For every newborn baby who dies, another 20 suffer birth injury, complications arising from preterm birth or other neonatal conditions.

Implementing and extending continua of care for mothers, newborns and children will require both integrating and scaling up a range of actions. Chapter 4 examines the key paradigms, policies, and programmes that are driving the process forward.

The final chapter of The State of the World’s Children 2009 calls for concerted action and strong, cohesive partnerships to improve maternal and neonatal survival and health. The goals are already clear – and it is also evident that the world as a whole has fallen behind on the Millennium Development Goal to reduce child mortality (MDG 4) and even further behind on the goal to improve maternal health (MDG 5). It is clear that progress has to be significantly accelerated. The experiences of several developing countries, explored in depth in subsequent chapters, have proved that rapid progress is possible when sound strategies, political commitment, adequate resources and collaborative efforts are applied in support of the health of both mothers and newborns.

Expanding Millennium Development Goal 5: Universal access to reproductive health by 2015

In 2005, Heads of State meeting at the United Nations to review commitments made in the Millennium Declaration – the outcome document of the Millennium Summit of 2000 – not only reaffirmed the development goals elaborated in 2000 and ever since known as the Millennium Development Goals (MDGs), they also added four new targets to support them.

One of the major changes to the MDG configuration is the inclusion of a specific target on reproductive health: Millennium Development Goal 5, Target B, which seeks to “Achieve, by 2015, universal access to reproductive health.” This new target falls within the goal’s overarching objective of improving maternal health and complements its original target and associated indicators. The indicators selected to monitor progress towards MDG 5, Target B, are shown below:

**Contraceptive prevalence rate** – Percentage of women aged 15–49 in union currently using contraception.

**Adolescent birth rate** – Annual number of births to women aged 15–19 per 1,000 women in that age group. Alternatively, it is referred to as the age-specific fertility rate for women aged 15–19.

**Antenatal care coverage** – Percentage of women aged 15–49 attended at least once during pregnancy by skilled health personnel (doctors, nurses or midwives) and the percentage attended by any provider at least four times.

**Unmet need for family planning** – Refers to women who are fecund and sexually active but are not using any method of contraception and report not wanting any more children or wanting to delay the birth of the next child.

The addition of the reproductive health target to the MDGs reflects a long process linking reproductive health issues to development, human rights and gender equity, whose landmark event was the International Conference on Population and Development (ICPD) held in Cairo in 1994. Since then, other important events, notably the Fourth World Conference on Women (Beijing, 1995) and ICPD+5 – the UN General Assembly Special Session on the International Conference on Population and Development held in 1999 – have confirmed and extended the recommendations of the original ICPD gathering, including the goal of universal access to reproductive health services by 2015.

See References, page 107.