



Inter-Parliamentary Union

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ACCESS TO HEALTH AS A BASIC RIGHT: THE ROLE OF PARLIAMENTS IN ADDRESSING KEY CHALLENGES TO SECURING THE HEALTH OF WOMEN AND CHILDREN

Resolution adopted unanimously by the 126th IPU Assembly
(Kampala, 5 April 2012)

The 126th Assembly of the Inter-Parliamentary Union,

Recognizing the United Nations Millennium Declaration (2000), which established eight Millennium Development Goals (MDGs),

Underscoring that a human-rights approach is fundamental to achieving these MDGs,

Noting that MDG 4 aims to reduce the under-five child mortality rate by two thirds between 1990 and 2015 and that MDG 5 aims to reduce the maternal mortality ratio by three quarters between 1990 and 2015,

Concerned that the funding gap to ensure universal access to reproductive health remains unacceptably high and that donor and developing countries need to step up their commitments to achieve the MDGs, in particular MDG 5,

Drawing attention to the fact that improvements in maternal and child health require progress related to poverty and hunger (MDG 1), access to education (MDG 2), gender equality and the empowerment of women (MDG 3), and the prevalence of HIV/AIDS and malaria (MDG 6),

Underscoring that the international community has committed to achieving the MDGs by 2015,

Concerned that in 2008 an estimated 358,000 women worldwide died from complications related to pregnancy and childbirth, and underscoring that 99 per cent of these deaths occurred in developing countries,

Also concerned that in 2010 an estimated 7.6 million children died before reaching their fifth birthday, with 41 per cent dying in their first month, and that over 170 million children under five worldwide are affected by stunting,

Deeply concerned that maternal and child mortality rates remain unacceptably high globally and that many countries are not on track to achieve MDGs 4 and 5,

Recognizing that less than half of all pregnant women in sub-Saharan Africa and only half of all pregnant women in Southern Asia are attended to by skilled health professionals, including midwives, during labour and delivery, which is one of the major factors contributing to maternal and newborn deaths; that midwives are in short supply in many developing countries; and that there is an urgent need, particularly in countries with high maternal mortality rates, to provide assistance in the recruitment, training and support of professional midwives,

Also recognizing that lack of access to quality sexual and reproductive health services and supplies, in particular family planning services, which include contraceptives, is a major contributing factor to maternal mortality,

Noting that ineffective and poorly-resourced health systems, particularly the lack of human resources for health and inaccessible health care facilities, are key impediments to improved health outcomes,

Also noting that the burden on health professionals in many developing countries could be lightened by improvements in health governance, including measures to expand and improve access to skilled birth

attendant services,

Reiterating that universal access to reproductive health is one of the targets of MDG 5b,

Concerned that contraceptive prevalence rates are low and the need for family planning and level of unwanted pregnancies are high in many countries with worrisome maternal mortality rates, particularly among adolescents, and that international assistance for family planning has diminished significantly since the year 2000,

Considering that unwanted pregnancies are disproportionately high among young unmarried girls, who also run the highest risk of pregnancy-related morbidity and mortality,

Noting that unsafe abortions account for 13 per cent of maternal deaths,

Also noting that although maternal mortality is the leading cause of death among adolescent girls in most developing countries, adolescent girls are most likely to give birth without skilled birth attendants,

Further noting that young people remain disproportionately affected by HIV/AIDS, accounting for 41 per cent of all new infections among 15 to 49 year-olds, and that young women between the ages of 15 and 19 are particularly vulnerable because of gender inequalities, sexual violence, early marriage, intergenerational relationships and more limited access to education,

Aware of the importance of providing information, education and services that are appropriate to people's age and needs throughout the life cycle,

Affirming that comprehensive sex education that is age-appropriate, gender-sensitive and evidence-based is crucial if young people are to be provided with the knowledge and skills they need to make informed decisions about their sexuality and given the means to protect themselves from unwanted pregnancies and sexually transmitted infections, including HIV and AIDS,

Aware that a critical window to improve children's health and secure their prospects for life-long development through adequate nutrition exists between pregnancy and a child's second birthday, so as to guarantee them an appropriate role in the country's long-term development with the capacity to assimilate what they learn through the education system,

Affirming the commitment to uphold the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the International Convention on the Elimination of All Forms of Racial Discrimination, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities,

Considering the Beijing Declaration and Platform for Action, adopted at the Fourth World Conference on Women (1995),

Recalling the political declaration adopted by the UN General Assembly in June 2011, which committed to working towards the elimination of mother-to-child transmission of HIV/AIDS by 2015 and to substantially reducing AIDS-related maternal deaths,

Also recalling Resolution 11/8 on Preventable maternal mortality and morbidity and human rights adopted by the UN Human Rights Council on 17 June 2009,

Welcoming the resolution on Eliminating maternal mortality and morbidity through the empowerment of women, adopted by consensus at the 54th session of the United Nations Commission on the Status of Women,

Appreciating the commitment made at the G8 Summit held in Canada in June 2010 to allocate US\$ 7.3 billion to carry out initiatives in the least developed countries (LDCs), to contribute to implementing the Global Strategy for Women's and Children's Health launched by the UN Secretary-General, and the commitment made at the 15th African Union Heads of State Summit (Uganda 2010) to fulfil the pledges taken at the Abuja Summit by allocating 15 per cent of the overall State budget to health,

Mindful of the 2005 Paris Declaration on Aid Effectiveness and the 2008 Accra Agenda for Action, as well as

the 2011 Busan Partnership for Effective Development Co-operation,

Considering previous IPU resolutions, in particular those pertaining to the MDGs, women's and children's health, and gender equality and human rights, and the outcome document of the Sixth Annual Meeting of Women Speakers of Parliament held in 2010,

Affirming that enjoyment of the highest attainable standard of physical and mental health is an internationally recognized human right,

Aware that gender is a key determinant of health and that the causes of many of the differences and inequalities between women's and men's health status are social, economic and cultural,

Underscoring that the enhancement of women's and children's health is much more than a policy goal and that States have an obligation to respect, promote, protect and fulfil women's, children's and adolescents' right to health on a non-discriminatory basis,

Committed to realizing the goals of the Global Strategy for Women's and Children's Health, and the recommendations of the Commission on Information and Accountability for Women's and Children's Health, and underscoring the centrality of parliamentary action therein,

Encouraged by the increasing parliamentary attention in the national, regional and international spheres, and resources being devoted to reproductive, maternal, newborn and child health,

Noting, however, that progress in reducing maternal and child mortality has been uneven across regions and within countries, and that this must be addressed as a matter of urgency,

Stressing that special attention must be given to the health needs and rights of women, newborns, children and adolescents who belong to one or multiple vulnerable and disadvantaged groups, including those in the poorest households, living in rural and remote areas, and affected by HIV/AIDS, adolescent girls, indigenous women and children, migrant women and children, refugee and internally displaced women and children as well as those in humanitarian, conflict and post-conflict situations, sex workers, and women and children with disabilities, and recognizing the importance of introducing measures to reduce inequalities and of commitment to equality of access and outcome for these disadvantaged groups,

Underscoring that equal access to quality education and sexual and reproductive education for all women, children and adolescents is a key intervention that can reduce health inequities and improve health in cases of communicable and non-communicable diseases,

Also underscoring that efforts need to be focused on young people as young men and women, married or unmarried, need access to sexual and reproductive health information and services,

Further underscoring, in keeping with the International Conference on Population and Development (ICPD) Programme of Action and key actions for its further implementation, the importance of universal access to post-abortion care and access to safe abortions where they are legal,

Underlining that most maternal and child deaths are preventable and that many are the result of conditions that may be avoided through immunization or treated by well-known and cost-effective interventions,

Convinced that the rationale for prioritizing women's, newborn, children's and adolescent health in development strategies is compelling and that the need to do so is indisputable,

Emphasizing the need for parliamentarians and governments to tackle the problems of ill-health caused by the smoking of tobacco and tobacco products, to coordinate efforts to protect adults and children from the harmful effects of second-hand smoke, to deplore the activities of the tobacco companies in targeting markets in LDCs and developing countries, and the need for all countries to adopt the World Health Organization (WHO) Framework Convention on Tobacco Control,

1. Calls upon all parliamentarians, both men and women, and the IPU, to take all possible measures to generate and sustain the political will as well as the appropriate resources needed to achieve the MDGs by 2015, and to put in place the policies and commitments needed for the post-2015 period;
2. Encourages parliamentarians to collaborate and build partnerships with relevant stakeholders to achieve the health-related MDGs, working closely with governments, civil society, local communities, health care professionals, academics and research institutions, multilateral organizations, global

- funds and foundations, the media and the private sector;
3. Recommends that national parliaments, regional parliamentary assemblies and the IPU hold regular debates on progress towards the realization of MDGs 3, 4, 5 and 6 and target 1.C;
 4. Calls upon the parliaments of States that have not yet done so to support ratification of the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Rights of the Child (CRC), and the Convention on the Elimination of All Forms of Racial Discrimination, as well as the relevant Optional Protocols, the Convention on the Rights of Persons with Disabilities, and to commit to the Global Strategy for Women's and Children's Health;
 5. Urges parliamentarians to closely monitor the domestic implementation of international, regional and national human rights instruments so as to ensure that all health-related obligations and recommendations, including those under the Universal Declaration of Human Rights, CEDAW, the CRC and the Convention on the Rights of Persons with Disabilities, are fully implemented and respected by all levels of government, and calls upon parliaments to participate in the deliberations of the UN Committee on the Elimination of Discrimination against Women and the Committee on the Rights of the Child, and to seek the support of the IPU Coordinating Committee of Women Parliamentarians;
 6. Recommends that parliaments request annual updates on the steps taken by their governments to implement international human rights instruments and programmes related to health and gender equality;
 7. Encourages parliaments to include gender impact assessments with the introduction of all health-related legislation, and also encourages the IPU to facilitate exchanges among its Member Parliaments so as to build capacity in this area;
 8. Invites parliaments to see to it that national health policies and strategies incorporate a gender perspective, and that education of health care workers and research take full account of the existing gender differences in health;
 9. Urges parliaments to introduce or amend legislation to guarantee equal access to health services for all women and children without discrimination, and to provide free essential health services for all pregnant women and children;
 10. Also urges parliaments to establish specialized parliamentary committees on women and children, to monitor progress on the implementation and ratification of resolutions and declarations on women and children, and to address women's and children's health issues more comprehensively;
 11. Further urges parliaments to pass laws explicitly criminalizing all forms of violence against women and girls, including domestic and sexual violence and in situations of armed conflict, and other forms of violence such as forced sterilization, forced and early marriage and female genital mutilation, and calls upon parliaments to enact laws to prevent violence and provide support and reparation to survivors;
 12. Calls upon parliaments to use the oversight and accountability tools at their disposal throughout the budgetary process, as well as innovative financing approaches, to ensure that adequate domestic financial resources are allocated for sexual, reproductive, maternal, newborn and child health, and for achieving MDGs 4, 5 and 6 at the national level;
 13. Requests parliaments to ensure that the domestic funds and aid allocated to women's and children's health are released and used for the relevant programmes;
 14. Calls upon parliamentarians to use the oversight and accountability tools at their disposal to work to ensure that all commitments made to the Global Strategy for Women's and Children's Health are fulfilled, and that all the recommendations of the subsequent Commission on Information and Accountability for Women's and Children's Health are implemented;
 15. Requests the agencies of the United Nations system, in particular the WHO, the United Nations Population Fund and UNICEF, to provide countries with more of the multifaceted support they need to implement policies and programmes aimed at reducing maternal and infant mortality;
 16. Calls upon parliaments to further enhance support for education in order to improve long-term health outcomes in general and to promote individuals' contribution to society;
 17. Encourages parliaments to advocate for lines in the health budget to be earmarked for the provision of essential sexual, reproductive, maternal, newborn and child health services to vulnerable women and children, including those in the poorest households, those living in rural areas, those who are members of indigenous communities or minority groups, those with disabilities, those living with HIV/AIDS, and adolescent girls;
 18. Also encourages parliaments to support gender-sensitive budgeting as a tool for addressing women's health needs;
 19. Further encourages parliamentarians to advocate for increasing the number of midwives, assistance with the recruitment, training and support of professional midwives, and the provision of accommodation for mothers, near or in the hospital if necessary, before their delivery, in order to gain access to professional and monitored delivery;
 20. Urges parliaments to ensure that parliamentary committees entrusted with monitoring issues pertaining to health and gender equality are adequately resourced and operational;

21. Also urges parliamentarians in African States to establish a broadly-agreed timetable for their governments to honour their commitments under the 2001 Abuja Declaration;
22. Invites the African States that have not yet done so to implement the Maputo Plan of Action for Africa, adopted by the African Union (AU) Summit in 2006, which provides inter alia for the adoption of national roadmaps to reduce maternal, newborn and infant mortality in accordance with the AU roadmap, and calls for the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA), initiated and launched by the AU in 2009, to be introduced in all countries;
23. Calls upon Member Parliaments, in particular those of the G8 countries, to use the oversight and accountability mechanisms at their disposal to monitor the fulfilment of financial commitments made towards health initiatives in the LDCs;
24. Urges parliaments and their members to take all necessary measures to enhance women's effective participation and leadership at all levels of health governance;
25. Calls upon parliamentarians in countries providing official development assistance (ODA) to work towards increasing their country's ODA for health and to hold their governments to account for honouring their commitments and for reporting – on the basis of common international indicators – on the proportion of ODA being channelled towards reproductive, women's, children's and adolescent health and the promotion of gender equality, and to ensure that these funds are audited in terms of their efficiency and effectiveness;
26. Also calls upon parliamentarians in countries that provide ODA to evaluate this spending, including through parliamentary field visits and deliberations in committees on development assistance, to ensure that it prioritizes the recipient countries, sectors, communities and programmes with the greatest demonstrated needs and vulnerabilities, and that these resources are distributed in a more equitable manner;
27. Encourages parliamentarians in countries that provide ODA to examine the degree to which their government's ODA is being coordinated with other donors and harmonized and aligned with the health systems, plans and priorities of recipient countries;
28. Also encourages parliamentarians in countries that provide ODA to verify that the aid programmes are implemented, in particular in the field of maternal and child health, that they are managed against results-based objectives, and are based on the principle of shared responsibility;
29. Calls upon parliamentarians to scrutinize all government health interventions to ensure they are, as far as possible, evidence-based, conform to international human rights standards, and are responsive to regular and transparent performance reviews;
30. Also calls upon parliamentarians to promote integrated health services, and to advocate for balanced resources to meet the needs of women and children in the pre-pregnancy, pre-natal, birth, post-natal, infancy and early childhood stages, particularly through the decentralization of health services;
31. Encourages parliamentarians to ensure a coordinated approach to all matters pertaining to maternal and child health, such as sanitation, access to safe drinking water, the fight against malnutrition, and gender equality;
32. Calls upon parliamentarians to ensure free access to vaccines and medicines to protect women and children from disease;
33. Urges parliaments to support the training of health professionals, including midwives and birth attendants, as well as universal access to reproductive health information, services and supplies, including contraceptives;
34. Appeals to parliamentarians to promote the establishment and/or enhancement, before 2015, of accurate civil registration systems to register all births and deaths and causes of death, particularly in relation to women, children and adolescents;
35. Urges parliaments to encourage the development of national information systems that include a gender perspective and data from all health facilities and administrative sources and surveys, which should subsequently be used to inform parliamentary debates;
36. Encourages parliaments to take into consideration, including as part of development cooperation, the WHO recommendations on maternal, newborn, child and adolescent health, such as the Guidelines for preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries, and to support the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel;
37. Also encourages parliaments to explore innovative approaches to health service design and delivery, including the use of information and communications technologies such as tele-medicine and mobile phones, in order to reach women, children and adolescents in remote areas, to facilitate emergency responses to births, and to collect and disseminate health information as widely as possible and in accessible formats to women with disabilities, and to ensure sex education;
38. Calls upon parliaments to work with governments to consider the establishment of transparent domestic accountability mechanisms for maternal and child health, one form of which could be a multi-stakeholder national commission that reports to parliament;
39. Requests the IPU to facilitate collaboration and exchanges among its Member Parliaments so as to build the capacity of parliamentarians to monitor all policy and programme areas, as well as the above-mentioned budgetary and legislative activities;
40. Encourages the IPU to enhance cooperation with the specialized UN agencies and parliamentary

networks engaged in the promotion of women's and children's health and rights;

41. Requests the IPU to develop an accountability mechanism - based on the 2011 report of the Commission on Information and Accountability for Women's and Children's Health, Keeping Promises, Measuring Results - to monitor the progress of Member Parliaments in implementing this resolution between the date of its adoption and 2015, and to publish the results of that review annually;
42. Urges parliamentarians to work for age-appropriate, gender-sensitive and evidence-based sex education for all young people;
43. Also urges parliamentarians, in keeping with the ICPD Programme of Action, to ensure universal access to post-abortion care and to make sure that abortions are safe where they are legal as a means of saving the lives of girls, adolescents and women.