behind them.

In 2024, the World Bank launched Health Works, an initiative to help countries provide high-quality, affordable health services to 1.5 billion more people by 2030. As part of this effort, the World Bank, WHO, and the government of Japan introduced national health compacts. These government-led agreements help ministries of health and finance align reforms, financing, and accountability with national priorities.

Seed was among the first organizations to help Zambia, Uganda, and Sierra Leone develop their national health compacts.

We advocated for strong health workforce investment and the use of One Plan, One Budget, One Report approaches to align financing, reduce duplication, and strengthen accountability. Recognizing Seed's experience in country-led health systems strengthening, the World Bank invited Dr. Vanessa Kerry to join the Health Works Leaders Coalition and help shape global discussions on financing, partnerships, and UHC.

The compacts for Zambia, Uganda, and Sierra Leone were launched at the 2025 UHC Forum in Tokyo. Seed was the only international nongovernmental organization to make a formal commitment to help governments put their compacts into action. Seed is supporting planning, resource mapping, and partner coordination. We are also convening governments, donors, philanthropies, and global health initiatives at the World Health Assembly to strengthen alignment behind country-led priorities.



President Hakainde Hichilema (centre), alongside health sector stakeholders and development partners, endorses Zambia's National Health Compact at State House, reaffirming a shared commitment to strengthening the country's health system in 2025.

Turning country experience into global policy

Shaping the future of global health. As health financing declined in 2025 and several reform efforts took shape, Seed conducted one of the first broad analyses of the changing global health landscape. The research mapped 11 major reform initiatives to identify areas of agreement, gaps, and changes needed to support country ownership, financing alignment, and coordinated implementation.

The research found broad support for country-led approaches, but major gaps in implementation, financing, and mutual accountability. It highlighted national health compacts and One Plan, One Budget, One Report approaches as practical ways to turn global reform efforts into action at the country level.

Building on these findings, Seed met with about 15 WHO Member States, including our partner countries, as well as the European Commission, Germany, France, the United Kingdom, the Netherlands, and Norway. These discussions informed the WHO Executive Board and World Health Assembly deliberations on global health architecture reform.

Seed will support the WHO Joint Process on Global Health Architecture, efforts to put the Accra Reset into practice, and the roll-out of the Lusaka Agenda. We will also continue research and partnership with WHO to map external health financing and partner support.

Health workers are essential to climate resilience. We strengthened our leadership on climate and health by making the case that health workers are essential to climate adaptation and resilient health systems. At COP30 in Brazil, Seed worked with governments, WHO, and other partners to advocate for stronger investment in climate-resilient health systems. We helped shape and endorsed the Belém Health Action Plan and joined the WHO Alliance for Transformative Action on Climate and Health.



Seed Global Health cohosts a roundtable with the Ministries of Health of Sierra Leone, Zambia and Uganda, focusing on implementing national health compacts.

Working with the world's leading health institutions. Seed also deepened relationships with WHO, the World Bank, UHC2030, the Civil Society Engagement Mechanism, the Partnership for Maternal, Newborn & Child Health, Gavi, and Africa CDC.

World Health Organization

THE WORLD BANK

uhc2030

csem Civil Society Engagement Mechanism for UHC2030

PMNCH for Women's, Children's and Adolescents' Health

Gavi The Vaccine Alliance

AfricaCDC Centres for Disease Control and Prevention

These partnerships help us bring lessons from country implementation into global policy discussions and advance shared priorities, including health workforce development, sustainable financing, and resilient health systems.



Dr. Martha Masamba (second from right), Head of Obstetrics and Gynaecology, with resident doctors in the simulation lab at Queen Elizabeth Central Hospital.

Elevating health workers on the global stage.
Seed used media, thought leadership, and global events to advance a clear message: skilled health workers are essential to UHC, stronger health systems, and resilient communities. At major gatherings including the World Health Assembly, the UN General Assembly, and COP30, Seed leaders brought country priorities into conversations with government officials, funders, and global health decision makers. Dr. Kerry also explained Seed's perspective through opinion pieces and interviews, helping shape debates on health investments, climate and health, and the future of global health cooperation.

Seed worked with national and local media in Uganda, Zambia, Malawi, and Sierra Leone to elevate the experiences of the nurses, midwives, doctors, and educators who strengthen care every day. Coverage highlighted new maternity operating theaters and the need for greater investment in emergency care in Uganda; Seed's investment in medical equipment and midwifery training in Zambia; midwife educators' preparation of the next provider generation in Sierra Leone; and efforts to promote safe, respectful hospital deliveries in Malawi. These stories connected national health priorities to global audiences and increased understanding of why investing in health workers saves lives.

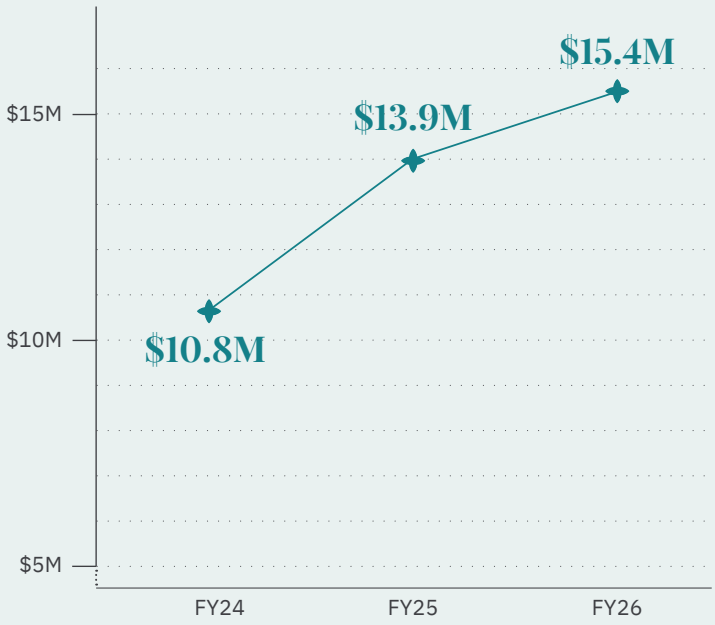
SEED'S WORK WAS FEATURED IN:

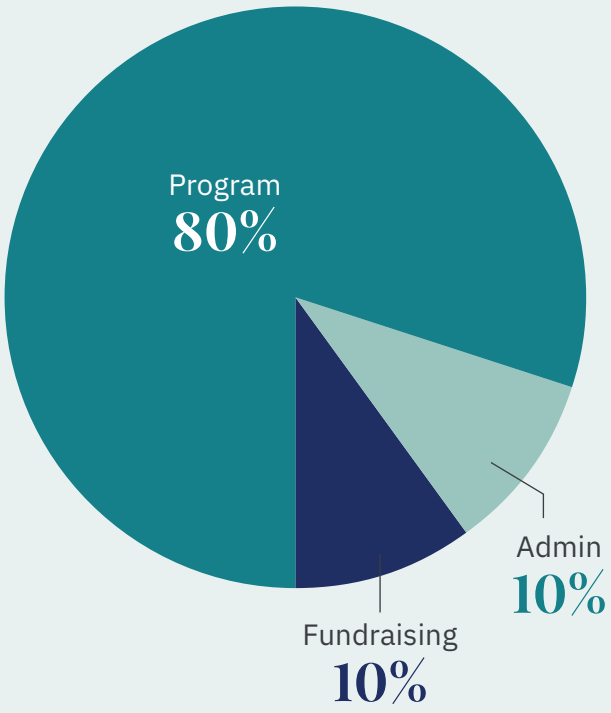
BBC WORLD NEWS · CBS NEWS · devex Do Good. Do It Well. · DAILY MONITOR · ZNBC · The Boston Globe · Health Policy Watch Independent Global Health Reporting · Inside Philanthropy · World Health Organization · FP · Newsweek · LT · NEW VISION

Financials at a Glance

Seed Global Health has grown steadily in recent years as partners invest in the long-term strength of the health workforce. Our budget has expanded significantly, reflecting both increasing demand from ministries of health and growing philanthropic support for Seed's model.

Expense year-over-year growth





Charity Navigator
FOUR-STAR

Platinum Transparency 2026
Candid.

Seed Global Health is a U.S. 501(c)(3) nonprofit (EIN: 45-3064098) with a Four-Star rating from Charity Navigator and a Platinum Seal of Transparency from Candid (GuideStar). To access Seed's full financials, please visit our website.

Our Philanthropic Partners

Seed wishes to acknowledge and thank the generous partners who make our work possible, by believing in the power of the health workforce.

- Abbott Foundation
- Anonymous (2)
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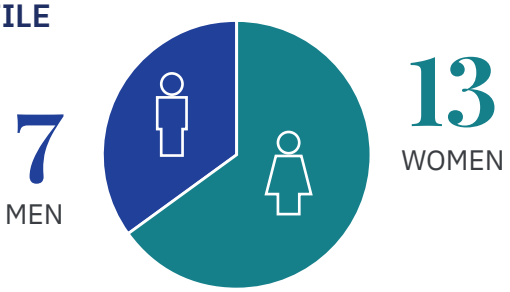
A Global Team. Country Led.

Nearly three-quarters of Seed's team live and work in the countries we serve. Our clinical educators teach in the wards where students train, our program leaders sit across the table from ministers of health, and our strategies are shaped by the people closest to patients. Proximity is not just a staffing choice at Seed. It is how we ensure that every investment reflects what health workers and health systems need.

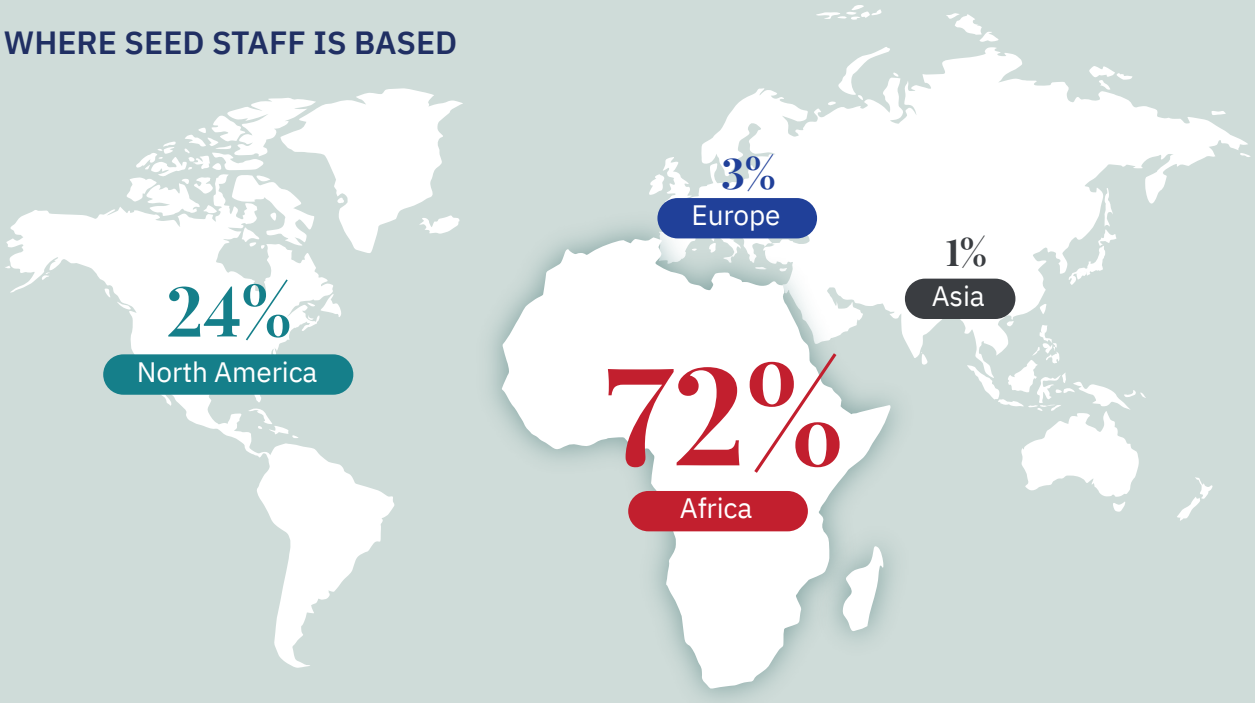
Women make up nearly two-thirds of Seed's leadership. In a field where the frontline health workforce is overwhelmingly female but leadership rarely is, Seed's leadership reflects the midwives, nurses, and physicians whose work fills these pages.

This year, we also expanded our policy team to reflect the needs of our partners, welcoming a senior director of policy and four policy advisors based in our focus countries, deepening our ability to carry frontline evidence into the rooms where health workforce decisions are made, from national budget negotiations to the World Health Assembly.

LEADERSHIP GENDER PROFILE



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