



# INTER-PARLIAMENTARY UNION 126<sup>th</sup> Assembly and related meetings

Kampala (Uganda), 31 March to 5 April 2012



Third Standing Committee on  
Democracy and Human Rights

C-III/126/DR-pre  
15 December 2011

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

### **Preliminary draft resolution submitted by the co-Rapporteurs**

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and Ms. P. Turyahikayo (Uganda), co-Rapporteurs***

The 126<sup>th</sup> Assembly of the Inter-Parliamentary Union,

- (1) *Recognizing* the United Nations Millennium Declaration (2000), which established eight Millennium Development Goals (MDGs),
- (2) *Underscoring* that a human-rights approach is fundamental to achieving these Goals,
- (3) *Noting* that MDG 4 aims to reduce the under-five child mortality rate by two thirds from 1990 levels and that MDG 5 aims to reduce the maternal mortality ratio by three quarters from 1990 levels,
- (4) *Drawing attention* to the fact that improvements in maternal and child health require progress related to poverty and nourishment (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),
- (5) *Underscoring* that the international community has committed to achieving the MDGs by 2015,
- (6) *Concerned* that in 2008, an estimated 358,000 women died from maternity-related causes,
- (7) *Also concerned* that in 2010, some 7.6 million children died before reaching their fifth birthday,
- (8) *Convinced* that global maternal and child mortality ratios remain unacceptably high and that many countries are not on track to achieve MDGs 4 and 5,
- (9) *Recognizing* that many pregnant women in the developing world are not attended by a skilled health professional during labour and delivery,

- (10) *Noting* that weak and poorly-resourced health systems are a key impediment to improved health outcomes,
- (11) *Also noting* that the burden on health professionals in many developing countries could be lessened through improvements in health governance, including measures to expand midwifery services,
- (12) *Reiterating* that universal access to reproductive health is one of the targets for MDG 5,
- (13) *Considering* that contraceptive prevalence rates are low in many countries with high maternal mortality rates, and that international assistance for family planning has diminished since 2000,
- (14) *Aware* that a critical window to improve children's health through adequate nutrition exists between pregnancy and a child's second birthday,
- (15) *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, the Convention on the Rights of the Child, and the Convention on the Rights of Persons with Disabilities,
- (16) *Considering* the Beijing Declaration and Platform for Action adopted at the UN Fourth World Conference on Women (1995),
- (17) *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,
- (18) *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,
- (19) *Mindful* of the 2005 Paris Declaration on Aid Effectiveness and the 2008 Accra Agenda for Action,
- (20) *Considering* previous IPU resolutions, including in particular those pertaining to the MDGs, women's and children's health, and gender equality and human rights, and the outcome of the 2010 Meeting of Women Speakers of Parliament,
- (21) *Affirming* that the enjoyment of the highest attainable standard of physical and mental health is an internationally recognized human right,
- (22) *Underscoring* that States should respect, promote and fulfil women's and children's right to health on a non-discriminatory basis,
- (23) *Committed* to realizing the goals of the UN Global Strategy for Women's and Children's Health, and *underscoring* the centrality of parliamentary action thereon,

(24) *Encouraged* by the increasing international, regional, national and parliamentary attention and resources being devoted to maternal and child health,

(25) *Recognizing*, however, that progress in reducing maternal and child mortality has been uneven across regions and within countries,

(26) *Stressing*, therefore, that special attention must be given to the health needs and rights of women and children, 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 women, indigenous women and children, migrant women, refugee and internally displaced women and children, sex workers, and women and children with disabilities,

(27) *Underscoring* that equal access to quality education for all women and girls is a key intervention that can reduce health inequities and improve long-term health outcomes,

(28) *Underlining* that most maternal and child deaths are preventable and that many are the result of conditions that can be treated by well-known and cost-effective interventions,

(29) *Convinced* that the rationale for prioritizing women's and children's health in development strategies is compelling and that the need to do so is indisputable,

1. *Calls upon* all parliamentarians, both men and women, and the Inter-Parliamentary Union to take all possible measures to garner and sustain the political will necessary to achieve the MDGs by 2015;
2. *Encourages* parliamentarians to build partnerships with relevant stakeholders to achieve the health-related MDGs, working closely with governments, civil society, local communities, multilateral organizations, global funds and foundations, and the private sector;
3. *Recommends* that parliaments hold regular debates on progress towards MDGs 3, 4 and 5;
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) and the Convention on the Rights of the Child (CRC) and commit to the Global Strategy on Women's and Children's Health;
5. *Urges* parliamentarians to closely monitor the domestic implementation of international and regional human rights instruments so as to ensure that all applicable obligations and recommendations, including those under the Universal Declaration of Human Rights, CEDAW and the CRC, are fully implemented and respected by all levels of government;
6. *Recommends* that parliaments request updates on the steps taken by their governments to implement international human rights instruments 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. *Urges* parliaments to introduce or amend legislation to guarantee equal access to health services for all women and children without discrimination, to provide health services that are free at the point of use for all pregnant women where necessary, and to remove any fees payable by women and children from the poorest households to access essential services;
9. *Also urges* parliaments to pass laws explicitly criminalizing all forms of violence against women and girls, including domestic violence, sexual violence, and female genital mutilation;
10. *Calls upon* parliaments to use the oversight and accountability tools at their disposal throughout the budgetary process to ensure that adequate domestic expenditures are allocated for reproductive, maternal, newborn and child health, which should include funding commensurate with the gap between existing resources and those necessary to achieve at the national level MDGs 4, 5 and 6;
11. *Calls on* parliamentarians to use the oversight and accountability tools at their disposal to work to ensure that all commitments made to the United Nations Global Strategy on Women's and Children's Health are fulfilled;
12. *Encourages* parliaments to advocate that lines in the health budget be earmarked for the provision of essential maternal 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, and adolescent girls;
13. *Also encourages* parliamentarians in developing countries to demand regular and transparent figures on all domestic expenditures – planned, actual and by funding source – related to reproductive, maternal, newborn and child health;
14. *Urges* parliaments to ensure that parliamentary committees tasked with monitoring issues pertaining to health and gender equality are adequately resourced;
15. *Also urges* parliamentarians in African States to work to establish a broadly-agreed timetable for their governments to honour their commitments under the 2001 Abuja Declaration;
16. *Calls upon* parliamentarians in countries providing official development assistance (ODA) to hold their governments to account for honouring their commitments and for reporting – based on common international indicators – on the proportion of ODA being directed to reproductive, women's and children's health and the promotion of gender equality;
17. *Also calls upon* parliamentarians in countries that provide ODA to evaluate such spending to ensure that recipient countries, sectors, communities and programmes with the greatest demonstrated needs and vulnerabilities are being prioritized;

18. *Encourages* parliamentarians in countries that provide ODA to scrutinize 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;
19. *Calls upon* parliamentarians to scrutinize all government health interventions to ensure they are evidence-based and responsive to regular and transparent performance reviews;
20. *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;
21. *Appeals* to parliamentarians to promote the establishment and/or enhancement, before 2015, of accurate civil registration systems to register all births and deaths and to attribute causes of death, particularly in relation to women and children;
22. *Urges* parliaments to encourage the development of national information systems that combine data from all health facilities and administrative sources and surveys, which should subsequently be used to inform parliamentary debates;
23. *Encourages* parliaments to explore innovative approaches to health service design and delivery, including the use of information and communications technologies such as mobile phones, in order to reach women and children in remote areas, to facilitate emergency responses to births, and to collect and disseminate health information as widely as possible;
24. *Invites* parliaments to work with governments to consider the establishment of transparent domestic accountability mechanisms for maternal and child health, which could take the form of a multi-stakeholder national commission that reports to parliament;
25. *Requests* the IPU to develop an accountability mechanism 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.