Align:

Our community asked us to do more

What it takes to turn evidence into action — and why our community asked us to go further

The Align: Secretariat

In Cape Town, in May 2023, a room full of people ran out of patience at the same moment.

The location was the International Maternal and Newborn Health Conference. The catalyst was the E-MOTIVE trial, presented from the stage that day. It was a bundle of simple, existing interventions for postpartum hemorrhage: objective measurement of blood loss, followed by a set of treatments provided all at once rather than sequentially. This approach reduced the chances of severe bleeding, surgery for bleeding, or death from bleeding after childbirth by around 60%.[1] The same day, the results were published in the *New England Journal of Medicine*.

What happened next is important. The room did not politely applaud and move on to the next session. It turned to the World Health Organization (WHO) and asked: what else do you need?

Within approximately seven months, a committee of experts convened by WHO turned the evidence into recommendations. Then countries revised national guidelines. Training manuals were rewritten. Implementation began at scale. Advocates picked it up and pushed it.

The usual figure quoted for the journey from research to policy is somewhere between ten and seventeen years. This took seven months.

[1] Gallos, Ioannis, et al. "Randomized trial of early detection and treatment of postpartum hemorrhage." New England Journal of Medicine, vol. 389, no. 1, 6 July 2023, pp. 11–21, https://doi.org/10.1056/nejmoa2303966.

THE TRIAL WAS NOT THE ONLY REASON

It is tempting to tell this as a story about a single excellent piece of science, and the science was excellent. The study's investigators and thousands of women who participated in the trial produced a result that deserved to move the world.

But the biggest barrier in global health is rarely a lack of solutions. Good evidence sits unused all the time. Trials conclude, papers publish, and important evidence can linger without ever reaching its full potential for impact.

What was different in Cape Town was that the evidence landed in a room that already contained everyone needed to act on it. Researchers, U.N. agencies, country leaders, midwives, physicians, advocates, journalists, implementation experts, and funders all aligned around bringing those trial results from that room to the world.

WE CREATE MOMENTS

This is the founding principle of Align. Over the past six years, the Align community has demonstrated what a well-built room makes possible.

Our rooms create the moment a health worker learns what worked across the border and brings it home. The moment a country implements a new intervention faster, because another country already tested it. The moment a hard conversation turns into a decision.

To do this, we have to take a unique position. We are not a funder, and we are not competing for the same grants as the people we bring together. We are not an advocacy organization with a position to defend. Align's neutrality opens doors that let a ministry official, a researcher, and a donor say true things to each other in the same room, including the uncomfortable ones.

It is also the premise of Real Talk, Align's discussion series built for the conversations the sector tends to avoid in public — where disagreement is the point. At IMNHC 2026 in Nairobi, one of those sessions asked directly whether maternal and newborn health would survive the global health reform agenda. Not a comfortable question, but one that had to be answered.

The work does not stop when the conference does. The Postpartum Hemorrhage / Pre-eclampsia & Eclampsia Community of Practice exists precisely to continue the momentum from a moment like Cape Town. It is a standing global platform for the countries implementing this evidence to keep comparing notes long after everyone has flown home.

WHY NOW

Align: was founded in 2020 as AlignMNH, with a clear and actionable goal: to accelerate progress in maternal and newborn health and prevent stillbirths. Since then, we have brought together more than 60,000 people across more than 100 countries. Over six years, we have helped build a movement.

But despite that progress, global gains in maternal and newborn health continue to stall. We are getting close to 2030, and we are not on track to achieve our health-related Sustainable Development Goals. Our ecosystem remains fragmented and incredibly complex.

We have reached a critical moment. And our community asked us to do more.

So, we listened. We have connected a global community — now it is time to go further.

ALIGN AND:

Health does not divide neatly into the categories the sector uses to fund and organize it. A woman's health before pregnancy, the care she receives during it, and what happens to her and her child in the years afterwards are described as separate agendas, with separate communities, separate evidence bases, and separate funding streams. Much of the fragmentation is administrative rather than clinical, and this fragmentation is often what keeps good evidence waiting.

> Removing MNH from the title is not cosmetic. It is a statement about who needs to be in the room next.

During the process of our rebrand, we considered everything Align does and everything our community asked us to do. We:

Align and connect Align and amplify Align and accelerate Align and:

Align:

The colon is intentional. It points forward, and creates space for something bigger.

We know this raises a question, and it has been put to us directly: whether a wider remit means a thinner one, and whether hard-won maternal and newborn gains get quietly absorbed into something vaguer. It is a fair question, from people who earned the right to ask it, and it is exactly the kind of question we would put on a Real Talk stage. Our answer is that this community does not get smaller by gaining neighbors. Cape Town was not a maternal health story that happened to involve procurement and policy people, frontline health workers and donors. It worked **because** those people were already in the room.

WHAT WE ARE ASKING

Today we are launching a new brand, a new site, and a wider remit. What has not changed is the thing that made any of it work: the community, and its willingness to be honest in each other's company.

Seven months instead of seventeen years is not a fluke. It measures a rapid journey of the right evidence to the right hearts and minds, all committed to delivering better care. Come and see what we have built, then tell us where the next gap is. You will almost certainly see it before we do.

We are Align: And we look forward to building the future together.

— The Align: Secretariat