

THE 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

Concerted and co-ordinated action on reproductive, maternal, newborn and child health is urgently needed. It is important to emphasize maternal and newborn health—while addressing major gaps in child survival—because mortality risks for both mothers and infants are highest in the first few hours and days around birth. This Consensus calls for accelerated and bold action at global, national and sub-national levels in order to make progress toward Millennium Development Goals 4 (reduce child mortality) and 5 (improve maternal health). The Consensus recognises the need to align current momentum in politics, advocacy and finance behind a commonly agreed set of policies and priority interventions to accelerate 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, supplies
 - Skilled care for women and newborns during and after pregnancy and childbirth, including antenatal care, quality care at birth, 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 services 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? ¹

- In 2015, **an additional 50 million** couples using modern methods of **family planning**
- An additional **70 million births** taking place in facilities that provide quality care for both normal and complicated births
- **276 million additional antenatal care visits**
- **234 million additional postnatal care visits** for mothers and their newborn babies
- Over **164 million more 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?¹

- Saving the lives of up to **1 million women**
- 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 births** and of half the number of **unsafe abortions**
- An effective **end** to 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 costs 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 2015.²

1. Figures are totals for 49 aid-dependent countries 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, summarised in http://www.internationalhealthpartnership.net//CMS_files/documents/working_group_1_report_EN.pdf.

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