Factsheet

The MNCH (Maternal Newborn and Child Health) Consensus

The MNCH Consensus resulted from several important meetings held within the international development community during 2009. They built a robust agreement about the priority policies and interventions necessary to accelerate progress towards Millennium Goals 4&5. The meetings included:

- The Sherpa meeting of the Network of Global Leaders (Oslo, 15-17 April 2009)
- The technical meeting organised by DFID on 'Accelerating the reduction in maternal and newborn mortality through better co-ordinated action at global and country level' (London, 23-24 April 2009)
- Special session during the World Health Assembly. Participants included countries in the Network of Global Leaders, as well as Bangladesh, Germany, Nigeria, Pakistan, Sweden, Uganda, and the USA. The UN agencies and the World Bank were also represented (Geneva, May 2009).
- The G8 Summit in July where it was agreed to incorporate under-five child health issues.[1]

The five-point checklist

The Consensus proposes a five-point checklist of policies and prioritised interventions to be provided through a health-systems approach:

1. Political leadership and community engagement and mobilization

Sustained political commitment and leadership at all levels, especially by local-level champions, is vital to scale up and sustain high-quality, accessible care. Good leadership would ensure the translation of commitments – such as the rights of the child, the right to universal access to reproductive health and the MDGs – into provision of services and financial protection for all women, adolescents and children. This requires strengthening of the health sector and high-level, multisectoral commitment to tackling the root causes of poor maternal and child health. The causes include inequity, poverty, gender inequality, low education status and lack of respect for the human rights of girls and women – including their sexual and reproductive health and rights.

2. Effective health systems with interventions in key areas

Central to the Consensus is the 'continuum of health care' that extends across adolescence, pregnancy, childbirth and childhood. The recommended five main packages of services to focus on are:

1. Comprehensive family planning – advice, services, supplies
2. 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.
3. Safe abortion services (when abortion is legal)[2]
4. Improved child nutrition and prevention and treatment of major childhood diseases.

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1. The Consensus and its 5 strategic elements are explicitly endorsed by the G8 in their Communiquè http://www.g8italia2009.it/static/G8_Allegato/G8_Declaration_08_07_09_final,0.pdf)

2. For more information on global policy direction on safe abortion, see Paragraph 8.25, *Programme of Action, International Conference on Population and Development, UN, 1994.*

These packages of care should be prioritised and provided across all levels of the health sector – from household to hospital level – and cannot be implemented in isolation from the health system. The packages include health system interventions such as workforce management and supportive supervision, development of infrastructure, and support for financing systems such as insurance and family incentive programmes – enabling access to medicines, supplies and diagnostic tests.

3. Removing barriers to access, with services for women and children being free at the point of use where countries choose

In many high-burden countries, adolescents and women face numerous barriers to accessing health care, including financial, geographical, social and cultural barriers. Key barriers include the distance from the household to the health facility and the costs involved, both in terms of transport and using services. Fees may be formal or informal. Other barriers – such as gender discrimination within families, communities and societies (which lead to a low priority for the health of girls and women) and lack of decision-making power and access to information – further compound the problem. Evidence is now mounting for the efficacy of a package of free services at the point of care to overcome the inequity that fee-for service breeds. This is one effective, evidence-based and equitable way to expand access to services to a greater proportion of the population.

4. Skilled and motivated health workers in the right place at the right time, with supporting infrastructure, drugs and equipment and a favorable legislative environment

The human resource crisis is the most severe constraint to scaling up health care. An additional 2.5 million health care professionals (midwives, nurses, doctors, and specialists) and managers, and 1 million community health workers will be needed to achieve the targets of the Consensus by 2015. Low pay and lack of incentives are chronic problems. The global economic crisis has further threatened the development of training institutions. Plans and policies need to be put in place to address problems of understaffing, inappropriate skill mixes, poor-quality training, supervision and working conditions, and inequitable deployment of staff between rural and urban areas. Public private partnerships could be evaluated as one option to address understaffing. Skilled and motivated health workers need also to be provided with the necessary supporting regulations, infrastructure, drugs and equipment to enable them to carry out their work effectively.

5. Accountability for credible results

Progress towards the MDGs requires a health sector that is accountable to government authorities and other funding sources, and to the people and communities it serves. Robust monitoring and evaluation systems are required to ensure systematic collection and analysis of data on reproductive, maternal and child mortality and morbidity and to hold the appropriate stakeholders accountable. Measuring the mortality of children, babies and pregnant women is difficult. Therefore, efforts to establish good monitoring systems should be incorporated from the start of any initiative. Data should also be made routinely available outside the health system to the broader public, to encourage civil society to play a constructive role in ensuring that the health system is responsive to people, and is accountable for results.

What will the MNCH Consensus achieve and cost?

The accelerated implementation of the above Consensus in the 49 aid-dependent countries[3] for the 2009-2015 is expected to save the lives of up to 1 million women, 4.5 million newborn babies, 6.5 million under-five children and preventing 1.5 million stillbirths. It will result in a significant decrease in the global number of unwanted births and half the number of unsafe abortions, as well as put an effective end to current unmet need for family planning services. According to the High Level Task Force for Innovative International Financing for Health Systems the total additional program costs of achieving the above targets is US$30 billion for the period 2009-2015, with annual costs ranging from US$ 2.5 billion in 2009 to US$5.5 billion in 2015.[4]

3. 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), June 2009, summarized in: http://www.internationalhealthpartnership.net//CMS_files/documents/working_group_1_-_report_EN.pdf.

4. The HLTF estimates that the total program and health systems costs for MNCH; family planning; HIV/AIDS; TB; malaria; and basic health services is US$251 billion, of which US$186 is health systems costs that are needed for progress in all the specific health program areas.