DELHI DECLARATION ON MATERNAL, NEWBORN AND CHILD HEALTH 9 April 2005

We, the Ministers and delegations from Bangladesh, Bolivia, Cambodia, Ethiopia, India, Mali, Mozambique, Nepal, Pakistan, Tanzania and Uganda, as well as the representatives of other governments, the United Nations, the World Bank, foundations, national and international NGOs, professional bodies, academia, and civil society from all continents, assembled in New Delhi, India, to participate in “Lives in the Balance: The Partnership Meeting on Maternal, Newborn and Child Health” from 7-9 April 2005, recognize that:

Lives in the Balance
- The lives of millions of women and children are in the balance today. Each year, pregnancy and childbirth claim the lives of more than a half-million women, while more than 10 million children, including 4 million newborns, die each year. In addition, more than 3 million babies are stillborn. This tragedy must end.
- As many as 99% of the maternal, newborn and child deaths occur in developing countries. The highest burden is faced by lesser-developed countries of Africa and Asia, particularly within poor families.
- Cost-effective, evidence-based interventions, if taken to scale world-wide, can prevent close to three-fourths of maternal deaths, and more than two-thirds of child deaths. Thus, we have almost within reach the means to save nearly 7 million lives each year.

With a Global Commitment to the 2015 Vision, an Opportunity Beckons
- The Millennium Development Goals (MDGs) signify the world’s commitment to achieving time-bound and quantifiable improvements in development and poverty reduction by 2015, including MDGs 4 and 5 defining global targets in maternal and child health.
- With health clearly recognized as essential to poverty reduction, the global health community has a unique opportunity to surmount obstacles political, financial, technical and programmatic that have hampered progress to date.
- Despite avowed consensus, however, the current rate of progress is not sufficient to attain the survival and maternal health MDGs in many countries. Only through co-ordinated and concerted action and unprecedented resource mobilization at the national and international levels can we hope to meet our commitments by 2015. This will also require strong collaborations with other sectors, including education, nutrition, water and sanitation among others.

The Way Forward
This high-level meeting on maternal, newborn and child health (MNCH) asserts that the way forward is to:
- Take an integrated approach to reproductive, maternal, newborn and child health, ensuring a continuum of care from pregnancy through childhood, recognizing that maternal, newborn and child health are inseparable and interdependent, and that the achievement of their MDGs must be based on a strong commitment to the rights of women, children and adolescents;
- Recognize that there is no single model of care to prevent maternal, newborn and child morbidity and mortality, and therefore countries are required to design and implement programmes that are tailored to the needs and realities of the national and sub-national settings, employing a rational mix of quality family/community, outreach and clinical services, in public and private sectors, to scale-up known cost-effective interventions;
- Affirm that universal access to sexual and reproductive health is essential to meeting MDG 5 and will make significant contributions toward MDG 4.
- Build systems for the collection and use of high-quality data, disaggregated by equity parameters to inform policy and programmes;
- Invest in strengthening health systems, from community to the referral levels, to ensure sustained and long-term improvements in reproductive, maternal, newborn and child health;
- Incorporate specific strategies to address inequities in reproductive, maternal, newborn and child health programmes to ensure that interventions reach and benefit the poor, the marginalized and the underserved; and

A Call to Action
Recognizing that the responsibility of saving maternal, newborn and child lives and promoting their health lies not only with the countries, but also with the international community working together as committed partners:

We, the aforementioned stakeholders,

Appeal for the highest national and international political commitment to maternal, newborn and child health;

Request governments, private sector, civil society and international partners to leverage and commit the required resources (currently estimated in the World Health Report 2005 as an additional US$9 billion on the average per year) to achieve MDGs 4 and 5; and

Recommend the adoption of a target for MDG 5 relating to universal access to sexual and reproductive health with appropriate indicators, as well as recommend the addition of the neonatal mortality indicator to MDG 4.

We issue the following call to action:
Countries should orient their national and sub-national development plans and budgets to fully achieve the maternal and child health MDGs by 2015.

For that, they need to:
- Develop urgently, integrated national plans with national targets for coverage, outcomes and resource allocations, with active participation of all stakeholders;
- By the middle of 2006 at the latest, develop plans of action to achieve such coverage, meet shortages of skilled health personnel and commodities, and devise mechanisms to involve all partners;
- Mobilize resources to finance the plans of action, in traditional and innovative ways, and identify needs for external support, where necessary;
- By the end of 2006 at the latest, launch the plan of action and accelerate the delivery of high-impact strategic interventions; and
- By 2007 at the latest, have in place a system to monitor and report coverage, resources and outcomes directed toward achieving mortality reduction and promotion of health.

The partnership of multilateral organizations, bilateral partners, international foundations, and NGOs working with countries should:
- Agree to support fully, at all levels of their organizations, the implementation of these comprehensive national plans;
- From this day onward, find and commit additional resources required to close the projected resource gap in support of country programmes aimed at achieving MDGs 4 and 5;
- Provide the necessary support to countries to deliver interventions at all levels for high and equitable coverage, for reproductive, maternal, newborn and child health programming, and for health-system strengthening;
- Develop and implement strategies to address the critical shortages in skilled health-care providers, thus accelerating progress in reproductive, maternal, newborn and child health programmes in many developing countries;
- Develop, support and maintain an agreed system to promote greater accountability of, and coordination among, partners at global and national levels to provide the fullest impetus to global action for attaining MDGs 4 and 5; and
- Designate an annual “World Maternal, Newborn and Child Health Day” to encourage greater global visibility of this agenda and to provide an opportunity for countries and the international community to re-assert their commitment to this cause.

Now is the time to translate statements of intent into action
Now is the time to save 7 million lives in the balance