

Consensus for Maternal, Newborn and Child Health

Our Aim: “Every pregnancy wanted, every birth safe, every newborn and child healthy”

Saving the lives of over 10 million women and children by 2015

Our Timeline: 2009 – 2015



Bold, focused and co-ordinated action on reproductive, maternal, newborn and child health is urgently needed. Such action at global, national and sub-national levels will accelerate progress toward Millennium Development Goals 4 (reduce child mortality) and 5 (improve maternal health), as well as MDG 6 (combat HIV/AIDS, malaria and other diseases). Maternal and newborn health must be emphasized – while addressing major gaps in child survival – because women and infants are at greatest risk of death in the first few hours and days around birth. The Consensus recognizes the need to align current momentum in politics, advocacy and finance behind a commonly agreed set of policies and priority interventions aimed at accelerating progress on the ground.

How we can make it happen:

1. **Political leadership and community engagement** and mobilization
2. **Effective health systems** that deliver a package of high quality interventions in key areas along the continuum of care:
 - Comprehensive family planning – advice, services and supplies
 - Skilled care for women and newborns during and after pregnancy and childbirth, including antenatal care, quality delivery care in a health facility, emergency care for complications, postnatal care, and essential newborn care
 - Safe abortion services (when abortion is legal)
 - Improved child nutrition and prevention and treatment of major childhood diseases
3. **Removing barriers to access**, with services for women and children being free at the point of use where countries choose
4. **Skilled and motivated health workers** in the right place at the right time, with the necessary infrastructure, drugs, equipment and regulations
5. **Accountability** at all levels for credible results



What will it take?

- In 2015, an additional 50 million couples using modern methods of family planning
- An additional 234 million births taking place in facilities that provide quality care for both normal and complicated births
- 276 million additional women receiving quality antenatal care
- 234 million additional women and newborn babies receiving quality postnatal care
- More than 164 million additional episodes of child pneumonia taken for appropriate treatment
- 2.5 million additional health care professionals and 1 million additional community health workers, towards the WHO target of at least 2.3 health workers per 1,000 of population

What will it achieve?

- Preventing the deaths of up to 1 million women from pregnancy and childbirth complications
- Saving the lives of at least 4.5 million newborn babies
- Saving the lives of at least 6.5 million children (1 month to 5 years)
- Preventing 1.5 million stillbirths
- A significant decrease in the global number of unwanted pregnancies and of half the number of unsafe abortions
- An effective end to the current unmet need for family planning services
- Reducing by over one-third the rate of chronic malnutrition in children age 12 to 23 months

What will it cost?

The total additional programme cost of achieving these targets is \$30 billion for the period 2009-2015, with annual costs ranging from \$2.5 billion in 2009 to \$5.5 billion in 2015.

¹ Figures are totals for 49 aid-dependent countries (total population in 2009 is 1.4 billion; excludes India and China) for the 2009-2015 period, based on calculations done for the High Level Task Force on Innovative International Financing for Health Systems (HLTF), May 2009. See http://www.internationalhealthpartnership.net/CMS_files/documents/working_group_1_-_report_EN.pdf.

² The HLTF estimates that the total programme and health system cost for maternal and newborn health; child health; family planning; HIV/AIDS; TB; malaria, and basic health services for 2009-2015 is \$251 billion, of which \$186 billion is health system costs that are needed for progress in all the specific health programme areas.

This consensus was launched at “Healthy Women, Healthy Children: Investing in Our Common Future” an event held at the United Nations on 23 September 2009, organized by the High-Level Task Force on Innovative International Financing for Health Systems and PMNCH.

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