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REPORTS ON RECENT IPU SPECIALIZED CONFERENCES AND MEETINGS

(e) THIRD PARLIAMENTARY CONFERENCE ON MATERNAL AND NEWBORN HEALTH *ENSURING ACCESS TO HEALTH FOR ALL WOMEN AND NEWBORN - THE ROLE OF PARLIAMENTS*

(Kampala, 23-25 November 2009)

1. Every year, more than half a million women die due to complications during pregnancy and childbirth. And every year, 600,000 newborns are infected with HIV, mainly through mother-to-child-transmission. As part of their efforts to mobilize parliamentarians on this issue, the IPU and the World Health Organization (WHO) jointly organized a third conference on maternal health and child survival, on the specific topic of *Ensuring Access to Health for All Women and Newborns: The Role of Parliament*.

2. The Conference was held in Kampala from 23 to 25 November 2009 at the invitation of the Parliament of Uganda and brought together members of parliament from more than 15 countries to take stock of the current situation of maternal and newborn health in a select number of developing countries, showcase progress made since the Conference held in The Hague in 2008 and identify best practices. His Excellency Yoweri Kaguta Museveni, The President of the Republic of Uganda, supported the initiative by presiding over the opening ceremony.

3. The Conference provided a forum for members of parliament from developing and developed countries to exchange experiences, identify next steps and strengthen parliamentary cooperation in this field and sought to ensure that the question of maternal health remains on the international agenda.

4. Participants addressed the particular challenge of women's and children's access to health, especially in rural and poor communities, and of building parliamentarians' capacity to defend the health care needs of mothers and babies, irrespective of their socioeconomic status. The participants also had an opportunity to participate in field visits to centres dedicated to improving the health of mothers and children and thus were able to learn from the work carried out in Uganda in this area.

5. At the end of two and a half days of debates, the participants reaffirmed their commitment to ensuring access to health services for women and newborns by focusing on a series of concrete priority actions in the areas of financing, legislation and policy, oversight, human resources, service delivery, awareness-raising and advocacy, coordination and cooperation, women's empowerment and partnerships. The participants also called on international and regional organizations to scale up their efforts to support national parliaments in their work to improve maternal and newborn health and to make achievement of MDGs 4 and 5 a priority.

6. The participants pledged to follow up in their respective countries and report back on initiatives taken.

Third Parliamentary Conference on Maternal and Newborn Health

Ensuring Access to Health for All Women and Newborn - The Role of Parliaments

Kampala, 23-25 November 2009

CONCLUDING STATEMENT BY THE RAPPORTEUR, MS. BETTY AMONGI, MEMBER OF PARLIAMENT, UGANDA

Kampala, 25 November 2009

We, members of parliament from 15 developed and developing countries,[1] have gathered in Kampala from 23 to 25 November 2009 for the third parliamentary conference on maternal and newborn health. Our objective was to take stock of the current situation. We discussed extensively the role of parliamentarians in achieving Millennium Development Goals (MDG) 4 (child survival) and 5 (maternal health), paying particular attention to enhancing access to health services for all women and newborns.

We are aware that despite progress made so far in our countries, a number of challenges and bottlenecks still hamper access to health care for many women and newborns, with poor and rural populations being marginalized and excluded. We are also concerned by the high rate of maternal mortality: more than half a million women die each year due to complications during pregnancy and childbirth, 4 million babies die within their first 28 days of life and an equal number of babies are stillborn. Many more women are infected with HIV, which has a major impact on their lives and their unborn babies, mainly through mother-to-child-transmission. Malaria in pregnancy is another public health problem. Despite the scale and gravity of the situation, maternal and newborn health remains a largely neglected public issue.

As members of parliament, we underscore that ensuring that maternal and newborn issues are made priorities at the national level depends on our actions, strategies and solutions. We agree that there is no single model for improving maternal and newborn health and survival and addressing the many challenges in our health systems, and note that real progress will only be achieved through committed leadership, political will, partnership, coordination between actors and harmonization of actions.

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[1] Bolivia, El Salvador, Ethiopia, Ghana, Indonesia, Italy, Kenya, Lesotho, Mali, Namibia, Rwanda, Sierra Leone, Turkey, Uganda, Zambia and the East African Legislative Assembly

We therefore reaffirm our commitment to ensuring access to health services for women and newborns by focusing on the following priority actions:

1. **Financing:** We pledge to work towards increasing budget allocations to the health sector and pressing for a clear budget line for maternal health, with a particular focus on the poor and those living in rural areas. We stress the importance of gender-sensitive budgeting as a means of securing funds for maternal and newborn health. We intend to explore other sustainable financing options, such as mechanisms for enhancing tax revenue collection and other forms of domestic resource mobilization, together with innovative social/health insurance schemes. In Africa, we will also seek to achieve a broadly agreed timeframe to implement pledges under the Abuja Declaration, in particular to set a target of allocating at least 15 per cent of annual budgets to the improvement of the health sector. We need to work together to ensure that developed countries make good on their pledge to allocate at least 0.7 per cent of gross domestic product (GDP) to official development assistance (ODA). We encourage them to increase aid for the implementation of health services in developing countries.

2. **Legislation and policy:** We pledge to use our legislative role to remove barriers and facilitate access to health care by amending existing laws that restrict access to services for women and newborns, reforming laws that are obsolete and establishing new laws and policies where necessary. We will seek to ensure that our domestic laws comply with the international commitments undertaken by our States.

3. **Oversight:** We agree that it is essential to use our powers of scrutiny and oversight to hold governments to account for the enforcement of existing laws. We will continue to hold governments to account and track compliance and implementation of the approved budget and policies either by strengthening existing parliamentary committees and caucuses, or by establishing appropriate sub-committees. Other strategies include field visits, questions, adoption of motions, briefings and public hearings. We need to ensure that all parliamentary committees that oversee action on maternal and newborn health have adequate resources to function well. We may also consider forming groups composed of parliamentarians from different specialized committees (health, finance, education and gender equality) to coordinate committee and parliamentary work. We have noted that corruption may undermine access to and delivery of health services and agree to support efforts to combat it at all levels of society.

4. **Human Resources:** We agree to work to address the human resource crisis, especially in the health sector, and oversee the development of appropriate policies and strategies and the allocation of funds for training, employment, equitable deployment and retention of medical staff. More needs to be done to “train and retain” medical personnel and thereby avert the brain drain in several of our countries by seeking bilateral agreements for the transfer of skilled staff or compensation thereof. We will work to develop various approaches, including incentives, to promote the retention of medical staff in rural and inaccessible areas, such as a performance-based allowance, a rural hardship allowance, interest-free loans and housing.

5. **Service Delivery:** We pledge to bolster the organization of our service delivery system, for example, by ensuring timely access to skilled birth attendants and enhancing the quality of care services, better equipped health care facilities, including neonatal and intensive care units for newborns, effective referral systems, and better roads and access to medical facilities. We also need to encourage all women to access and use the facilities available by providing incentives such as free maternal care packages (including distribution of mosquito nets), demand side financing and social insurance schemes. We have also highlighted the need to narrow the gap between the rich and the poor, and between urban and rural populations in accessing services and to ensure better coordination across service delivery departments (sanitation, transportation, finance and health).

We will explore the use of audits of maternal and newborn deaths and the registration of births and deaths as a mechanism to determine the causes and prevalence of and identify solutions to the problem.

6. **Awareness-raising and advocacy:** We underscore that much more needs to be done to make maternal and newborn health a national priority through community mobilization, education and sensitization campaigns, particularly in rural areas. We also highlight the importance of working with men and traditional and religious leaders in this regard. We pledge to speak out publicly on these matters, and to explore appropriate methods to inform citizens of their rights, such as through radio, television and print media in rural areas, and other constituency outreach initiatives.

7. **Coordination and cooperation:** We pledge to ensure that we coordinate our activities and work in partnership with other actors, including civil society, donors and international organizations. We will explore effective coordination frameworks that harmonize the activities of government, audit offices, parliaments and civil society, including through the appointment of focal points in each of these sectors. We underscore the importance of coordinating actions between ourselves as parliamentarians, as well as the activities of the committees and caucuses on which we serve. Women and men parliamentarians must seek to work in partnership in all their undertakings.

8. **Women's empowerment:** We underscore that improvement of maternal and newborn health is closely related to the attainment of MDG 3 on the empowerment of women. We pledge to review existing laws to eliminate gender discrimination and redress legal impediments to women's access to health care. We undertake to ensure that women receive information about legislative initiatives, their rights, sex education and family planning programmes and also learn about how they can access services, particularly in rural areas. We must pay particular attention to the plight of women with disabilities and special needs. We also recognize the importance of targeting women and children in conflict and crisis situations to provide health care services as well as counselling, and pledge to work to eliminate the scourge of violence against women, which is prevalent in all societies. Lastly, we commit ourselves to challenging traditional stereotypes and cultural practices which are harmful to women, including underage marriages and female genital mutilation.

9. **Partnerships:** We urge international organizations, including the IPU, UN agencies and the World Health Organization, to scale up their efforts to support national parliaments to improve maternal and newborn health and make MDGs 4 and 5 a priority.